



NaviNet[®] Open Document Exchange

Mesh Clinical Intelligence and Administrative Workflows to Drive Quality Improvement and Cost Savings

As fee-for-service reimbursement transitions to a value-based care model, administrative and clinical information is vital for improving care quality, boosting provider satisfaction, and realizing cost savings.

Today, the exchange of information between health plans and providers is an extremely slow, manual, and tedious process. Health plans use tremendous resources to exchange administrative and clinical information manually, with no ability to close the loop. As a result, care quality suffers, provider and member satisfaction declines, and health plans lose out on meaningful reimbursement opportunities.

To communicate effectively with their network, health plans must expand their competencies to support bi-directional exchanges of information to engage providers during vital clinical workflows.

THE SOLUTION

NaviNet® Open Document Exchange streamlines communication between health plans and providers by enabling them to transmit clinical and administrative information in real-time. Document Exchange lets health plans and providers share risk adjustment information, quality measurement data, and performance reports, among other use cases. Providers are notified of documents and requests within their existing workflows, making it easy to upload supporting documentation. NaviNet Open Document Exchange enables health plans and providers to thrive in a world of value-based care by providing real-time access to critical information at the point of care.

NaviNet Open Document Exchange is an application available on NaviNet Open, the industry's leading payer-provider collaboration platform.

KEY FEATURES

- Practice Documents allows health plans to send critical information to providers about their practice
- Patient Documents allows plans to send clinical patient data allowing practices to close gaps in value-based care scenarios
- Provider-initiated Document Exchange allows users to upload documents to plans electronically, replacing existing manual processes.
- Seamless, real-time access to clinical information like patient summaries, high-risk patient lists, care gap reviews, and more allows providers to proactively manage their patient panels.
- Readily adapts to provider workflows and applications by incorporating documents within the context of existing workflows, such as the Eligibility & Benefits workflow, or within an office work list.

KEY BENEFITS

Reduce costs significantly by replacing paper claims, costly clearinghouses, and health plan subsidized submission software. Claim edits clean claims so that claim rejections are kept to a minimum.

Boost provider satisfaction by accommodating costly claim exceptions for numerous entities – from the largest, most experienced provider practices to solo practitioners, transportation companies, and amateur billers.



For more information, visit us online at [NantHealth.com](https://www.NantHealth.com)
or email NaviNetInfo@NantHealth.com