



**nphies**

Operational Performance Report  
(Q1-2025)

Version 2.0



## Summary

- This report summarizes the Q1 2025 performance of the National Platform for Health Insurance Exchange and Services (nphies), a vital digital infrastructure for the health insurance sector.
- Key findings indicate continued growth in transaction volumes, improved response times, and increased use of pre-authorization and eligibility verification features. Enhanced insurer integration positively impacted service efficiency.
- **nphies** remains central to driving digital transformation in health data management, enabling seamless connections between stakeholders, improving healthcare quality, boosting operational efficiency, and enhancing transaction transparency.

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# Patient Focused Analysis

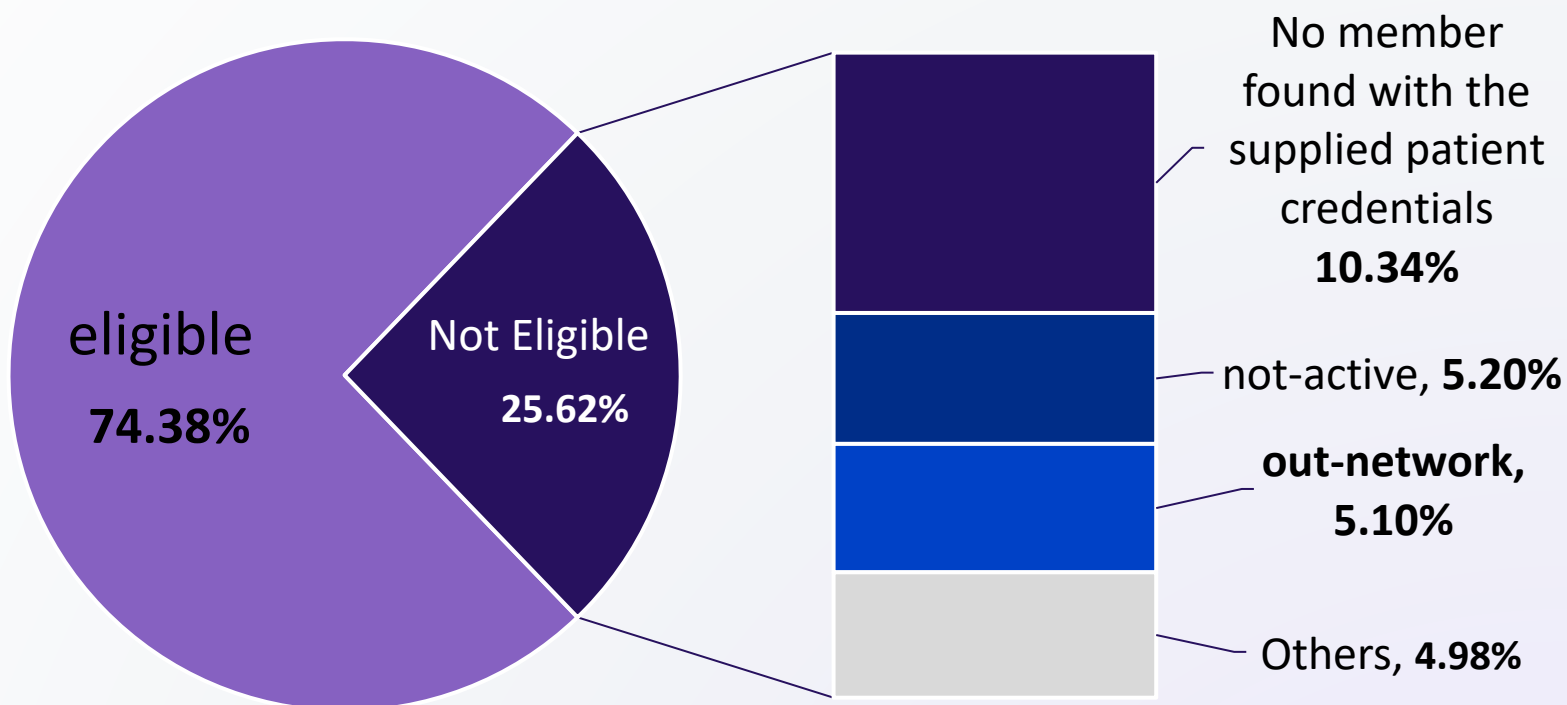
Highlights turnaround times and automation efforts improving patient service efficiency.





## Eligibility Turn Around Time

Overall Turn Around Time for eligibility was **2.6** seconds. The below chart showcases the distributions of eligible request outcomes during Q1 2025. **5.10%** were out of network requests.



To calculate the Turnaround Time (TAT) for eligibility requests, we divide the **sum of the total TAT** by the **sum of the number of requests** from the *Eligibility Requests* table.

Formula:

Eligibility TAT=  $\Sigma \text{Total TAT} / \Sigma \text{Requests Count}$



## Prior authorization Turn Around Time

The Percentage of prior authorizations that received a final response in less than 1 minute is over 30%. This signifies the payer's adoption of automated and smart decision techniques.

