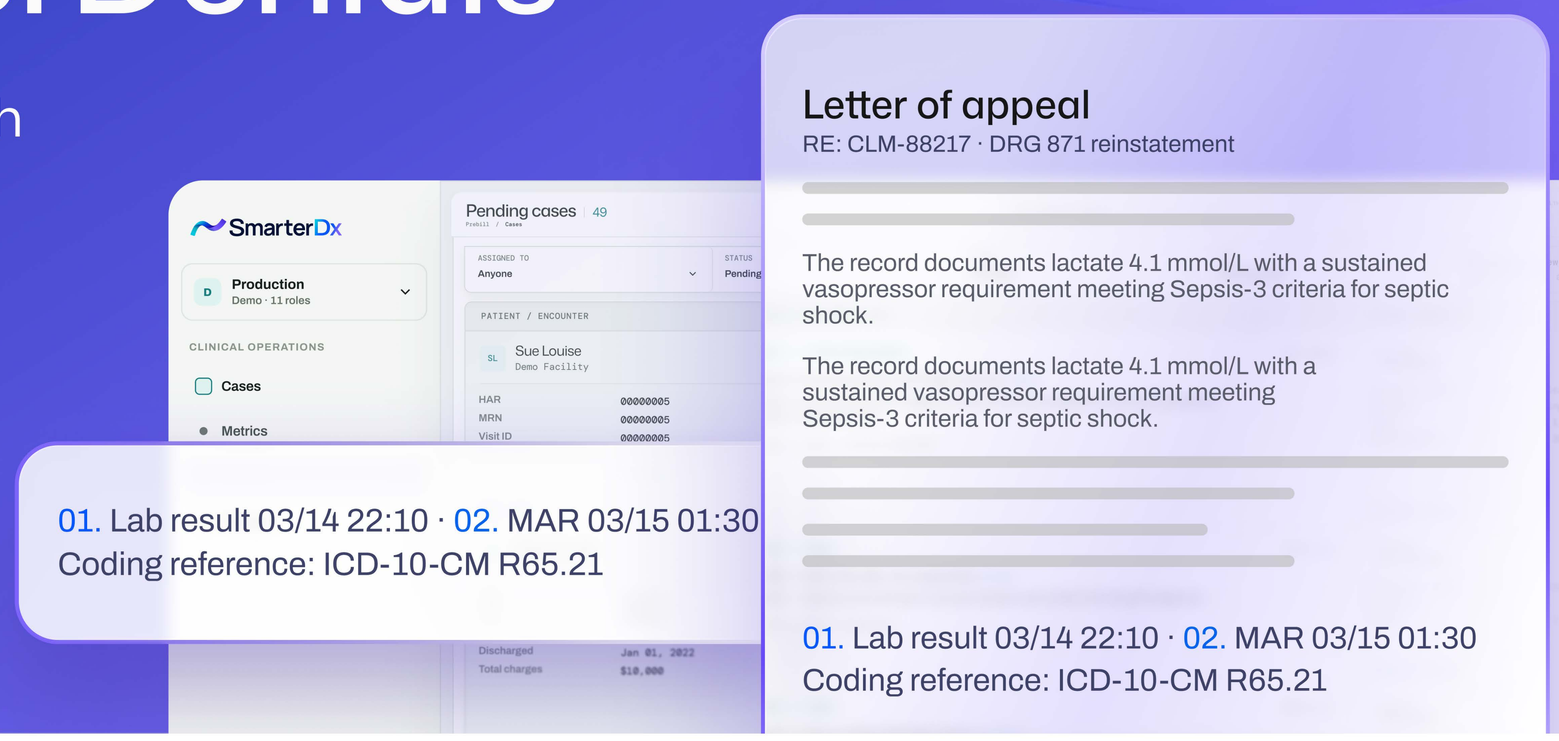
CASE STUDY | SmarterDenials

SmarterDx

Solving for complex denials:

Achieving 72% higher overturn rate for high-value, complex cases with SmarterDenials

How a leading academic health system leveraged targeted clinical AI to reclaim millions in overturned denials



Challenge

A large western academic health system was facing a mounting denials crisis, known all too well by health systems across the country. Large appeal volumes, a lean staff, and manual processes made it impossible to stay on top of appeals — especially with payers denying claims at record speeds.

The team was manually drafting appeals without specialized technology to surface critical evidence. As denial volumes grew, even a team as experienced as theirs couldn't keep pace: write-offs climbed to a significant $3.3M, and the organization knew they needed a fresh approach to protect the revenue it had already earned.

To make meaningful progress, the team needed more than another worklist. They needed defensible clinical evidence at their finger tips needed to win each complex appeal.

> Write-offs climbed to a significant $3.3M, and the organization knew they needed a fresh approach to protect the revenue it had already earned.

Solution

Partnering with SmarterDx gave the health system the tools it needed to tackle their existing backlog of denied claims. Built on the same clinical intelligence foundation behind SmarterPrebill — which has already helped capture **more than $15.9M in net new revenue** — SmarterDenials is helping their team surface evidence and draft appeal letters to overturn even the most complex denials.

Instead of building every appeal from scratch, the appeals team could now shift its focus to reviewing, validating, and strengthening each case, improving defensibility while protecting reimbursement.

With SmarterDenials, the appeals team swapped the manual time spent hunting through charts for evidence with AI-drafted appeal letters grounded in patient-specific clinical rationale. This shifted their day-to-day from writing appeal letters from scratch to reviewing, validating, and strengthening appeals for complex clinical denials.

