

NPHIES Readiness Checklist

A 10-point compliance assessment for hospitals, polyclinics, medical centers & day surgery centers

Eligibility Transaction Readiness

Your HMS performs real-time eligibility checks through NPHIES without timeout failures.

Patient insurance data is validated for policy validity, coverage limits, exclusions, and network rules.

Staff understand fallback processes when eligibility returns Pending, Error, or Requires Update.

Pre-Authorization Workflow Compliance

Pre-auth requests contain all mandatory clinical content, SNOMED terms (where applicable), and payer-required attachments.

System auto-populates medical necessity criteria and reduces manual data entry.

Alerts are in place for expiry of pre-auth approvals or missing follow-up documentation.

Clinical Data Structure & Interoperability

Encounter records capture all NPHIES-required elements: Encounter Type, Episode ID, Diagnoses, Procedures, Vitals, Services Rendered, Provider Details, and Notes.

Availability of structured documentation formats (SOAP/templates), preventing validation issues caused by free text.

The HMS is able to generate FHIR-compliant messages if mandated for future NPHIES phases.

Claim File Completeness & Validation Logic

Claims undergo pre-submission validation:

- Missing diagnosis
- Invalid coding combinations
- Mismatched service dates
- Provider-to-service inconsistencies

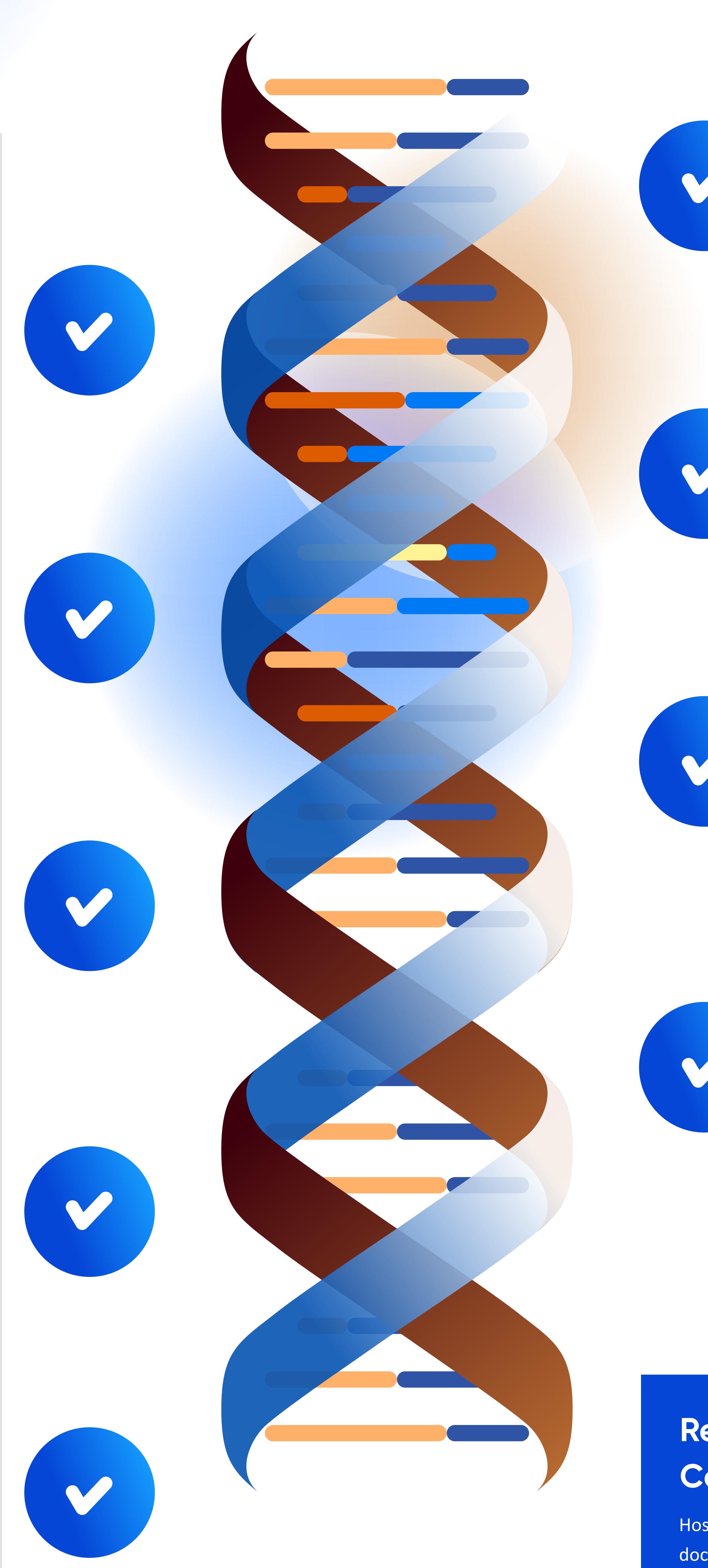
System supports Claim Enquiry, Claim Status, and EOB/ERA reconciliation for faster financial closure.

Rejection & Denial Analytics Framework

Dashboard available for:

- Claim validation errors
- Eligibility rejection patterns
- Payer-specific denial reasons

Automated tasks trigger for correction, re-submission, or clarifications.



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Pricing, Contracting & Revenue Cycle Readiness

Price lists reflect updated payer contracts.

Package rates, investigations, consumables, and add-on charges follow approved tariff structures.

System prevents non-covered items, unbundling errors, and incorrect modifiers.

Data Governance, Audit Trails & Documentation Standards

System maintains complete logs of:

- User actions
- Data edits
- Pre-auth changes
- Claim revisions

All insurance attachments, clinical justifications, and payer documents are stored in a centralized repository.

Routine audits ensure data completeness and accuracy

Staff Capability Across All NPHIES Touchpoints

Front Desk: Insurance updates, Co-pay rules, Eligibility outcome actions.

Nursing: Standardized documentation, vitals mapping, procedure support.

Physicians: Structured notes, coding accuracy, pre-auth compliance.

Billing/RCM: Claim validation, denial interpretation, follow-up. IT: API monitoring, downtime protocols, master data maintenance.

Technology Scalability, API Stability & Security

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- Real-time NPHIES APIs (Eligibility, Pre-auth, Encounter, Claims)
- Load balancing for high-outpatient-volume days
- Version updates aligned with NPHIES releases

Downtime mode enables queued transactions that sync automatically once connectivity is restored.

Security standards include data encryption, role-based access, and audit-ready compliance logs.

Ready to Achieve Full NPHIES Compliance?

Hospitals and clinics across Saudi Arabia are strengthening their workflows, documentation practices, and revenue cycle processes to align with NPHIES requirements. A NPHIES-enabled HMS supports this transition by reducing rejections, accelerating approvals, and ensuring consistency in claim settlement.

Preparing early provides your organisation with the operational stability and accuracy required for seamless compliance.

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