

INDenial: Improving Authorization Denials at Memorial Cancer Institute West

June 13th, 2025

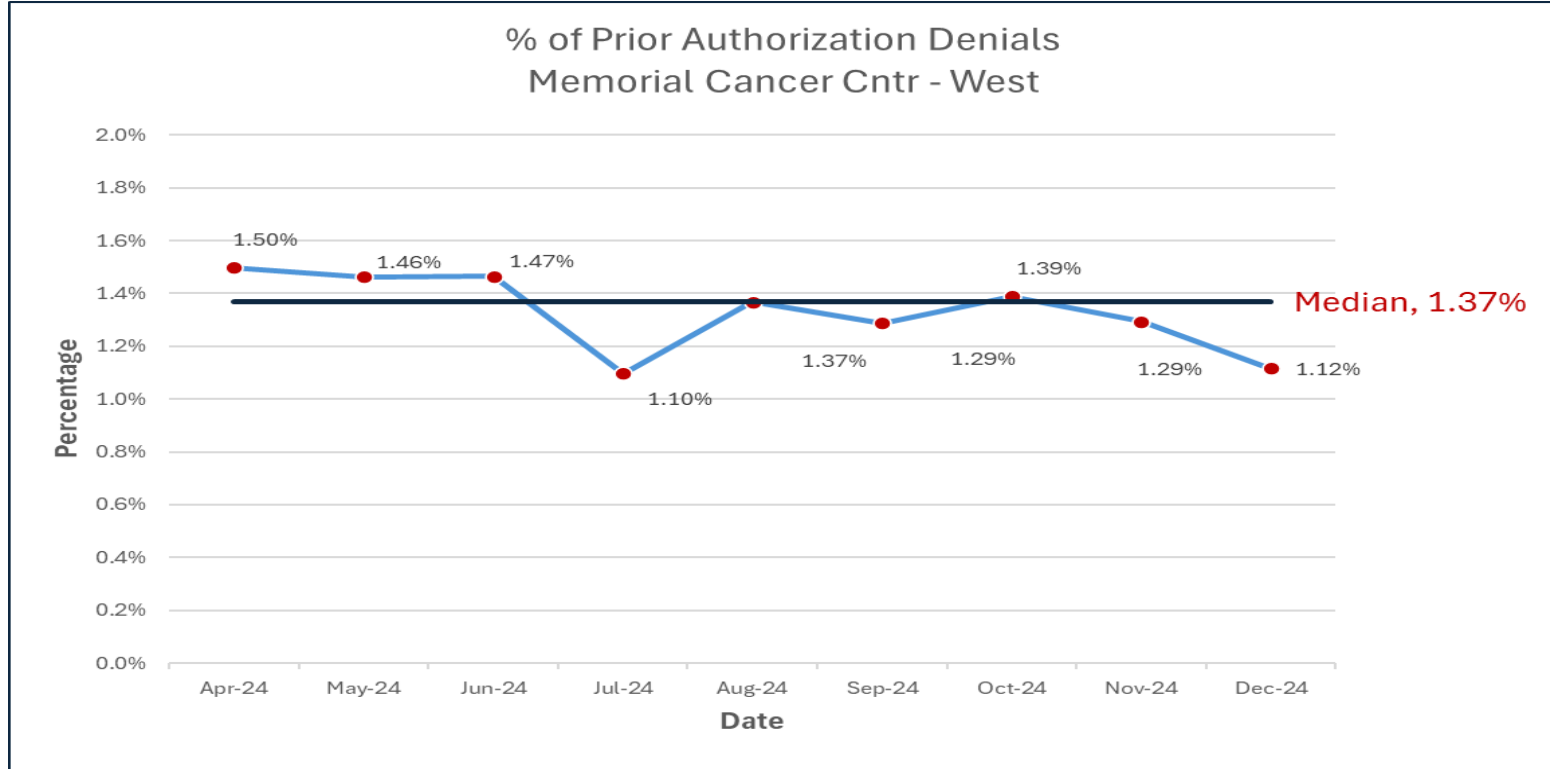
Team members

Name	Role	Title/Organization
Frank Gentile	Team Lead	Memorial Cancer Institute
Heather Friedman	Team Member	Memorial Cancer Institute
Luis Hernandez	Team Member	Memorial Cancer Institute
Maray Salina	Team Member	Memorial Cancer Institute
Connie Zarrillo	Team Member	Memorial Cancer Institute
Meredith Feinberg	Executive Sponsor	Memorial Cancer Institute
Duncan Philips	Coach	ASCO
Ashley Warnock	Team Member (Ad Hoc)	Memorial Cancer Institute
Jared Moreno	Team Member (Ad Hoc)	Memorial Healthcare System
Kelly King	Team Member (Ad Hoc)	Memorial Cancer Institute
Carolina Marchena	Team Member (Ad Hoc)	Memorial Cancer Institute

Outcome Measure Baseline Data Summary

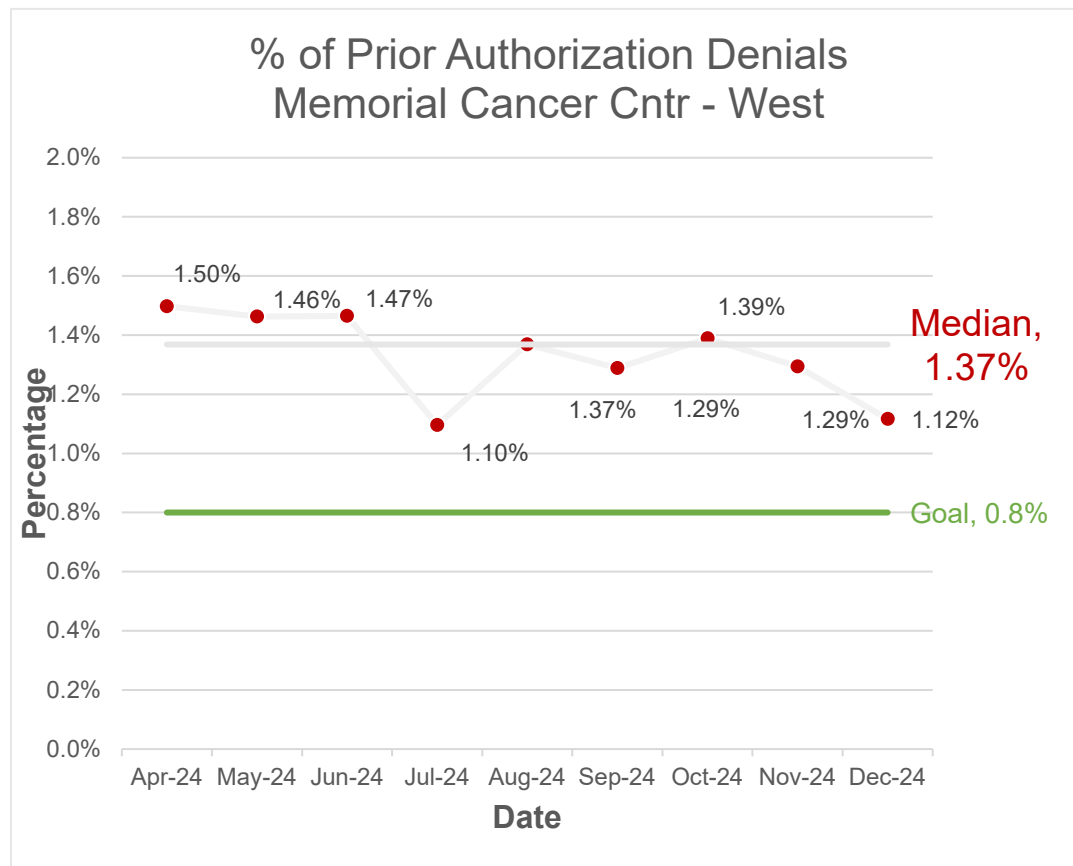
Item	Description
Measure: <i>(Specify the name of the measure that the project is targeting for improvement, indicate if the data is continuous or discrete.)</i> <input type="radio"/> Discrete data	# of authorization denials for medications; discrete data
Patient population: <i>(Describe the patients included in the data, specifying relevant characteristics such as demographics, condition types, or treatment stages. Clearly define any inclusion or exclusion criteria.)</i>	Patients receiving infusion treatments that require prior authorization for medications at MCI – West
Calculation methodology: <i>(Outline how the data was calculated. For percentage calculations, specify numerator and denominator. For time-based data, clearly define the start and stop times used in the measurement process.)</i>	Count of medication authorization denials per month
Data source: <i>(Specify the origin of the data, indicating whether it was collected manually or obtained from electronic sources. Clearly name the source.)</i>	Epic
Data collection timeframe: <i>(Specify the period during which the data was collected, including start and end dates.)</i>	Monthly; between April 2024 and Nov 2024
Data limitations: <i>(Identify any constraints or potential inaccuracies in the data, such as self-reported info or data that may not accurately capture the actual timing of specific events.)</i> <i>(if applicable)</i>	Lag time between billing and denial receipt; Data contains both open and closed denials, open denials may change over time before closing

