



# **Newgen's Solution for Health Insurers**

## Overview

**Newgen's Health Insurance Solutions** automates the end-to-end customer journey across functions, including customer/provider onboarding, underwriting, policy administration, and claims processing.

Built on **NewgenONE low-code platform**, the solution accelerates pre-authorization, enhances medical scrutiny, streamlines billing, and enhances claim processing. The platform-based low-code solutions ensure regulatory compliance, address operational inefficiencies, and facilitate personalized member engagement.

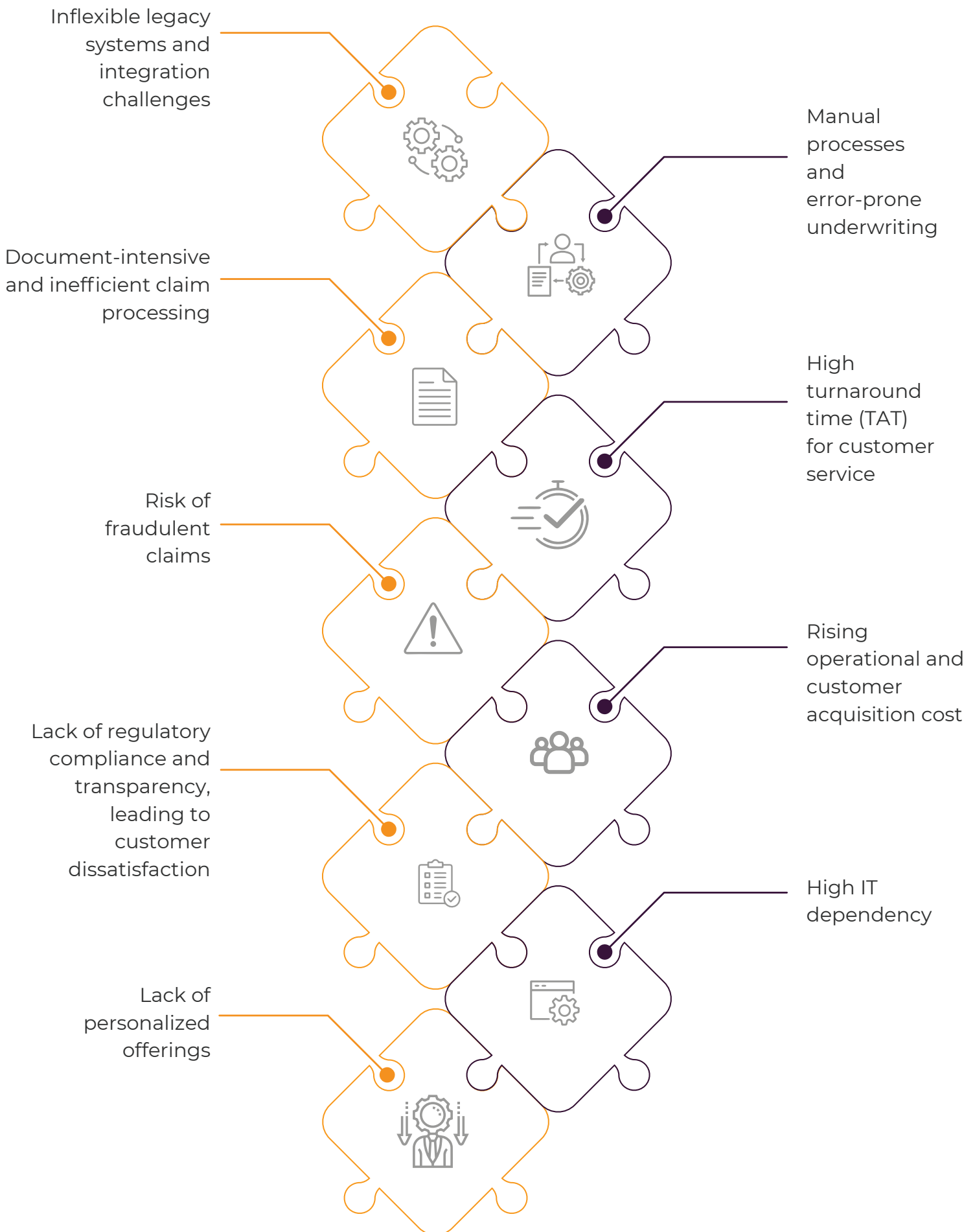
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## Business Challenges

Health insurers face several hiccups, from the complexities of claim processing and legacy technology to broader challenges affecting customer satisfaction, operational efficiency, and compliance. Addressing these hurdles is crucial for the success and sustainability of health insurance operations.



