

How MetroHealth cut denials by 44% in one year

AI Intelligence leading the way

KPIs that matter: Denials dropped across the board

▼ **44.1% cut** in COB denials

▼ **20.3% decrease** in registration denials

▼ **37.3% drop** in eligibility denials

Plus: ▼ **35% reduction in backend contingency fees**

Summary

Health systems today have to make every dollar and every claim count. At MetroHealth, outdated manual registration processes were driving denials, vendor costs and staff burnout. That changed when the Cleveland-based system expanded their partnership with Experian Health to automate discovery and eligibility workflows with Patient Access Curator™.

The challenge: the cost of doing things “the old way”

MetroHealth’s revenue cycle team faced growing registration pain points with coverage errors, inconsistent eligibility checks and heavy dependence on a third-party agency to gather missing patient and coverage information. Each missed coverage created more delays, corrections and cost. “Our backend teams were bombarded with rework. Morale was low, and we were spending time fixing what never should’ve been broken,” said Mary Ann Olschlager, Director of Revenue Cycle Operations.

Leadership knew the answer wasn’t another patchwork solution; it was automation. They needed a system that could eliminate manual steps and remove unnecessary human touchpoints — the root cause of many preventable errors.

The resolution: more than a product, an ongoing partnership

MetroHealth evaluated Patient Access Curator as an upgrade to their existing use of Experian Health’s Real-Time Eligibility, and it was the product’s AI and machine learning technology that stood out. The product has the ability to run eligibility, COB primacy, MBI, demographics and discovery all in one transaction. It also returns the correct results directly to Epic. All in less than thirty seconds. This was the automation MetroHealth needed.

The deciding factor wasn’t just the technology. Under Experian Health’s partnership model, their consultants remain hands-on after go-live to optimize the workflow. That ongoing support ensures the build is right to drive denial reductions. Together, the automation and partnership created a path to success for MetroHealth.

“This solution truly is a partnership. Experian didn’t just turn it on. They met with us consistently to tweak and improve it,” emphasizes Mary Ann Olschlager.

Early wins: efficiency gains

Once live, registrars didn’t require new training. The solution ran behind the scenes, automatically identifying

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and attaching the right coverage before the patient visit, reducing last-minute scrambling. Staff also shared that they felt more confident in their work because the system handled steps that were frequently skipped or inconsistently applied.

“One of our contact center staff told me, ‘I love it. My job is so much easier.’ That’s when I knew we had a real win,” Olschlager added.

Impact on backend teams: less rework, more meaningful work

Backend teams also felt the difference. As fewer errors slipped through, work queues got lighter and staff weren’t stuck calling patients to fix coverage issues. With fewer gaps in coverage and fewer errors to correct, staff spent more time on proactive, value-added tasks. Christina Adkins, Manager of Cash Application and Rapid Registration, added that since more errors are caught upfront, her team can focus on claim edits than reworking denials.

“Patient Access Curator removed the manual work. We can’t go back to human decision-making. That’s a thing of the past for us now.”

— Mary Ann Olschlager, Director of Revenue Cycle Operations, MetroHealth

The results are in: denials down and costs cut

At first, results were modest. But after Experian Health’s consultants corrected the Epic mapping for a complex payer, the numbers delivered the breakthrough MetroHealth had been waiting for.

Denial impact

- 44.1% cut in COB denials
- 20.3% decrease in registration denials
- 37.3% drop in eligibility denials

Financial and operational impact

- 35% reduction in backend contingency fees
- \$250,000 per year saved by reducing contingency needs
- Three full-time roles reallocated to another department

Advice for other health systems

MetroHealth leaders say success with Patient Access Curator comes down to partnership and persistence. Both Adkins and Olschlager recommend having a dedicated IT resource to support the build and ongoing optimizations. They credited close collaboration across departments and Experian Health’s support and continued engagement after going live as key reasons for the project’s long-term success.

Looking ahead, MetroHealth plans to continue fine-tuning configurations for complex payers, expand automation to new workflows and share learnings with other systems across Ohio. As Adkins sums it up simply, “Patient Access Curator is efficient and intuitive, with so much information built in. We can’t imagine going back.”

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About MetroHealth

Founded in 1837, the MetroHealth system is Cuyahoga county's safety-net health system, serving more than 300,000 patients each year. With four hospitals, four emergency departments and more than 60 sites across the region, two-thirds of MetroHealth's patients are uninsured or covered by Medicare or Medicaid. The system's mission — devoted to hope, health and humanity — drives its commitment to care for everyone, regardless of their ability to pay.

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, 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.

