

CASE STUDY

Healthfirst

# Payer streamlines its appeals and grievances process, ensures compliance with end-to-end solution

As New York's largest not-for-profit health insurer, Healthfirst serves more than 1.7 million members in New York City's five boroughs, on Long Island, and throughout Westchester, Sullivan and Orange counties.

Offering Medicaid and Medicare Advantage as well as Long-Term, Qualified, Individual and Small Group health plans, Healthfirst serves individuals, families and small businesses with a network of more than 40,000 providers and over 80 participating hospitals.



## The Challenge

From the unpredictable volume and varied rules and service agreements to the ever-changing Centers for Medicare and Medicaid Services (CMS) regulations, health insurance appeals and grievances (A&G) processes are as complex as they are time- and labor-intensive. The increasingly competitive, relentlessly regulated healthcare payer market has only made monitoring this member and provider satisfaction bellwether even more important.

Streamlined A&G processes add speed and transparency while reducing complexity and ensuring compliance. But Healthfirst's legacy system didn't offer workflow functionality and the application's lack of reporting capabilities made staff heavily reliant on IT support. While these limitations provided more than enough incentive for the healthcare payer to find a new solution, when paired with the legacy application's fast-approaching end-of-support date, sourcing new technology became a high priority.

Healthfirst needed an A&G solution with embedded workflow capabilities that could automate processes for its commercial and Medicare plans, which was an area of growth for the organization. To eliminate the need to involve IT for report generation, it also needed a solution that could produce CMS audit Universes out of the box. Lastly, to align with the organization's wider company goal to be 100 percent cloud-based, Healthfirst wanted a cloud-based solution to that could be implemented in 18 months.

## The Solution

Built on Hyland Software's low-code OnBase® platform by longtime Hyland reseller and Platinum partner, i3 Healthcare Solutions (formerly Kiriworks), and its A&G solution is designed to manage processing across the entire appeals and grievances life cycle for all lines of business, whether commercial, Medicaid or Medicare. Using rules built on a plan's (or state's) regulatory

requirements and guidelines, i3 A&G automates processing, communication generation and reporting, prioritizing expedited cases accordingly.

Additionally, the solution documents the internal and external communication generated at each stage of the process, easily produces CMS Audit Universes reports and features additional reporting capabilities to provide greater process insight.

Starting with its expanding line of business, the Healthfirst team first configured the i3 A&G with Medicare's Chapter 13 requirements. Taking an incremental approach, the team created workflows for its other lines of business. The team continued to build out solutions and execute go-lives quarterly until all lines of business were supported, completing the work within 15 months.

"We've been able to provide CMS Universes on-demand and are looking to automate 75 percent of our intake entry by the end of the year."

- Frank Romano, Assistant Vice President for Enterprise Architecture, Healthfirst

## The Difference

While the most immediate benefit was moving off the legacy system within the required time frame, that was not the only return on Healthfirst's investment.

- ✓ **Supports All Lines Of Business**  
With an out-of-the-box Medicare configuration, embedded workflow and reporting capabilities, the flexible and expandable solution supports different lines of business and the regulatory requirements of each. "What we really liked about the tool was our ability to set up the various Service Level Agreements," said Romano. "All of these plans have different agreements and requirements, so we were able to make sure we could process appeals and grievances accordingly."
- ✓ **Requires No IT Assistance For Reporting, Eases Audit Preparedness**  
With on-demand Universes, Healthfirst now reviews them daily and produces monthly compliance deliverables without IT support. "I was very critical of an application that could provide the level of services and processing we needed to support Medicare," said Romano. "The two things that stood out to us about this A&G solution was the generation of the Universe & IRE case packages and the ease and simplicity of having them available."
- ✓ **Ensures Compliance, Automates Letter Generation**  
State and federal regulations require A&G notifications to occur within specific timeframes and adhere to certain standards. Manually creating this correspondence and reviewing the content variations is time-consuming and error-prone, jeopardizing compliance. With workflow triggers automatically generating timely and accurate communication, i3 A&G ensures compliance with plan, state and federal regulations.
- ✓ **Improves Member Service, Increases Visibility**  
Healthfirst is now able to shift its focus to improving its quality, even using OnBase to support quality improvement efforts. "Our call center staff can view the appeal/grievance in real time," said Romano. "That was a significant improvement in our ability to provide customer care to our members."