It’s not unusual for an employer to change employee health plan offerings each year, or for employees to switch plans annually, as each group looks for ways to reduce expenses. These frequent, ongoing changes increase the importance of accurate, upfront eligibility and benefits verification for all healthcare providers. Billing the wrong insurance carrier or using incorrect patient co-pay and deductible information can result in denials, delayed payment, increased billing and collection costs, and patient bad debt — all of which significantly impact a healthcare organization’s bottom line.

Eligibility and Benefits Verification offers a practical solution to verify insurance coverage and plan-specific benefits. Designed for optimal efficiency, the HIPAA 5010-compliant solution electronically gathers patient co-pay, deductible, co-insurance and other benefit information from an extensive payer network. The information can be collected via batch or real-time insurance checks. This limits the need for staff to manually verify insurance information and reduces registration, co-pay and billing errors.

To ensure that providers verify coverage for the maximum number of patients, Eligibility and Benefits Verification enables users to confirm eligibility at any point in the billing process — from pre-arrival to check-in to charge entry, claims submission and payment posting — in batch or real-time. When integrated with Experian Healthcare Patient Responsibility Pricer — a tool that estimates a patient’s out-of-pocket financial obligations based on the latest payer contract terms — healthcare organizations can take advantage of a fully integrated offering that increases time-of-service collections, minimizes bad debt and boosts patient satisfaction.

Experian Healthcare Eligibility and Benefits Verification benefits:

- **Increased cash flow:** With access to current and correct benefits information, Eligibility and Benefits Verification helps healthcare organizations increase upfront collection of patient fees and requires fewer resources for billing and collections.

- **Fewer denials:** Eligibility and Benefits Verification can manage both primary and secondary insurances to ensure that billing is correct and has been sent to the proper payer, resulting in fewer claim denials and less time in accounts receivable.

- **Improved Medicaid coverage identification:** Secure additional reimbursement opportunities by matching self-pay patients against Medicaid databases to determine eligibility. When paired with Experian Healthcare’s financial assistance screening tool, healthcare organizations can even automate the enrollment process for patients meeting the criteria.

- **Optimized payment processes:** When combined with other Experian Healthcare patient access solutions, organizations can address the many challenges associated with collecting increasing out-of-pocket fees from patients at the time of service through accurate patient payment estimates and patient payment risk assessments.

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Flexible, user-defined work queues streamline front-end revenue cycle workflows and highlight critical benefit information.

How it works

Automating the insurance verification process allows organizations to streamline front-end revenue cycle workflow and enhance efficiency. Eligibility and Benefits Verification is Web-based, so there is no need to purchase hardware or software. The system can be implemented quickly, and its built-in flexibility means it can adapt easily to changes in business procedures. Integration options are available for select hospital information and practice management systems, so the updated health plan information will automatically appear in the native management system interface.

Using the real-time search feature, Eligibility and Benefits Verification users get access to up-to-date information quickly, typically in a matter of seconds.

Even with its direct connection to hundreds of payers, analytics capabilities and notifications when edits or follow-up are required, organizations still have unlimited monthly transactions for one low fee.

When combined with other Experian Healthcare patient access solutions, providers have a complete point-of-service revenue cycle suite allowing them to verify patient demographics and identity, estimate the patient responsibility and payment risk, collect from the patient prior to service, and predict the patient’s likelihood of paying any remaining balance. If necessary, organizations can leverage this data to enroll the patient in Medicaid or offer targeted financial counseling, such as enrollment in the organization’s charity program.
**Actionable data**

Eligibility and Benefits Verification offers more than just rapid, up-to-date health plan data. The system analyzes the eligibility response and displays key components in an organized way that allows an organization to quickly identify important elements of a patient’s benefits. As a result, providers can compare information stored in the patient registration system to information returned from the payer to identify any necessary corrective action. For example, the solution will determine if the patient is registered with an incorrect payer plan. In an integrated environment, these issues can be surfaced in the native work queue of the registration system. The ability to normalize payer data drastically improves workflow efficiency and minimizes duplication of information while ensuring data integrity — a critical component for accurate reimbursement.

Providing actionable data allows for more efficient interactions with the patient. When patients are aware of their coverage, co-pays and deductibles at the time of service, misunderstandings are minimized, resulting in fewer payment delays, less need for billing follow-up overall and increased patient satisfaction.

With healthcare profit margins shrinking, healthcare organizations cannot afford to waste time submitting claims with incorrect insurance carrier or benefit information. Harnessing a data-driven solution like Eligibility and Benefits Verification helps organizations receive their maximum allowed reimbursement on first submission and gain the confidence to collect from the patient at the point of service.

**About Experian Healthcare**

Experian Healthcare provides revenue cycle products and consultative services powered by data and advanced analytics that allow health systems, hospitals, medical groups and specialty healthcare organizations to more effectively manage critical financial decisions. Its suite of patient access, claims and contract management and collections products and consultative services empowers clients at more than 900 healthcare organizations to optimize payment from patients and payers at every step of the revenue cycle, resulting in lower costs, improved cash flow and enhanced financial performance.