

OhioHealth cuts denials by 42%: Solving claim errors at the source

KPIs that matter

Learn how this all-in-one solution enabled OhioHealth to achieve:

36% decrease in COB denials

69% slash of termed insurance denials

63% fewer incorrect payor denials

42% reduction in overall registration/eligibility denials

Over \$188M in claims unlocked by reallocated staff

“I don't want this to be just an OhioHealth solution. I want this to be something everyone can take advantage of.”

— Randy Gabel, Senior Director of Revenue Cycle

Before 2024, OhioHealth was already feeling the strain of growing claim denials and inconsistent insurance discovery. But when a national cyberattack hit the industry, the pressure to fix revenue cycle workflows reached a breaking point.

Turning Point: A cyberattack pushes innovation into overdrive

In early 2024, a nationwide cyberattack disrupted healthcare billing systems — including at OhioHealth. Already in the middle of evaluating revenue cycle vendors due to persistent gaps in claims and eligibility workflows, the attack added new urgency to their search.

The vision? Move beyond simply checking insurance and start discovering full coverage upfront, without patients having to fumble through outdated cards or remember secondary policies.

The Challenge

Registrar guesswork, growing denials, and costly contingency vendors

The registrars relied heavily on what patients told them, even when that information was outdated or incomplete. Staff had to guess whether to run Coordination of Benefits (COB), Medicare Beneficiary Identifier (MBI), and hope they determined the correct primary insurance. That guesswork led to growing denials which then added to increased dependency on contingency vendors to find the right insurance coverage, and friction between registration and billing teams. **“We were sending claims with the wrong insurance simply because staff didn't know what to do next,”** shared Randy Gabel, Senior Director of Revenue Cycle at OhioHealth. This upfront guesswork led to mounting costs and delays in resolving claims at the back end.

The Solution: Patient Access Curator meets OhioHealth's vision

Why Experian Health

OhioHealth had not worked with Experian Health previously. During their evaluation, they provided Experian Health with self-pay data from December 2023 through February 2024 and asked if the tool could identify any gaps.

OhioHealth cuts denials by 42%: Solving claim errors at the source

“Patient Access Curator discovered a whopping 18% more insurance on self-pay accounts than our current vendor,” said Gabel. “We were immediately convinced. No other company or product found that much.”

Experian Health’s Patient Access Curator (PAC) offered what OhioHealth needed: a single tool that runs demographics, eligibility, COB, MBI, and insurance discovery in one transaction. PAC integrates with Epic, so registrars experienced it as a seamless part of their normal workflow. This meant no extra training for Gabel’s staff of over 800, which was an initial concern.

Key features PAC delivered:

- Real-time, automated discovery of primary and secondary insurance
- Auto-population of correct coverage data in Epic
- Removal of manual decision-making from staff

Now when a patient arrives, registrars can immediately identify a patient’s full insurance information without needing the patient to provide a card, often an outdated one.

“One of the primary reasons we chose Patient Access Curator was because it makes the manual work of revenue cycle much easier on the registration teams, which in turn improves productivity, empowerment, and morale,” continued Randy.

Early Wins: Registration relief that paid off fast

Within weeks of go-live, staff began noticing big improvements across the registration process. Tasks that once required guesswork and manual cleanup became faster, clearer, and far less error prone.







- Fewer manual decisions: **“Registrars used to wonder, ‘Do I run COB? Which insurance is primary?’ Now PAC does all that work and removes the guess work — and it does it in under 20 seconds,”** Gabel remarked.
- Real-time updates in Epic: The all-in-one product auto-populates accurate insurance coverage info, determines primacy and removes terminated insurance — no registrar action needed.

“Our registrars no longer ask, ‘What do I do next?’ PAC tells them. And our results prove PAC right.”

— Randy Gabel, Senior Director of Revenue Cycle

Revenue impact

The early wins across the front end had a powerful ripple effect, leading to measurable savings, smoother operations, and fewer denials throughout the revenue cycle. After one year, the health system saw the following results in hospital billing:

-  reduction in overall registration/eligibility-related denials: A major reduction in claim rework and revenue leakage.
-  decrease in COB-related denials: A clear sign of reduced errors and better insurance matching at registration.
-  slash in termed insurance-related denials: Fewer outdated policies captured at check-in meant cleaner claims and fewer billing delays.
-  reduction in incorrect payor-related denials: More accurate payer selection helped prevent downstream denials and payment delays.
-  in claims unlocked by reallocated staff: With PAC reducing front-end issues, two staff members were reassigned to tackle stalled claims.
-  Reduced reliance on contingency vendors: Insurance was identified for 12 accounts that had been sent to collections, lowering the need for outside recovery services and cutting avoidable bad debt.

Case study

OhioHealth cuts denials by 42%: Solving claim errors at the source

What's Next: A patient financial experience built on trust

OhioHealth is now extending the power of PAC by launching a patient financial experience initiative. The goal: allow patients to self-register and find their own coverage without intervention.

The future is clear: accurate data, smoother processes, and better experiences for both patients and staff — starting at registration.

Learn more at experian.com/patient-access-curator or email us at experianhealth@experian.com.

About the Client: A mission-driven health system with a wide reach

OhioHealth, based in Columbus, Ohio, is a not-for-profit health system that includes 16 hospitals, three joint-venture hospitals, and over 200 ambulatory sites. With more than 35,000 associates, physicians, and volunteers, OhioHealth provides care across 49 counties. Their mission: to improve the health of those they serve.

About Experian Health

At Experian Health, we serve more than 60 percent of U.S. hospitals and more than 5,800 medical practices, labs, pharmacies and other healthcare providers to simplify healthcare with data-driven platforms and insights that help our clients make smarter business decisions, deliver a better bottom line and establish strong patient relationships. Experian is a global data and technology company, powering opportunities for people and businesses around the world. We invest in talented people and new advanced technologies to unlock the power of data and to innovate. A FTSE 100 index company listed on the London Stock Exchange (EXPN), we have a team of 25,200 people across 32 countries. Our corporate headquarters are in Dublin, Ireland. Learn more at experianplc.com. For more information about Experian Health, visit <http://www.experianhealth.com>.

About Patient Access Curator (PAC)

PAC is an innovative, AI-powered solution that checks insurance, coverage, and patient details in one seamless step — right at registration. Built with advanced machine learning, it prevents claim errors before they begin, helping teams submit clean claims and reduce denials. PAC 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.

