

Medical Necessity Review Recovers More Than \$2 Million

How a clinical nurse's intervention stopped a long-term inpatient admission that should not have continued.

APPROACH



Program Alignment



Clinical Authority



Real-Time Surveillance

RESULTS

1 **\$2 Million recovered for the health plan**

Immediate financial impact

2 **Patient care was maintained without disruption**

By coordinating appropriate care following the review

OTHER CASE STUDIES

- [Case Study 1](#)
- [Case Study 3](#)

AT A GLANCE

A routine forensic review of high-cost claims data flagged a member with a long-term inpatient admission showing elevated cost relative to clinical benchmarks.

The admission had been ongoing with no documented medical necessity review — and no one had asked the carrier to conduct one.

THE FIND

The member's clinical profile did not support continued inpatient status under standard medical necessity criteria.

Alliant escalated to a Medical Director review with full documentation.

The carrier conducted a full review and denied the admission, which took place over five months.

THE ALLIANT DIFFERENCE

- Forensic claims analysis by practicing nurses, not administrators.
- Real-time surveillance using Alliant Analytics and AMS Profiler tools.
- Clinical authority to engage carriers directly on medical necessity.
- Knowledge of how to document and escalate a denial request effectively.

