



For more information:

Contact **Healthy Blue**
Provider Support Services

Phone: 844-594-5072



To Access the ICR

Healthy Blue providers with an NPI can access the ICR via the Availity Portal ([availity.com](https://www.availity.com)). Once logged in with your Availity user name and password, select Patient Registration > Authorization & Referrals.

To get started, your practice's Availity Administrator will need to grant ICR access to users. The users will need to be provided access to one or both of the following roles:

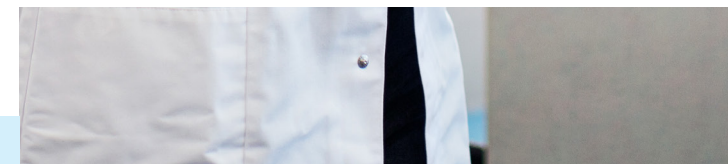
- *Authorization and Referral Requests*
(to submit new requests)
- *Authorization and Referral Inquiry*
(to check authorization status)

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association.

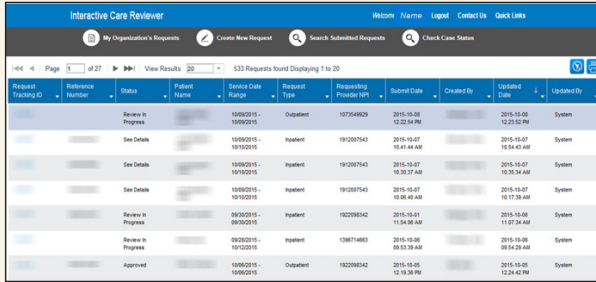
BNCPEC-0316-21

Benefits of Electronic Authorization Submission



Tired of the cumbersome fax process?

It's time to move to the electronic Interactive Care Reviewer (ICR) tool.



Request Tracking ID	Reference Number	Status	Patient Name	Request Type	Requesting Provider ID	Submit Date	Created By	Submitted Date	Updated By
Review in Progress	100602015 - 100602015	Outpatient		107248020	2015-10-08 12:22:34 PM			2015-10-08 12:23:42 PM	System
See Details	100602015 - 101002015	Inpatient		1912087543	2015-10-07 10:46:44 AM			2015-10-07 10:54:43 AM	System
See Details	100602015 - 101002015	Inpatient		1912087543	2015-10-07 10:30:37 AM			2015-10-07 10:35:34 AM	System
See Details	100602015 - 101002015	Inpatient		1912087543	2015-10-07 10:38:40 AM			2015-10-07 10:37:39 AM	System
Review in Progress	080202015 - 080202015	Inpatient		1822081242	2015-10-07 11:38:40 AM			2015-10-06 11:07:34 AM	System
Review in Progress	080202015 - 101002015	Inpatient		138674883	2015-10-06 09:53:39 AM			2015-10-06 09:54:29 AM	System
Approved	100602015 - 100602015	Outpatient		1822081242	2015-10-05 12:19:38 PM			2015-10-05 12:24:42 PM	System

What is ICR?

The Interactive Care Reviewer (ICR) tool is a feature of the Healthy Blue system on Availity. Healthy Blue providers and facilities who have an NPI can use the ICR to submit prior authorization (PA) requests to Blue Cross and Blue Shield of North Carolina (Blue Cross NC). The ICR can be used to look up a practice's PA requests submitted by phone, fax, ICR, or other online tool.

Note:

Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

Benefits of ICR

Why use ICR? Consider these benefits:

- No more faxing! ICR eliminates hard-to-read handwritten documents.
- ICR eliminates potential errors with missed information such as *HIPAA* qualifiers.
- With ICR, you can easily check benefits to determine if PA is required.
- With automated routing, there is no need to memorize fax numbers, prefixes, or phone numbers.
- ICR provides a comprehensive view of all your practice's PA requests.
- You can check the status of your requests without calling or faxing.
- ICR generates an immediate reference number for tracking.
- ICR offers templates to reduce your work when submitting multiple requests for the same service.
- Electronically filed cases are received and reviewed faster than faxes. The average time savings is 15 minutes per case or 4 to 5 hours per week.
- ICR is available 24 hours a day, 7 days a week.
- You can securely submit clinical information online.
- Submit requests from anywhere, on any computer with internet access. Use Internet Explorer 11, Google Chrome, Firefox, or Safari for optimal viewing.
- There is no additional cost to you or your practice.

The ICR tool will use sophisticated clinical analytics in order to provide an immediate decision on an authorization for higher levels of care such as inpatient, intensive outpatient, and partial hospitalization.

With the ICR, you'll see:

- Reduced administrative burden.
- Quicker access to care for some services deemed eligible for our immediate decision.
- Increased patient focus.
- Prioritization of more complex cases.
- Reduced possibility of errors (such as illegible faxes).
- Increased time spent with patients.

