

NJ FamilyCare Housing Supports Program: Intro to MCO Teams & Portals (MCO Round Robin)

July 23, 2025



Housekeeping

- Please drop your name, organization and role into the chat
- Throughout this training, put your questions in the chat. We will either get to them live or keep track of them for future sessions/resources.

Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.

Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a “help line” for providers to field / answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member / community engagement to inform successful roll-out



Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs or Division of Medical Assistance Healthcare Services (DMAHS)



Objectives

- Providers will hear from MCO Housing Supports Program and authorization staff
- Providers will receive an introduction to MCO portals
- MCOs will share upcoming training dates/plans

Framing

- MCOs have adapted existing processes to accommodate specifics of the Housing Supports program
 - Some terminology may be different from program guidance (eg: “prior authorization”)
- Each MCO has their own provider orientation, online resources, etc.
- Today’s training is meant to be immersive so that providers can start to imagine what it will feel like to manage multiple MCO workflows
- While we won’t cover everything today, additional HSP resources will be developed to summarize differences/similarities and to curate the key information that providers will use on a regular basis
 - Eg: contact info, important links, templates

Framing

HSP is a new program!

- You will see the names and faces of the real individuals you will be working with to troubleshoot issues on behalf of your clients
- Expect that continuous improvement, workflow refinement and new efficiencies will emerge as the program unfolds
- The program will work best if all parties (DMAHS, MCOs and providers) extend each other as much grace as possible as we get used to the program
- **If you are earlier along in the process of becoming an HSP provider, this content will be more relevant once you are closer to your organization's go-live**



Aetna Better Health of New Jersey



Aetna Better Health of New Jersey
(ABHNJ)

Presenter



Joel Martinez

Sr. Manager, SDOH Programs
& Housing Services



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of New Jersey

Meet our auths team



Ana Puello,
Housing Services Manager

- Assignment of Authorization requests and Auditor



Courtney Smith,
Housing Specialist

- Member Authorizations and Housing Case Management



Vanessa Mercado,
Housing Specialist

- Member Authorizations and Housing Case Management



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Demonstration of MCO portal and authorization forms: *Portal Login Steps*

Here the user will enter their credentials to login. Availity is a HIPPA compliant and secure multi-payer portal used by providers, with a single sign on. Meaning providers only have to log on once to access the portal for all payers contracted.

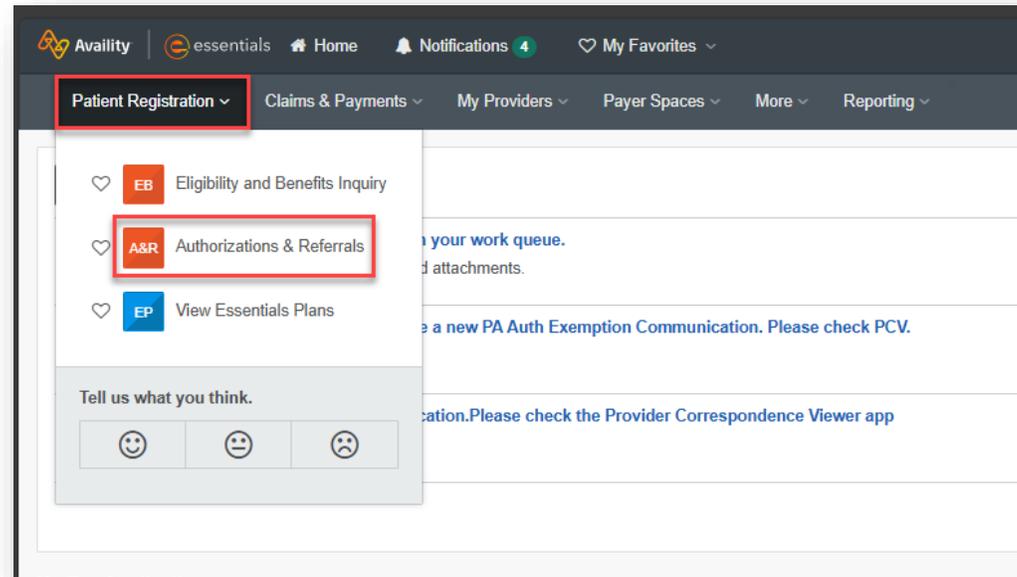
The image shows a screenshot of the Availity Sign In page. At the top, there is the Availity logo, which consists of two interlocking orange and yellow shapes followed by the word "Availity" in a grey sans-serif font. Below the logo is a white box with a grey border containing the "Sign In" form. The form has the title "Sign In" in a bold, grey font. It contains two input fields: "User ID" with the placeholder text "Enter your user ID." and "Password" with the placeholder text "Enter your password." and a small eye icon to the right. Below the input fields is a blue button with the text "Sign In" in white. Underneath the button are two links: "Forgot your user ID?" and "Forgot your password?". At the bottom of the form is a note in a grey box: "Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy."



