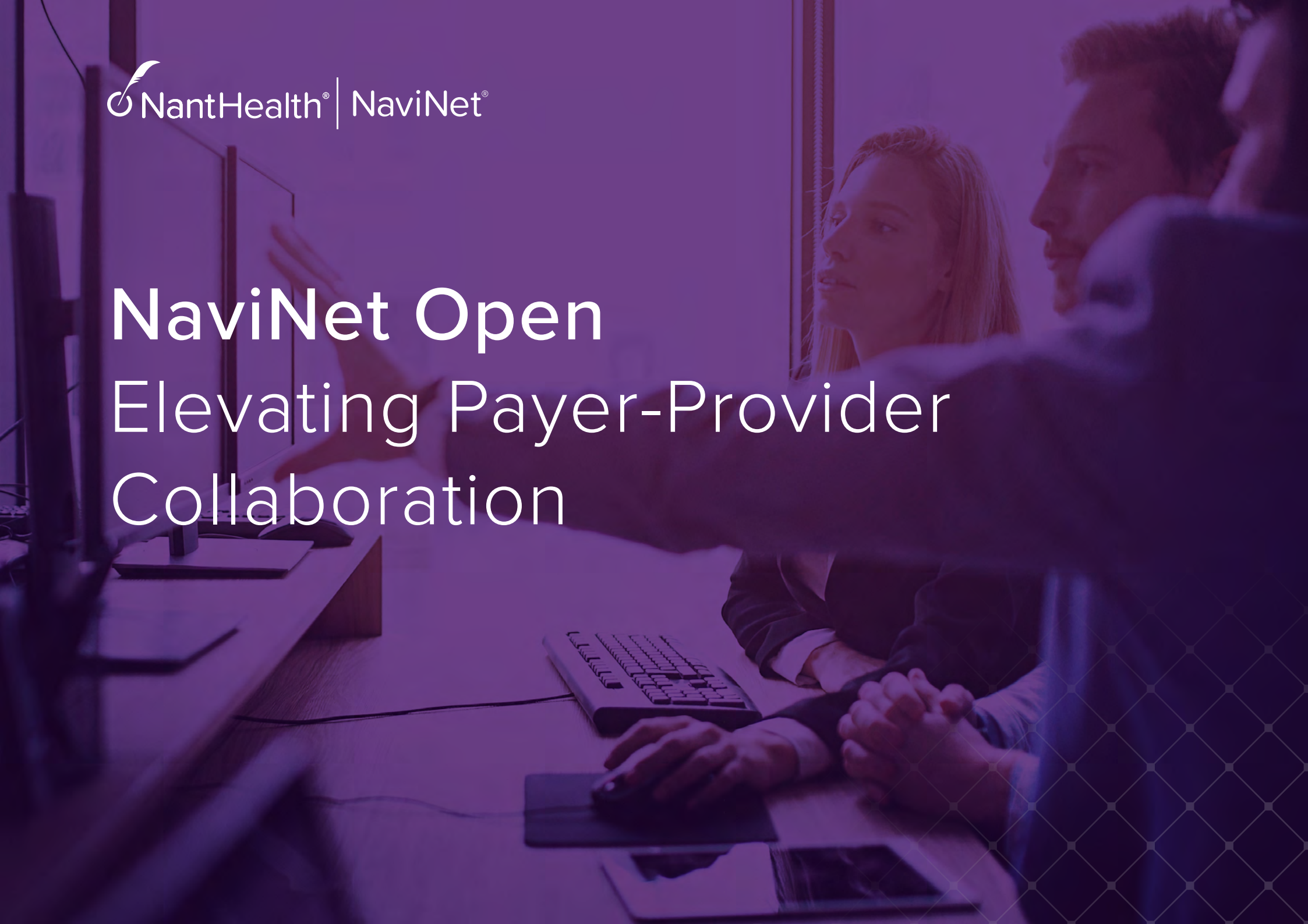
NantHealth® | NaviNet®
NaviNet Open
Elevating Payer-Provider Collaboration

