

SOLUTION SPOTLIGHT

Medicare | Appeals & Grievances

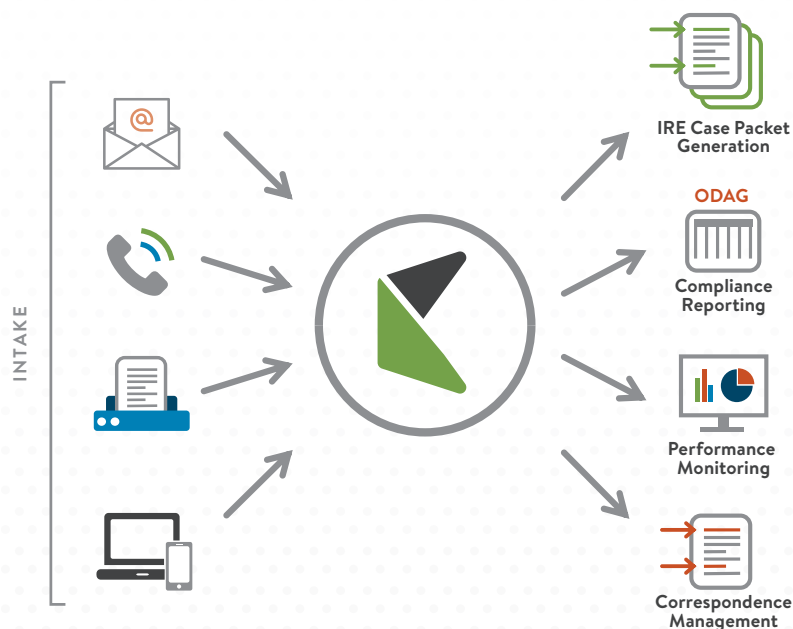
Increase Timeliness While Improving Quality and Enforcing Compliance

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 Medicare A&G is designed to ensure these missteps don't happen, data and information is documented accurately, and all compliance needs are met. Kiriworks Medicare 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.

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 Medicare 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.

The screenshot displays the Kiriworks Medicare A&G interface for a Medicare RECONSIDERATION case. The top navigation bar includes links for Case Overview, Activity, Member & Provider, Claim/Authorization, Admin Review, Clinical Review, System, and Universe. The case details at the top show: Medicare RECONSIDERATION Case Number: 28521 Priority: STANDARD, Due Date: 12/3/2021 11:59:59 PM, Internal Due Date: 12/3/2021 11:59:59 PM, and Date Created: 10/4/2021 9:13.

Medicare Case Overview

Date/Time Received: 10/4/2021 10:14:00 AM Due Date: 12/3/2021 11:59:59 PM

Case Age: -1 Days(s) 0 hour(s) 52 minutes

Case Type: Pre/Post Service

RECONSIDERATION POST-SERVICE

Decision: Pending Case Status: Awaiting Activity Completion

Appeal Reason: Not reimbursed for Physical therapy.

Team

Intake: Dan Smith Email: Dan.Smith@kiriworks.com

Analyst: Dan Smith Email: Dan.Smith@kiriworks.com

Admin Reviewer: Email:

RN: Email:

MD: Email:

Submitter

Submitter: Submitter Name: REPRESENTATIVE Jan Scott Member Name: Member ID:

Documents

- Static (1)
- Member Documents (0)
- Generated Letters (0)
- Case Documents (1)

Activities

Activity Type	Activity Due Date	Assigned To
Acknowledgment Letter Generation	10/11/2021 9:21:04 AM	Dan Smith
AOR Verification	10/11/2021 9:21:04 AM	Dan Smith
Member Ack Outreach	10/11/2021 9:21:04 AM	Dan Smith