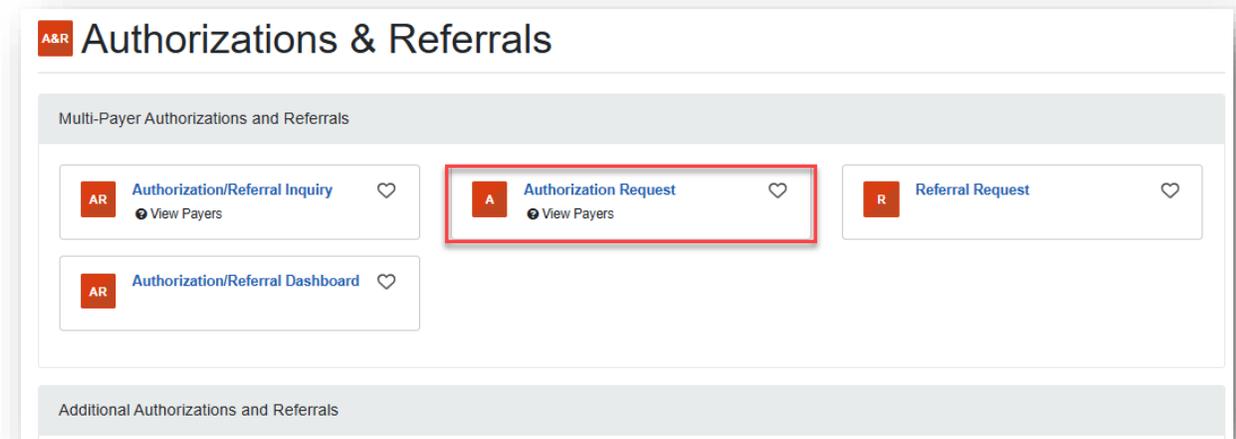
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Demonstration of MCO portal and authorization forms: *Where to submit authorization forms on portal*

For authorizations, providers will go to Patient Authorization dropdown then Authorizations & Referrals



Then select Authorization request to submit and an authorization



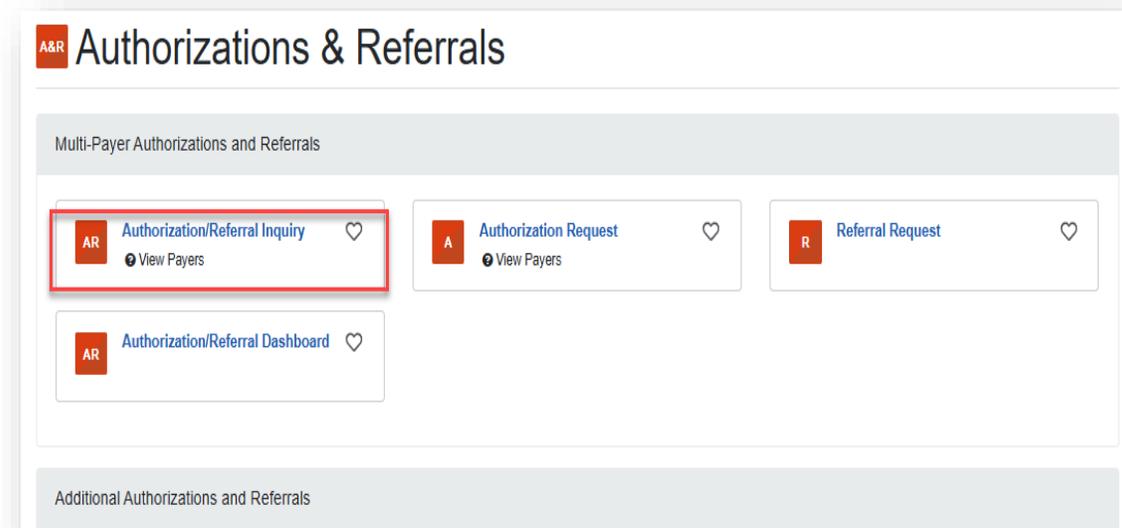
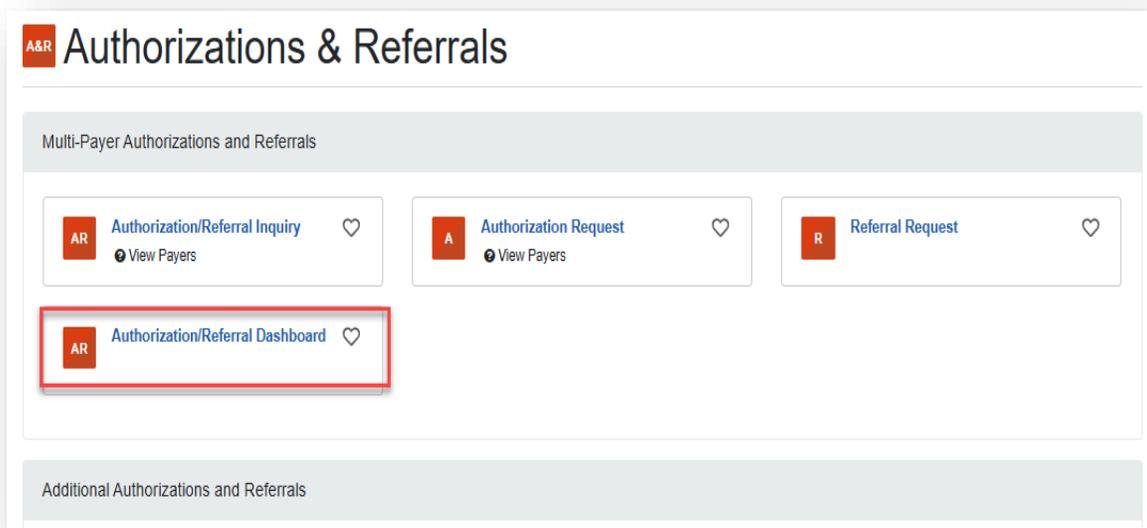


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Demonstration of MCO portal and authorization forms: *How to access authorization decisions on portal*

For authorization decision submitted through Availity can be found on the dashboard.

If not submitted in Availity then they will need to perform an inquiry.





