BROCHURE

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.

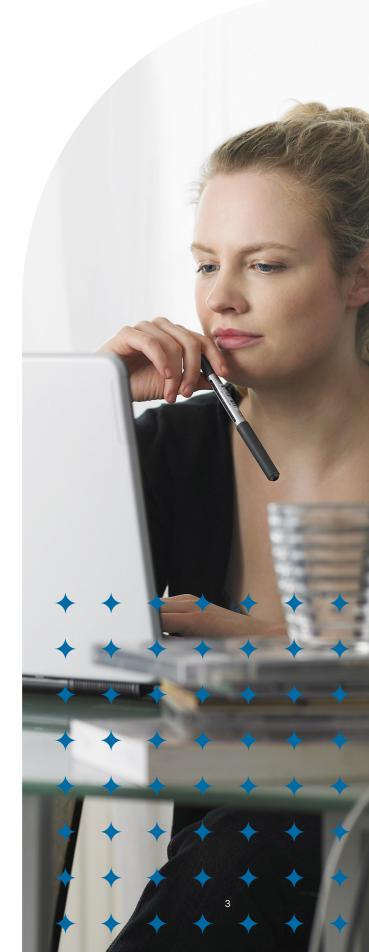
Virtusa's Appeals and Grievances (A&G) Processing Solution

Payers face a lot of operational challenges in the processing of Appeals and Grievances due to disparate systems, siloed departments, and error-prone manual handling. These lead to non-compliance, audit inefficiencies, and low member satisfaction.

Virtusa's Pega based A&G solution eases this pain faced by payers in complying with A&G processing. The solution offers **simplified case management**, **and automated task handling**, coupled with **AI-based appropriate classifications**, that ensure accelerated case resolution.

The solution provides **intuitive and guided workflows** to help users navigate through the
complex case life cycle. With **Machine Learning**at its core for decision making, the solution
will enable medical directors to make
smarter decisions.

Multilevel appeal escalation (to IRE, ALJ, MAC, and Judicial Review) is supported for adherence to Medicare Part C statutory requirements. Overall, Virtusa's A&G solution helps payer organizations to effectively manage their Appeals and Grievances business and achieve high customer satisfaction.





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.



Success stories

A leading national payer built a consolidated A&G platform on Pega 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.





Virtusa engages its clients to defend and grow their business by introducing innovative products and services, creating operational efficiency using digital labor, developing operational and IT platforms for the future, and rationalizing and modernizing their IT applications infrastructure. Founded in 1996 and headquartered in Massachusetts, Virtusa has operations in North America, Europe, and Asia.