A Thriving Regional Health Plan Sought More Efficiency Managing Complaints, Appeals and Grievances (CAG)



In the spring of 2018, a health plan that is part of an integrated delivery network, covering over 171,000 members, actively sought better and more efficient ways to manage their complaints, appeals and grievances. The existing manual system was steady but slow. It also lacked the capacity for meaningful growth, the means for significant improvement, and, like any manual system, bore an inherent amount of compliance risk. "It slowed everything down having to do things manually," said the Director of Member and Provider Appeals and Grievances. "We wanted to move away from manual work as much as possible to be more efficient and minimize risk."

The Problem: A Disparate, Manual System Left Data Siloed and Team Members Working in Isolation

A combination of isolated databases, separate files and highly skilled team members had managed the existing complaints, appeals and grievances system for years. Despite relative success, capacity was still a function of manual labor, and a backlog of provider disputes had begun to build over time. There was also no way to glean deeper insights from data scattered across unconnected data and files. The team knew they could improve the timeliness of responses and clear the backlog if they could automate workflows and centralize the management of all complaints, appeals, and grievances within one system.

171,000 members covered

"We wanted to move away from manual work as much as possible to be more efficient and minimize risk."

- Director of Member and Provider Appeals and Grievances

"We were searching for a partner that really understood our business and our needs."

- Director of Member and Provider Appeals and Grievances



The Solution: A Centralized, Efficient Approach to Bring the Team Together and Improve Workflows

The discovery process of evaluating potential solutions included several criteria that the team knew were critical for success. "We were searching for a partner that really understood our business and our needs," said the Director of Member and Provider Appeals and Grievances. "One that we could partner with to make sure all those needs were met. One that helped us minimize risk and be much more efficient."

A number of requirements were outlined:

- A centralized database for complaints, appeals and grievances
- A partner with a deep understanding of the payer space
- The ability to track the timeliness of all processes and responses at a glance
- Intelligent automation to eliminate manual work
- Clear documentation and accountability of all steps
- The ability to efficiently create letters to members and providers directly within the system
- The ability to accept and integrate incoming faxes
- Informative out-of-the-box reporting with the ability to customize reporting further
- The tools to accurately predict CMS Star ratings any time during the year

After evaluating several potential solutions, it was clear that the MHK CareProminence Complaints, Appeals and Grievances (CAG) Suite was a cut above the rest. It met every requirement and even delivered unexpected positives and improvements once in place. The CareProminence solutions implemented were Medical Appeals, Pharmacy Appeals, External Review, Grievances Tracking, Complaints Tracking, Provider Disputes and Root Cause Analysis.



CareProminence Solutions Implemented

Medical Appeals

Workflow for CMS-compliant processing and tracking of medical appeals received from a member or provider.

Grievances

A fully CMS-compliant workflow for managing all grievances across the organization.



Complaints Tracking

A CMS compliant workflow solution for processing and tracking CMS Medicare member and Part D complaints received through Health Plan Management System (HPMS).



Root Cause Analysis

Traces the origins of a grievance or complaint so that corrective measures can be put in place to alleviate identified problems and ensure future success.



Workflow for processing and tracking redeterminations or pharmacy appeals for Medicare, Medicaid and commercial lines of business.

External Review

A CMS-compliant workflow that tracks and processes compliance cases and systematically routes and auto-forwards to the IRE or External Review entity for processing.

Provider Disputes

A workflow for processing and tracking disputes and denials from a provider with a concentrated focus on authorization and claim dispute/denial types.







The Results: Faster Turnaround Times, Dramatic Reduction in Backlogs and More Efficient Case Management

The MHK CareProminence CAG Suite made dramatic improvements in turnaround times (TAT) in several key areas. Turnaround times improved by 34% for Medical Appeals, 29% for Pharmacy Appeals and 22% for Grievances. Simpler, centralized workflows for each appeal or grievance type allowed team members to respond faster and with more confidence knowing no steps were missed.

In addition, Provider Disputes, claim denial disputes initiated by providers, also saw a dramatic improvement in turnaround time with a 77% faster TAT. The MHK CareProminence CAG Suite also helped reduce the overall inventory of Provider Disputes by 94% over a six-month timeframe. Over roughly the same period, provider response rates jumped by 72%, ensuring that the backlog wouldn't reappear. A welcome side benefit was a 27% decrease in provider dispute call center inquiries. In short, providers were getting the answers they needed more quickly and more effectively.