**31.77%** First Response in less than 1 minute



↑ **1%** decrease from last year.  
74% are partial and full approvals

**31.39%** First Response between 1 and 5 minutes



↑ **1.4%** decrease from last year  
75% are partial and full approvals

**21.91%** First Response between 5 and 15 minutes

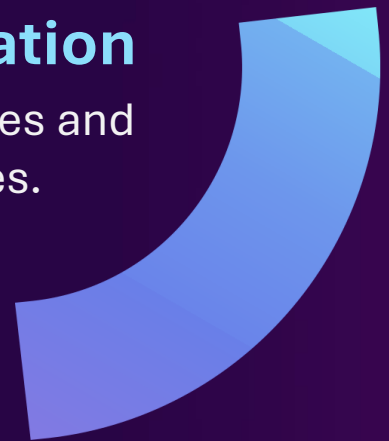


↓ **-5.25%** increase from last year  
62% are partial and full approvals

14.93% of the first complete response were received after 15 minutes

## **nphies Transactions Utilization**

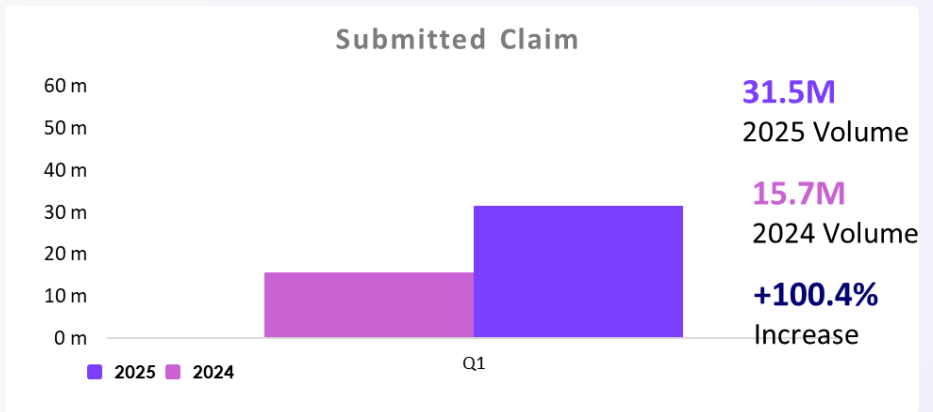
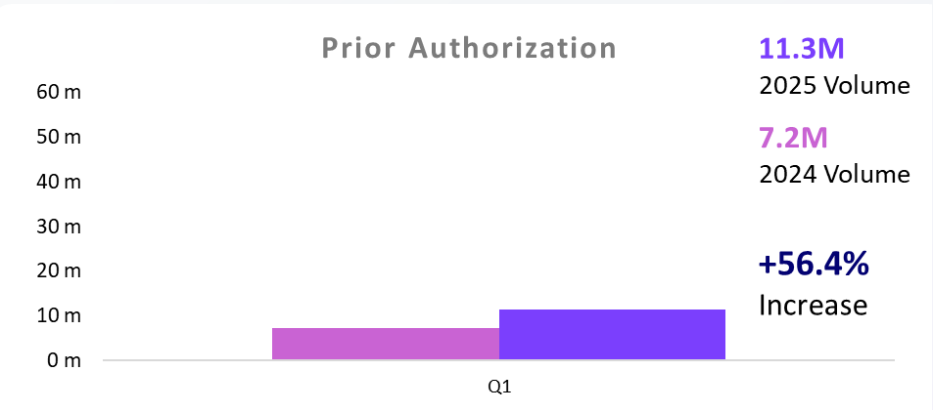
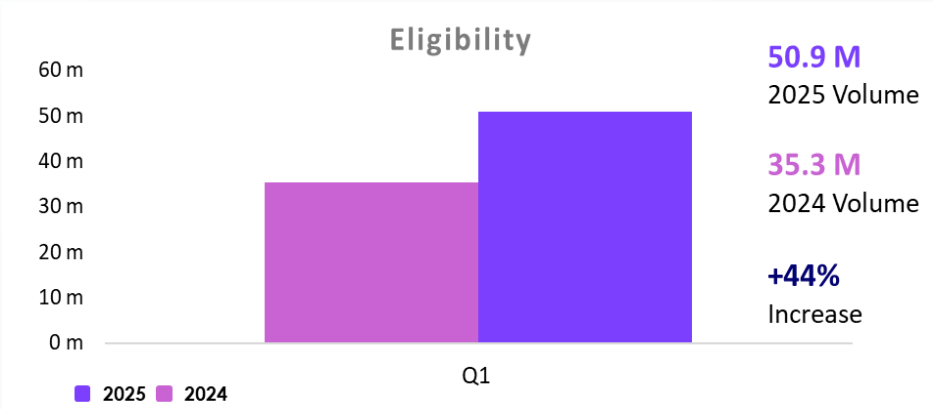
Highlights growth in transaction volumes and increased adoption of nphies processes.





# nphies Transactions Volume

Continuous increase in Market adoption of nphies use-cases in 2025 compared to the previous years.







# Increase in Prior authorization Ratios to Eligibility and Claims

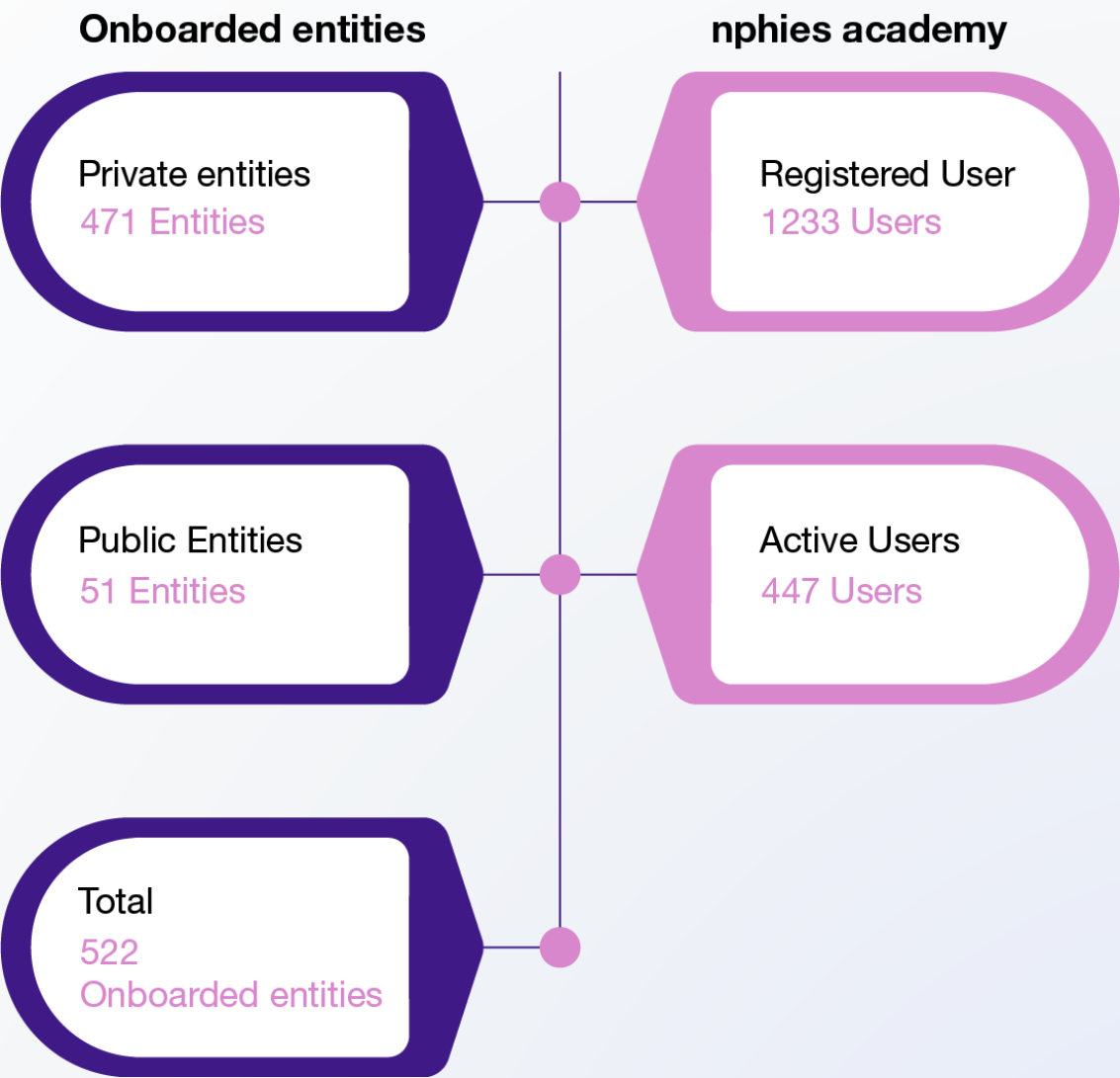
In Q1 of 2025, the ratio of claim requests to eligibility rose to 62%.