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Demonstration of MCO portal and authorization forms: *Additional Capabilities*

Eligibility & Benefits

The screenshot shows the Aetna portal home page. The top navigation bar includes 'Availity', 'essentials', 'Home', 'Notifications', and 'My Favorites'. A secondary navigation bar lists 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Payer Spaces', 'More', and 'Reporting'. The main content area features a 'Messaging' section with 'Unassigned 50+', 'My Account Dashboard' with links like 'My Account', 'Add User', and 'Manage My Organization', and a row of service tiles. The 'Eligibility and Benefits Inquiry' tile is highlighted with a red box. Other tiles include 'Authorizations & Referrals', 'Essentials Configuration Tool', and 'Claim Status'.

Claims Status Inquiry

The screenshot shows the 'Claims & Payments' section of the Aetna portal. The top navigation bar is the same as the previous screenshot. The main content area is divided into several sections: 'Notification Center', 'Claim Status & Payments', 'Claims', and 'EDI Clearinghouse'. The 'Claim Status & Payments' section is highlighted with a red box and contains options for 'Claim Status', 'Remittance Viewer', and 'Appeals'. The 'Claims' section includes 'Claims & Encounters', 'Attachments - New', and 'View Essentials Plans'. The 'EDI Clearinghouse' section includes 'Send and Receive EDI Files', 'File Restore', 'EDI Reporting Preferences', 'Payer List', and 'Transaction Enrollment'.



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Demonstration of MCO portal and authorization forms

Aetna offers three options for Housing Providers to submit Service Authorizations

1. Electronically	<p>Availability: Access Availability Here</p> <ul style="list-style-type: none"> Preferred Method** submitting and accessing our electronic provider portal
2. Fax	<p>Fax Number: 844.404.3972</p> <ul style="list-style-type: none"> Submit with the Prior Authorization Request form on the ABH NJ Website.
3. Telephone	<p>Phone Number: 855.232.3596</p> <ul style="list-style-type: none"> Follow prompts for "Housing Supports". Request an authorization with our intake team.

How providers will be notified of Service Authorization decisions:

Decisions sent back to provider via fax or phone call

PA decisions will also be available in Availity if provider submitted the original PA via the portal



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Additional resources

Additional resources:

For further information on submitting claims or general provider inquiries please contact: NJProviderExperienceMailbox@AETNA.com

Links:

- [Availity Provider Portal](#)
- [Provider Manual](#)
- [ABH NJ Quick Reference Guide](#)
- [ABH NJ Provider Site](#)
- [ABH NJ Housing Supports Credentialing Forms](#)



Fidelis

Fidelis Care NJ | Meet our auths team



Eileen Urban, Manager
Care Coordination

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Rochelle Lopez, Supervisor
Care Coordination

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855-642-6185- phone

Fidelis Care Prior Authorization Process

Prior authorization requests may be submitted via fax, phone, or through the secure online provider portal.

- Telephone: 866-309-8447
- Fax :855-573-2346
- Email: HousingSupports@centene.com

All submissions are routed to NJ Inbound Fax Queue for processing

Fidelis Care Prior Authorization Portal Access

The screenshot displays the WellCare Provider Portal interface. At the top, the header includes the WellCare logo, 'Provider Portal', an 'Exit Impersonation' button, a state dropdown set to 'NJ', and a 'Messages' notification icon. Below the header is a navigation bar with tabs for 'Home', 'My Patients', 'Care Management', 'Claims', 'My Practice', and 'Resources'. The 'Care Management' tab is selected, and its dropdown menu is open, showing several options: 'Care Gaps Report', 'Find Authorizations and Referrals', 'Create New Authorization', and 'Create New Referral'. A red arrow points to the 'Create New Authorization' option. Another red arrow points to the 'Care Management' tab. Below the navigation bar, there is a 'Create Authorizations' section with a 'Back To My Patients' link and a 'Find a Member' section with a search form. The search form includes a 'Search Type' dropdown set to 'Member ID' and an 'ID' input field. A 'Search' button is located to the right of the input field. Below the search form, there is a 'Select Member' button. At the bottom of the page, the WellCare logo and '© 2025 WellCare Health Plans' are visible on the left, and a 'Privacy & Legal' link is on the right.

Fidelis Care Prior Authorization Portal Access cont'd

wellcare Provider Portal Exit Impersonation > NJ Messages

[Home](#) | [My Patients](#) | [Care Management](#) | [Claims](#) | [My Practice](#) | [Resources](#)

Create Authorization

[< Back To My Patients](#) Download & Print

Find a Member

Search Type: Member ID ID *

Patient Name	Date of Birth	Member ID	Plan
<input type="radio"/> 			

Select a member from the list above

Fidelis Care Prior Authorization Portal Access cont'd

wellcare™ Provider Portal Exit Impersonation > [Redacted] NJ Messages [Redacted]

Home | My Patients | Care Management ▼ | Claims ▼ | My Practice ▼ | Resources ▼

Create Authorization

▼ A A ▲
[Download & Print](#)

Information COLLAPSE

i The following Member is attached to this Authorization

Member Name	ID	Date of Birth	Gender	Address	Search a Member
[Redacted]	[Redacted]	[Redacted]	M	[Redacted]	<input type="text"/>

Requesting Provider Information COLLAPSE

i The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	Choose a Provider
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="text"/>
County	Requesting Provider Fax *				
[Redacted]	<input type="text"/>				

Is this a prescheduled service or an inpatient notification? COLLAPSE

Outpatient and Preplanned Inpatient Requests Inpatient & Observation Notifications

Fidelis Care Prior Authorization Portal Access cont'd

Servicing Provider Information

COLLAPSE

Note: Select checkbox if same as the requesting provider

Provider Type* Provider ID* Advanced Search Provider Name Specialty Fax County/Island Address

Select provider ▼



Authorization information

COLLAPSE

Service Type* Subtype*
Select... Select...

