Authorizations

Authorization Submission and Information Access Accomplished

Authorizations are among the most manual and costly transactions for health plans and providers alike. Health plans spend a significant amount of time and resources managing the authorization process, as do providers who must navigate rules that are complex, non-standard, and quickly compound across health plans. Provider frustration can be damaging to health plans and their member relationships.

DATA SHEET

SAVE MONEY ELIMINATING ADMINISTRATIVE WASTE

- Only 35% of authorization transactions are fully electronic.[1]

- Prior authorizations are among the industry's most costly administrative transaction—a whopping $16.29 per manual transaction.[1]

- The average physician practice could save up to 14 minutes per authorization.[1]

THE SOLUTION

NaviNet® Authorizations lets provider offices submit authorization requests and access real-time authorization information, such as status updates, from health plans.

NaviNet Authorizations is a core application on NaviNet, the industry's leading payer-provider collaboration platform.
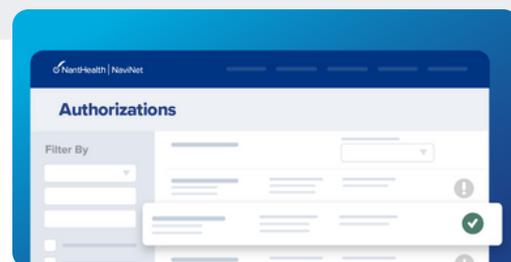
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KEY FEATURES

- A user-friendly, multi-payer portal that enables the real-time exchange of HIPAA-compliant authorization submission requests and inquiries between health plans and providers. A behind-the-scenes eligibility and benefits inquiry ensures the member is active and requires an authorization, preventing unnecessary authorization submission.

- Rapid configuration and implementation of submission fields, plan-specific search criteria, default data values, and EDI data parameters provide the flexibility that best meets health plan and provider needs.

- Configurable business logic to ensure that submissions are properly validated.

- Auto-approvals.

- Duplicate checking.

- Plan-specific validation.

- Prevent submission of authorizations that are not required.

- Links to third party applications at various points within the Authorizations workflow.

- Easy to use search tools.

- Amending previously submitted authorizations in accordance with health plan business rules.

- The ability to collect additional clinical and supporting documentation through attachments and customizable questionnaires.

- Auth log, which allows users to filter and sort authorizations, allowing each user to manage auths in a way that aligns with their current workflow processes.

- Additional workflows like Request for More Information, Authorization Status Updates, and Notifications.

- Support for Appeals.

KEY BENEFITS

Attain meaningful savings by delivering the most complete and up-to-date authorization information. Providers decrease their need to call or fax health plans directly during the authorizations process, lowering operating costs for health plans and providers.

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.

TECHNICAL CONSIDERATIONS

Recommendations for basic connectivity include:

- Real Time EDI Gateway Web Service
- Compliance with CAQH/CORE Open Authorization Connectivity and Data Content Operating Rules

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 Services Review - Inquiry and Response and Request for Review and Response (278)

ONLY 35%

Number of authorizations that are fully electronic.[1]

$3,360+

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

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Ready to simplify authorizations?

For more information, visit **NantHealth.com** or email **PayerSales@NantHealth.com** to see NaviNet Authorizations in action.

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