

REVENUE CYCLE MANAGEMENT

Patient Access Curator

Prevent denial problems at the front end, all at once. In seconds.

Patient Access Curator – Experian Health’s most robust revenue cycle solution – helps patient access teams prevent claim denials – in seconds – by solving for bad data quality with real-time data correction.

It performs eligibility, COB, Medicare Beneficiary Identifier (MBI), demographics and discovery in a single solution, preventing denials at the front end with a single click, within seconds, with outstanding accuracy.



Eligibility - Automatically interrogates 271 responses, indicating any secondary or tertiary coverage data.



Coverage - Works behind the scenes to minimize the cost of insurance discovery and streamline workflows—often while generating additional insurance revenue missed by previous processes and vendors.



MBI - Continuously finds and corrects MBIs, using AI, in-memory analytics, and robotic process automation to locate patient identifiers and fix them automatically.



Demographics - Automatically corrects obsolete or inaccurate data, using the industry’s only tool with in-memory analytics and proprietary algorithms that know how to find and fix contact information.



COB - Analyzes each payer response in real-time at the point of service and integrates directly into the eligibility verification process, using AI technology.

Since 2020, clients using Patient Access Curator have prevented over \$1B in denied claims – directly impacting bottom lines.

Benefits to you



Increased claims accuracy through Patient Access Curator means less downstream denial management, freeing up users to participate in more value-added tasks. One click is all it takes.

- Quick, accurate registration and scheduling for patients
- No more manual searches for data
- Fewer data entry tasks
- Less decision-making on the registrar
- Reduced billing errors
- Lower denial volumes
- Reduced time spent on claims management