Admit Date* Requested Days*

Diagnosis Information

Date	Diagnosis Code	Description	Admit Diagnosis
<input type="text"/>	<input type="text"/>		<input checked="" type="radio"/>



Procedure Information

Code Type	Procedure Code	Description	Requested Units	Modifier
CPT	<input type="text"/>		<input type="text" value="0"/>	



Fidelis Care Prior Authorization Portal Access cont'd

Requestor information

COLLAPSE

Requestor Name *

Carmen

Requestor Phone # *

(201) 630-6887

Extension

Requestor Fax

Urgent

Note

COLLAPSE

Note

Attachments

COLLAPSE



Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

Select Files *

Note: * Denotes required fields.

Save Draft

Review Authorization

Cancel



Horizon NJ Health

Horizon NJ Health | Meet our Housing Supports Authorization Team



Lauren Jacobs, LSW, Director
• Responsible for management of the Housing Supports team.



Christina Bailey, LCSW, Manager
• Responsible for management of the Housing Supports team.



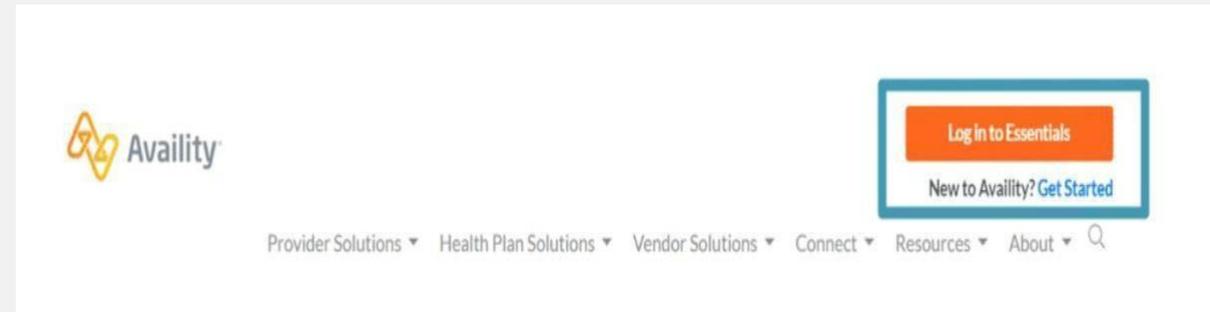
Melissa Regan, LSW, Manager
• Responsible for management of the Housing Supports team.

Direct any Housing Supports Program inquiries to: HorizonHSPReferrals@horizonblue.com

HNJH Housing Specialists:

Ana Ohiwerei, Kassandra Coelho, Maria Naylor, Michelle Smith, Tabatha Perez, Sheri Carr, Yahminah Brown

Horizon NJ Health Submitting Housing Supports Program Prior Authorizations via Horizon's Provider Portal

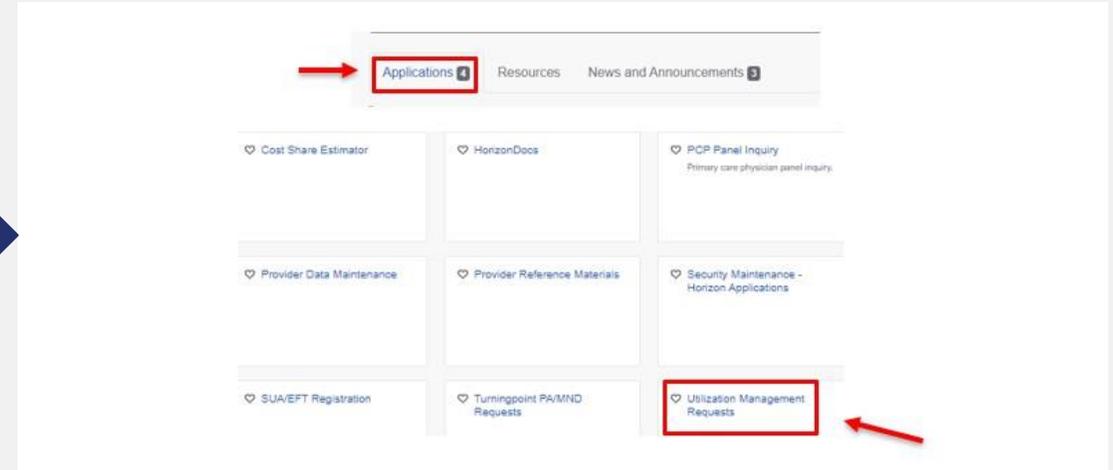
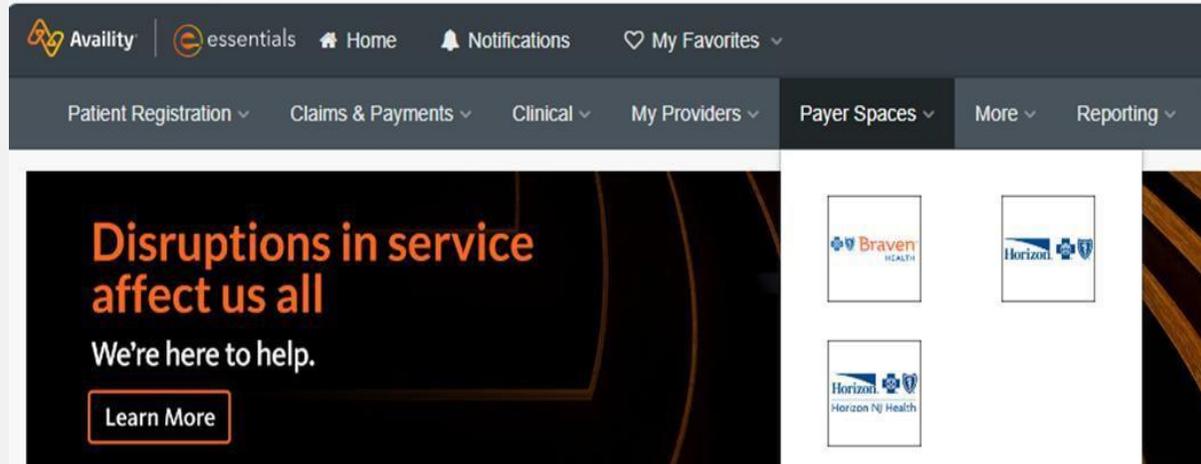


