newgen

NewgenONE Payment Integrity Solution

Payment integrity has become one of the most critical operational challenges facing U.S. healthcare payers. As claim volumes rise and coding patterns grow more complex, errors slip through traditional review processes, overpayments accumulate, and fraudsters exploit gaps that manual teams cannot keep pace with. Improper payments and undetected fraud drain billions from the system every year.

NewgenONE Payment Integrity Solution is purpose-built to close these gaps. The solution screens every claim before payment, detects anomalous behaviour in real time, enforces contract/coding accuracy, and eliminates leakage at the source. With intelligent automation, analytics, and audit-ready transparency, the solution empowers payers to build a modern, preventive, and scalable payment integrity system.

At a Glance

70%
Recovery Rate

30%
Faster Processing

50%
Reduction in Fraudulent Claims

Why Payment Integrity is Hard to Get Right

Payers face structural challenges that hinder end-to-end integrity. These issues compound across the claim lifecycle and are challenging to solve with manual processes.

The environment demands a unified, intelligent solution that addresses the pain points through total workflow transformation.

Leakage isn't caused by one failure point. It is the product of multiple disconnected controls. Without a unified orchestration layer, even mature plans lose millions in preventable overpayments and undetectable frauds. The numbers tell the story.

$100 billion

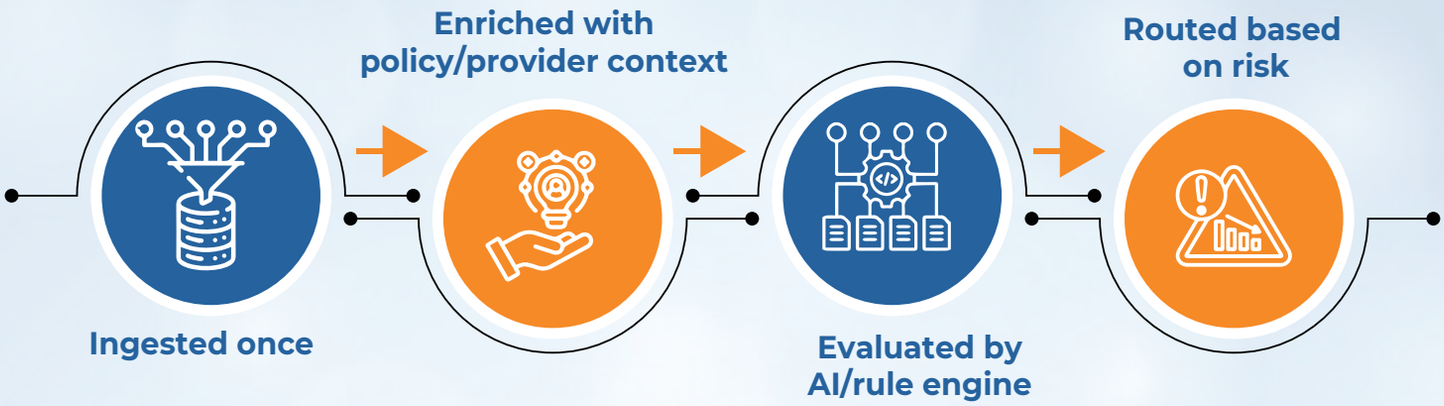
lost annually due to fraud, waste, and abuse

> **Fragmentation = Blind Spots = Leakage**

Strengthen Payment Integrity with a Unified, AI-first Platform

NewgenONE Payment Integrity Solution brings together pre-payment screening, coding validation, contract compliance checks, fraud detection, anomaly analysis, and recovery into a single, deeply integrated platform. Designed with an AI-first architecture, it screens every claim as soon as it enters the workflow ensuring that errors, inconsistencies, and fraudulent behaviors are intercepted instantly.

