

SOLUTION SPOTLIGHT

Healthcare Payers | Appeals and Grievances

Increase Timeliness While Improving Quality and Enforcing Compliance

Quality improvement is talked about more and more within the healthcare payer industry. Quality isn't just the service provided, but the complete process of doing business. The appeals & grievance process is complex and manual, making it difficult to manage deadlines, obtain complete information and report accurately. Any misstep in the process can mean lengthy audits, heavy fines or even suspension of enrollment. Kiriworks Appeals & Grievances (A&G) is designed to ensure these missteps don't happen, data and information is documented accurately and all compliance needs are met. Kiriworks A&G tracks the process from beginning to end, providing a more efficient and effective process and ultimately giving a transformational approach to compliance challenges.

Content Capture

ODAG

Compliance Reporting

Correspondence Management

Content Case Packet
Generation

ODAG

Compliance Reporting

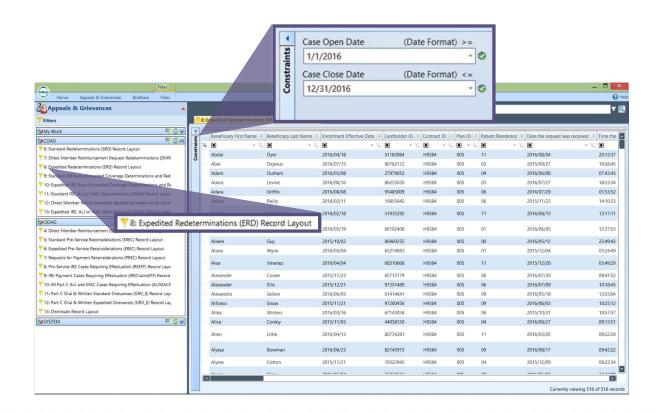
AUTOMATIC GENERATION OF CMS UNIVERSE

SIMPLIFY COMPLEX DATA

AUTOMATE CORRESPONDENCE CREATION

Automatic Generation of CMS Universe

Generating CMS' universes can be a complex process that takes time, is difficult to manage and sometimes inaccurate. With Kiriworks A&G a single source of truth ensures all data is captured accurately and formatted correctly. Universe reports can be generated at any time with the click of a mouse. This enables users to proactively manage the quality of their reports to ensure compliance and avoiding penalties for timeliness of reports. Our solution provides businesses with confidence going into an audit that their data is complete and meets CMS requirements.



Automatic capture of data throughout the process allows users to generate their Universe with the click of a button.

Simplify Complex Data

Process improvement is an ongoing challenge that many businesses face. Kiriworks A&G provides reporting dashboards that allow real-time process insight. Managers can monitor due dates and receive alerts when dates will be out of compliance. They can also manage work distribution by processing time or priority by driving directly into the case from the dashboard. Our goal is to give users the tools necessary to make educated decisions when it comes to urgent matters, bottlenecks and delays in the process. Kiriworks A&G empowers users to make informed decisions necessary to improve the overall quality of their process.



Screenshot from Appeals and Grievances dashboard allowing users to quickly digest data.

Automate Correspondence Creation

Timely and organized correspondence is essential for communicating with providers and members. Kiriworks A&G manages the correspondence generation process by creating a central library of approved templates and leveraging data that already exists within the business environment. Correspondence is created automatically with the date and time of creation being tracked and is stored within Kiriworks A&G which can be accessed at any time. Automating member and provider communications ensures data integrity and eliminates process inefficiencies. Creating the right letter, at the right time, with the correct language creates a more efficient process and reduces the mistakes from manual creation.

Appeals & Grievance Departmen 14725 Detroit Ave. Suite 260 Lakewood, OH 44107



February 9, 2017

Michael Scott 123 West Miflin St. Scranton, PA 18501

Member Name: Michael Scott Member ID: 1234567

Dear Michael Scott,

Your request was denied

We looked at the facts in your case and after a review by a Board Certified Medical Director, Kirihealth Medicare Advantage ("Kirihealth") has decided that our first decision to deny authorization for knee surgery was right.

Why did we deny your request?

We denied the authorization of services/items listed above because you asked us to cover services with a provider that is not part of our network. Your 2016 Evidence of Coverage Chapter 3 Page 37 says out of network care is only covered in the case of an emergency.

We are here to help you

You can call us at the number listed below if you have questions about how to name a representative. If you have problems hearing or speaking, please call us at TTY 711 or the number listed below for your area. Kirihealth Member Services Department hours of operation are:

- October 1 through February 14: 8 a.m. to 8 p.m., 7 days a week
- February 15 through September 30: Monday through Friday 8 a.m. to 8 p.m.
 You may leave a voicemail message after-hours, Saturdays, Sundays and holidays.
- · Language services available upon request

For Pennsylvania Residents: Call 1-800-685-5209

TTY users should call 711 (1-800-654-5984)

Jon Swisher

Analyst, Appeals & Grievances

Kirihealth offers HMO plans with a Medicare Contract. Some Kirihealth plans have a contract with Medicaid in the states where they are offered. Enrollment in these plans depends on contract

Overall Impact

Kiriworks A&G manages every aspect of the appeals and grievances process from automated correspondence creation, CDAG & ODAG Universe reporting, and real-time process dashboards. It has been designed with compliance at the center of the solution. Kiriworks A&G begins managing and monitoring the process as soon as an appeal, grievance, complaint or inquiry is received. Our focus is to make your process more efficient, meet compliance regulations and improve the overall quality of your member & provider experience.

While Kiriworks healthcare payer accelerator products are designed to aid in the collection, management and reporting of business content, these products do not relieve users of responsibility to insure compliance with all applicable state and federal regulations and implement procedures to examine and verify for completeness and accuracy of all data and output before its use.

Learn more at Kiriworks.com/appeals

Milwaukee / Cleveland / St. Louis / Chicago 1-800-242-1777 / kiriworks.com

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