Explore the reasons payers choose NaviNet Open:

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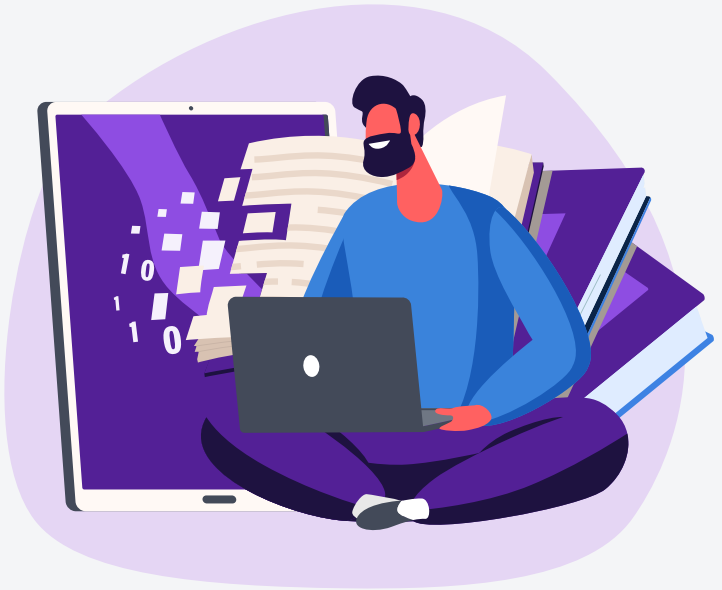
Enhancing Payer-Provider Collaboration

NaviNet Open is one of America's leading payer-provider collaboration platforms, enhancing communications between health plans and providers to increase operating efficiency, lower costs, and improve provider satisfaction.

As your organization develops more value-based product lines to support the transition to value-based care, provider alignment and actionable data prior to care delivery becomes critical. To enable these capabilities, health plans and providers need a flexible, extensible infrastructure, NaviNet Open.



OPPORTUNITY

$25 BILLION

How much the healthcare industry can save each year by adopting fully electronic administrative transactions.[1]

TECHNOLOGY

NaviNet Open is a secure, multi-payer platform that delivers vital administrative and clinical information to providers in real-time, so they can quickly and easily communicate across multiple health plans. NaviNet Open delivers unparalleled provider adoption and utilization, paving the way for stronger collaboration between health plans and providers.

Solution Suite

Eligibility & Benefits

Membership Verification and Coverage Information Made Easy

- Streamline the insurance verification process and facilitate smoother operations for your provider network.
- Deliver membership verification, insurance coverage information, and payment information, such as copayments, deductibles, and benefit details to provider offices in real-time.
- Rapidly configure and implement plan specific search criteria, default data values, and EDI data parameters that best meet health plan and provider needs.
- Present digital member ID cards to provider offices within an eligibility & benefits response.
- Integrate additional eligibility & benefits details that are not included in the 271 message format.

$12.8 BILLION

Estimated annual savings opportunity for automating the eligibility & benefits workflow.[1]

37/per member

Average number of eligibility & benefit verifications annually.[1]

> "NaviNet has allowed me to work more efficiently by providing timely resources and systems that are user-friendly and intuitive."
>
> Jason Walker, Coding & Billing Manager, Nally Family Practice

Solution Suite

Claim Status Inquiry

Claim Processing Status and Advanced Payment Details

- 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.
- Eliminatie laborious phone calls by providing real-time access to detailed financial and claim status information.
- Automate the delivery of claim receipt confirmation, adjudication status, and payment details.
- Allow end users to view a claim's status at any time and see all claim submissions, regardless of the submission method.

