

InterQual® Connect

Enable auth automation with medical reviews in your existing workflow

The total cost of an authorization is between \$35 and \$100 when faxes, phone calls, clinical time, and other aspects are considered.¹ This manual workflow is inefficient, time-consuming, redundant and costly for everyone—with both providers and payers conducting duplicative medical reviews.

Existing utilization management and care management (UM/CM) systems can automate authorizations to a point, based on limited payer rules. But when a medical necessity review is needed, you're back to the inefficient, manual process.

With InterQual® Connect, payers can easily automate all authorization requests, even those requiring medical review, within their existing systems. Providers receive quicker authorization approvals for most requests, and payers only need to touch the exceptions that can't be approved automatically. This means no more duplicative medical reviews or wasting precious staff time on routine authorizations.

Our Solution

InterQual Connect is a flexible SaaS solution, integrated into payer and provider health information systems. It pairs the leading InterQual® Criteria, available as a web service, with proven and secure connectivity.

A Unique Solution—The only integrated solution to enable full auto authorization, including medical review service.

Easy to Implement—No new hardware, software or IT staff required. Time to value can be as little as 60 days when using a certified Alliance Partner.

Provides Fast, Secure Connectivity—Uses the proven authorization connectivity with standard API protocols, access controls, and routing rules.

Keeps Users in Existing Workflows—Providers submit an authorization request and payers receive the request and medical review from within their current UM/CM workflow.

Real-Time InterQual Access—Just-in-time content helps ensure you get the latest version, but you choose when to make the switch.

Aligns with InterQual Hospitals—Payers benefit from a direct connection, as well as the ability to access a shared review, with the thousands of hospitals already on the InterQual cloud.

Supports Payer/Provider Collaboration—Helps reduce the costs and hassle of prior authorization while providing full transparency of payer criteria to providers.

Enhancing Existing Capabilities

InterQual Connect can fill the gap in your current UM/CM system so you can use your existing IT infrastructure for full authorization automation.

Payer's UM/CM system provides:

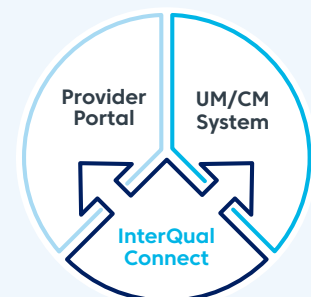
- Payer user interface and workflow
 - Payer rules
 - Business rules
 - Eligibility
 - Benefits and coverage
 - Network steerage
- Authorization determination
 - Automated authorization
 - Pended for review

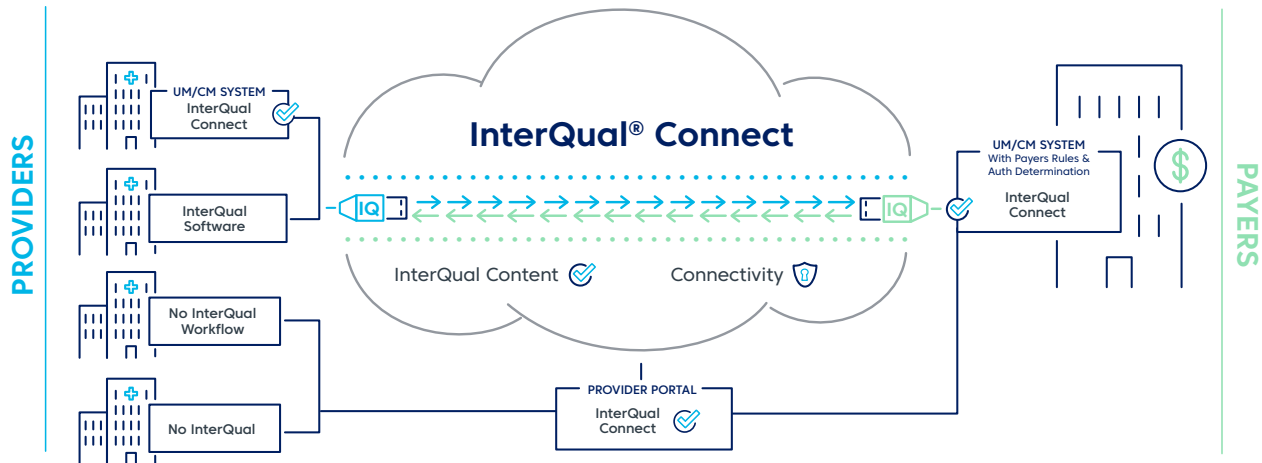
Provider's UM/CM system and payer's portal provides:

- Provider user interface and workflow
- Authorization notification

InterQual Connect provides:

- Interactive medical review for medical necessity
- Connectivity to securely send/receive the medical review and clinical information

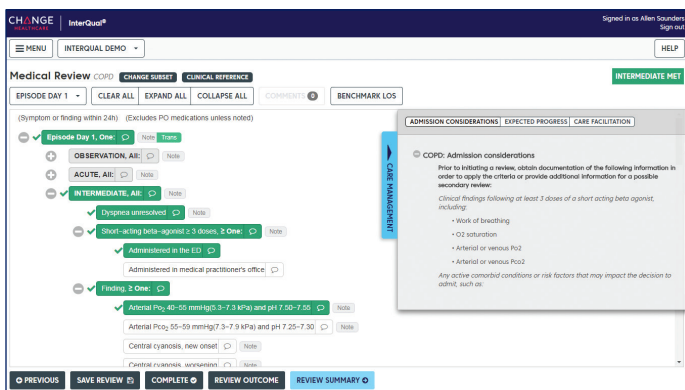




InterQual Connect creates a connected ecosystem for medical review and authorization, no matter what system providers use, or no system at all.

Medical Review Service

This web service delivers seamless access to the InterQual medical review within your UM/CM system or the payer’s provider portal. You get the same leading evidence-based InterQual Criteria combined with our modern, user-friendly interface. The SaaS platform helps reduce IT burden, providing real-time access to content. Software and content upgrades are automatic with no wait for installation/validation and you control when to switch to the new content. You also gain the freedom to make the Medical Review Service available throughout a networked system, such as a multihospital and outpatient network or multilocation payer. The Medical Review Service works with any modern browser.



1. Change Healthcare 2014 study conducted with CAQH index data.

Authorization Connectivity

Our cloud platform and authorization gateway enable the creation of a secure network of connected payers and providers with standard API protocols, access controls, and routing rules.

Providers transmit an authorization request, complete with an InterQual medical review, directly from within their care management system to a payer. The payer system then applies business rules and the InterQual Criteria to this request and instantly delivers the authorization status back to the provider.

Alternatively, using the Review Share feature, providers share a cloud-hosted InterQual medical review with payers, who can then process the request and deliver an automated approval response based on both clinical guidelines and payer rules.

The authorization connectivity is optimized for our interoperable (XML) medical review format and supports the HIPAA X12 278 transaction standards.