

The Provider Power Shift: 5 Smart Moves to Reclaim Revenue from Payers

You can't control payers — but you can control how you respond.

You can't outpace payers — but you can outsmart them. Here's how leading practices are turning payer challenges into RCM opportunities.



The Environment Providers are Working in

Claim denials are built into how payers manage cost and risk. Recent analyses show that roughly **15-18% of Medicare Advantage claims** and **13-15% of commercial claims are denied on first submission**.^{1,2} For providers, that means longer payment timelines and more staff time diverted to follow-up and appeals.

The financial situation goes far beyond a payment delay. Hospitals alone spend an estimated **\$19.7 billion a year** on appeals of denied claims.³ For physician groups and hospital-owned practices, this means unpredictable revenue, even when patient volume remains stable.

This is a payer environment driven by automated reviews, frequent rule changes, and limited transparency. Healthcare teams lack the staff or technology to keep pace with these systems, and payers know it.

How Payers Apply Pressure — and How Providers Respond



Tactic 1:

Automated Denials

What's Happening

Payers rely on automated reviews and evolving medical policies to flag claims that don't match expected patterns. Denials occur even when services were appropriate because the documentation or timing doesn't match a payer's internal logic.¹

The Challenge

Denials come back faster than teams have the capacity to work them.

How Providers Respond

Focus on denial prevention. Identify required documentation and submission timeframes and implement them at the start of the workflow.⁵



Tactic 2:

Administrative Delay Through Authorization and Review

What's Happening

Authorization requirements are complex by design, and missing a single step puts you right back at square one. Even approved services face additional scrutiny during billing, so using the correct code every time matters.²

The Challenge

Teams spend time retracing approvals and resubmitting documentation while coders work without clear guidance on which clinical details will support payment.

How Providers Respond

Tie eligibility, authorization, and documentation together so claims enter the system with the information needed to support both approval and payment.⁵



Tactic 3:

Contract Ambiguity and Deliberate Underpayment

What's Happening

Payers apply complex contract language and fee schedule changes to create a back door and "lesser of" logic that reduces reimbursement without triggering formal denials.³

The Challenge

Teams focus on denials while underpayments go unnoticed and accumulate.

How Providers Respond

Regular comparison of expected reimbursement to actual payment to support payer reconciliation.⁵



Tactic 4:

Payment Timing as Leverage

What's Happening

Routine, intentional payment delays occur even when claims are approved.³

The Challenge

Delayed payments make cash flow less predictable, even when claims are ultimately paid.

How Providers Respond

Organizing follow-up around payment timing limits the impact of routine delays. Visibility into when a claim should have moved allows staff to distinguish between routine processing and payer-driven delay.⁴



Tactic 5:

Information Asymmetry

What's Happening

Payers interpret claims using their own benchmarks and data models. Providers work from internal perspectives that don't match.⁴

The Challenge

Teams are not speaking the same language as payers. Without understanding the payers' patterns, their behavior feels unpredictable and impossible to manage.

How Providers Respond

Bring claims, denials, payments, and contract details into a single view or dashboard. This allows providers to identify payer trends and interpret the criteria they use, which makes payer behavior easier to manage.⁵

Real-World Proof

How One Eye Care Provider Reduced A/R by 50% and Increased Revenue by 17%

Premier Vision Group, an Ohio-based eye care network, faced rising accounts receivable and inconsistent reimbursement across multiple practices. PVG partnered with Knack RCM to bring structure and consistency to its revenue operations. To start, coding, follow-up, and analytics were integrated into a single, connected process. Payer activity became easier to track. With contract performance visible across locations, recurring issues were addressed at their source.

Within one year, insurance A/R fell to 62% of average monthly revenue, and average monthly collections increased by 17%. Billing became more predictable, and the organization regained confidence in how its revenue cycle supported patient care.

“With Knack as our partner, we not only obtained our goal to significantly lower insurance accounts receivable — we exceeded it.”

— Mike Brujic, OD, FAAO, Partner, Premier Vision Group Leadership

Final Takeaway

You can't avoid all payer tactics or predict every rule change. What you do control is how prepared your revenue cycle is to handle them. Practices that bring structure to their workflows and maintain visibility across claims and payments spend less time reacting and more time correcting issues that affect performance.

Knack RCM helps practices build the structure that makes this possible.

References

1. Kaiser Family Foundation. Medicare Advantage prior authorization and appeals. Published February 16, 2023. <https://www.kff.org/medicare/issue-brief/medicare-advantage-prior-authorization-and-appeals/> Accessed December 2025.
2. American Medical Association. 2023 AMA prior authorization physician survey. Published 2023. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf> Accessed December 2025.
3. American Hospital Association. Payer denial tactics: how to confront a \$20 billion problem. Published April 2, 2023. <https://www.aha.org/aha-center-health-innovation-market-scan/2023-04-02-payer-denial-tactics-how-confront-20-billion-problem> Accessed December 2025.
4. Becker's Hospital Review. Health IT inefficiencies are costing hospitals billions. Published January 10, 2023. <https://www.beckershospitalreview.com/finance/health-it-inefficiencies-are-costing-hospitals-billions.html> Accessed December 2025.
5. MGMA. Strategic improvements in revenue cycle management to reduce claim denials. Published 2023. <https://www.mgma.com/mgma-stat/strategic-improvements-in-your-rcm-to-reduce-your-practices-claim-denials> Accessed December 2025.