



ValidationInstitute

2026 - 2027

Validation Report

Review for: ZERO.health

Validation Achieved: Savings

Valid through: January 2027

Company Profile



Category:	Special Savings
Website:	https://zero.health/
Public or Private:	Private
Year Established:	2017
CEO:	James G. Millaway
Company contact:	Stan Schwartz, MD Chief Medical Officer stan.schwartz@zero.health

Description Provided by the Company:

ZERO.health negotiates directly with hospitals, surgery centers and physicians to secure transparent, predictable pricing on scheduled services and procedures—eliminating wild price variation and removing barriers to care. Our clients are employers with self-funded health plans. Their employees and their covered family members pay \$0 out-of-pocket and get a Personal Health Assistant to help along the way. Most employers cut spending by up to 40% (before fees) on electives that are within our purview, and employees get access to procedures they need without the financial stress or confusion.



Claim Assertion for Validation

ZERO.health reports savings to employers using our services based on actual paid claims data. The process involves two distinct but interrelated analyses: “opportunity analyses (OA)” and “savings analyses (SA)”

Opportunity analyses comprise a deep study of actual paid medical claims obtained from both prospective and engaged employer clients’ third-party administrators or other employer agents.

Because ZERO provides bundled medical services, the claims data are transformed into bundles that exactly match the services available through ZERO. A typical claims set from employers or their agents consists of at least two years of paid claims. The claims are first run through an algorithm that extracts bundles and then presents them to a human analyst for three separate confirmatory reviews.

The extracted bundles are an exact match to the services in ZERO bundled services.

These machine and human analyses serve to only capture bundled events that can reasonably be available through ZERO: that is, services that are “schedulable.” For example, emergency services as identified by certain place of service codes or professional emergency CPT codes are excluded (vide infra).

During the extraction process, two sets of guardrails are used. Outlier opportunity bundles are rejected out-of-hand based on the unlikelihood that the prices reasonably represent a bundle similar to what ZERO does.



Claim Assertion for Validation

That price may be a low or a high outlier. A second guardrail set sorts certain bundles that have variation not warranting exclusion into a special category requiring human analyses based on deviation from the established mean prices before the data can be used for pricing.

Clinical judgment is applied to those opportunity bundles that do not fit well into one of the aforementioned categories. Those are reviewed by the Chief Medical Officer.

In the event we do not have 10 good examples of a procedure, a manual calculation of typical PPO price fills the void until we have additional examples from subsequent OAs. The manual calculation is based on Medicare prices for the professional and facility portions of the procedure. Based on the relationship to ZERO's prices to Medicare prices, currently 163% of Medicare overall, a temporary typical PPO price is created and used until automatically discarded when sufficient claims analyses are ingested and analyzed.

Certain claims data are not used for pricing. For example, we reject all but complete data that includes the allowed price (the sum of all payments for a given bundled service). We also reject coordinated benefits that don't reveal the actual price of the procedure.

The output of these analyses are mean prices for each bundle as well as median and decile prices. Mean prices become the "typical PPO price" for each bundle ZERO offers.

The typical PPO prices comprise the basis for savings analyses (SA). ZERO processes claims for services delivered by providers in our program.

Claim Assertion for Validation

ZERO claims may arrive in many formats (electronic, fax, paper) and represent either typical claim lines or as an invoice. All incoming data are transformed into bundles that represent all the pre-arranged services ZERO includes in the bundle.

Savings are reported to employer clients as the difference between what they paid for a given ZERO bundle and the average PPO market price for that bundle as determined by aggregated opportunity analyses.

Once an employer becomes a client, we request ongoing PPO claims for services done under their traditional health plan. These claims, referred to as “missed opportunity analyses” highlight additional savings the company might have achieved, add to our pricing database and also serve as the basis for educational and outreach programs by our client experience team.

The model is available upon request from a user with a valid email address with an employer or advisor URL.



Method / Calculation / Examples

See **Exhibit A** for the process of determining typical PPO price for comparison to ZERO prices.

See **Exhibit B** for process of analyzing claims from ZERO provider to determine actual savings.





Findings

Opportunity analyses (OA) typically show ZERO prices to be around 40% lower overall than PPO prices for the identical service bundles. This is an average.