The backlog stopped growing — and then started shrinking. Where the team once had to triage, appealing only the denials they had capacity to fight, they could now pursue far more cases with clear, defensible letters built to withstand rigorous payer scrutiny.

© Smarter Dx, Inc. 2026 All Rights Reserved

Results

After adopting SmarterDenials, the impact was both immediate and measurable. Within the first year, the health system saw a **72% improvement in overturn rates** – with appeal success climbing from 39% to nearly 67%. Across their first 54 finalized appeals, **the organization recovered $1.5M** with revenue per appeal jumping from $16K to nearly $27K – **a more than $10K increase per appeal**.

The impact of the new clinical AI-fueled appeals process was forecasted at $6M in annual recovered revenue from successfully overturned denials.

The appeals team was able to supercharge their denial-fighting results at scale, no longer spending hours to hunt and search for the complex evidence needed to overturn each denial. Instead, they could focus on validating the AI findings. The team reported saving **up to two hours on average** for every appeal letter, instantly reclaiming vital time back in their day and redirecting clinical expertise where it matters most.

HEALTH SYSTEM RESULT

72%

overturn rate

HEALTH SYSTEM RESULT

$26.7K

revenue per submitted appeal

HEALTH SYSTEM RESULT

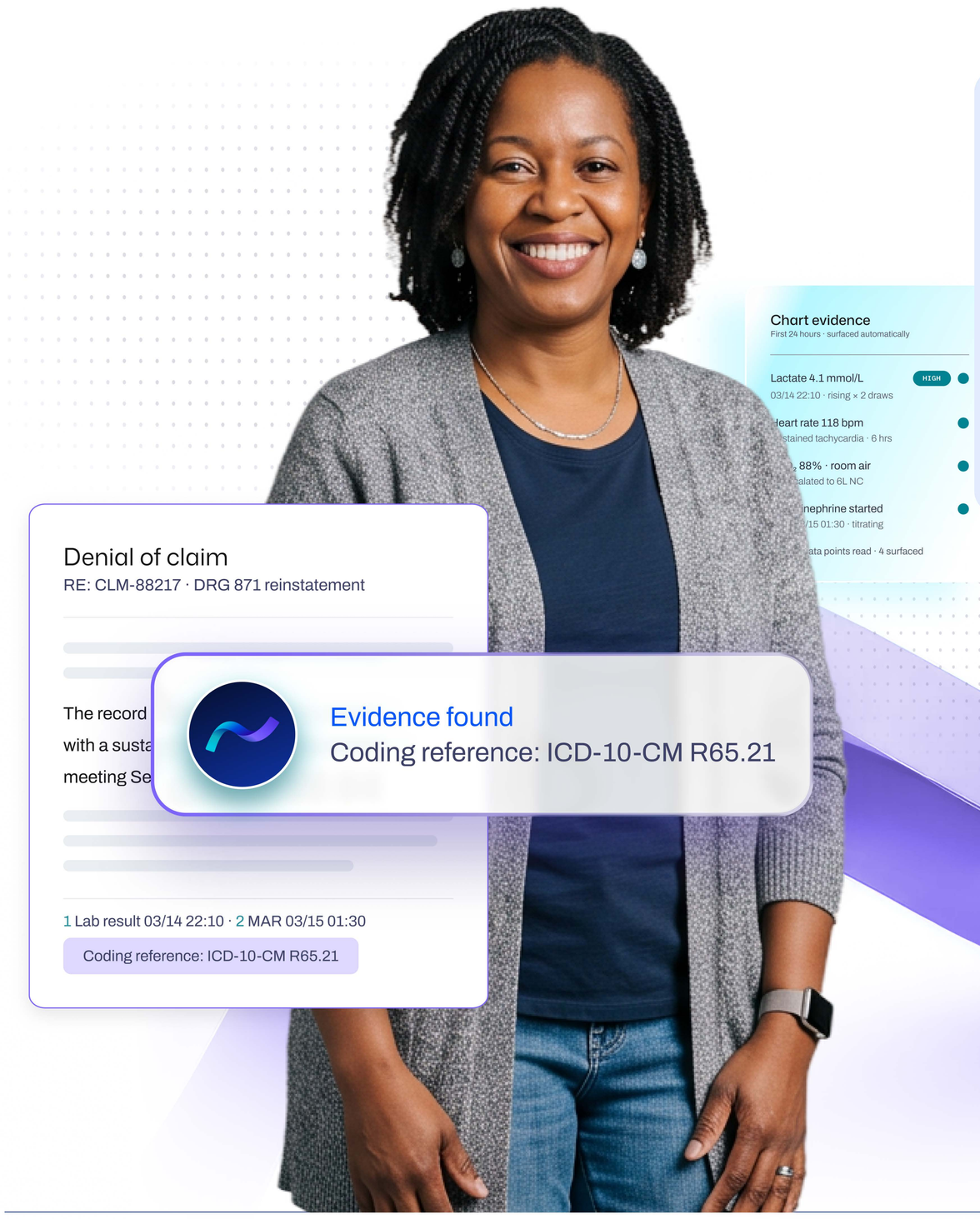
$1.5M

revenue recovered

HEALTH SYSTEM RESULT

60-120

minutes saved per appeal



The impact of the new clinical AI-fueled appeals process was forecasted at **$6M in annual recovered revenue** from successfully overturned denials.

To learn more about how SmarterDx can help your health system, visit

smarterdx.com/smarterdenials

© Smarter Dx, Inc. 2026 All Rights Reserved