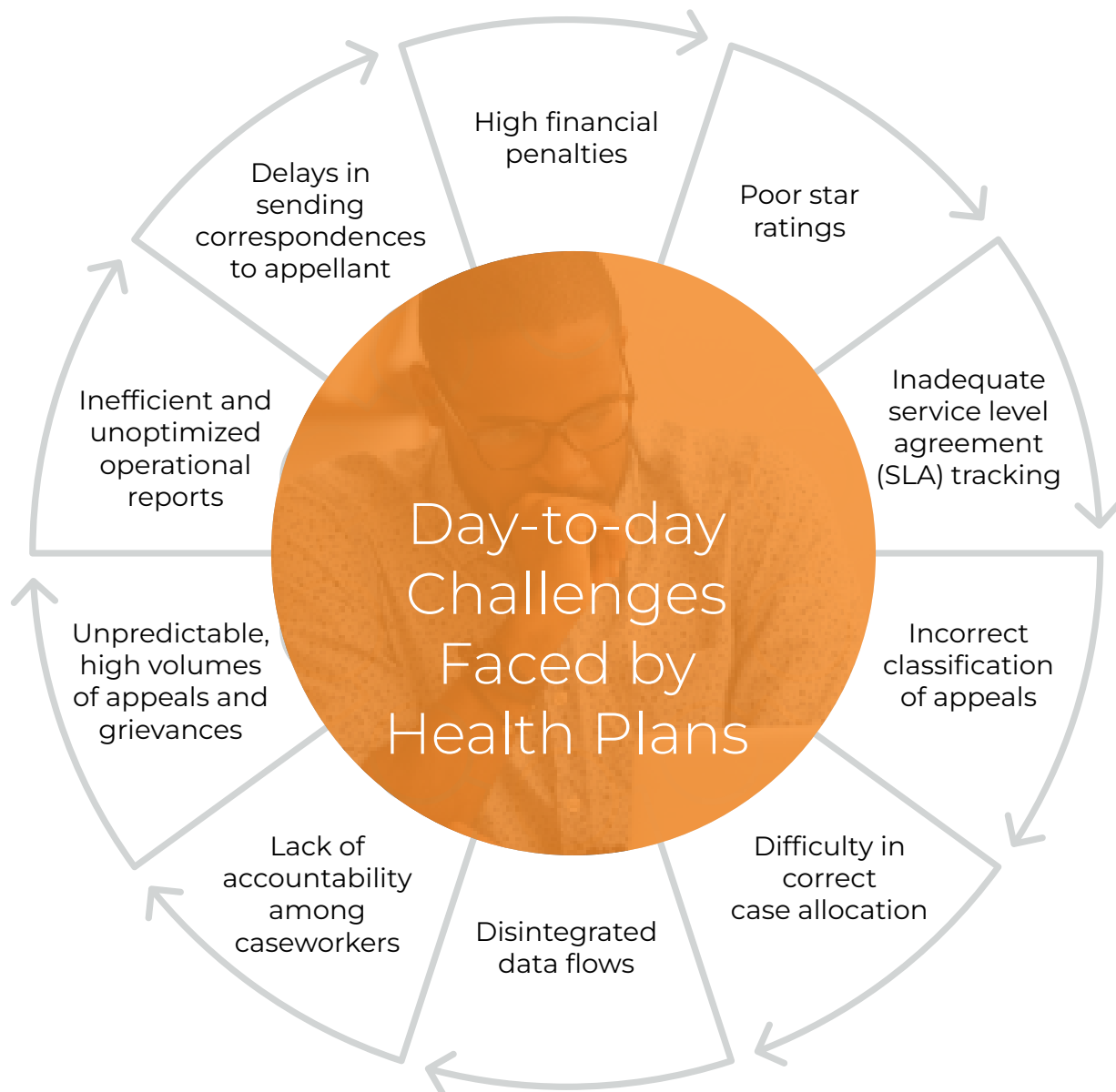newgen

Newgen's

Appeals and Grievances Solution

Overview

In the US healthcare industry, the process of filing appeals and grievances (A&G) is closely monitored and regulated for healthcare payers. They must follow the Centers for Medicare and Medicaid Services (CMS) strict regulatory criteria regarding responses, escalations, tracking, and reporting. Furthermore, state laws mandate prompt dispatch and effective A&G administration.