Submit PA using Availity Portal
<https://availity.com/>

Learn about the Utilization Management Request
Tool Enhancements
[Self Study Guide](#)

[UM Tool Training Module](#)

Horizon NJ Health | Submitting Housing Supports Program Prior Authorizations via Horizon's Provider Portal



Once logged into Availty, click Payer Spaces dropdown and select plan type for member you are requesting services for.

Scroll within Applications tab to Utilization Management Requests and click.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Utilization Management Requests Give Feedback

Organization

Select a Provider (optional) clear

Horizon Provider Select

Continue



Home > Horizon Blue Cross Blue Shield > Care Affiliate Connection

Care Affiliate Connection

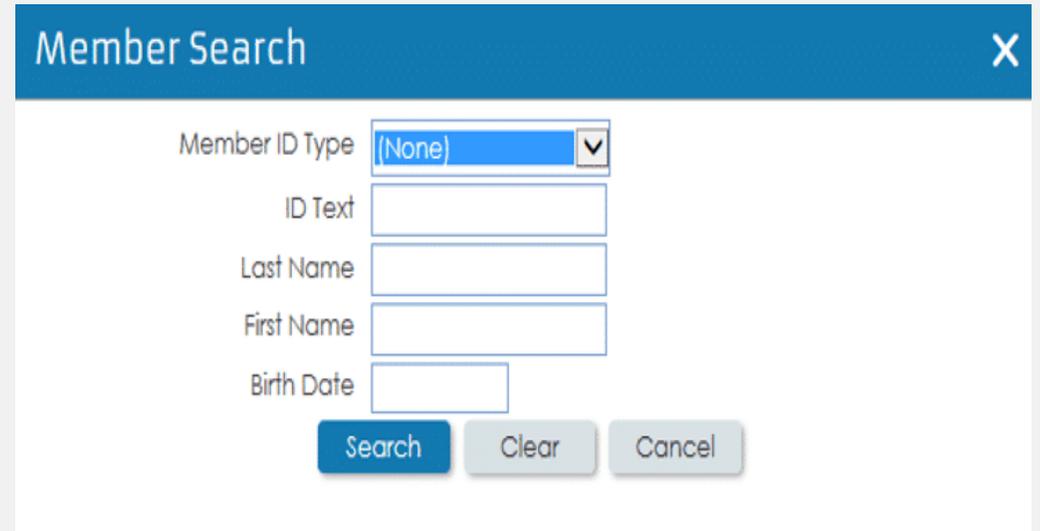
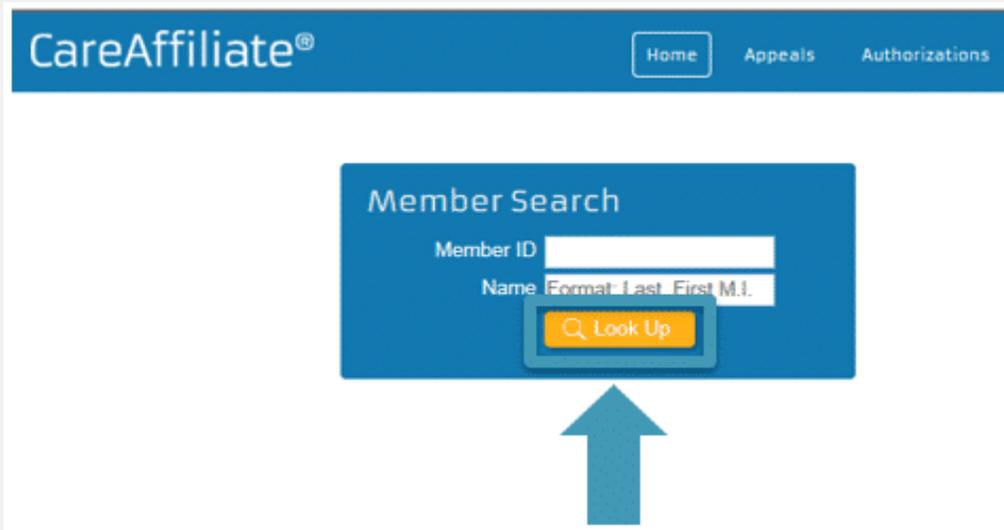
You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Cancel Submit

Once you click Utilization Management Requests, you will need to select your organization and complete “Horizon Provider Select” field. Click continue.

This screen advises that you that you will be re-directed to a platform called CareAffiliate. Click Submit to proceed.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd



Within CareAffiliate, from the Home tab, click the yellow Look Up button.

You will then see this screen. You can search by Member Name or Member ID.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Member Search

Member ID: 5691284
Name: JAY KENEMOREXUAT, OS

Search Results

- Appeals (0) [New](#)
- Authorizations (0) [New](#)**
- Referrals (0) [New](#)
- Care Plans (0)
- [Member Messages \(0\)](#)
- Last Member Message(s) Received: N/A



JAY KENEMOREXUAT, OSBOURNE • 73 years

General Information

Member ID: 5691284
Name: JAY KENEMOREXUAT, OS
Request Type:

Requester

Contact Name: horizon, test
Contact Phone: 714-5399999
Requesting Provider/Facility:
Requesting Group:

Default for all Requested Services



Request Type Selection

Request Type Description:
Containing Procedure:
Containing Specialty:

Show Inpatient Only
Show Behavioral Health / Substance Abuse only

Search **Clear** **Cancel**

Once member has been found, an authorization can be initiated. Click the New button next to Authorizations option. *Note, if you click the Authorizations link, it will bring up prior submitted requests for selected member.

