

# CASE STUDY

## Elevating Denials Management for a Major Academic Health System: 40:1 Return On Investment

### THE CHALLENGE



A major West Coast academic health system—nationally recognized for excellence in pediatric, cardiology, gynecology, and trauma care—was facing a mounting challenge: an unacceptably high volume of denied claims across both commercial and government payers. Internal efforts were constrained by limited denials management expertise, inconsistent follow-up processes, and a lack of real-time reporting to guide leadership decisions.

Despite its top-tier clinical capabilities, the system lacked a scalable, collaborative strategy to recover revenue and address the underlying causes of denials in high impact areas. Given the complexity of catastrophic cases and payer-specific policies, the health system needed a partner with deep expertise complex cases.

### THE SOLUTION: A HIGH-IMPACT PARTNERSHIP WITH UASI

**UASI'S REVENUE INTEGRITY TEAM, COMPRISED OF SEASONED PROFESSIONALS WITH CMAS AND CCA CERTIFICATIONS, WAS ENGAGED TO MANAGE HIGH-VALUE, HIGH-COMPLEXITY DENIED CLAIMS, WITH A SPECIAL FOCUS ON CATASTROPHIC INPATIENT CASES. THESE CLAIMS, WHILE FEWER IN VOLUME, REPRESENTED SIGNIFICANT FINANCIAL OPPORTUNITY WHEN MANAGED CORRECTLY.**



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## UASI delivered a multi-pronged strategy that combined tactical recovery with systemic improvement:

**Denial Root Cause Analysis:** Identified denial trends by payer and service line, focusing on documentation gaps, coding nuances, and policy interpretation issues.

**Triage:** Ensured prioritization based on the likelihood of success, not only claim value.

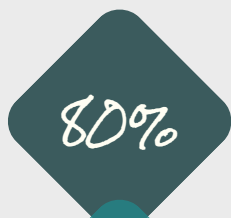
**Appeals Optimization:** Developed payer-specific appeal strategies that clearly cited medical necessity and policy language, supported by clinical and coding rationale.

**Reporting & Leadership Insight:** Built a custom reporting cadence to equip hospital leadership with transparency into denial rates, recovery performance, and areas requiring escalation.

**Future-State Recommendations:** Provided guidance on clinical documentation and front-end workflow improvements to reduce preventable denials and improve first-pass claim acceptance.



## THE RESULTS: UNPRECEDENTED ROI - WITH STRATEGIC VALUE BEYOND DOLLARS



**Medicare Appeals Success Rate: 80%**  
(Exceeding national averages of 40–50%)



**Revenue Recovered from Medicare Claims: \$2.3M**



**Revenue Recovered from Commercial Payers: \$4M**



**Return on Investment: 41x (Commercial) | 9x (Government)**

In just 90 days, UASI helped the system recover more than \$6.3 million in denied claims. Rather than defaulting to high-dollar accounts alone, UASI applied a prioritization model that weighs both claim value and likelihood of successful appeal, ensuring resources were allocated where they could generate the greatest impact. This approach is particularly effective with catastrophic claims, which, when well-documented, tend to have higher overturn potential.

These results reflect the strategic selection and expert handling of high-dollar, high-potential claims. While every organization's mix is unique, this prioritization methodology can be tailored to maximize ROI in any environment.



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Beyond recovered revenue, UASI's work delivered lasting value:

- Smarter resource allocation by focusing on claims with the greatest recovery potential
- Strengthened payer relationships through high-quality, policy-driven appeals
- Enhanced leadership confidence in revenue cycle integrity
- Embedded leading practices into internal workflows and documentation standards
- Built a foundation for long-term improvements in claim accuracy and denial prevention

The success of the engagement has led to a multi-year partnership grounded in trust, transparency, and measurable outcomes.

# **WE DO THE WORK. YOU GET THE RESULTS.**

Transform your revenue cycle into a strategic advantage. Discover what a focused, expert-led approach can do for your organization—read the full case study now.

**Let's Connect!**

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