INFOMC HEALTH



Utilization Management

Streamline utilization management, strengthen compliance, and improve care delivery

InfoMC Health's incedo**8** platform helps health plans streamline utilization management across prospective, concurrent, and retrospective reviews through integrated workflows, intelligent automation, and clinical decision support. Designed to support the full utilization management lifecycle, from authorization requests and clinical reviews to determinations, appeals, and reporting, the highly configurable platform helps organizations reduce administrative burden, strengthen regulatory compliance, improve operational efficiency, and ensure members receive timely, appropriate, and cost-effective care.

Key Utilization Management Capabilities

Accelerate authorization decisions with AI-Assisted approvals

AI-Assisted approvals identify requests eligible for automatic approval based on customer-defined confidence thresholds, while more complex cases are routed for clinical review. Integrated clinical criteria, configurable business rules, and automated workflows help reduce manual workload, improve decision consistency, and accelerate access to appropriate care.

Streamline utilization management across the review lifecycle

Support prospective, concurrent, and retrospective reviews through configurable workflows that automate request routing, task assignments, escalations, and status tracking. Centralized case information and streamlined processes help teams manage reviews efficiently, reduce administrative burden, and maintain continuity throughout the authorization process.

Manage appeals and grievances with greater efficiency

Structured workflows support the management of appeals and grievances, including intake, case tracking, documentation, review assignments, and resolution. Automated notifications, deadline tracking, and comprehensive audit histories help organizations manage cases consistently while supporting regulatory compliance and timely resolution.

Strengthen compliance, reporting, and operational oversight

Built-in turnaround time monitoring, audit trails, and standardized notifications help organizations manage CMS, NCQA, URAC, and state-specific requirements. Comprehensive reporting and analytics provide visibility into authorization activity, utilization trends, turnaround times, and operational performance, supporting compliance, informed decision-making, and continuous improvement.

Simplify provider and member communications

Enhanced letter management streamlines authorization and determination communications through configurable templates, payer-specific formatting, multilingual support, and document previews. Standardized notifications and streamlined communication workflows help improve accuracy, reduce administrative effort, and keep providers and members informed throughout the review process.

Improve efficiency through configurability and interoperability

Highly configurable workflows and business rules allow organizations to align UM processes with their operational and regulatory requirements. Modern, API-first architecture and support for FHIR, X12, and other integration methods enable connectivity with existing systems, improve information exchange, and support more efficient operations.