Experian Healthcare Patient Identity Verification
Authenticate patient demographics and prevent fraud

Experian Healthcare Patient Identity Verification benefits:

- **Minimize payment delays:** Prevent errors by confirming demographic information with Patient Identity Verification. Validating patient address, Social Security number, date of birth and more helps organizations reduce claims denials, expedite reimbursement and reduce return mail rate.

- **Prevent fraud:** Protect your organization’s revenue stream and reputation by identifying potential cases of identity theft. For example, with Patient Identity Verification staff will know if the Social Security number given by a patient is valid and whether or not it has been issued by the Social Security Administration.

- **Reduce collection costs:** Allow collections staff to follow up on accounts more effectively by ensuring up-to-date, accurate patient contact information at the front-end of the revenue cycle.

- **Enhance integrated workflow:** Patient Identity Verification’s seamless, bi-directional integration with other patient registration systems eliminates the need for staff to manually enter information multiple times. This saves staff time and improves efficiency and productivity.

Registration errors that result from filling out forms can lead to lost revenue and additional staff time. Furthermore, patient records that contain demographic errors can create a dramatic rise in fraud rates, denied insurance claims, returned mail and aging accounts receivable for self-pay balances. These errors — whether intentional or not — have a big impact on healthcare organizations.

On the other hand, when patient access staff has the capability to verify and automatically enter the most accurate, regulated data directly into the patient registration system during pre-registration and check-in, the risk of claim rejections and patient write-offs is reduced. To be effective, however, a solution must be based on robust, continually updated information.

Patient Identity Verification uses the industry’s most expansive, dependable and regulated data sources to give patient access staff the latest contact information during pre-registration and at the point of service. With seamless, bi-directional system integration, healthcare organizations receive the most up-to-date, accurate data directly in their patient registration systems and are alerted about discrepancies.

**How it works**
At pre-registration or anytime during the point of service, staff members use the Patient Identity Verification proprietary demographic database to immediately validate and correct the following:

- Name
- Address
- Social Security number (SSN)
- Date of birth (DOB)
- Phone
- County

Patient Identity Verification queries a continuously updated demographic database, which is unmatched in the industry and is based on decades of experience. When integrated
Authenticating patient demographics is an imperative step as shown by the following:

- **40 million Americans change their address each year**¹
- **20 percent of current patient information on file is incorrect**¹
- **$3 are spent in hard costs for each piece of returned mail**²

with other related applications, updated demographic information is automatically uploaded into the organization’s patient registration system. The automated process reduces the risk for error by eliminating the need for registration or other staff to manually enter updated information from patients.

All addresses are cross-referenced against United States Postal Service® standards to ensure the address is valid and is properly formatted to USPS standards, including the addition of the zip+4. Registrars can receive customizable alerts and scripting for dealing with discrepancies and potential cases of identity theft and insurance fraud. These scripts promote and teach patient access staff the “soft skills” they need to have meaningful conversations with patients.

**Prevent endless collection cycles**

Validating the identity of every patient prior to treatment significantly reduces the financial risks associated with returned mail and lost invoices. You can improve cash flow, reduce billing costs and minimize bad debt by making sure the billing statement is mailed to the correct address.

With patients changing addresses and health plans more frequently, it’s important that healthcare organizations have consistent access to the most up-to-date patient contact information. This powerful solution helps to ensure that data collected by healthcare organizations on the front-end is accurate and won’t negatively impact the entire revenue cycle downstream.

**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.

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