Utilization Management
Driving Efficiency, Cost Savings, and Compliance

The Medecision digital platform, Aerial™, leverages our decades of utilization management (UM) expertise to help you automate tedious, low-ROI tasks so your staff can focus on the most complex requests that require clinical judgement and decision-making. Our flexible UM solution improves productivity, care consistency, and compliance, delivering timely, accurate authorizations and referrals that ensure your members receive the care they need when they need it.

Regulatory alignment reduces audit and penalty risk.

Aerial™ enables you to align workflows with policy and regulatory requirements by line of business, contract, or other entity so you can proactively monitor and manage regulatory requirements and demonstrate compliance.

Automation speeds turnaround times and throughput.

Aerial™ reduces your administrative burden, automating manual, error-prone tasks and streamlining processes to prevent treatment delays and ensure that your valuable resources can be strategically deployed where they'll have the greatest impact.

Rule self-authoring and configuration improves efficiency and reduces costs.

With a wide breadth of support for many kinds of authorization requests, Aerial™ offers flexible rules and workflows that help you improve efficiency and meet changing industry and business needs.

Improved provider and individual experience reduces costs and leakage.

Aerial™ enables a real-time bidirectional flow of communication and 360° member view via a provider portal, preventing the fragmented coordination and lack of care continuity that can thwart quality care. This improved experience creates better partnership and loyalty with your members and providers and reduces network leakage—ultimately preventing lost revenue.

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Challenge — Impact of Using Aerial™ for Improved Utilization Management

Challenge	Impact of Using Aerial™ for Improved Utilization Management
Compliance and regulatory alignment	• Aligns workflow with NCQA utilization management and appeals and grievances standards, as well as regulatory requirements for CMS, Medicare, and Medicaid • Monitors turnaround requirements for timely reviews, appeals, and decisions by line of business to meet accreditation requirements • Leverages out-of-the-box reporting to meet CMS and NCQA regulatory requirements and capture savings and ROI
Manual, error-prone processes	• Automates authorization and appeals and grievance decisions with real-time guidance to prevent treatment delays and ensure care consistency • Multi-level auto-approval and auto-workflow rules focus resources on the authorizations that truly require clinical intervention • Out-of-the-box support for MCEF Pharmacy, XD-Lab, HL7 CCD, 834, and 837 formats
Complex and dynamic processes and workflows	• Automated workflow development with drag-and-drop multi-level rulesets and rule self-authoring improves efficiency and ensures you can adapt as your business and regulatory requirements change
Provider satisfaction	• Provider-oriented portal with 360° member view specifically designed to automate and streamline provider-payer interaction to improve collaboration • Auto-approval improves timely decision making • Enables you to "gold star" preferred providers and apply different authorization criteria to reduce administrative burden for plans and providers
Integration	• UM solution can be used standalone or alongside other care management solutions • Integrates with the suite of solutions within the digital platform and decision tools (including InterQual and CareWebQI)

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