Detailed OA reports also show net savings after ZERO fees and assumption of member responsibility are subtracted from overall opportunity savings. (A small minority of customers show net negative savings after fees but choose to continue because of the employee satisfaction with the \$0 copays.) Savings reporting to established clients shows savings in broad categories with additional data on request.





Validation

The savings estimates are valid. They are not materially overstated by any of the major biostatistical fallacies that we have reported on.

There is [no regression to the mean](#) because everyone is included, not just employees who were high-cost to begin with.

There is [no participation bias](#), because there is not the issue of participants being more eager to solve their problem than non-participants.

There is no [“vs. trend”](#) issue because the reimbursement is tied to Medicare, meaning that they don't hire actuaries to inflate the trend.



Limitations

The accuracy of the savings correlates closely with the number of procedures. Uncommon procedure will have wide variation.

Within any market, PPO prices may have wide variation depending on what PPO provider in a given specialty was accessed. In savings analysis, we can't determine which provider a member would have used had they not done the procedure under ZERO. That market variation can result in both overestimation and underestimation of savings in some cases.

The 40% gross savings figure is an average. Some will therefore be higher and others lower. In particular, in a plan with a high copay or coinsurance or deductible, much of the gross savings will be captured by the employee/dependent, in their \$0 responsibility. This could and in some cases has caused the net savings to be negative.

The 40% gross savings is applicable only to scheduled procedures. Scheduled procedures as a percent of total spending will vary by group.



Validation and Credibility Guarantee

ZERO.health has achieved validation for **Savings**. Validation Institute is backing this conclusion with both its [\\$100,000 Credibility Guarantee](#) and its [\\$100,000 ERISA Immunity guarantee](#).

Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.





Validation Expiration: January 2027

CERTIFICATE OF VALIDATION

Applicant: **ZERO.health**
12 N Cheyenne Avenue, Tulsa OK 74103

Product: ZERO

Claim: ZERO.health reports savings to employers using their services based on actual paid claims data.

Validation Achieved: **Validated for Savings**

Validation Award Date: January 2026

Al Lewis

Founder & Validator-In-Chief
Validation Institute



Exhibit A: Opportunity analysis workflow

Before human analysis begins, a claims file is ingested and is machine-sorted into bundles. A bundle comprises the services delivered to a unique individual on a single day. From there, each bundle passes through filters that eliminate those that should not be analyzed (such as emergency room services or other services that cannot be scheduled).

The algorithm then processes each bundle according to two types of coded rules that assure the services in the bundle match the services ZERO provides in its bundle. Each bundle is assigned a status (see below).

This is the first step in determining whether the file comports with the benchmarks we expect in a commercial claims set. Metrics such as member share, PMPM spend and the actual paid prices are compared to benchmark. In this case, we saw that we matched 52.3% of their claims dollars. That metric measures what percent of their spend is addressable by ZERO. In this case, the result was high. We determined the reason to be the absence of high-cost claimants with conditions we couldn't address, such as critical newborns, accidents, etc.

The allowed amount check and the member paid check account for all dollars to be in the correct bucket and are accounted for.

These steps assure there are no unaccounted costs and no outlier metrics that may indicate missing data (a recurring problem as TPAs may by commission or omission leave out data).



