GuidingCare® Release Notes

A HEALTHEDGE COMPANY

Appeals and Grievances Enhancements

Version 8.16 | September 2021

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Appeals and Grievances Redesign

Altruista Health is excited to unveil our new design in the Appeals and Grievances module aimed at making workflows much easier! These game-changing enhancements allow for easier navigation, structure orientation of data, user accessibility and help meet ever-changing regulatory needs.

This release contains many new features and configurations, including an updated user interface. The new interface is designed to create an organized and efficient user experience that empowers you to use these new features to their fullest. You can now configure Appeals and Grievances complaint templates by eligibility level and template fields by level. We have implemented a new design with lookback capability, a standard experience and improved navigation for different levels of appeals.

Additional Configuration Options for Complaints

Configure Complaint Type to Eligibility

Configure or add a complaint type based on eligibility. Complaint types will populate based on eligibility selection, preventing you from selecting templates configured for a different eligibility. Based on the configuration, fields like Complaint Type, Compliant Class, Complaint Category, Complaint Sub-Category will cascade.

Configuration Changes: Yes   Schema/Logic Changes: No   Issue Key: 200, 4655

Configure Status Reason by Status

Configure status reasons for each complaint status. Status reason values provide a clear indication for viewers to understand the current status of a complaint. Status Reason is not a mandatory field, but administrators can set it as mandatory through control validation.

Configuration Changes: Yes   Schema/Logic Changes: Yes   Issue Key: 214

Configure Custom Fields by Section

Configure or create custom fields in all new available sections with multiple options for a complaint. This provides more organization for your custom fields. Set custom fields to be mandatory through control validation configuration.

Custom fields can be configured in the following sections:

- Complaint Details
- Authorization Details
- Claim Details
- Intake Details
- AOR Details
- WOL Details
- Provider Details

- Reviewer Details
- Quality of Care Details
- Additional Information Requested Details
- Episode Details
- Resolution Details
- Participants

Configuration Changes: Yes   Schema/Logic Changes: No   Issue Key: 202

Configure Complaint Templates by Level

Configure fields present in a complaint template based on different levels. Select and apply applicable fields for each level of complaint through template configuration to display information in various levels of a member transaction. This helps you configure a unique set of fields required for that complaint level.

Configuration Changes: Yes   Schema/Logic Changes: Yes   Issue Key: 2638, 8-1214

Eligibility and Complaint Type Level Restriction

Restrict users from changing the eligibility and complaint type for a complaint once they elevate to further levels by providing a resolution in Level 1, so it complies with the regulatory need of a complaint. Users can change the eligibility and complaint type only in Level 1 before providing a resolution. The details cannot be edited and are view-only after resolving a complaint. For Level 2 and above, the radio buttons will be disabled and eligibilities are view-only. Information messages are there to make them aware of the restrictions for a complaint type and eligibility.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 212, 3860

Complaint Levels

View Lower Complaint Levels

Access previous level information in disabled/read-only mode. Levels are locked for editing while escalating to the next level. Controls disabled in previous levels of complaints include the following:

- Add Authorization
- Add Claim
- Check Box
- Radio Button

- Smart Search
- Drop-down
- Text Fields
- Calendar

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 4658

Add Next Level in Resolution Details

GuidingCare will now display resolution details for a complaint in a separate section, so resolution details will be visible and highlighted. Resolution details now depend on the status of the complaint. Complaints cannot be resolved for the Closed status and you cannot close the complaint until a resolution is provided. We have renamed the Resolution Details checkbox to "Complaint Resolved". After saving the complaint with the Complaint Resolved checkbox selected, the Add Next Level button will be available.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 2467

Delete Current Level

We have renamed the "Void Current Level" button to "Delete Current Level" and the button has moved to the Resolution Details section from the Action menu. The button displays for users with role-level permission.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 2709
Configuration Changes: Yes   Schema/Logic Changes: No   Issue Key: 5923

Responsible Staff and Notification Date and Time in Level Toggling

The Responsible Staff and Notification Date and Time fields of a complaint display in the level toggling header. Each level will display the appropriate Notification Date and Time for the level selected and you can see the different dates when toggling through different levels. GuidingCare will display the Assignee field if there is a work queue referral, and it can change per level.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 270

Auto-Scroll to Mandatory Fields that were Missed

We introduced an auto-scroll feature for mandatory fields missed while adding or editing a complaint. When you click Save, you will be navigated to the missed mandatory field, saving you from having to scroll through and identify which field was missed. If multiple mandatory fields are missing, you will be taken to the first one. Also, validation messages that block actions have been changed from warning (yellow) to error (red).

