

Newgen Health

Powered by AI, Low Code Platforms.

A large, glowing orange "AI" graphic composed of circuit-like lines, positioned over a hand. The hand is split vertically: the left side is orange and the right side is blue. The background is a dark blue space with a network of glowing lines and nodes, suggesting a digital or AI environment.

The Fundamental Shift

The US healthcare is undergoing a fundamental shift from volume-based, fee-for-service to quality and value-based care. It is reshaping the entire healthcare ecosystem, from care delivery models to provider-payer relationships and patient engagement. Unfortunately, payers often find themselves irretrievably entrenched in sustaining legacy operations and outdated volume-driven models. While quality and value emerge as healthcare's new currency, industrial-age payer operations obsessed with billing, not outcomes, risk relegating organizations to a vicious cycle of missed opportunities.

What Does It Mean For You?

Think about how preparedness and organizational competency would have placed your organization is a great stead the last time this happened, say during the managed care revolution or the ACA reforms. Seeing it coming is one thing, being prepared to thrive in it is a different ball game. The equation on the ground is changing rapidly:

- ◆ Shift from traditional fee-for-service reimbursements (that incentivize high-volume of care) to bundled payments, accountable care organizations (ACOs), and pay-for-performance that tie payment to quality outcomes and efficiency increasing data management demand and enterprise wide orchestration criticality
- ◆ Expanded clinical focus from prior authorization driven cure-based care to holistic preventive care, chronic disease management and collaborative managed care increasing the need for consolidated, interconnected work flows and case management
- ◆ Reliance on quality metrics to steer patients towards high quality, cost-effective payers and providers requiring AI & RPA driven, real time decisions and individual care plans that require payers to move from retrospective data review to prospective data modeling
- ◆ Evolution in member population demographics and behaviour that demand better engagement, transparent systems, and digital experience that they have becomes accustomed to in other parts of their lives requiring payors to have 24/7 connectivity and monitoring ability
- ◆ Phasing out of standard contracts (that make up 80% of the whole) to value-based contracts that fundamentally changes the way payers engage with members and providers and require complex contracting and network transformation

Speaking of Preparedness...!

It is not without reason that healthcare payers find themselves in an inadequate capacity to tackle such shift. The challenges are deeply-rooted in the way processes and systems have been built over time:

- ◆ **Legacy Systems and Processes:** Many payers have long-standing legacy systems and processes that are built around fee-for-service reimbursement models and volume-based metrics. These systems need significant overhaul, which is costly and can be disruptive.
- ◆ **Manual and error-prone operations:** Payer operations are replete with manual processing of information and documents, severely limiting their ability to digitally engage their members and providers. This not only slows down their operations frustrating everyone involved, but also causes errors leading to millions of dollars in compliance and CMS penalties.
- ◆ **Data silos and interoperability issues:** Payers often struggle with data silos, where critical patient and provider data is spread across multiple systems and lacks interoperability. This makes it arduously difficult to effectively measure quality, coordinate care, and identify opportunities for value-based interventions.
- ◆ **Organizational and Technological Rigidity:** When systems, processes, and behaviors are deeply entrenched in traditional model, change feels insurmountable. Rigid and monolithic systems exacerbate the situation.
- ◆ **Widening talent gap and limited resources:** Implementing value-based care models often requires significant investments in technology, analytics, care management programs, and other resources.

Making the transformation is a daunting and long-drawn undertaking that few have an appetite for, in the absence of in the absence of an efficient, nimble and future-proof solution. Being prepared mandates a future-ready technology. A fragmented point-solutions approach doesn't work.



Think Platform.

Think Newgen Health.

Your quest ends right here. In Newgen Health, we have built a platform that empower you transform your operations and tackle these challenges. Good news is that it is built on low code that can propel you forward. Even better news is that it is powered by AI, where intent means speed and smartness.

Newgen Health comes equipped with deep-domain ready-to-deploy solutions that you can configure and customize to speed up deployment. It is built on top of NewgenONE – our low code platform that helps you drive end-to-end automation at scale. It drives intelligence into operations for rapid innovation and responsiveness.

It gets even better. NewgenOne is not an all or nothing solution. We understand your digital transformation occurs in phased implementations. Newgen maintains countless integration options that ensure we can work with your legacy systems in both an interim and permanent way, keeping your business running while you also realize value and efficiency gains throughout the transition. Newgen Health Experts and Architects will work with you to design a seamless transition plan

What Do You Get with Newgen Health?

Newgen Health offers an integrated suite of capabilities that enable you to engage with members and providers with digital experience, backed by automated AI-powered operations that deliver value-based outcomes with digital speed. While we offer individual modules and products, we've combined our industry leading tools into 2 core packages:

- ◆ **Member Lifecycle Management** – All tools and accelerators needed to work with your core administration platform to onboard your members and drive managed care success
- ◆ **Provider Lifecycle Management**- All tools and accelerators needed for everything from to onboard your provider to overlaying the core administration & claim platform as your Provider Data Management tool, feeding your value based care payment models

“Member Lifecycle Management”

Enrolment Service Request Management - to offer real-time enrolment request fulfilment for members with top-notch digital experience which includes Mobile and Portal Medicare Enrolment intake and post enrolment service requests.