Exhibit A: Opportunity analysis workflow

Bundle Detail

Service St...	Bundle #	Is Ma...	Notes Reviewed	Bundle Descr	Bu...	POS	BundL...	Group	Savings %	Allow...	ZERO Co...	Savings	Plan Paid	Review Date	Patient Id	Admin App Ur
05/23/2025	27792	0		Open treatment of distal fibu...	Surger...	22		65329138	67%	\$22,291.33	\$7,400.00	\$14,891.33	\$19,716.19	01/01/0101 12:00:00 AM	fb2b28b9f6c66f43c7eb352611345	https://admin.z
05/23/2025	28306	0		Incision of Foot	Surger...	22		65335140	-14%	\$3,517.97	\$4,000.00	\$482.03	\$1,563.04	01/01/0101 12:00:00 AM	181c35b4d1fa68f3e9b91238992a1e9	https://admin.z
10/13/2025	28470	0		Non-surgical treatment of for...	Orthop...	11		65331225	54%	\$513.86	\$235.00	\$278.86	\$0.00	01/01/0101 12:00:00 AM	b666c8a9afae04ecf929b197f5e944	https://admin.z
10/10/2025	28485	0		Treatment of foot fracture	Surger...	22		65359678	87%	\$42,163.23	\$5,400.00	\$36,763.23	\$39,426.69	01/01/0101 12:00:00 AM	685970849589b06d3e483e2534278dc	https://admin.z
07/30/2025	29065	0		Application of a long arm cast	Orthop...	22		65323582	57%	\$439.55	\$189.88	\$249.67	\$0.00	01/01/0101 12:00:00 AM	300c1c5e4fa5d0d569c8a012468	https://admin.z
10/10/2025	29075	0		Short arm cast application	Orthop...	11		65350615	60%	\$345.99	\$139.00	\$206.99	\$276.80	01/01/0101 12:00:00 AM	951855e91787027f2387c71d5c8e5d15	https://admin.z
07/07/2025	29075	0		Short arm cast application	Orthop...	11		65340125	11%	\$157.00	\$139.00	\$18.00	\$0.00	01/01/0101 12:00:00 AM	66055c6ed29e6a8dc8921b11d765	https://admin.z
10/24/2025	29075	0		Short arm cast application	Orthop...	11		65350617	60%	\$345.99	\$139.00	\$206.99	\$276.80	01/01/0101 12:00:00 AM	951855e91787027f2387c71d5c8e5d15	https://admin.z
06/05/2025	29105	0		null	null	22		65348922	100%	\$559.00	\$0.00	\$559.00	\$559.00	01/01/0101 12:00:00 AM	212bbfaaf43d67b39c695eb8e573	https://admin.z
04/23/2025	29405	0		Applying leg cast from below ...	Orthop...	11		65332306	100%	\$154.51	\$0.00	\$154.51	\$0.00	01/01/0101 12:00:00 AM	8e1084c6db703c03ede6cd272aca3085	https://admin.z
04/11/2025	29405	0		Applying leg cast from below ...	Orthop...	11		65332307	100%	\$199.56	\$0.00	\$199.56	\$0.00	01/01/0101 12:00:00 AM	8e1084c6db703c03ede6cd272aca3085	https://admin.z
09/04/2025	29540	0		null	null	11		65337417	100%	\$53.16	\$0.00	\$53.16	\$0.00	01/01/0101 12:00:00 AM	8e3f9ae9e9f2ca687822faad4fb32f	https://admin.z
07/25/2025	29540	0		null	null	11		65341658	100%	\$76.80	\$0.00	\$76.80	\$0.00	01/01/0101 12:00:00 AM	45047299233fb3e22a53e9caab241b03	https://admin.z
07/22/2025	29826--29827	0		Shoulder arthroscopy, with r...	Surger...	24		65327430	50%	\$14,563.19	\$7,353.00	\$7,210.19	\$11,341.32	01/01/0101 12:00:00 AM	e50ef60c4a3e7eb294b5d8209d3a92a	https://admin.z
09/09/2025	29875	0		Arthroscopy of knee with re...	Surger...	22		65337523	28%	\$5,264.09	\$3,800.00	\$1,464.09	\$3,957.19	01/01/0101 12:00:00 AM	a6d591697a421ca62d7c35258e7ab02	https://admin.z
11/06/2025	29877	0		Scope repair of knee with car...	Surger...	22		65343993	68%	\$11,284.63	\$3,600.00	\$7,684.63	\$10,767.02	01/01/0101 12:00:00 AM	7f61c2be839709e7619731990d93b957	https://admin.z
10/28/2025	29884	0		Knee arthroscopy/surgery	Surger...	22		65323688	-154%	\$1,470.45	\$3,740.00	-\$2,269.55	\$734.44	01/01/0101 12:00:00 AM	3f256ac11e6895d941016233018902a	https://admin.z
08/08/2025	30140--30520	0		Resection inferior turbinate ...	Surger...	22		65318604	73%	\$16,564.89	\$4,823.00	\$11,741.89	\$11,165.66	01/01/0101 12:00:00 AM	895cd0e913ea64727b71890bc9c9660d	https://admin.z
10/14/2025	30140--30520	0		Resection inferior turbinate ...	Surger...	22		65319216	61%	\$12,294.51	\$4,823.00	\$7,471.51	\$8,839.94	01/01/0101 12:00:00 AM	88e1482aa4c64a3573f5c547006d1c10	https://admin.z
09/11/2025	30901	0		Control of severe nosebleed ...	Ear, No...	11		65332283	73%	\$184.71	\$50.00	\$134.71	\$0.00	01/01/0101 12:00:00 AM	7e1915d9cf603263dadbd11f6eba2202	https://admin.z
04/03/2025	30901	0		Control of severe nosebleed ...	Ear, No...	11		65349895	59%	\$122.73	\$50.00	\$72.73	\$98.19	01/01/0101 12:00:00 AM	e0688eb067a1e1b7ed20a8c4ddbe191	https://admin.z
04/03/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65342572	54%	\$324.02	\$150.00	\$174.02	\$0.00	01/01/0101 12:00:00 AM	264059bfc9b63c24487d97c99fd5230f	https://admin.z
10/01/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65323443	30%	\$214.54	\$150.00	\$64.54	\$0.00	01/01/0101 12:00:00 AM	c2d0e34dc119ab3d1b13d8fa64278492	https://admin.z
07/22/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65342962	31%	\$218.32	\$150.00	\$68.32	\$0.00	01/01/0101 12:00:00 AM	c280ed0955add8d1de39c4f74783c82	https://admin.z
05/29/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65340320	68%	\$472.23	\$150.00	\$322.23	\$472.23	01/01/0101 12:00:00 AM	98b9db58b4bdf5a1cee35e4a347337e	https://admin.z
05/01/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65322764	50%	\$300.43	\$150.00	\$150.43	\$240.35	01/01/0101 12:00:00 AM	93c60d11fa199b67180ab699285f878	https://admin.z
08/01/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65333991	69%	\$483.20	\$150.00	\$333.20	\$0.00	01/01/0101 12:00:00 AM	bc613dff73ca21c08943785e86af413	https://admin.z
09/10/2025	31231	0		Examination of nasal cavity w...	Ear, No...	11		65319218	40%	\$250.25	\$150.00	\$100.25	\$0.00	01/01/0101 12:00:00 AM	88e1482aa4c64a3573f5c547006d1c10	https://admin.z
06/17/2025	31237	0		Evaluation of the nose with p...	Surger...	11		65328050	71%	\$950.52	\$276.98	\$673.54	\$950.52	01/01/0101 12:00:00 AM	8a317fb336e42006b33d17761783cba	https://admin.z