Ratio	2024	2025
Prior Authorization to Eligibility Ratio	20.5%	22.3%
Claims to Eligibility Ratio	44.5%	61.7%
Prior Authorization to Claim Ratio	46.2%	36%

Note: This is the ratio for the overall count, its not representative of the correlation for each transactions



# Onboarding achievements & nphies academy status



## **nphies Platform Availability**

highlights the platform's service stability and overall availability based on business transactions.

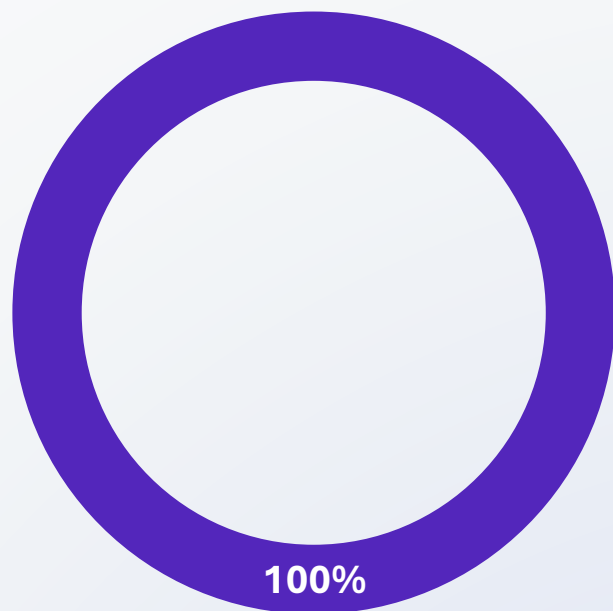




## nphies Availability

Availability on nphies is measured according to the [business transactions](#) and [platform availability](#). The overall average availability during Quarter 1 2025 was (100%).

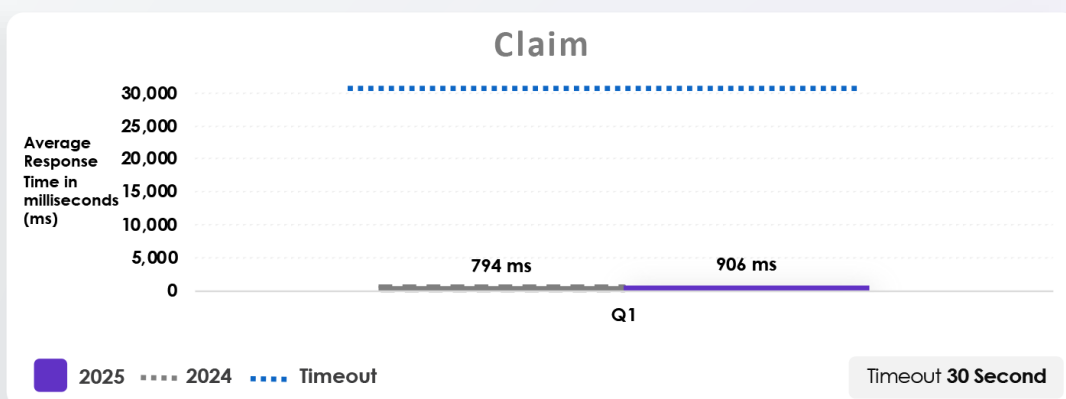
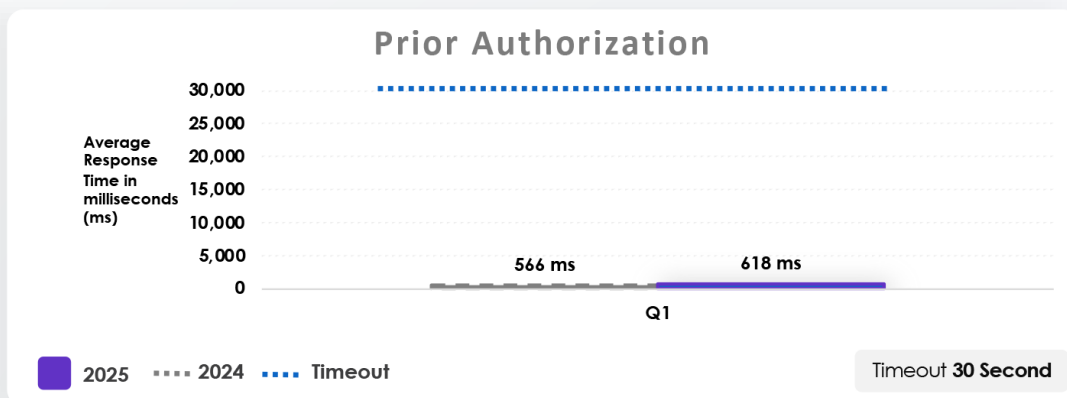
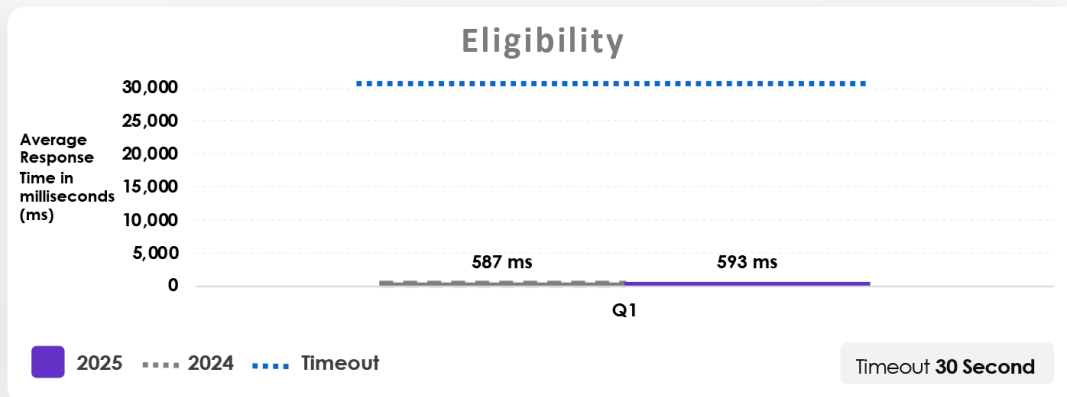
Service Availability





