

How MetroHealth scaled their prior authorization by 173% with Experian Health

173% increase in monthly authorization requests processed

60% decrease in time spent on each authorization

50% reduction in follow-up time spent

114% increase in lead time before scheduled procedure

Challenge

MetroHealth, a leading health system in Ohio serving more than 300,000 patients annually through five hospitals and four emergency departments, faced serious challenges with prior authorizations.

Their workflows were manual, which meant the staff carried the burden of chasing down approvals through phone calls and manually logging on to payer websites, an effort that drained time and resources. They were finding out about prior authorization denials too late, causing delays in patient care or rescheduled procedures. This led to frustration for both patients and doctors.

As a result, the financial health of the system suffered from mounting administrative costs and increased risk of claim denials, turning what should have been reimbursable care into denial write offs.

Resolution

Hiring additional staff was not possible for MetroHealth, so they had to be scrappy and leaned on automation. They were particularly looking for a revenue cycle management partner that had extensive payer connections and could manage their high patient volume.

Experian Health's Authorization solution checked all the boxes.

- Experian's Authorization solution automates inquiry and submission processes, all while running in the background without user effort. It guides the user through each step, automatically filling in payer details and only asking for input when needed.
- Extensive connections with [major payers](#) and utilization management companies across the country, including UnitedHealthcare, Aetna, Humana, Cigna, eviCore, AIM and NIA.

How it works

When a physician at MetroHealth places an order in Epic, the authorization process begins instantly. Automation takes the lead, capturing all the required payer details and submitting the request in seconds. Behind the scenes, the system communicates directly with connected payers, eliminating the need for manual tracking. Real-time updates flow back into Epic, giving staff immediate visibility into the status of each authorization.

For specialties like radiology, the solution ensures requests are routed to the right payer partner, speeding up approvals. The result is a faster, smarter process that keeps procedures on schedule, reduces administrative effort, and improves the care experience.

Case study

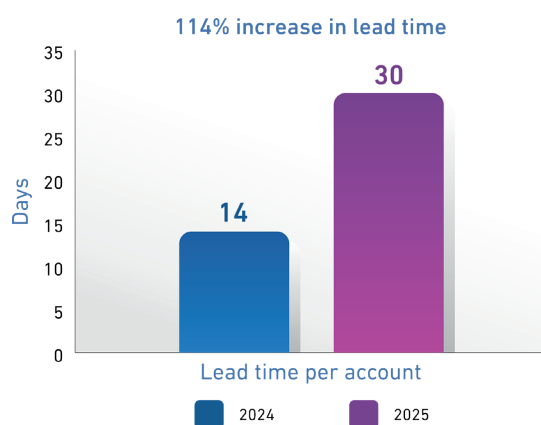
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With access to the Knowledgebase feature, MetroHealth's staff no longer guess what might require authorization. The library of payer rulesets, updated monthly by Experian Health, gives them a reliable, up-to-date guide for every procedure. And when unique needs arise, custom rules can be added, giving MetroHealth even greater control. This combination strengthens compliance, reduces the risk of costly denials, and gives staff confidence that requests are accurate the first time.

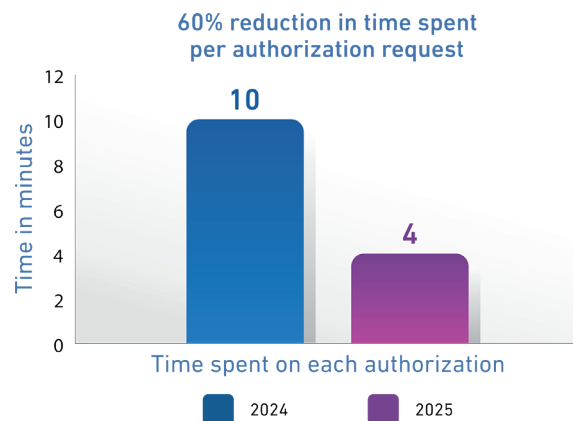
Results

By automating the authorization workflows, MetroHealth has realized many positive outcomes:

- **Authorization at scale** - MetroHealth scaled monthly authorization transactions from 2,200 to 6,000 — a 173% increase. This growth has empowered the organization to support more service lines and higher patient volumes without adding more headcount.
- **Proactive denial management** - Thanks to automation, the MetroHealth team can now work further ahead in their workflow, moving from 14 days to 30 days prior to scheduled services which is a 114% increase in time available. That extra lead time helps them prevent delays, avoid denials, and keep patients on track with their care.



- **Increased time savings** - The average time spent on each authorization is just under four minutes, compared to their earlier time of 10 minutes. That is a 60% improvement. This has freed up time for MetroHealth's staff to focus on higher-value tasks and exceptions.



- **Faster follow-up time** - With follow-ups now 50% faster, claims get processed faster, cash comes in sooner, and MetroHealth's staff spends less time chasing approvals or fixing denied claims.
- **Faster peer-to-peer reviews** - Peer-to-peer reviews now happen 4-5 days faster. This has sped up care decisions for patients by avoiding delays that come with formal appeals. This also takes the pressure off physicians, who no longer have to squeeze these reviews into their already packed schedules, making their day less stressful and more manageable.

Best practices other health systems can replicate

For other revenue cycle leaders looking to automate their prior authorizations workflow, Brandy Brafford, Director of Admissions and Financial Clearance at MetroHealth, has the following advice.

- **Start with teamwork** - Involve the right people from day one so everyone understands the workflow and shared goals, it saves time and keeps everyone aligned.
- **Make data easy to find** - Ensure key information like CPT codes is built into the system, not hidden in printouts or spreadsheets, to keep the automation process efficient.
- **Invest in training and prioritize communication** - Take time to train staff, meet regularly with stakeholders, and keep communication open to get the most out of your new solution.

Case study

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About MetroHealth

Based in Cleveland, Ohio, MetroHealth is a safety net health system that provides care for everyone in their community regardless of their ability to pay. Every day, 600 doctors, 1700 nurses, and more than 8,000 employees go to work over there with one shared mission - To lead the way for a healthier community through service, teaching, discovery, and teamwork.

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.

For more information about Experian Health, visit <https://www.experian.com/healthcare/>

About Authorizations

Reduce denials, deliver timely patient care, and eliminate frustration for physicians and staff with Experian Health's [Authorization solution](#), an integrated online service that simplifies submission and automates authorization inquiries, reducing manual effort and delays. Users experience a touchless workflow where payer data is auto filled, and the system only prompts for input when needed. With guided, exception-based automation, your team can focus less on paperwork and more on delivering quality care.

Learn more about Experian's [prior authorization solution](#) or email us at experianhealth@experian.com