Outcome Measure Baseline data



Aim Statement

Reduce authorization denials for infusion patients at Memorial Cancer Institute West to an average of **.8%** **month** based on best historical month data by **December 2025**



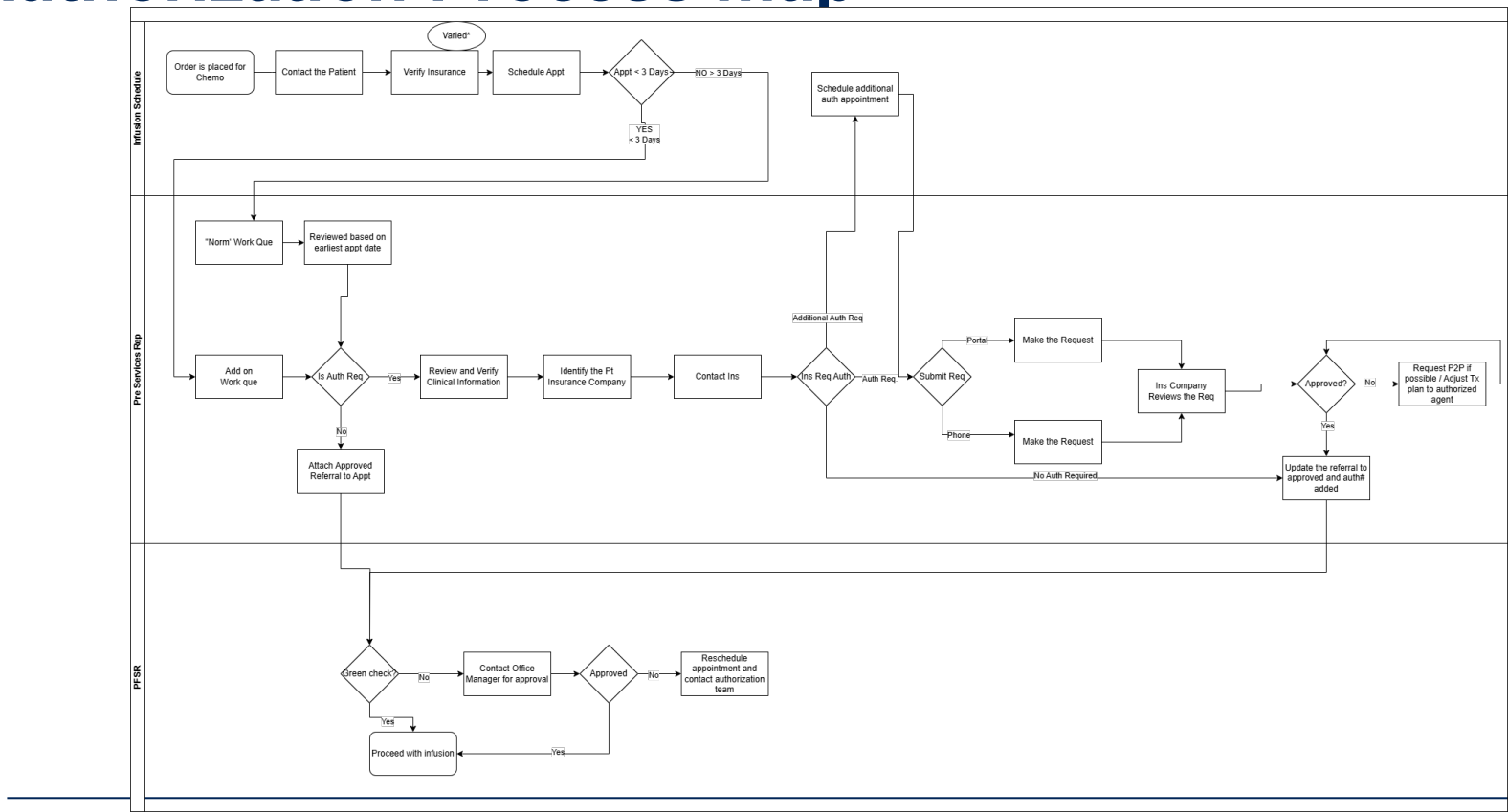
Problem Statement

From April 2024 to November 2024...

Our facility currently receives on average 1.37% authorization denials accounting for \$290,758 **per month** which exceeds our goal of **.8%** denials resulting in a gap of **.57%** denials per month for patients receiving medications at Memorial Cancer Institute – West.