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 3466

Intake Details

We have redesigned the Intake Details section. View intake details in a separate section, so that the new grid will populate the dependent field when accessing further information in the section.

We have implemented show/hide logic to reveal subsections and dependent fields based on the values selected in the triggering field.

Following are the values dependent on the selection of the Who Initiated Complaint field:

- Member
  - No Values
- Provider
  - Search Provider By
  - Provider/Facility
- Other
  - Selecting Other reveals a new field (AOR/WOL) based on the matrix configuration of the provider.

This simplifies each screen by showing only the fields that need to be entered based on the previous choices, creating a more streamlined user experience.

For greater accessibility, the new user experience is being updated with:

- Larger text
- Tab-able navigation through the fields

Configuration Changes: No   Schema/Logic Changes: Yes   Issue Key: 286

Responsible Staff in Intake Details Section

When a complaint is referred to a work queue, and then accepted by a care staff member, you will see the care staff member's name in the Responsible Staff field in the Intake Details section.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 1754

Sponsor Appealed ALJ Decision Field in Intake Details Section

When you select "Other" for Who Initiated Complaint, if the template is configured with the Sponsor Appealed ALJ Decision field, it displays with Yes/No options in the Intake Details section.

Configuration Changes: No   Schema/Logic Changes: Yes   Issue Key: 217

"Level of Service" in Intake Details Section

"Type of Case" has changed to "Level of Service" in the Intake Details section. The options from the previous version (Retrospective, Prospective and Concurrent) still exist and the following new values are available in the drop-down list:

- Inpatient
- Outpatient
- Emergency Room
- Urgent Care
- Point of Sale Transaction

The selected value will be seen in packets during selection and after generation.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 209

Complaint Notes

- Mark notes as viewable for "Internal Users Only" or "All Users" in each section note.
- The Notes field is now responsive. Based on input, the size of the box will increase automatically, or you can manually resize the box as required.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 1551

Manage Multiple Authorization Sources for a Complaint

We have provided separate grids for adding internal and external authorizations in the Authorization Source section. Add multiple authorizations under Primary Authorization, which is highlighted at the top. Remove unnecessary authorizations simply by clicking the minus (-) symbol.

Configuration Changes: No   Schema/Logic Changes: Yes   Issue Key: 283

Changes to Fields

Additional Fields in Claim Source

We have added more fields to Claim Source to help document important information related to the appeal.

Add New Provider Button in Provider Details Section

We have updated the Add New Provider link to a button in Provider Details. The button will be available for all complaints configured where users have role-level permissions.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 3859

Cancel Button

To enhance the user experience, we have added a Cancel button in all Complaint Add/Edit sections. This button will clear any unsaved information in the section.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 3985

Map Existing Fields

All existing fields were mapped to specific sections to ensure no data was lost from the lower version.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 1557

Provider Details

We have migrated provider ID data by matching it with the available provider names in the Complaint Details fields. To make the provider fields consistent, GuidingCare will display an "i" icon for which we need provider IDs with matching provider names. To maintain consistency across all provider fields, we have implemented Advanced Search for the Who Initiated Appeals Provider Facility field in the Intake Details section.

