Handling one-off complaints, appeals, and grievances from health plan members can be a complex and heavily-manual process. Many healthcare payers have agents administer them through a homegrown arrangement of websites and emails in order to manage each case’s unique needs.

Cases are also subject to regulatory oversight, so agents must report them to management, however, rigidly structured systems and siloed data can slow down this process. Manual one-offs also leave risk for both accuracy and stagnant reporting time, hindering the complaints, appeals, and grievances process which can adversely affect member satisfaction.

In some cases, failure to run the appeals process fairly and efficiently can even result in negative outcomes, including lawsuits and state and federal scrutiny.

A CUSTOMIZED SOLUTION FOR FASTER PROCESSES
Appian provides a scalable solution that simplifies systems, processes, and reporting for complaints, appeals, and grievances.

- **Automated workflows** allow for more efficient processing
- **One unified view** improves visibility across the entire platform
- **Real-time reporting and auditability** lets payers achieve compliance while saving time
- **Exception handling** allows for improved case management with unique member cases and easier decision making
FOCUS
Run a seamless complaints, appeals, and grievances process with more efficient reporting and increased visibility.

• Reduce lag time and improve collaboration by easily identifying and routing one-off cases automatically

• Maximize productivity and minimize duplication with end-to-end oversight that includes provider correspondence

• Strengthen compliance with all data viewed through a single interface and stored on a secure, scalable platform

TAKE CONTROL
Appian gives organizations the ability to quickly build, deploy, and scale enterprise governance, risk, and compliance applications for:

• Fraud, waste, and abuse investigations

• Quality improvement

• General Data Protection Regulation (GDPR)

• California Consumer Privacy Act (CCPA)

PREPARE FOR THE FUTURE
The future of healthcare depends upon insurers’ ability to quickly adapt and provide high-quality convenient services for providers, payers, and—most importantly—members.

Transformational healthcare solutions require speed and power. The Appian low-code application platform provides both.

With Appian, organizations can build web and mobile apps faster, run them on a HIPAA-compliant cloud, and manage complex processes end-to-end, with bots and without limitations.

HEALTHCARE ORGANIZATIONS TRUST APPIAN:

Appian provides a low-code development platform that accelerates the creation of high-impact business applications. Many of the world’s largest organizations use Appian applications to improve customer experience, achieve operational excellence, and simplify global risk management and compliance.

For more information, visit www.appian.com