



Transforming Utilization Management to Deliver \$12.4M in Annualized Revenue

KEY RESULTS



\$12.4M

ESTIMATED CAPTURED ANNUAL REVENUE



9.2%

REDUCTION IN OBS RATES



9%

MONTHLY INCREASE IN PATIENT UPGRADES



27K ADMISSIONS



EMR EPIC



A LEADING MIDWESTERN AMC

OVERVIEW

This non-profit academic health system is nationally respected for its commitment to clinical excellence, education, and community health. Anchored by a large tertiary care hospital, the system offers a wide range of specialized services and operates an extensive network of care locations across its region. With a strong emphasis on complex care, research, and innovation, the organization plays a critical role in training healthcare professionals and supporting the long-term health of the communities it serves.



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 its utilization management (UM) processes, this academic 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 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 incomplete 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 the health system 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 9% 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

- **\$12.4M Annualized Impact:** Achieved with just a 50% priority review rate, showcasing the potential for even greater returns.

The screenshot displays the 'Appeal Letter' interface. At the top, a header bar contains the title 'Appeal Letter' and a close button. Below this, a form is populated with patient and case details: Patient Name 'Gill, Nadia', Age '54 y/o', Status 'Observation', Admit Date/Time '03/23/24', Facility 'UMC', Location 'Med 1-2042', and LOS/GMLOS '4d/-'. A section for payer information shows 'Payer: Cigna Preferred Medicare', 'Authorization: None', 'Last Sent: ...', and a phone number '123-456-7890'. The main body of the form is divided into two tabs: 'Payer Note' and 'Documentation'. The 'Documentation' tab is active, showing a drafted appeal letter. The letter begins with 'To Whom It May Concern,' followed by a paragraph stating the purpose of the appeal: to challenge the denial of inpatient hospitalization coverage for Nadia Gil, a 54-year-old female, who was admitted to the facility on August 5th, 2024, due to severe abdominal pain, nausea, and vomiting, and diagnosed with a partial small bowel obstruction and carcinomatosis. The letter then provides a detailed clinical presentation and initial admission, diagnostic findings and medical interventions, and medical decision making and interventions. A 'Remove Summary' link is visible at the bottom of the document area.

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.

