NaviNet® Open Claims Management

Claims Management Simplified

To process claims, provider offices and health plans often contend with costly paper claims and attachments, as well as phone calls and manual processes associated with claims follow-up, correction, and resubmission. Without the ability to modify claims submitted electronically, providers must address errors and omissions manually, leading to an increased burden on staff and an additional strain on your operating budget.

THE SOLUTION

NaviNet Open Claims Management consists of professional claim submission, claim adjustments, claim attachments, claim investigation, and a multi-payer claims log where users manage their claim submissions. Claims Management supports both batch and real-time claim submission and adjudication, delivering instant, automated processing. NaviNet Open's integrated Claims Management solution simplifies the claims process by eliminating phone calls, costly paper claims, and other manual processes associated with claims follow-up, correction, and resubmission.

SAVE MONEY ELIMINATING ADMINISTRATIVE WASTE

- Inefficient claims processing, payment and reconciliation mean that there is a potential cost savings opportunity of over $1.5 million for medical providers to fully automate claims management.[1]

- Health plans and providers still receive 169 million phone calls every year to verify claim status.[1]

- Approximately 10–30% of claims require attachments and each of these can cost health plans $0.91 to process manually versus $0.11 processing electronically.[2]

- Claims that require rework (e.g., adjustments, repairs are estimated to cost health plans $25 per transaction.[3]

NaviNet® Open Claims Management runs on NaviNet Open, the industry's leading payer-provider collaboration platform.

[1] CAQH 2022 [2] CAQH 2021 [3] Medical Group Management Association (MGMA)

KEY FEATURES

The following applications empower health plans to better communicate and engage with their provider networks:

Claim Submission

Lets provider offices submit professional claims using simple, real-time data entry without needing a practice management or electronic health record system. Claim Submission is powerful enough for professional billers, yet easy enough for solo practitioners to perform their own billing.

Claim Adjustments

Lets providers edit and resubmit claims sent to health plans during pre or post-adjudication, regardless of the claim submission source.

Claim Attachments

Lets providers upload and attach electronic documents in support of the claims adjudication process.

Claim Investigation

Allows providers and health plans to communicate about the processing of a claim.

Claims Log

Provides a central location to view claims submitted or adjusted through NaviNet Open. With just one click, providers are able to copy a claim, adjust or repair a claim, upload claim attachments, check claim status, and resubmit previously submitted claims.

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.

TECHNICAL CONSIDERATIONS

Recommendations for basic connectivity include:

- 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)

- The ability to send the Claim Acknowledgment (277CA) and receive the Professional Health Care Claim (837P)

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