نفيس
nphies

nphies

Quarter Report (Q1 2025)

Version 1.0

- 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.

Content
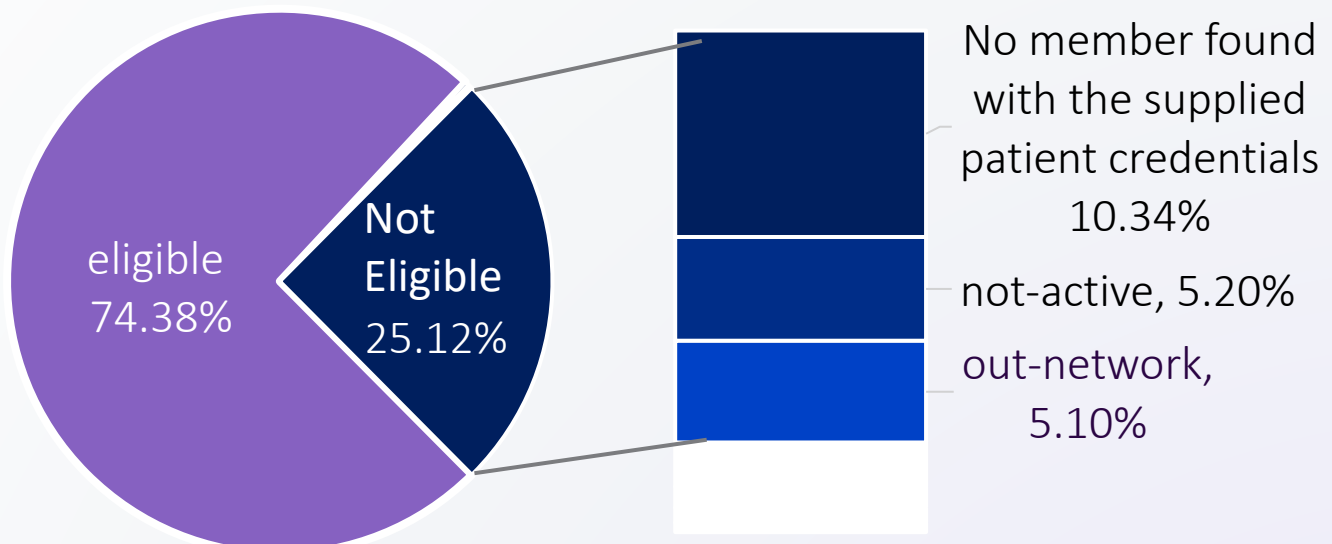
nphies

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.

eligible 74.38%

Not Eligible 25.12%

No member found with the supplied patient credentials 10.34%

not-active, 5.20%

out-network, 5.10%

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.
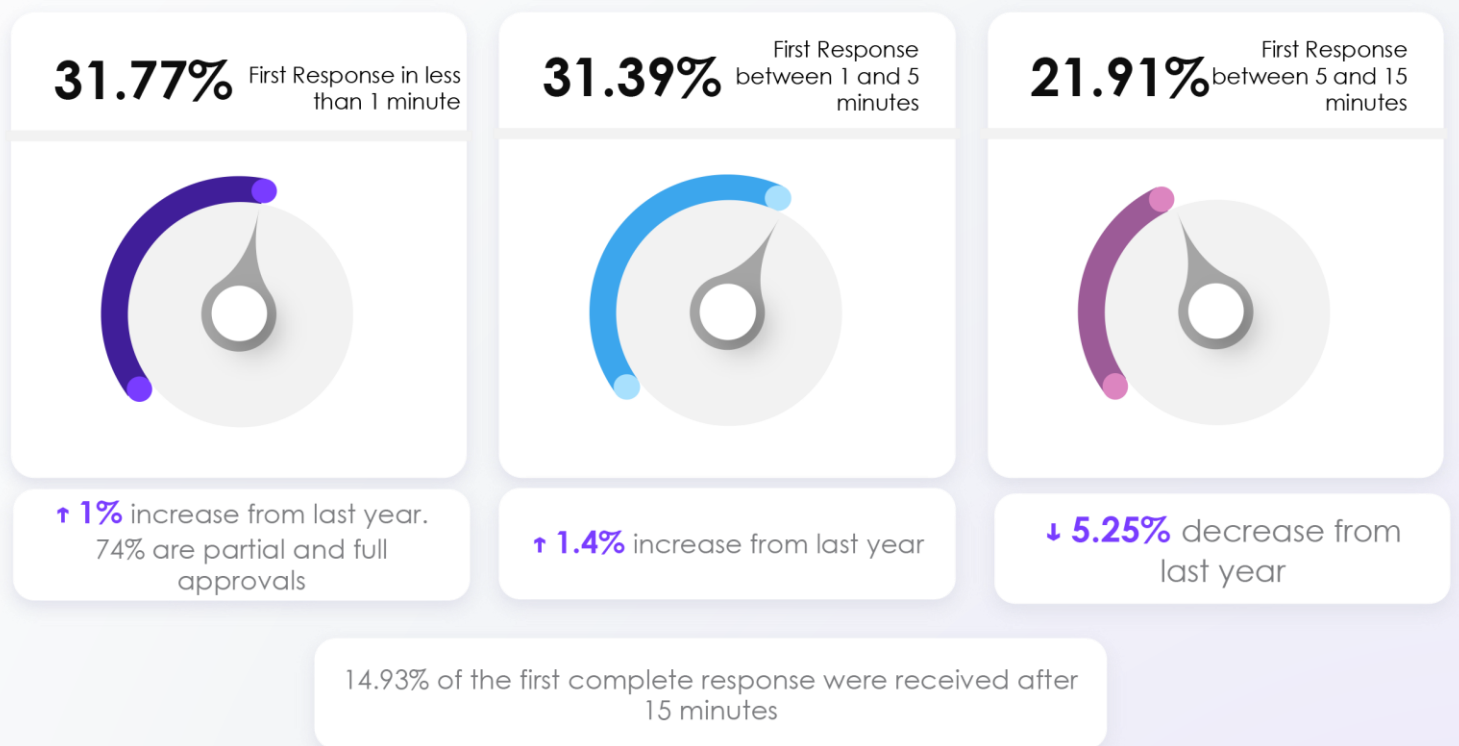Formula:
Eligibility TAT= ∑Total TAT / ∑Requests Count

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 payers adoption of automated and smart decision techniques.