Claims are:



Furthermore, the platform analyzes provider behavior, identifies recurring patterns, learns from previous claims, and continuously calibrates its intelligence to improve accuracy and reduce false positives. All insights, decisions, flags, and corrections are captured with time-stamped traceability, ensuring complete audit readiness at any moment.

Outcome Centric Lens

Stops revenue leakage before payment release

Minimizes manual touchpoint through intelligent automation

Prevents fraud, waste, and abuse (FWA) using behavioural analytics

Strengthens compliance with full traceability

Comprehensive Solution Capabilities

The platform is designed to be both deep and scalable. Capable of handling high-volume payer environments with precision.

1. AI-driven Pre-payment Screening

- Validates coding, medical necessity, and contract logic before adjudication
- Flags irregularities early to stop invalid claims from entering the payment cycle

2. Real-time FWA Detection

- Uses advanced pattern recognition to detect suspicious behaviors and anomalies
- Automatically flags high-risk providers based on peer and historical comparisons

3. Automated Overpayment Recovery Engine

- Identifies incorrect payouts after adjudication and initiates recovery workflows
- Tracks recovered amounts and outstanding actions to reduce financial leakage

4. Dynamic Fraud Risk Scoring

- Scores each claim using provider history, coding complexity, and pattern analysis
- Prioritizes high-risk claims for faster, more accurate review

5. Exception Management and Intelligent Routing

- Auto-routes claims to SMEs, clinical reviewers, or fraud teams based on severity
- Ensures timely, accurate decisions with smart triaging

6. Built-in Review Checkpoints and Approval Hierarchies

- Enables multi-level reviews with automated escalation paths
- Uses policy-driven rules to guide consistent decision-making

7. End-to-end Audit Trails and Compliance Logging

- Records every action and change with time-stamped histories
- Maintains full audit readiness for regulatory reviews

8. High-performance Integration

- Connects seamlessly with core admin systems, EHRs, and policy engines
- Deploys quickly with modular components with minimal disruption

How the Solution Works

Screen comprehensively
Verify coding, necessity, and compliance

Prevent leakage upfront
Stop invalid claims early

Enforce accuracy
Applies consistent rules, and checks

Identify and recover
Detects and recovers behavior in overpayments

Detect fraud patterns
Spot suspicious behavior in real time

Score risk dynamically
Assigns real-time claims risk

Route intelligently
Sends claims to the right reviewers

Before and After Implementing Payment Integrity Solution

Before

- Fragmented tools
- High false positives
- Post-pay dependence
- Slow routing
- Manual-heavy review
- High leakage

After

- Unified solution
- Prioritized queues
- Pre-pay prevention
- Automated routing
- Lower cost per claim
- Lower fraud exposure

Tangible Impact Across Finance, Operations, and Compliance

Financial

Up to **70% recovery** of erroneous payments identified

50% reduction in false claims, frauds, and duplicated payouts

Operational Efficiency

30% faster claims processing cycles

Reduced manual review workload and review cycles

Higher straight-through-processing (STP) rates

Compliance

Reduction in compliance penalties and risks

Consistent decision-making aligned with industry guidelines

Why Newgen

Designed for Payer Complexity
Built with decades of experience across U.S. health plans, our system reflects real payer workflows, policies, and regulatory demands

Comprehensive Coverage
Pre-payment, post-payment, fraud, medical necessity, coding, and contract compliance through a unified intelligence layer

Action at the Speed of Risk
Identify, assess, and prevent risky claims long before traditional systems react

Intelligence that Adapts, Beyond Detection
Our AI + rules engine tailor responses based patterns, policies, and risk profiles to ensure accuracy

Seamless Fit into Your Ecosystem
A modular, scalable architecture that integrates smoothly with your core system

Measurable Financial Impact
Recover and prevent leakage with faster reviews, fewer false positives, and lower operational costs

The fastest way to see the difference?
Grab a free 30-minute demo. Talk to our team.

About Newgen

Newgen is the leading provider of an AI-first unified digital transformation platform with native process automation, content services, customer engagement, 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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