Renamed the Complaint Facility Field

To meet regulatory compliance for CMS reporting standards, we have renamed the "Complaint Facility" field to "Entity that processed Auth/Claim". The changes will be inherited in AG Packets and Control Validations as well.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 220

Disabled Delete Icon for Completed Activities

For completed activity rows in the Configured Activities section on the Add/Edit Complaint page, the delete icon will be disabled.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 4105

Disabled Fields for Closed Complaints

Fields will be disabled for complaints in a closed status.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 2468

Radio Buttons Replace Drop-Down Lists

We replaced drop-down lists with radio buttons to enhance the user experience.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 2468

Updated UI for Multiple Complaints

We have redesigned the navigation experience on the top of the Appeals and Grievances module. If you have more than one complaint open, the tabs at the top have been redesigned and indicate which complaint you currently have open.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 219

Time

GuidingCare will now display your time zone. We also brought back the 12-hour time format in calendars throughout the module.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 2708, 1550, 374, 288

Link a Fax to a Complaint

Link a fax document to a complaint from the following sections:

- Request Received > CM > Messages
- Dashboard > Envelope icon
- Manage > My Activity Log > Request Received > CM > Messages

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 1656

Save with a Single Click

Save the complaint globally with a single click. The Save Complaint button always appears at bottom of the screen and is disabled if any single mandatory field is missed in any of the sections from the Complaint Add/Edit page. The button will display based on role-level configuration and appears only after saving the Eligibility Details section. A message displays next to the section header if there are mandatory fields: "There are mandatory items that require your attention".

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 5315

Left Navigation Panel

We updated the design of the left navigation panel. The collapsible menu allows you to make the most of your real estate on screen.

Configuration Changes: No   Schema/Logic Changes: Yes   Issue Key: 5521

Reassign AG Activity Via Worklog Manager

Reassign AG activities to another care staff/work queue in Worklog Manager.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 23-576

Complaint Filtering by Linked Authorizations

The Member Complaint Log and Complaint Summary hold all the appeals and grievances entered for the member. Use the search parameters/filters to limit your search results and quickly take necessary actions for a complaint. Through this enhancement, we have added the ability to filter by linked authorizations.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 113899

Additional Information Restricted to Level

GuidingCare will no longer carry current field data to the next level in the Additional Information section. When you use Additional Info Received for Level 1 to create a TAT based on this date, you cannot see the same information for Level 2.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 7-1161

Enable/Disable MD Review Restrictions

Enable or disable MD review restrictions in Manage Application Configurations, so that based on the selection, an MD reviewer can be involved in the next assignment of the Appeals and Grievances activity. If the configuration is enabled, you will not be able to add activities for an MD reviewer who is already involved in the complaint and GuidingCare will display a message: "You already have an activity of the same type assigned to you". If the configuration is disabled, there won't be any MD review restrictions on the complaint while adding/referring to an activity.

Configuration Changes: No   Schema/Logic Changes: No   Issue Key: 360
Configuration Changes: Yes   Schema/Logic Changes: No   Issue Key: 326

Provider Search

We enhanced the Advanced Search throughout GuidingCare. We've added an application-level configuration to choose which provider search view fits your needs. The Flat View retains the existing functionality of the

Advanced Search. In 8.16, we are introducing the Expand View to provide more flexibility to quickly find providers.

Improvements as part of Expand View:

- Review the search criteria you've entered using the Show Search Fields toggle.
- View selected/deselected items from the Specialty and Eligibility sections in chips.
- Clear search text within a particular section.
- View all search fields vs. fields with search text/input.
- Search providers with and without a contract.
- View Provider Name, Code, NPI, Tax ID, Network Name, Primary Address details, Premium Provider and Accepting Patients in the search results.
- Expand a provider row to view additional addresses, network contracts and identifiers in the search results.

Configuration Changes: No   Schema/Logic Changes: Yes   Issue Key: 131215

GuidingCare® Release Notes

Highlights

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Care Management

Single-Click Care Planning

We have transformed care planning in GuidingCare with our new opportunity, goal and intervention (OGI) bundles. This new experience allows you to select from predefined OGI bundles. The care plan will display in a tile view, making the OGI bundles easy to view and great for users who prefer a keyboard instead of a mouse. Quickly select from a group of your favorite OGI bundles and then customize them for the specific member's use. You can still create manual OGIs, but we recommend our new bundle feature for speed and efficiency.