31.77% First Response in less than 1 minute

31.39% First Response between 1 and 5 minutes

21.91% First Response between 5 and 15 minutes

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

↑ **1.4%** increase from last year

↓ **5.25%** decrease from last year

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.
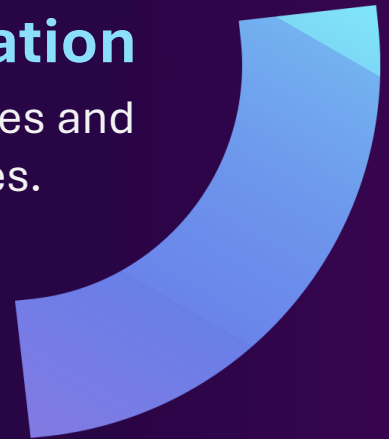
nphies Transactions Volume

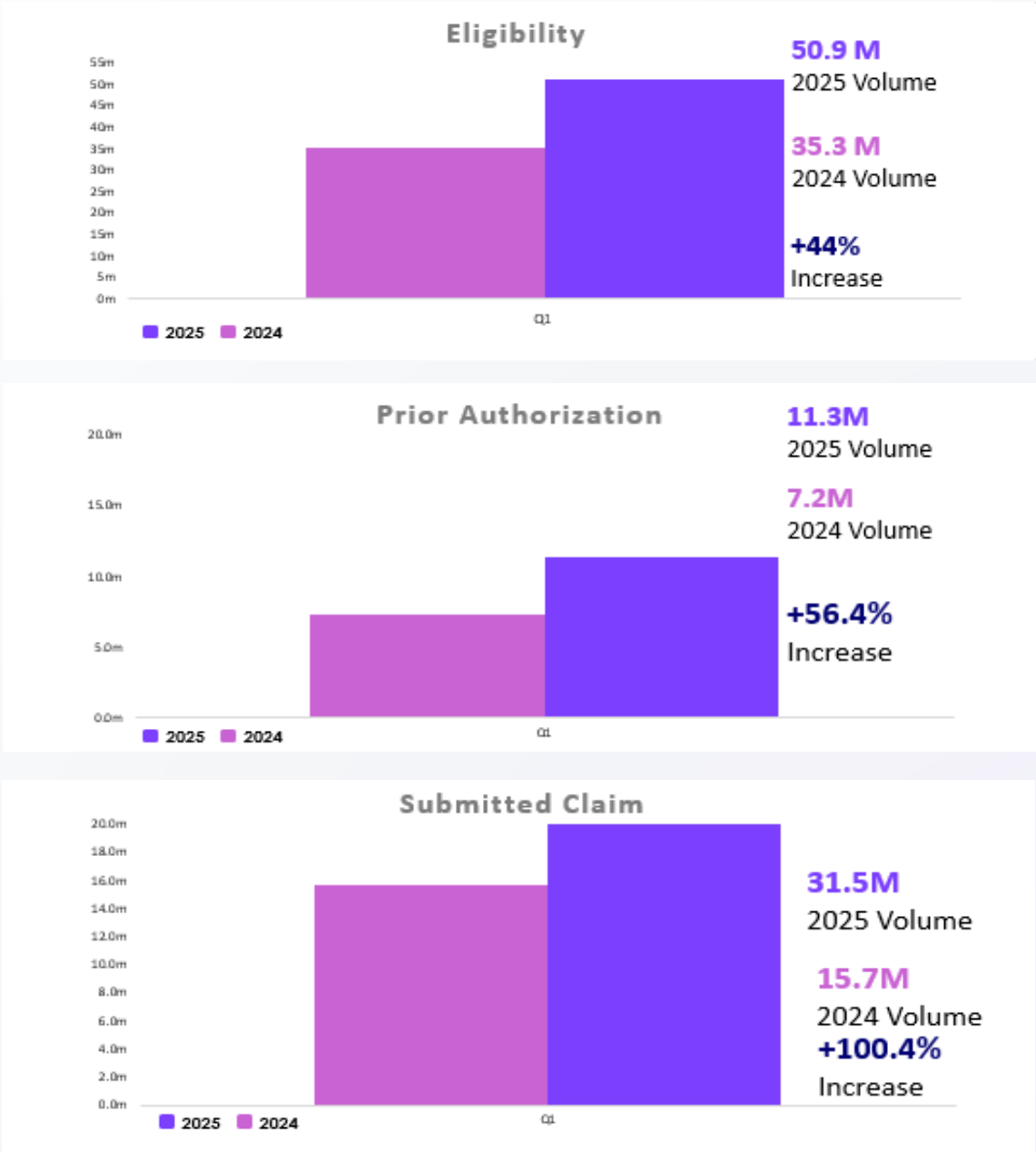Continuous increase in Market adoption of nphies use-cases in 2025 compared to the previous years.

Eligibility

50.9 M
2025 Volume

35.3 M
2024 Volume

+44%
Increase

Legend: 2025 (purple), 2024 (magenta)

Y-axis: 55m, 50m, 45m, 40m, 35m, 30m, 25m, 20m, 15m, 10m, 5m, 0m — Q1

Prior Authorization

11.3M
2025 Volume

7.2M
2024 Volume

+56.4%
Increase

Legend: 2025 (purple), 2024 (magenta)

Y-axis: 20.0m, 15.0m, 10.0m, 5.0m, 0.0m — Q1

Submitted Claim

31.5M
2025 Volume

15.7M
2024 Volume
+100.4%
Increase

Legend: 2025 (purple), 2024 (magenta)

Y-axis: 20.0m, 18.0m, 16.0m, 14.0m, 12.0m, 10.0m, 8.0m, 6.0m, 4.0m, 2.0m, 0.0m — Q1

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%
Prior Authorization to Claim Ratio	46.2%	36%
Claims to Eligibility Ratio	44.5%	61.7%