Newgen's Appeals and Grievances Solution, built on NewgenONE—a low code digital transformation platform—enables healthcare payers to speed up the complete process and deliver a superior member experience. The solution helps provide prompt resolutions, reduce operational costs, eliminate manual errors, increase overall profit margins, and ensure the satisfaction of members and providers.

Day-to-day Challenges Faced by Health Plans

- High financial penalties
- Poor star ratings
- Inadequate service level agreement (SLA) tracking
- Incorrect classification of appeals
- Difficulty in correct case allocation
- Disintegrated data flows
- Lack of accountability among caseworkers
- Unpredictable, high volumes of appeals and grievances
- Inefficient and unoptimized operational reports
- Delays in sending correspondences to appellant

Simplifying Appeals and Grievances with Newgen

Newgen's Appeals and Grievances Solution is designed to adapt to the changing CMS guidelines and helps efficiently manage the end-to-end process, from initiation to offering resolutions.

Leveraging the solution, backed with artificial intelligence (AI) capabilities, health plans can expedite the process and resolve members'

appeals & grievances faster while staying compliant with state-level and CMS guidelines. The built-in rules-based engine manages the complex SLA logics, prioritizes transactions, and enables intelligent case routing. The solution helps distribute unpredictable workloads and send automated correspondences to members and providers.

In addition, the solution offers:

Intuitive workflows

for Administrative Law Judge (ALJ), Medicare Appeal Council (MAC), Judicial review level of appeals, offering a one-stop solution for resolving different appeals and grievances issues

Detailed audit trails

to perform 'internal audits' and identify the root cause of outliers before the regulatory audit

Unique functionalities

to capture all decisions, notes, and exceptions for future reference. The monitoring dashboard measures processes against performance metrics to ensure consistency across the process and accountability among users

Key Features

Duplicate and Previous Case Management

- Automatic checker to flag duplicate entries and avoid fraudulent activities

- Ability to identify closed cases with similarities to active ones and offer insights for quick case resolution

Automatic Document Generation

- Automated preparation of documents that summarize information about cases and case artifacts

Comprehensive Reporting

- Productivity reports to identify bottlenecks and required areas of training

- Operational reports to run operations efficiently and manage the workforce

- Compliance reports to ensure compliance with regulatory mandates

- Business report to cater to a custom business requirement or an integrated module
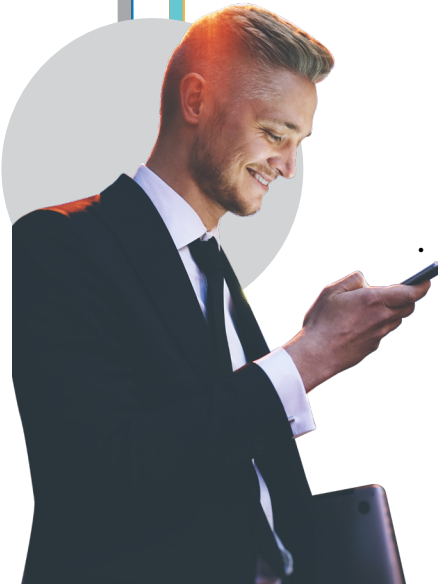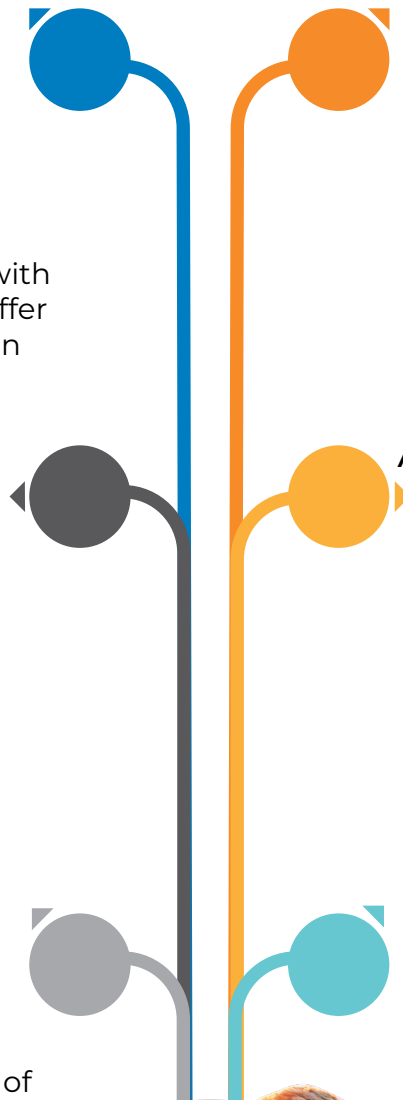
360-degree Case Visibility

