

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.

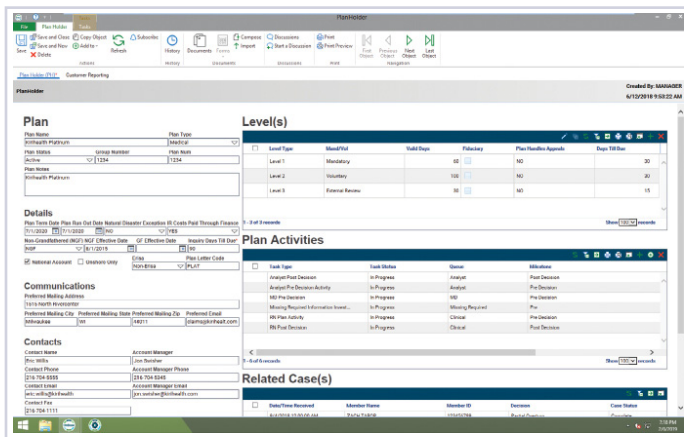
Custom matrixes for process control

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.

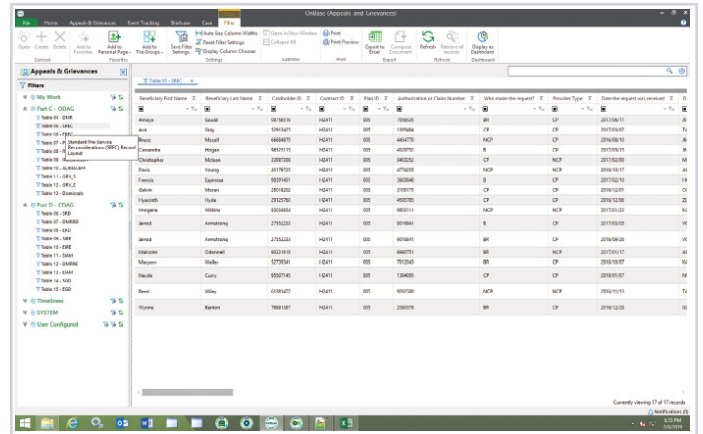
For Medicare, our A&G solution is designed based on the specifications outlined in the published guidance from the Centers for Medicare and Medicaid Services (CMS). The tool ensures all data is captured and properly formatted, enabling universes to be generated at any time with the click of a mouse. 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 plan matrix allows for the modification of rules and individual plan activities.

CMS universe



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

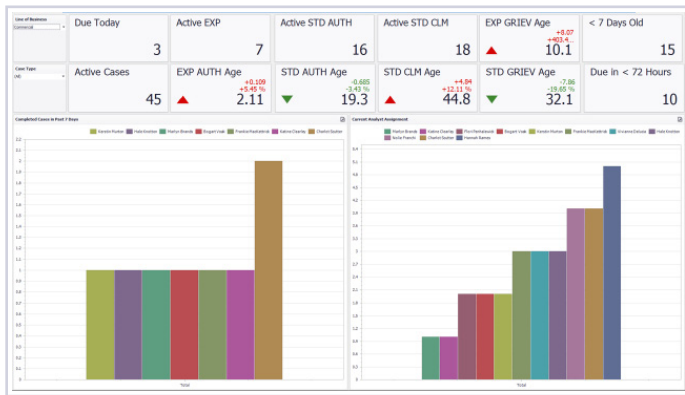
Hyland Healthcare's A&G solution provides in-depth reporting dashboards that facilitate decision-making and process improvements. Managers can report on cases by plan, data or priority. Alerts can also be set when cases are approaching their due dates to ensure prompt action is taken. The dashboards 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 shows a software interface with a state matrix. It includes sections for State, Level(s), State Activities, and Related Case(s). The State section shows details for a specific state, including its name, type, and status. The Level(s) section shows a list of levels with columns for Level ID, Name, and Status. The State Activities section shows a list of activities with columns for Activity Name, Status, and Date. The Related Case(s) section shows a list of related cases with columns for Case ID, Name, and Status.

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.

The screenshot shows an automated correspondence letter from the Appeals & Grievance Department. The letter is dated February 25, 2019, and is addressed to Michael Scott at 123 North Main, Scranton, PA 18501. The letter includes the member's name (Michael Scott) and ID (1234567). The letter states that the appeal was received on Sunday, February 24, 2019, and that the appeal is for physical therapy. The letter also includes a section titled 'We need more information' and a section titled 'How to name a representative'. The letter concludes with a section titled 'Where to send the "Appointment of Representative Form"' and provides the address for the Health Insurance Plan.

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

➔ Explore [Hyland's healthcare payer solutions](#).

About Hyland

Hyland empowers organizations with unified content, process and application intelligence solutions, unlocking profound insights that fuel innovations. Trusted by thousands of organizations worldwide, including many of the Fortune 100, Hyland's solutions fundamentally redefine how teams operate and engage with those they serve. For additional information on the Hyland platform and services, please visit [Hyland.com](#).

