



# BEHAVIORAL HEALTH, INTERACTIVE CARE REVIEWER (ICR)





# BEHAVIORAL HEALTH, INTERACTIVE CARE REVIEWER (ICR)



**Start**

Accessing the ICR	Submitting Requests	Inquiring About Requests	Potpouri
<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>
<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>
<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>
<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>

# Accessing the ICR

THIS IS THE LINK IN AVAILITY  
THAT YOU CHOOSE TO ACCESS  
THE ICR

Answer

# AUTHORIZATION AND REFERRALS



**SUBMITTED REQUESTS,  
REQUESTS NOT YET SUBMITTED  
AND CASES WHERE A DECISION  
HAS BEEN RENDERED IS  
DISPLAYED HERE.**

**Answer**

# THE DASHBOARD



ALLOWS THE ABILITY TO VIEW  
ANY CASES SUBMITTED THAT  
ARE ASSOCIATED WITH THE TAX  
ID ON THE REQUEST, INCLUDING  
SUBMISSIONS BY PHONE AND  
FAX

Answer

# AUTHORIZATION/REFERRAL INQUIRY



THIS IS THE HOMEPAGE FOR THE  
APPLICATION

Answer

# MY ORGANIZATION'S REQUESTS



# Submitting Requests

THIS SHOWS WHERE YOU ARE

Answer

# THE MENU BAR



10 REQUESTING, 15 SERVICING, 10  
FACILITY OR DME AND 15  
REFERRING

Answer

# THE NUMBER OF FAVORITES THAT CAN BE SAVED



THIS NEEDS TO BE ADDED IN  
THE CONTACT INFORMATION IF  
YOU WANT TO BE NOTIFIED OF A  
STATUS CHANGE

Answer

# YOUR EMAIL ADDRESS



CASES THAT HAVE UPDATES OR  
A DECISION CAN BE VIEWED BY  
CLICKING THIS ON THE  
DASHBOARD.

Answer

# REQUEST TRACKNING ID



# Inquiring About Requests

**LOCATE A REQUEST THAT HAS A  
STATUS OF REVIEW NOT  
REQUIRED IS A FUNCTION OF  
THIS TAB ON THE DASHBOARD**

**Answer**

# THE SEARCH ORGANIZATION REQUEST TAB



TO UPDATE A CASE, THIS IS  
SELECTED FROM THE  
DASHBOARD.

Answer

# TRACKING NUMBER



**BY MEMBER, BY  
REFERENCE/REFERRAL NUMBER  
AND BY DATE RANGE.**

**Answer**

# SEARCH OPTIONS



IF A CASE IS ELIGIBLE FOR  
UPDATE THIS WILL APPEAR  
WITHIN THE SERVICE DETAILS  
SECTION

Answer

# WHAT IS THE UPDATE CASE BUTTON



# Potpourri

# 15 MINUTES

Answer

# THE AVERAGE TIME SAVINGS PER CASE



ENTER THE PATIENT, SERVICE  
AND PROVIDER DETAILS AND  
RECEIVE A MESSAGE BACK TO  
DO THIS.

Answer

# DETERMINE IF A PRIOR AUTHORIZATION IS NEEDED



**ACUTE INPATIENT STAYS,  
RESIDENTIAL AND  
REHABILITATION STAYS,  
INTENSIVE OUTPATIENT AND  
PARTIAL HOSPITALIZATION  
PROGRAMS, ABA AND  
PSYCHIATRIC TESTING.**

**Answer**

# BEHAVIORAL HEALTH SERVICES THAT REQUIRE AUTHORIZATION



THIS IS THE BEHAVIORAL  
HEALTH PROVIDER REP FOR  
YOUR COUNTY.

Answer

WHO IS \_\_\_\_\_?





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