This step allows for entering request type selection. Click magnifying glass next to Request Type. A search box will populate. Then scroll through the list of options and select an option.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Authorizations

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: pre

Requester

Contact Name

Contact Phone

Requesting Provider/Facility

Requesting Group

Other Place of Service - Pre-Tenancy Services Low

Other Place of Service - Pre-Tenancy Services High

Next, type in Pre-tenancy in the “Request Type” and options for “Pre-tenancy Services Low” and “Pre-tenancy Services High” will come up. Choose Pre-tenancy Services Low or High.

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: [] To: []

Plan: (None)

Requester

Contact Name: horizon_test

Contact Phone: 714-5399999

Requesting Provider/Facility: []

Requesting Group: []

Diagnoses

Diagnosis: [] Code: [] Description: []

Diagnosis: [] Code: [] Description: []

Diagnosis: [] Code: [] Description: []

Next, enter 30-day date span under Plan Valid for Services From and To, which will prompt a benefit/eligibility check. Then, click on magnifying glass next to Requesting Provider/Facility or Requesting Group.

Provider Location Search

Individual Provider Search

ID Type: (None)

ID: []

First Name: []

Last Name: []

Institutional Provider Search

ID Type: NPI

ID: []

Name: []

Additional search criteria

Address: [] Networks: (None)

City: [] (None)

State: [] (None)

Postal Code: [] (None)

County: [] (None)

Search within: (None) Tier Level: ALL

Specialty: [] Date Valid: []

Provider Type: (None) Medicaid only: []

Search Clear Cancel

Group Name Provider ID Provider Name ProviderType Address City State Postal code Alternate

There are no records to display.

Search box will open. Fill in ID type and ID information and hit Search. Choose the correct option through the search results.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: 09/01/2025 To 09/30/2025

Plan: MA (ABD Population) [07/01/2019 -]

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility: I1362128B148516900000002204996 - TES

Requesting Group: []

Default for all Requested Services

Diagnoses

Diagnosis	ICD10	Z59.87	Material hardship due t
Diagnosis	Code	Description	
Diagnosis	Code	Description	
Diagnosis	Code	Description	



Authorizations

Authorization Request

Service 1
Other Place of Service/
Pre-Tenancy Services -
Low

Notes (0)

Attachments (0)

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: 09/01/2025 To 09/30/2025

Plan: MA (ABD Population) [07/01/2019 -]

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility: I1362128B148516900000002204996 - TES

Requesting Group: []

Default for all Requested Services

Diagnosis codes can now be added. Click magnifying glass next to description, and search by ICD10/Dx code. Up to 4 diagnoses can be entered in this section.

To initiate adding a service, click Service 1 in the Authorization Request box in upper left side of page.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Service #1 - Pre-Tenancy Services - Low

Status Reason: Electronic Submission
Place of Service: Other Place of Service
Service: Pre-Tenancy Services - Low
Service From:
To:
Provider:
Group:
Facility:
Provider Role: (None)
Actual Date Admitted:
Actual Discharge Date:
Disposition: (None)



Service #1 - Pre-Tenancy Services - Low

Status Reason: Electronic Submission
Place of Service: Other Place of Service
Service: Pre-Tenancy Services - Low
Service From: 09/01/2025
To: 09/30/2025
Provider:
Group:
Facility:
Provider Role: (None)
Actual Date Admitted:
Actual Discharge Date:
Disposition: (None)

Procedure Information

Type	Procedure Low
<input type="checkbox"/> Edit	HCPCS H0044 - Supported housing, per month (Not payable by Medicare)



Provider Location Search

Individual Provider Search

ID Type: (None)
ID:
First Name:
Last Name:

Institutional Provider Search

ID Type: NPI
ID: 1891782470
Name:

Additional search criteria

Address:
City:
State:
Postal Code:
County:
Search within: (None)
Specialty:
Provider Type: (None)

Networks

(None)
(None)
(None)
(None)

Tier Level: ALL
Date Valid:
Medicaid only:

1 records matched your criteria. Please choose a record from the grid below.

Group Name	Provider ID	Provider Name	Provider Type	Address	City	State	Pr
------------	-------------	---------------	---------------	---------	------	-------	----

When entering dates of service, they must fall within 30-day date span that was initially entered. Click Magnifying glass for Provider, Group or Facility, and repeat provider search steps previously described by searching individual or institutional provider. This time, you must enter rendering provider's information.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Procedure Information

[+ Add Procedure](#) [X Delete Selected](#)

Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/> Edit HCPCS	H0044 - Supported housing, per month (Not payable by Medicare)	H0044 - Supported housing, per month (Not payable by Medicare)		<input checked="" type="checkbox"/>

Since a requesting profile was picked, the Procedure information is automatically populated with the Procedure code for Pre-Tenancy Low. Click Edit to enter the units and duration of the service authorization.

Edit Procedure

[Procedure Low](#) Supported housing, per month (Not pa)

[Procedure High](#) Supported housing, per month (Not pa)

Modifiers U1

Quantity (None)

per every (None)

for (None)

Total



Enter 1 unit per 1 month per 30 days. Then click Ok.