# Challenges Snapshot



## Need for an Automated Customer Journey

- Streamline data entry and provide proactive assistance to boost customer retention
- Adapt to changing customer preferences and ensure consistent service
- Reduce high dependency on the backend team
- Personalize customer experiences at scale

## Benefits of an Automated Customer Journey

**Personalization:** Deliver and automate personalized experience

**Revenue Boost:** Ensure seamless customer experience and higher conversion rate

**Cost-efficiency:** Handle high transaction volumes efficiently without additional resource requirement

**Scalability and consistency:** Ensure scalable solutions to standardize experiences across touchpoints

**Minimized data entry:** Streamline data entry, manage content efficiently, and enable quick decision-making.





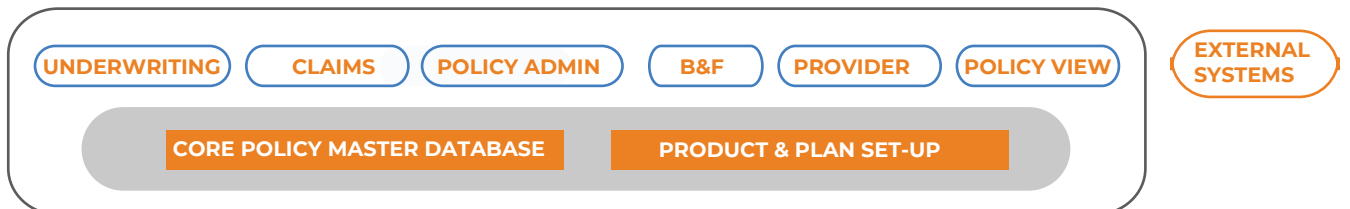
# Transform Your Health Insurance Processes with Newgen's Solutions

Newgen offers an advanced solution suite tailored for the health insurance sector. These comprehensive solutions, **built on the NewgenONE low-code platform**, facilitate the digital transformation of health insurance operations by seamlessly automating and centralizing various processes, such as health claims, underwriting, policy administration, group health quotation, and contract management.

## USER GROUPS



## CORE HEALTH PACKAGE



## NewgenONE Low-code Platform



# Health Claims

**Newgen's Health Claims Solution** automates the entire health claims journey, from capturing claims via various channels to detailed data entry, fraud detection, adjudication, investigation, approval, and settlement. The solution accelerates claims processing, enhances accuracy, and reduces costs, leading to increased profitability for insurers.

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## Core Highlights

### Omnichannel Claims Initiation

- Capture claim detail information and policyholder details from emails, portals, branches, and social networks
- Leverage OCR for document data extraction and manage pre-authorization requests seamlessly

### Seamless Integration

- Integrate with policy administration system (PAS) and third-party systems for comprehensive data retrieval and validations
- Fetch all policy and coverage-related details in a single screen

### Centralized Document Management

- Leverage a central document repository that allows easy access to stored documents
- Access provider-related documents easily during cashless claim processing

### Rule-based Claims Adjudication

- Ensure policy-level adjudication based on claim amount, rate list, and benefit
- Automate case routing based on pre-set criteria
- Classify claims as 'fast track' or 'non-fast track' with a smart business rules-based system

### Real-time Document Generation

- Generate acknowledgment, approval, and settlement letters instantly
- Auto-generate file payments for providers and facilitate claim payouts

### Monitoring and Insights

- Define KPIs for user-efficiency tracking
- Ensure transparency with an escalation matrix and real-time monitoring reports for timely claim resolutions

# Health Underwriting

**Newgen's Health Underwriting Solution** employs an auto-underwriting rule engine to eliminate manual intervention and ensure zero underwriting errors. It adheres to regulatory requirements and adapts to dynamic business needs, automating the end-to-end policy issuance process and delivering superior user experience.

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## Core Highlights

### Omnichannel Request Initiation and Data Capture

- Enable seamless case initiation and proposal registration through portal, mobile, and email
- Ensure personalized product recommendations and capture comprehensive application details effortlessly
- **Quotation Management and Proposal Generation**
- Multi-channel quotation request initiation through portals, mobile apps, emails, and manual submissions
- Auto-ingestion of quotation data with mandatory checks and validations

### Product & Plan Definition

- Comprehensive parameter definition for products and plans, including coverages, ratings, perils, warranties, clauses, and amounts
- Backend setup and repository creation for efficient user access

### Easy Configurability and Integration

- Configure user interface for handling different products and plans, such as floater plans, and fixed health plans, integrated seamlessly with core systems and third-party administrators (TPA)
- Facilitate data exchange with legacy applications, ensuring a smooth flow of information

### Automated Checks and Validations

- Conduct KYC, AML, and Dedupe screenings for customer verification and risk assessment
- Leverage color-coded risk scoring to categorize identified risks and ensure informed decision-making

## Core Underwriting Engine & AI/ML-led Decisioning

- Evaluate application risk score through comprehensive rules evaluation
- Automate key underwriting tasks with dynamic rules for streamlined processing
- Automate case assignment using authority matrices, restrict access, and enable ad-hoc referrals
- Enhance decision accuracy with AI/ML models for identifying defaulters and predicting morbidity patterns