$3.6 BILLION

Estimated annual savings potential for automating the Claim Status Inquiry workflow.[1]

$15.68 vs $2.07

Estimated cost of a manual claim status inquiry per transaction versus per electronic transaction.[1]

> "Our goal was an online transaction [that] had to be completed faster than a hand-written referral. We were having providers default to hand-written referrals because online was taking longer. ... You can thank some of those early pioneers at NaviNet for sitting down with us and saying, 'Okay, how can we make this transaction occur in less time?

VP of Provider Technology and Strategic Partnerships

Solution Suite

Claims Management

Claims Management Simplified

- Simplify claims management efforts by eliminating phone calls, costly paper claims, and other manual processes associated with claims follow-up, correction, and resubmission.
- 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.
- Automate claim submission, claim adjustments, claim attachments, claim investigations, and claim logs.

169 MILLION

Number of phone calls yearly between providers and health plans to verify claim status.[1]

$2.3+ MILLION

Estimated annual savings potential to fully automate claims management.[1]

$25/per transaction

Additional cost for claims requiring rework.[2]

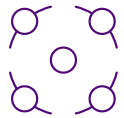
> “NaviNet is the best office resource we’ve used yet...The time savings has reduced overhead costs, enhanced patient care by enabling us to provide quick and accurate information, and to improve the revenue cycle.”
>
> Practice Manager, Thundermist Health Center

Solution Suite

Authorizations

Authorization Submission and Information Access Accomplished

- Increase provider trust, satisfaction, and overall network relations by shifting authorizations from a costly and time-consuming manual process to a streamlined online form submission with electronic follow-up.
- Enable real-time exchange of HIPAA-compliant authorization submission requests and inquiries between you and providers.
- Let provider offices submit authorization requests and access real-time authorization information.
- Collect additional clinical and supporting documentation through attachments and customizable questionnaires.
- Allow users to filter and sort authorizations in a way that aligns with their current workflows.



ONLY 28%

Number of authorizations that are fully electronic.[1]

$3,600+

health plans Savings per 1,000 transactions by shifting to electronic prior authorizations.[1]

Solution Suite

Referrals

Informed Referral Decisions Facilitated

- Enable provider offices to make more informed referral decisions and ensure value-based contract success by providing detailed referral information.
- Improve productivity and reduce administrative costs by responding to critical referral requests from provider offices in real-time, dramatically reducing customer service phone calls.
- Let provider offices submit and access referrals in real-time, guiding patients to the best specialist at the most affordable cost.
- Allow administrative staff to navigate complex sub-networks including benefits tiers, narrow networks, and preferred provider lists, which are especially beneficial to health plans developing narrow network programs that require advanced provider steerage.
- Lower costs by optimizing in-network referrals and reducing leakage.

1 IN 3

Number of patients referred to a specialist every year.[3]

$10M

Amount, on average, every primary care physician controls of downstream healthcare spend.[4]

Solution Suite

Document Exchange

Critical Communications Between Health Plans and Providers Streamlined

- Support bi-directional exchanges of information to engage providers during vital clinical workflows.
- Transmit administrative, financial, and clinical information in real-time—including fee schedules, risk adjustment information, quality measurement data, and performance reports.
- Allow providers to proactively manage their patient panels with seamless, real-time access to clinical information like patient summaries, high-risk patient lists, care gap reviews, and more
- Thrive in a world of value-based care by providing access to critical information at the point of care.

> “Our office regularly uses NaviNet for national and smaller private health insurers, as well as public health insurers. With one simple sign on, we are able to access information such as claim status and patient eligibility and benefits for all four. NaviNet allows us to obtain the information we need quickly and securely so we aren’t spending unnecessary time on the phone.”
>
> Nancy Bohn, Billing, Orthopedics Northwest

Health Plan Benefits

FULL-SERVICE STRATEGIC PARTNERSHIP

- Leverage the experience of our consultative teams to ensure your success.
- Foster collaboration that promotes a deep understanding of your business' landscape and goals.
- Receive ongoing support, product improvements, and cost savings.

