



Reclaiming Revenue & Restoring Patient Trust Through Smarter Denial Management

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40⁺

OF MID REVENUE CYCLE
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Healthcare denials are surging, putting immense pressure on providers. The 2023 Change Healthcare Denials Index reveals that denial rates have climbed to 10% – 15%, up from just 6% – 10% a decade ago. This trend is eroding revenue. Denials now account for 3% – 5% of net patient revenue, with rework costs averaging \$25 – \$50 per claim. For large health systems, this translates to millions of dollars lost annually and has negative implications on the patient experience.



The Denial Surge and Its Impact on Patients

Payers are enforcing stricter rules including prior authorizations, complex medical necessity requirements, and aggressive automated claim denials. This erodes the patient experience and makes the process challenging in what can be a difficult time for that patient. High-deductible health plans make things more complex by shifting financial responsibility to patients, which leads to more eligibility and payment denials.



These systemic pressures not only disrupt revenue but also delay access to care, increase confusion for patients, and erode their trust in the healthcare experience. When denials rise, it is not just the financials at stake. Timeliness, continuity, and quality of patient care are also impacted.

7 Strategies to Reduce Denials & Strengthen Revenue

#1

Strengthen front end processes by verifying eligibility, securing prior authorizations, and ensuring accurate patient data upfront.

#2

Improve coding and documentation by investing in staff training, CDI programs, and AI assisted coding tools to minimize errors.

#3

Leverage advanced technology such as AI-powered claim scrubbing and predictive analytics to flag issues before submission.

#4

Monitor and analyze denial trends by tracking key performance indicators by payer and denial reason to identify recurring issues.

#5

Break down silos by encouraging collaboration among billing, coding, and clinical teams to address root causes.

#6

Engage payers proactively by building relationships and partnerships to resolve disputes quickly and improve contract terms that help prevent and manage denials.

#7

Enhance patient communication by educating patients on their financial responsibilities to reduce self-pay denials.

Putting These Strategies Into Action

Most providers are well aware of these strategies, but struggle to put them into action. Staff are stretched thin or aren't sufficiently trained in denials, teams are siloed, and data is not easily accessible causing providers to create work queues based on time or order of receipt vs. true prioritization. As a result, efforts are often spent on the wrong opportunities rather than those denials most likely to be recouped and/or those with the potential largest impact. In addition, many systems lack the budget and know-how to effectively implement AI that helps with obtaining accessible data and prioritization or often fail to realize that the process, people and metrics need to evolve along with an AI implementation. In these cases, a managed services approach can offer a reliable and scalable solution. With the right partner, providers can ensure the process is optimized and monitored while their teams focus on the patient experience and care.

Importantly, financial health and patient care are closely connected. Denials do not just reduce revenue. They delay treatment, create confusion, and damage patient trust. By strengthening revenue integrity with the right tools and support, providers can free up time and resources to focus on what matters most; delivering timely and compassionate care. While denials may continue to rise, AI, automation, training and staffing with experts offer hope. Providers who adopt data driven strategies and optimize workflows can protect revenue and ensure financial stability.

PROTECT REVENUE AND REBUILD PATIENT TRUST—WITHOUT OVERBURDENING YOUR TEAM

Denials don't just drain your bottom line...they disrupt care and erode patient confidence. UASI's denial management solutions combine expert support with smart technology to help you prioritize high-impact claims, streamline workflows, and reclaim lost revenue. Ready to shift from reactive to proactive?

Let's Connect!

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