- Coherent view of members and providers

- Comprehensive dashboard to conveniently manage cases

- Periodic status reports and member case updates to business managers

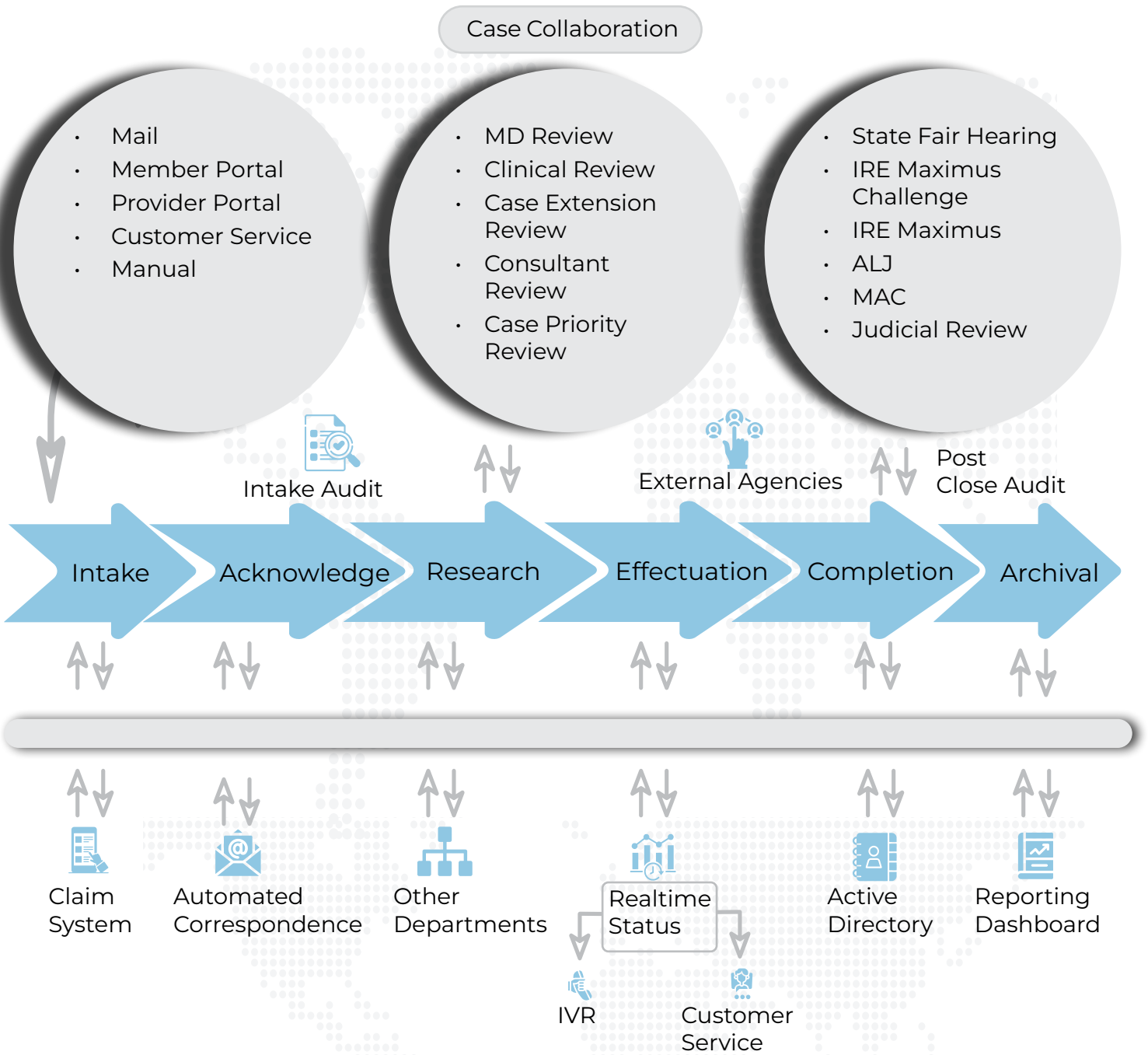## Audit Documentation and Packet Generation

