

# Savings Spotlight: How a strategic focus on prepayment claim accuracy led to more than \$100M in savings for one Blue Plan

With the sheer volume of claims large health payers process, millions of dollars may be left on the table if improper claims slip through standard editing safeguards. One regional Blue Plan serving millions of commercial, Medicare, Medicaid and ASO members discovered this firsthand—as improper claims were passing through its homegrown claim editing system, the plan was incurring significant financial leakage.

Aiming to reduce medical costs and shore up prepay claim accuracy, the plan implemented Cotiviti's Payment Policy Management (PPM) solution as a secondary editing system to provide final filter editing. After realizing significant savings with PPM, the plan implemented Coding Validation (CV), a final prepay review of more clinically complex claims by nurses and coding experts. Combined, this led to more than \$100 million in savings beyond the plan's first-pass editor in 2022 and allowed the payer to address more claim scenarios, such as **E&M over-coding** and **incorrect modifier usage**.

“Cotiviti helped push the organization to concentrate on paying the claim accurately [prepayment] which has led to the furtherance of prepay programs.”

Payment Integrity Director,  
regional Blue Plan

## Key savings

**\$74M** professional claim savings

**\$53M** outpatient claim savings

**29%** savings growth in 2 years

## Key benefits experienced

- Increased prepay savings by avoiding improper claims payment
- Improved accuracy of appropriate provider payments
- Reduced provider abrasion

## Key Cotiviti differentiators<sup>1</sup>

- Cost savings
- Accuracy
- Subject matter expertise
- Ability to understand business needs
- Time-to-value

<sup>1</sup> As rated by client.

 To learn more about how Cotiviti's solutions can increase your organization's savings, call 866.292.6971 or email [answers@cotiviti.com](mailto:answers@cotiviti.com).