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

Onboarding achievements & nphies academy status

Q1 Onboarded entities

Private Entities
471 Entities

Public Entities
51 Entities

Total
522 Onboarded Entities

nphies acadmy

registered users
1233 users

active users
447 user
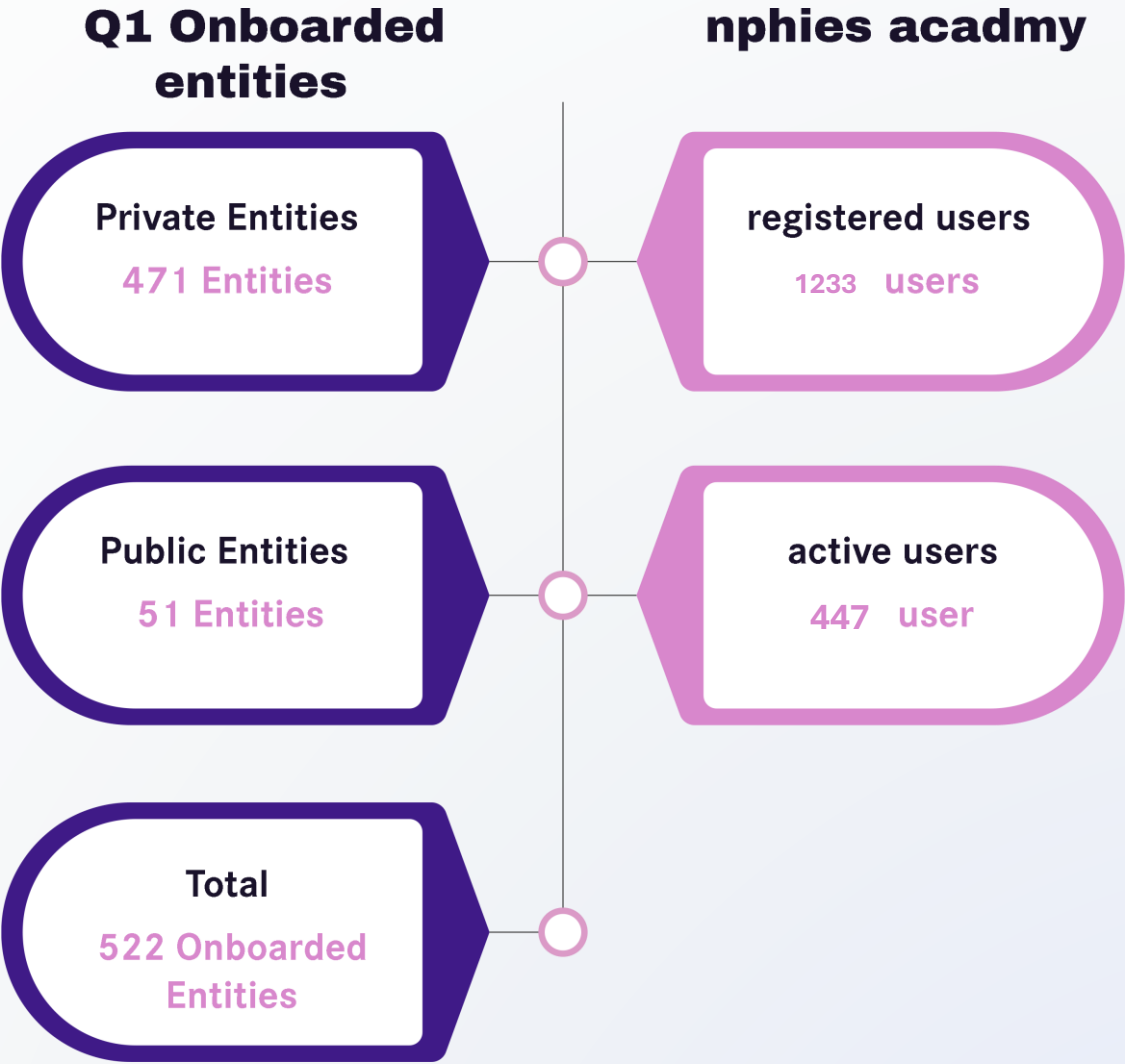
nphies Platform Availability

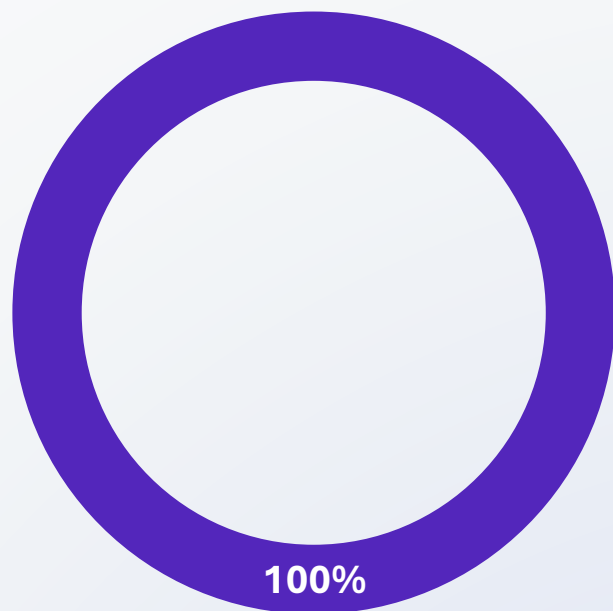highlights the platform's service stability and overall availability based on business transactions.
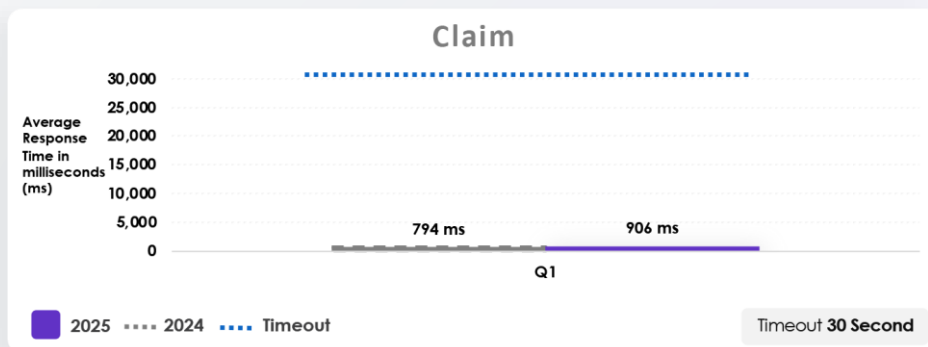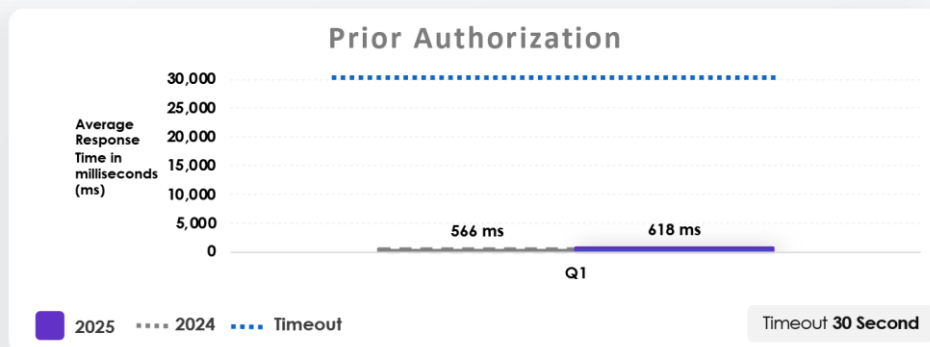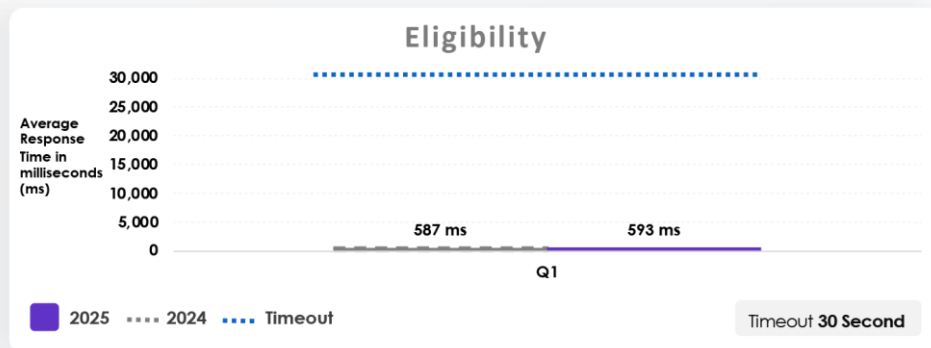
nphies Availability

