

Relentless hunters
of savings:

Case study

Payment Integrity Services

Problem

A regional Health Plan, with more than 155,000 members, wanted to redesign their Payment Integrity program. The goal? To save \$5PMPM in additional annual savings.

Solution

Zelis recommended the implementation of our comprehensive Payment Integrity suite of products in a post-adjudicated pre-payment status within the payer's workflow.

This included the implementation of a secondary claim editing software. One that was specifically designed and built to identify complex savings — the type often missed by licensed software that addresses professional and outpatient claim spend.

To address the facility claim spend, we recommended the use of our Bill Review and Audit service. It complements the current audit program by lowering the dollar threshold to \$35,000 from \$100,000. It also offers a second review of claims audited by the payer by specialists in the field of the claim.

We also recommended the use of our Out-of-Network Services — specifically our ClaimPass technology. Here, we take a multi-faceted approach to maximizing savings on out-of-network claims that were previously being paid at billed charges (usually urgent/emergent) or priced to Usual and Customary.

Results

One year after implementation of the Zelis Payment Integrity Suite of products the Health Plan has met and exceeded their goal — achieving \$12.63 PMPM or \$151.56 PMPY in additional savings.

This comprehensive program reduced professional claim spend by 4%, reduced Facility claim spend by 13% and achieved a 62.2% average discount on Out-of-Network claims not priced by their wrap network on claims with Zelis savings.