

Company: Premier Inc.

Company Description: Premier is a leading healthcare improvement company uniting an alliance of more than 4,350 U.S. hospitals and health systems and approximately 325,000 continuum of care providers to transform healthcare. Premier enables healthcare organizations with cutting-edge data, technology, advisory services and group purchasing to enable better, smarter and faster care.

Nomination Category: Achievement in Communications & Marketing (Developed for/by Women) Awards Categories

Nomination Sub Category: Achievement in Public Affairs Communications or PR

Nomination Title: Denied & Delayed: The Fight for Fair Payment and Timely, High-Quality Patient Care



1. Which will you submit for your nomination in this category, a video of up to five (5) minutes, explaining the nominated campaign or program - its genesis, development, planning, commission, and performance to date - OR written answers to the questions? (Choose one):

Written answers to the questions

2. If you are submitting a video of up to five (5) minutes in length, provide the URL of the video here, OR attach it to your entry via the "Add Attachments, Videos, or Links to This Entry" link above, through which you may also upload a copy of your video. If you are submitting written answers to the questions, provide them in the appropriate spaces below:

3. Specify the date on which this campaign or program was launched:

Premier launched the campaign in November 2023.

4. Describe the genesis of the nominated campaign or program: the reasons it was initiated, the challenges it was created to address, the problems it was developed to solve, etc. (up to 250 words):

Total 247 words used.

When asked, "What keeps you up at night?" Premier member hospitals responded with near unanimity: they weren't being paid for the care they delivered. Unnecessary delays and denials from private health insurers were threatening their financial stability and limiting their ability to provide timely care to their patients. Even more concerning, hospitals recognized that when insurers fail to pay, patients may be left responsible for some or all of the costs. These delays can also lead to patients postponing or forgoing essential follow-up care, creating downstream barriers to access and worsening health outcomes.

Despite the widespread impact, healthcare providers lacked the quantitative data needed to validate their experiences, strengthen their negotiations with payers, and advocate for change. They needed evidence and a unified voice to push for policy reforms that would remove barriers to timely, high-quality care, particularly for patients enrolled in Medicare Advantage.

Recognizing the growing challenge of persistent payment denials and delays by health plans, Premier set out to leverage the power of its alliance of more than 4,350 U.S. hospitals and health systems and approximately 325,000 non-acute care providers to collect data that would inform our advocacy efforts on behalf of our members and the broader provider community. Our goal was to better understand the harm providers face when appealing or pursuing delayed or denied claims. By quantifying the scope and impact of these issues, we aimed to build a data-driven advocacy and media strategy to drive meaningful policy change.

5. Outline the activities and concrete results of this campaign or program since the beginning of July 2023. Even if your initiative started before July 2023, limit your response to activities and results since the beginning of July 2023 only (up to 250 words):

Total 244 words used.

Since November 2023, Premier's campaign has delivered measurable results through a coordinated series of activities. Following the survey launch, Premier analyzed and published the findings, which became the cornerstone of the teams' national advocacy and thought leadership push.

Premier's Government Affairs and Public Relations teams executed a record-breaking media campaign, generating over 100 earned media placements, including national and trade outlets. The blog posts summarizing the findings became the most-viewed in Premier's history, with over 20,000 views. Public relations outreach, social media, and targeted messaging to Congress and the Administration ensured wide visibility. A *Today Show* segment that cited Premier's data—spotlighting the patient impact of claim denials—proved its relevance beyond the policy arena and into households nationwide.

Premier also led a coalition of more than 118 organizations in a joint letter to CMS in 2024, followed by a second letter in 2025, urging reforms to the Medicare Advantage program. These efforts contributed to critical regulatory changes to address denials and delays. In response, CMS provided unprecedented transparency into its authority and limitations—empowering providers in contract negotiations and guiding Premier's ongoing policy work. As pressure from providers and Premier's campaign intensified, CMS announced on June 23, 2025, that major insurers had pledged to improve prior authorization processes. These reforms represent significant policy victories and validate the campaign's strategic approach.

Overall, the campaign deepened member engagement, expanded Premier's advocacy reach, and solidified Premier as a leading force in the fight for payer accountability and reform.

6. Describe the development of the campaign or program: the planning process, the goal setting, the creative and media development, the scheduling, etc. (up to 250 words):

Total 244 words used.

