



Beacon SDoH/ Supplemental Benefits Manager

Proactive Management of Supplemental Benefits and Social Determinants of Health: How a Robust Technology Solution Can Elevate Your Supplemental Benefits Program

Executive Summary

Like healthcare itself, reimbursement models constantly evolve. One example of this is the shift by the Centers for Medicare and Medicaid Services (CMS) from their fee-for-service reimbursement model to value-based care (VBC). To address the contradiction between rising costs and low health outcomes, CMS has committed to accelerate the industry's shift away from traditional fee-for-service payment models to value-based models that hold health systems, hospitals, and physician practices accountable for cost and quality.

VBC aims to improve patient adherence by targeting SDoH. Supplemental benefits are one area of care delivery in VBC and are connected to Social Determinants of Health (SDoH). These non-medical factors affect patients' ability to function, their health, quality of life, and overall risks of poor outcomes.

Payors offer supplemental benefits to help patients meet those non-medical needs, outside typical Medicare Part C or Part D benefits. This includes initiatives through CMS which recently expanded supplemental benefits delivery through Medicare Advantage (MA) plans.

Supplemental benefits have been found to enhance the MA plans' competitive margin in the market. The Department for Health and Human Services also identified several key challenges in successfully administering these benefits, including inadequate data systems to track and differentiate benefits.

Given the value in providing these benefits, payors are increasingly adding them to their care models. With delivery and tracking of these benefits existing as relatively new initiatives, payors are scrambling to execute the robust IT infrastructure needed to support data collection in this model.

VBC performance metrics drive reimbursements. To that end, collection, reporting, and analysis of standardized data is a top priority within the CMS framework for health equity, a framework that supports SDoH.

Current software solutions are often designed for other purposes, not always healthcare related. They are limited in their ability to address supplemental benefits for SDoH and the unique requirements of service providers.

Furthermore, the continued introduction of new regulatory compliance requirements means that payors who are prepared to meet them stay ahead of these challenges. CMS is currently in the early stages of determining which encounter data is needed to gain insight into utilization and effect benefits delivery, and many payors are falling short in their ability to report such encounter data for supplemental benefits.

An ideal solution for this unique challenge of identifying patient needs, coverage, and execution of supplemental benefits should include these features:

- Ability to track patient survey results and needs, and verify eligibility
- Ability to follow, prompt, and document certification processes
- An interface with vendors for services referred and delivered
- Transparency in showing how criteria were met
- An automated system for referrals when patient eligibility or benefits expire
- Easy reporting of outcomes and ROI

Beacon Healthcare Systems' Supplemental Benefits module answers payors' requirements for a scalable, automated solution built on best practices to better address member needs and overall positive outcomes.

Current Supplemental Benefits Software Is Cumbersome and Ineffective

When looking around the landscape for solutions that fit the above criteria, payors often come up short. Many tools that exist are leveraged for value-based care benefits administration, but challenges arise when the unique structure of supplemental benefits for SDoH are brought on board.

Without the appropriate software to manage supplemental benefits for SDoH, there are data gaps in how to meet patient needs and in how to provide accurate data and reports.

That data is critical, not only for audits, but also to capture successful quality measures and outcomes in VBC. CMS has developed a health equity index as a methodological enhancement to Star Ratings, which summarizes contract performance through a single score with Social Risk Factors (SRFs) in multiple measures.

CMS' proposed health equity index (HEI) rewards begin in 2027 and will be based on Star Ratings collected from measure data for the 2024 and 2025 calendar years. The HEI is a progression of several initiatives that prioritize social needs and connected healthcare measures. **It is clear that SDoH and health equity are strong drivers of data collection needs for organizations.**

Current Challenges:

- **Manual collection of data**—individual entry of reportable data and patient information related to their benefits using Access databases and homegrown solutions. Manual collection is not on par with automation that allows for robust tracking of care. It is easy for data to be inadvertently overlooked, and to introduce human error.
- **Software not designed for non-medical services**—use of medical or clinical referral systems by case management for communication across providers is driven by automated referral systems. These are typically designed to direct patients to healthcare providers based on specific clinical criteria only.

