



Beacon Appeals Manager

Automated Appeals and Grievances (A&G) management software for Health Plans and Payors, designed to streamline workflows and ensure CMS compliance.

<https://beaconhcs.com>

Overview

Beacon Appeals Manager (BAM), formerly known as Virtual Appeals Manager (VAM), is a state-of-the-art automated solution for Health Plans and Payors to manage the complex Appeals and Grievances (A&G) process. Developed by industry experts, BAM transforms manual, risky A&G management into a streamlined, compliant, and cost-reducing workflow. The software is particularly focused on helping Medicare Advantage plans meet stringent Centers for Medicare and Medicaid Services (CMS) regulatory requirements and improve their Star Ratings, which can lead to significant financial rewards.

Key Features and Capabilities

Intelligent Automation: The system utilizes intelligent automation, including an optional Robotic Process Automation (RPA) add-on, to cut processing time and boost efficiency.

CMS Compliance & Reporting: BAM is deeply rooted in compliance, providing one-click generation of CMS Universes and regulatory reports, which helps health plans maintain audit readiness.

Configurable Workflows: Users can optimize processes with customizable, best-practice workflows, including specific modules like the Health Insurance Casework System (HICS) and Complaint Tracking Module (CTM). The system can be configured without IT involvement after the initial implementation.

Real-Time Integration: It supports real-time data exchange via API integration with a Plan's source systems for member eligibility, provider demographics, claims transactions, and utilization management (UM) authorizations, eliminating manual data entry.

Case Management & Tracking: Provides unparalleled control and transparency of cases from intake through review. Features include automated queuing, skills-based assignment, a comprehensive document repository, and a documented audit trail of all activities and edits.

Root Cause Analysis: The software includes tools for root cause analysis and trend tracking to reduce further appeals and increase member satisfaction with faster resolution times.

Automated Correspondence: Generates automated correspondence using secure letter templates supported in multiple languages for consistency and compliance.

Target Users and Use Cases

BAM is designed for A&G teams, compliance officers, and operational executives within **Health Plans and Payors** (Medicare Advantage, commercial insurers). A version, 'VAM Out of the Box,' is specifically tailored for small to midsize health plans. Primary use cases include achieving and maintaining CMS audit readiness, improving Medicare Star Ratings, reducing case turnaround times, and centralizing all A&G documentation and data.

Key Features

- Automated Appeals & Grievances Workflow
- One-Click CMS Regulatory Reporting (Universes)
- Real-Time Data Integration (API)
- Configurable Workflows (No IT needed post-implementation)
- Root Cause Analysis & Trend Tracking
- Automated Correspondence & Letter Generation
- Centralized Document Repository
- Robotic Process Automation (RPA) Add-on

Pricing

Model: enterprise

Pricing is not publicly disclosed. Contact Beacon HCS for a custom quote based on your health plan's size and needs. A lower-cost version, 'VAM Out of the Box', is available for small to midsize plans.

Target Company Size: small, medium, enterprise

Integrations

Health Plan Source Systems (Eligibility, Claims, UM Authorization, Provider Demographics)

Compliance & Certifications

HIPAA, CMS Regulations

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