

How Providence Health found \$30M in coverage and reduced denial rates with automated eligibility checks

Providence Health is a leading health system comprising 56 hospitals and over 1,000 physician clinics. With an impressive annual patient volume of over 28 million, Providence strives to prioritize the well-being of their patients by providing convenient, accessible, and affordable medical services.

\$18M

Saved due to decreased denial rates in just 5 months of implementation

\$30M

Average coverage found annually

Challenge

When faced with high patient volumes, healthcare providers often encounter issues with slow payer eligibility processes and increased eligibility denials. At Providence Health, the staff faced the same challenges, spending valuable time manually verifying eligibility. This meant navigating away from their system and logging onto payer websites, resulting in inefficiency and wasted resources.

Additionally, as Epic's payer plan table expanded, Providence Health required an efficient way to consolidate and align the data pertaining to insurance plans, contracts, and reimbursement details. In order to streamline the process and keep their staff within the system, Providence Health sought to automate eligibility tracking.

Emily Brown, Director of Operation Excellence says, "Our search for a solution that seamlessly integrates with Epic led us to choose Experian as our preferred vendor, given their proven track record of working with Epic."

Resolution

Getting it right the first time

By implementing Experian's Eligibility solution, Providence Health was able to leverage its powerful Bad Plan Code Detection tool, that identifies coding errors before being submitted to the payer and avoid costly rework. Now whenever an incorrect plan code is detected on a patient's account, the system promptly notifies the user, and they ensure that these accounts receive the required correction. This also paved the way for using 1:1 plan mapping through Experian which automatically creates the new coverage record in Epic based off the response received. This takes all the guesswork out of correct plan selection for the staff.

Maximizing productivity with connection optimization

Experian ensures that Providence has uninterrupted service by connecting to over 900 payers, with backup connectivity to over 300 additional payers. Automated work-queues, fueled by response data and custom alerts provided by Experian, empower the staff at Providence Health to accomplish more and work with greater efficiency.

Case study

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Results



Automation: the key to lower denial rates, productive staff, and satisfied patients

With streamlined workflows and automated eligibility checks supporting high patient volumes, Providence has **reduced its denial rate and saved \$18 million in potential denials** in just 5 months of implementation.



Verified and comprehensive data reduces the risk of bad debt for Providence and enables them to find an **average of \$30 million coverage annually**.

Improved benefit-level information boosts patient satisfaction as they can better plan for their financial responsibilities.

“Checking if my insurance was accepted was a fast and friendly process. The staff even helped clarify which insurance was the right one for me since I had multiple cards.”

— Providence Health Patient

Partnering with Experian has resulted in Providence identifying **an increased amount of active eligibility**, ensuring accurate reimbursement and avoiding claim denials.

Automation has significantly reduced staff workload and increased employee efficiency by eliminating time-consuming manual tasks such as logging into payer websites.

Brown credits Experian for their success and expresses satisfaction stating,

“We are really happy with Experian. It takes away duplication of efforts and allows us to see the bigger picture. The eligibility solution works well for our team and patients.”

About Experian Health

Hospitals, health systems and physician groups have come to rely on Experian Health for revenue acceleration and profit gains through automation, cleaner claims, fewer underpayments and a reduced cost to collect.

Experian Health partners with over 63 percent of US hospitals and more than 7,700 other risk-bearing entities to provide data-driven insights that connect and simplify healthcare for all. We offer solutions for every stage of the patient journey, including patient scheduling, registration, check-in, estimates and payments.

Improve reimbursement rates and streamline billing with the power of [Eligibility Verification](#). With our automated process, you can access real-time insurance coverage and plan-specific benefits data for quick and accurate results.