# Average Response Time by Transaction Type

Overall Positive Response Time **Under 1 Second**



**Note:** This performance is for when the system was available during nphies available time. nphies availability in Q1 2025 (100%)

## Clinical Edits Set

Covers how npbies ensures compliance with unified requirements by validating transactions against set rules.

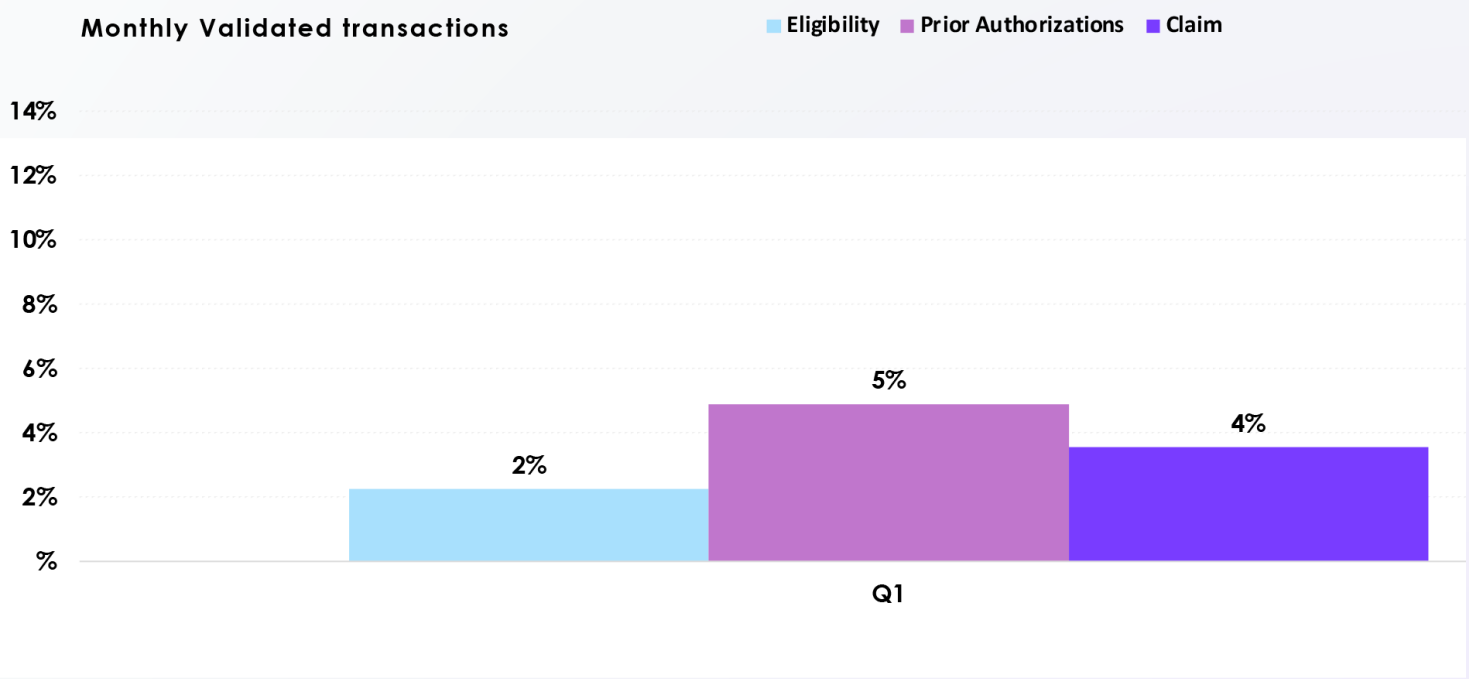




# Clinical Edits Set

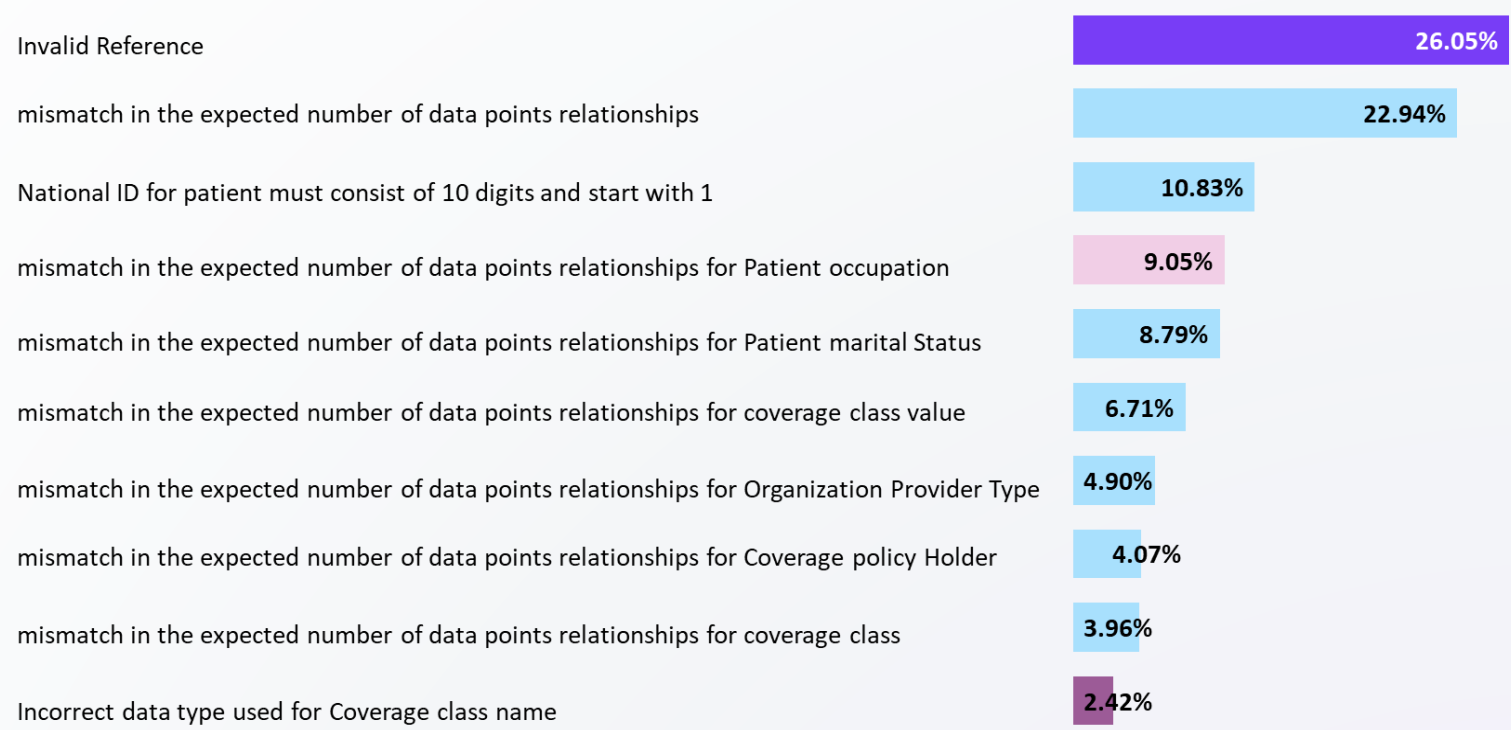
