

Transforming Utilization Management to Deliver \$13M in Annualized Revenue

KEY RESULTS



\$800K

ESTIMATED CAPTURED
ANNUAL REVENUE



12%

REDUCTION IN
OBS RATES



9%

MONTHLY INCREASE
IN PATIENT UPGRADES



23 MEMBERS



EMR EPIC



4 HOSPITALS



KANSAS CITY, KS

OVERVIEW

Founded in 1906, The University of Kansas Health System (UKHS) is a world class academic medical center dedicated to enhancing the health and wellness of the community they serve. In addition to the 1,045 bed The University of Kansas Health System based out of Kansas City, TUKHS also includes the Gene and Barbara Burnette Burn Center, a National Cancer Institute designated cancer center, a Level 1 Trauma Center, Comprehensive Stroke Center, and over 80 facilities providing inpatient and outpatient care.



Absolutely amazing—the chart summary is off-the-charts amazing. It's almost like I had a doctor dictate the note.

- UM Nurses Praise AwareUM

CHALLENGES

Facing inefficiencies in their Utilization Management (UM) processes, this health system embarked on a transformative journey to streamline workflows, improve accuracy, and maximize revenue. Historically operating under a dyad model, where case managers also handled utilization reviews, the team struggled with competing priorities, complex payer requirements, and time-consuming manual processes. Additional more common challenges that they were looking to overcome:

- ➔ **Limited Staff & Resources:** Restricted the number of case reviews possible.
- ➔ **Complex Payer Requirements:** Ever-changing and varied rules caused delays and denials.
- ➔ **Poor Payer Communication:** Resulted in incomplete patient stories and denied claims.
- ➔ **Inefficient Workflows:** Time wasted on unnecessary reviews and difficulty compiling documentation for medical necessity.

A NEW APPROACH

All of these challenges resulted in incomplete patient stories, missed revenue opportunities and complete documentation to establish medical necessity.

To address these issues, the health system implemented a three-pronged approach:

Triad Model

- Separated case management from utilization management, creating a specialized UM team.
- Enabled nurses to dedicate 100% of their efforts to UR processes.

Payer-Based Assignment

- Assigned UR nurses to specific payers, building expertise and stronger relationships.
- Improved communication and compliance with payers.

AwareUM Adoption

- Leveraged AI-driven tools to prioritize cases, automate summaries, and reduce review times (15-20 mins to 5-7 mins).
- Replaced outdated software with AwareUM, enhancing efficiency and accuracy.

OUTCOMES

The partnership between UKHS and Iodine Software allowed them to transform their Utilization Management processes. Here's the full picture of the outcomes achieved:

Enhanced Efficiency

- Triad Model Success: Nurses now focus 100% on utilization reviews, eliminating competing priorities.
- Faster Reviews: AwareUM reduced review times from 15-20 minutes to just 5-7 minutes per case.
- Lower OBS Rates: Achieved a 12% reduction (from 13.3% to 11.7%) since going live in May 2023.

Increased Revenue Opportunities

- More Status Conversions: 9% monthly increase in patient upgrades, directly boosting revenue.
- Corrected Missed IPO Opportunities: Identified and corrected IPO procedures, generating an estimated \$800,000 annualized revenue

Substantial Financial Impact

- \$13M Annualized Impact: Achieved with just a 50% priority review rate, showcasing the potential for even greater returns.

The screenshot displays the 'Appeal Letter' interface in the AwareUM software. At the top, it shows patient information: Gill, Nadia, 54 y/o, with a status of 'Observation', admission date of 03/23/24, facility of UNC, location of Med 1 - 2042, and LOS/CMLOS of 4d/-. Below this, it lists the payer as 'Cigna Preferred Medicare', authorization as 'None', and a phone number '123-456-7890'. The main content area is titled 'Payer Note' and contains a detailed narrative for an appeal. The narrative starts with 'To Whom It May Concern,' and describes the patient's admission on August 5th, 2024, for severe abdominal pain, nausea, and vomiting, diagnosed with a partial small bowel obstruction and carcinomatosis. It details the clinical presentation, initial admission, diagnostic findings (elevated CO2, BUN, and calcium), and medical decision-making, concluding that the complexity of her condition required a comprehensive approach. At the bottom of the interface, there are 'DELETE' and 'PREVIEW' buttons.

SAVE TIME WITH AUTO-DRAFTED APPEAL LETTERS

Turn nurses into editors instead of from-scratch writers.

AwareUM compiles key clinical data and packages it into a clean appeal narrative that you can edit and send to payers.

Learn How to Transform
your UM Experience

