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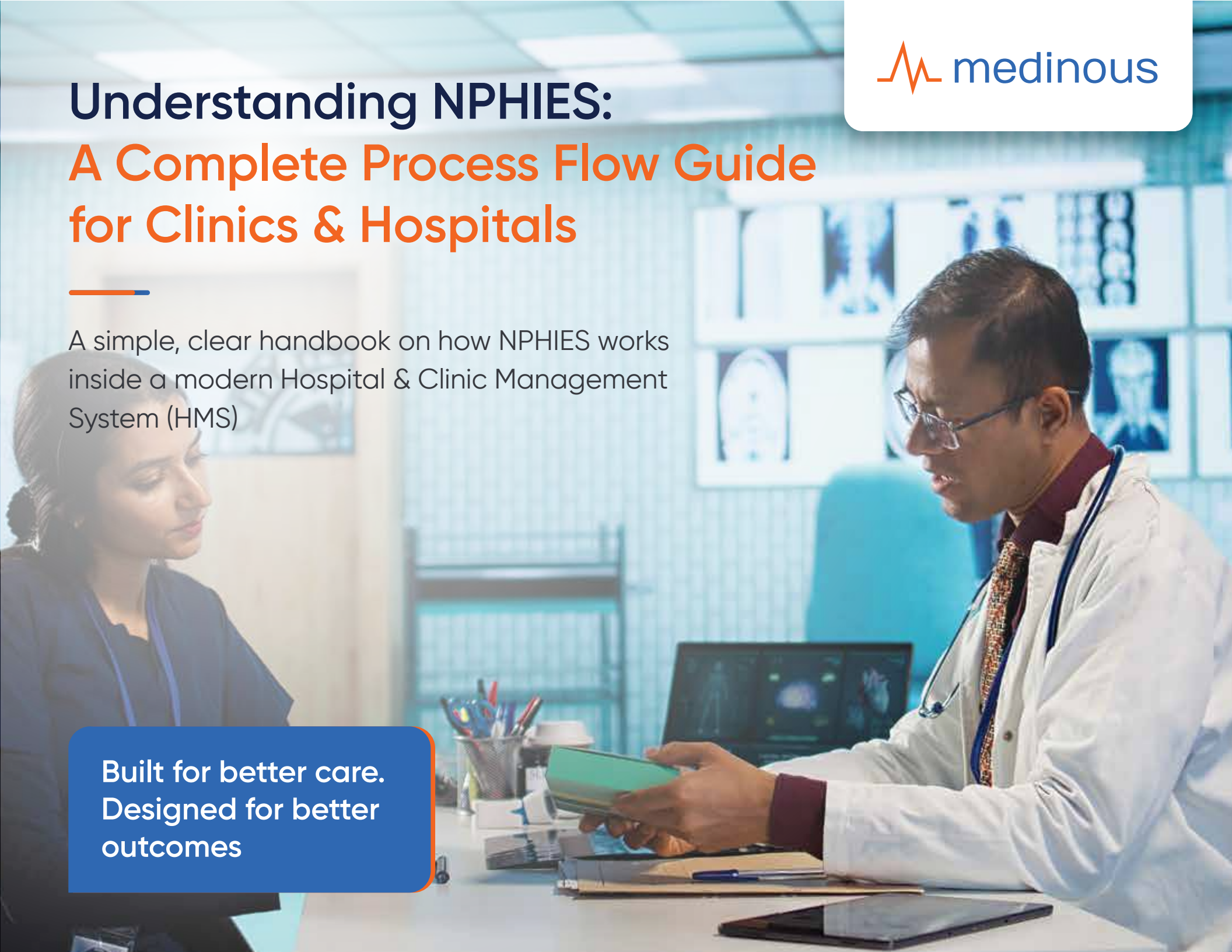
Understanding NPHIES:
A Complete Process Flow Guide for Clinics & Hospitals

A simple, clear handbook on how NPHIES works inside a modern Hospital & Clinic Management System (HMS)



Built for better care. Designed for better outcomes

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Selecting your next Hospital Management System(HMS) is a significant decision. This guide helps you navigate the process in 10 clear steps — from assessing your current pain points to selecting a partner who can evolve with your hospital's future.

This guide helps you

- How to identify what your hospital truly needs
- How to compare vendors fairly and confidently
- How to negotiate, evaluate, and finalize the right partnership

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With billions invested and double-digit efficiency gains ahead, healthcare facilities in emerging-markets are redefining healthcare through digital tools and integrated management systems.

What is NPHIES and Why It Matters

NPHIES (National Platform for Health and Insurance Exchange Services) is Saudi Arabia's unified national platform that connects health providers, insurance companies, and regulators.

In simple terms:

- It is the digital bridge between your clinic and the payer.
- It ensures every approval, claim, and payment follows a standard process.

NPHIES standardizes:

- Patient eligibility checks
- Prior authorizations
- Digital claim submissions
- Payer responses
- Remittance advice

This means fewer errors, faster reimbursement, and more transparency.

