

PRIOR AUTHORIZATION DETERMINATIONS

In compliance with state regulatory requirements, Community Health Choice (Community) issues a determination within the following times for each of the three categories of utilization review: prospective, retrospective and concurrent.

PROSPECTIVE REVIEW

Urgent	<ul style="list-style-type: none"> As soon as possible based on the clinical situation, but no later than one business day from receipt of a request for a Utilization Management (UM) determination
Routine/	<ul style="list-style-type: none"> Within three business days from the receipt of a request for a UM determination
Inpatient	<ul style="list-style-type: none"> Within one business day from the receipt of a request for a UM determination

RETROSPECTIVE REVIEW

Community will issue a determination within **30 calendar days** from the receipt of request for a retrospective UM determination.

CONCURRENT REVIEW

Reductions or terminations of a previously approved course of treatment	<ul style="list-style-type: none"> Community issues the determination early enough to allow the patient to request a review and receive a decision before the reduction or termination occurs, but no longer than two business days
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Visit our Provider Portal at <https://provider.communityhealthchoice.org/> for the most current Prior Authorization Guide and authorization forms.

Should you have any questions, please contact Provider Services at 713.295-2295 (Medicaid/CHIP), 713.295-6704 (Marketplace) or 713.295.5007 (HMO D-SNP).