The nphies validation engine ensured compliance with nphies business rules and regulatory requirements. Based on defined criteria, 2.6% of requests required correction.

## Rate of incompliance with Clinical Edits Set





# Clinical Edits Set - Eligibility



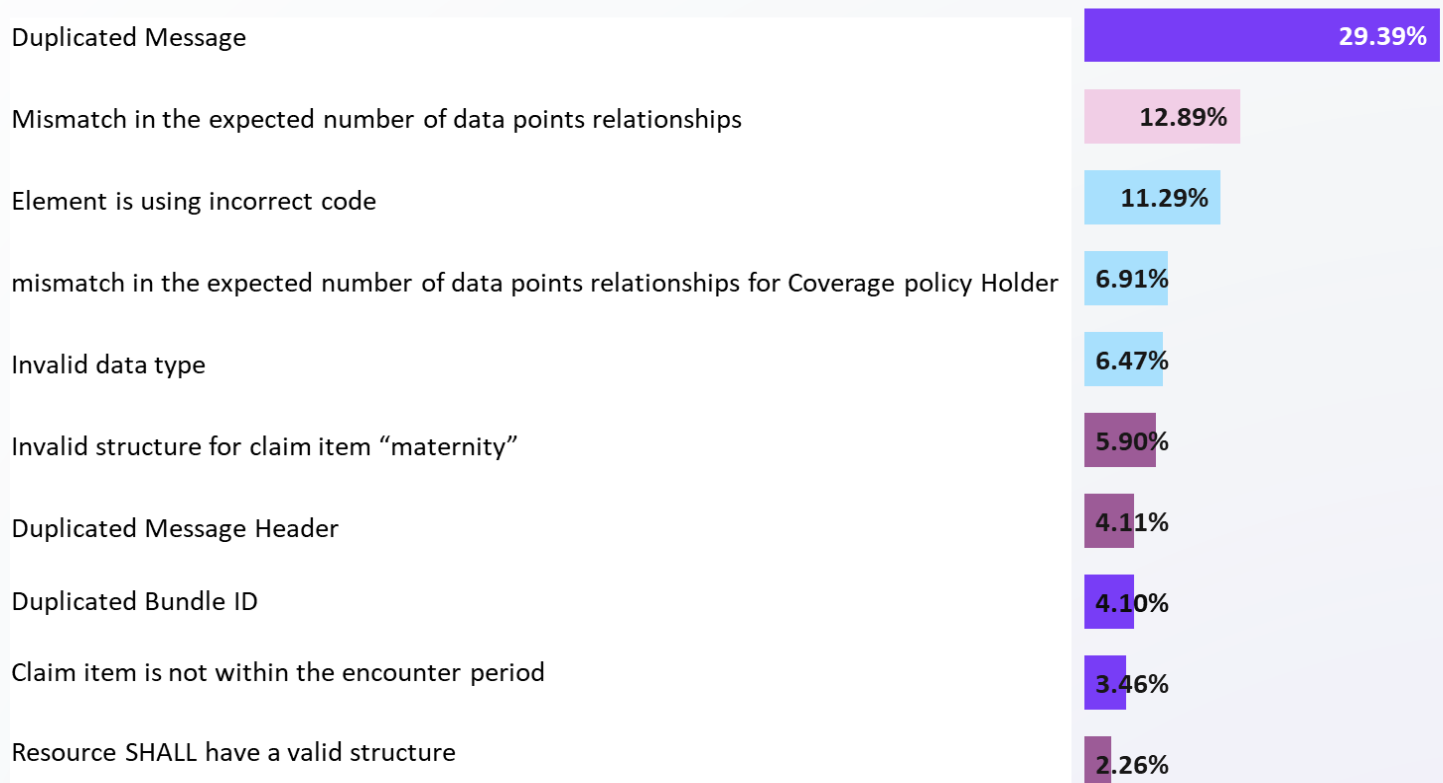
Th most common incompliance is related to the new MDS fields **Patient Occupation, Marital Status and Coverage Class** and invalid referencing of requests