Authorization denials can lead to delays in treatment, changes in therapy, and increased financial toxicity for patients.

Authorization Process map



Cause and Effect diagram



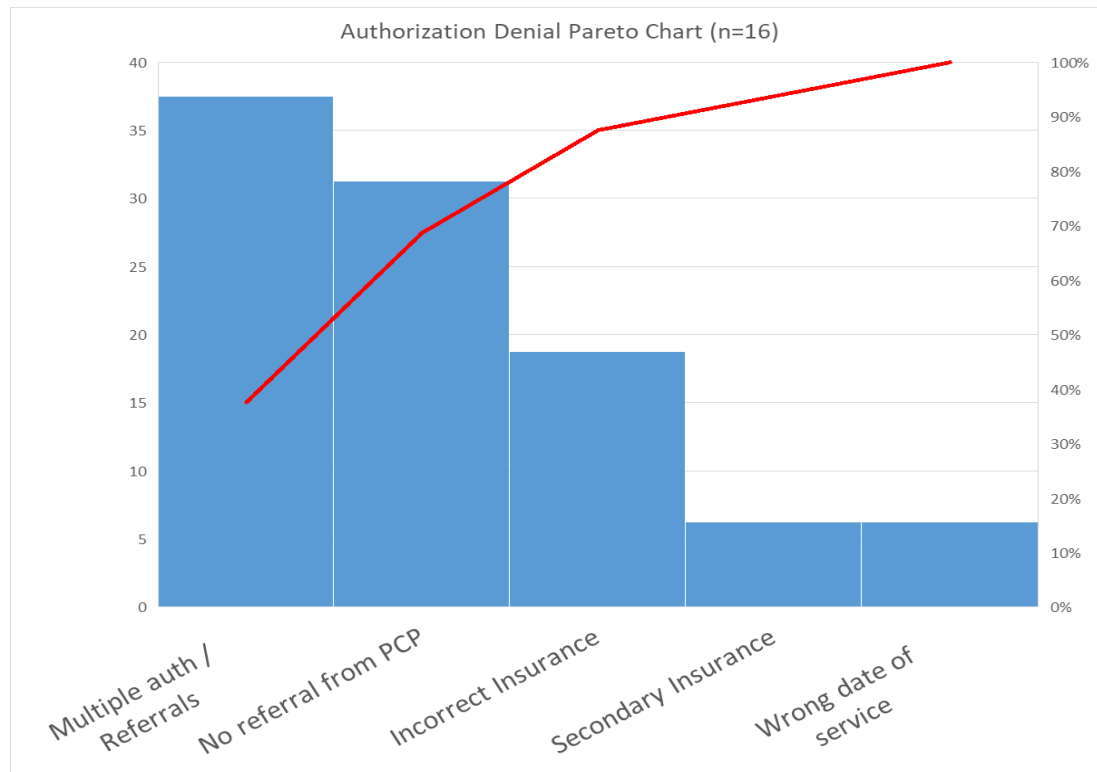
Our facility currently receives on average 1.37% authorization denials accounting for \$334,213 **per month** which exceeds our goal of .8% denials resulting in a gap of .57% denials per month for patients receiving medications at Memorial Cancer Institute – West.

