

## SOLUTION SPOTLIGHT

Medicaid | Appeals &amp; Grievances

## Reduce Manual Effort and Ensure Efficiency and Timeliness

Maximizing efficiency is a key driver for any healthcare payer organization. When it comes to appeals and grievances - efficiency is a necessity. This process is manual and complex, but with automated workflows that contain the built-in rules required to ensure compliance, efficiency can be taken to the next level. Timeliness is no longer a bottleneck and provider & member engagement is now at the forefront of your organization. Kiriworks Medicaid A&G is designed to manage all the complexities around state requirements and track the process from beginning to end.

PROCESS CONTROL  
AND OVERSIGHT

COMPLEX DATA SIMPLIFIED

DRIVING COMMUNICATION WITH  
AUTOMATED CORRESPONDENCE



## Process Control and Oversight

Managing multiple states can be complex and time consuming. Kiriworks Medicaid A&G provides a single source of truth state matrix that gives the business the ability to configure activities based on a specific state's needs. Within the state matrix, users can change and review rules per state, SLAs, mandatory/voluntary, etc. Because of the single source of truth, users always know they are working with current and correct information and can easily see and report on all case and case data, along with performance metrics associated to the individual state.

The screenshot displays the 'State Matrix' application interface for Ohio. The top navigation bar includes options like 'File', 'Tasks', 'Save and Close', 'Copy Object', 'Add to', 'Refresh', 'History', 'Documents', 'Forms', 'Import', 'Compose', 'Discussions', 'Print', 'Start a Discussion', 'Print Preview', 'First Object', 'Previous Object', 'Next Object', and 'Last Object'.

**State Matrix - Customer Reporting**  
Created By: MANAGER  
6/12/2018 9:53:22 AM

**State**

State Name	State Type
Ohio	Medical

State Status: Active  
Group Number: 4321  
State Num: 4321

State Notes: Ohio

**Level(s)**

Level Type	Mand/Vol	Valid Days	Fiduciary	Plan Handles Appeals	Days Till Due
Level 1	Mandatory	60	<input checked="" type="checkbox"/>	NO	30
Level 2	External Review	30	<input type="checkbox"/>	NO	15

1 - 2 of 2 records  
Show 100 records

**State Activities**

Activity Type	Activity Status	Queue	Milestone	Case Type	Case Level
Analyst Post Decision	In Progress	Analyst	Post Decision	RECONSIDERATION	Level 1
Analyst Pre Decision Activity	In Progress	Analyst	Pre Decision	RECONSIDERATION	Level 1
MD Pre Decision	In Progress	MD	Pre Decision	RECONSIDERATION	Level 1
Missing Required Plan Activity	In Progress	Missing Required	Pre Decision	RECONSIDERATION	Level 1
RN Plan Activity	In Progress	Clinical	Pre Decision	RECONSIDERATION	Level 1
RN Post Decision	In Progress	Clinical	Post Decision	RECONSIDERATION	Level 1

1 - 6 of 6 records  
Show 100 records

**Related Case(s)**

Date/Time Received	Member Name	Member ID	Decision	Case Status	Case Level
6/12/2018 12:00:00 AM			Denial Upheld	Complete	Level 1

**Details**

State Term Date: 7/1/2020  
State Run Out Date: 7/1/2020  
Natural Disaster Exception: NO  
IR Costs Paid Through Finance: NO

Non-Grandfathered (NGF) NGF Effective Date: [ ]  
GF Effective Date: [ ]  
Inquiry Days Till Due: 90