nphies prevented over 104k transactions with wrong National ID





# Clinical Edits Set - Prior Authorization

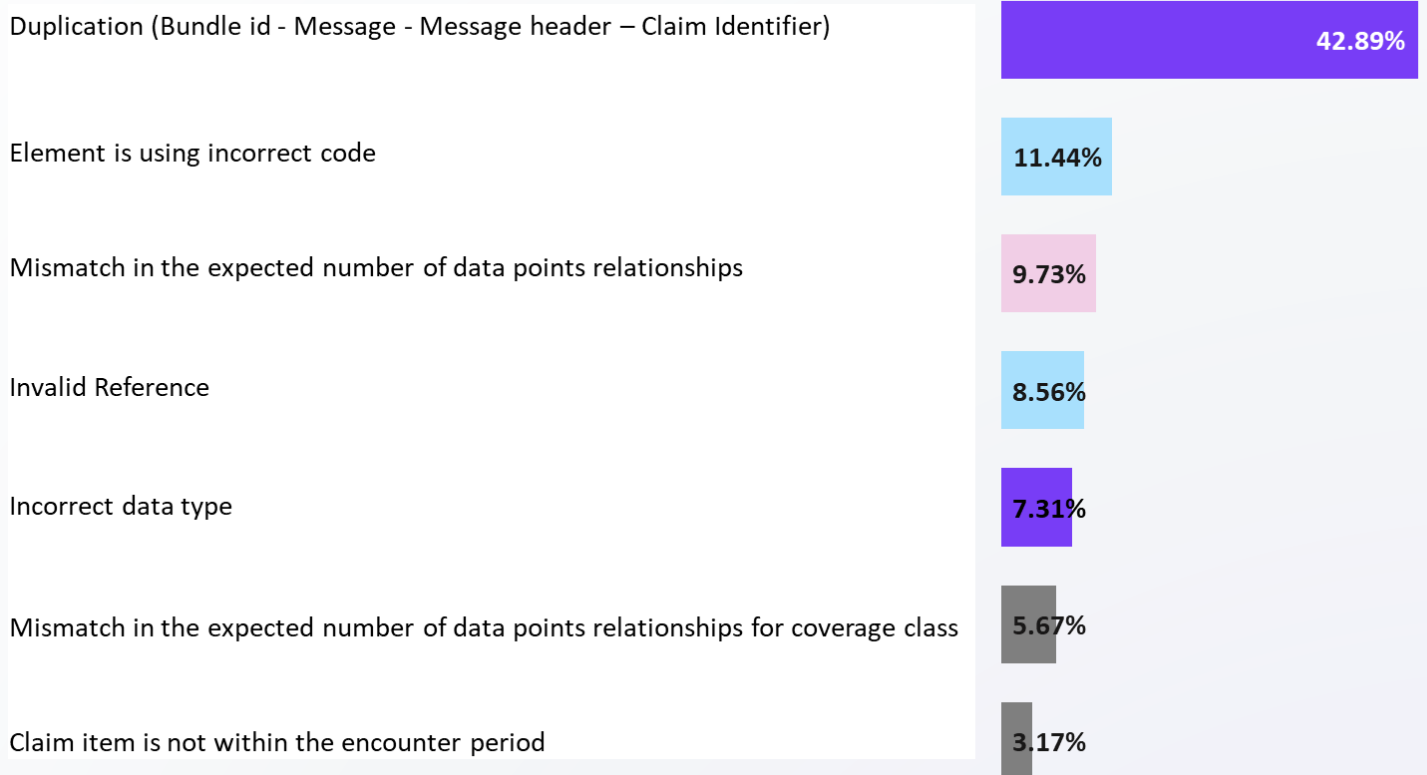


nphies prevented over **209K duplicated requests**

**Coverage policy holder** had the highest error where providers were not sending the correct values required



# Clinical Edits Set - Claim



nphies prevented over **480K duplicated requests**

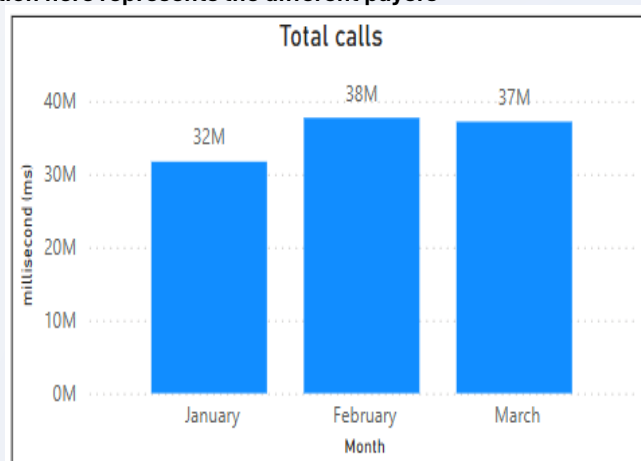
## **Payer Endpoint statistics**

Covers payer system availability and key reasons for prior authorization rejections.





