

Experian Health

Comprehensive revenue cycle management, identity management, and patient engagement solutions powered by data and AI for healthcare organizations.

<https://example.com/1762583716458>

Overview

Experian Health is a leading provider of data-driven solutions for the healthcare industry, serving over 3,000 hospitals and 7,000 other healthcare organizations, representing more than 500,000 providers. Founded in 1994, the company is recognized as a Software-as-a-Service (SaaS) pioneer in the health IT space.

The platform's core offerings are segmented into Revenue Cycle Management, Identity Management, Patient Engagement, Data & Analytics, and Regulatory Solutions. A key focus is on leveraging artificial intelligence (AI) and machine learning (ML) to solve complex administrative problems, such as claim denials.

Key Capabilities and Value Proposition:

Revenue Cycle Optimization: Solutions like the AI-powered Patient Access Curator™ prevent claim denials in real-time at registration by verifying and correcting data across eligibility, insurance discovery, and demographics with a single automated inquiry. Other tools, such as Denials Workflow Manager and Claim Scrubber, further streamline the claims process and collections.

Patient Access and Engagement: The platform simplifies the patient journey with tools for online scheduling (Patient Schedule), real-time insurance eligibility verification, and Patient Estimates for price transparency, helping providers comply with regulations like the Hospital Price Transparency Rule and the No Surprises Act.

Data & Analytics: Power Reporting provides intuitive dashboards for continuous revenue stream analysis, and Power Data™ automates the delivery of raw data to an organization's enterprise data warehouse.

Identity Management: Solutions focus on unique patient identification and identity verification to protect patient data and improve record accuracy.

The system is designed for high-degree integration with existing Electronic Health Record (EHR) and Practice Management (PM) systems, reducing the administrative burden on staff and enhancing the patient financial experience.

Key Features

- Patient Access Curator™ (AI-powered denial prevention)
- Real-time Eligibility Verification
- Coverage Discovery®
- Patient Estimates/Price Transparency
- Denials Workflow Manager
- Power Reporting & Data Analytics
- Identity Management & Unique Patient Identifiers
- Patient Scheduling (Self-Service & Call Center)

Pricing

Model: enterprise

Pricing is not publicly disclosed and is provided upon request, typically structured as an enterprise-level subscription based on modules purchased and the size of the healthcare organization.

Target Company Size: medium, enterprise

Integrations

Epic, athenahealth, Salesforce

Compliance & Certifications

HIPAA, SOC2 Type II, PCI DSS Level One Service Provider, GLBA, FCRA

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