## Extensive Underwriting Evaluation

- Deliver counteroffers with revised policy rates
- Automate policy evaluation to maximize the percentage of straight-through processing (STP) cases
- Auto-classify non-straight-through processing (N-STP) cases, analyze medical test data, and utilize master data management (MDM) dashboards for comprehensive risk assessment





# Health Policy Administration System

**Newgen Policy Administration and Servicing Solution**, built on the NewgenONE low-code platform, manages the policy lifecycle—from initiation and issuance to termination. The system handles scheduled administration activities, including reminders for the payment of premiums, and customer communications through automated batch processing, and gives real-time updates of transactions at the backend.

## Core Highlights

### Product and Plan Definition

- Configure product plans seamlessly with MDM and bulk data upload
- Configure product parameters, including plan details, premium frequency, refund logic, and cover mapping
- Ensure accuracy and accountability through maker/checker capability and audit trails

### Underwriting and Policy Binding

- Efficiently create and implement underwriting guidelines with a rule engine
- Ensure omnichannel proposal registration and facilitate quick decision-making with STP and N-STP classifications

### Provider Management

- Automate communication with distributors and customers
- Manage different provider types, such as clinics, hospitals, doctors, and pharmacies and easily handle new provider enrollment, generate new provider IDs, provider updates, and termination

### Policy Management

- Gain a comprehensive view of policy details, financials, claims, and servicing information
- Streamline member data management, including cancellations, ID replacements, re-activations, and ownership transfers



## Billing and Finance

- Implement comprehensive premium payment options, including Future Premium Deposit (FPD), Deposit for Change (DFC) buckets, and Automatic Policy Loan options, with accurate posting under relevant heads, such as billing premium, premium for change, FPD, and DFC
- Streamline billing processes by generating billing files, scheduling billing tasks, and maintaining transaction entries in the system for efficient financial management

## AI-powered Claims Management

- Establish traceability of requests and maintain an audit log of all transactions
- Streamline decision-making through logic-based case allocation, auto-adjudication, and easy access to document checklists
- Minimize insurance fraud through AI-powered data insights and fraud propensity scoring
- Identify anomalies in data patterns, strengthen underwriting integrity, and minimize fraudulent claims risk

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# Group Health Quotation and Contract Management

Handling bulk data in group health insurance involves assessing diverse risks associated with each data point. **Newgen's Quotation and Contract Management** automates this complex process, from risk evaluation and premium calculation to drafting rule-based clauses and exclusions. The solution aims to eliminate manual intervention, ensuring zero underwriting errors.

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## Core Highlights

### Critical Checks and Validations

- Automate group request routing and eliminate duplicate quotation requests with bulk data checks
- Leverage eligibility checks for specific health insurance benefits, ensuring accurate and efficient processing

### Automated Underwriting and Premium Calculation

- Implement rule-based premium calculation for group demand, automating case allocation based on predefined criteria
- Enable precise quotations by triggering different premium calculation rules and applying loading/exclusions based on pre-defined parameters

### Smart Case Routing and Approval

- Facilitate ad-hoc case routing to relevant departments and auto-identify quotations requiring approval
- Manage underwriting requirements and discrepancies to seamlessly raise requirements to customers

### Dynamic Contract Generation

- Capture contract details effortlessly with a user-friendly interface and create simple to complex contracts while ensuring compliance
- Expedite document generation, allowing real-time communication with customers
- Auto-generate and send counter-offer letters to health insurance customers and sales partners

### Accurate Monitoring and Reporting Dashboard

- Generate comprehensive reports for diverse business needs, ensuring compliance and financial tracking
- Access a 360-degree view of each case, gaining insights into reasons for STP fail, risk scoring, and historical policy and claims details



# Why Newgen for Health Insurers?

**Accelerated deployment:** *Swift implementation of new products and services, and faster time-to-market*

**Efficient claims processing:** *Expedited claims processing within regulatory guidelines*

**Enhanced underwriting decisions:** *Enhanced underwriting decisions and better risk assessment for policy issuance*

**Faster decision-making:** *Efficient handling and extraction of data and documents*

**Superior customer interaction:** *Intuitive and intelligent customer responsiveness and multilingual support for enhanced customer experience*

**Robust transparency and auditability:** *Complete visibility and auditability of transactions while meeting compliance standards*

**Versatile implementation options:** *Range of implementation offerings, from basic automation to end-to-end solutions and seamless integration with advanced AI and APIs*

**Scalability and future proof:** *Support for cloud infrastructure, incorporating new-age technologies (AI/ML, RPA, GenAI, and low code) for scalable and future-proof solution*



## About Newgen

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