The work list of bundles that were processed by the algorithm are presented for first human review. The eighth column shows the algorithm determination whether the bundle falls within acceptable cost boundaries and may not require additional review (status 1) or requires manual review (status 2). Status 0 means we don't have that bundle in the ZERO portfolio or the bundle cannot be matched for other reasons, such as an emergency case, far cost outlier or due to missing costs.

The analyst primarily reviews bundles in status 2 but will also check certain surgeries that have been accepted into status 1. Those are primarily surgeries that have subsequent day charges not picked up by the algorithm. They will also review bundles to verify that the algorithm rules, especially new rules, are working properly.





Exhibit A: Opportunity analysis workflow

Analysis is facilitated by a hyperlink that takes the analyst to the work area in our administration application.

Each requested bundle is displayed to the analyst on request in the administration app. An example of 3 bundles is attached ([Municipal Client Opportunity Savings Example.pdf](#)).

This work area allows the analyst to review each and every line in the claim as well as services that were provided one week before or after the bundle's day of service. This allows the analyst to look for emergency situations or events leading up to the bundle that would indicate we could not do the service (such as, for example, lab work done during a chemo infusion we don't have in our portfolio of services).



Exhibit A: Opportunity analysis workflow

The analyst may include or exclude lines as appropriate and reclassify any bundle that is not suitable. There are 16 different reclassification codes, several of which have one-click bundles, that serve as an audit trail.

For example, in the claim for tendon sheath injection ([page 2 of the accompanying PDF](#)), the analyst reviewing the service ticked the ignore box (far right column to exclude the cost of the Xray. X-Ray is not part of a joint injection bundle.

The resorting codes are used in the second and third human reviews. For example, status 16 marks a bundle for Chief Medical Office review.

Each analyzed file is assigned a file status (1 or 2). When the pricing data is not considered reliable or has obvious holes, the data is assigned to status 2 and not used for pricing.

