

June 3, 2019

## TRANSITION TO INTERQUAL CRITERIA

After careful evaluation, Community Health Choice (Community) has decided to transition to InterQual Criteria for evidence-based clinical guidelines, effective September 1, 2019, for medical and behavioral health services.

InterQual is a nationally recognized utilization management (UM) tool that will provide us with reliable, evidence-based clinical decision support. InterQual is trusted by more than 4,600 hospitals and facilities and more than 280 managed-care organizations. InterQual criteria is also continuously updated with the most recent evidence and clinical standards, using a wide variety of medical specialists to manage and validate their medical criteria sets.

InterQual is known for its clinical integrity, innovative technology and service excellence. We are confident it will help us continue to meet the following objectives:

- Assure optimal and consistent utilization management decision-making
- Support the appropriateness of care
- Manage medical costs
- Foster appropriate utilization of resources

### FREQUENTLY ASKED QUESTIONS

#### ✦ ***Where can providers or members access the criteria?***

The InterQual Criteria is not available directly to providers from Community. InterQual is a proprietary product that Community is not able to legally share. Provider organizations may purchase access to provider criteria directly from [Change Healthcare](#). In alignment with federal and state requirements and InterQual's guidelines, Members have the right to request from Community a copy of criteria used in the event of a denied request for service.

#### ✦ ***How does this impact member benefits?***

This change does not impact member benefits.

#### ✦ ***Will there be any changes to the pre-authorization, prior approval or the precertification list process for providers?***

No, the change to InterQual clinical decision support criteria does not change those processes.

#### ✦ ***Where can providers or members find more information about this change?***

Members are encouraged to call the phone number located on the back of their ID card. Providers are encouraged to call Provider Services at 713-295-2295 or email the Provider Services at [ProviderWebInquiries@CommunityCares.com](mailto:ProviderWebInquiries@CommunityCares.com).