How NPHIES Fits into Daily Clinic & Hospital Operations

If you run a clinic or hospital, NPHIES touches every part of the patient journey

Stage	What Happens	What NPHIES Does
Registration	Patient arrives	Confirms insurance eligibility
Consultation	Doctor examines	Verifies diagnosis codes & services
Orders	Lab/Imaging/ Pharmacy	Ensures orders follow coding standards
Billing	Creating invoice	Validates rules & coverage
Claims	Sending to payer	Standardizes claim format
Payment	Payer reimburses	Sends remittance advice

In a well-integrated HMS, most of these steps become automatic.

Step 1: Patient Registration & Eligibility

When a patient walks in

1. Reception enters National ID/Iqama
2. Insurance details are captured
3. The HMS sends a real-time Eligibility Check to NPHIES
4. NPHIES confirms:
   - Is the patient covered?
   - What services are included?
   - What is the co-pay?
   - Is the policy active?

*If **eligible**, the visit continues.*
*If **not eligible**, the patient chooses self-pay.*

Why it matters

1. Prevents rejected claims later
2. Helps staff explain co-pays upfront

Step 2: Creating the Episode of Care

At the nursing desk

1. Vitals are taken
2. Symptoms are recorded
3. The type of visit is noted

The HMS converts this into a structured clinical episode that NPHIES understands.

Why it matters

1. Every claim is tied to this episode
2. Payers need clear documentation

Step 3: Doctor Consultation

During consultation, the doctor enters

1. Diagnoses
2. Procedures
3. Medications
4. Lab/Radiology orders
5. Medical notes

A NPHIES-integrated HMS automatically codes everything

1. ICD-10-AM (diagnosis)
2. CPT (procedures)
3. LOINC (lab tests)
4. ATC/RxNorm (medications)

Why it matters

1. Accurate coding = fewer rejections
2. Standardized documentation

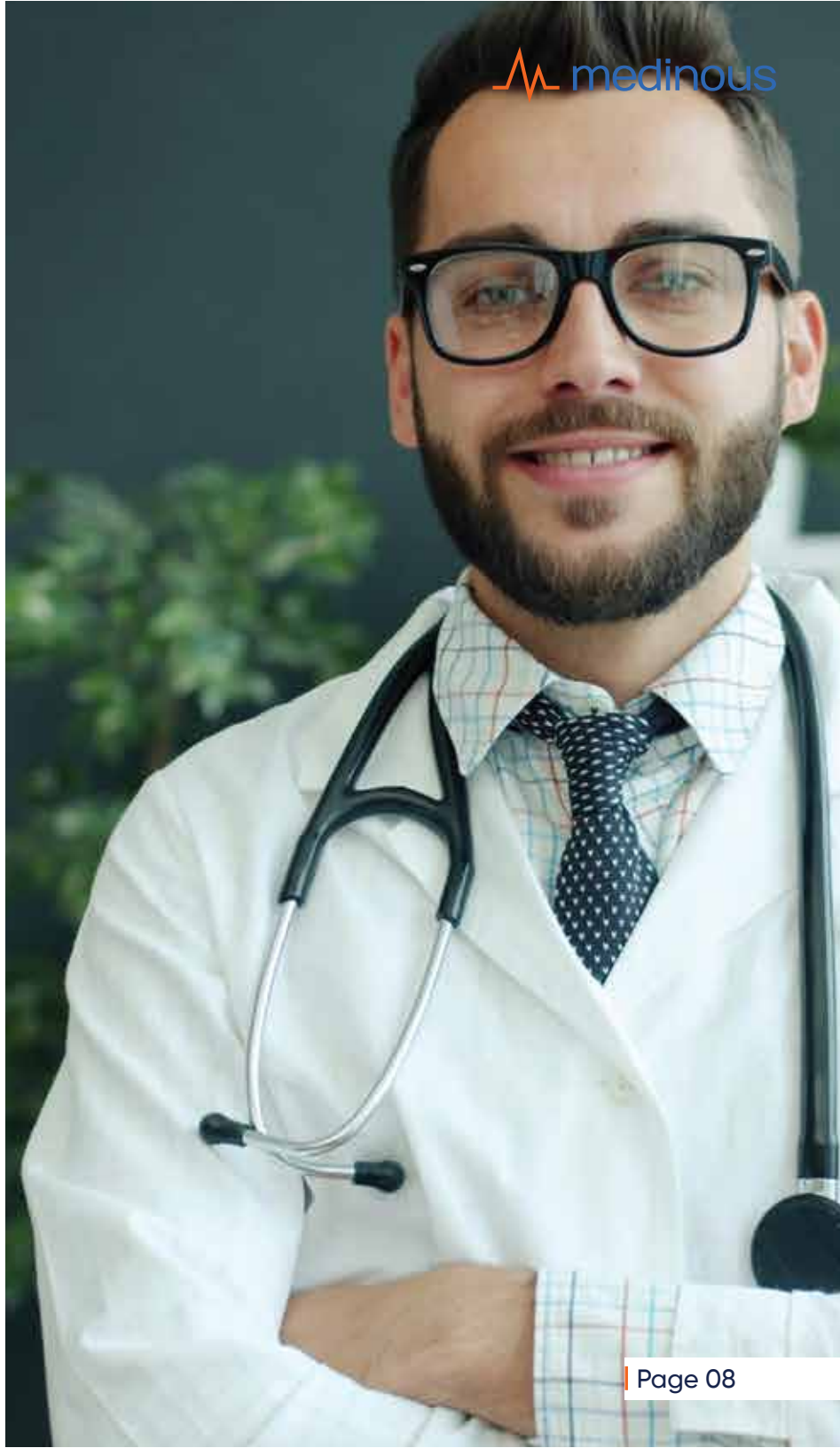
Step 4: Prior Authorization

For certain services (MRI, CT, surgery, admissions)