The campaign began with the Premier government affairs team deploying a survey in November 2023 to more than 500 hospitals across 36 states. The data revealed healthcare providers waste nearly \$20 billion annually appealing inappropriate denials that were most often overturned upon appeal—offering a compelling, national snapshot of the financial and administrative burden tied to the reimbursement process. Armed with this data, Premier's Government Affairs and Public Relations teams collaborated to launch a multifaceted campaign that included federal advocacy, media outreach, and direct engagement with hospitals and health systems to equip them with much-needed leverage in critical payer contract negotiations.

Messaging focused on the real-world impact of denials on patients, especially those with chronic conditions or in post-acute care. Advocacy efforts were aligned with key policy windows and the U.S. Centers for Medicare & Medicaid Services (CMS) decision-making timelines to maximize influence.

Building on its initial efforts to address payment denials and delays by private payers, Premier relaunched its survey in 2024 to capture a second year of data on behalf of members facing ongoing challenges with health plans. The new findings confirmed the issue is not only persistent but worsening and guided the continued evolution of Premier's data-driven advocacy strategy.

The campaign was designed to be both top-down and grassroots, equipping hospitals with tools for payer negotiations while mobilizing national attention. This strategic alignment of data, media, and advocacy ensured the campaign would resonate across audiences—from Congress to CMS to the public.

7. Reference any attachments of supporting materials throughout this nomination and how they provide evidence of the claims you have made in this nomination (up to 250 words):

Total 243 words used.

- o Premier's 2023 survey captured data representing 500+ hospitals/52,000+ beds on the scope of payment delays and denials by private payers: <https://www.surveymonkey.com/r/V86FT6N>
- o Premier's blogs covering the results of the 2023 and 2024 surveys garnered over 20,000 views:
 - 2023 survey: <https://premierinc.com/newsroom/blog/trend-alert-private-payers-retain-profits-by-refusing-or-delaying-legitimate-medical-claims>
 - 2024 survey: <https://premierinc.com/newsroom/policy/claims-adjudication-costs-providers-257-billion-18-billion-is-potentially-unnecessary-expense>
- o Premier and 118 of its members—from the largest health systems to a 12-bed rural hospital—sent a letter to CMS outlining data-driven policy changes to Medicare Advantage: <https://premierinc.com/newsroom/policy/118-premier-members-call-on-cms-to-use-policy-levers-in-medicare-advantage-to-protect-patients-continuity-of-care>
- o CMS' response shed light on the scope and limitations of what the agency believes is its current statutory authority, which Premier leveraged to refine its policy recommendations: <https://premierinc.com/downloads/cms-response-payment-denials-and-delays>
- o **Premier's campaign garnered more than 100 earned media hits:**
 - Select media hits from 2023 survey: [Beckers](#), [Fierce Healthcare](#), [Modern Healthcare](#), [Bloomberg](#), [Healthcare Innovation](#), [HealthLeaders Media](#), [Radiology Business](#), [AHA's Market Scan](#), [Becker's Hospital Review](#), [Becker's Hospital CFO Report](#), [Healthcare Finance News](#), [This Week Health](#), [Fierce Healthcare](#), [Revcycle Intelligence](#), [Medical Buyer](#), [Pharmacy Practice News](#)
 - Select media hits from 2024 survey: [Health Affairs](#), [Fierce Healthcare](#), [Healthcare Innovation](#), [Chief Healthcare Executive](#), [RAMA on Healthcare](#)
- o The Today Show broadcast reinforced this as not just a provider issue, but a patient care crisis—elevating urgency with the public and policymakers: <https://www.today.com/video/what-are-you-options-if-insurance-companies-deny-coverage-234916421854>
- o Premier [highlighted](#) the issue during a keynote at [ViVE 2025](#)
- o CMS announced that health insurers pledged to overhaul payment processes, demonstrating that Premier's voice and data continue to make a difference: <https://www.hhs.gov/press-room/kennedy-oz-cms-secure-healthcare-industry-pledge-to-fix-prior-authorization-system.html>

Attachments/Videos/Links:

[Denied & Delayed: The Fight for Fair Payment and Timely, High-Quality Patient Care](#)

[REDACTED FOR PUBLICATION]