

Workers' Compensation Revenue Leakage

Where Claims Break Before Denial — And How UHS Closes The Gap

For providers, Workers' Compensation rarely fails in one place. It fails across intake, bill to verification, prior authorization, claim delivery, payment accuracy, and postpayment follow-up.

Your performance metrics will tell you everything you need to know.

1.88%

Denial rate when UHS patient access support **was performed**

15.15%

Denial rate when front-end verification **was not performed**

< 5%

Claims requiring print mail with UHS connectivity

~ 98%

Best in class EDI rates with attachments using multi-route payer connectivity

The Operating Thesis Behind This Brief

- Leakage usually starts before the denial: wrong payer, bad payto detail, weak proof, or incomplete authorization.
- State fee schedules, PPO / billreview, and posting complexity create issues generic RCM workflows often miss.

What Leadership Usually Misses

Even when Workers' Comp is only a mid-single-digit slice of revenue, leadership may not see the hidden rework, weak proof trails, PPO creep, or underpayments clearly enough to manage them.

What This Brief Covers

Frontend leakage, connectivity, payment integrity, old AR proof of value, and a directional scenario to frame the size of the opportunity.

Data points are based on results from internal UHS operating procedures, case studies, and current marketing materials.

The Problem Starts Before Denial

A payer saying "claim not on file" is usually not the root cause. It is the downstream symptom of weak intake data, poor routing, missing proof of submission, or an authorization mismatch that was never corrected before billing.

1 NO CLAIM ON FILE

The Rebill Hides The Root Cause

The team hears "claim not on file," but the actual failure is usually upstream: wrong payer, weak proof, or bad bill-to setup.

2 PAPERWORK

Rebills Drift Back To Paper

Without strong connectivity, corrected claims drift back to print mail, portal uploads, and weaker proof.

3 FRONT-END MISS

Bill-to, Pay-to, Jurisdiction

If those details are wrong at intake, the claim can disappear even after it reaches the payer.

4 DOWNSTREAM RISK

Filing Risk And Rework Grow

By the time the issue is sorted out, the provider is already deeper into rework, appeals, and filing risk.

Why Eligibility Is Not Enough

Electronic eligibility only gets part of the job done. Workers' Compensation still requires manual employer, carrier, TPA, and adjuster outreach across locations.

What UHS Verifies Up Front

Frontend leakage, connectivity, payment integrity, old AR proof of value, and a directional scenario to frame the size of the opportunity.

Connectivity Creates Proof

UHS uses multiple clearinghouses, direct payer connections, secure email, and fax to drive print-mail delivery **below 5%** and digital delivery **close to 98%**. When a payer says the claim was never received, the digital trail is already in place.

Getting The Claim Paid Is Only Half The job

Workers' Compensation payment integrity gets harder when state fee schedules, PPO / bill review logic, and paper EOB detail collide. That is where underpayments hide on highfriction claims.

FEE SCHEDULE

Fee-schedule Complexity

- Provider-type and regional logic can change the expected allowed.
- Facility, professional, implant, and outpatient surgery rules do not always behave the same way.

PPO / BILL REVIEW

PPO / Bill-review Complexity

- Reductions can reference legacy or unclear agreements.
- Many providers do not know which PPO or repricer was actually used.

PAPER EOBs

Manual Posting Still Leaks

- Paper EOBs do not always break payment out cleanly at the claim-line
- High-dollar claims are harder to balance across claim lines.

Underpayment Risk

Underpayments can **exceed 10%** when fee-schedule and network logic are not visible.

Paper Claims Usually Mean Paper Payments

If claims are routed on paper at meaningful levels, the payment side can be even more manual and harder to audit.

How UHS Closes The Post-payment Gap

- Paper-to-835 conversion and cleaner posting.
- Claim-line balancing when bulk payments occur.
- Compliance review of underpayments and invalid PPO / bill-review discounts.

Payment integrity in Workers' Compensation requires more than contract compliance software. It requires workflow, data normalization, and jurisdiction specific expertise.

Proof Points — And The Easiest Place To Start

The strongest story is operational: claim verification reduces denials, payment normalization reduces lag, and structured disputes recover revenue faster. A focused old AR review is often the simplest way to validate that value.

Case Study - Results On 1st Claim

Large ASC located in the NE with more than \$4m in Workers' Compensation claims annually. Inability to calculate APG's and limited staff and resources to identify, appeal, and recover underpayments. UHS processes resulted in immediate recoveries.

0 Days

To Appeal

\$10K

1st Recovery

\$2.5k

Underpayment
Per Claim Line

Let Us Review Your Old AR

- Share your ATB with your Aged Claims.
- UHS will provide feedback covering what's collectable.
- UHS will provide a strategy to collect written-off and/or neglected balances that still look collectible.
- Underpayment + Bill review / repricing disputes and incorrect adjustments get resolved.

UHS operating system at a glance: Registration & intake → eligibility & bill-to → prior authorization → clean claim engineering → 837 + attachments → denials, appeals & underpays → lockbox, 835 & EFT → posting, reconciliation & reporting.

Request a Workers' Compensation Analysis

Use a focused review to identify front-end leakage, payment integrity gaps, and older Workers' Compensation AR opportunity across the platform.

Start with old AR

Prove value first, then expand.

Additional UHS value-adds include bill review company management, legacy AR recovery, legal document handling, corrected-claim workflows, business reviews, and PPO / payer contract visibility support.