Exhibit B: Savings Analysis

Subscriber Info

```

ID: 27838
CreatedAt: "2020-12-15T18:08:42Z"
SubscriberID: "26f98h8"
DOB: [REDACTED]
Address1: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Gender: [REDACTED]
FirstName: [REDACTED]
LastName: [REDACTED]
DobFormat: "d8"
Hash: "814908e0635c7cc7a67ca82c3e5208428c3ef37"
Length: 69
HasSufficientInfo: true
        
```

Patient Info

```

ID: 211261
CreatedAt: "2024-10-02T15:25:18Z"
Hash: "8c5ec216744016a8f58ab36df94bb083cab7d083"
Length: 0
HasSufficientInfo: false
        
```

Service Facility

```

ID: 1181
CreatedAt: "2025-05-14T08:08:42Z"
Hash: "e4e21f138480a7891ec7a99163342877e6ce3"
Length: 8
HasSufficientInfo: false
        
```

Billing Provider

```

ID: 2284
CreatedAt: "2024-10-03T18:22:21Z"
Name: [REDACTED]
TIN: [REDACTED]
NPI: [REDACTED]
Address1: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Telephones: [REDACTED]
ContactName: "csl"
Hash: "1e2c7281afe5e3033a80190f242f62ca6d89a8"
Length: 184
HasSufficientInfo: true
        
```

Referring Provider

```

ID: 33
CreatedAt: "2024-10-03T17:04:25Z"
ProviderID: "1863503720"
FirstName: [REDACTED]
LastName: [REDACTED]
Hash: "28de8518634569a01805e2b"
Length: [REDACTED]
HasSufficientInfo: true
        
```

Rendering Provider

```

ID: 178
CreatedAt: "2024-10-03T18:22:21Z"
ProviderID: "1175870973"
Code: [REDACTED]
FirstName: [REDACTED]
LastName: [REDACTED]
Hash: [REDACTED]
Length: [REDACTED]
HasSufficientInfo: true
        
```

Core

```

{
  "claimID": "0075",
  "implementationConventionReference": "805818X222A1",
  "submitter": {
    "name": "SMART DATA SOLUTIONS",
    "contactName": "EDI SUPPORT",
    "telephones": {
      "p": "851894846"
    },
    "emails": {
      "p": "STREAM_SUPPORT@SDATA.US"
    }
  },
  "receiver": {
    "name": "THE ZERO CARD"
  },
  "billingProvider": {
    "lastOrganizationName": "COLORADO SPRINGS IMAGING LLC",
    "address": [REDACTED],
    "city": "CO",
    "state": "CO",
    "zip": "80",
    "npi": "17",
    "tin": "84",
    "contactName": [REDACTED],
    "telephone": [REDACTED],
    "p": "86"
  },
  "payTo": {
    "address": [REDACTED],
    "city": "CO",
    "state": "CO",
    "zip": "80"
  },
  "subscriber": {
    "lastOrganizationName": [REDACTED],
    "address": [REDACTED],
    "city": "COLORADO SPRINGS",
    "state": "CO",
    "zip": "80108080",
    "id": "28F988",
    "dobFormat": "D8",
    "dob": [REDACTED]
  }
}
        
```

Lines (Count: 2)

```

{
  "ServiceLineNumber": 1,
  "ProfessionalService": {
    "ProductServiceType": "HC",
    "ProcedureCode": "73638",
    "Modifier": "LT",
    "InstitutionChargeAmount": "148.00",
    "UnitOfMeasurement": "UM",
    "ServiceUnitCount": "1.00",
    "DiagnosisCode": 1,
    "DiagnosisCode2": 2
  },
  "InstitutionalService": {},
  "HealthCareInformationCodes": {},
  "ServiceDateFormat": "MM",
  "ServiceDate": "20251211-20251211",
  "ProviderControlNumber": "13798872882",
  "CLINumber": "800188817",
  "renderingProvider": {},
  "PurchaseService": {},
  "PurchaseServiceProvider": {},
  "ServiceFacility": {},
  "SupervisingProvider": {},
  "OrderingProvider": {},
  "ReferringProvider": {}
},
{
  "ServiceLineNumber": 2,
  "ProfessionalService": {
    "ProductServiceType": "HC",
    "ProcedureCode": "73638",
    "Modifier": "LT",
    "InstitutionChargeAmount": "148.00",
    "UnitOfMeasurement": "UM",
    "ServiceUnitCount": "1.00",
    "DiagnosisCode": 1,
    "DiagnosisCode2": 2
  },
  "InstitutionalService": {},
  "HealthCareInformationCodes": {},
  "ServiceDateFormat": "MM",
  "ServiceDate": "20251211-20251211",
  "ProviderControlNumber": "13798872883",
  "CLINumber": "800188817",
  "renderingProvider": {}
}
        
```

For ZERO claims, this image illustrates the incoming claims data (here deidentified) from the clearing house.

