Smarter Reviews. Improved Care.

AI-led Utilization Management Saves $14.7M

HealthHelp
A WNS COMPANY
AI POWERED. HUMAN LED. FUTURE READY.

This is our story of helping a leading regional health plan modernize utilization management across high-cost specialty care programs through evidence-based clinical guidance, enhanced provider collaboration and AI-enabled review workflows. The result: Significant direct savings, faster authorization approvals and a more seamless provider experience. Importantly, the transformation enabled the client to move beyond traditional utilization management models, creating a scalable foundation for intelligence-driven, clinically appropriate and operationally efficient care management.

The Industry Landscape: Re-imagining Utilization Management for a More Complex Healthcare Environment

Health plans face mounting pressure to balance cost management with timely access to care. Rising utilization of advanced diagnostics, genetic testing and specialty procedures has increased medical spend while adding complexity across prior authorization and utilization management workflows.

Traditional utilization management models often rely on labor-intensive reviews, fragmented provider interactions and limited operational visibility. As healthcare providers and members increasingly expect faster decisions and more seamless experiences, health plans are looking beyond traditional authorization models toward evidence-based, technology-enabled approaches that improve clinical appropriateness, operational efficiency and provider satisfaction.

The Client Challenge

Rising Specialty Care Costs | Increasing Authorization Complexity

A leading regional health plan serving Commercial, Medicare and Medicaid populations sought to strengthen utilization management across several high-cost specialty areas, including genetic testing, high-tech radiology, musculoskeletal and cardiology.

The organization faced several challenges:

- Rising utilization and spend across advanced imaging and genetic testing programs
- Administrative burden associated with manual review processes
- Increasing provider expectations for faster authorization decisions
- Fragmented workflows impacting operational efficiency
- Growing need for technology-enabled modernization without disrupting patient care

The health plan sought a partner capable of delivering measurable savings while maintaining provider alignment, supporting evidence-based care and improving the overall authorization experience.

The Solution

Utilization & Care Management Transformation | AI-enabled Decision Support | Provider-centric Collaboration

WNS-HealthHelp deployed a specialty-focused utilization and care management model to improve clinical appropriateness, reduce administrative friction and streamline authorization workflows across high-cost care categories.

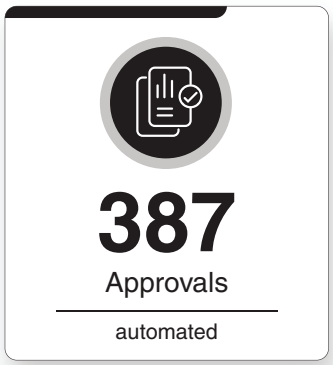
The approach was built on four key pillars:

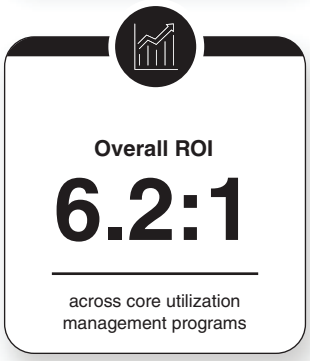
1) Evidence-based Clinical Guidance: Clinical reviews were aligned with evidence-based guidelines to support appropriate utilization across genetic testing, radiology, musculoskeletal and cardiology services while helping reduce unnecessary procedures and testing.

2) Collaborative Provider Engagement: WNS-HealthHelp worked closely with providers to create a more collaborative authorization experience, promoting alignment around clinical appropriateness while minimizing disruption to patient care. The approach encouraged greater provider engagement and supported appropriate modifications or withdrawals rather than unnecessary denials.

3) Intelligent Automation and AI-assisted Reviews: The engagement incorporated operational modernization initiatives including AI-assisted review workflows, file conversion enhancements and automated review capabilities, which accelerated authorization approvals and reduced provider wait times.

4) Scalable Specialty Program Expansion: Following successful outcomes in genetic testing and high-tech radiology, the health plan expanded the model into musculoskeletal and cardiology programs, extending utilization management capabilities across additional clinical domains.





The Outcome

Lower Medical Spend | Faster Decisions | Future-ready Utilization Management

The partnership delivered measurable financial, operational and provider outcomes.

Financial Impact

- Between **Q4 2024 and Q1 2026**, the partnership generated **$14.7 Million** in direct savings. This represented savings of **$4 per member per month** and an overall ROI of **6.2:1** across core utilization management programs.

Strategic Impact

- Significant reduction in unnecessary reviews
- Faster authorization turnaround times through AI-assisted review workflows
- Accelerated patient access to care
- Reduced administrative burden for clinical review teams
- Real-time operational visibility across utilization management programs

Provider Experience Impact

- 91 percent provider web utilization
- Reduced provider wait times
- Higher provider engagement and collaboration
- Increased provider satisfaction through streamlined workflows and expedited reviews

As utilization management continues to evolve amid increasing regulatory scrutiny and operational complexity, the engagement highlights the growing importance of combining clinical expertise, provider collaboration and intelligent technology to achieve sustainable payer performance improvements.