- Downloadable case packets, containing case information, for internal and external audits

- Data packages for historical and archived cases for CMS auditing

Unified System for Information Capture

- Integrated system to create new cases from custom web portals, e-mails, fax, etc.

- Auto-fetching of member/ provider eligibility details from the core system

- Automated identification of untimely filing and support for multiple claim line processing
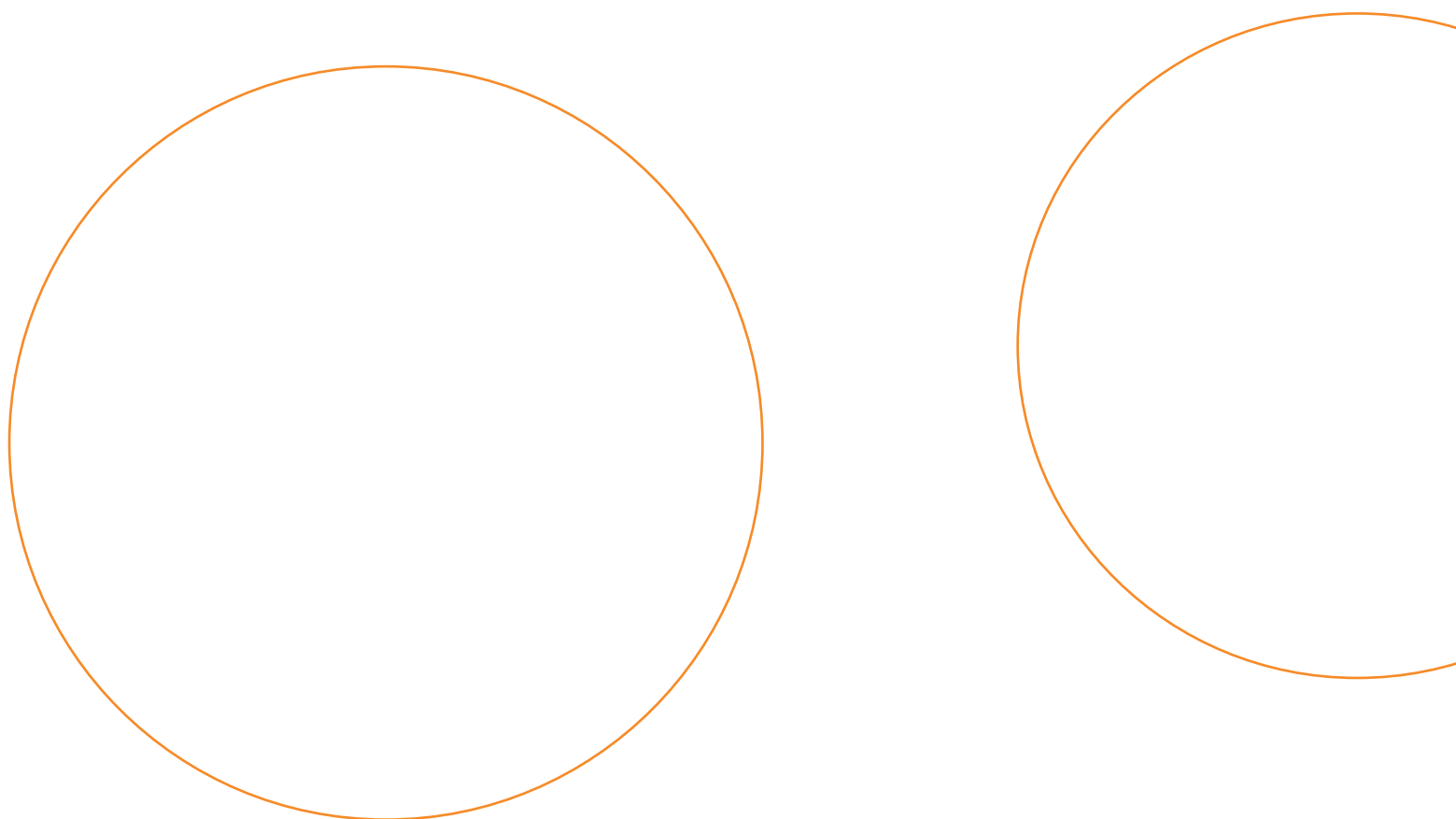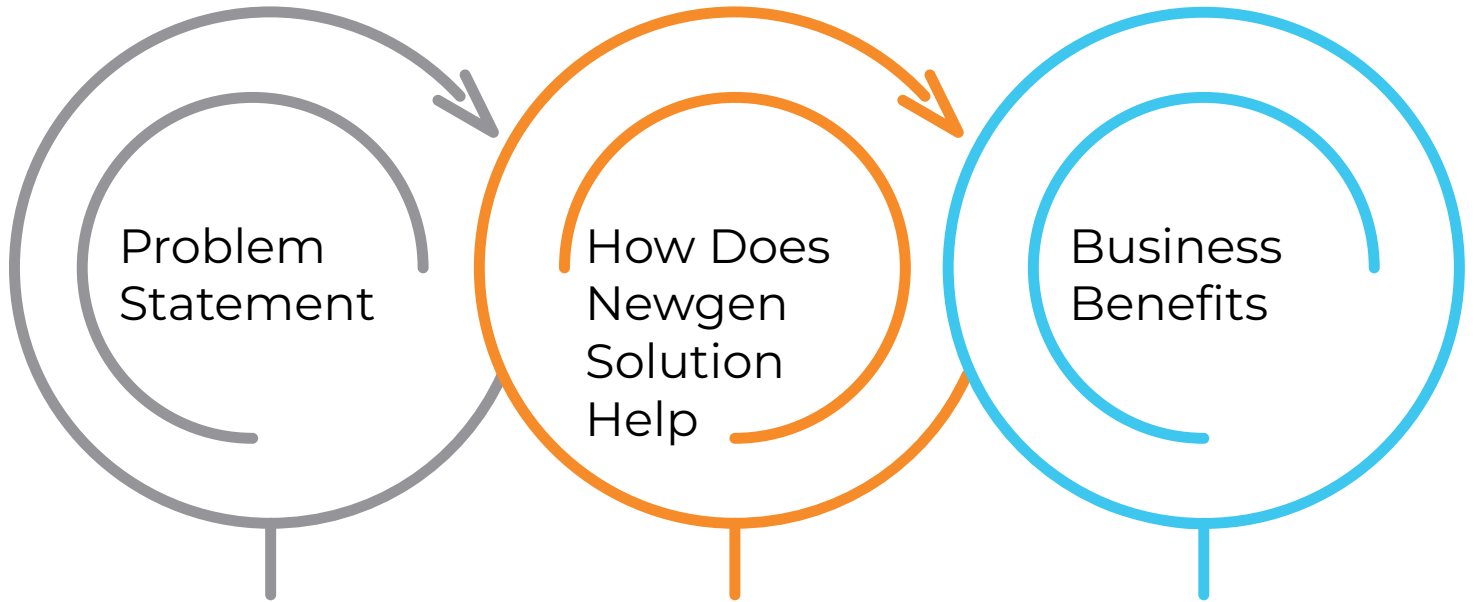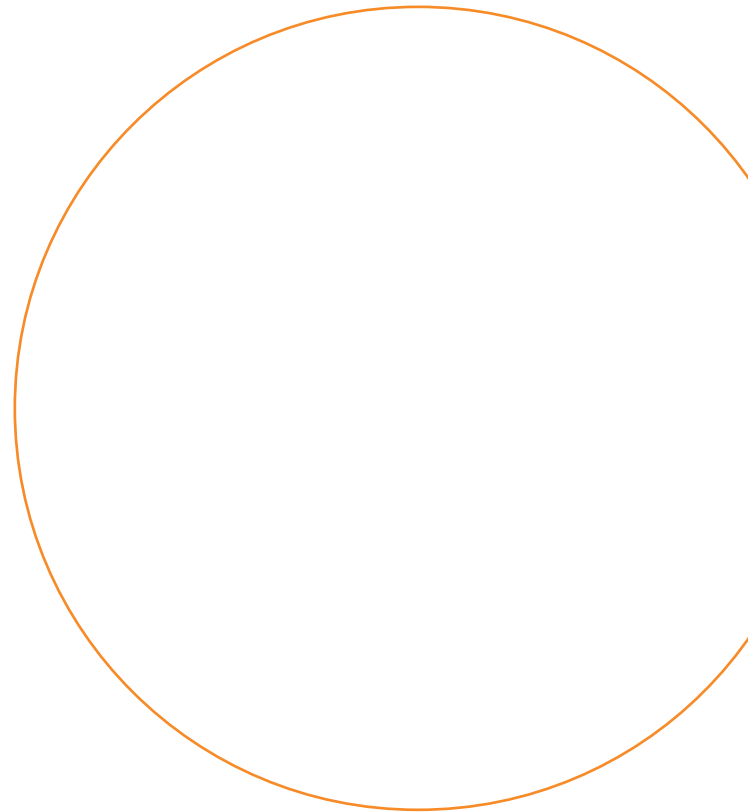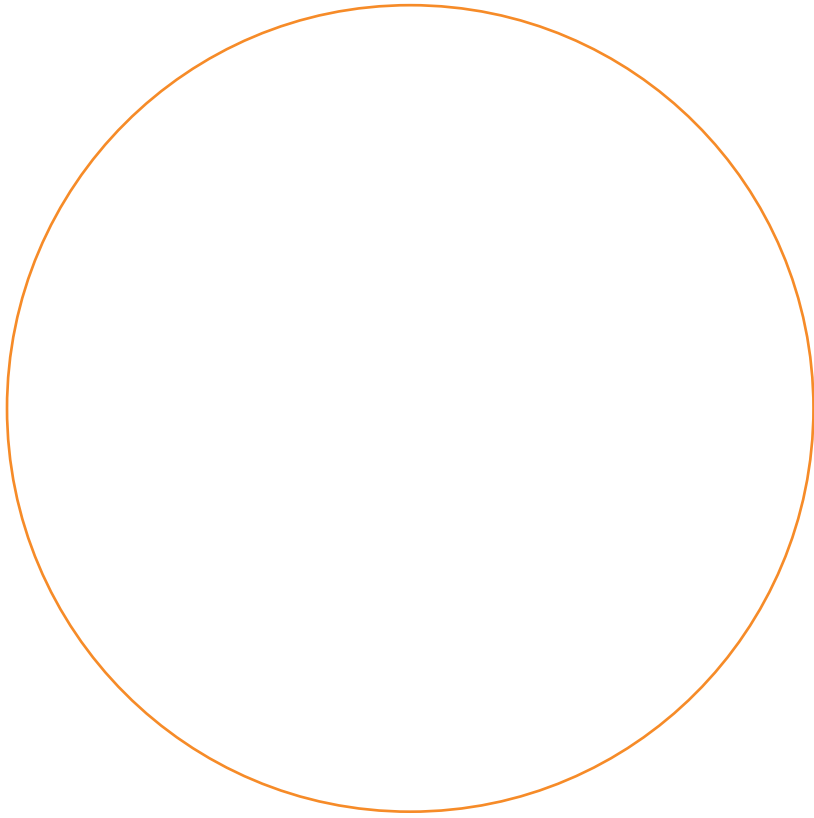
Newgen's Appeals and Grievances Framework

