



# Newgen's Digital Complaints, Appeals & Grievances

*Designed for Medicaid, Medicare, ACA/Exchange, and  
Commercial Health Plans*





## Overview

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The US healthcare ecosystem is expected to become a whopping \$819 billion market by 2027, a recent **McKinsey** report stated. Harnessing the power of new-age technologies, such as artificial intelligence (AI), machine learning (ML), **generative AI (GenAI)**, and robotic process automation (RPA), will help the industry achieve this goal much faster.

Newgen's solutions for payers, built on the **NewgenONE** low-code platform, offer industry-leading features that can be easily customized to suit your specific needs. These customizations can be made independently or with Newgen's support.

With **Newgen's Digital Complaints, Appeals & Grievances (CAG) Product Suite**, expedite your end-to-end case management processes with assistive or full automation, delivered by RPA, AI, and ML. Leverage intuitive workflows and ensure swift and compliant resolutions for complaints, appeals, and grievances. Simplify engagement at every step—from mailroom automation to personalized correspondences and digital responses—while having the architecture available out-of-the-box to create the customizations required in complex products like Medicaid. Newgen built this product suite after a thorough understanding of the different business rules of each state and product. Additionally, it maintains high levels of automation based on the industry-leading architecture, unlike competing products.

Integrate **Contextual Content Services** (aka Newgen's Enterprise Content Management platform) with an intelligent mailroom for seamless document management. AI/ML ensures rapid content processing and a rule engine for automatic SLA calculations. Furthermore, you can gain greater control over processes with robust integrations and effortlessly navigate the CMS guidelines.

## GROW AS YOU GO

Select the individual modules you need or implement the total solution on your schedule



# Core Components of Complaints, Appeals & Grievances Product Suite



## Appeals Solution



Leverage the solution, integrated with predictive analytics, RPA, and ML to simplify the end-to-end appeals process and fully automate processes like medical record and power of attorney outreach



Optimize the workflows and stay up to date with the changing regulations



Use AI to find expedited appeals and prioritize them for immediate review



Ensure robust integration with intelligent document classification and processing to streamline content-centric workflows, improve accuracy, and fast-track claims and clinical reviews



Leverage AI-based decision assistant to ensure accurate and consistent decision-making



Discover opportunities in underlying claims and authorizations using Newgen's reporting and analytics to drive down appeals



Witness maximized operational efficiency and better compliance adherence while ensuring better outcomes for healthcare payers, members, and providers





## Grievances & Complaints



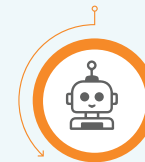
Automate key aspects of the grievance and complaints process to ensure prompt, accurate, and responsive resolutions



Ensure individual issues are identified at intake, allowing each complaint to receive a best-in-class response. Maintain all reporting at the most granular level for effective trending and root cause analysis



Use AI to analyze messages for dissatisfaction and improve categorization accuracy



Leverage GenAI for accurate summary generation, capturing all relevant details, and reducing misinterpretation risks



Leverage our communications that care resolution library feature to design best practice responses and ensure consistent messaging to complainants



Employ intelligent document classification (IDC) and intelligent document processing (IDP) to automate classification and data extraction, minimizing human errors, and ensuring data consistency



## External Review



Simplify the external review process to deliver faster and more accurate resolutions, benefitting payers, providers, and members



Automate appeal review packet generation for Maximus and other review entities while seamlessly synchronizing with external portals to ensure compliance and collaboration



Use our AI-based decision assistant to consume the internal and external review decisions, helping you improve your interrater reliability and STARS performance

