



CASE STUDY

Denials Resolution & Prevention

Over \$1.2 Million Recovered in Overturned Chemotherapy Drug Claims

AT A GLANCE

Challenges

- Unexpected denials of high-cost chemotherapy drugs due to a surprise payer policy
- Inconsistent denials justifications and outcomes for recurring patients
- Potential disruption to patient care and hospital operations due to drug unavailability

Results

- 70% success rate in overturning denials, far exceeding initial expectations
- Over \$1.2 million recovered in disputed claims due to legal expertise
- Increased understanding of the payer's unusual specialty pharmacy policy to avoid future denials

About the Healthcare System

As a prominent, university-based medical center in the Southeast, the healthcare system provides expertise in more than 100 medical specialties and offers close to 40 outpatient sites. With 1,800 providers and scientists, it is also home to nationally ranked eye, cancer, & cardiac centers.

\$1.2M

recovered in overturned
chemotherapy drug
denials

Challenge

The health system faced a significant challenge when a major payer implemented a new policy requiring certain high-cost chemotherapy drugs to be sourced from specific “specialty pharmacies” approved by the payer. This policy was enacted with little notice, leading to widespread claims denials for drugs the provider had already administered to patients using their standard buy-and-bill process. The denials particularly affected post-chemotherapy drugs crucial for managing side effects like neutropenic fever and nausea, which are often needed urgently and unpredictably.

Solution

The solution involved a combination of technical and legal expertise; an intricate comprehension of the legal and practical issues involved; a dogged determination to write effective appeals letters; and persistently pursuing appeals through multiple levels, escalating to the payer’s provider relations team when necessary. Aspirion took the following steps to remedy the situation:

- 1 Legal Assessment of the New Policy**
Aspirion engaged its team of attorneys to analyze, research, and assess the unusual new policy, finding holes in payer’s arguments.
- 2 Tracking of Each Denied Claim**
Aspirion implemented a detailed tracking system to monitor each claim’s status and identify trends in denials and successful appeals.
- 3 Authoring Incisive, Tailored Appeals Letters**
Aspirion’s legal team drafted comprehensive and tailored appeals letters that addressed the policy’s impact on patient care, hospital operations, and contractual obligations

Results

Aspirion leveraged its team of specialized attorneys to overturn the claim denials through meticulous documentation, in-depth analysis, and tailored appeals. Their persistent follow-up and continuous strategy refinement distinguished Aspirion’s approach, leading to exceptional recovery results.

The results were remarkable: **a 70% success rate in overturning denials and over \$1.2 million recovered.** The process also yielded insights for preventive measures, extending Aspirion’s impact beyond immediate financial recovery.

Engage with Us