

Member Enrollment Process Automation for a Fortune 500 Health Plan

Overview

The Health Plan holds its expertise in three major areas of Government sponsored health care: Medicaid, Medicare Advantage and Medicare Prescription Drug Plans and serves nearly 6 million members across the United States.

Bottlenecks in Delivering a Great Member Experience

The Health Plan aimed to improve the quality of care and services to help its members access the right care at the right time. However, its operational shortfalls were holding it back from delivering on its business strategy.

The Health Plan's enrollment agents used to meet beneficiaries to fill paper-based enrollment forms, such as medical, pharmacy and others. Else, the agents used a portal to fill member enrollment forms over the web. The web-based portal had certain limitations. The portal didn't allow enrollment agents to make even minor modifications or configure new rules and products. All these were adversely affecting the company's operational costs and efficiencies, while leading to lengthy turnaround times, manual errors, low workforce productivity, and several compliance risks.

Challenges Snapshot

- Extensive manual intervention
- High overhead costs associated with printing, storing & mailing of enrollment forms
- Difficulty in tracking status of enrollments
- High risk of forms misplacement
- Difficulty in compliance management
- Lack of facility to validate beneficiaries details & address on the web & physical forms
- Loss of business to competition

Major Teams/Areas Impacted



**Pre-enrollment
Sales Team**



**Call
Center**



**Enrollment
Team**



Beneficiaries



Agents

Bridging the Gap Between Service Delivery Timelines and Members' Expectation

To reduce the turnaround time for every application, improve speed and reduce the incidences of human errors, the Health Plan identified the need to transform its member enrollment process and ensure its adherence to regulatory compliances.

With Newgen's extensive experience of working with some of the leading Health Plans across the US, the client could place its trust in Newgen.

Our solution for member enrollment, built on Newgen enterprise mobility framework (NEMF), enabled the Plan's enrollment agents to initiate branchless & paperless member onboarding using their smart devices and access the web-based application with ease. The agents can now process applications in a convenient manner and minimize process cycle times by a significant margin.

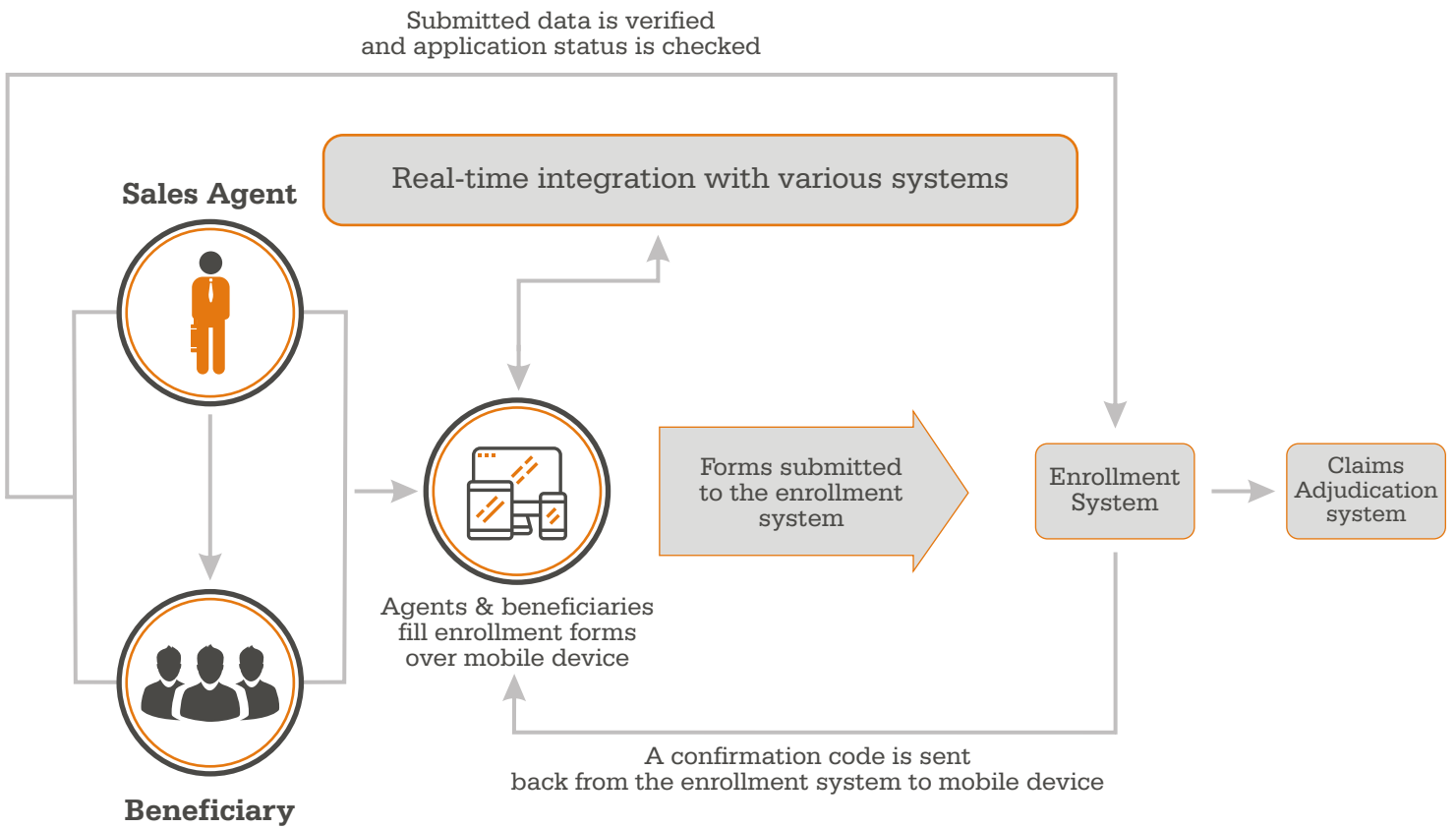
Key highlights of the solution implemented:

- Easy integration with CRM, Claims Adjudication System, Address Validation system, CMS, Provider's Database, and Member Enrollment System
- Extensive configurability options. Easily manageable user-interface elements, such as look & feel, batch sizes, enabling and disabling of options without any additions or alterations in pre-defined codes
- Enterprise-grade security features, built in accordance with the Health Plan's security & management directives

About Newgen enterprise mobility framework (NEMF)

- NEMF is a framework to develop, deploy and manage highly configurable hybrid mobile apps, supporting multiple platforms. Leveraging NEMF, business users can:
- Collaborate across functions, departments & customers in a multi-device, secure & unified environment
- Capture the customer's required documents & premium information on-the-go to initiate processing at the back-office in real-time
- Eliminate dependency on regional silos for global business growth

Newgen's Solution Framework for the Health Plan



The Transformative Roadmap

Health Plan's Requirements	Newgen's Solution
Collaborative mobile-enabled environment	Multi-tenancy architecture of the solution enables field agents to collaborate across various departments
Multi-device compatibility	The solution extends default support for all the major operating systems - iOS, Android & Windows
Better adherence to regulatory compliances	Agents can validate beneficiaries' information before submitting to the centers for medicare & medicaid services (CMS). The solution easily integrates with CRM, Claims Adjudication System, Address Validation system, CMS Provider Database, and Member Enrollment System
Enhanced process visibility	With a unified dashboard, agents can gain a 360-degree view of their members' information, manage prospects and tasks smoothly
Reduced operational costs	With digitized physical member forms and reduced costs for maintaining third-party systems, the Health Plan can achieve significant cost savings
Quick & smart decision-making capabilities	With anytime-anywhere access to member information, the company's agents can foster better collaboration and witness smart decision making
Delightful member experience	With the solution's multilingual capabilities (English, Spanish, and Mandarin) agents can communicate in preferred language of their members. Also, agents can drive contextual interactions and maximize business reach across the globe by offering superior member experience

Business Benefits Achieved

With easily accessible member information, agents can operate 24*7 while reducing the costs incurred in maintaining 3rd party systems and teams for handling paper-based applications. Some of the other benefits include:

- Faster time to market
- First-time-right
- Better performance & security
- Higher compliance
- Increased sales opportunity
- Higher workforce optimization

About Newgen

Newgen is the leading provider of a 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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CANADA: +1-20 2-800-7783
AMERICAS: +1 (20 2) 800 77 83
AUSTRALIA: +61 290 53 7 174
INDIA: +91 11 40773769
APAC: +65 315 7 6189
MEA: +973-1-619-8002,
+971 44541365
EUROPE: +44 (0) 20 36 514805

info@newgensoft.com
www.newgensoft.com