Process Measure Diagnostic Data Summary

Item	Description
Measure: <i>(Specify the name of the measure that the project is targeting for improvement, indicate if the data is continuous or discrete.)</i> <input type="radio"/> Discrete data	Reason for denial; discrete data
Patient population: <i>(Describe the patients included in the data, specifying relevant characteristics such as demographics, condition types, or treatment stages. Clearly define any inclusion or exclusion criteria.)</i>	Random sample of 16 denials related to authorizations receiving medications at MCI – West
Calculation methodology: <i>(Outline how the data was calculated. For percentage calculations, specify numerator and denominator. For time-based data, clearly define the start and stop times used in the measurement process.)</i>	Count of reason for denial
Data source: <i>(Specify the origin of the data, indicating whether it was collected manually or obtained from electronic sources. Clearly name the source.)</i>	Epic Hospital Billing Data
Data collection timeframe: <i>(Specify the period during which the data was collected, including start and end dates.)</i>	Between April 2024 and Nov 2024
Data limitations: <i>(Identify any constraints or potential inaccuracies in the data, such as self-reported info or data that may not accurately capture the actual timing of specific events.) (if applicable)</i>	Identified high-dollar and 100% denied amounts (total denials) for sampling

Process Measure

Diagnostic Data

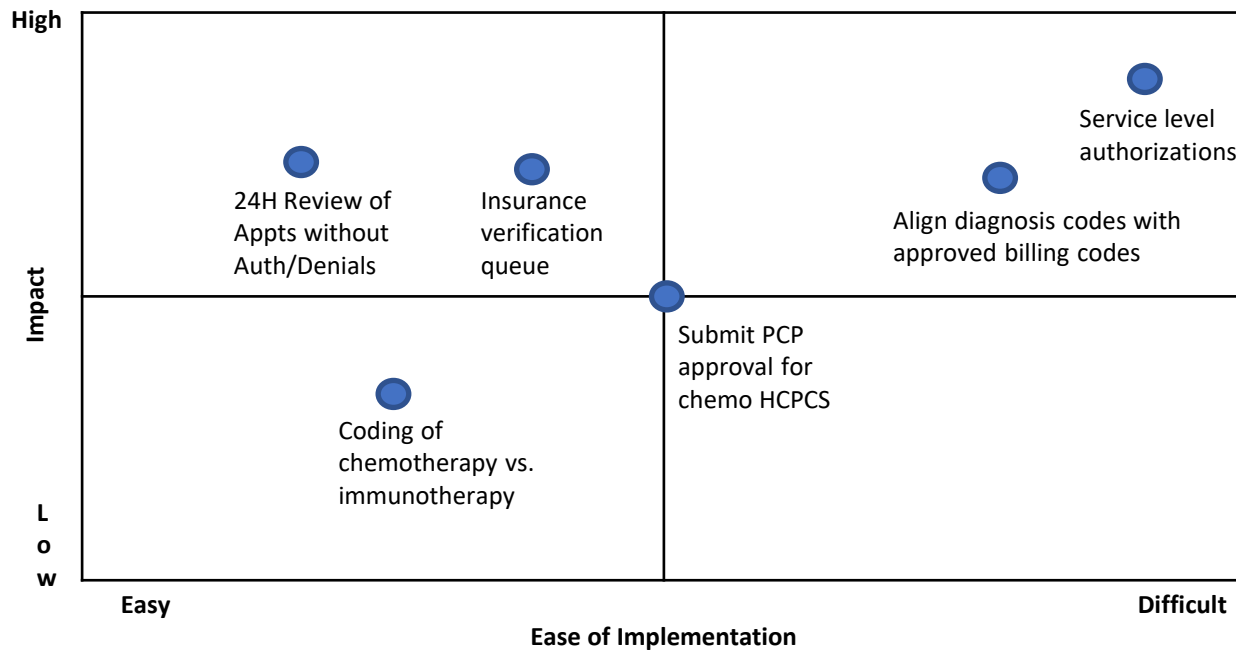


Mid-Point Steps

- Critical conversations with Revenue Management team to process map the authorization request, claim submission, and documentation processes
- Discussed with key contracted payers (ie. Humana, Aetna, United) on auto-approval, Level 1 Pathways adherence, and P2P escalation process.
- Initiated Service Line Authorizations within Epic and adjusted due to claim processing errors.
- Discussed with coding for Immunotherapy vs Chemotherapy and Diagnosis. Implemented use of SEER Rx Database for coding.
- Discussed & Implemented mid-month auto insurance verification

