

How it works: Coverage Discovery®

With Experian Health's Coverage Discovery solutions, finding available coverage has become much more efficient. Coverage Discovery locates patients' billable commercial insurances that were unknown or forgotten and combs through Medicare and Medicaid coverage. This pulls accounts that may have been destined as a write-off or charity and finds coverage that can be submitted for immediate payment as primary, secondary or tertiary insurance.

\$13.4 billion in billable charges found in 2020

Coverage Discovery covers the entire patient process



It scans patients without insurance before they receive care.

At the time of service, it integrates patient access and HIS/PMS platforms for on-demand insurance scans.



After a patient receives care, it scans the entire accounts receivable system for active insurance 30, 60 and 90 days after service. It searches proprietary databases and historical information. Plus, it leverages weighted confidence scoring, which reduces potential "false positives."



It performs a final scan on patient balances before sending the accounts to bad-debt collections. It also automatically detects discrepancies that can cause inaccurate financial classifications.

How Coverage Discovery benefits your healthcare organization

Coverage Discovery maximizes insurance reimbursement revenue by identifying accounts that are eligible for payment as primary, secondary or tertiary coverage through either private insurance or Medicaid and Medicare. This leads to fewer accounts going to bad-debt collections or being written off as charity. It also automates the self-pay scrubbing process — and users can view product usage, workflows, productivity and financial results. And because it works on a contingency fee pricing model, healthcare organizations pay Experian Health only when they get paid.

For more information on how Experian Health can help your organization find previously unidentified coverage, visit www.experian.com/healthcare.