



Newgen's Grievances & Complaints Management Solution

*Optimized for Medicare,
Medicaid & Commercial Markets*





Overview

Modern healthcare places a growing emphasis on **patient-centered care** and transparency in patient satisfaction data, making patient feedback extremely crucial for risk management and patient safety programs.

Dissatisfied with the treatment or service received, both patients and members file complaints and grievances, which must be addressed by healthcare organizations in a timely manner. The need of the hour is to invest in effective processes, manage complaints and grievances that comply with federal regulations and accreditation standards, and protect patients while minimizing liability.

Leverage **Newgen's AI-led Grievances & Complaints Management Solution**, built on our **NewgenONE** low-code platform, to streamline the end-to-end process. The solution helps ensure adherence to compliance mandates and optimize the overall process by integrating predictive decision-making, robotic process automation (RPA), artificial intelligence (AI), **generative AI (GenAI)**, and machine learning (ML). It enhances operational efficiency and improves outcomes for healthcare payers, members, and providers.

Core Capabilities of Newgen's Grievances & Complaints Management Solution



Unified System

Capture and create new cases from different intake channels, such as custom web portals, mailrooms, and faxes. Ingest grievances & complaints received from calls, chats and emails directly from your CRM or other channels with ease. Manage all types of complaints, including quality of care, quality of service, access, benefit design, enrollment, disenrollment, and customer service



Intelligent Mailroom

Deeply integrate with electronic communication management and advanced document processing, thereby enabling seamless management of incoming documents and correspondences. Leverage AI to summarize complaints and analyze sentiments, ensuring expressions of dissatisfaction are not missed. Utilize hundreds of integrations to ingest details from payers and their vendors in a seamless manner



Automated Case Enrichments

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



Duplicate Check

Detect and flag duplicate entries to prevent fraudulent activities. Additionally, identify closed cases with similarities to active ones and offer insights for quick resolution. Avoid duplicate submissions effortlessly by opening separate issues in new cases or adding incoming additional information to an already open case



Intelligent Case Assignment

Distribute cases intelligently based on the expertise and skill sets of coordinators. Manage escalations and prioritize cases to optimize resource utilization. Utilize the “Get Next” functionality to assign the oldest case first.



Case Collaborations and Redirects

Enable clinical nurses, medical doctors, and other operational areas to review cases using one consolidated, unified platform. Foster collaboration across departments and redirect cases as needed, ensuring seamless communication and resolution of complex issues. Automatically capture case research to ensure audit readiness



Detailed Reporting and Analytics

Generate productivity reports to identify bottlenecks and training needs. Capture trend grievance and complaints data for intervention and improvements. Fetch operational reports to streamline workflows and effectively manage the workforce. Adhere to regulatory mandates while utilizing compliance reports. Tailor business reports to meet specific requirements or integrate custom modules. Leverage Newgen’s business intelligence for your operational and regulatory reports, such as CMS audit universes





360-degree Case Visibility and Oversight

Leverage a comprehensive dashboard to conveniently manage all cases of a member or provider. Get periodic status reports and case updates while keeping business managers duly informed.



Automated Correspondence

Intelligently generate complaint letters without any manual intervention. Leverage the built in omni-channel customer communication management (CCM) to communicate with the members and providers through letters, faxes and emails or queue up tasks for timely calls. Manage written and oral notification timeliness seamlessly, with escalations triggered when needed. Leverage our communications that care content library to store best-practice resolutions and recommend them based on the complaint category and subcategory combinations



Detailed Case History

Capture all decisions, notes, and exceptions for future reference, ensuring accountability among the case workers and facilitating seamless case management. Create a case packet at the conclusion of each case file to ensure audit readiness or for submission to an independent/external review entity like Maximus



Quick and Advanced Search

Employ a quick search to find a single case throughout its lifecycle. Leverage advanced search for cases based on type and specific criteria when the case number is unknown.



Letter Preview

Preview letters before automatically sending them to identify and correct grammar and typographical errors in communications.



Multiple Issue Management Grid

List multiple complaint issues individually within a single case grid, categorized by NCQA and HPMS categories for differentiation. Address all issues in a single resolution while maintaining separate reporting.



