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Simplifying appeals & grievances processing

Healthcare payers are under constant pressure to maintain their appeals and grievances processing amid unpredictable workloads and disintegrated data flows across enterprise.

Making quick and accurate decisions within a prescribed timeline remains the top priority. Manual processes are error-prone and can lead to penalties due to non-compliance as well as a dip in CMS star ratings.

Virtusa's Appeals and Grievances (A&G) Processing Solution

Operational challenges in A&G processing, like disparate systems, siloed departments, and error-prone manual handling, are hard to overcome. These lead to non-compliance, audit deficiencies, and low member satisfaction – and can cost payers substantial financial penalties and even downgrading of the star rating of plans.

Virtusa's A&G solution eases the pain payers face in complying with A&G processing. The solution simplifies case management, automates a majority of the tasks, ensures high member satisfaction, and accelerates case resolution. It is equipped with AI-based SLA (Service Level Agreement) determination and appropriate classification. Machine Learning is introduced in the heart of the decision making to enable medical directors to make smarter decisions.

The solution is equipped to deliver intuitive and guided workflows to help users navigate through the complex case life cycle of an Appeal or a Grievance. By performing data validation upfront and embedding key cleansing rules as part of the case workflow, the solution ensures the availability of clean data for audits and compliance submissions. CMS reporting compliant data model and ready to use connectors for internal SOTs transform legacy processing.

Now, payers can leverage data from multiple sources by leveraging the solution's external integrations for multi-channel intake and correspondence. User delegated, and configurable decision tables for case classification and SLA management solves another major challenge related to meeting strict timelines. Ready to use regulatory and operational reports and dashboards to help make timely decisions on appeals and grievances. Apart from these, the solution also offers case escalation capabilities for further (Level 2 and higher) processing. Leading-edge AI models and predictive-modeled machine learning makes it easy for end-users.
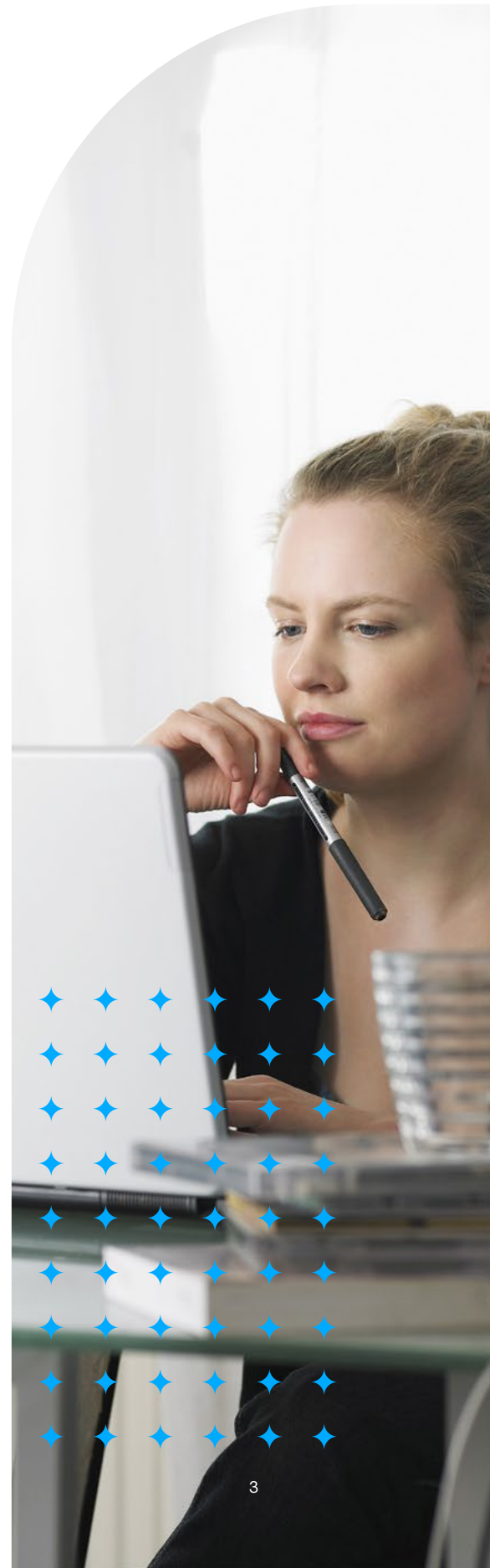
Features

Smart Case Management - Appeal/Grievance Case Life cycle: Creation of individual appeal/grievance cases from the composite complaint, based on complaint classification and Line of Business determination. The solution also fetches the member's eligibility details from the core system. All the processing steps are unified through' end-to-end case life cycle.

Artificial Intelligence - Data Enrichment & Processing: Populates required fields automatically and also checks for duplicate/similar types of previously closed cases, and gives case insights for quick resolutions.