Exhibit B: Savings Analysis

ADJUDICATE

MARK FUNDING/IN-PROCESS

LINK REFERRALS

VIEW ANCILLARY INFO

VIEW SOURCE

PREVIOUS

NEXT

Claim 24 of 25

Keyboard Shortcuts:
 OHS - Save & adjudicate claim
 OHS - Add claim-level ExCode
 OHS - Zero-out allowed amounts where not repriced by fee schedule & auto-set line service dates from claim statement dates (if applicable)
 OHS - Close claim
 OHSHEFT - Previous Claim
 OHSHEFT - Next Claim

Status: Payable

Identifier: Z772152 Type Prof Source EDI ExCodes Invoiced ref +

Claim Details

Member

Patient: [REDACTED] DOB: [REDACTED] Activation/Deactivation: 01/10/2024 >

Subscriber: [REDACTED]

Same as Patient: [REDACTED]

Employer: [REDACTED] Launch/Form: 01/10/2024 >

(employer agrees with subscriber)

Invoice Configs

Employer Division: Default Division

Claims

[REDACTED]

Provider ("Organization")

Billing Entity: [REDACTED] Launch/Form: [REDACTED]

Facility: [REDACTED]

Fee Schedule: Health Images at Boulder Activation/Deactivation: 01/01/2020 >

Claim Info

CLIN: CE2534907023 PCN: CB41132 PAN: [REDACTED] MRN: [REDACTED]

STMT.FROM: [REDACTED] STMT.TO: [REDACTED] POS: 11

Diagnosis Codes (A) in the principal diagnosis code

A 93492A B 20189 C R2242 +

Seq	SvcDateStart	SvcDateEnd	POS	ProcCode	MC1	MC2	DX Pointers				NDC	BilledAmnt	Units	AllowedAmnt	PPODisc	PayableAmnt	ExCodes	Linked CostKey & Category
							1	2	3	4								
7354c2	12/11/2025	12/11/2025	73610	LT	A	B					\$148.00	1.00	\$90.00	\$58.00	\$90.00	+	73610 CLEAR Radiology - X-ray (diagnostic)	
737359	12/11/2025	12/11/2025	73630	LT	C	B					\$148.00	1.00	\$90.00	\$58.00	\$90.00	+	73630 CLEAR Radiology - X-ray (diagnostic)	
ADD LINE											296.00	180.00	116.00	180.00				

DEC 15TH 2025, 2:44:42 PM

Adjudication run

Cleared ExCode 'Invoiced'

Status changed to 'payable'

Cherissa Cochran

DEC 15TH 2025, 2:44:38 PM

ArmtAllowed from (unmet) to 90.00 (line: 550a37d75359)

ArmtPPODiscount from (unmet) to 58.00 (line: 550a37d75359)

ArmtPayable from (unmet) to 90.00 (line: 550a37d75359)

Cherissa Cochran

DEC 15TH 2025, 2:44:30 PM

ArmtAllowed from (unmet) to 90.00 (line: dba747554cc2)

ArmtPPODiscount from (unmet) to 58.00 (line: dba747554cc2)

ArmtPayable from (unmet) to 90.00 (line: dba747554cc2)

Cherissa Cochran

DEC 15TH 2025, 2:44:25 PM

Assign [REDACTED]

Cherissa Cochran

DEC 15TH 2025, 2:44:25 PM

Adjudication run

Assigned ExCode 'Invoiced'

Cleared ExCode 'Invoiced'

Status unchanged

System

DEC 15TH 2025, 12:00:09 PM

Adjudication run

Assigned ExCode 'Invoiced'

Status changed to 'error'

System

DEC 15TH 2025, 12:00:02 PM

Claim created from import

[REDACTED]

Assigned Billing Entity: 'Colorado Springs Imaging' (of org: 'Health Images')

