

MedCompass

Utilization Management Module



- Provides financially sound resource management to support claims processing.
- Verify eligibility and determine if clinical information meets medical necessity.
- Automate workflows for prior authorizations, reviews, and appeals & grievances.

Utilization Management for Payers

Eligibility

Determine if the requested service is covered under the contract and if it is primary. See if it requires preauthorization.

Criteria

Gather clinical information to see if criteria are met for this service. If so, determine medical necessity and level of care.

Approvals

If guidelines are met, the requesting provider is notified. If not, a physician review decides and a notification of approval or denial/appeals process is sent.

Appeals

The patient or treating physician may appeal. The medical director collects information, reviews the case, and may speak with the treating physician.

Complete Care for the Patient

MedCompass delivers all Care Management functions in one system. Users benefit from a single source of truth to coordinate a patient's care.

The platform brings utility and efficiency by creating a member-centric solution for managing services and procedures.

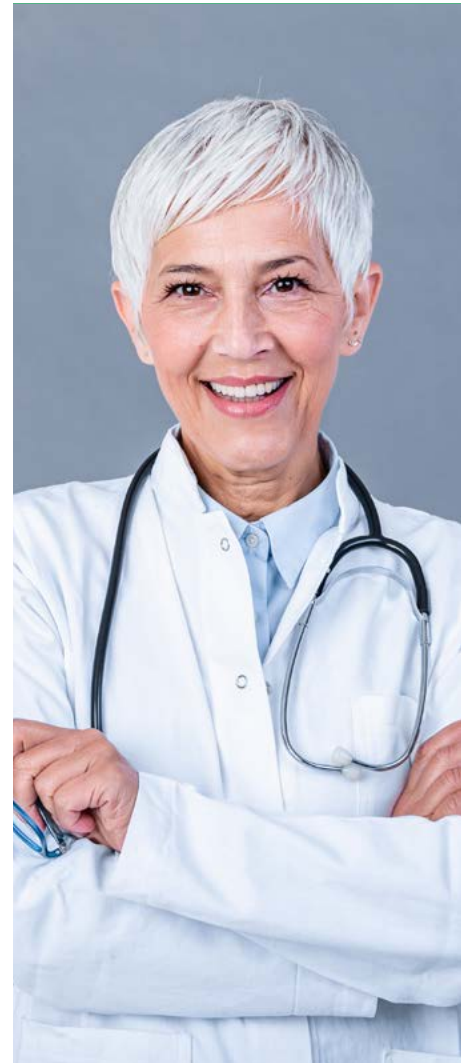
MedCompass supports both manual and digital authorizations creating a centralized location eliminating the need for other external systems. The configurability streamlines the user's experience and automates unique client workflows, allowing users to optimize resources. Decisions, data, and care are seamlessly coordinated with all clinicians.

Built for Today and Tomorrow

MedCompass is a highly configurable, population health management platform. While the configuration is adaptable to meet client's needs, there are a series of clinical and user best practices that are implemented through the base configuration product design.

- Based on clinical best practices to optimize performance improvement.
- Provides complete interoperability with most EMR systems.
- Quickly deployed through standard implementation, training, and onboarding.

Based on nationally recognized clinical standards and guidelines, the Utilization Management (UM) module is comprehensive and easy-to-use.



The Power of a System

Add these other modules to your utilization management software for even greater benefits.

Utilization Management + Care Management

- See the total treatment of the patient
- Seamless information flow between CM and UM
- Single point of contact for all care coordination
- Gaps in care can be identified and closed based on treatment and transitions of care
- Automated workflow reduces missed steps and assists in closing the care gap
- Optimizes staff utilization
- All clinicians see a 360-degree view of the patient, including medications, progress, notifications of new treatments
- Care team is alerted when patient has transitions in care

Utilization Management + Medication Management

- Connect with pharmacists and include them in the medication treatment plan within each phase of care
- Allows care managers to perform medication reconciliations
- Provides the ability to complete patient encounters Medicare Part D
- Comprehensive Medication Reviews (CMRs)
- Targeted Medication Reviews (TMRs)

The primary goal of MedCompass is to protect and secure client data. Embedded with the highest global standards, the HITRUST certification helps to achieve this goal by validating our platform is compliant to those benchmarks.



Population Health Management Prevalidation is designed to help health plans and other organizations identify health IT solutions that alleviate or increase the efficiency of administrative tasks to meet Population Health Management requirements in Health Plan Accreditation.



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