Streamlining Appeals & Grievances

Customer Overview

Based in New York, NY, Touchstone Health is a Medicare-approved Health Maintenance Organization (HMO) with a Medicare Advantage Prescription Drug contract with the federal government. Touchstone serves 20,000 members with an annual turnover of $200M.

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| Touchstone| ▶ Handling tens of thousands of appeals and grievances that present large operational costs to the organization  
▶ Inefficiency and lack of standardization in business processes  
▶ Inability to understand the status of over 30,000 appeals and grievances  
▶ Inability to comply with laws could result in millions of dollars worth of regulatory fines | ▶ Automated the appeals process (submission, review, and approval)  
▶ Provided tools for management to monitor workload and team efficiency in real-time  
▶ Created ability to generate reports required by law which prevents expensive fine payments |
Challenges

By law, health insurance members have the right to appeal any decision made by the provider. Members may also submit grievances expressing dissatisfaction with any aspect of the operations, activities, or behavior of a Medicare health plan and its providers. On average, providers allocate $2.50 per member per month to process Appeals & Grievances (A&G). Annual costs for a company such as Touchstone with 20,000 members can easily reach as much as $600,000.

The BizFlow Solution

At Touchstone, A&G come largely through the call center and customer service departments. Those that cannot be resolved immediately are assigned to A&G Coordinators.

BizFlow helps A&G departments streamline and automate:

- Validating member information (e.g., eligibility/enrollment, provider status, authorizations, benefit packages)
- Collaborating with all responsible parties (e.g., Doctor, Clinics, Hospitals) to research issues
- Completing forms, files, copies and letters for issue resolution
- Determining whether appeals should be upheld or overturned. If overturned, send to claims department to be paid. If upheld, send notice to the member
- Creating reports required by law to be submitted to CMS

Automating the A&G process has driven a 20-30% reduction in operational costs, a $120K-$180K in annual savings. Additionally, automation adds a layer of governance that helps health insurance providers to avoid future regulatory fines.

A&G Case Handler receives new cases and pending actions (assignments made dynamically)

A&G Representative adds case and support data for review and approval

A&G Management monitors workload and team efficiency in real-time

Organizational Benefits

- Operational costs saving of 30-50% or upwards of $300K in annual savings
- Workload and team efficiency monitoring provides real-time operational knowledge, transparency, and accountability to the whole health organization
- Ability to quickly and easily meet strict regulatory laws and prevent unnecessary and expensive fine payments