1. The HMS prepares an Authorization Request
2. This is sent automatically to NPHIES
3. Payer approves, partially approves, rejects, or requests more info
4. The decision appears inside the HMS

Why it matters

- You never perform a procedure without approval
- Avoids costly denials later



Step 5: Labs, Radiology & Pharmacy Services

As the patient moves

1. Lab tests are performed
2. Imaging scans are completed
3. Prescriptions are dispensed

Each department's output is converted to a standard NPHIES clinical format and synced automatically.

Why it matters

- Payers see all services clearly
- Everything matches the doctor's order

Step 6: Billing & Coding Validation

Before submitting a claim, the HMS checks

1. Is coding correct?
2. Is the authorization linked?
3. Does the service match coverage rules?
4. Is the co-pay calculated correctly?
5. Are there duplicate items?

*This is called **claim cleaning.***

Why it matters

- 80–90% of rejections are prevented here

Step 7: Claim Submission to NPHIES

HMS generates a structured NPHIES-compliant digital claim:

1. All codes
2. Service dates
3. Cost details
4. Authorization ID
5. Provider information
6. Attachments

NPHIES receives the claim and forwards it to the insurance payer.

Why it matters

- No PDFs or paper
- Standardized, transparent format

Step 8: Payer Adjudication

Payer reviews

1. Coverage
2. Coding
3. Authorization
4. Medical necessity
5. Tariff agreements

Payer reviews

1. Approved
2. Partially approved
3. Denied
4. Corrections needed

Why it matters

- Clear, digital decision-making
- Faster payouts

Step 9: Remittance & Settlement

NPHIES sends back an Electronic Remittance Advice (ERA)

1. Approved amount
2. Denials and reasons
3. Adjustments
4. Patient share
5. Final settlement

HMS automatically posts the payment.

Why it matters

- Fast reconciliation
- End-to-end revenue visibility

Common Challenges Clinics Face with NPHIES

Ask yourself

- Staff unfamiliar with coding standards
- Manual entry leading to mismatched data
- Missing authorization attachments
- Poor-quality documentation
- Delays in lab/radiology updates
- HMS that is not fully compliant
- Claim rejection loops due to incorrect coding

Each challenge leads to

- Delayed cash flow
- More rework
- Higher denial rates

What a Good HMS Should Automate for You

A strong NPHIES-ready HMS should provide

1. Automated coding (ICD-10-AM, CPT, LOINC, etc.)
2. Real-time eligibility checks
3. Auto-generated prior authorization requests
4. Duplicate claim detection
5. Built-in compliance validation
6. Instant claim creation
7. Automated remittance posting
8. Payer rules engine
9. Clinical-to-financial mapping

This reduces manual work by 60–70%.

Glossary

- **Eligibility:** Checking whether the patient's insurance is active.
- **Authorization:** Getting approval before performing certain services.
- **Claim:** The request sent to the insurance company to get paid.
- **Adjudication:** Payer's decision process.
- **ERA:** Remittance advice showing what was paid or denied.
- **ICD-10-AM:** Diagnosis coding standard.
- **CPT:** Procedure coding standard.
- **FHIR:** Structured data format that NPHIES uses.

About Medinous

Building Connected Healthcare Systems for a Connected World

Medinous is a global healthcare technology company providing integrated Hospital and Clinic Management Systems designed to simplify operations, enhance patient care, and strengthen administrative efficiency.

Our solutions empower hospitals, clinics, and healthcare networks across the GCC, Africa, and the Caribbean to digitize their entire care cycle — from patient registration to discharge — with real-time visibility and control.

Medinous Enterprise	Medinous Spectrum	Medinous Fusion
For Large Hospitals	For Small & Mid-sized Hospitals	For Out-Patient centers

Key Highlights

Comprehensive Coverage: Fully integrated 30+ modules for clinical, financial, administrative, and operational workflows.

Scalable Architecture: Cloud-ready and modular design to support hospitals of all sizes from single-site clinics to multi-branch networks.

Localized Compliance: Configured to align with regional and global standards and other health frameworks.

Interoperability & Data Security: Built-in APIs and secure data exchange for seamless integration with third-party systems and regulatory platforms.

Proven Global Presence: Trusted by healthcare institutions in 10+ countries for over 25 years; backed by experienced implementation and support teams.

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Our Vision

To enable healthcare providers to deliver connected, efficient, and patient-centric care through technology that adapts, scales, and evolves with them.

sales@medinous.com

www.medinous.com

Book your consultation