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

100%

Average Response Time by Transaction Type

Overall Positive Response Time Under 1 Second

Eligibility

Average Response Time in milliseconds (ms)

30,000	
25,000	
20,000	
15,000	
10,000	
5,000	
0	587 ms · · · · · 593 ms

Q1

■ 2025   · · · · 2024   · · · · Timeout

Timeout **30 Second**

Prior Authorization

Average Response Time in milliseconds (ms)

30,000	
25,000	
20,000	
15,000	
10,000	
5,000	
0	566 ms · · · · · 618 ms

Q1

■ 2025   · · · · 2024   · · · · Timeout

Timeout **30 Second**

Claim

Average Response Time in milliseconds (ms)

30,000	
25,000	
20,000	
15,000	
10,000	
5,000	
0	794 ms · · · · · 906 ms

Q1

■ 2025   · · · · 2024   · · · · Timeout

Timeout **30 Second**

Note: this performance is for when the system was available excluding planned and unplanned downtime. nphies availability in Q1 2025 (100%)

nphies

13

Regulatory Validation Rules

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

Regulatory validation Rules
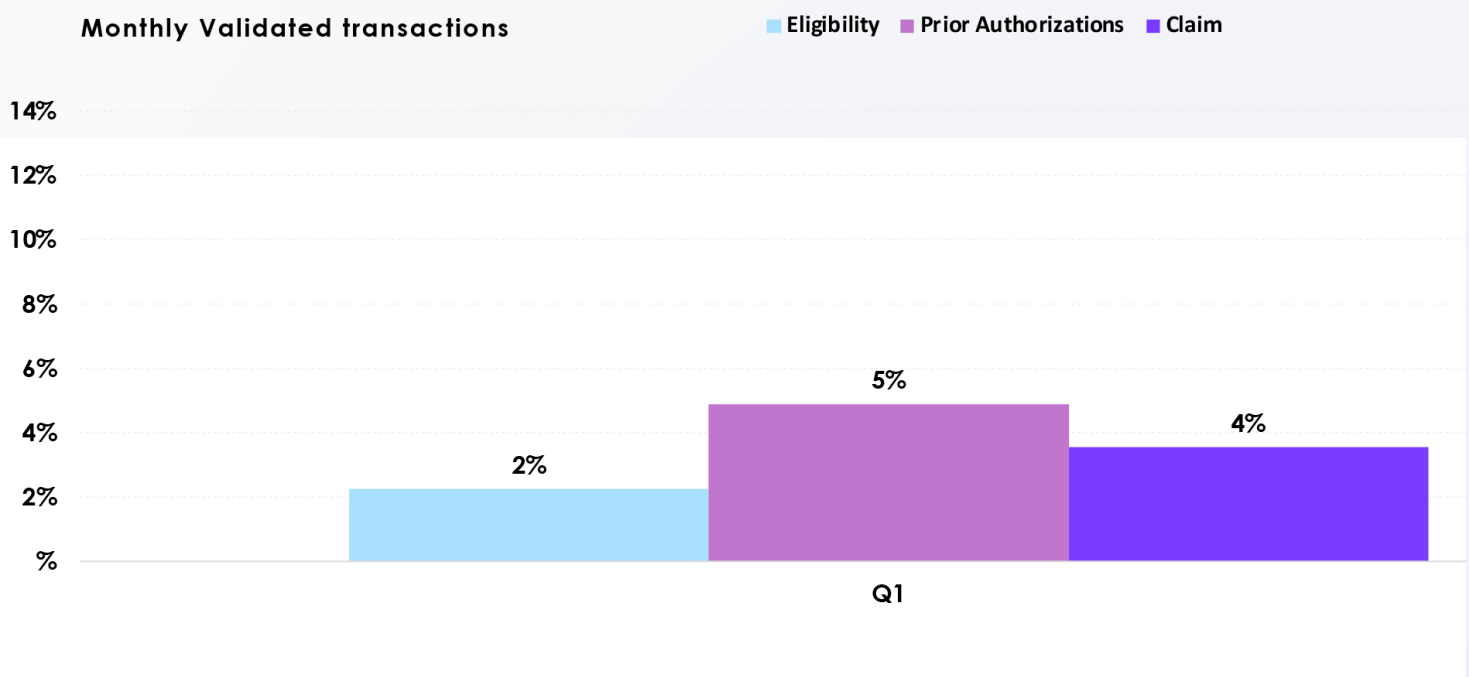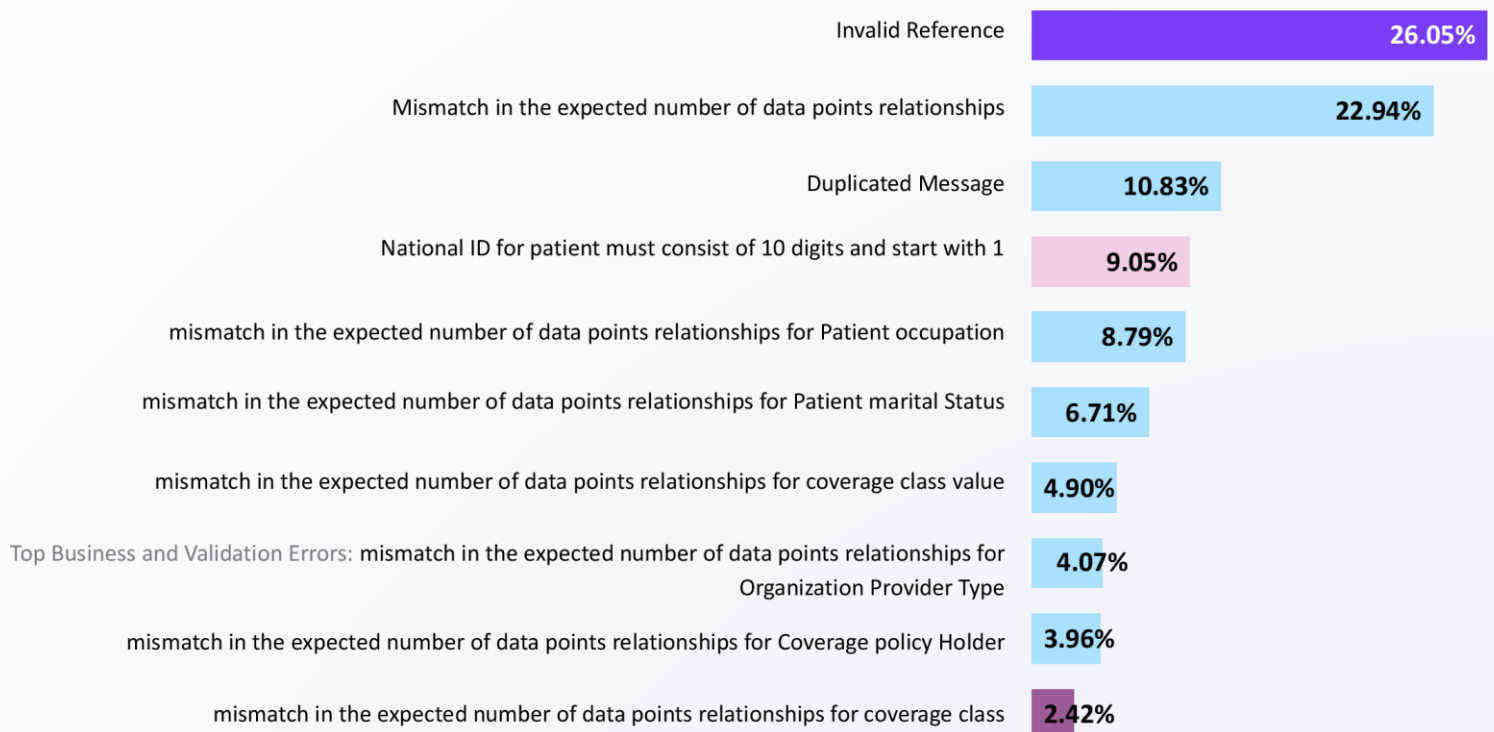
nphies validation engine ensured the unification and regulatory requirements of nphies are followed. 2.6% of requests were identified for correction based on specific criteria.

