

How Clinical Bill Review Uncovered \$461k in Savings on a Single Drug Claim

As the platform to simplify healthcare, Vālenz Health® offers solutions to support health plans in optimizing the utilization of high-value healthcare for all.

A medical provider network company recently partnered with Valenz to minimize ever-rising costs from member care, employing the Valenz Clinical Bill Review solution to identify and resolve billing errors and inconsistencies — **resulting in more than \$461,000 saved on a single member drug claim.**

Challenge

A member receiving inpatient treatment at a university-run hospital incurred a \$62,000 daily rate claim cost on a two-week drug regimen. When the final claim arrived, an additional \$635,000 was mistakenly billed on top of that daily rate.

Acting as a broker for the member, the provider network company reached out to Valenz for expert guidance in evaluating the final claim. The Valenz team quickly noticed the pricing discrepancy and leapt into action to resolve the error on the client's behalf.

Solution

Leveraging the unique Valenz Clinical Bill Review solution, our team of experts conducted a thorough examination of the billing charges, identifying the errors to be presented to the hospital, which had, up until that point, been reluctant to discuss or reevaluate the initial claim.

Working collaboratively, the Valenz bill review, provider relations, and clinical teams obtained the necessary medical records to verify the doctor's orders, member treatment, and nursing notes — all of which confirmed the error.

As a result, in just under 30 days, Valenz was able to substantiate the claim errors and come to a fair pricing resolution with the hospital in question.

Results

Thanks to the comprehensive, cross-departmental approach from Valenz, the hospital finally admitted to the billing error, allowing the treatment to eventually be contracted at 60% off billed charges.

At an initial reimbursement amount of more than \$1 million, the final claim amount was reduced to \$568,000 — a savings of more than \$461,000.

Cost Containment Results Driven by Clinical Bill Review

\$461,000

in overall claim savings

60%

in savings on adjusted
bill charges

<30 days

from initiation to resolution