Priority / Pay-off Matrix

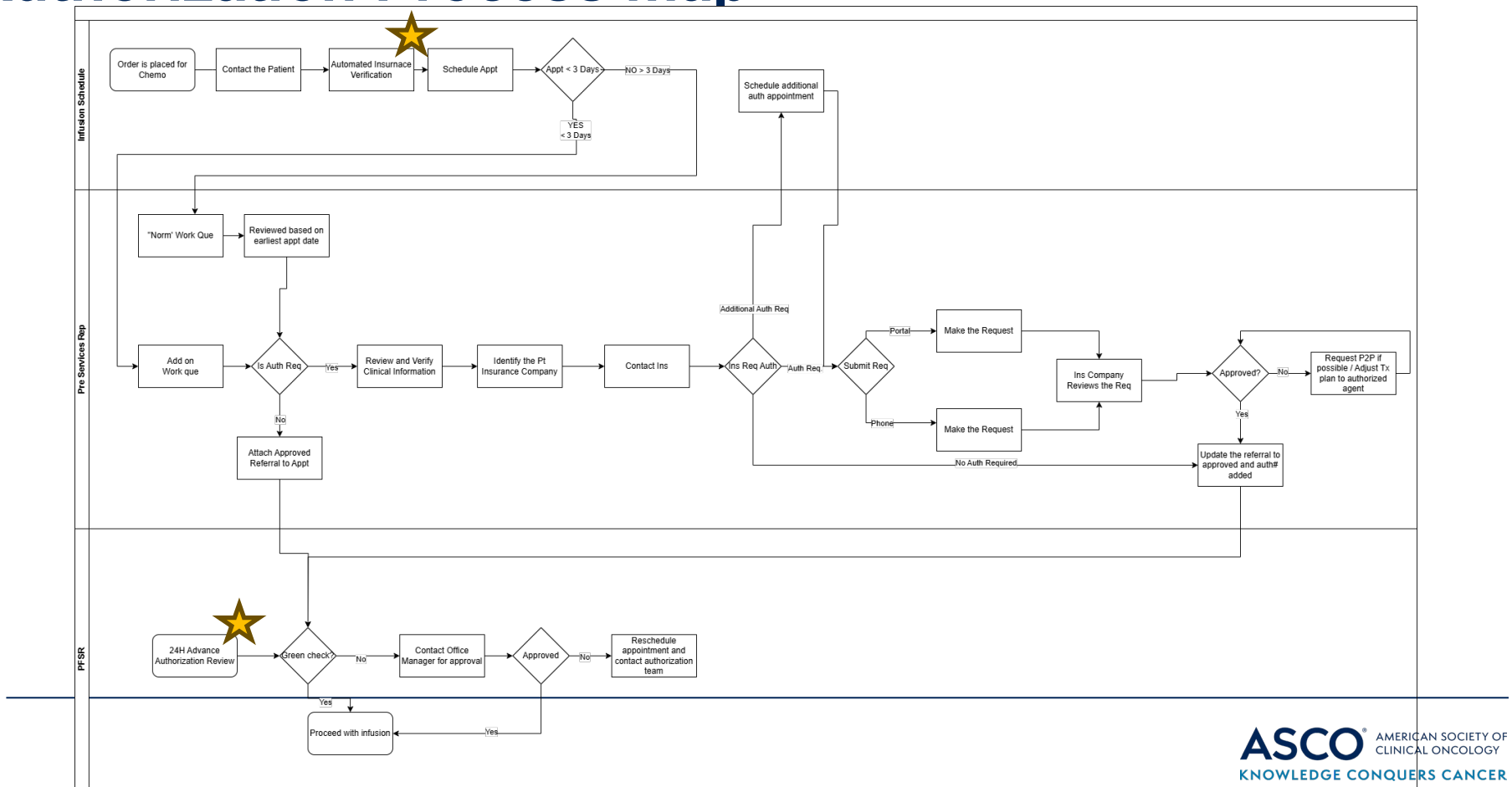
Countermeasures



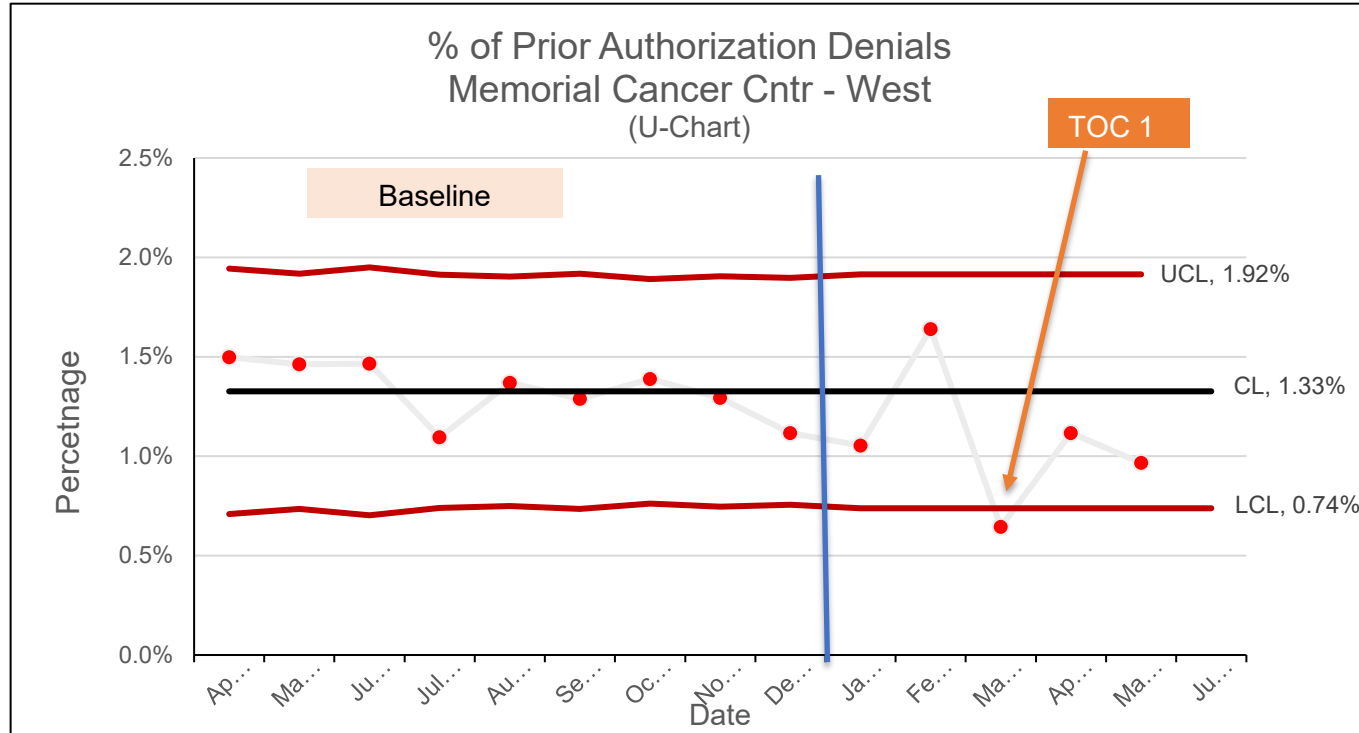
Test of Change
PDSA Plan

Date of PDSA Cycle	Description of Intervention	Results
3/8/2025	Advance Authorization Review Process	Not enough data – initial results suggest improvement
05/18/2025	Insurance Auto-verification Process	Pending

