

Case Study: Medical Records Review

Deep dive review pinpoints far more savings than revealed by competitor

Our Challenge

Valenz ProteKHT™ received a stop loss claim from a third-party administrator (TPA) for an inpatient claim with total billed charges of \$192,498.51. The vendor for the stop loss company had already performed a prescreen of the claim and identified potential savings, but the TPA wanted Valenz ProteKHT to conduct a deeper review for possible inaccurate or inflated charges.

Our Solution

In addition to conducting a detailed line-by-line bill review, Valenz ProteKHT requested the medical records and uncovered additional opportunities for savings beyond those identified by the other vendor. The stop loss company agreed to let Valenz ProteKHT handle the claim because of the higher savings identified, coupled with lower fees. Valenz ProteKHT also had a strong working relationship with the provider.

Results and Client Cost Savings

Engaging early and often with its fact-based model for optimal investigation results, Valenz ProteKHT obtained a savings of 23.8% above the PPO discount, and the fee to the stop loss company was 6% less than its initial vendor's fee. Drawing upon the established provider relationship, the ProteKHT team was able to discuss the discrepancies with their contact and get sign-off within 2 hours of being authorized to work the claim. Provider signoff ensured no balance billing to the patient and secured savings for the payer.

Our Member-Centric Services

As part of the Valenz data-driven ecosystem, Valenz ProteKHT is the industry's recognized comprehensive and complete bill review solution. It provides customized solutions to meet the challenges of paying medical claims appropriately, offering line-by-line bill reviews by nurses, certified coders and practicing specialists to uncover inappropriate billing and care provided.

Valenz ProteKHT offers clear, defensible, transparent and plan-specific reviews that deliver savings of 10-30 percent above the PPO allowable with a signed contract, agreed upon and authorized by the provider. Eliminating erroneous charges and finding new savings opportunities allow health plan costs to focus on improving outcomes and helping members lead strong, vigorous and healthy lives.

23.8%
savings
above PPO
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6% lower
fees than
prior
vendor

provider
sign-off
achieved
within 2
hours