Total calls





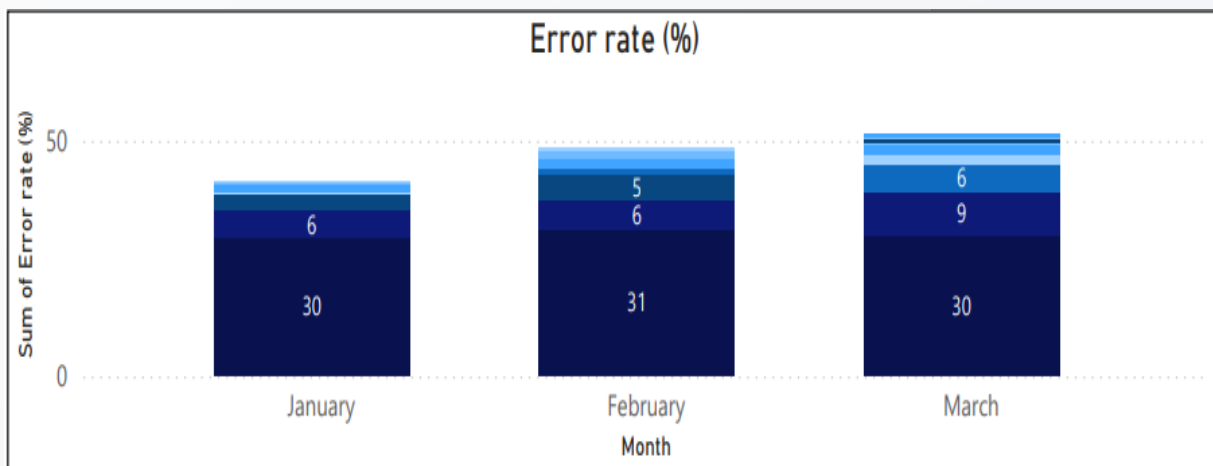
## External availability impact (payer integration endpoint)

1.68M

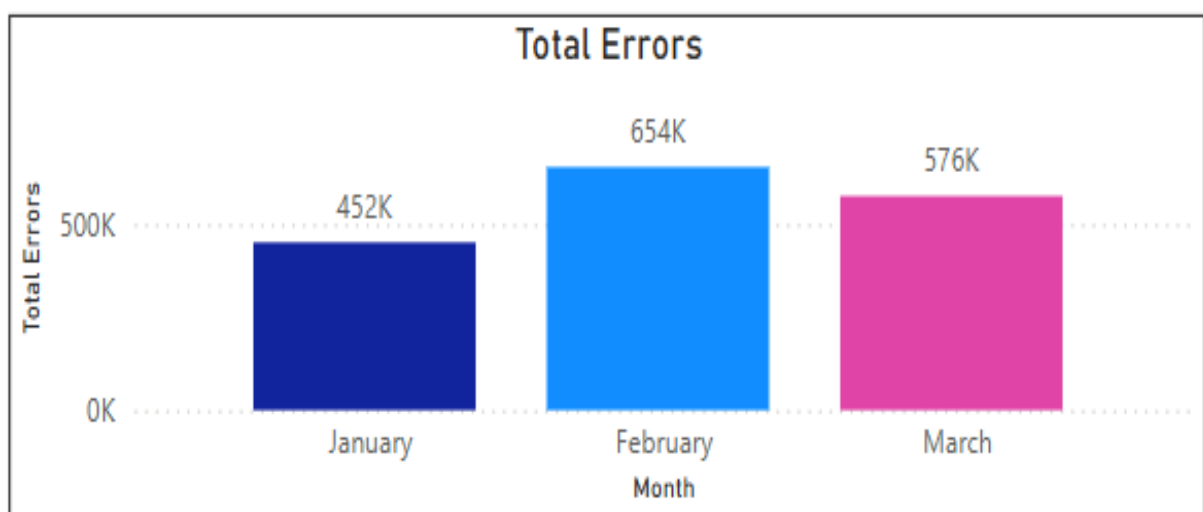
Total Errors

72K

Error/day



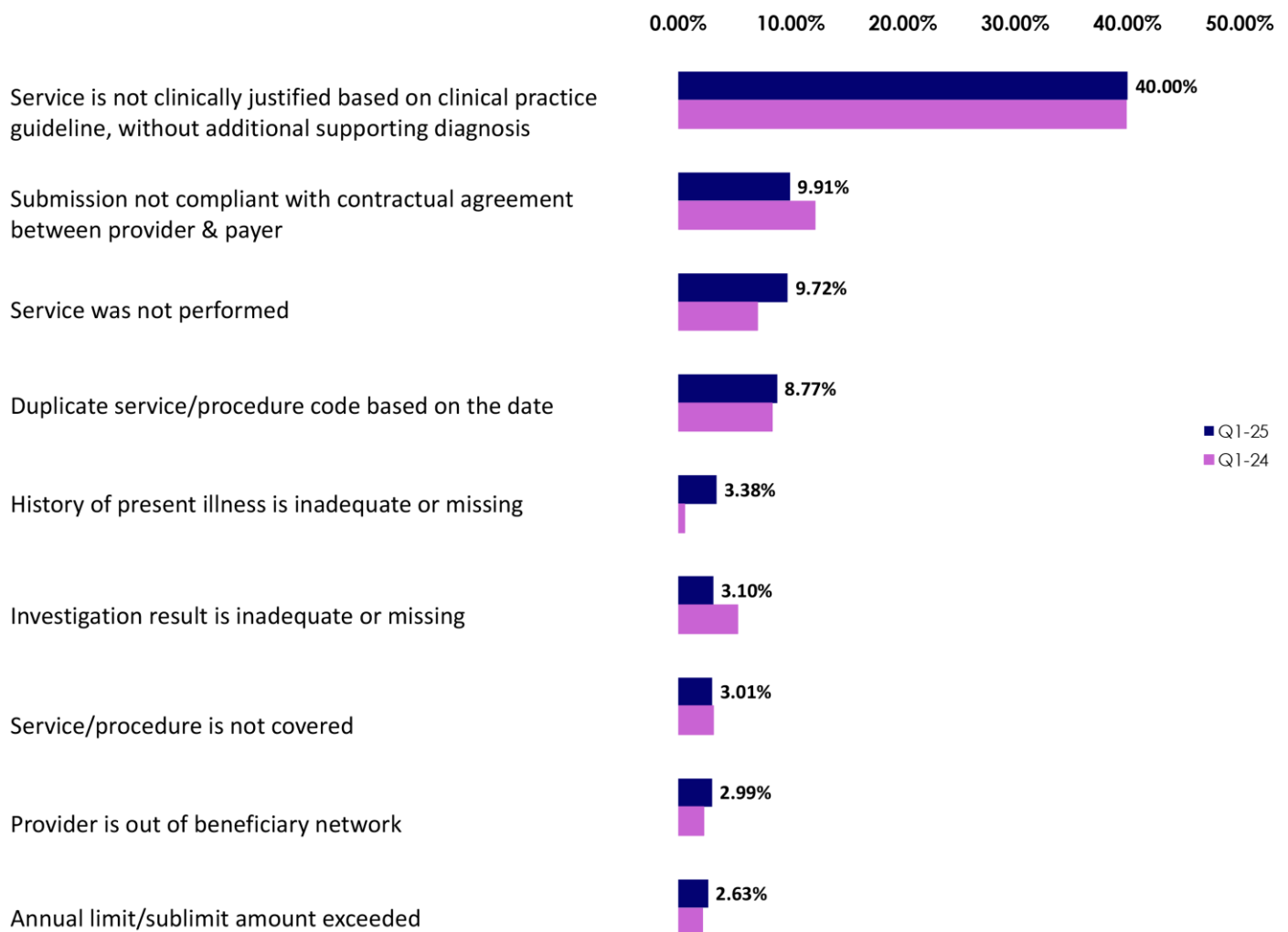
- The color variation here represents the different payers





