

CASE STUDY

Valenz Bill Review Uncovers \$120M in Savings on High-Cost Claims

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

\$120M

in additional savings

\$40,000

average savings per claim

30%

additional savings over
contracted network discounts

Challenge

A commercial health plan sought a partner with specialized capabilities to wrap around its payment integrity team and capabilities.

The plan required expert clinical review to ensure appropriate reimbursements and significantly reduce in-network expenses associated with complex, high-dollar claims.

Solution

The Valenz Bill Review solution was deployed, providing a line-item bill review by a clinician that included:

- Diagnosis-related group (DRG) coding and clinical validation review
- Qualifying payment amount (QPA) review and analysis
- Usual and customary charge review
- And more

Results

In reviewing more than 3,000 claims, representing more than \$1.2 billion in allowed charges, Valenz delivered **\$120 million in savings** in addition to network savings — **a \$40,000 average savings per claim**.

Ready to optimize your healthcare strategy? Contact us today.
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