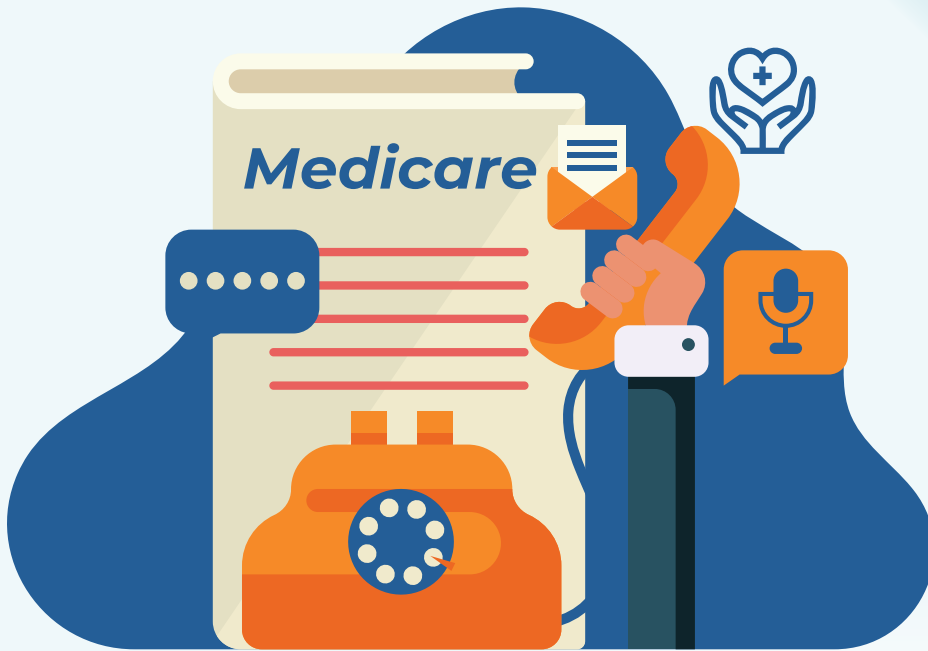


Administer external reviews for Medicaid grievances, Affordable Care Act (ACA) disputes, Florida ACA complaints, and presidential complaints received from the business bureau and the Department of Insurance (DOI) with razor precision



Automate the preparation of review packets and ensure seamless synchronization with external portals, thereby enhancing accuracy, compliance adherence, and collaboration





## **Complaints to Medicare (CTM)**



Use the comprehensive functionalities of the solution, integrated with the CTM component, to effectively manage the process



Integrate seamlessly with the health plan management system (HPMS) to automate key processes, ensure accurate data synchronization, and maximize operational efficiency



Identify prior CTMs with a White Glove indicator in the grievance process to help avoid additional CTMs



Streamline your approach, meet regulatory requirements, and transform the overall experience for all involved stakeholders



# Provider Disputes



Empower your health administrator with an RPA and ML-driven solution to enhance efficiency and accuracy in their provider dispute handling and claim repairs, including adjustments



Speed up the resolution time, boost accuracy, and enhance operational efficiency



Strengthen relationships with providers by ensuring timely and accurate handling of their disputes and claims



Automate repetitive tasks and ensure smarter data-driven decision-making with predictive analytics



Integrate with provider portals for full, paperless submittal, bypassing the need for mailroom delays



Analyze provider patterns in dispute and claim repair data to predict outcomes, identify anomalies, and recommend optimal resolutions

## UB 04 Form



**Dispute**





## Member & Provider Service Inquires



Manage service inquiries efficiently and accurately with an advanced solution, combining IDC, IDP, RPA, and ML technologies ensuring they are resolved and don't turn into an appeal or grievance