## Top Rejection Reasons in Prior Authorization Overall

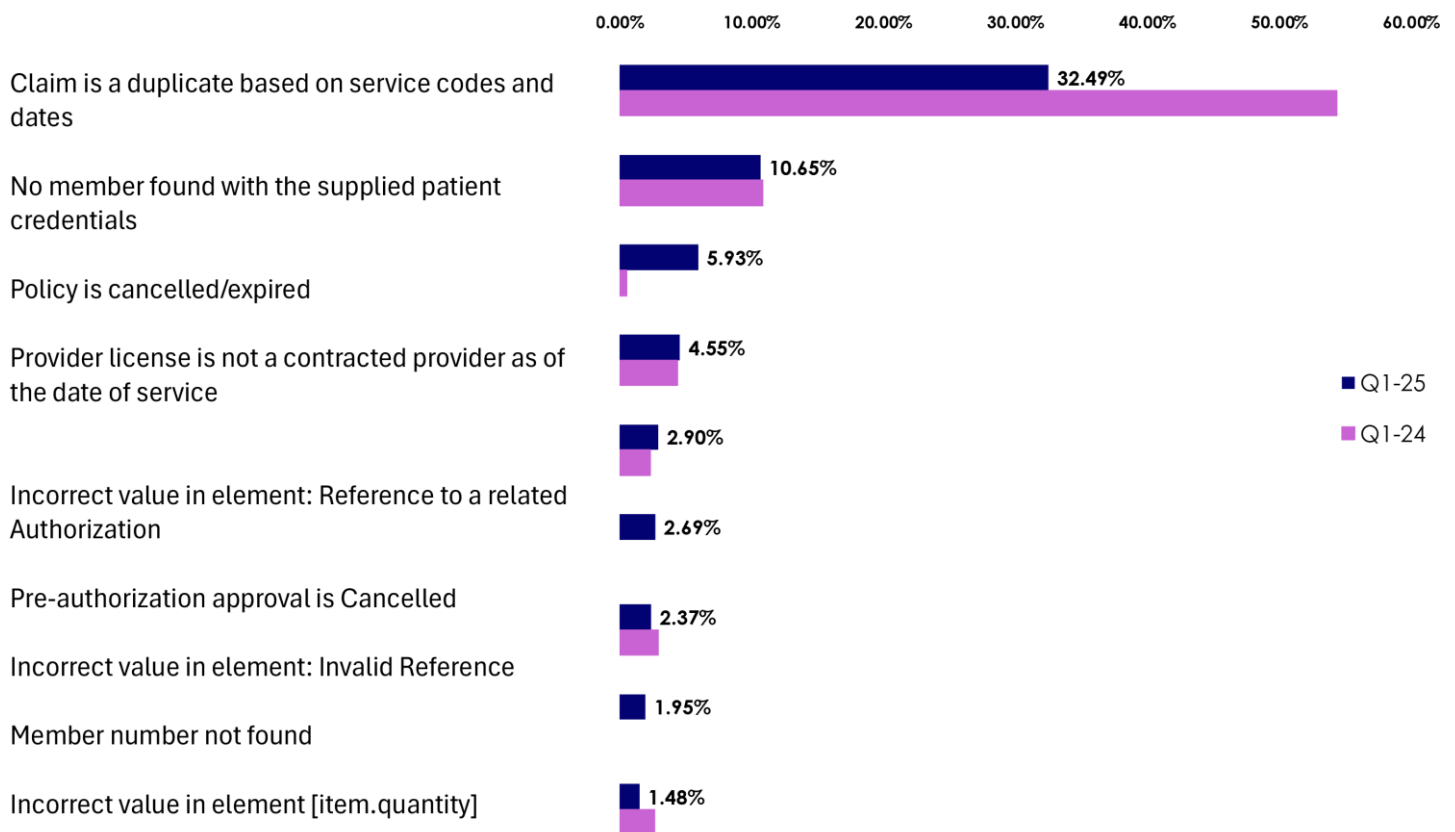
40% of rejected items in prior authorizations were rejected for not being justified clinically. The remaining reasons are listed below:





## Top Payer Error Response in Prior Authorization

In Q1 2025, 3.5% of requested prior authorizations were returned from the payer side with Error. The most common error was “duplicated request” (32%)






# Terms of nphies

Definition	Description
Eligibility	use case enables the Provider top verify the beneficiary's insurance coverage benefit plans which makes them eligible to receive healthcare services at the given facility.
Pre - Authorization	enables the Provider to obtain an approval from the Payer for delivering the requested service/ treatment to the beneficiary.
Claim	enables the Provider to electronically submit the health insurance claims to the Payer for adjudication. This provides for both single and batch of claims submission.
Payment	Payment is a critical component in the healthcare ecosystem, allowing health insurance payers and healthcare providers to settle their adjudicated claims in a standardized data formats through nphies as an interfaces to exchange, verify, and reconcile financial information.
Payer Error Response	nphies system integrate with Payer system, which need a monitoring report to ensure the availability of payer system. That will help Provider to receive the responses.
nphies Academy	nphies Academy was launched to facilitate registration and joining the nphies platform, which includes several requirements for completing training courses and information about the establishment nominated to join the nphies platform.
Clinical Edits Set	Validation Rules



# Thank you



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