Rate of incompliance to regulatory rules

Monthly Validated transactions

■ Eligibility ■ Prior Authorizations ■ Claim

Chart values:
- Eligibility: 2%
- Prior Authorizations: 5%
- Claim: 4%

(Q1)

Regulatory validation Rules - Eligibility

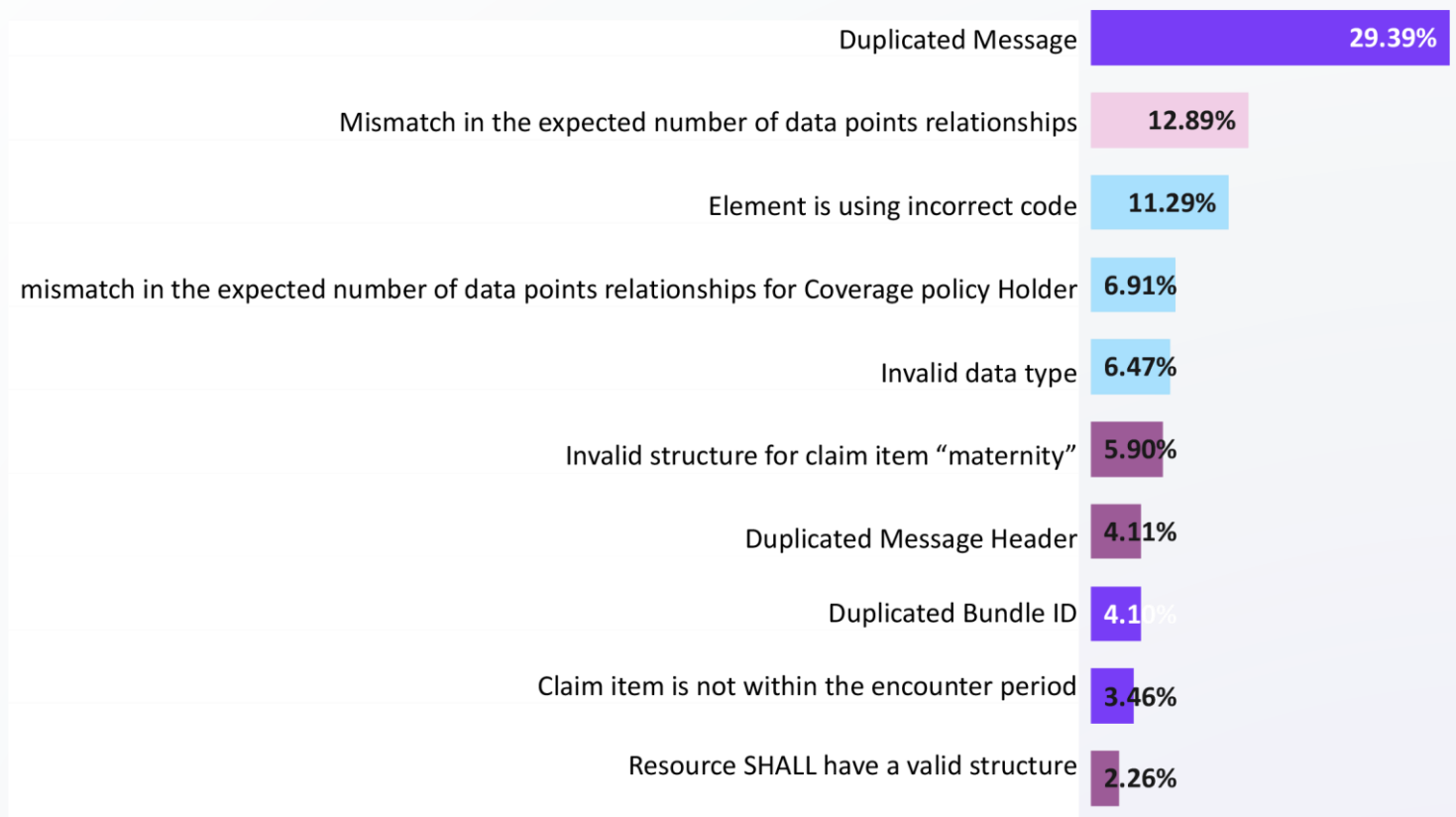|	
Invalid Reference	26.05%
Mismatch in the expected number of data points relationships	22.94%
Duplicated Message	10.83%
National ID for patient must consist of 10 digits and start with 1	9.05%
mismatch in the expected number of data points relationships for Patient occupation	8.79%
mismatch in the expected number of data points relationships for Patient marital Status	6.71%
mismatch in the expected number of data points relationships for coverage class value	4.90%
Top Business and Validation Errors: mismatch in the expected number of data points relationships for Organization Provider Type	4.07%
mismatch in the expected number of data points relationships for Coverage policy Holder	3.96%
mismatch in the expected number of data points relationships for coverage class	2.42%