Eligibility Reconciliation

We made changes to identify members who have issues surrounding their eligibility. In the past, eligibility issues caused problems in several sections within Care Management.

With 8.16, several of these areas have been addressed. Eligibility information will no longer be required in the following sections:

- Medications
- Diagnosis
- Manual Visits

Required activities will now display an alert when they are attached to a program that requires eligibility information be updated.

Appeals and Grievances

Healthcare appeals and grievances are a complex, multi-level process that is highly regulated and can be different across different types of healthcare, types of insurance and at the various event levels. Over the past 12 months, Altruista Health has taken the necessary steps to improve process efficiency, ensure regulatory compliance and resolution timeliness to meet the complex needs and variations in this process.

In earlier releases, the Appeals and Grievance module introduced level toggling, packets, packet logs, complaint logs, AOR and WOL tracking and enhanced turnaround time configuration. In addition, updates were made to Worklog Manager, MD Review Activities and InterQual integration.

The 8.16 release consists of existing features plus many new features, configurations and an updated user interface. The new UI is designed to create an organized and efficient user experience that empowers you to use these features to their fullest.

Some of the new features and configurations are listed below:

Complaint Template

Configure Appeals and Grievances complaint templates by eligibility and template fields by level. The template has been broken into multiple accordions/sections, which allows you to add custom fields to specific sections.

CMS-Regulated Fields

Two new standard fields are available to meet CMS regulations:

- Sponsor Appealed ALJ Decision
- Level of Service

Show/Hide Logic

Introduced show/hide logic to reveal sub-sections and fields based on values selected in the main field. This simplifies each screen by showing only the fields that need to be entered based on previous choices, creating a more streamlined user experience.

Complaint Status Reason

A new field, Status Reason, has been added. Status Reason can be used to provide more details about the complaint status selected.

Notes

We have added section-specific note descriptions. When the section-specific note is saved, it will also show in the Notes page with the note type associated to the section.

Mark all notes as viewable by Internal Users Only or All Users.

Linked Internal Authorization Fields

We have added 5 additional fields to display with linked internal authorizations.

External Authorization Fields

We have added 5 additional fields to display for data input with external authorizations.

Claim Information

Add linked internal and external claim information.

User Interface

We have taken steps to make the module more accessible:

- Larger text
- Use the Tab key to navigate fields

Provider Search

We enhanced the Provider Quick Smart Search in the Utilization Management module and the Provider Advanced Search throughout GuidingCare.

Quick Search

- We've Included additional columns, Network Status (PAR) and Contract in the search grid.
- We've also added Contract and Contract Status to Quick Search results to choose providers based on network.

Advanced Search

We've added an application-level configuration to choose which provider search view fits your needs. The Flat View retains the existing functionality of the Advanced Search. In 8.16, we are introducing the Expand View to provide more flexibility to quickly find providers.

Improvements as part of Expand View:

- Review the search criteria you've entered using the Show Search Fields toggle.
- View selected/deselected items from the Specialty and Eligibility sections in chips.
- Clear search text within a particular section.
- View all search fields vs. fields with search text/input.
- Search providers with and without a contract.
- View Provider Name, Code, NPI, Tax ID, Network Name, Primary Address details, Premium Provider and Accepting Patients in the search results.
- Expand a provider row to view additional addresses, network contracts and identifiers in the search results.

Utilization Management and Authorization Portal

Searching for out-of-area members just became easier! The GuidingCare Utilization Management module and Authorization Portal seamlessly integrate with the Federal Employment Management System (FEMS) to provide real-time Federal Employee Program (FEP) out-of-area member identification and information transfer. This feature improves efficiency by decreasing administrative costs and time.

If you are interested in this feature, please contact your account team.

Mobile Clinician

We are unveiling new features to make care planning in the field much easier. If you visit a member frequently, you can pin member cards to the My Members page. This provides easy access to members' information and helps case managers manage their workload.

