newgen

Newgen's Solution Offerings for **Health Plans** and **Health Systems**

The US Healthcare market is moving from volume-to-value based care. This poses various challenges to Health Plans as they have to undertake a transformation journey that entails complying with regulatory guidelines, supporting digital initiatives, and ensuring quality care.

In order to accelerate transformation journey and overcome process inefficiencies, Health Plans must adopt a unified system approach and streamline end-to-end processes.

NEWGEN'S SOLUTIONS

Our solutions enable Health Plans to comply with regulatory guidelines, overcome operational inefficiencies, and witness contextual member engagement. These solutions leverage Newgen's Business Process Management, Enterprise Content Management, and Customer Communications Management platforms to offer superior capabilities to Health Plans:

Complaints,
Appeals & Grievances

Mobile
Medicare Enrollment

Provider
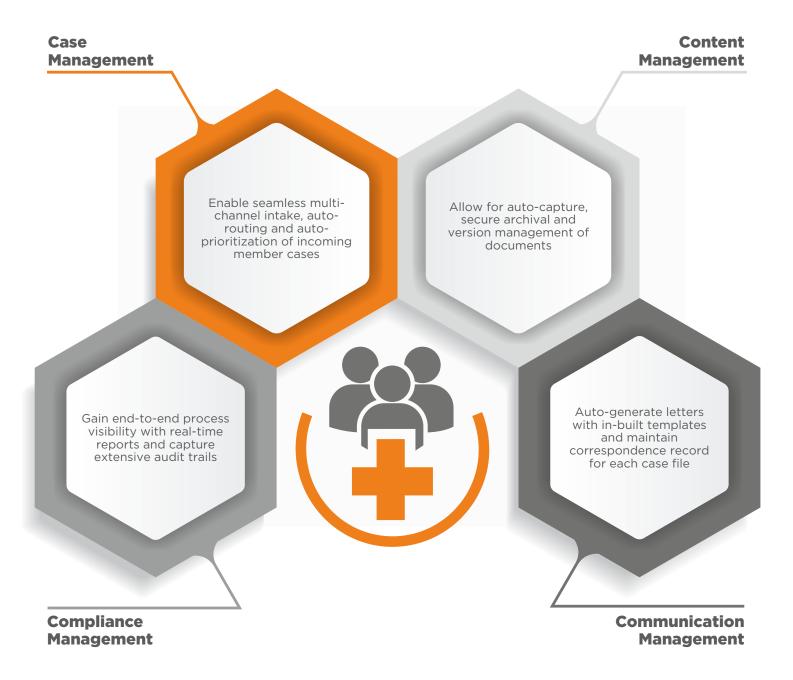Contract Management

Communication for
Member Engagement

Provider Servicing
and Configuration

Appeals and Grievances Solution

Efficient and faster resolution of Complaints, Appeals and Grievances ensure enhanced member and provider experience. Doing so improves Health Plans' star ratings, prevents legal & financial penalties and reduces the volumes of Complaints, Appeals and Grievances in the future.

Newgen's Appeals and Grievances solution streamlines the process from intake to resolution. Health Plans can resolve member cases within specified timelines, monitor internal operations, and utilize reporting capabilities to demonstrate compliance.

Solution Highlights

Case Management

Enable seamless multi-channel intake, auto-routing and auto-prioritization of incoming member cases

Content Management

Allow for auto-capture, secure archival and version management of documents

Compliance Management

Gain end-to-end process visibility with real-time reports and capture extensive audit trails

Communication Management

Auto-generate letters with in-built templates and maintain correspondence record for each case file

Provider Contract Management

Health Plans process contracts in high volumes each year. However, each provider contract is paper-based and thus, managed manually. This makes the contract management process (updating, tracking, finalizing and archiving) time-consuming and error-prone.

Newgen's Provider Contract Management solution transforms contract lifecycle from creation to termination. The solution enables Payers to securely exchange information both within and outside the organization and gain visibility into the contracting process.

Solution Highlights

1 ### Contract Management

Enable automated and digitized contract management for faster negotiations and approvals

2 ### Simplified Credentialing

Retrieve data and documents from CAQH, auto-route, and archive all provider information and credentialing documents

3 ### Centralized Archival

Ensure secure archival of contract data and documents, preventing the loss of valuable documents

4 ### Integration Capabilities

Integrate with credentialing and claims systems. Auto-load provider details and contract information in claims system, eliminating redundancy and ensuring accurate provider data

Communication for Member Engagement

Health Plans are dependent on impactful communication to keep members happily engaged. However, most communication fails due to lack of personalization, incorrect channel, improper frequency of delivery, and incomplete/ absence of context. Moreover, Health Plans are required to adhere to regulatory compliances guidelines while communicating with members.

Newgen's solution offers a robust communication platform for Health Plans to enroll, educate, engage, retain and acquire members at various stages of their involvement. Further, Health Plans can streamline member communications and engage them better through back office, front office, and self-service by connecting disparate systems and applications.

Solution Highlights

Communication Management

Automate and personalize high-volume/ bulk communications, one-to-one member communications, and on-demand communications for different departments across various stages of the member life cycle

Audit-Readiness

Track different versions of a single communication type. Delivered communications are archived in a central repository, enabling audit-readiness

Multi-Channel Delivery

Deliver communications through various digital and traditional channels such as emails, web, print, SMS, mobile, and others

Efficient User Management

Configure user rights and functionality based on roles and responsibilities

Mobile Medicare Enrollment

Member enrollment is the first step in member servicing cycle and a seamless enrollment process enhances member loyalty and brand value. But this critical business process is often fraught with errors and irregularities due to paper-based applications and manual hand-offs.

Newgen's solution for Member Enrollment enables Health Plans to achieve an efficient, productive and streamlined enrollment process. The solution uses an automated workflow to capture and process enrollment applications with complete visibility from lead generation to member enrollment.

Solution Highlights

1

Automated Processing

Automate and mobilize sales lifecycle from lead management, member needs analysis, application logging, tracking to offering member services

2

Document Management

Capture information on-the-go and allow its secure transfer for processing or archival

3

End-to-End Visibility

Generate multiple reports for different stakeholders, offering a snapshot of key performance indicators

4

Member Communication

Provide instant mobile updates to field agents and keep members informed

Provider Servicing and Configuration

An up-to-date provider directory is critical for Health Plans' day-to-day operations. Managing a high volume of provider service requests and updating information in the core system is a challenging task for Health Plans.

Newgen's Provider Servicing and Configuration solution enables Health Plans to manage provider service requests in an effective manner. The solution integrates contracting, credentialing with configuration and allows auto-loading of providers' data and contract information into the core system. The seamless integration between these three departments offers Health Plans a holistic view of providers' data and change requests, thereby enhancing provider satisfaction.

Solution Highlights

Provider Service Management

Enable multi-channel case initiation and maintain provider interaction log. The system notifies respective initiators, post updating their information in the core claim system

Monitoring & Reporting

Allow easy tracking of incoming provider requests to asses user productivity

Provider Configuration Management

Simplify configuration of contracts and provider data in the core claim system

Provider Directory Management

Manage provider data, received from internal and external sources, with help of master data management

About Newgen

Newgen is the leading provider of a unified digital transformation platform with native process automation, content services, and communication management 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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