



TRANSFORM

Complaints, Appeals & Grievances

WITH GOAL-DRIVEN



AGENTS

Compliant. Intelligent. Accountable.

Health plans are under pressure to resolve Complaints, Appeals, and Grievances (CAG) faster, more accurately, and with complete regulatory confidence.

Traditional CAG models rely on manual triage, policy lookup, clinical review, letter drafting, QA checks, and audit preparation - labour-intensive work that is slow, costly, and prone to error.

NewgenONE CAG AI Agents change this paradigm. Built on the AI-first, low-code **NewgenONE** platform and protected by the **Newgen Agentic Shield**, specialized AI agents can sense, reason, and act across your CAG workflows while staying firmly within guardrails for CMS and state regulations and keeping human-in-the-loop.

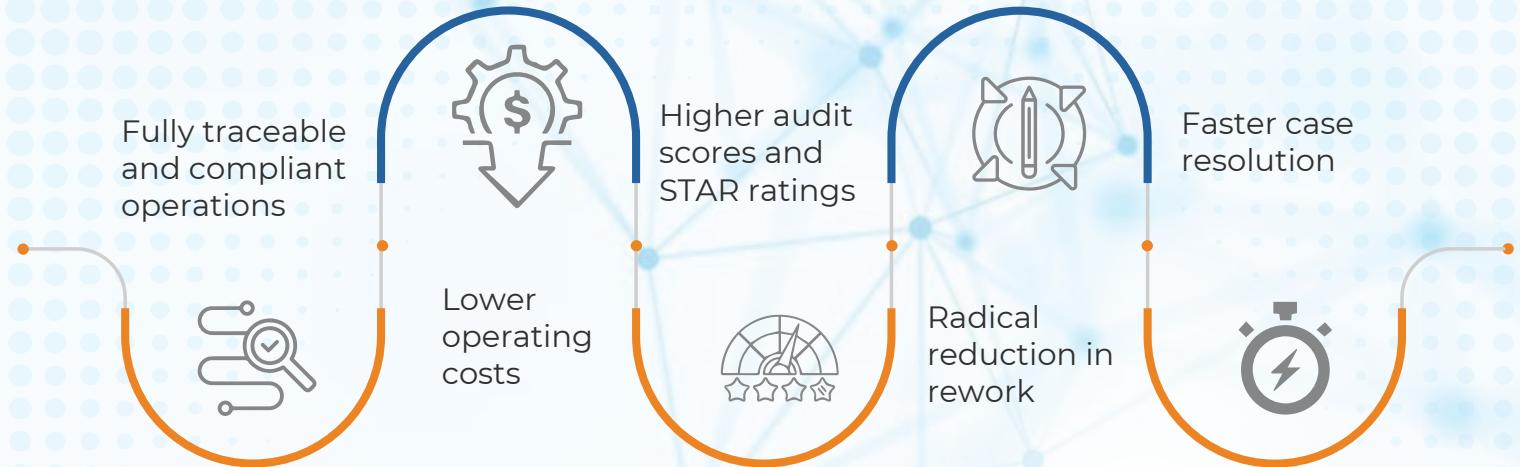
Instead of automating isolated tasks, CAG AI Agents automate goals across the full case lifecycle.

AI agents collaborate to:

-  Accelerate intake and classification
-  Improve decision quality with policy-aligned reasoning
-  Generate CMS-compliant correspondence instantly
-  Strengthen quality assurance and audit readiness



The result?



Trust by Design: Newgen Agentic Shield

Key safeguards include:

- **Output control** to filter non-relevant, off-brand, or non-compliant responses
- **Data protection** through automatic detection and redaction of sensitive and personally identifiable information
- **Policy and privacy enforcement** for all incoming and outgoing data
- **Configurable behaviour** to align AI actions with industry-specific rules, CMS guidance, and internal policies



With Agentic Shield, AI errors are prevented before they occur. Every decision is backed by evidence, and every interaction is audit-ready.

AI Agents for CAG Operations Lifecycle

1. Triage Agent

Purpose-built to accelerate intake and classification

The Triage Agent removes one of the biggest bottlenecks in CAG - manual sorting and case setup.

Key capabilities:



Auto-classifies cases (appeal, grievance, coverage issue, clinical denial, etc.)



Processes handwritten and scanned documents for classification and extraction



Identifies case priority and SLA deadlines



Extracts entities and classifies documents (letters, EOBs, provider notes)



Retrieves relevant internal SOPs and CMS guidance

By turning first-touch work from minutes into seconds, it reduces routing errors, improves SLA adherence, and ensures every case starts with the proper context.



2. Reasoning Agent

Purpose-built to ensure consistent, clinically sound, policy-aligned case decisions

The Reasoning Agent raises the rigour and consistency of determinations.

Key capabilities:



Interprets clinical documents and benefit policies together



Fetches CMS memos, national coverage determinations, and state-specific rules



Produces case-specific reasoning, recommended determinations, and supporting evidence



Applies deterministic logic where strict adherence is required

Decision-makers receive clear, evidence-based justifications, reducing variability, avoidable overturns, and compliance risk while improving member trust in outcomes.



3. Correspondence Agent

Purpose-built to generate CMS-compliant letters instantly

Member and provider letters are among the most time-consuming and error-prone steps in CAG process.

Key capabilities:



Drafts and customizes communications for members, providers, and representatives



Pulls reasoning, case facts, and regulatory citations directly from case history



Ensures correct CMS formatting, tone, timelines, and policy language

The Correspondence Agent eliminates manual drafting, speeds up notifications, and ensures every letter is precise, specific, and compliant.



4. QA Audit Agent

Purpose-built to strengthen your compliance posture

Quality and audit teams gain an always-on digital reviewer.

Key capabilities:



Autonomously executes QA checklists across sampled or targeted cases



Flags potential compliance risks or SLA violations early



Scores cases and generates audit-ready reports



Provides evidence trails and reasoning for every score

This leads to higher STAR rating, improved readiness for CMS and state audits, and greater organizational confidence in CAG quality.



Why CAG AI Agents Stands Apart

End-to-end orchestration

Specialized agents work across intake, reasoning, communication, and QA covering the entire CAG lifecycle.

AI-first, low-code foundation

Built on NewgenONE, organizations can rapidly configure workflows, integrate with existing systems, and scale agents without rebuilding their technology stack.

Governed, explainable intelligence

Every recommendation, letter, and score is backed by traceable evidence and protected by Newgen Agentic Shield, ensuring regulatory adherence and data integrity.

Operational and regulatory alignment

Agents are trained to comply with CMS and state rules while remaining adaptable to your plan's policies, benefit designs, and internal quality standards.

Redefining Excellence in CAG Management

CAG AI Agents moves health plans beyond manual, reactive operations to intelligent, proactive case management. By aligning clinical, regulatory, and operational goals through goal-driven agents, plans can resolve cases faster, more accurately, and with greater confidence than ever before.

About Newgen

Newgen is the leading provider of an AI-first unified digital transformation platform with native process automation, content services, customer engagement, 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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