Edit Procedure

[Procedure Low](#) Supported housing, per month (Not pa)

[Procedure High](#) Supported housing, per month (Not pa)

Modifiers U1

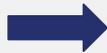
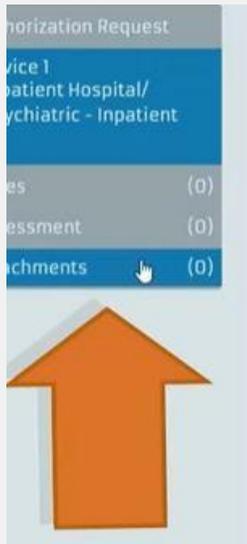
Quantity 1 Units

per every 1 Month

for 30 Days

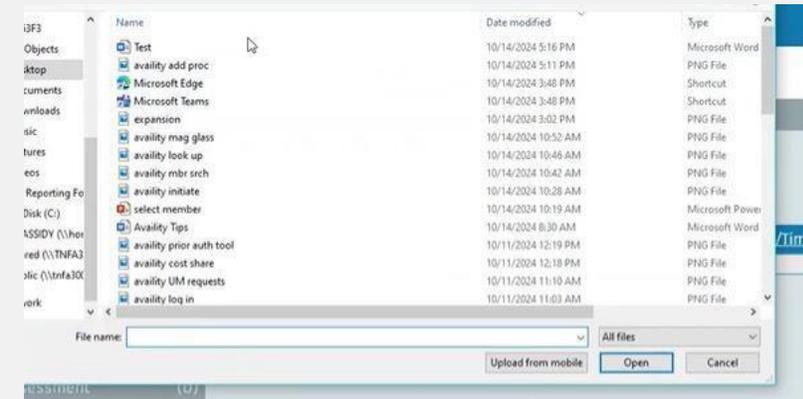
Total 1

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd



File Name	CDA Title	Date/Time Attached	File Size	Status
There are no records to display.				

To add clinical information, click add Attachments in top left and then add file in the top right e.g., Initial Assessment Tool and Level of Need Assessment Tool.



CDA Title	Date/Time Attached	File Size	Status
	10/14/2024 5:37 PM	11 KB	Attached

Double click on the file to be attached and then click upload file. A status of Attached appears when files are uploaded successfully.

Horizon NJ Health | Common provider errors leading to delays in processing

Applicable services	Error	How
	Not providing correct identifiers	• En • M
<ul style="list-style-type: none"> • Pre-Tenancy • Tenancy Sustaining 	Unable to reach facility contact due to a generic contact number and/or no confidential voicemail to leave messages	• Pr
<ul style="list-style-type: none"> • Move In Supports • Residential Modification and Remediation 	Not calling back if we are requesting additional information	<ul style="list-style-type: none"> • Pr • Ca • Pr to
	Incorrect or missing primary diagnosis	• En
	Choosing incorrect provider profile in	• En
	Availability	



Housing Supports Program

Elmia Walker, HSP Manager

United Healthcare

July 2025

United
Healthcare

Meet Our Housing Supports Team



Hilary Delany, Director



Elmia Walker, Manager



Shanita Fludd, HSS



Quasherra Jackson, HSS



Sameemah Shakir, HSS



Authorization Submission Process

- To request prior authorization:
 - **Fax:** 855-583-4041 or 855-489-1553
 - **Email:** NJ_HousingSpecialist@uhc.com
- The fax form can be found [Provider Forms and References | UHCprovider.com](#)

Note: The form is entitled Long-Term Care & Housing Supports Prior Authorization Fax Request Form

- [Individual Disclosure of Ownership and Control Interest Form - Online Version](#) 
- [Long-term Care & Housing Supports Prior Authorization Fax Request Form](#) 
- [Medication-assisted treatment and office-based addiction treatment questionnaire](#)



UHC Specific Processes – Tenancy/Pre-Tenancy

- Authorization Process:
 - Once the request has been received by the Housing team, it is reviewed for completion.
 - If missing information, a Housing Specialist will reach out to notify provider of needed information (i.e., member signature, etc.)
 - If complete, Housing Specialist will notify the provider via telephone of the determination.
- Notification will include the decision, dates for the authorization and if adverse determination, reason for the denial (i.e., incomplete documentation, duplicative services, does not meet Level of Need criteria)
- Submitting an appeal: See NJ Timely Filing Guidelines slide



UHC Specific Processes –Residential Modification, Remediation and Move-in Supports

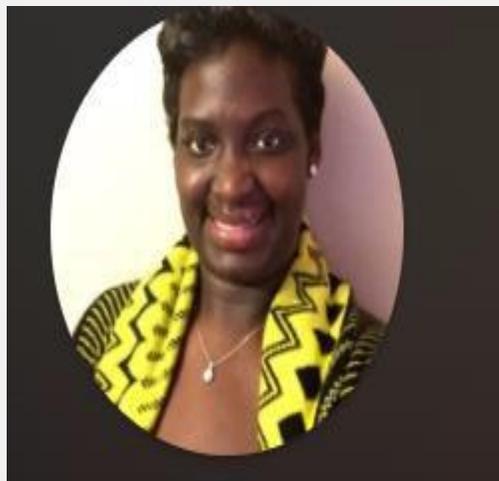
- Authorization Process:
 - Once the request has been received by the Housing team it is reviewed for completion.
 - If missing information, a Housing Specialist will reach out to notify provider of needed information (i.e., member signature, etc.)
 - If complete, notify the provider via telephone of the determination.
- Notification will include the decision, dates for the authorization and if adverse determination, reason for the denial (incomplete documentation, duplicative services, does not meet Level of Need criteria)
- Residential Modification/Remediation:
 - Evaluation request forms from UHC will be faxed or emailed with instructions to fax/email it back with the requested information (i.e., cost, service provided, timeline for completion, etc.)
 - Notification via telephone if selected to provide the services
 - Upon completion of the modification, an end of services form will be faxed/emailed to the provider as well as outreach to the member to confirm completion and satisfaction
- Move-In Supports:
 - Move-in Supports providers will be faxed/emailed a standard list of itemized goods
 - Move-in Supports providers will return fax/email the list with cost and fulfillment timeline for approval
 - UHC will provide approval for purchase of goods
- Submitting an appeal: See NJ Timely Filing Guidelines slide



