

Utilization Review/Case Management



For more than a two decades, Qualidigm has been providing utilization review services to help improve the quality and cost-effectiveness of care. Our nurse review staff have a combined 77 years of experience in providing utilization and quality of care reviews to hospitals, nursing homes and home care agencies.

Qualidigm performs admission screening and utilization review services for Medicaid and commercial fee for service and managed care programs to evaluate the medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities under the provisions of the benefits.

Our utilization review services include admission screening and concurrent length of stay review as well as retrospective review for medical necessity and appropriateness of care in acute care hospitals, free-standing psychiatric and rehabilitation hospitals and nursing homes.

Our staff of nurses also review the outcomes of the admission and continued stay review processes, and manage the denial and appeals processes if necessary.

Qualidigm also has physician reviewers who are able to render decisions on cases that do not meet the clinical review protocols. Each physician reviewer is a Qualidigm consultant who is board-certified in his/her respective specialty. The physicians involved in the initial review determinations are in the same or similar general specialty as physicians who typically manage the medical condition, procedure or treatment under review.

Who We Are

Qualidigm is a mission-driven healthcare consulting company that provides innovative and scientifically-based solutions to transform care and improve care delivery and patient outcomes. With nearly 200 peer-reviewed articles published, Qualidigm is recognized among the healthcare provider network as a facilitator and leader in performing peer-reviewed research, providing evidence-based education, and implementing learning sessions that foster collaboration and accelerate change.

Our professional staff has expertise in clinical medicine, quality improvement, patient safety, public health, patient-centered medical home (PCMH), care coordination, utilization review, data evaluation and analysis and patient/provider education. The staff includes Registered Nurses, Physicians, Social Workers, and many other staff with advanced degrees, e.g., PhDs, MAs, and MBAs.

Qualidigm is part of a team that is serving as the Medicare Quality Innovation-Network Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services for New England. Previously, Qualidigm served as the Medicare QIO for the State of Connecticut charged with protecting the rights of Medicare beneficiaries and improving the safety and quality of care they receive.

We serve a diverse group of healthcare stakeholders in government, industry, and clinical practice including academic institutions, national and international healthcare consulting firms, local and national foundations, healthcare providers in all settings, payers and purchasers.

Learn More About Qualidigm's Utilization Review Services

Our utilization reviews services focus on the medical necessity, appropriateness and efficiency of care across multiple care settings.

For more information, please visit our website: www.qualidigm.org.

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Our Mission

Improving the quality, safety and cost-effectiveness of healthcare through transformational change.