Adding Context to the Case Management - Claims and Pre-Authorization: Solution has the ability to handle apart from grievances, appeals for both pre and post services. Hence Claims and Pre-Authorizations pertaining to the customer's appeal or grievance that is required for processing are embedded into the complete processing to provide appropriate contexts.

Document Repository Integration: Integrates existing document repository to add/ attach documents to the cases.

Automated Outbound Correspondence: Sends automatic acknowledgments and Resolution letters to maintain regulatory compliance for all cases.

Smart SLA - Track Complaints: Tracks and maintains timeliness (through SLAs) in customer responses and improve customer satisfaction. This feature, complemented with skill-based routing, enhances the ability to take the right action at the right time.

Predictive Models – Learn from historical data: Leveraging historical data, a couple of strong predictive models that come bundled with the solution enables end-users towards appropriate decision making. This minimizes the 2nd and higher-level Appeals.

Analytical Reports: Offers operational reports to identify the effectiveness of the application in terms of different parameters viz., number of new complaints, number of correspondences, appeals and grievances, claims, and authorizations.

Key benefits

Accelerated decisioning
The solution segments the process into concise, contained, and clearly defined activities routed selectively to the appropriate team member(s).

Targeted critical data
Display of relevant data up-front to support user decisions, and keep ancillary data available on-demand ensures timely access to critical data.

Automated repeatable tasks
Faster processing can be achieved through the automated decision making and routing of common, consistent, and repeatable functions.

Driven user behavior
The solution compels user processing of immediately-actionable work of highest urgency to adhere to strict deadlines.

Dynamic service levels
Regulatory deadlines are always prioritized by updating case and assignment-level SLAs as-needed.

Success stories

A leading national payer built a consolidated Appeals & Grievances platform migrating from all legacy applications.
Virtusa's solution provided a uniform and equitable treatment of Grievance & Appeal to Accepts incoming requests from all sources.
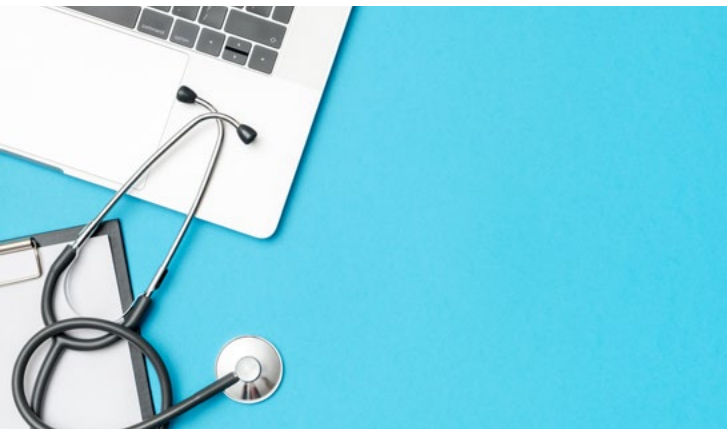
Healthcare payer offering government-sponsored health plans transformed their A&G business process successfully.
We helped migrate processes for all lines of business to a new platform, which was integrated with all other Enterprise apps.

A leading payer improved customer delight by implementing a new grievance management system.
Virtusa's solution enabled the company to standardize and streamline its grievance process.

Why clients love working with us

With a deep understanding of the complex challenges faced by the healthcare industry and a wealth of industry-based experience and knowledge, we have helped numerous organizations embrace new technologies and tread the path of innovation. Our digital engineering heritage, coupled with expertise in the Healthcare domain, has enabled global clients to deliver better member & provider care at lower costs.

Leveraging our years of industry experience, we have built a suite of healthcare products vLife, Provider Lifecycle Management (PLM), and Appeals & Grievances Solution to help businesses accelerate their operations. Our Appeals & Grievances Solution is robust, highly configurable, and easy to deploy, ensuring higher ROI and faster time to market for our clients.

Virtusa's Healthcare and Life Sciences practice has earned the HITRUST CSF® certification. We were assessed against 267 controls across 19 domains, demonstrating our unwavering commitment to managing IT infrastructure, security, and compliance.

About Virtusa

Virtusa Corporation is a global provider of digital engineering and technology services and solutions for Forbes Global 2000 companies in the financial services, healthcare, communications, media, entertainment, travel, manufacturing, and technology industries worldwide. At Virtusa, digital engineering is at the heart of everything we do. We are 35,000 builders, makers, and doers that partner with customers to reimagine enterprises and creatively build solutions to the most pressing business challenges that move them to the forefront of their industries.

Virtusa's unique "Engineering First" approach means never presenting an idea we can't execute. With deep industry expertise and empowered agile teams made up of world-class talent, we think about execution early in the process, because the earlier you think about execution the earlier an idea can have an impact. Solving from the inside out enables businesses to respond swiftly to changing needs with improved quality, lower costs, and lasting results.

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