

# Eligibility and 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.

### DATA SHEET

#### THE SOLUTION

NaviNet® Eligibility and Benefits delivers provider offices real-time membership verification, insurance coverage, and benefit details, such as copayments, deductibles, and coordination of benefits. NaviNet 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. This is a core workflow on NaviNet.

#### SAVE MONEY ELIMINATING ADMINISTRATIVE WASTE

- The estimated savings opportunity for digitizing the eligibility and benefits workflow is **\$12.3 billion** every year for health plans and providers.\*
- This high-volume transaction translates into an average of 46 eligibility and benefit verifications per member every year\*

“NaviNet is my favorite way to verify eligibility, it’s easy to read for beginners and has useful information.”

-NaviNet user since 2015

## 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.
- Providers can view digital member ID cards within eligibility and benefits workflows.
- Powerful document delivery capabilities (powered by our NaviNet DataBridge™ solution) let health plans integrate care gaps and coding considerations into the eligibility and benefits workflow.
- The ability to integrate additional eligibility and benefits details that are not included in the 271 message format.

## KEY BENEFITS

Achieve substantial savings by providing immediate, accurate member 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.

### 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 Eligibility and Benefits Connectivity and Data Content Operating Rules

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)

\*2024 CAQH Index®

**Ready to simplify eligibility and benefits?**

For more information, visit [NantHealth.com](https://NantHealth.com) or email [PayerSales@NantHealth.com](mailto:PayerSales@NantHealth.com) to see NaviNet Eligibility and Benefits in action.

