



An open platform for purchasers and providers of healthcare services

OpenNetworks™ brings together purchasers seeking transparently priced healthcare services and healthcare providers willing to deliver those services based on clearly defined rates and business terms. OpenNetworks gives you access to new members—including direct relationships with employers—and makes revenue cycles more predictable through end-to-end transparency on fees and claims.



Reinvent the broken healthcare market

Complexity and opaque business practices in American healthcare are driving up costs for employers while putting pressure on providers. When the industry's standard business practices include competitive restrictions, gag clauses, and layers of intermediaries in claims processing, neither providers, employers, nor patients win.

Our team is a unique combination of healthcare and technology veterans. We're on a mission to improve the system with more transparency.

Rewiring American Healthcare to Foster Competition, Collaboration, and Innovation

How OpenNetworks is different

Provider-controlled rates and terms

Set different rates tied to different business terms to meet market requirements.

- Providers decide on the programs, terms and rates to offer through OpenNetworks
- Providers present well-defined, consistent rules for payment, pre-authorization thresholds, audits, etc. These rules—and the claim workflows that support them—are visible to everyone through the platform
- Purchasers (employers and TPAs) select providers to participate in their benefit plans based on available rates and terms

Direct-to-employer contracting

Easily enter into direct contracts with local and regional employers to grow your patient base.

- Providers can develop specific rate sheets for targeted purchasers via the OpenNetworks platform
- Providers submit claims utilizing existing systems, workflows, and clearinghouses
- Behind the scenes, OpenNetworks handles all the business logic to apply the correct rates and business terms to each claim

Transparency

Deliver services based on clearly defined payment rates, claims policies, and business terms.

- OpenNetworks captures the entire claim resolution cycle and gives purchasers and providers the information needed to monitor contract adherence
- OpenNetworks provides free, aggregated market data to participating providers
- The OpenNetworks platform aligns incentives through flat per-employee access fees – no compensation based on sharing of cost savings







Ready to change healthcare with us?

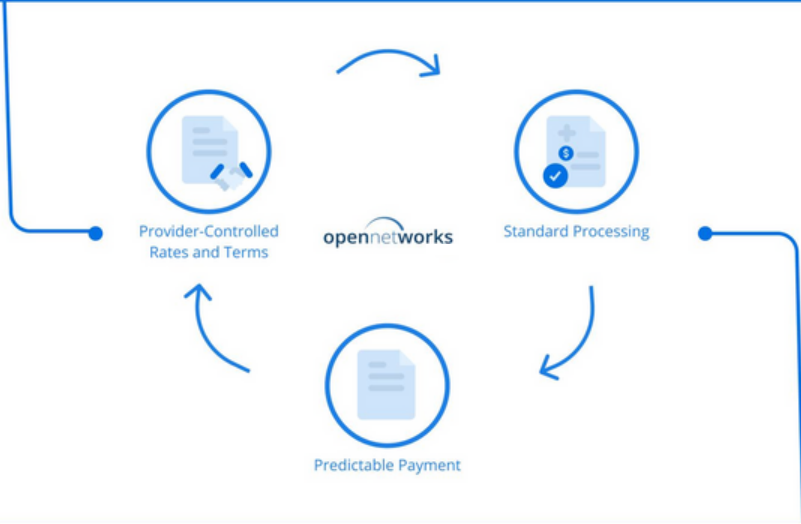
[Join OpenNetworks](#)

How the OpenNetworks Platform Works



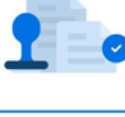

The OpenNetworks platform enables an effective marketplace for the transaction of healthcare services.

CONTRACTING

- 1  Providers set their rates and terms based on market demand
- 2  Providers are available as an option for purchasers to include in custom networks they create based on their specific requirements
- 3  Providers are selected for each custom network based on their rates and terms
- 4  Employees access healthcare services using their OpenNetworks ID cards. Providers can easily verify eligibility



PAYMENT

- 1  Providers submit claims in 837 format and can track the claim status throughout the adjudication process: processing steps, decisions, and appeals
- 2  OpenNetworks performs claim editing and repricing and passes information along to purchaser or purchaser's TPA
- 3  Purchaser or TPA conducts final adjudication according to stated contract terms and submits form 835 to provider and OpenNetworks
- 4  Employer or TPA pays provider; employee pays cost-sharing balance