Several road bumps are immediately apparent when payors use these approaches to execute supplemental benefits.

- Many solutions do not support the Z codes necessary for properly documenting and tracking supplemental benefits.
- In delivering this type of benefit, a payor is offering non-medical services, a problem for systems that are designed only for clinical services and criteria.
- A lack of API integration with vendors creates an environment for lost information and blind spots.

As a concrete example, consider a patient who needs to be connected with a physician specialist or an outpatient service like physical therapy. This is easily tracked with current software solutions. In contrast, a patient who needs grocery delivery receives this benefit through a vendor. When these vendor-delivered grocery services are tracked with current solutions, there is little visibility into what benefits have been used and which ones remain.

What An Ideal Solution Looks Like

A comprehensive, fully integrated software designed specifically for supplemental benefits administration meets the needs of payors and other risk-bearing entities.

Key elements of a fully functional solution include:

- ⇒ Interoperability and closed loop feedback
- ⇒ Case types, such as Medicare supplemental benefits, community outreach or dietician services
- ⇒ Case categories that are tied to workflows and tracking of benefits
- ⇒ Full API integration with payors and vendors
- ⇒ Automated documentation of all care provided, no more manual entries
- ⇒ Detailed tracking of universes to support CMS requirements for reportability
- ⇒ Ability to determine patients at risk for SDoH-related complications
- ⇒ Ways to track services received and unused benefits
- ⇒ Scalable features that mean a health plan can grow their program beyond expectations
- ⇒ Streamlined processes to increase efficiency

With the Beacon Healthcare Systems SDoH/Supplemental Benefits manager, it is easy to meet all of these criteria.



What is the Beacon Healthcare Systems Supplemental Benefits module for SDoH?

The Beacon Supplemental Benefits module for SDoH is a unique software solution designed to track and manage supplemental benefits.

This supplemental benefits solution has three integral components:

1 Best practice workflows—specific workflows mean managing and tracking supplemental benefits is more accessible with software. Automation reduces operating costs, workflows are standardized and simplified, data tracking supports compliance audits, and ultimately the member experience is improved by the ease of use.

Beacon's module has a growing list of workflows that streamline the approval and delivery of specific supplemental benefits, including:

- **Adult daycare**—help relieve caregivers of duties for the day
- **Personal care visits**—help with activities of daily living (ADLs) such as bathing and light housekeeping
- **Service animals**—support the use and care of a service dog
- **Meals**—meals or supplemental nutrition delivered to the home
- **Food and Groceries**—delivery from approved vendors
- **Pest control**—in-home pest management solutions
- **Community outreach and support**—proactive case management of local services available for SDoH support.
- **Transportation**—provide rides to and from personal tasks, including healthcare visits
- **Utilities**—support provided for electricity, gas, water or phone coverage
- **Health and fitness devices**—issue new devices and provide support for device maintenance.

With these workflows and tasks, it is easy to initiate referrals and intake requests for supplemental benefits. Benefit coverage for services is verified based on plan criteria, requests are finalized (whether approved or denied), and subsequent benefit and outreach efforts are tracked, closing the loop on feedback.

2 Reports—Accurate classifications for case type and category help you tie them appropriately to the five SDoH domains identified by CMS. Beacon's system is designed with the concept of supplemental benefits at heart, and documents all the relevant details of the case to automatically create audit-ready universe reports. This is accomplished with a standard report library and universe tables with cross-reference to fields and workflows for streamlined actionability and use. Reports provide:

- **Data and analytics**
- **ODAG and SARAG (audit ready) Universes**
- **Standard Production and Tracking**

Report findings then seamlessly help payors determine impact on outcomes, readmissions, ER visits, MLR and more.