Authorization Process map

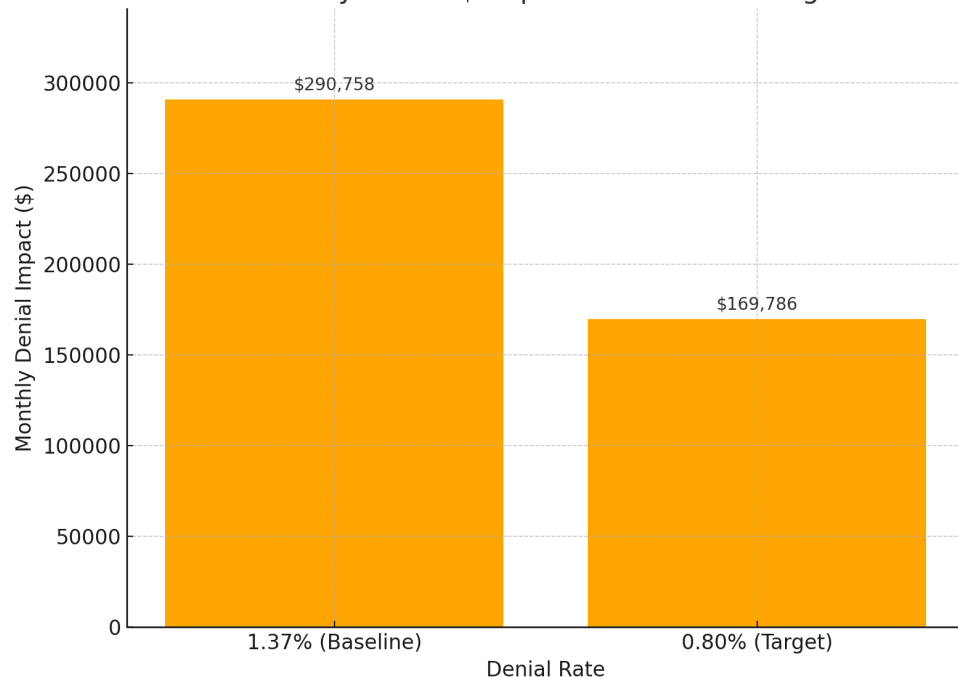


Outcome Measure Change Data



Projected Reduction in Monthly Denial Impact

Monthly Denial \$ Impact: Baseline vs Target



Denial Rate	Monthly Denial \$ Impact	Projected Recovery
1.37%(Baseline)	\$290,758	-----
.80% Target	\$169,786	\$120,972/month
Annual Impact	-----	\$1,451,664/year

Next Steps **Sustainability Plan**

Next Steps	Owner
Establish In-House (MCI) WQ in Epic for Authorization Denials to complete timely denial appeals	MCI Billing Supervisor
Develop MCI Revenue Integrity Taskforce to continue process improvement	Cancer Service Line Director & Director of Pharmacy
Alignment of approved diagnosis codes with physician documentation practices	MCI Revenue Integrity Task Force

Conclusion –Driving Revenue Integrity through Denial Reduction

- Authorization denials accounted for an average of **\$290,758 in lost or delayed reimbursement per month** at baseline.
- By targeting key workflow gaps, including **real-time verification**, **coding standardization**, and **payer alignment**, we project a reduction in denials to **0.8% or lower** by December 2025.
- This would result in an **estimated \$125,000/month in recovered gross revenue**, translating to over **\$1.4M annually in charges**.
- Beyond financial gains, this work supports:
 - **Faster time to treatment** for patients
 - Reduced provider friction
 - Stronger alignment with value-based care goals
- This initiative serves as a blueprint for expanding **Revenue Integrity programs across other MCI sites**.