Design

We are introducing a collapse/expand design on the left navigation menus in the Care Management, Population Health, Appeals and Grievances, and Utilization Management modules. The left navigation took up a lot of space on the page, making it difficult to work through large grids and complex workflows. Allowing you to collapse the grids provides you more real estate on the page and improves the overall user experience.

Browser Health Check

Check your browser's compatibility with GuidingCare in 8.16! We have introduced a new feature called Browser Health Check, which is located in the bottom right corner of the application. Identify any hurdles in terms of loading any page or carrying out any member-level transactions in case of technical or network-related difficulties. Browser Health Check alerts you if there are browser-related issues that require immediate action. Self-check for any issues by clicking the link, which displays a pop-up with all parameters. Parameters checked include Pop Up Windows, Cookies, Screen Resolution and Browser Version. The pop-up displays a validation message specific to the case and instructions to resolve it.

Interoperability

We've added 12 new services to our API Suite to support patient access to FHIR and USCDI defined resources. These REST services will allow health plans to retrieve GuidingCare data in real time to support patient access.

- **GET /Member/Detail** - Retrieves the member details, including member identifiers and demographic information.
- **GET /Member/Caregiver -** Retrieves the caregivers listed for a member.
- **GET /Member/Family -** Retrieves the related family members for a given member.
- **GET /Member/AdvanceDirective** - Retrieves the advance directives for a given member.
- **GET /Member/ConsentForm** - Retrieves the consent forms for a given member.
- **GET /CarePlan -** Retrieves the care plans for a given member.
- **GET /Member/Appointment -** Retrieves the appointments for a given member.
- **GET /Member/Referral/SDOH -** Retrieves the SDOH referrals on a member's record.
- **GET /Member/AllergyIntolerance -** Retrieves manually entered allergy information on a member's record.
- **GET /Member/HealthIndicators -** Retrieves the health indicators on a member's record.
- **GET /Member/Medication/Manual -** Retrieves the manually entered medications on a member's record.
- **GET /Member/Document** - Retrieves all the documents attached to a given member's record.

More details are available on **GuidingCare's Developer Portal**.

Application Programming Interface (API)

Appeals and Grievances Services

We have updated our Complaint API suite to incorporate the many new features added to the complaint template configuration.

New Services

We have added 7 new services to our API suite across Care Management and Utilization Management.

- Create Pharmacist Activity on a Member (POST /Activity/Pharmacist v2)
- Create a New Authorization (POST /Authorization v2)
- Add a New Service Line to an Authorization (POST /Authorization/ServiceLine v2)
- Update Service Line for an Authorization (PUT /Authorization/ServiceLine v2)
- Retrieve Claim Details (GET /Claim/{claimNumber}/Detail v2)
- Retrieves Assessment Template (GET /Assessment/Template v2)
- Assessment Submission (POST /Assessment v2)

Service Deprecation & Retirement Notice

As we continue to release new APIs, we will be deprecating and retiring older versions of our APIs. In 8.16, we are deprecating 11 services retiring 13 services in version 0. Version 2 of these services will continue to serve our customers' needs. For the deprecated services, we encourage all our clients to start scheduling their upgrade and migration to the latest versions.

Find the full set of changes on **GuidingCare's Developer Portal**.

Configuration Management

There is now easier management of classifications with new options to download, assign/unassign, active/inactivate records, etc.

Aunt Bertha

Use Aunt Bertha to search for community service providers, create referrals and receive status updates from providers without leaving GuidingCare!

COMING SOON Member Portal

An all-new look is coming soon to Member Portal! Not only are we refreshing the design, but we are taking major strides to make it more responsive to the needs of your members, including those who may have vision or mobility challenges:

- Updating color and contrast to improve readability
- Making screens fully readable using screen reader technology for audio and braille support
- Enhancing the navigation menu design
- Replacing less accessible My Calendar with My Appointments list view
- Making the portal more responsive to the needs of your member base

We are working closely with Accessible360 to ensure the Member Portal conforms to industry-best accessibility standards.

For more information about the Member Portal, please contact your Account Management Team.