

PROVIDER SERVICING & CONFIGURATION



Overview

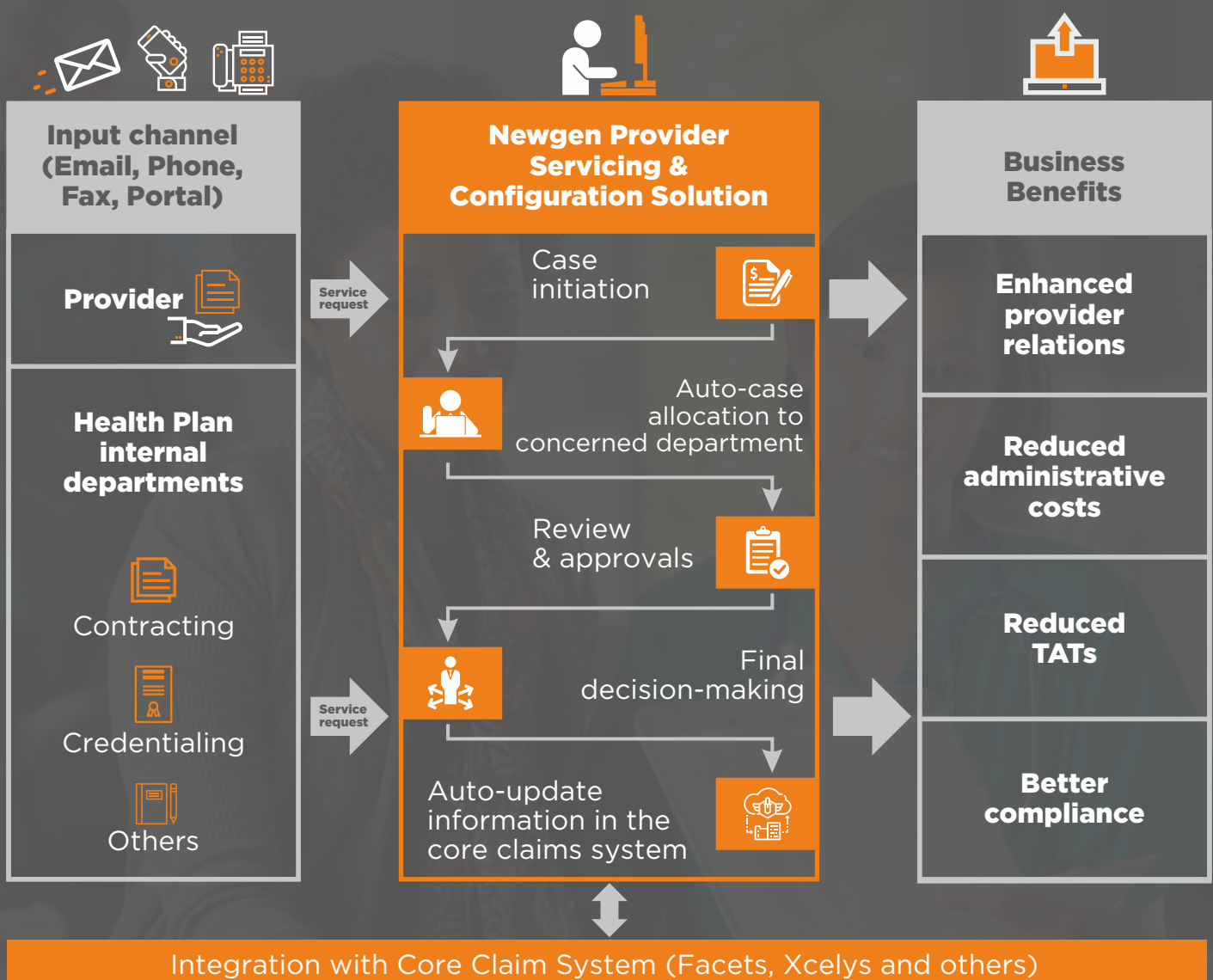
Managing a high volume of provider service requests and updating information in the core system is a daunting task for Health Plans. Departmental silos and disparate information systems make the overall process highly cumbersome. Moreover, changes in providers' data is carried out manually. The end outcome is irregularities, errors, and higher reworking cost. To thrive in a dynamic healthcare environment, Health Plans must look for a right-fit solution to manage provider service requests and auto-load provider and contract information into the core system.

Key Challenges Faced by Health Plans

- Handling large number of provider service requests
- Manual and error-prone processes
- High resolution time in closure of provider service requests
- Disparate information systems in contracting, credentialing and other departments
- Lack of visibility in service requests
- Poor provider data management

Newgen Provider Servicing and Configuration Solution

Newgen Provider Servicing and Configuration solution addresses all the above-stated challenges and enables Health Plans to manage provider service requests in an efficient 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. Based on pre-configured business rules, workflow engine auto-routes service requests to concerned departments. When requests are reviewed and approved by involved stakeholders, the solution automatically updates the information into the core system.



Newgen Provider Servicing and Configuration Framework

Solution Highlights

■ Provider Service Management

The solution enables multi-channel case initiation. The channels could be phone, email, provider portal, fax, and others. The advanced workflow automatically updates provider data, demographics and other details into the core system. Using the solution, Health Plans can manage service requests coming from internal departments, such as contracting and credentialing for contract amendment, termination and site visit. Further, Health Plans can maintain complete provider interaction log and the system pushes notifications to providers once their information is updated in the core claim system

■ Provider Configuration Management

The solution simplifies the configuration of contracts and provider data into the core claim system. Health Plans can comply with business policy and regulations via centralized business rules

■ Provider Directory Management

Health Plans can manage providers' data, coming from internal and external sources, with the help of master data management. They can ensure compliance with CMS, State and Federal regulations. The solution provides pre-configured business rules and workflow processes to manage data change requests and approvals

■ Enterprise Integration

The solution integrates with core claims systems, such as Facets, Xcelys, and others for configuring contracts as well as provider data via XML, Web service and Java beans over XML level APIs. The system easily integrates with Adobe E-sign to capture outcomes of provider visits, conducted by Health Plans

■ Monitoring & Reporting

The solution offers an intuitive dashboard for Health Plans to track how servicing team handles incoming provider requests and measures their users' productivity. Leveraging the dashboard, Health Plans can generate business reports as well as operational reports in various formats, such as xls, pdf, csv, and others. Business reports give a snapshot of all executed requests, received from providers' end and operational reports enable Health Plans to identify bottlenecks via user productivity, TAT, and ageing reports



Business Benefits



Strengthened Provider Network

Health Plans can offer quicker resolutions to provider inquiries, demographic changes, and complaints. They can maintain transparency across all service requests and foster their provider relations



Minimized Operational Cost

With auto-handling of service requests and updation of providers' data into the core system, Health Plans can reduce administrative costs by a significant margin



Enhanced Process Visibility

Health Plans can track the productivity of their provider network and servicing teams by generating business reports from the comprehensive dashboard. Robust audit trail enables Health Plans to comply with regulatory agencies and external auditors



Reduced Turnaround Times

Health Plans can eliminate manual handoffs and reduce data entry errors while improving overall process turnaround times



Higher Regulatory Compliance

With a centralized repository for providers' data, Health Plans can ensure compliance with CMS, State and Federal regulations

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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