

UNIFY HEALTHCARE SERVICES

Case Study & Clinical Revenue Cycle Report

Specialty: DME & HME Billing

Key Metric: 92% Error Reduction

DME & HME Provider: 92% Reduction in Prior Auth Write-offs & Audit Cle

EXECUTIVE SUMMARY

Resolved pervasive coding discrepancies and recurring credit adjustment write-offs in the reauthorization workflow, reducing inaccuracies by 92% and tightening payer compliance within weeks

THE CHALLENGE

The multi-location HME provider experienced persistent coding mismatches and recurring credit adjustment errors during its high-volume reauthorization cycles. These issues caused lengthy reauthorization delays exceeding 12 days, recurring write-offs, mounting unbilled equipment inventory, and compliance audit flags.

THE SOLUTION

Unify deployed a specialized team of DME billing certified professionals to conduct end-to-end workflow audits. We instituted standardized clinical intake checklists, established dedicated payer reauthorization tracking matrices, and integrated daily reconciliation logs between patient intake and billing departments.

KEY OUTCOMES & RESULTS

- o Reduced recurring credit adjustment write-offs by 92% within 60 days of deployment
- o Cut reauthorization turnaround time from 12 days to under 48 hours
- o Achieved a 99.4% first-pass clean claim submission rate across all 14 branch locations

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