



Aerial™ Utilization Management helps you achieve 4 key business objectives

Improving operational efficiency, mitigating the risk of audit penalties, and controlling out-of-network costs just got easier.

Today's risk-sharing value-based arrangements call for stronger partnerships between health plans and providers. It also requires shared strategic management of overall care resources so that they can be deployed where they'll have the greatest impact. Doing so is a foundational part of any successful utilization management initiative.

Aerial™ Utilization Management (UM) proactively helps you guide members to in-network providers, a critical factor in controlling costs in today's shared-risk, value-based contracts. The SaaS-based tool automates authorizations and referrals to drive compliance and reduce costs for health plans and TPAs with substantial Medicare and Medicaid populations.

By connecting provider contract details with member enrollment details, Aerial UM presents care managers with real-time, context-relevant information that improves care delivery and increases provider and member satisfaction.

Aerial UM helps you achieve 4 key business objectives:



1. Reduce your out-of-network costs

With Aerial UM, provider contract details are matched to member enrollment details. Requests are verified as complete and accurate before submission. By proactively managing and guiding members to in-network visits, you can more efficiently manage network leakage to control costs.

Doing the math: Suppose that for every 100,000 members there are 297,000 office visits. If 20% are out-of-network and Aerial UM helps to convert half of them, it would save \$374,220 on out-of-network office visits.

2. Lower your operating costs, manage CMS compliance, and avoid audit penalties

By automating and streamlining the authorization process with Aerial UM, you can improve the cost, efficiency, and accuracy of your authorization entry process.

You can also get a handle on CMS compliance. Not only does it reduce manual processes, it improves your reporting ability, eliminating incorrect documentation and missing or unrequested authorizations. You can also set evidence-based rules and criteria sets to help mitigate risk around CMS-defined challenges such as appropriate levels of care, opioid medication management, and certain social determinants of health.

By meeting CMS reporting requirements, including documentation of denials and turnaround times, Aerial UM helps health plans accurately report universes, reduce the volume of appeals and grievances, and prevent audit penalties.

3. Drive member and provider experience/loyalty with reduced wait times

Manual authorizations are highly labor intensive and can lead to treatment delays. With Aerial UM, most authorizations can be configured to be auto-approved. This reduces the volume of manual effort and greatly speeds the approval process. Rules can also be set up to make sure all data is included before submission, helping to ensure they're both accurate and timely.

By directly connecting health plans and provider networks, the solution creates a more efficient and cost-effective overall process, leading to improved member experience and, ultimately, loyalty.

4. Improve outcomes by ensuring the right level of care for at-risk members

By automating most authorizations and reducing the cycle time of exceptions, Aerial UM helps health plans and providers work together to improve outcomes.

Since most requests can be auto-approved, care managers can focus on authorizations for high-cost services, drugs or procedures to ensure the right level of care for at-risk members.

When a provider submits a referral request, Aerial UM limits available choices to in-network providers for the member, along with associated cost savings.

Occasionally, there will be no available in-network matches. When this happens, the provider can immediately request an exception, reducing cycle time for approvals.

Learn more about how Aerial™ UM can help you manage clinical and financial risk with confidence.

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