

# APPEALS AND GRIEVANCES



Increase efficiency and ensure compliance through automation

Your members demand swift resolution to the appeals and grievances they file, and regulations require you to track, manage and document these cases in a timely, specified manner. Don't let manual, paper-based processes muddle your appeals and grievances workflows, opening you up to lengthy audits, corrective action and stiff fines.

Hyland Healthcare's Appeals and Grievances (A&G) solution is designed to manage all of your cases from beginning to end. With automated workflows that increase user and process efficiency, the software ensures your A&G activity is compliant and meets all deadlines.



Hyland Healthcare offers a powerful tool for all lines of business including commercial, Medicare and Medicaid.

### CUSTOM MATRICES FOR PROCESS CONTROL

Hyland Healthcare offers a powerful tool for all lines of business including commercial, Medicare and Medicaid. Our software provides a customized matrix for each of these business lines that facilitates A&G review and management.

For commercial payers, our plan matrix helps simplify the management of multiple plans. With this tool, payers have the ability to configure activities based on a specific plan's needs — they can review rules per plan, SLAs, as well as mandatory and voluntary actions. The plan matrix makes it easy for users to see and report on all case data and analyze performance metrics associated to individual plans.

For Medicare, our A&G solution is designed based on the specifications outlined in the published guidance from the Centers for Medicare and Medicaid Services (CMS). The tool ensures all data is captured and properly formatted, enabling universes to be generated at any time with the click of a mouse. With Hyland Healthcare, users can proactively manage the quality of their reports to ensure compliance with CMS requirements, timeliness of reports, and completeness and accuracy of data for audits.

### Plan matrix

The screenshot displays the 'Plan Matrix' software interface. It features a top navigation bar with options like 'Plan Matrix', 'Tasks', 'Documents', and 'Import'. The main content area is divided into several sections:

- Plan:** Shows details for 'KirkHealth Platinum' (Medical Plan Type, Active status, Group Number 1234, Plan Name 1234).
- Level(s):** A table with columns: Level Type, Mand/Vol, Valid Days, Frequency, Plan Handles Appeals, Days Till Due.
 

Level Type	Mand/Vol	Valid Days	Frequency	Plan Handles Appeals	Days Till Due
Level 1	Mandatory	60	NO	NO	30
Level 2	Voluntary	100	NO	NO	30
Level 3	External Review	30	NO	NO	15
- Details:** Includes Plan Term Date (7/1/2020), Plan Run Out Date (7/1/2020), and Non-Grandfathered (NGF) status.
- Communications:** Lists preferred mailing address (1515 North Rivercenter, Milwaukee, WI 53211) and contact information for the Account Manager.
- Contacts:** Lists contact details for the Account Manager (John Smith, 216.704.6345).
- Plan Activities:** A table showing task types and their statuses.
 

Task Type	Task Status	Owner	Milestone
Analyze Post Decision	In Progress	Analyst	Post Decision
Analyze Pre Decision Activity	In Progress	Analyst	Pre Decision
MD Pre Decision	In Progress	MD	Pre Decision
Missing Required Information Incom...	In Progress	Missing Required	Pre
RN Plan Activity	In Progress	Clinical	Pre Decision
RN Post Decision	In Progress	Clinical	Post Decision
- Related Case(s):** A table showing case details like Date/Time Received, Member Name, Member ID, Decision, and Case Status.

The plan matrix allows for the modification of rules an individual plan activities.

### CMS Universe

The screenshot displays the 'CMS Universe' software interface, showing a table of beneficiary data. The table has columns for Beneficiary First Name, Beneficiary Last Name, Beneficiary ID, Contract ID, Plan ID, Authorization or Claim Number, Who made the request?, Provider Type, and Date the request was received. The data is organized into sections like 'Part C - ODAG' and 'Part D - CDAG'.