- ◆ *Mailroom Automation (Scanning, OCR, ICR, Automation)*
- ◆ *Enterprise Case Management (ECM) Identify, Route, Triage*
- ◆ *Enrollment Case Management including Member 360*
- ◆ *Billing Case Management including Member 360*
- ◆ *EMB Offline Customer Service including Member 360*
- ◆ *Medicare Paper to Electronic AEP Application Conversion*
- ◆ *CCM for EMB Communications*
- ◆ *QA for EMB*
- ◆ *Reporting for EMB*
- ◆ *Medicare Mobile App for Sales Agent Mobile Medicare Enrollment*
- ◆ *Sales Case Management including Member & Provider 360*



Digital Appeals and Grievances to efficiently manage members' appeals, grievances, and complaints, ensuring compliance with regulatory guidelines and CMS standards.

- ◆ *Mailroom Automation (Scanning, OCR, ICR, Automation)*
- ◆ *Enterprise Case Management (ECM) Identify, Route, Triage & Data Enrichment*
- ◆ *ECM & Intake Quality Audit Tool (PreClose and Post Close Capabilities)*
- ◆ *Offline Customer Service (Inquiries) including Member & Provider 360*
- ◆ *Appeal Case Management including Member & Provider 360*
- ◆ *Grievance Case Management including Member & Provider 360*
- ◆ *External Case Management (IRE, Legal, DOI, CMS, ALJ, MAC, State, etc)*
- ◆ *Clinical Case Management (Clinical, Nurse, MD, Pharmacy, Quality of Care, Retrospective UM)*
- ◆ *Manual & Automated Claim Adjustment Processing*
- ◆ *Payor & Vendor SubCase Management (Enterprise Wide Connectivity)*
- ◆ *CMS CTM Integrated Case Management Including Member & Provider 360 with Daily HPMS Download/Upload*
- ◆ *Quality Assurance for Case Management (PreClose and Post Close Capabilities)*
- ◆ *CCM for Case Management plus Portal, CRM, IVR and more integrations*



Provider Lifecycle Management

To comprehensively manage the entire lifecycle of provider's engagement and performance with the payer organization and members which includes.

- ◆ **Provider Network and Contract Management** to enable payers with creation of a high-performance network of hospitals, clinics, physicians, and specialists. It is fundamental to balance member needs, provider quality, and cost-effectiveness for the shift from volume to value, while driving compliance in provider network accuracy & directories.
- ◆ **Provider Credentialing and Configuration** to perform fast and accurate due diligence on provider quality and performance before inducting them in the network.
- ◆ **Provider Data Management** to keep a well-organized "address book" of providers in the network, critical for member experience as well as compliance to the "No Surprises Act" and network directory accuracy. Perfect your provider panel and drive swift resolution of Risk Adjustment and Care Gap management activities
- ◆ **Provider Self Service Portal** to make provider self-sufficient for their various service requests and enable streamline communication and information exchange for rapid clarity/corrections in network data.
- ◆ **Provider Dispute Resolution** enable payer and provider to resolve disputes before they become an appeal or grievance which impact payers star ratings and various other compliance related factors.



Newgen Health offers you the ability to transform your operations and comes equipped with cutting-edge capabilities:

- ◆ *Automated member enrolment & provider lifecycle journeys*
- ◆ *Fast AI-driven decisions in credentialing, contracting and complaints management*
- ◆ *Digital integration with partners, agencies, and network of providers for real-time outcomes*
- ◆ *Accelerated outcomes across the board with end-to-end workflow automation*
- ◆ *Digital document and media ingestion and processing for real-time decisions*
- ◆ *Digital, omnichannel access to members, providers, and partners through portals*
- ◆ *Automated administration and traceability for compliance*
- ◆ *Rapid change management and innovation with low code*



Why Newgen Health?

Newgen offers a platform-based approach that provides you with digital speed of change while keeping you ahead of time with a comprehensive set of automation technologies.

- ◆ ***Unified Platform Architecture: NewgenONE is a unified architectural stack that enables fully automated end-to-end processes, AI-powered decisions and operations, personalized omnichannel engagements, and agility for innovation through low-code. It also seamlessly integrates into tools you have with most common integrations available out of the box***
- ◆ ***Integrated Portal: One-stop solution for all member, provider, and payer needs with integrated interfaces and workspaces available or connect to your already existing portal with ease***
- ◆ ***AI and rule-driven automation: Newgen Health leverages our cutting-edge AI and rule-driven platform to enable real-time, accurate and smart decisions and outcomes to drive down your processing costs***
- ◆ ***No more build v/s buy dilemma: Newgen Health is ready-to-deploy with deep-domain models built on our decades of experience in serving large organizations globally. Speed of change and customization enabled by our ahead-of-time low code capability enables you to build your operations the way you want, getting you the formidable competitive advantage of differentiated offerings and processes without overhauling the whole infrastructure. We work agilely to bring results quickly while optimizing further as we grow together***



Did You Know?

- ◆ *Newgen is a Leader in The Forrester Wave: Content Platforms, Q1 2023*
- ◆ *Recognized in the Gartner® Market Guide for U.S. Healthcare Payers' Provider Network Management Applications, published on 13th Feb 2023, Connie Salgy*
- ◆ *Newgen is a Niche Player in Gartner Magic Quadrant for Enterprise Low-Code Application Platforms, 2023*
- ◆ *Newgen is recognized in Gartner's Market Guide for Content Services Platforms 2023*
- ◆ *Newgen is a Strong Performer in Forrester Wave: Robotic Process Automation, Q1 2023*



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.

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