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

nphies

Regulatory validation Rules - Prior Authorization

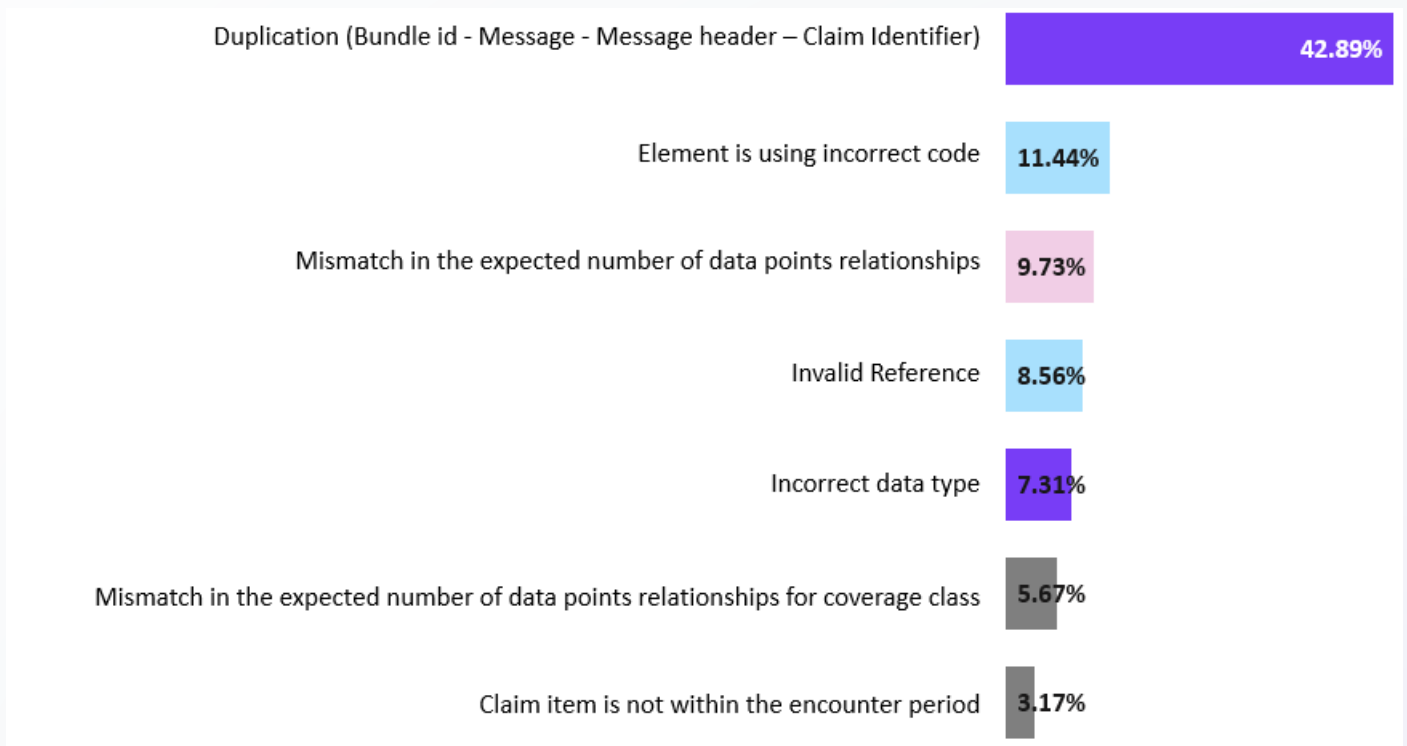| Rule	Percentage
Duplicated Message	29.39%
Mismatch in the expected number of data points relationships	12.89%
Element is using incorrect code	11.29%
mismatch in the expected number of data points relationships for Coverage policy Holder	6.91%
Invalid data type	6.47%
Invalid structure for claim item "maternity"	5.90%
Duplicated Message Header	4.11%
Duplicated Bundle ID	4.10%
Claim item is not within the encounter period	3.46%
Resource SHALL have a valid structure	2.26%

nphies prevented over **209K duplicated requests**

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

Regulatory validation Rules - Claim

Rule	Percentage
Duplication (Bundle id - Message - Message header – Claim Identifier)	42.89%
Element is using incorrect code	11.44%
Mismatch in the expected number of data points relationships	9.73%
Invalid Reference	8.56%
Incorrect data type	7.31%
Mismatch in the expected number of data points relationships for coverage class	5.67%
Claim item is not within the encounter period	3.17%

nphies prevented over **480K duplicated requests**

Payer Endpoint statistics

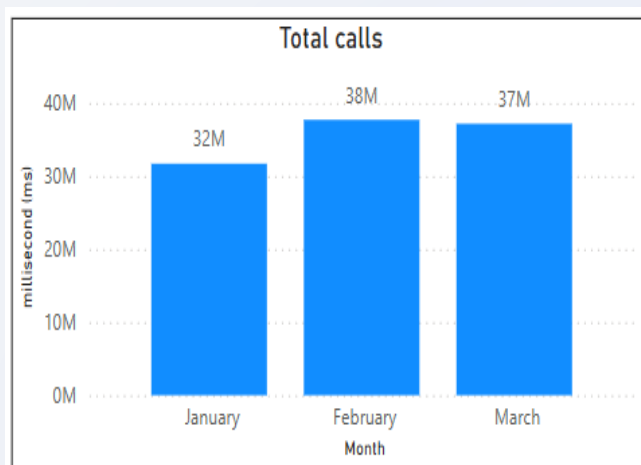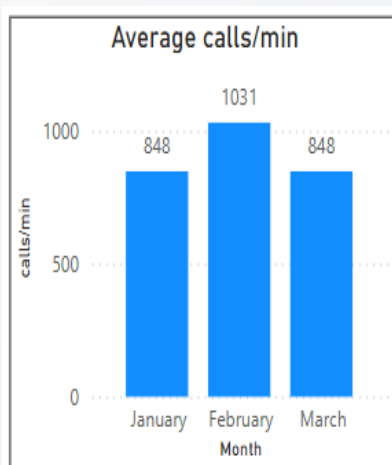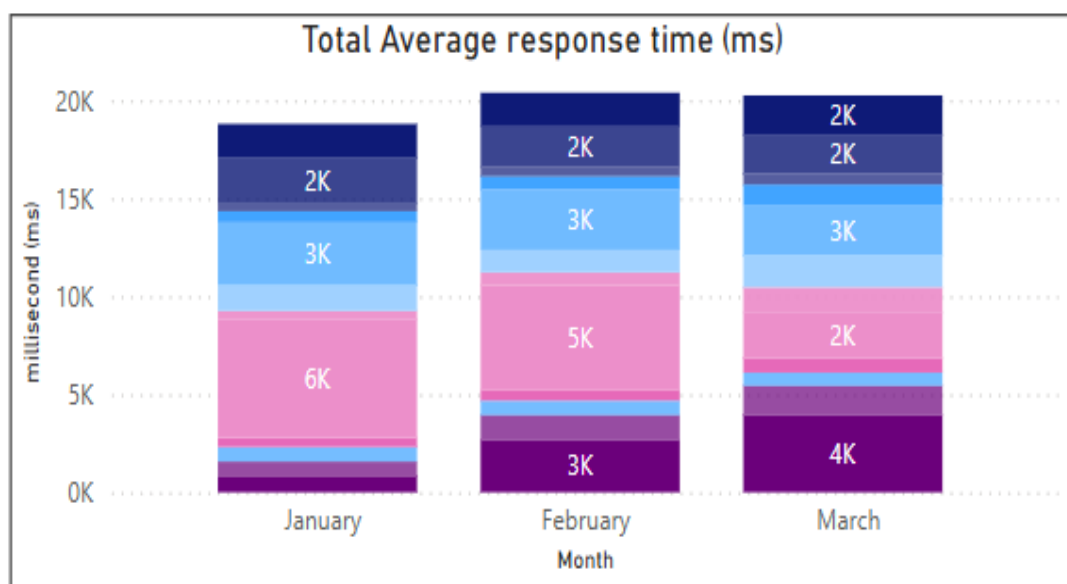Covers payer system availability and key reasons for prior authorization rejections.

