

41% slash in eligibility denials at Columbus Regional Health

KPIs that matter:

▼ **41% reduction** in eligibility denials

▼ **37% decrease** in coordination of benefits and registration denials

95% coverage accuracy across hospital and professional billing

Summary: Going from disruption to sustained denial reduction

Columbus Regional Health (CRH) set out to improve front end accuracy and reduce denials across its revenue cycle. When a vendor outage temporarily disrupted automated eligibility checks, the organization saw an opportunity to rethink how coverage decisions were made. By implementing Experian® Health's Patient Access Curator™, CRH not only restored eligibility operations but also transformed workflows, improved registrar confidence and achieved sustained, double digit reductions in denials. The results show how Patient Access Curator delivers consistent, measurable denial reduction by improving front-end workflows and preventing errors before they reach billing.

The challenge: Fix the guesswork at registration

Even before the outage, CRH faced familiar challenges: manual payer selection, inconsistent workflows, and limited visibility into the root causes of denials. When eligibility automation went offline, these issues became more visible. Instead of rebuilding the old process, leadership used the

moment to improve front-end accuracy and create a more resilient workflow.

CRH needed a solution that would reduce registrar guesswork with clearer guidance and prevent eligibility and coordination of benefits errors from entering the revenue cycle.

A strategic shift: Standardize accuracy at the front end

Patient Access Curator aligned with this shift by delivering automated, high-confidence coverage matching within consistent workflows across registration and preregistration. Its built-in decision support tools improved registrar accuracy while preserving oversight, helping CRH modernize front-end processes and prevent denials before they occur.

Registrars no longer had to make complex coverage decisions in seconds. The solution automated eligibility and coverage verification, surfacing only true exceptions for review. By reducing payer selection guesswork and embedding workflows directly within the host system, CRH achieved a seamless process and smooth adoption of the product.

Staff retained final decision authority, now backed by clearer guidance and stronger tools, resulting in faster, more accurate registrations and fewer downstream corrections.

Early impact: Guesswork out, accuracy in

Patient Access Curator immediately reduced the hands-on workload and improved consistency across teams. With its

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AI intelligence layer, staff no longer needed to manually add payers or run eligibility checks, which led to fewer registration errors, reduced returned mail, and less time spent on rework or retraining.

Leadership gained new visibility with Experian Health's denial analytics, enabling earlier identification of trends and more proactive intervention. Joyce Predmore, Director of System Patient Access and Financial Clearance, noted having that information at their fingertips "significantly reduced the time spent reviewing denials and retraining staff."

"Patient Access Curator gave us data visibility we never had with our prior vendor."

— **Joyce Predmore**, Director of System Patient Access and Financial Clearance, Columbus Regional Health

This ongoing partnership helped CRH respond quickly to payer changes and emerging trends, continuously strengthen front-end accuracy, and maintain consistent, reliable workflows.

What's next: Build on accuracy gains

With denial rates falling and front end accuracy significantly improved, CRH is expanding its work with Experian Health to address additional denial drivers, including claim attachments, alert refinement and continued workflow optimization.

These improvements now serve as the foundation for a more accurate, resilient and efficient revenue cycle — demonstrating the value of Patient Access Curator for organizations focused on reducing denials.

Learn more on our [website](#) or send us an [email](#).

Results: Achieve sustained, measurable denial reduction

By improving accuracy at the point of registration, CRH achieved measurable, lasting improvements across both hospital and professional billing:

- 41% reduction in eligibility denials
- 37% decrease in coordination of benefits and registration denials
- 97% coverage accuracy

A strong partnership: Optimization didn't stop at go-live

"Experian Health facilitated meetings with specific payers and kept us informed if something was happening across Indiana," Predmore explains. "That communication has been critical to our success."

In addition, CRH and Experian Health conducted regular performance checks, reviewing denial reports and eligibility trends to identify opportunities for improvement. Together, they refined rules, addressed emerging patterns and optimized workflows to sustain results over time.

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About Columbus Regional Health

Columbus Regional Health (CRH) is an independent health system based in South Central Indiana, and a proud member of the Cleveland Clinic Connected program. CRH is comprised of more than 2,400 employees, 225 physicians on medical staff and 250 volunteers.

CRH holds a more than 105-year history as a premier healthcare provider in the state, and a top employer in its flagship community of Columbus, Indiana.

About Experian Health

Experian® Health serves more than 60 percent of U.S. hospitals and more than 7,500 medical practices, labs, pharmacies and other healthcare providers. We simplify healthcare with data-driven platforms and insights that help organizations make smarter business decisions, deliver a better bottom line and establish stronger patient relationships.

About Patient Access Curator

Patient Access Curator is an innovative, AI-powered solution that checks insurance, coverage and patient details in one seamless step — right at registration. Built with proprietary machine learning capabilities, it prevents claim errors before they begin, helping teams submit clean claims and reduce denials. Patient Access Curator leads the way in revenue cycle management by automating what no other product on the market can do in a single workflow. It's the only solution built to catch and correct issues before they even reach your billing team.





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