

DATA SHEET

NaviNet® Open Claim Status Inquiry

Claim Processing Status and Advanced Payment Details

Checking the status of a claim can be a labor-intensive process that involves lengthy phone calls to health plans, complex data entry, and frustration among all parties involved. Provider offices spend countless hours of time following up on claims, which often involves the health plan.

THE SOLUTION

NaviNet Open Claim Status Inquiry (CSI) lets provider offices access detailed claim status information for a patient in real-time— eliminating the need to call a health plan directly. This application aligns health plan and provider interests by automating the delivery of claim receipt confirmation, adjudication status, and payment details to

providers. End users can view a claim's status at any time and see all claim submissions, regardless of the submission method. Providers can confirm with certainty that a claim was received, accepted, or denied, greatly reducing the need to call health plans.

NaviNet Open Claim Status Inquiry is a core application on NaviNet Open, the industry's leading payer-provider collaboration platform. Only NaviNet Open delivers the level of claim and payment details providers need to maintain a healthy revenue cycle.

KEY FEATURES

- A user-friendly, multi-payer portal that delivers vital financial information—like payment confirmation, adjustment explanations, and patient responsibility—in real-time between health plans and providers. The ability to submit attachments and view remittance advice online also removes manual work from the claims process.
- Rapid configuration and implementation of plan-specific search criteria, default data values, and EDI data parameters deliver the flexibility that best meets health plan and provider needs. Customizable claim status responses offer flexibility and detail beyond standard HIPAA claim status codes.

Save Money by Eliminating Administrative Waste

- The estimated savings opportunity for automating the Claim Status Inquiry workflow is \$2.6 billion per year for health plans and providers.*
- The estimated cost of a manual claim status inquiry is \$11.15 per transaction versus \$1.93 per electronic transaction.*

*2018 CAQH Efficiency Index

KEY BENEFITS

- Dramatically reduce costs by automatically responding to claim status requests from providers in real-time.
- Boost provider satisfaction and productivity by enabling providers to track reimbursement for services in real-time.

TECHNICAL CONSIDERATIONS

Recommendations for basic connectivity include:

- Real-Time EDI Gateway Web Service
- Compliance with CAQH/CORE Phase II Connectivity Standards

Recommended enrollment and application data requirements include:

- Delivery of a Vendor (Entity) and Provider Data Feed
- The ability to send and receive the Health Care Claim Status Request and Response (276/277)



“NaviNet® is the best office resource we’ve used yet...The time savings has reduced overhead costs, enhanced patient care by enabling us to provide quick and accurate information, and to improve the revenue cycle.”

– Practice Manager, Thundermist Health Center

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