External availability impact (payer integration endpoint)
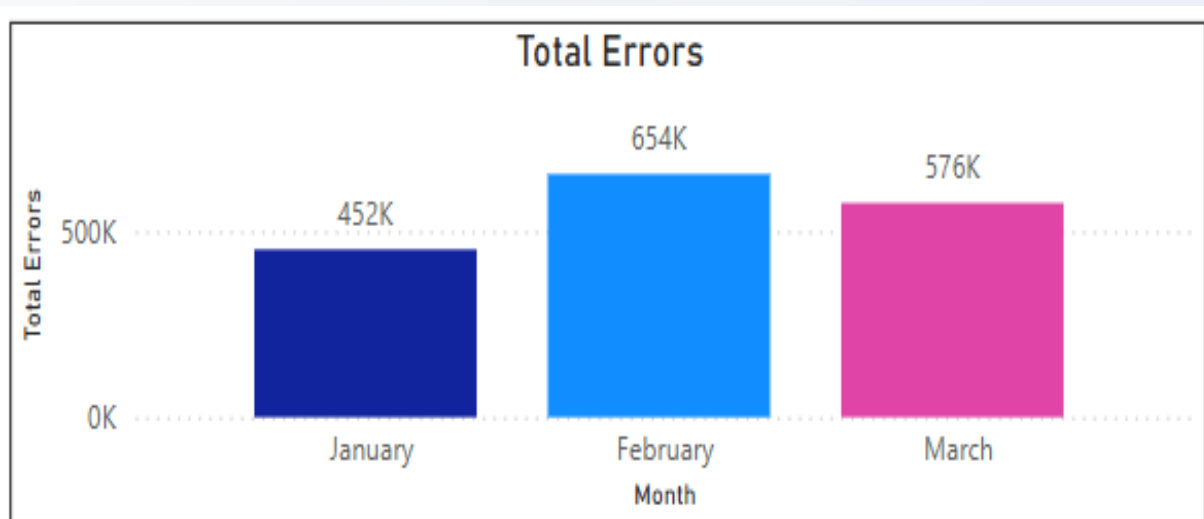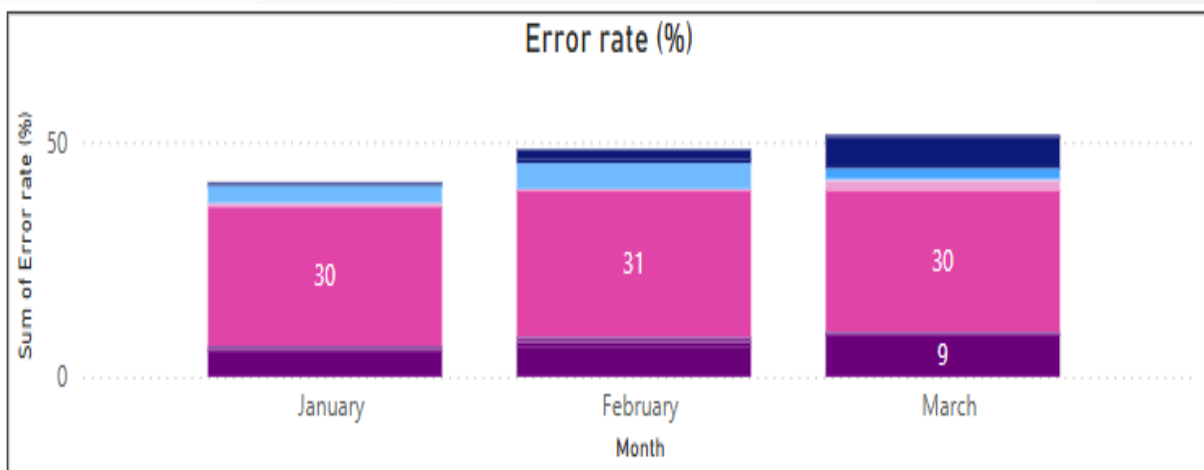

106.6M
Total calls

Total Average response time (ms)

Average calls/min

Total calls

External availability impact (payer integration endpoint)

1.68M
Total Errors

72K
Error/day

Error rate (%)

Sum of Error rate (%)

