

# Newgen's Complaints Tracking Module (CTM) Solution

**Optimized for Medicare Market** 





Complaints to Medicare (CTMs) are among the most regulated in the industry, directly impacting STAR ratings as they're linked to Part C and Part D measures. To ensure compliance and seamless coordination with CMS's platform, Newgen offers a dedicated CTM module. Built on our robust grievance resolution solution, it helps address CTMs efficiently while meeting all federal requirements.

Newgen's CTM solution offers an Al-enabled approach to streamlining the entire complaints management process. Built on the NewgenONE low-code platform, it provides a unified system for automated intake of Health Plan Management System (HPMS) data, supports manual case creation, and syncs effortlessly with the Centers for Medicare and Medicaid Services (CMS) databases. The solution provides effective document management through an upload/download reconciliation with HPMS and helps adhere to compliance with pre-defined business rules.

With comprehensive reporting, advanced search functionality, and clear visibility into all cases, supervisors can collaborate, monitor performances, and make informed decisions. Furthermore, leveraging cutting-edge capabilities, including artificial intelligence (AI), machine learning (ML), and generative AI (GenAI), Newgen's CTM Solution ensures timely complaint resolution, enhances process efficiency, and delivers substantial patient outcomes.

# Core Capabilities of Newgen's CTM Solution

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#### **Unified System**

- Automated HPMS flat file intake: Capture and create new cases continuously reconciling data exchange processes with HPMS
- Manual case creation: Allows intake coordinators to create cases manually when required
- Auto update: Post comments & proposed resolutions automatically in the CMS module, seamlessly syncing with HPMS
- Integrated complaint history: Ensure seamless integration to the grievance and complaint solution to flag repeat CTM or Grievance, ensuring root case analysis. Leverage the white glove indicator to prioritize and past CTM filers to restore trust and guide members back to the grievance process for STARS improvement



#### **Automated Case Enrichment**

 Fetch eligibility details of members and providers from the core system. Enhance case management by ensuring all the data is current and accurately reflects eligibility status



#### **Predefined Business Rules**

- SLA calculation: Auto-calculate SLAs and due dates based on the date set by CMS in HPMS
- Custom due date configuration: Set custom due dates for regulatory cases governed by CMS



#### **Duplicate Checks**

- Duplicates detection: Detect and flag duplicate entries
- Resolution insights: Identify closed cases that are similar to the active ones to gain insights for quick resolution
- Case dispositioning: Automatically remove cases reassigned by CMS and exclude them from internal casework queues

### Intelligent Case Assignment

- Optimized resource utilization: Distribute cases
   intelligently, manage escalations, and prioritize cases
   effectively
- Skill-based case assignment: Assign or distribute cases based on the expertise and skillset of coordinators



#### Multiple Issue Management Grid

• Listing: List multiple consumer-reported issues individually in a single case grid



#### **Case Collaborations**

- **Review:** Ensure supervisors to review cases when QA Auditor's suggestions/decisions differ from the research coordinator
- Custom subcases: Create and assign custom subcases on demand to different teams for simultaneously addressing multiple issues reported within a case



CMS

#### **Comprehensive Reporting & Analytics**

- Productivity reports: Generate productivity reports to identify bottlenecks and training needs
- Operational reports: Fetch operational reports to streamline workflows and effectively manage the workforce
- Compliance reports: Adhere to regulatory mandates
   while utilizing compliance reports
- Business reports: Create custom business reports to meet specific requirements or integrate custom modules



## 360-degree Case Visibility and Oversight

- Comprehensive dashboard: Manage all member or provider cases with periodic status and case updates
- Case packets: Generate and print packet-case summary by selecting various user interface fields and sections

## Automated Correspondence

- CMS compliance: Intelligently generate
   CMS-compliant letters without any manual
   intervention
- Timely Correspondence: Leverage the built-in omnichannel customer communication capability to send letters, faxes, and emails or queue calls on time. Manage written and oral notification timeliness seamlessly, with escalation when needed. Access the content library to store best practice resolutions and recommend them based on the complaint category and subcategory combinations

# **Detailed Case History**

 Documentation: Capture all decisions, notes, and exceptions for future reference and accountability among caseworkers

# Advanced Search

• **Case search:** Utilize quick search capability to locate the completed lifecycle of any case for analysis and reporting

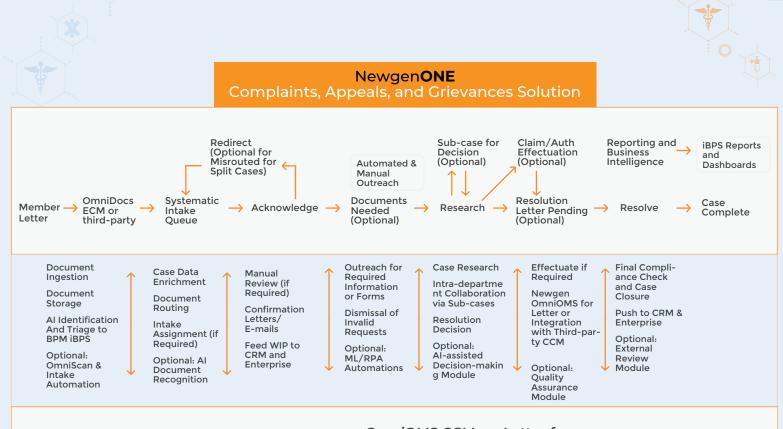
# QA Sampling

- Assessment: Use random sampling for pre-QA and post-QC to assess coordinators' efficiency and work accuracy in Medicare
- Checklists: Ensure thorough adherence to research points and accurate decision-making with detailed checklists
- Performance: Assign scores for correct research methods to evaluate coordinator performance effectively
- Communication: Facilitate effective communication between auditor and researcher for addressing necessary suggestions and corrections









Payer Platforms, APIs, Data  $\rightarrow$  OmniOMS CCM  $\rightarrow$  Letter from or Third-party CCM

to Member



**Key Differentiators** 

Instant Insights with the Power of GenAI

- Leverage our GenAl layer–NewgenONE Marvin–to quickly scan through documents, and obtain real-time insights and summaries
- Ensure blazing-fast processing of content, application development, and advanced content automation
- Ask Marvin a question for the data you need and get it instantly, simplifying workflows without having to search through documents

# Smarter Decisions, Streamlined Processes with Al/ML

- Predict inventory trends and streamline document identification to make data-driven decisions at every turn
- Utilize integrated
   AI-based data models
   to handle high inventory
   volumes while
   complying with
   regulatory guidelines
- Identify, classify, and process incoming HPMS flat file automatically into standard, expedited, critical, and other case priorities

# Audit-ready with Intelligent Automation

- Perform proactive internal audits and identify outliers before regulatory audits, keeping organization audit-ready always
- Handle all auditing configurations with an intuitive interface

# Why Choose Newgen's Solution?

Drive **smarter decision-making** to strengthen interrater reliability and STARS performance

Optimize **resource utilization** to reduce user burnout

Enhance collaboration among users for timely, fully auditable decisions reporting for continuous oversight of these regulated cases

Enforce laser-focused compliance to avoid penalties

**Ensure real-time** 

Maximize operational efficiency for cost savings and achieve a minimum 3:1 ROI

Scan here to learn more about Newgen Health





#### **About Newgen**

Newgen is the leading provider of AI enabled 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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