1 - 3 of 3 records Show 100 records

Notes

Note	Created By
------	------------

Show 100 records

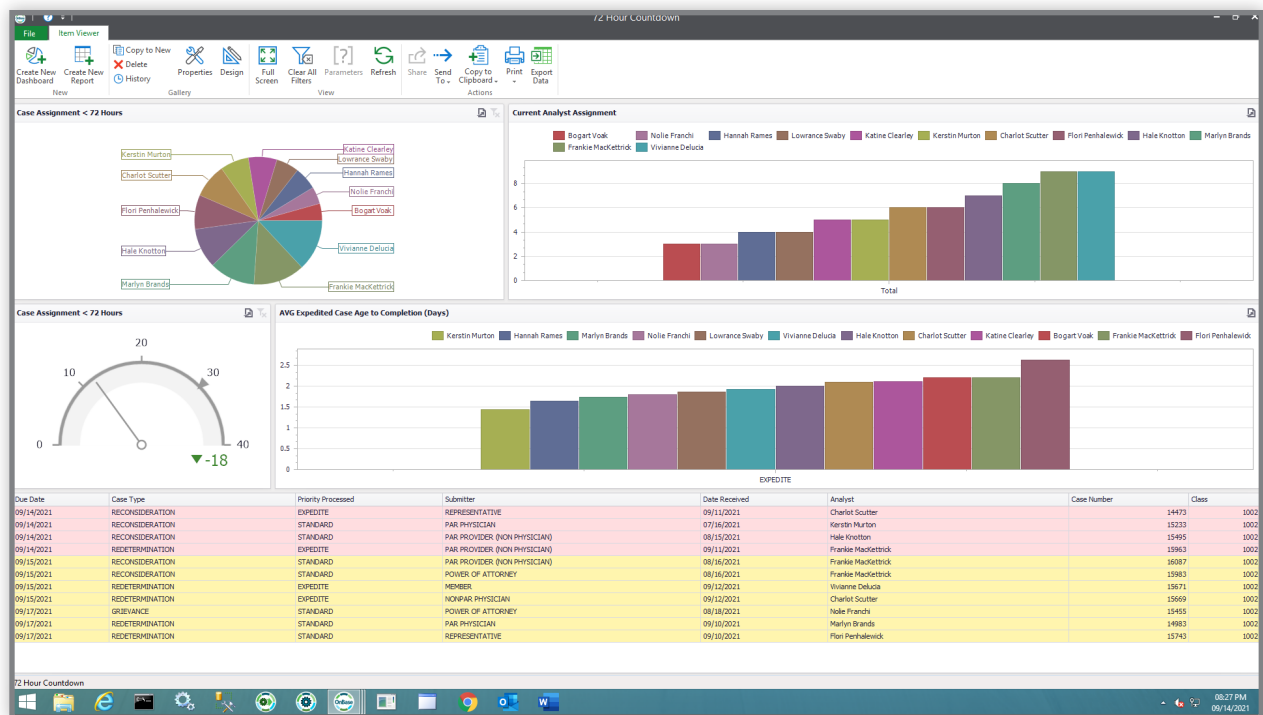
Diagram

A central diagram with a question mark icon at the top, connected by lines to six surrounding icons: a magnifying glass, a person with a plus sign, a person with a checkmark, a person with a question mark, a person with a plus sign, and a person with a checkmark. Below the diagram, it says "Current Queue Missing Required Information".

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 Medicare A&G provides reporting dashboards that allow real-time process insight. Managers can monitor due dates and receive alerts when cases 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. The goal of Kiriworks Medicare A&G is to give business users the tools necessary to make educated decisions when it comes to urgent matters, bottlenecks and delays in the process. Kiriworks Medicare 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 Medicare 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 Medicare 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 Department
14725 Detroit Ave. Suite 260
Lakewood, OH 44107

Kirihealth.

October 7, 2021

Jan Scott
123 North Main
Scranton, PA 18501

Member Name: Michael Scott
Member ID: 12345678

Dear Jan Scott,

Your request was approved
A Board Certified Medical Director, who was not involved in the first decision at Kirihealth Medicare Advantage ("Kirihealth") has approved your request for authorization of physical therapy.

What happens next?
This authorization will start on October 7, 2021 and will end on October 7, 2021. Please proceed with contacting your provider to arrange to receive this service.

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 1-800-242-1777
TTY users should call 711 (1-800-242-1777)

Sincerely,
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 renewal.

Overall Impact

Kiriworks Medicare A&G manages every aspect of the appeals and grievances process from automated correspondence creation, compliance reporting, and real-time process dashboards. It has been designed with compliance at the center of the solution. Kiriworks Medicare 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 and provider experience.

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

1-800-242-1777 / kiriworks.com

twitter.com/kiriworks facebook.com/kiriworks

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.