January	February	March
30	31	30
		9

Month

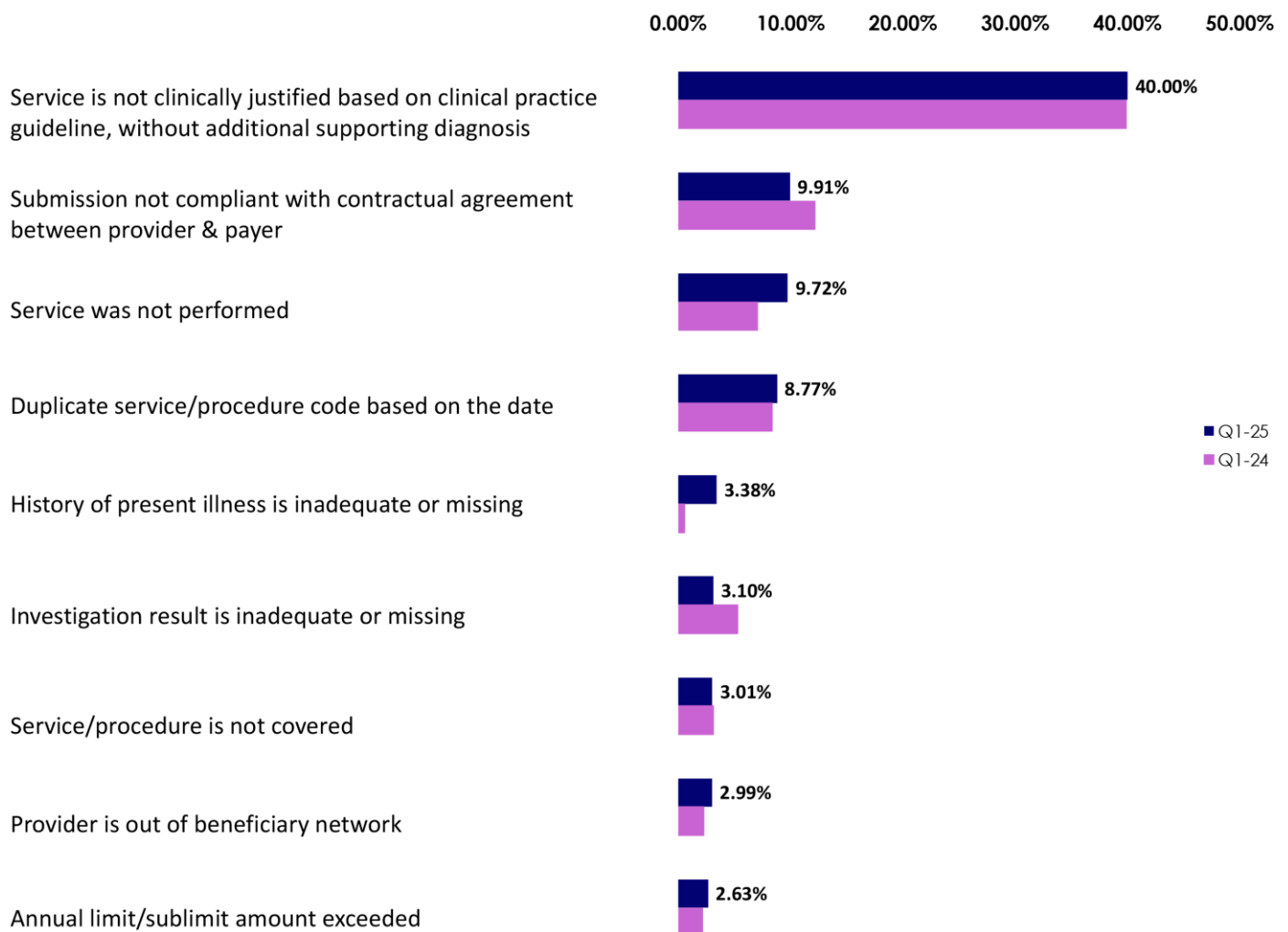### Total Errors

452K — January
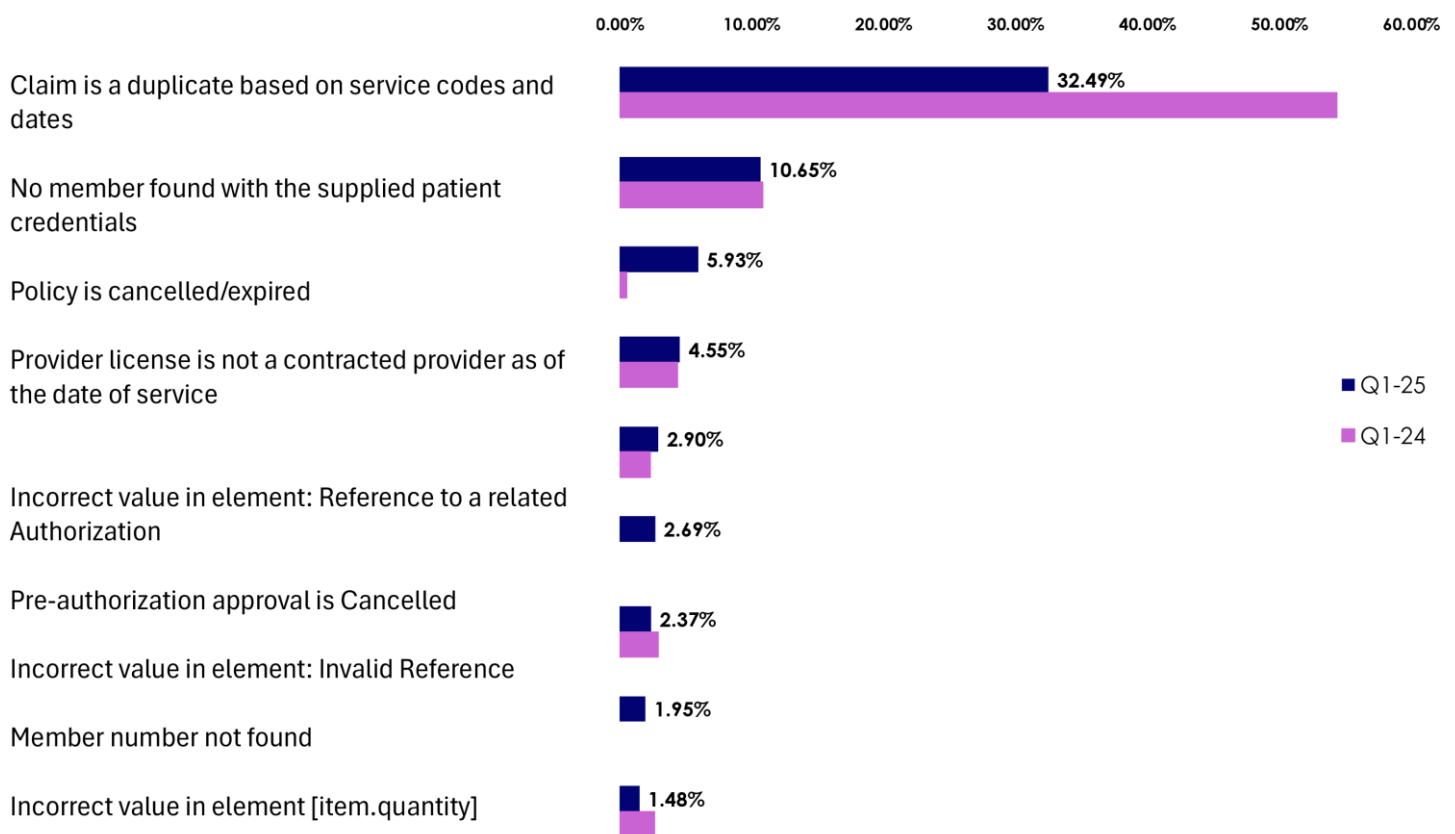654K — February
576K — March

Month

Top Rejection Reasons in Prior Authorization Overall

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

	0.00%	10.00%	20.00%	30.00%	40.00%	50.00%

Service is not clinically justified based on clinical practice guideline, without additional supporting diagnosis — **40.00%**

Submission not compliant with contractual agreement between provider & payer — **9.91%**

Service was not performed — **9.72%**

Duplicate service/procedure code based on the date — **8.77%**

History of present illness is inadequate or missing — **3.38%**

Investigation result is inadequate or missing — **3.10%**

Service/procedure is not covered — **3.01%**

Provider is out of beneficiary network — **2.99%**

Annual limit/sublimit amount exceeded — **2.63%**

■ Q1-25
■ Q1-24

nphies

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%)

Thank you