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DATA SHEET

NaviNet® Open Eligibility & Benefits

Membership Verification and Coverage Information Made Easy

The inability to communicate complex, multi-tiered plan benefit design information to provider offices is a key reason health plans experience high call volume. As value-based reimbursement evolves, health plans and providers must work closely together to align their cost and quality objectives as providers take on increasing risk.

Save Money Eliminating Administrative Waste

- The estimated savings opportunity for automating the Eligibility & Benefits workflow is $4 billion every year for health plans and providers, the largest administrative savings opportunity in the industry*
- This high-volume transaction translates into an average of 25 eligibility & benefit verifications per member every year*

*2018 CAQH Efficiency Index

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THE SOLUTION

NaviNet® Open Eligibility and Benefits delivers membership verification, insurance coverage, and benefit details, such as copayments, deductibles, and coordination of benefits, to provider offices in real-time; information that is also highly valued by members. NaviNet Open Eligibility and Benefits allows health plans to improve communications and engagement with their provider networks and reduces health plan and provider complexity. This application streamlines the insurance verification process and facilitates smoother operations for providers. The application is a core application on NaviNet Open, the industry's leading collaboration platform.

KEY FEATURES

- A user-friendly, multi-payer portal that delivers information in a consistent format between health plans and providers.
- Rapid configuration and implementation of plan-specific search criteria, default data values, and EDI data parameters provide the flexibility that best meets health plan and provider needs.
- Digital member ID cards let health plans show member ID cards to provider offices within an Eligibility and Benefits response.
- Powerful document delivery capabilities (through our Document Exchange option) let health plans integrate care gaps and coding considerations into the Eligibility and Benefits workflow.

KEY BENEFITS

Achieve substantial savings by providing immediate, accurate eligibility and benefits information to provider offices. By simplifying this high-volume transaction, phone calls to health plans decrease dramatically, raising productivity and slashing costs.

Enable value-based care by incorporating Document Exchange capabilities into the Eligibility and Benefits workflow.

Health plans supply patient summaries and care gaps that provider offices can act upon at the point of care. This value-based care approach delivers improved patient and condition-specific guidance that bolsters quality and overall patient satisfaction.

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 include:

- Delivery of a Vendor (Entity) and Provider Data Feed
- The ability to send and receive the Health Care Eligibility Benefit Inquiry and Response (270/271)

> "Just several months after implementation, Neighborhood saw a 37% drop in E&B calls ..."
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> *– Neighborhood Health Plan of Rhode Island, Chief Operating Officer*

For more information, visit us online at www.nanthealth.com

184003 v3 25-FEBRUARY-2020