

Eligibility

Reduce financial risk, increase revenue and streamline staff workflow with real-time insurance eligibility verification.

The continually changing and increasingly complex healthcare landscape requires that providers prioritize eligibility verification. Optimizing this intricate process helps ensure efficiency throughout the revenue cycle. Accurate benefit details at the time of service help ensure timely receipt of patient payments and avoid claim denials due to inactive insurance or noncoverage.

Prioritizing eligibility verification throughout the billing process can increase and accelerate reimbursement. Get accurate and actionable benefits data with Eligibility — a continuous, automated process to verify insurance coverage and plan-specific benefits information in real time.

Benefits to you



Decrease risk: Verified and comprehensive benefit data reduces the risk of bad debt and patient frustration.

Increase revenue: Accurate, real-time benefits data drives higher claim success.

Inform patients: Up-to-date benefit-level details ensure patients can prepare to meet their financial obligations.

Improved efficiency and productivity: Streamlined workflows provide immediate notifications, and automated eligibility checks support higher patient volumes.

Accelerate registration: Validated patient information ensures a smooth process even before a patient's arrival.

How we do it

- **Eligibility Clearinghouse:** Connect to more than 900 payers with backup connectivity to minimize payer-specific service interruptions.
- **Normalization:** Consistently represent patient information in eligibility responses across all payers.
- **Data enrichment:** Intelligence from payer websites and other sources help provide detailed responses.
- **Search optimization:** Functionality ensures the highest likelihood of finding a patient match.
- **CAQH COB Smart® data:** Enhanced coordination of benefits includes primacy information for relevant transactions to increase accuracy and streamline the process.
- **Responses:** Streamline eligibility responses across all payers.
- **Alerts:** This allows you to include notifications within responses that highlight important data requiring a response.
- **Medicare eligibility verification:** Our optional Medicare beneficiary identifier (MBI) lookup service ensures timely reimbursements by finding and validating accurate MBI numbers for Medicare patients.

Access Eligibility through these interfaces: eCare NEXT®, OneSource®, BatchSource®, Premium EDI or EDI.

Eligibility

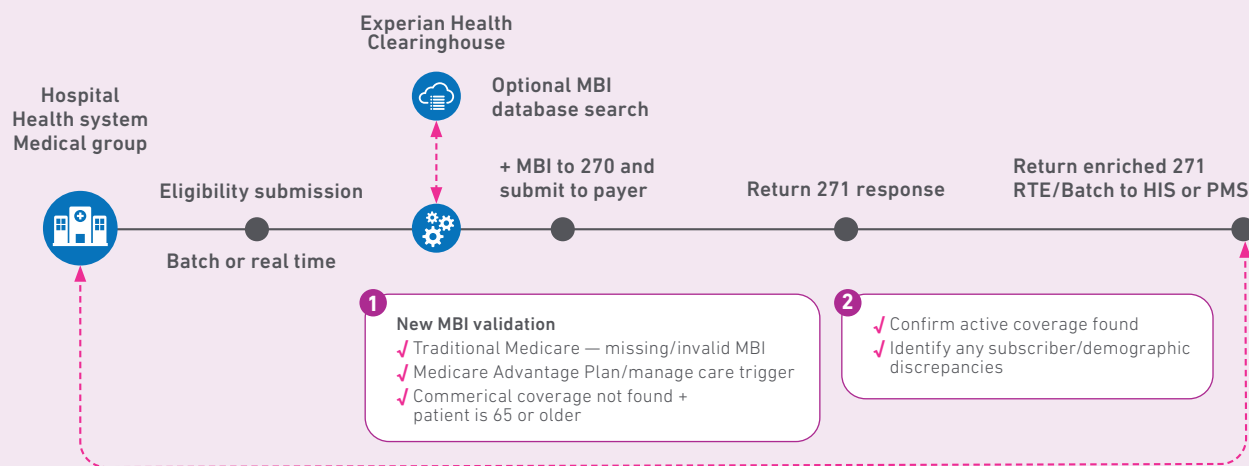
How it works

Eligibility verification starts working from the moment the user first registers the patient.

- Once the eligibility request comes in, Experian Health's sophisticated logic determines whether the patient has coverage on file and whether the coverage is verified or known
- The eligibility verification process comes with an optional Medicare beneficiary identifier (MBI) lookup service feature that reviews whether the transaction meets the MBI lookup service criteria

- If yes, Experian Health will call its MBI database to return a response
- If no, then the request will route toward a normal Experian Health Eligibility response service
- The data required for finding a patient's MBI includes first name, last name, date of birth, Social Security number (SSN) or a health insurance claim number (HICN)

Eligibility process workflow



Reverse the negative impact on your revenue cycle by identifying correct insurance coverage and improving your billing process.

Visit our **webpage** to learn more or email us at **experianhealth@experian.com** to schedule a demo