QA Sampling

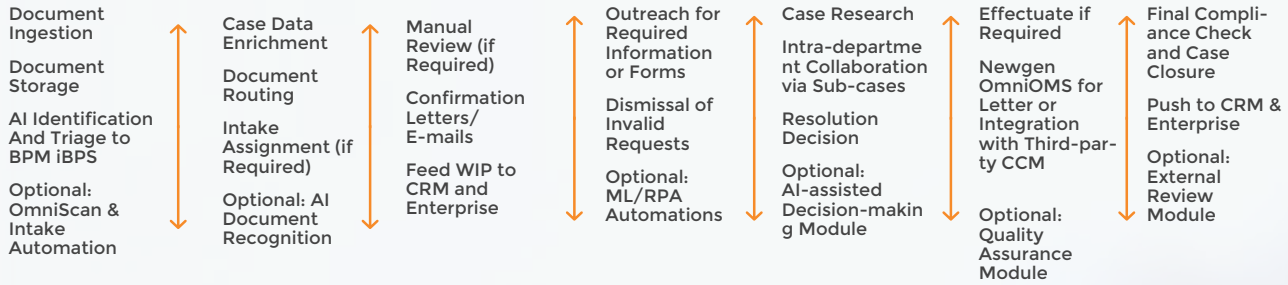
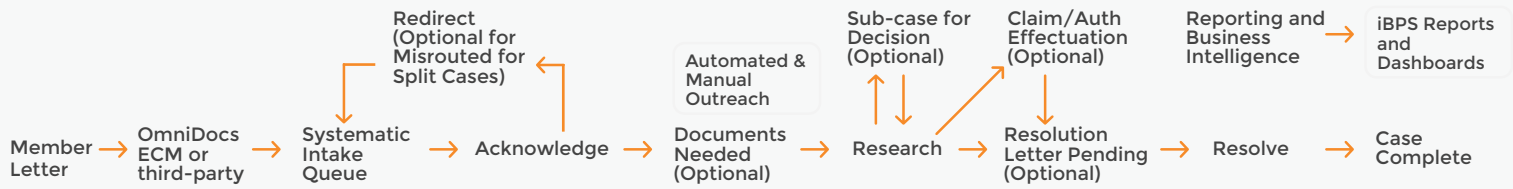
Apply advanced sampling algorithms for 'pre-QA' and 'post-QC' to evaluate coordinator efficiency and work accuracy. Utilize a detailed checklist within the system to ensure thorough adherence to research points and accurate decision-making. Assign scores for each correct research method executed to evaluate coordinator performance. Facilitate bi-directional communication between auditors and researchers to address necessary suggestions and corrections.



Distinct Views for Various Roles

Provide tailored and distinct views for intake workers, research coordinators, QA auditors, supervisors, and managers.

NewgenONE Complaints, Appeals, and Grievances Solution



Payer Platforms, APIs, Data → *OmniOMS CCM or Third-party* → *Letter from CCM* ▶ *to Member*



3 Pillars of Grievances & Complaints Management Solution

GenAI Capabilities

- Ensure lightning-fast processing of content, application development, and advanced content automation, empowering your organization to stay ahead of the curve
- Leverage NewgenONE Marvin (our GenAI layer) swiftly scans through documents, providing insights and summaries in real-time
- Ask Marvin a question for the data you need, and get it right away, making your workflows smarter and smoother with remarkable speed instead of searching through documents

AI Decision-making

- Predict inventory trends, and streamline document identification, while ensuring health plans make informed decisions at every turn
- Make the best of the integrated AI-based data models to manage the high inventory volumes while complying with regulatory guidelines
- Identify, classify, and process incoming documents automatically into different categories, including 'Appointment of Representative' (AOR), 'standard', and 'expediated'

Smart Auditing

- Perform internal audits and identify outliers before regulatory audits, ensuring you are audit-ready at all times. Manage all your auditing configurations using an intuitive interface

Looking For AI-driven Automation? You've Got Covered



AI-ML

Inventory Prediction - Workforce Management

Forecast appeal inventory with AI, providing low, medium, and high estimates. Enable the operations team to plan workforce availability for varying inventory levels



AI-ML

Smart Intake - Automated Document Classification

Automatically classify incoming AOR records and link them to original cases using file numbers and member IDs, speeding up processing and enhancing the member experience



AI-ML

Automated Standard & Expedite Identification

AI categorizes incoming appeal cases as standards or expedites and assigns them to coordinators for the prompt processing of the expedited cases



GenAI

Document Summarization & Realtime Interaction

Use NewgenONE Marvin to summarize medical records and EOB and allow research coordinators for real-time interactions and quick access to critical information



RPA

Untimely Filing and Automated Denials

Leverage RPA functionalities to automatically deny appeals that are filed late or lack timely document submission

Why Choose Newgen's Solution?



- **Smarter decision-making**, driving strong interrater reliability and STARS performance
- **Optimum resource utilization**, minimizing user burn out performance
- **Better collaboration** among users for timely, fully auditable decisions
- **Real-time reporting**, enabling continuous oversight of these regulated cases
- **Higher operational efficiency**, ensuring cost saving, achieving at least 3:1 ROI
- **Laser-focused compliance adherence**, mitigating penalties and reputational risks

Scan here
to learn more about
Newgen Health





About Newgen

Newgen is a leading provider of an 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 and service requests to lending and underwriting, and various other use cases across industries, Newgen unlocks simple with speed and agility.

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