System

DEC 15TH 2025, 10:00:01 PM

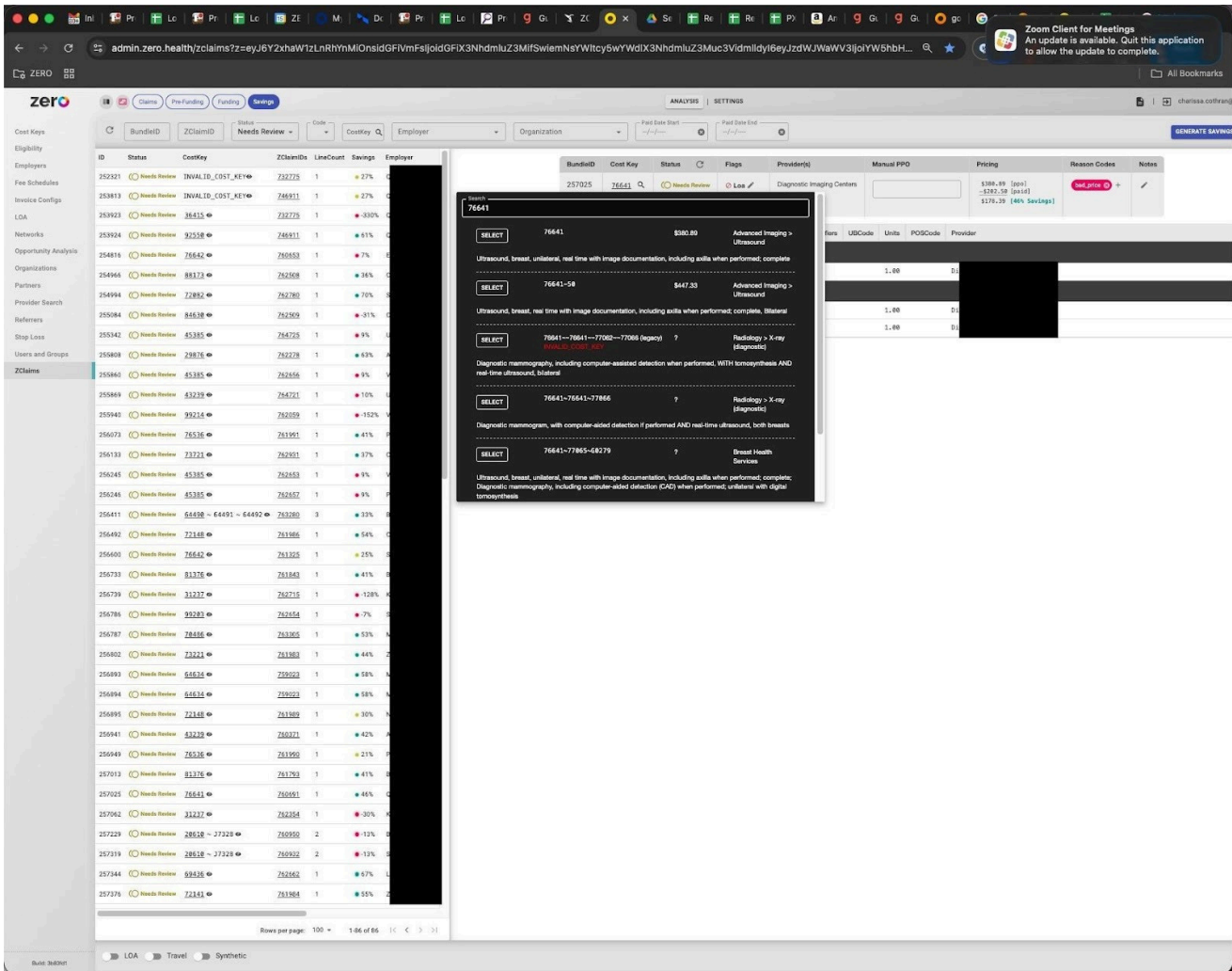
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System

In this step, the claim pricing is started.

