ALLIANT
HEALTH SOLUTIONS

Care Management That Improves Outcomes

Right Care. Right Setting. Right Time.

Alliant Health Solutions partners with Medicaid agencies to deliver clinician-led care management that improves outcomes, strengthens oversight, and enhances program performance across fee-for-service and managed care programs. We ensure services are medically necessary, cost-effective, and well-coordinated across the continuum of care.

WHAT MEDICAID AGENCIES GAIN

- **Improve care quality and outcomes**
- **Strengthen utilization management and oversight**
- **Reduce administrative complexity**
- **Access real-time program data**
- **Enhance care coordination**
- **Increase program efficiency**

ADVANCED PRIOR AUTHORIZATION SYSTEM

A modern, enterprise-wide solution that streamlines prior authorization and improves oversight across programs.

- ✔ Automated rules-based approvals
- ✔ Clinician-led review for complex cases
- ✔ AI-enabled workflows
- ✔ Real-time dashboards and reporting
- ✔ Secure provider communications

CENTRALIZED PRIOR AUTHORIZATION PORTAL

One secure platform connecting providers, MCOs, MMIS and agency staff.

PROVIDERS ↔ **MEDICAID ENTERPRISE SYSTEMS** ↔ **CENTRALIZED PA PORTAL** ↔ **PRIOR AUTHORIZATION SYSTEM** ↔ **MANAGED CARE ORGANIZATIONS**

AGENCY OVERSIGHT
Transparency • Governance

- Single platform for FFS and managed care
- Near real-time data exchange
- Enterprise reporting and oversight
- Secure submissions and communications

Comprehensive HCBS, Waiver & LTSS Management

Alliant provides end-to-end support for home and community-based services (HCBS) waiver programs, and long-term services and supports to improve compliance, care coordination and member outcomes.

- Eligibility determinations
- In-home assessments
- Plan of care development
- Service authorizations
- Waiver management
- CMS compliance
- Quality reporting
- Program performance improvement

CLINICAL EXPERTISE THAT MAKES A DIFFERENCE

300+

practicing physicians and clinicians representing 65 clinical specialties

Supporting:

- Medical neccessity reviews
- Speciality determinations
- Appeals and reconsiderations

HOW WE DELIVER RESULTS

1. **INTEGRATE** — Connect Clinical and Admin Data
2. **REVIEW** — Combine Automation & Clinical Expertise
3. **OPTIMIZE** — Improve Care, Quality & Performance
4. **SUSTAIN** — Drive Data-Driven Improvement

CASE STUDY

CHALLENGE

Fragmented prior authorization processes created inefficiencies across fee-for-service and managed care programs.

SOLUTION

Implemented a centralized prior authorization platform with automated workflows and clinical review.

IMPACT

- ✔ Reduced administrative burden.
- ✔ Improved authorization consistency.
- ✔ Enhanced oversight and reporting.
- ✔ Increased visibility into program performance.

A MODERN CARE MANAGEMENT SOLUTION FOR PUBLIC PROGRAMS

Technology-enabled. **Clinician-led.** **Results-driven.**

Transform care management into measurable program value.
Connect with Alliant today.

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EXPLORE OUR CARE MANAGEMENT EXPERTISE

SCAN TO LEARN MORE ABOUT ALLIANT