

# Healthcare & HealthTech

Elevating clarity, trust, and care coordination through secure, intelligent experience delivery.



Empower patient trust and operational excellence with compliant, multilingual healthcare BPO services. From appointment scheduling to claims management, our secure, empathetic support streamlines every step of the care journey, protecting privacy, reducing administrative burden, and enhancing outcomes for providers and patients alike.

Healthcare organizations face rising administrative complexity, disparate systems, and growing pressure to communicate more clearly with both members and providers. We deliver highly tailored experience models shaped around each organization's care pathways, regulatory environment, member demographics, provider networks, and operational structure — ensuring interventions are meaningful, accurate, and aligned to care outcomes.

# Services include:



**Customer Care:** Deliver empathetic, compliant support across every patient and provider interaction. From appointment scheduling to billing questions, our teams reduce stress and improve satisfaction, while protecting sensitive information.



**Technical Support:** Keep EHRs, portals, and digital health platforms reliable and accessible. Our secure, multilingual troubleshooting ensures uninterrupted provider workflows and patient access to critical systems and care.



**Sales Support:** Drive plan adoption and boost engagement with guided, multilingual enrollment and onboarding. Our experts help patients navigate options, ensuring clarity, compliance, and a seamless start to care.



**Renewals:** Take the hassle out of insurance, membership, and subscription renewals. With proactive outreach and streamlined processes, we ensure continuity of care and strengthen trust with patients and members.



**Channel Enablement:** Connect patients, providers, and ecosystem partners across every channel, voice, chat, email, and apps, for a unified, compliant, and personalized experience. Our omnichannel expertise ensures seamless communication, stronger care coordination, and consistent brand excellence at every touchpoint, empowering all stakeholders to collaborate, share information securely, and drive better outcomes together.



**Professional Services:** Accelerate digital health transformation with expert onboarding, integration, and training. We help you innovate and scale best practices to deliver elevated care experiences.



**Financial Services:** Streamline claims, AR/AP, and payment processing with secure outsourcing. Automation plus expert oversight reduces errors, accelerates reimbursements, and ensures compliance.

# Orchestrated member journeys for navigation & understanding

The healthcare landscape is filled with complex information, shifting benefits, evolving care models, and administrative hurdles. Members frequently struggle to navigate claims, eligibility, referrals, and billing — leading to confusion, repeat calls, and decreased trust in the system. CGS Nexus designs member journeys that are constructed around the specific benefit structures, population health goals, and navigation challenges of each organization. Our journey orchestration is never generic. Every flow reflects the plan, the population, and the care model. Capabilities include:

- 01** Unified CRM across benefits, eligibility, claims and PA
- 02** Proactive updates during key friction points (deductible changes, claim reprocessing)
- 03** Multilingual, empathy-centered communication
- 04** Streamlined EOB and billing breakdowns
- 05** Automated reminders for important care milestones
- 06** Reduction in multi-call



## Outcomes:

Greater member understanding and more efficient health navigation.

# AI automation + human-in-the-loop

Healthcare interactions demand accuracy, sensitivity, and compliance. We apply agentic automation built around your health enterprise's actual workflow — benefit designs, documentation requirements, eligibility rules, coding patterns — while integrating human oversight for moments requiring high empathy or regulatory clarity. This ensures automation is safe, context-aware, and clinically aligned, not a generic overlay.



**AI Agents:** Enhance every patient and member interaction with AI-powered virtual agents designed to resolve routine inquiries instantly, without compromising empathy or compliance. Intelligent call deflection reduces wait times and live-agent handling volume while ensuring continuity of care. By integrating with EMR, claims, and scheduling systems, AI agents route each request to the right resource in real-time, delivering accurate, HIPAA-compliant responses across channels. The results are lower operational costs, faster resolutions, and a seamless patient experience that builds trust and satisfaction.



**AI Copilots:** AI copilots act as real-time intelligence partners for your human agents, surfacing insights, summarizing patient history, and prompting the next best action during live interactions. Whether navigating benefits verification or care coordination, copilots accelerate response times and ensure consistency across every touchpoint. They reduce cognitive load, enhance adherence to clinical and compliance protocols, and help agents focus on compassion and clarity instead of searching for data. The outcome is a higher-quality conversation that improves experience, compliance, and care outcomes.



**AI Data & Analytics:** AI-driven data and analytics platforms unify operational, clinical, and customer data to uncover actionable insights that drive efficiency and growth. Predictive models identify emerging trends in patient behavior, contact reasons, and agent performance—helping Healthcare and Healthtech leaders course-correct in real time. Executive dashboards connect experience metrics to outcomes, empowering continuous optimization of people, process, and technology. With transparent, data-backed insights, healthcare organizations can make faster, safer, and more informed decisions across every facet of the patient journey.

# CGS Nexus Provider Experience optimization (PX)

Provider friction slows care delivery. We strengthen provider experiences through PX orchestration designed specifically for the provider network's makeup, specialty mix, contract types, service lines, and administrative pressure points. Our PX frameworks stitch together payer functions in a way that eliminates fragmentation and accelerates provider clarity — improving outcomes for both clinicians and members. PX capabilities include:

- 01** PA, referral, claims, and coding workflow coordination
- 02** Centralized provider communication paths
- 03** Predictive insights into provider experience friction
- 04** Cross-departmental payer alignment
- 05** Up-to-date directory and eligibility accuracy
- 06** Streamlined provider access to case status and documentation



## Outcomes:

Faster care decisions and improved provider satisfaction.

## The future of healthcare experience

Healthcare is moving toward integrated, value-based, and digital-first ecosystems that prioritize navigation, transparency, and coordinated care. CGS Nexus helps healthcare organizations stay ahead by orchestrating interconnected journeys, reducing administrative friction, and enabling more intuitive and compassionate experiences aligned with the future of digital health.





Learn how we can  
strengthen your  
member experience,  
provider workflows, and  
administrative efficiency:

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**People first.**  
**Outcomes driven.**  
**Aligned for success.**

