



Who We Are

Alliant ASO, a division of Alliant Health Group, provides commercial health plans, Medicaid managed care organizations, and private sector businesses with the services, expertise, and information systems necessary to increase the effectiveness, accessibility and value of health care.

Alliant Health Group manages a nonprofit family of companies that provide services including utilization management, program integrity and quality assurance in the administration of public sector health care programs. For the past 50 years, Alliant has been engaged by state Medicaid agencies to provide quality management and medical review services.

Alliant ASO creates customized, integrated healthcare solutions that ensure patients receive high quality, medically necessary services in the appropriate setting. Our services enable our customers to meet the challenges of today's health care environment while improving the health and outcomes of individuals and provider processes.

As an expert resource in the public sector market for health care management and information services, Alliant ASO has an in-depth understanding of health care delivery, clinical care and financing of federal and state programs.

Featuring leading systems technology and a team of experienced professionals, Alliant ASO offers integrated management services to ensure clinically appropriate care in a way that is cost-effective. Utilization management, quality improvement, program integrity audits and medical reviews are a few of the solutions and services provided from Alliant's practicing physicians and allied health professionals representing 60 clinical specialties.

What We Do

Alliant has three primary service lines that leverage evidence-based methods, data, technology, and clinical expertise to make health care better:

- **Quality Improvement** - leading quality improvement projects and program evaluation using technology to support analytics combined with clinical expertise to give context to the data
- **Utilization Management** - clinician-led services that ensure the right care, in the right setting, for the right duration by providing medical review services, prior authorizations, case management and level-of-care determination
- **Program Integrity** - analysis and program monitoring audits ensure compliance, identify areas for improvement, and reduce payment errors, improper payment, fraud, waste and abuse.



What We Believe

Better Care – Smarter Spending – Healthier People

Better Care

We support better care by embracing guiding principles for quality including access, member satisfaction, cultural and linguistic competence, accountability, integrity, and communication.

Smarter Spending

We ensure that care is medically necessary, evidence-based, and of the right duration. Our programs are based on proven solutions to achieve lower cost and higher quality of care

Healthier People

We focus on the health of the member population by employing a member-centric, customer-focused model, grounded in advanced technologies, that centers on delivering quality, satisfaction, and positive outcomes.

Our Value

Clinically Led - Technology Driven - Customer Responsive

Clinically Led

Our clinical leadership provides strategic medical and policy consultation, program enhancement recommendations, and provider education based on evidence-based best practices in the delivery of quality health care services.

Technology Driven

Our custom-designed technology solutions are specific to customer needs resulting in improved efficiency and program outcomes, lower costs, and improved satisfaction. We also provide the data, analytics, and reports needed to support program management and strategic decision making.

Customer Responsiveness

Our responsiveness to evolving customer/program needs is grounded in our experience, driven by our hands-on partnership mindset and motivated by our desire to make health care better.

