

SOLUTION SPOTLIGHT

Universal Appeals & Grievances

Increase Efficiency and Ensure Compliance

Of the many challenges Medicaid and Commercial healthcare payer organizations face, complying with ever-evolving federal and state regulation remains a top priority. Often, the bottlenecks that result from manually managing appeals and grievance cases and correspondence negatively impact a payer's ability to efficiently and consistently meet regulatory requirements.

Enter Kiriworks Universal A&G.

With automated workflows that increase both user and process efficiency, the Kiriworks Universal A&G solution helps Medicaid and Commercial payers manage cases from beginning to end, ensuring compliance while automating correspondence and improving process insight.

ACHIEVE GREATER PROCESS
CONTROL AND OVERSIGHT

INCREASE DATA INSIGHT

AUTOMATE CORRESPONDENCE



Achieve Greater Process Control and Oversight

Healthcare payers manage multiple plans across multiple states. To eliminate the labor- and time-intensive task of managing this complexity manually, Kiriworks Universal A&G offers payers the ability to configure activities based on a specific state's and/or plan's needs. The solution's Plan Scenario allows business users to sort, change and review rules by state or by plan, SLAs, mandatory/voluntary, etc. As a single source of truth, Universal A&G ensures users always work with the most current and accurate information and easily view and report on all cases and case data as well as performance metrics associated with individual state and/or plan.

The screenshot shows the 'Plan Scenario' configuration window. It includes a toolbar with actions like Save, Add to, Refresh, and a main configuration area divided into several sections:

- Plan Scenario:** Fields for Plan ID (426), Effective Date (8/17/2021), Expiration Date, Plan Name (Kiriworks Employee Healthplan), Customer Case Type (Appeal), Kiriworks Case Type (RECONSIDERATION), Priority (STANDARD), Service Type (PRE-SERVICE), Internal/External (Internal), Level Type (Level 1), and Plan Line of Business Name (Commercial).
- Rules:** A table for configuring rules with columns for Ack Letter Required, Ack Letter Timeframe, and Ack Letter Calendar/Business Days. It includes checkboxes for WOL Required, Good Cause Allowed, Official Case Due Date Recalculation, Maintain Priority to Later Levels, Dismissible, Extension Allowed, and Extension Notification, along with their respective timeframes and calendars.
- Timeframes:** Fields for Decision Timeframe in Days (8), Internal Decision Timeframe in Days (8), Case Timeframe in Calendar Days (30), and Out of Compliance (False).
- Activities:** A table with columns for Activity Type, Activity Status, Queue, Milestone, and Case Type.

The screenshot shows the 'Case Overview' for a Medicaid case. It includes a top navigation bar, a case header with details like 'Level 1 Inquiry Case Number: 27811' and 'Member ID: 64030', and a main content area with several sections:

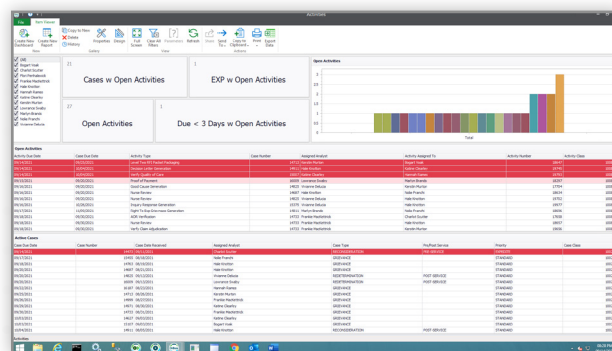
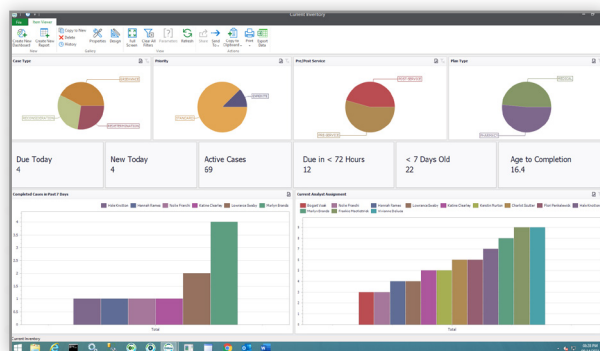
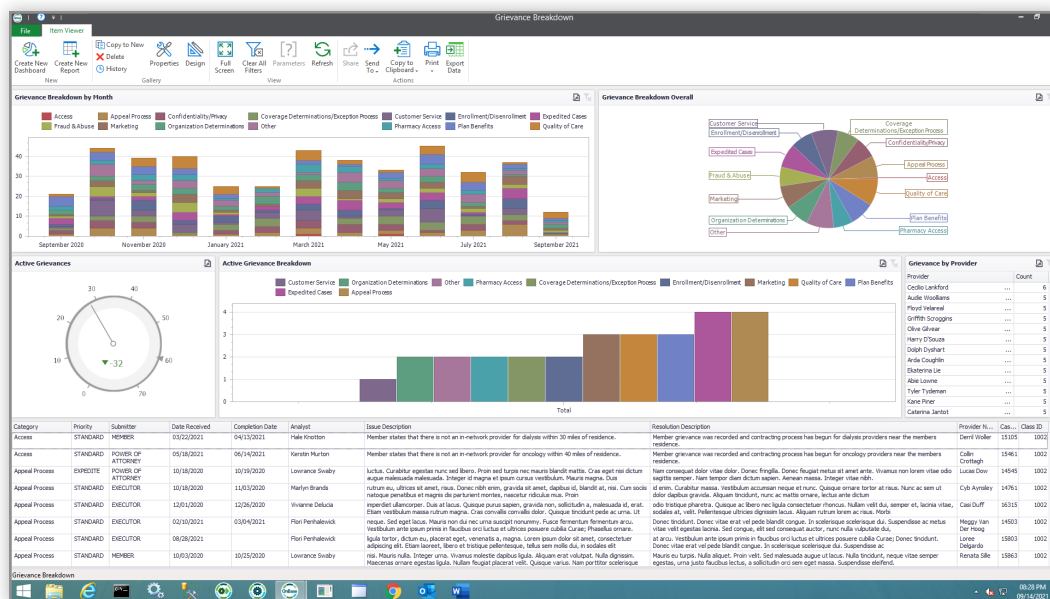
- Medicaid Case Overview:** Fields for Date/Time Received (9/2/2021 8:58:00 AM), Due Date (9/14/2021 8:58:00 AM), Case Age (32 Day(s) 0 hour(s) 26 minutes), Case Type (Inquiry), Decision (Pending), Appeal Reason (Physical Therapy), and Case Status (Awaiting Activity Completion).
- Documents:** A list of documents including Static (1), Member Documents (2), Generated Letters (0), and Case Documents (1).
- Team:** A list of team members with roles like Intake, Analyst, Admin Reviewer, RN, MD, and Submitter, each with an email address.
- Activities:** A table showing activities with columns for Activity Type, Activity Due Date, and Assigned To. It lists 'Member Ack Outreach' due on 9/9/2021 8:03:12 AM, assigned to Dan Smith.
- Notes:** A section for adding notes, with a sample note: 'here are the additional notes' created by Dan Smith.

