

St. Luke's turns hidden coverage into \$4.2 million with Coverage Discovery[®]

KPIs that matter:

\$19 million in billable coverage uncovered in one year

\$4.2 million in cash collected

Flat call volume despite 14% growth due to insurance found on "self-pay" accounts

Summary

Like many large health systems, St. Luke's University Health Network discovered that a significant portion of its self-pay accounts were not truly self-pay at all. By identifying hidden and forgotten coverage before accounts entered collections, St. Luke's converted false self-pay into measurable financial return.

Using Coverage Discovery[®] alongside Collections Optimization Manager, the organization uncovered more than \$19 million in billable coverage and collected \$4.2 million in incremental cash in just one year. St. Luke's stabilized operations, reduced unnecessary collections activity and improved the patient experience.

The challenge

Growing self-pay volume revealed limits in manual coverage identification

St. Luke's University Health Network faced a familiar revenue cycle challenge: patient volumes were rising, self-pay balances were increasing and staff were stretched thin. Call center teams were handling up to 30,000 calls each month, yet were often unable to reach patients directly. Thousands of voicemails went unanswered while bad debt grew.

"My dollars are high, my self-pay is high, my bad debt is high and growing. We needed another way to handle the volume because adding people was not an option," says Cindy Samuels, Senior Manager for Patient Revenue Services at St. Luke's.

It wasn't just a workload issue. Too many accounts labeled as self-pay were later found to have active insurance coverage. Staff were wasting time on unnecessary collections activity, which was frustrating for patients and left revenue unrealized.

At St. Luke's scale, these inefficiencies created real financial risk. With headcount fixed and patient growth accelerating, manual coverage identification could no longer keep pace. The organization needed a way to identify missing coverage earlier, reduce false self-pay and protect revenue — without compromising the patient experience or adding staff.

The approach

A back-end safety net to catch coverage before collections

St. Luke's chose to work with their existing partner Experian Health to implement Coverage Discovery, which finds previously unknown billable coverage on accounts marked as self-pay. The team liked that Coverage Discovery could be integrated directly into back-end workflows without disrupting front-end operations or adding staff.

Coverage Discovery continuously reviewed self-pay accounts across the accounts receivable life cycle, automatically identifying previously unknown billable coverage and returning those accounts to the appropriate billing path. This ensured that insurance discrepancies were corrected early, before statements were sent, collections activity began or accounts were routed externally.

Case study

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By using Coverage Discovery in combination with Collections Optimization Manager, St. Luke's could separate true self-pay from recoverable insurance, and further prioritize remaining balances based on the likelihood of payment. Accounts with newly identified coverage were removed from collections work queues, while staff focused their time on accounts with a clear path to resolution.

Instead of chasing accounts and leaving endless voicemails, staff could focus on accounts that had a clear path to resolution, resulting in higher collections and fewer complaints and write-offs.

"I don't know why patients don't tell you about their insurance. But now we've found a way to find it," says Cindy Samuels. "Just because an account looks like self-pay does not mean it should be."

"Coverage Discovery gives us a safety net to find coverage before we send a bill or push an account to collections."

— Cindy Samuels, Senior Manager for Patient Revenue Services, St. Luke's University Health Network

The result

Turning hidden coverage into measurable financial return

Within one year of implementation, Coverage Discovery identified more than \$19 million in billable coverage that would otherwise have been classified as self-pay at St. Luke's. Based on the organization's actual reimbursement experience, this translated into \$4.2 million in incremental cash collected — without adding staff or increasing collections activity.

Coverage Discovery reviewed more than 30,000 accounts each month, finding missing coverage on nearly 6,000 of those accounts. As a result, billing teams consistently worked the right accounts at the right time.

"Now we're working the right accounts. We're not wasting time chasing patients who were never truly self-pay, and that makes a difference for our staff and for our patients," says Samuels.

With fewer calls in the queue, staff could spend more time on each interaction. The call abandonment rate steadied at 1.54%, far below the industry benchmark of 7%. St. Luke's estimates that eliminating the "but I have insurance" calls saves nearly \$200,000 each year.

For leadership, this created a more predictable and defensible self-pay strategy at a time of rising volume and shrinking margins.

The insight

Using back-end insights to improve front-end operations

Beyond recovering missed coverage, St. Luke's used Coverage Discovery insights to create a closed-loop feedback process between the back-end revenue cycle and front-end registration teams. By identifying patterns in missed or incorrect insurance information, leadership gained greater visibility into where registration processes were breaking down.

These insights were shared with registration leaders to support targeted training, clearer accountability and continuous improvement, helping prevent coverage errors before accounts ever reached billing or collections. Over time, this reduced reliance on back-end correction and improved confidence in front-end data quality.

"Bringing data and reports to registration leaders from Coverage Discovery is more effective than saying, 'you missed a lot of insurance,'" says Samuels. "I can show them what can actually be found and build processes to catch that at registration rather than on the back end."

Moving forward

Protecting revenue as coverage changes

As coverage patterns continue to shift and reimbursement pressures intensify, St. Luke's views Coverage Discovery as a critical safeguard against uncompensated care and unnecessary write-offs. By validating coverage before accounts enter collections, the organization has established a more resilient and predictable self-pay strategy — one that protects revenue without increasing staff burden.

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

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About St. Luke's University Health Network

St. Luke's University Health Network is a not-for-profit health system based in Pennsylvania's Lehigh Valley. With 16 hospital campuses, more than 350 outpatient facilities, 220 physician locations and 25 urgent care centers, it provides a wide range of primary and specialist care and operates the largest trauma system in Pennsylvania. The growing network has 25,000 employees, 2,200 physicians and providers and 1,700 beds, and reports approximately \$4 billion in annual net patient revenue.

About Experian Health

Experian Health® serves more than 60% of US hospitals and more than 7,500 medical practices, labs, pharmacies and other healthcare providers. We help our clients simplify healthcare with data-driven platforms and insights to make smarter business decisions, deliver a better bottom line and establish strong patient relationships.

Coverage Discovery®

Coverage Discovery® makes it faster and easier to identify billable insurance coverage. It uncovers commercial plans that may have been missed or forgotten and searches for active Medicare and Medicaid coverage. Coverage Discovery helps convert potential write-offs into revenue. It automatically identifies coverage that can be billed as primary, secondary or tertiary coverage.

Collections Optimization Manager

Collections Optimization Manager helps you identify "who's who" using in-depth data and advanced analytics so you can focus staff and agency resources where they make the most sense. It helps billing teams quickly understand their patients' ability and willingness to pay, identify charity eligibility and implement effective and compassionate patient billing outreach.

