

UTILIZATION MANAGEMENT

Effectively Manage the Authorization Life Cycle

The Utilization Management module is a key component of the GuidingCare® platform and supports the entire authorization life cycle – from request and review, to status determination, to correspondence with members and providers. GuidingCare helps you manage utilization effectively, using helpful clinical guidelines and configurable authorization management workflows. The module meets NCQA level requirements out of the box and supports:

- Integration with evidence-based clinical guidelines
- Consolidation of all member information into one record
- Management of turnaround time across programs
- Streamlined authorization and decision workflows

DIRECT ACCESS TO CLINICAL GUIDELINES

Extensive integration with MCG and InterQual gives users direct access to evidence-based clinical guidelines so they can instantly transfer selected criteria to support authorization requests, decisions and appeals.

TRACK CM & UM ACTIVITY IN ONE RECORD

The GuidingCare platform consolidates all member information into a single, comprehensive care record that's shared across all modules and authorized users. CM and UM staff can view current and historical health and encounter details, authorizations, correspondence and more.

MANAGE TAT REQUIREMENTS ACROSS PROGRAMS

Turnaround time (TAT) for review, approval, correspondence and other activities is configurable by the benefit program and auth type to help maintain compliance across all lines of business.

STREAMLINE AUTHORIZATION & DECISION WORKFLOWS

Utilization Management adjusts to your organization's specific needs to support clinically sound workflows for authorizations, reviews and service approvals. Our templates automatically pre-populate data to save time and improve accuracy.

APPEALS & GRIEVANCES

Meet Regulatory Demands and Ensure Compliance

The Appeals & Grievances module streamlines and consolidates the entire appeals management process to help you meet regulatory demands for timely resolution and correspondence. The module is configured to record all elements needed to track and report required turnaround times – both by the line of business and by grievance type. Each grievance type can be configured to automate its associated workflow, including:

- Assignment of tasks to appropriate staff
- Tracking completion of each task
- Automatically generating appropriate member correspondence

Ensure Compliance with Configurable Appeal Workflows

Workflows, turnaround requirements and correspondence templates can be configured for each type of appeal, allowing your organization to maintain compliance for appeal and grievance processes across multiple lines of business.

Integration with Other GuidingCare Modules

Appeals & Grievances integrates seamlessly with other modules, enabling all stakeholders to track the progress of appeals, along with member demographics, enrollment, encounter and care planning information.

CONTACT US

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ABOUT ALTRUISTA HEALTH

Altruista Health was founded in 2007 on a mission to provide innovative healthcare technology solutions that drive significant improvements in cost savings and health outcomes for all populations. Today, Altruista Health's GuidingCare® platform is used by health plans and provider organizations to streamline care management workflows, facilitate coordination among clinical, behavioral and community resources, accelerate quality improvement and promote engagement for more than 38 million members.