

Multi-State Health Plan Uncovers \$120 Million in Savings on High-Cost Claims

Vālenz Health[®] offers solutions to support health plans in optimizing the utilization of high-value healthcare.

A large commercial health insurance carrier interested in supplementing its existing payment integrity program retained Valenz to drive additional savings by uncovering errors and overpayments across high-dollar, in-network claims.

Challenge

Facing a growing trend of high-cost claims, this multi-state health plan sought a partner with specialized capabilities to wrap around its payment integrity team. The plan required expert clinical review supported by AI to ensure appropriate reimbursements and significantly reduce the in-network expenses associated with complex high-dollar claims.

Solution

Valenz deployed our Clinical Bill Review solution, providing a line-item bill review by a nurse or physician that includes DRG coding and clinical validation review, QPA review and analysis, usual and customary charge review, and more.

By leveraging data across the life of a claim, Valenz Clinical Bill Review validates that care was medically necessary, provided by credentialed providers, and accurately aligned with contracted requirements — a process supported by both data-driven AI tools and expert coding and clinical review teams.

Cost-Containment Results Driven by Clinical Bill Review

\$120 Million

in additional savings

\$40,000

in average per claims savings

30% Savings

on average over
contracted discounts