UNLOCK INNOVATION

- Focus internal resources on other innovation projects, leaving platform management and compliance assistance to us.
- Gain continuous product improvement without sacrificing speed-to-market.

TRUSTED ADVISORS

- Access a cross-functional team who act as trusted advisors to provide guidance and recommendations from initial implementation through upgrades and enhancements.
- Entrust us to manage all areas of technical operations, including key performance and scaling initiatives, system monitoring, and detailed system analytics and reporting.

MAGNIFY YOUR BRAND

- Ensure consistent branding and messaging with NaviNet Open Plan Central, a flexible branded space within providers' existing workflows.
- Communicate the most up-to-date and time sensitive health plan information within a centralized access point.
- Manage the content you display to providers easily with user-friendly configuration tools.
- Improve provider communication and satisfaction by delivering quick access to critical information at the point of care.

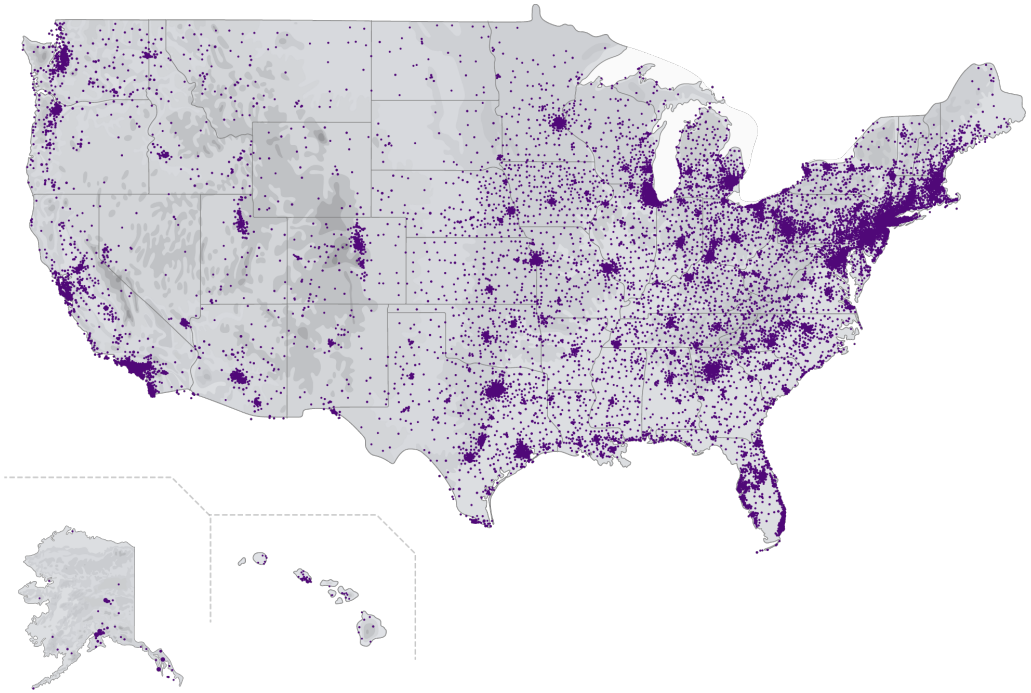
DEDICATED SUPPORT AND TRAINING

- Access numerous support and training resources, such as live phone support, case management, self-service videos, manuals, and online chat.
- Address end-user needs quickly, alleviating substantial call support demands.

Provider Adoption and Engagement

National Provider Network of **360K+** Registered User Accounts

32M+ Monthly Health Plan Interactions



1 2022 CAQH Index Report

2 Medical Group Management Association (MGMA)

3 Mehrotra A, Forrest CB, Lin CY. Dropping the Baton: Specialty Referrals in the United States. The Milbank Quarterly

4 Mostashari F, Sanghavi D, McClellan M. Health Reform and Physician-Led Accountable Care: The Paradox of Primary Care Physician Leadership. JAMA

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