

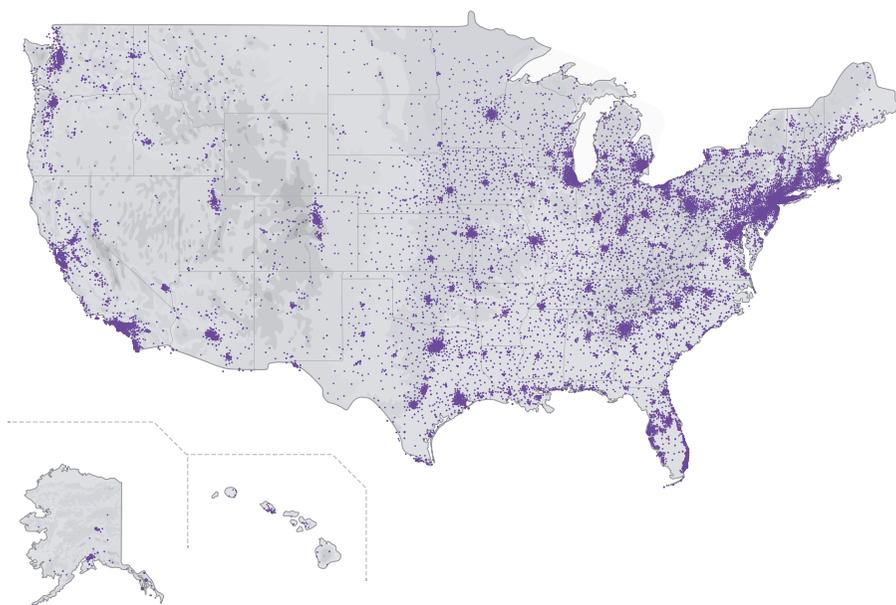
PAYER SOLUTIONS

NaviNet[®] Open

Work Better, Together

Health Plans can Save Millions Annually
by Connecting with Their Provider
Networks through NaviNet

NaviNet Open Offers Unparalleled Provider Adoption and Engagement



NAVINET NETWORK ACTIVE TRANSACTING USERS IN THE U.S.

- National Provider Network of 430k Registered User Accounts
- 38 Million Interactions a Month
- 34.8 Million Lives Covered

“

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

Introduction

NaviNet® Open is America's leading payer-provider collaboration platform, 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.

OUR SOLUTION

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.

KEY FEATURES

- Secure, multi-payer platform giving providers real-time access to payer information
- Standards-based configurable and extensible integration with payer back end systems
- Applications perform eligibility and benefit inquiries, claims management, authorizations, referrals, and administrative and clinical information delivery including attachment handling and delivery

NAVINET OPEN MULTI-PAYER PLATFORM

- Eligibility and Benefits
- Claim Status Inquiry
- Referrals
- Document Exchange
- Authorizations
 - a. Appeals
 - b. Request for Info
- Claims Management
 - a. Claim Submission
 - b. Claim Adjustments
 - c. Claim Attachments
 - d. Claim Investigation
 - e. Claims Log

FOUNDATION

- Security
- Configuration and Customization Framework
- Utilization and Adoption Reports
- Event-Based Architecture
- Document Handling and Delivery
- Alerts and Notifications
- Identity Management
- Provider Data Management

KEY BENEFITS

- Increase operational efficiency for health plans and providers
- Unlock savings by reducing customer service calls and manual processes, like paperwork and faxes
- Enhance communications between health plans and providers by building trust, boosting provider satisfaction, and more closely aligning to value-based outcomes

NaviNet Open Eligibility and Benefits

NaviNet Open Eligibility and Benefits delivers membership verification, insurance coverage information, and payment information, such as copayments, deductibles, and benefit details to provider offices in real-time - information that is highly valued by providers and members. This workflow is easily tailored to meet your organization's business needs without the need for costly professional service engagements. NaviNet also lets health plans provide custom content, such as essential patient health information not currently supported in the EDI 270/271 message set.

NaviNet Open Claim Status Inquiry

NaviNet Open Claim Status Inquiry (CSI) lets provider offices access detailed financial and claim status information 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.

