EXL’s superior utilization management technology, analytics and operations reduce trend and enhance outcomes

Healthcare reform and rising healthcare costs are pushing carriers to reduce claims leakage and improve claims accuracy, accelerating the need for Utilization Management. EXL’s assessment indicates that 31% of requested reviews do not meet the expected standards for approval – an opportunity for carriers to improve care and save costs.

Real savings with focus on clinical care

Leading global Healthcare and Workers Compensation carriers realize quantifiable and lasting impact from EXL:

➤ Up to 50% reduction in total operating costs
➤ Improved quality of care
➤ Improved plan efficiency by reducing authorizations based on relevancy and frequency
➤ More than 99.8% of decisions accepted by Peer Reviews
➤ Turnaround time meets URAC-prescribed standards
➤ Opportunity to benefit from EXL’s unique analytics capabilities and care management platform, CareRadius®

The EXL advantage

➤ URAC-accredited; deploys 1100+ nurses and MDs including 500+ US registered nurses with deep clinical and operations knowledge
➤ CareRadius® platform capability across Utilization Management, Disease Management and Care Management
➤ Applies analytics to prioritize cases with high potential for inappropriate treatment

➤ Validates medical necessity of treatments with nationally accepted evidence-based medical guidelines, evidence-based screening criteria, and standardized processes
➤ Capable of working on multiple UM IT applications and systems

Utilization management covers the following activities:

Utilization management

➤ Concurrent, prospective and retrospective reviews, and appeals across all treatment types
➤ Medical and pharmacy pre-certification
➤ Customer service to providers on review status, explanation of reimbursements, appeal, and denial management

Medical Records summarization for peer reviews

➤ Listing, sorting and summarization of medical records

Data analytics

➤ Analysis on healthcare data for review prioritization, predicting length of stay, claim severity, etc.
Utilization management

Clinical services offered

Clinical operations

Utilization management

- Utilization management support
- Utilization management services
- Pharmacy and medical pre-certification

Wellness and care management

- Healthy lifestyle coaching
- Maternity outreach
- Disease management
- Behavioral health
- Steerage

Clinical support operations

Payment integrity services

- Medical bill review
- Coding review
- Medical bill adjudication
- Coding reconsideration
- Medical assistant

Medical record summarization

- Medical summarization for litigation support
- Medical summarization for peer reviews

Provider services

- Billing support

Administrative service

- Member enrollment
- Hedis chart review

Medical data analytics

Medical cost analytics

- Risk assessment on members
- Forecasting cases for hospitalization
- Predicting frequency and intensity of medical procedures
- Reducing preventable services
- Evaluating effectiveness of wellness and disease management programs
- Improving plan design by identifying cases of inappropriate utilization

Claims overpayment

- Identify overpayment recovery opportunities through data extraction, analysis, and result validation

About EXL

EXL (NASDAQ: EXLS) is a leading business process solutions company that looks deeper to drive business impact through integrated services and industry knowledge. EXL provides operations management, decision analytics and technology platforms to organizations in insurance, healthcare, banking and financial services, utilities, travel, and transportation and logistics, among others. We work as a strategic partner to help our clients streamline business operations, improve corporate finance, manage compliance, create new channels for growth and better adapt to change. Headquartered in New York and in business since 1999, EXL has approximately 23,000 professionals in locations throughout the U.S., Europe and Asia.

EXLservice.com