

# UNIFY HEALTHCARE SERVICES

Case Study & Clinical Revenue Cycle Report

## Specialty: ACO & Physician Network

**Key Metric: 93% Fewer Inquiries**

## Physician Group & ACO: High-Volume Prior Auth & Verification Streamlin

### EXECUTIVE SUMMARY

Overhauled high-volume prior authorization processing across 14 affiliate clinics, slashing duplicate inquiries by 93% and maintaining 100% compliance on quality audits

### THE CHALLENGE

A major California physician organization faced severe operational friction: high duplicate submission rates (713%), fragmented fax-based communication with insurance carriers, delayed clinical approvals, and physician dissatisfaction across its participating provider network

### THE SOLUTION

Unify deployed a centralized authorization coordination hub equipped with automated fax-to-EHR status scrapers, real-time tracking dashboards, and provider documentation checklists that eliminated unnecessary clinical queries before payer submission

### KEY OUTCOMES & RESULTS

- o Slashed duplicate prior authorization submissions from 713% to a negligible 041%
- o Cut redundant physician outreach inquiries by 93%, saving clinicians 40 hours weekly
- o Maintained 100% compliance across Medicare Advantage and NCQA quality reviews

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