NGF: [ ]  
 National Account  Onshore Only  
Erisa: [ ]  
State Letter Code: OH

**Communications**

Preferred Mailing Address: 95 Liberty Street  
Columbus, OH 43004

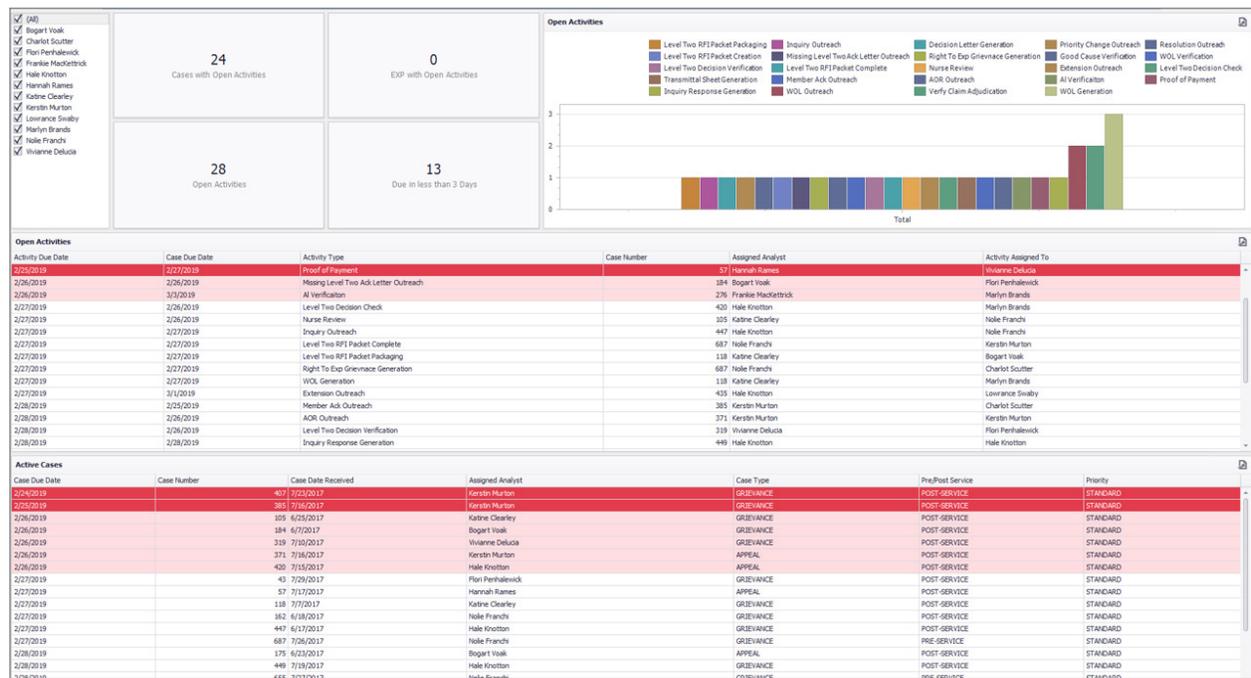
**Contacts**

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Contact Fax: 216-704-1111

*A State Matrix allows plans to ensure and adhere to federal & state requirements.*

# Complex Data Simplified

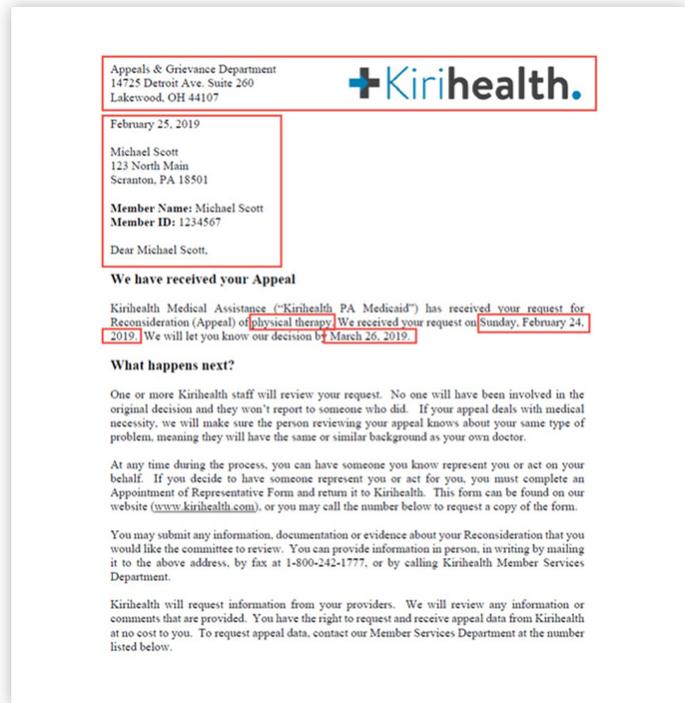
Analyzing data is an ongoing challenge that many businesses face. Kiriworks Medicaid A&G provides reporting dashboards that enable businesses to make decisions based on real data. Managers can easily monitor the amount of cases processed by state and the decision of those cases. They can also see when cases are approaching a due date and may fall out of compliance. The goal of Kiriworks Medicaid A&G is to give users the tools necessary to make educated decisions when it comes to urgent matters, bottlenecks and delays in the process. Kiriworks Medicaid A&G empowers users to make informed decisions necessary to improve the overall quality of their process and overall business.



*Easily view all data collected throughout the process to make informed decisions and prevent bottlenecks.*

## Driving Communication with Automated Correspondence

Communication is essential in the appeals and grievances process. Timely correspondence must be generated and sent out to members and providers. Kiriworks Medicaid A&G manages the generation of this communication by creating a central library of templates. Whether letters share language, or it is specific to states, correspondence is created automatically with the date and time of creation being tracked and stored. Ensuring data integrity and eliminating process inefficiencies.



## Overall Impact

Kiriworks Medicaid A&G manages every aspect of the appeals and grievances process from intake, correspondence creation, reporting and monitoring. Compliance is at its core. Our focus is ease of use with simple IT deployment, all while meeting compliance regulations.

DISCLAIMER: 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](http://Kiriworks.com/appeals)

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