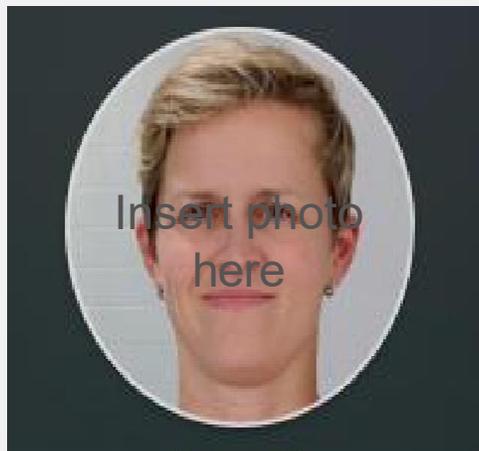


Wellpoint

Insert MCO | Meet our auths team



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What is ICR and why should I use it?

The Interactive Care Reviewer (ICR) allows providers and facilities to submit initial and concurrent authorization requests for behavioral health (BH) services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient (IOP) and partial hospitalization programs (PHP), electroconvulsive therapy (ECT) and psychiatric testing. Additionally, providers can use the inquiry feature on ICR to find information on any authorization associated with their tax id/organization.

ICR improves the efficiency of the authorization process since all authorizations are in one place and can be accessed by any staff member at any time. ICR allows users to inquire about precertification requests submitted via phone, fax, ICR or other online tools. Using ICR means you no longer must request authorizations by phone or fax since you can create the request, attach and submit clinical notes and supporting images, make updates and get responses from ICR. Another reason to use ICR is that it allows for proactive communication through email updates.

How to get access and create an account

*****Please Note: The person starting the registration process agrees to be the *Administrator* for your organization and will administer the addition of new users within your facility*****

To access ICR, you must first register via the Availity Portal - <https://www.availity.com> – using the following steps:
Select the **REGISTER** link to be redirected to the *Registration details* landing page.

Select the appropriate organization type link and you will be directed to the *Registration Form* to create your account.

What is the ICR Landing Page/Dashboard?

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered. The dashboard has four tabs:

- 1. My Organization's Requests** – this is your home page and will display the dashboard.
- 2. Create New Request** – this is used to start a new inpatient or outpatient request.
- 3. Search Organization Requests** – allows the ability to search, using drop down menus, for any request made by your organization (through ICR, fax or phone).
- 4. Check Case Status** – allows users to view any cases submitted under your organization's tax id, including ICR, phone and fax requests.



How do I request a new authorization

To create a new authorization request select *Create New Request* from the ICR Dashboard tab, located at the top of the ICR screen. The request process consists of 5 steps and will end once you review the *Case Overview*.



Steps

1. Patient Details: Complete all the required fields in this section and click Find Patient. Once patient details section is completed, click Confirm Patient.
 - a. Please note: When entering the request, in addition to entering the Subscriber ID, please enter at least ONE of the following Patient Identifiers: Patient First Name, Last
2. Service Details: Complete all required fields in this section by providing the patient's diagnosis and information about the service to be provided. (If you didn't select an authorization profile the Place of Service, Type of Service, and Level of Service will be required in addition to diagnosis.)



The screenshot shows a form with the following fields and values:

Service From	Service To	Quantity	Per Entry	Duration	Total
01/16/2017	01/25/2017	1	[Units]		1 UNIT

An "Add Service" button is located at the bottom right of the form, circled in red.

Steps

3. Provider Details: There are three provider types to choose from on ICR. The Requesting Provider, Service Provider and Ordering Physician. The Ordering Physician section only appears for certain Outpatient requests which have a Place of Service of Home or a Service such as Durable Medical Equipment or Home Health Care. (The Requesting Provider should be auto populated with the entering provider information.)
4. Request Summary: the page is used to verify if requested services require pre-authorization. If the service does not require pre-authorization, users can note the tracking ID and close out the request. If users need to search for the request later, it can be located using the tracking ID or patient information.
5. Clinical Details: Templates located in Clinical Details allow users to enter clinical detail previously provided via phone. When completing the Clinical Details section, please complete all required fields, marked with an *, on the template.

The screenshot shows a web interface for adding providers and clinical details. At the top, there are two input fields: "Add Requesting Provider" and "Add Servicing Provider". The "Add Servicing Provider" field has a checkbox labeled "Same as Requesting Provider". Both fields have star and magnifying glass icons to the right. Below these fields is a large empty text area with a light blue border. Underneath the text area is a blue button labeled "Add Note". Below the "Add Note" button is a table with three columns: "Description", "Type", and "Date". The table contains one row of data. Below the table is another blue button labeled "Next".

Description	Type	Date
ICR Training 0 02 21 000 - Apr 12, 2021 - 11:47:17 PM - Johnson, Max	Attachment	11/11/2021

Next steps

- Bookmark the Housing Supports webpage [here](#).
- Sign up for our Housing Supports Program newsletter [here](#).
- Use our Help Desk Inquiry Form to ask your questions and get timely support [here](#).
- Check out the Tech Readiness Memo [here](#) – particularly if your organization is not currently a Medicaid provider.