Case Collaboration

- Mail
- Member Portal
- Provider Portal
- Customer Service
- Manual

- MD Review
- Clinical Review
- Case Extension Review
- Consultant Review
- Case Priority Review

- State Fair Hearing
- IRE Maximus Challenge
- IRE Maximus
- ALJ
- MAC
- Judicial Review

Intake Audit

External Agencies

Post Close Audit

Intake	Acknowledge	Research	Effectuation	Completion	Archival

Claim System

Automated Correspondence

Other Departments

Realtime Status

IVR

Customer Service

Active Directory

Reporting Dashboard

NewgenONE Digital Transformation Platform

The Solution: Key Differentiators

Problem Statement

How Does Newgen Solution Help

Business Benefits

1. Authorization of Representation
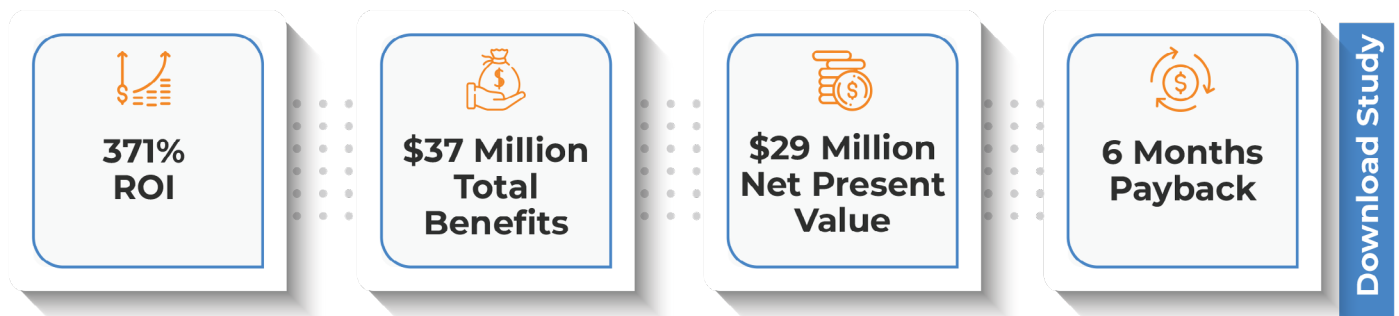2. Waiver of Liability

Simplify Appeals and Grievances, Modernize with Newgen!

At Newgen, we understand the needs and expectations of members & providers, and are committed to helping them expedite the appeals and grievances process.

Our dedicated Center of Excellence team provides leadership, innovation, and best

practices, focusing on the needs of health plans. The team works proactively on revamping technology frameworks to aid the successful realization of re-engineered business models—all relevant today and tomorrow.

Customers Achieve Significant ROI with Newgen

371% ROI

$37 Million Total Benefits

$29 Million Net Present Value

6 Months Payback

Download Study

A **FORRESTER CONSULTING TOTAL ECONOMIC IMPACT™ STUDY** COMMISSIONED BY **NEWGEN**

FORRESTER®

*Results are for a composite organization

About Newgen

Newgen is the leading provider of a unified digital transformation platform with native process automation, content services, communication management, and AI/ML capabilities. Globally, successful enterprises rely on Newgen's industry-recognized low code application platform to develop and deploy complex, content-driven, and customer-engaging business applications on the cloud. From onboarding to service requests, lending to underwriting, and for many more use cases across industries, Newgen unlocks simple with speed and agility.

For SALES Query

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