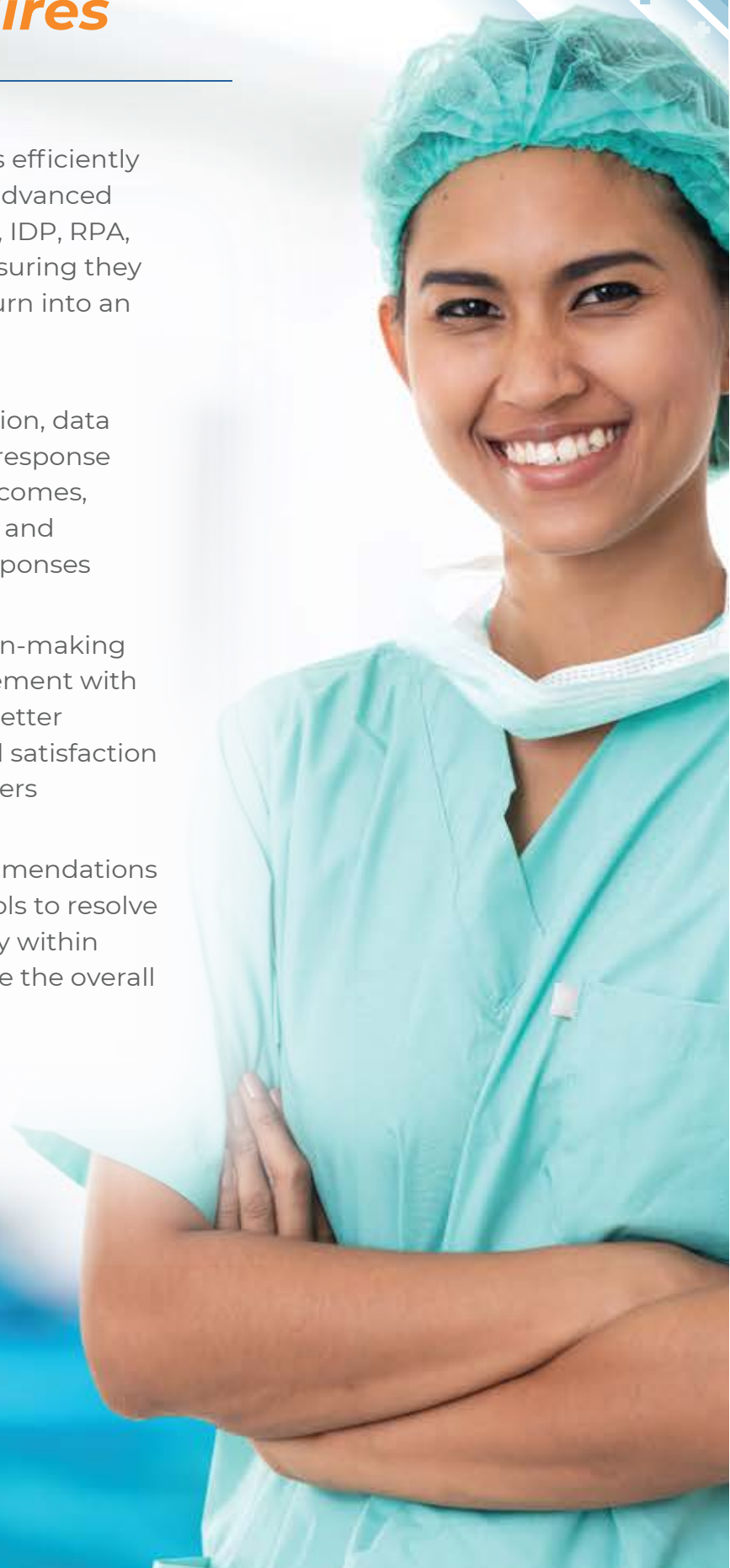
Automate the classification, data extraction, routing, and response processes to predict outcomes, identify common issues, and recommend optimal responses



Ensure informed decision-making and continuous improvement with predictive analytics for better outcomes and improved satisfaction for members and providers



Provide staff with recommendations and decision support tools to resolve inquiries more effectively within compliance and enhance the overall service experience