Provider Dispute Inventory









In addition to the dramatic improvements in turnaround times and operational efficiencies, the rest of the team's wish list was also met.

- Simple, centralized management
- Faster turnaround times
- Increased efficiency
- Improved audit trails
- Robust reporting
- More satisfied members and physicians

"Throughout the working relationship, the MHK team has time and again exceeded expectations. Weekly meetings highlight any places where help is needed, and new solutions implemented quickly and efficiently. "I know I can contact anyone on the MHK team at any time, and I'll get a prompt response," said the Director of Member and Provider Appeals and Grievances. "I love their responsiveness and their prompt, proactive communication. Even if something we ask isn't achievable, they always investigate possible solutions and provide quality feedback." Backlog of 3,500+ provider disputes over 60 days on January 1st, 2020. Within six months, the number was reduced to zero.

"I love their responsiveness and their prompt, proactive communication."

- Director of Member and Provider Appeals and Grievances

Where Care + Knowledge Converge



An Increase in Efficiency and Handling More Cases with Less Effort Was Just the Beginning

The ripple effect of clearing the backlog of provider disputes spanned multiple other areas. Call center volumes decreased, providers were more satisfied and so were members. Over time, the team even recognized new benefits to having a centralized database through one solution. Internal workflows allowed the team to easily move information through the various business partners in the organization. Doing so streamlined work and communications, giving everyone back time to spend on other tasks.

The MHK CareProminence CAG Suite was so intuitive to use that team members found they could spend more time resolving issues and less time manually managing their caseload. The simplicity of use also made bringing new team members up to speed quicker and easier. The MHK team dedicated time to teaching existing trainers how to use the CAG Suite and provided a library of training tools that made building a new education program around the new system much faster than anticipated.

Insightful tools also brought to light new approaches for improvement. "I think my favorite tool is the Root Cause Analysis (RCA) tool," said the Director of Member and Provider Appeals and Grievances. "We've been able to use that tool to identify some of the most common reasons people file complaints, appeals and grievances. We never could do that before. Now we can build educational outreach programs to be proactive in addressing the most common reasons people file, which has helped reduce case volumes."

"We've also used the Root Cause Analysis feedback to pinpoint areas where our marketing or plan communication materials needed improvement based on member misunderstandings that led to complaints," the Director of Member and Provider Appeals and Grievances followed. "That's invaluable information, and we're better at communicating with our members because of it. We've even applied that same information toward improving operations and creating clearer training materials for our teams." "We've been able to use the Root Cause Analysis (RCA) tool to identify some of the most common reasons people file complaints, appeals and grievances. We never could do that before."

- Director of Member and Provider Appeals and Grievances

Results Summary
Faster Turnaround TimesMedical
Appeals34%Pharmacy
Appeals29%Grievances22%More Efficient
Case Management



Summary

With CareProminence, the team had far more insight and control. All cases, their statuses and a precise count of every case in every stage could be seen easily in dashboards for the first time. Getting team members up to speed on using the system was effortless. The intuitive, easy-to-use tools made most tasks simpler and eliminated others through automated workflows.

The MHK CareProminence CAG Suite made significant improvements in turnaround time efficiency in key areas: 34% increase for Medical Appeals, 29% increase for Pharmacy Appeals and a 22% increase for Grievances. Turnaround times for disputes initiated by providers improved by a dramatic 77% and provider call center inquiries dropped by 27%.

"The MHK CareProminence CAG Suite has helped us be better at much more than just the tactical steps of addressing complaints, appeals and grievances. We're better in a lot of ways because of our partnership with MHK," said the Director of Member and Provider Appeals and Grievances. All of these improvements made the team more efficient and confident. They were able to handle more tasks and still complete those tasks more quickly. Improvements in documentation, training and processes made the process of achieving and maintaining excellence easier than ever.

© 2021 MedHOK, Inc. The MHK logo, CareProminence, MarketProminence, and Where Care + Knowledge Converge are trademarks of MedHOK, Inc. "The MHK CareProminence CAG Suite has helped us be better at much more than just the tactical steps of addressing complaints, appeals and grievances. We're better in a lot of ways because of our partnership with MHK."

- Director of Member and Provider Appeals and Grievances



888.963.3465 **I** info@mhk.com **I** www.mhk.com