



Medical necessity review of both inpatient and outpatient procedures

American Health's **URAC-accredited** Utilization Management program provides medical necessity reviews that ensure members receive appropriate care while maximizing opportunities for cost savings. Members benefit from our program's registered nurse reviewers, American Health's board-certified medical director, an internal panel of board-certified, practicing physician specialists and an external panel of specialists.

Our clinical professionals benchmark against MCG Health's days per 1,000, admits per 1,000 and average length of stay criteria to certify treatments. Cases are continually monitored to ensure quality and appropriateness of care, and we report all never events and avoidable hospital conditions.

All admission evaluations and reviews are conducted by registered nurses with an average of 10 or more years of clinical experience or by board-certified physician reviewers. The review is supported by American Health's state-of-the-art proprietary software, iSuite, that facilitates all steps in the utilization review process and **automatically makes referrals to Case Management.**

Our proprietary iSuite software supports **customization of utilization rules according to the group plan.**

- Program Highlights -

Facilitation of all steps in the utilization review process, from initial provider or patient contact through criteria application, evaluation and recommendation

Services guided by American Health's Total Quality Management program, which sets the highest priority on timeliness, accuracy, quality of care and cost-effectiveness

Ability to customize group rules to maximize in-network utilization

Utilization Management reports benchmarked using MedInsight from Milliman, Inc.



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Health
Utilization
Management
Expires 11/01/2020



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Case Management
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