NaviNet Open Claims Management

NaviNet Open Claims Management is a collection of powerful claim tools that consists of Professional Claim Submission, Claim Adjustments, Claim Attachments, Claim Investigation, and a multi-payer Claims Log where users manage their claim submissions. Claim Submission supports traditional batch claim processing, and also real-time submission and adjudication. NaviNet Open's integrated Claims Management solution simplifies claims management efforts by eliminating phone calls, costly paper claims, and other manual processes associated with claims follow-up, correction, and resubmission.

NaviNet Open Authorizations

NaviNet Open Authorizations lets providers submit authorization requests and appeals,

and access real-time authorization information, such as status updates and approvals, from the health plan. The authorizations workflow is optimized by making it easy for health plans to configure fields and add additional business logic and links to third party applications. Providers are able to upload documents needed for authorization processing, enabling health plans to collect supplemental information based on authorization type, further streamlining workflows and lowering costs.

NaviNet Open Referrals

NaviNet Open Referrals lets provider offices submit and access referrals in real-time, guiding patients to the best specialist at the most affordable cost. This application empowers provider staff with more referral information - such as benefit tiers, preferred providers, and patient financial responsibility information. Administrative staff is better equipped to navigate complex sub-networks, while health plans optimize in-network referrals to reduce leakage and lower costs.

NaviNet Open Document Exchange

NaviNet Open Document Exchange streamlines communication between health plans and providers by enabling both health plans and providers to transmit clinical and administrative information. This flexible application automates the exchange of information between health plans and providers for a wide array of use cases - sharing risk adjustment information, quality measurement data, and performance reporting - to name a few. Providers are notified of care gaps within their existing workflows, making it easy to upload supporting documents. NaviNet Open Document Exchange enables health plans and providers to thrive in a world of value-based care by providing access to critical information at the point of care.

The NaviNet Difference

A FULL-SERVICE

STRATEGIC PARTNERSHIP

Our customers enjoy a rich array of consultative services, leveraging experienced teams across our company to ensure your organization's success. NantHealth establishes a comprehensive partnership with each client, gaining a deep understanding of your business landscape and goals. Health plans benefit from ongoing support, product improvements, and cost savings.

UNLOCK INNOVATION

A partnership with NantHealth allows a health plan's internal IT resources to focus on internal innovation while leaving platform management and compliance assistance to us. As a Software as a Service (SaaS) solution, NaviNet Open platform customers benefit from continuous product improvement without sacrificing speed-to-market.

YOUR TRUSTED ADVISORS

Health plans gain access to a cross-functional Account Management Team, comprised of dedicated Deployment and Program Management staff, who act as trusted advisors to provide guidance and recommendations from initial implementation through upgrades and enhancements. Health plans entrust our expert, in-house teams to manage all areas of technical operations, including key performance and scaling initiatives, system monitoring, and detailed system analytics and reporting. Our Client Experience Team supports our customers by delivering impressive provider adoption, retention and training results, while our Customer Service Team handles seamless support and issue resolution.

MAGNIFY YOUR BRAND

NaviNet Open Plan Central allows health plans to connect with their providers by offering a flexible branded space within providers' existing workflows. This

centralized access point makes it easy for providers to find the most up-to-date and time-sensitive information from health plans. Health plans gain access to easy-to-use configuration tools to manage their content, reducing infrastructure spend by removing the need for additional software. Additionally, health plans ensure consistent branding and messaging. Provider communication and satisfaction improves when critical information is made available at the point of care.

DEDICATED SUPPORT & TRAINING

Every health plan customer and provider office end-user gains access to numerous support and training resources, such as live phone support, case management, self-service videos, manuals, and online chat. These varied channels and proactive training methods enable NantHealth to quickly address end-user needs, alleviating substantial call support demands for our customers.

- \$9.4B - Estimated amount the commercial healthcare industry could save by fully adopting electronic transactions for 6 of the most common claims-related administrative processes¹
- Health plans estimate that 60% of health care payments will be a mix of capitation, pay for performance (P4P), and episode of care/bundled payments within 5 years²

1. 2016 CAQH Efficiency Index
2. ORC International Survey 2016

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



ABOUT NANTHEALTH

NantHealth's Mission is to improve the delivery of healthcare and optimize patient outcomes by leveraging the latest advancements in precision medicine and software technologies to enable true value based care.

TO LEARN MORE ABOUT NAVINET AND
OTHER NANTHEALTH SOLUTIONS,
INCLUDING PRECISION INSIGHTS AND EVITI:

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