

Hello  
my name is

## Getting the Name Right

Your practice's revenue cycle is set up for success or failure the moment the patient begins looking for a new provider. If you are a specialty practice, it could also begin when the patient is referred to you by another provider. In either scenario, correctly recording the patient's name, demographic, and insurance information plus the reason they are presenting is key to setting up your revenue cycle for success.

Whether they are self-scheduling or going through a call center, getting patients properly identified and scheduled contributes to provider utilization rates and it's also the starting point for the revenue cycle. Your practice needs to know precisely who each patient is. High quality clinical care and financial performance of your practice depends on getting this right every time. And getting the patient's name and key details right avoids the first potential point of RCM failure.

### Important Details



You may already have many patients with common surnames like Smith, White and Jackson. There may be alternative first name spellings such as Tracey, Tracy or Traci or compound frequently occurring last names. Even when first names and middle initials are added, particularly in large markets with larger practices, there may be several patients with the same or very similar names. Since families tend to repeat the use of names, it's important to discern between a grandfather and grandchild who share similar, if not identical names. In the instance of families, blood type and address might prove insufficient to positively identify one patient from another family member. By simply adding an additional verification step or two, such as date of birth and other demographic fields, to ensure you've got the patient's identity correct will cost you two seconds now and could potentially save you an hour or two working a denied claim later.



### Cost of a Mistake

While you might be marginalizing clerical errors, we all know they can kill somebody. Attributing clinical results or bills to the wrong patient can have far-reaching implications. In the worst-case scenario, it could cause a sentinel event. An incorrect blood type, for example, could kill a transfusion patient. Financial implications hurt the practice's bottom line too when claims get denied. If unknown or left unresolved, billing attribution errors can harm a patient's financial future. For example, they may not be able to secure life insurance if a significant medical condition is erroneously given to them. Once

in a lifetime procedure such as an appendectomy or gender specific procedures such as hysterectomy that are assigned to the wrong patient can fire CCI coding edits or potentially cause other reasons for the claim to be denied. These simple clerical error denials be difficult for the patient and your practice to remedy. Plus, they slow down your collections to a crawl. Because a large percentage of denials are never resolved, clerical errors like getting the name right are simply letting hard earned money fall out of your practice's hand.

## Impact on Denials



Denied claims are frustrating on so many levels. They can be complicated to research and resolve. And, if your team fails to adhere to strict turnaround times set by the payer, the entire claim could be permanently denied - netting your practice absolutely no revenue for the services that were already provided, and expenses incurred.

## Embracing the Solution

If you have a revenue cycle analytics solution like WhiteSpace Health's Practice Analytics, you can set up alerts to have denials automatically post to your inbox as soon as they occur. The red, yellow and green stoplight metaphor of your dashboard will immediately let you know where to focus. There is flexibility to review both high level trends and capabilities to drill down to the claim level. All of this robust functionality helps you determine why the claim was denied. Armed with a thorough understanding of the root cause, you can rapidly address the denial and ensure practice does not replicate the issue. By systematically working to resolve reasons for your denials, over time your practice will have less and less of them. This will have improved the speed of practice collections.

Getting it right on the front end is essential to avoiding the messy and labor-intensive denial remediation process. So, be sure to get the name right.



### About the Author

[Carrie Bauman](#) is the Vice President of Marketing at [WhiteSpace Health](#). Her career has been spent evangelizing the transformation from paper-based medical records to actionable information now contained in health data warehouses that are layered with AI and automated workflows to support clinical care and expedite the revenue cycle.

### Source:

<https://revcycleintelligence.com/news/what-are-the-front-end-steps-of-revenue-cycle-management>

Bad Data Hinders the Claims Process