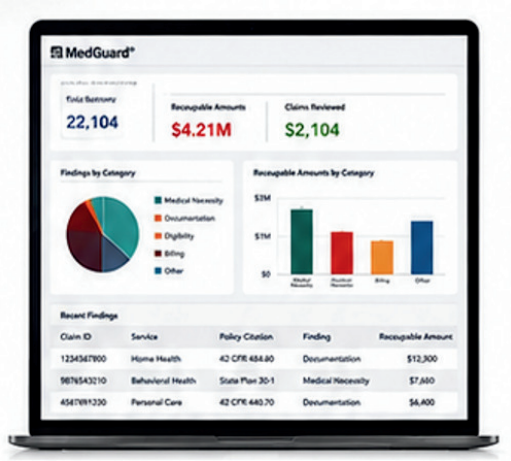
ALLIANT
HEALTH SOLUTIONS

Smarter Medicaid Audits. Stronger Outcomes.

Clinically Led. Policy Driven. Recovery Focused.

Alliant Health Solutions partners with state Medicaid agencies to identify improper payments, ensure compliance, and prevent repeat losses through clinically led, policy aligned audits and reviews that maintain rigor while reducing unnecessary administrative burden.



MEDGUARD®

Policy-Driven Reviews That Enable Recovery

MedGuard® is Alliant's proprietary HITRUST-certified audit platform for Medicaid program integrity.

Key capabilities:

- Applies policy-driven review logic.
- Identifies improper payments.
- Captures policy citations and documentation gaps.
- Quantifies recoverable findings.
- Supports appeals, referrals, and recovery.
- Tracks Corrective Action Plans.

WHAT STATE MEDICAID AGENCIES GAIN

- Identifies improper payments with policy-based documentation.
- Delivers recovery-ready findings with financial impact.
- Supports provider reviews, outreach, appeals, and Corrective Action Plans.
- Prevents improper payments through pre-payment reviews.
- Identifies program vulnerabilities and trends.
- Improves compliance and reduces future improper payments.
- Provides ALJ/MFCU support, provider education, and policy feedback.

PROVEN RESULTS

Risk-Informed Planning

Policy-Centric, System-Driven Reviews

Efficient Documentation Strategies

Clear Communication

CAP Follow-Up & Re-Reviews

$22.4M
Overpayments identified through 3,407 waiver provider reviews

85.1%
Reduction in quality-of-care concerns

$1.2M
Savings from behavioral health pre-payment reviews

$18.5M+
Fraud, waste, and abuse identified

$1.63M
Potential recoupment from targeted DME/O&P reviews

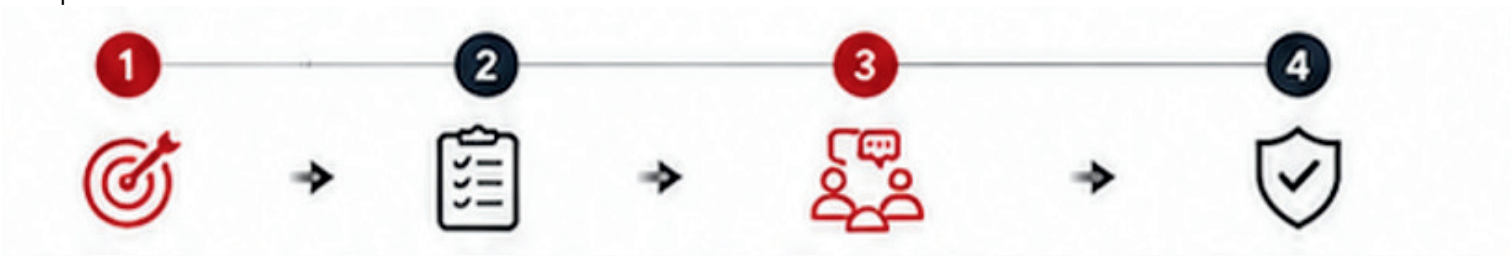
Representative client results. Unless otherwise noted, metrics reflect outcomes achieved during a single reporting year. The $18.5M+ fraud, waste, and abuse result represents cumulative findings for one Medicaid managed care organization over multiple years.

Where Alliant Audit Rigor Matters Most

Alliant brings deep expertise in HCBS waiver programs and behavioral health, while leveraging its Peer Review Network and in-house clinical expertise for performilng reviews across all service types.

END-TO-END AUDIT LIFECYCLE

Built to modernize audit operations while improving outcomes and reducing friction for agency staff and providers.



DESIGN
Target high-risk areas.

REVIEW
Policy-driven, consistent audits.

COMMUNICATE
Reduce administrative burden.

IMPROVE
Follow up to sustain compliance.

WHY ALLIANT

Clinically Led Expertise
Accurate, defensible reviews.

Measurable Results
Financial recovery and program improvement.

MedGuard® Technology
HITRUST-certified audit platform.

Trusted Medicaid Partner
Collaborative, provider-focused approach.

CASE STUDY

CHALLENGE

Limited visibility into DME/O&P provider compliance and documentation quality.

SOLUTION

Statewide monitoring initiative using prior authorization data, member interviews, and clinically led reviews to identify documentation deficiencies and quantify potential recoupments.

KEY RESULTS

$1.63M	105	10,954	87%	44%
Potential Recoupment	Providers Reviewed	Claim Lines Evaluated	DME CMNs Incomplete	O&P CMNs Incomplete

KEY FINDINGS

- Missing face-to-face exams
- Unsigned Certificates of Medical Necessity
- Incomplete documentation
- Missing clinician orders

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EXPLORE OUR PROGRAM INTEGRITY EXPERTISE

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