



Beacon Appeals Manager

**Enhanced Automation Within An Appeals And Grievances
Management Software System Improves Response Time,
Consistency, And Audit Results**

Executive Summary

Ineffective appeals and grievances system tools hamper department productivity and performance. Organizations with piecemeal workflows lacking standardization and consistency experience decreased operational efficiency and reduced productivity, and where processes fail to effectively support the caseload, case turnaround times increase, as does the cost of overtime paid to associates challenged with the timely resolution of the inventory of cases.

Without an effective A&G program, payors struggle to manage cases consistently and be in compliance with regulatory requirements. Rapidly changing updates and reforms restrict A&G teams' ability to respond quickly and efficiently. Health plans struggling with A&G risk may fall victim to sanctions and intervention by CMS, with concerns that A&G program challenges may ultimately result in delayed access to care and diminished patient experience.

Medicare Advantage plans cover half of all Medicare beneficiaries, according to the most recent enrollment data from CMS. As of January 2023, 30.19 million of the 59.82 beneficiaries with Medicare Part A and B were enrolled in a private Medicare Advantage plan, underscoring the potential scope of impact A&G program challenges have on Medicare overall. Of payment denials issued by payors, 18% were issued in error. In total, 6% of prior-auth requests were denied fully or partially in 2021, while only 11% of those requests were appealed. A majority (83%) of appeals resulted in the denial being fully or partially overturned.

As expedited requests require a thorough review and complete response within a short timeframe, workflow efficiency and strong productivity are crucial to continued program success. A backlog of complex cases which may age in a queue until the A&G team can review them can result in extended delays and present a persistent challenge for payors who fail to sufficiently streamline A&G processes. Ultimately, the result is an increased risk of sanctions, arbitration, or even plan termination.

CMS audit data provides enough granularity to substantiate concerns about worsening A&G program management. Between 2020 and 2021, average CMS audit scores of Part C and Part D payors increased from 0.15 to 0.44, respectively, showing poorer overall performance in CMS scoring. These audits surfaced adverse A&G performance reflected by increasingly worse outcomes between 2020 and 2021, illustrated by CDAG averages of 0.30 from 0.22 in 2020. Furthermore, CMS terminated one plan on February 22, 2023, due to its failure to achieve at least a 3 Star Rating for 3 consecutive years.

Adopting a proactive, comprehensive A&G workflow will assist organizations to reduce a backlog of cases and improve interoperability, reduce redundancies through automation, and strengthen customer satisfaction outcomes.

Challenges Of Inflexible Appeals & Grievances Programs

Every payor has an A&G program management tool, and the true effectiveness test is that program's ability to be easily configured to meet frequently changing regulatory and operational requirements. Some plans purchase A&G software, while others choose to build their own database tool. With frequent regulatory changes, plans often have difficulty modifying home-grown systems to remain compliant, and those plans who invest in a standard, commercial A&G tool often find it very costly to make the necessary and recurring system changes required. When faced with an inflexible system, a lack of system support, and budgetary constraints, plans frequently find they quickly outgrow their tool.

When internal monitoring of case inventory becomes increasingly difficult and opaque, payors are less able to ensure data integrity and track key operational metrics. Compliance is a greater challenge without transparent, at-a-glance capabilities for program managers and users. Failures can result in significant monetary penalties. The average civil penalties assessed on health plans in 2021 was more than \$65,000. The highest was \$146,000.

Improving A&G Functionality

The solution is the implementation of a customizable appeal and grievance management software system designed to streamline workflows, automate correspondence, centralize documentation, and ensure timeliness. With an application deeply rooted in compliance, featuring unparalleled control and transparency of cases from intake through review, case processing timeframes are easier to reduce and manage, maintaining compliance and keeping star ratings and customer satisfaction high.

An integrated reporting tool is also required, to include pre-configured program audit universe templates, CMS Quarterly Reporting templates, and a standard library of reports to monitor compliance, productivity, and KPIs.

Distinctive Features Of Best Practice A&G Workflow Tools:

- Real-time data integration with the Plan's source systems for member eligibility, provider demographics, claims transactions and UM authorization and customer-service intake
- Case Classification wizard tool to ensure accuracy of case type and category
- Automated queuing of case and task assignments
- Comprehensive document repository to attach records, photos, x-rays and other supporting documentation the case record
- Best-Practice workflow designed to support staff and reduce administrative burden
- Case tracking and prioritization: staff is alerted to highest priority cases and activities
- Secure letter templates supported in multiple languages for consistency and compliance
- Automation to populate letter text, branding and taglines

- Documented audit trail showing all activities and edits to a case
- Tracking of root cause, trends and sub-trends to support remediation activities and improve the customer experience
- Generation of pre-configured Universes with a click of the mouse

Beacon Appeals Manager (BAM), from Beacon Healthcare Systems, meets these criteria.