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Letters—Templated letters document requests for services as well as approved and provided services. A standard letter library helps with individual letters and automated mailings. Date and time stamps are included to aid in following any communication from the point it was created through mailing and delivery. These letters include:

- **Approvals**—if patients meet criteria for approval for benefits, approval letter provides clear documentation
- **Notifications**—denials, data gaps such as missing information and other important notifications can be easily generated with forms for notifications
- **Requests for Clinical Certification**—clear communication with providers who must certify eligibility enhances documentation and case coordination

Beacon’s solution provides plans with the ability to execute improved outcomes, scale delivery, and achieve positive ROI. A growing body of evidence shows that patients who take advantage of supplemental benefits reduce their utilization of services such as the emergency department and hospital readmissions.

As an example, one study found that inequalities in COVID 19 mortality rates resulted from SDoH impacts. This only highlights the need to reduce these impacts.

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Consider Beacon Healthcare Systems’ Supplemental Benefits 15 Key Outcomes

Some key outcomes of this comprehensive supplemental benefits software:

1. **Measured SDoH efforts**, such as screenings and actions taken with closure, that support the CMS Health Equity Index by directly improving quality for members with social risk factors. This includes tracking for enrollees with specific social risk factors directly supporting Stars measures for 2024.
2. **Scalability**, as health plans and other risk-bearing entities add benefits, members, and expand to new lines of business, including **MA, MA-PD, SNP, SSBCI and more.**
3. **Streamlined operational processes** by managing more cases in less time and prioritizing resources by skill set to free up clinical staff for member care.
4. **Real-time tracking** supports employees in following the progress of coverage, qualifications and referral of supplemental benefits, providing greater visibility into the process and ensuring member satisfaction and regulatory compliance.
5. **Full data integration** that allows users to interact seamlessly with other applications and systems, including vendor systems. This eliminates the loss of valuable information and supports insights that drive appropriate utilization of benefits.
6. **Increased ROI** via tracking of improved outcomes which is vital to achieving positive financial results for healthcare plans. Data integration also supports health plan preferred vendors/contracts to manage costs.

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7. **Ease of data retrieval** with access to supplemental benefits information, pertinent data, and critical reports. Data integration allows real-time access to critical information to service the member and their unique SDoH needs, increasing member satisfaction.
 8. **Robust reporting** enables clients to track and measure the impact of their supplemental benefits programs and make data-driven decisions to optimize their benefits offerings.
 9. **Automated data entry** decreases the odds of human error, and makes tracking and managing supplemental benefits easier. Integration capabilities with case intake sources.
 10. **Centralized data management** allows health plans to store all their data in a centralized location via the cloud.
 11. **Automated alerts** notify users of individual risk factors to aid in informed decisions on the correct interventions to improve patient outcomes.
 12. **Secure data storage** via a private cloud, where sensitive data stays safe, ensures information for supplemental benefit recipients is protected.
 13. **Improved data analytics** allow health plans to make rapid data-driven decisions about delivering supplemental benefits. Confirm benefits easily and apply clinical criteria in a consistent, reportable manner.
 14. **Access to crucial data** from anywhere makes it easier for health plans to manage supplemental benefits across all locations served.
 15. **Paper-free processing** reduces the need for paper-based processes, including administrative overhead of those processes.

Health plans that use this software radically increase their productivity and member satisfaction.

The Future Of Supplemental Benefits Management Is Now

Beacon Healthcare Systems' supplemental benefits solution is a unique answer to an urgent challenge. Investing in a robust solution now will help your organization to be ahead in 2024.

Health plans and risk-bearing entities find this highly effective supplemental benefits management solution has the functionality needed to manage all case types for supplemental benefits of SDoH. This includes comprehensive workflows, advanced reports, practical utility of a library of form letters and full API integration.

To see it in action, [schedule a demo](#) today.