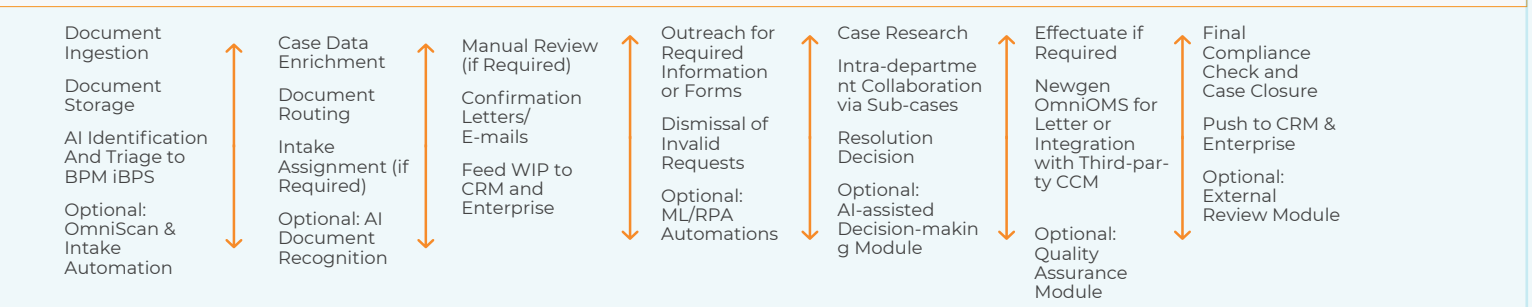
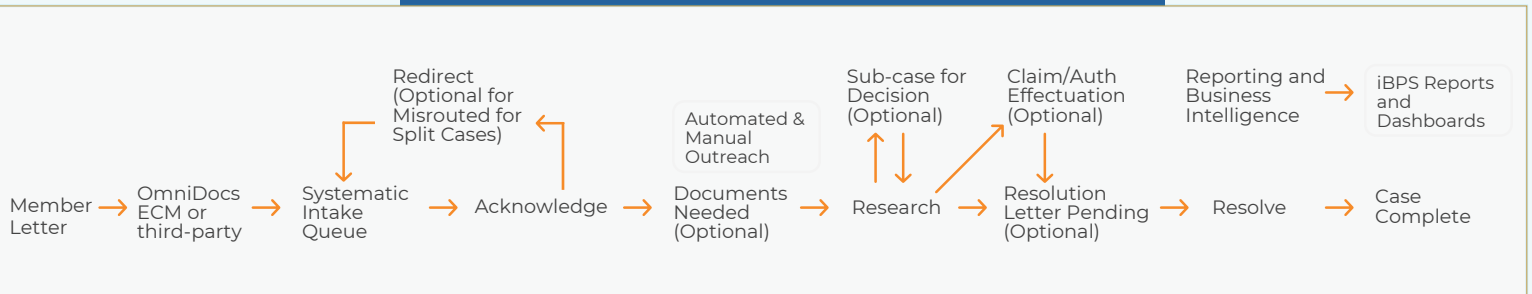




# Qualitative Business Benefits



## NewgenONE Complaints, Appeals, and Grievance Solution



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



## Our Proven Excellence



### A Leading National Health Plan Witnesses 3:1 ROI with Newgen

Our client, a prominent national health plan, has achieved a ROI of 3:1, highlighting the efficacy and value of our deployed solutions. This success story demonstrates that for every dollar invested, the health plan realized three dollars in return, significantly enhancing both financial performance and operational efficiency.



### Case Processing & Resolution Parameters

215% more efficient compared to legacy systems



### Reporting & Auditing Parameters

242% more efficient compared to legacy systems



### Agency & Compliance

340% more efficient compared to legacy systems



### Compliance Excellence

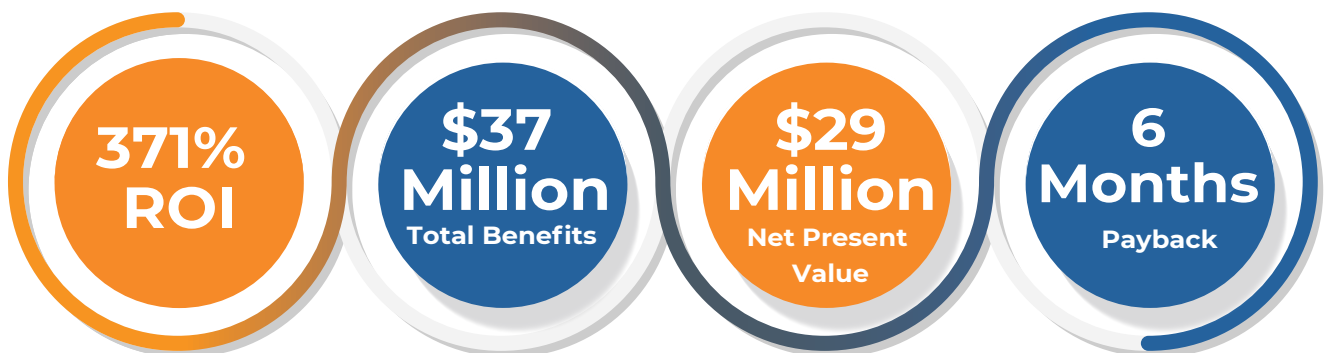
Validated by CMS, state, internal, and external audit



### STAR Rating

1.5 increase compared to pre-implementation

## Customers Achieve Significant ROI with Newgen



A **FORRESTER CONSULTING TOTAL ECONOMIC IMPACT™**  
COMMISSIONED BY NEWGEN

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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.

## Request a Demo

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