What is Beacon Appeals Manager?

BAM is the industry's leading appeals and grievance software specifically designed for health plan appeals and grievances management. As the industry's most user-friendly, intuitive appeals and grievances solution, BAM helps your plan reduce turnaround time for responses and reporting.

Beacon Appeals Manager provides A&G teams greater visibility and control over cases from intake all the way through to CMS compliance review. BAM is a customizable, automated, and comprehensive software management system designed by industry experts around A&G workflow best practices.

This A&G Program Management Solution Has Five Important Aspects:

1

Designed By Subject Matter Experts

BAM is designed by industry experts who work to stay ahead of CMS requirements and continuously improve processes. The information and security needs of A&G teams guide new features and updates.

Configure and customize BAM to your own environment while protecting compliance features. After implementation, BAM can be configured without IT involvement.

2

Everything In One Environment

Access to individual case records, letters, documents, universe reports, analytics, and dashboards are integrated in one system. Instead of ad-hoc storage of information across different locations, centralized access to information supports management efficiency.

- Avoid manual entry, improve accuracy and QA
- API integration supports interoperability with real-time data exchange
- Managed role-based access ensures HIPAA-compliance
- Self-service access to reporting without IT assistance

3

Timeliness Is Automated

Improve turnaround times (TATs) with automation throughout A&G program management. Skills-based assignment of cases and activities can be automated based upon case priority and staff availability, which eliminates manual assignment and standardizes review processes.

- Built-in workflow for case management
- Guardrails help with preventative action
- Teams can receive their own action items and reminders

4

Everything Is Documented

Track access, changes and edits made to the case record. Every activity is recorded and available for reference, compliance reviews and CMS audits.

- Documentation of inbound and outbound calls, written communication, faxes, data entries and edits within the BAM case record is reportable
- Integrated document repository attaches all pertinent records, documentation and reference material to the case record
- Review analytics to assist with program decisions and identify potential roadblocks

5

Built With Compliance As Its Foundation

Beacon's team helps organizations stay audit-ready with BAM updates and adjustments.

- Manage risk with compliant A&G processes; The Beacon Compliance team constantly monitors CMS communications to identify changes to requirements, and Beacon works with their clients to develop and implement solutions to address any gaps. BAM is easily configured to meet frequent changes in regulatory guidance.
- Process steps are guided for consistency, so every team and individual contributor follows procedures.
- Letter templates are secured, text population assisted with automation.

Key Benefits of Beacon Appeals Manager

Consider these outcomes of using BAM:

1. **Improved written notification with automation and CMS-approved templates.** Your organization's approved letter templates are secured in the tool and populate with information entered in the case record, including the date the notice entered the mail stream.
2. **System automated activities for employees** using workflows that automatically queue cases and trigger activities to guide the user from intake through resolution while compressing handle-time.

3. **Automated completion of IRE/QIC forms support second-level case submission.** Case Narrative and Background Data Forms auto-populate with information contained within the case record. Documents easily export for ease in assembly of case file packets.
4. **Audit-ready status, with accurate universes produced with one-click.** Self-service generation of ODAG/CDAG/SARAG universes and Quarterly CMS reports as well as KPI reports and Dashboards produced with a single click.
5. **Experienced audit support including day-of support during CMS fieldwork** by subject matter experts dedicated to helping you achieve an audit with zero findings.
6. **Avoid CAPS and notices of noncompliance** using a system designed by industry experts to exceed CMS requirements.

Health plans using BAM improve their operational metrics and can achieve improved star ratings.



Key to a Healthier Health Plan

Appeals and grievances represent more than a member's reaction to a plan decision or perception of the quality of service provided. When looked at holistically, they can reveal not only the health of your A&G program, but also the health of your plan overall. The appeals and grievances program drives long-term plan health and sustainability.

Beacon Appeals Manager strengthens your plan with best-practice workflows designed by industry experts to be scalable, efficient, and compliant with CMS regulations and requirements.

BAM captures additional data elements beyond those required for regulatory reporting, supporting analytics identifying barriers to member satisfaction, which if properly leveraged in a smart and actionable way, can lead to a decrease in complaints, an increase in member retention, higher CAHPS and Star scores, and increased revenue for the health plan.

BAM helps health plans manage appeals and grievances programs effectively and in compliance with CMS regulations, with tailored solutions that centralizes information, manage access, track cases, document actions, and provide guardrails. To see how BAM works, schedule a demo with our team.