The Kiriworks Universal A&G Plan Scenario allows users to modify rules and individual state and/or plan activities to ensure compliance with federal and state requirements.

Increase Data Insight

Storing data in multiple locations makes gaining insight into processes and data a difficult, time-consuming task. It also impedes a payer's ability to confidently act on urgent matters.

To empower users to make more informed business decisions faster, Kiriworks Universal A&G provides easily digestible reporting dashboards. From within this single solution, managers may view cases by plan, date or priority and report on real data. Additionally, as cases approach their due dates, users may set alerts to trigger appropriate action to ensure continuity.



By offering easy access to real data, the Kiriworks Universal A&G Reporting Dashboard empowers users to make more informed business decisions faster.

Automate Correspondence

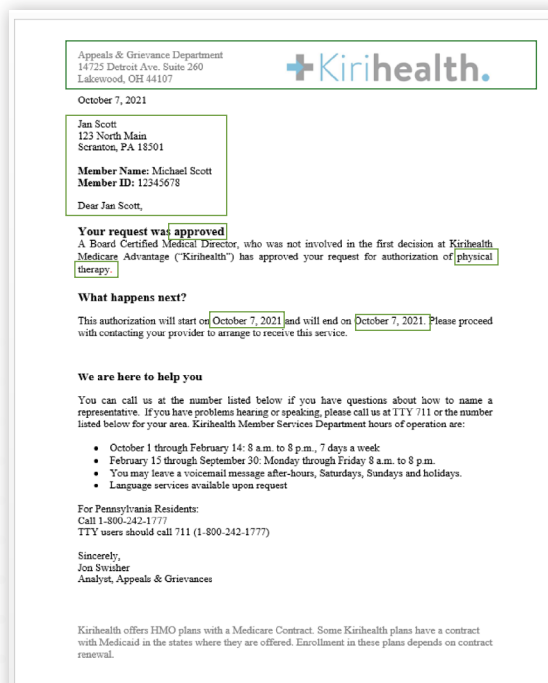
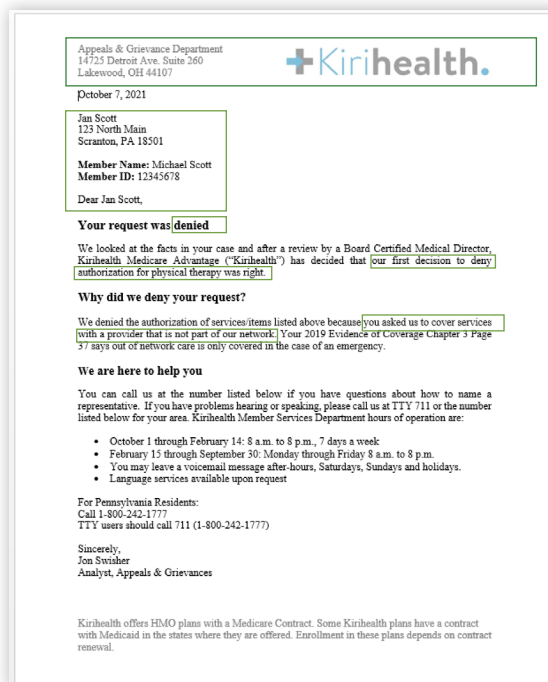
Whether communicating with members or providers during the appeals and grievance process, payers must issue timely, accurate correspondence.

Automating correspondence generation with Kiriworks Universal A&G ensures both data integrity and responsiveness.

Events within the process trigger the solution to automatically generate appropriate member and provider communication, complete with a full audit trail. Leveraging existing plan and/or state data from within the business environment and utilizing a centralized template library ensures both the accuracy of the communication as well as the timeliness of its delivery.

Overall Impact

With its flexible Plan Scenario offering Medicaid and Commercial healthcare payers the ability to manage their entire appeals and grievance process within a single solution, Kiriworks Universal A&G ensures organizations consistently comply with federal and state regulations while improving accuracy, process visibility and efficiency.



Learn more at [Kiriworks.com/appeals](https://kiriworks.com/appeals)

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