Beneficiary First Name	Beneficiary Last Name	Beneficiary ID	Contract ID	Plan ID	Authorization or Claim Number	Who made the request?	Provider Type	Date the request was received
Amey	Gould	98746316	HQ211	005	7096320	BR	CP	2017/09/11
Ava	Gray	12915421	HQ211	005	1395464	CP	CP	2017/03/07
Bruce	McCall	68684879	HQ211	005	4454770	NCP	CP	2016/08/10
Caroline	Hogan	94031115	HQ211	005	4039793	B	CP	2017/01/15
Christopher	Milnes	33967208	HQ211	005	9403332	CP	NCP	2017/02/05
Davis	Young	2017923	HQ211	005	4774335	NCP	NCP	2016/10/17
Francis	Espinosa	90391401	HQ211	005	3003340	B	CP	2017/02/10
Galen	Moran	28018202	HQ211	005	3105175	CP	CP	2016/12/01
Hyacinth	Hyde	29123700	HQ211	005	4999785	CP	CP	2016/12/06
Imogene	Wilcox	89064894	HQ211	005	6603111	NCP	NCP	2017/01/23
James	Armstrong	27552233	HQ211	005	9018841	B	CP	2017/03/05
James	Armstrong	27552233	HQ211	005	9018841	BR	CP	2016/10/28
Malcolm	Odonnell	90231818	HQ211	005	9999751	BR	NCP	2017/01/17
Mayem	Waller	52738341	HQ211	005	7012043	BR	CP	2016/10/07
Nevada	Curry	95507145	HQ211	005	1304205	CP	CP	2016/01/07
Ruel	Willey	61981472	HQ211	005	6087500	NCP	NCP	2016/11/13
Wynne	Barton	76991387	HQ211	005	2090378	BR	CP	2016/12/29

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

The dashboards provide all the tools necessary to make educated decisions to address urgent matters and bottlenecks, which helps eliminate delays and improve service quality.

For Medicaid, Hyland Healthcare provides a state matrix that simplifies the management of multiple states by giving plans the ability to configure business rules based on a state's specific needs. Similar to our plan matrix, the state matrix allows users to review and change rules per state, SLAs, and mandatory and voluntary actions.

### DATA DASHBOARDS PROVIDE ACTIONABLE INSIGHT

Hyland Healthcare's A&G solution provides in-depth reporting dashboards that facilitate decision making and process improvements. Managers can report on cases by plan, data or priority. Alerts can also be set when cases are approaching their due dates to ensure prompt action is taken. The dashboards provide all the tools necessary to make educated decisions to address urgent matters and bottlenecks, which helps eliminate delays and improve service quality.

### State matrix

The screenshot displays the 'State Matrix' application interface. It features a top navigation bar with various icons and a main content area divided into several sections:

- State:** A form for state configuration including State Name, State Type, State Status, Group Number, and State Num.
- Level(s):** A table showing different levels with columns for Level Type, Mand/Vol, Valid Days, Frequency, Plan Headers Appends, and Days Till Due.
- Details:** A section for state term dates, state run-out dates, and disaster exception rules.
- State Activities:** A table listing activities with columns for Activity Type, Activity Status, Status, Milestone, Case Type, and Case Level.
- Related Case(s):** A table showing related cases with columns for Case Number, Member Name, Milestone ID, Decision, Case Status, and Case Level.
- Communications:** A section for preferred mailing addresses and contact information.
- Contacts:** A section for account manager contact details.

The state matrix allows plans to adhere to federal and state requirements.



## CREATE CORRESPONDENCE AUTOMATICALLY

Timely and organized correspondence is essential when communicating with members and providers. Hyland Healthcare's A&G solution automates the generation of these communications by creating a central library of templates and leveraging data that already exists within the business environment. Correspondence can be automatically created in response to different events with the date and time of the action being stored and tracked. This automated correspondence process helps ensure data integrity and reduces the human error that often accompanies manual creation.

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



February 25, 2019

Michael Scott  
123 North Main  
Scranton, PA 18501

**Member Name:** Michael Scott  
**Member ID:** 1234567

Dear Michael Scott,

**We need more information**

Kirihealth received a request for an appeal for you from Jan Scott. The appeal is for physical therapy and was received on Sunday, February 24, 2019. Kirihealth cannot start the appeal without a signed form allowing Jan Scott to represent you during the appeal process.

**How to name a representative**

Regulations requires Kirihealth to get a signed "Appointment of Representative Form". The form is included with this letter. You will need to fill out *Section 1: Appointment of Representative* on the form and Jan Scott will need to fill out *Section 2: Acceptance of Appointment* on the form. You both must sign and date the form.

We will need to receive the signed form within 60 days from Jan Scott or the appeal will be dismissed as not a valid appeal. You can ask for more time if you need it. Once Kirihealth receives the signed form we will start the appeal.

**Where to send the "Appointment of Representative Form"**

You can mail the completed form to:

Kirihealth Health Plans, Inc.  
Attention: Grievance & Appeals Department  
14725 Detroit Ave. Suite 260  
Lakewood, OH 44107

With these capabilities and more, you'll be well positioned to swiftly address any A&G request, remaining compliant while enhancing member satisfaction.

Learn more at [Hyland.com/Healthcare-Payers](https://www.hyland.com/Healthcare-Payers)

