FOR BEHAVIORAL HEALTH PRACTICES

# Clean Claims Start Before the Visit

Find coverage early. Recheck it as patients keep coming back.



**78%** of revenue cycle leaders link denied claims to at least one front-end workflow.[1]

## GAP 1 Coverage Patients Don't Know They Have

**59%** of revenue cycle leaders call patients with unknown or incomplete benefits a challenge.[1]

### Family plans
Young adults on a parent's plan may not know the details.

### Second policies
Secondary coverage never comes up at intake.

### Lapsed plans
A plan ends without the patient realizing it.

### "No insurance"
Patients who report none may still have active coverage.

## Find It With Insurance Discovery™

**43%** **of uninsured accounts identified with coverage.[2]**

One search finds primary, secondary, and tertiary coverage, including for patients who report no insurance. Batch searches cover a full list of accounts at once.

## GAP 2 Coverage That Changes Between Visits

A check at intake confirms coverage for that day only. Patients seen weekly or monthly can change plans mid-treatment.

**Intake check** → **Regular visits** → **Plan changes** → **Denial weeks later**

> "You'd be surprised how often patients return with terminated insurance. If we don't catch that upfront, we risk losing revenue for months of care."[3]
>
> – Dr. Ernesto Sarduy, CEO, South Florida Psychiatry, an ICANotes practice in Miami

## Recheck It on a Schedule

Eligibility Verification Standard™ rechecks coverage on a recurring schedule and flags what changed.

## See What Coverage Your Patients Have

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1. "Claim Denials: Prevention Strategies," Inovalon, June 2026. Survey of more than 400 revenue cycle leaders and managers.
2. Inovalon internal reporting, April 2026. Individual results may vary.
3. "Cleaner Claims, Faster Payments, Smarter Growth: South Florida Psychiatry's End-to-End RCM Success," Inovalon, June 2025.

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