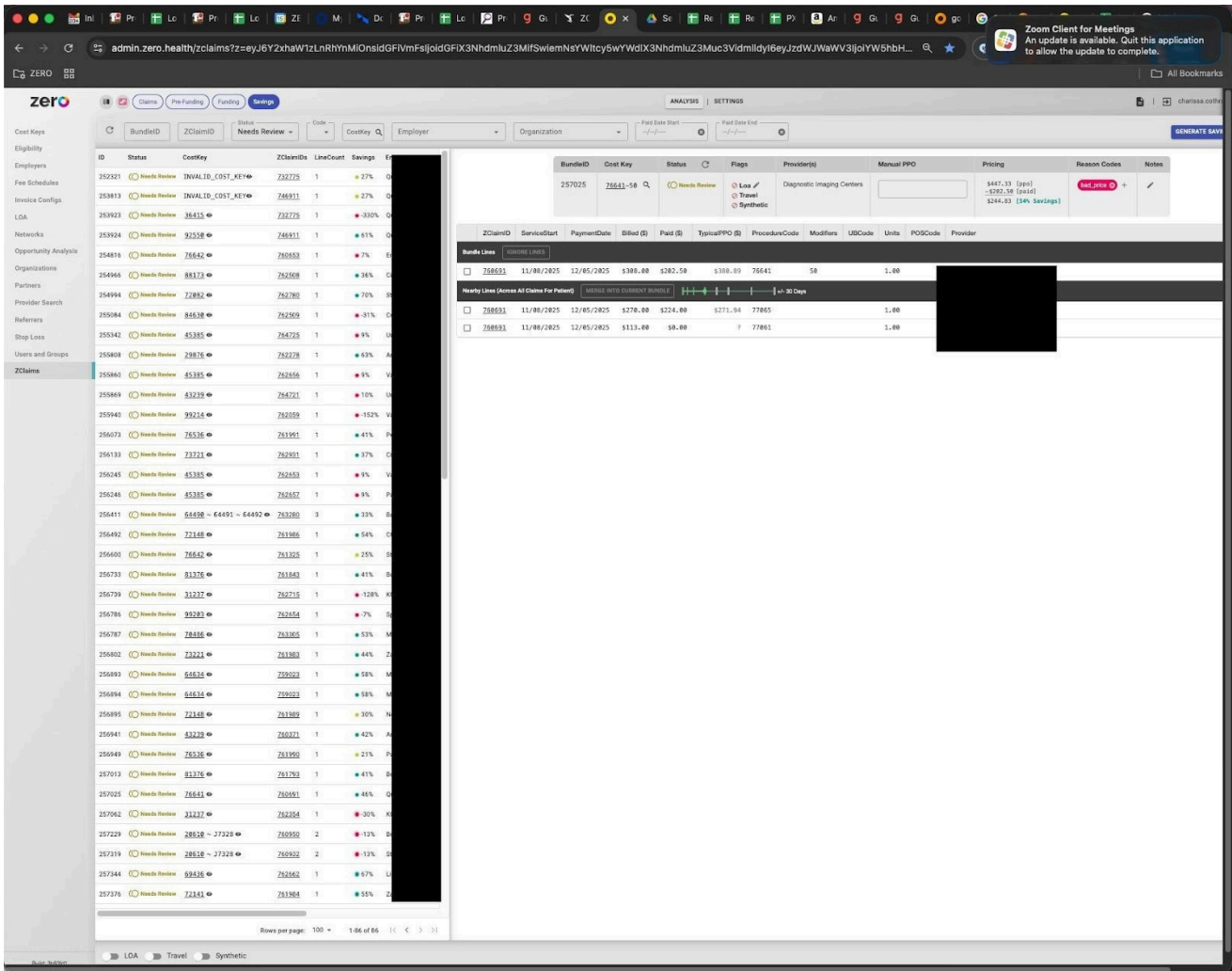
Exhibit B: Savings Analysis



ID	Status	CostKey	ZClaimID	LineCount	Savings	Employer
252321	Needs Review	INVAL_ID_COST_KEY	732773	1	27%	
253813	Needs Review	INVAL_ID_COST_KEY	746911	1	27%	
253923	Needs Review	36435	732773	1	330%	
253924	Needs Review	92558	746911	1	61%	
254816	Needs Review	76642	750553	1	7%	
254966	Needs Review	88173	752508	1	36%	
254994	Needs Review	72882	752780	1	70%	
255084	Needs Review	84618	752309	1	31%	
255342	Needs Review	85385	752728	1	9%	
255808	Needs Review	28876	752278	1	63%	
255860	Needs Review	85385	752556	1	9%	
255889	Needs Review	83239	752380	1	10%	
255940	Needs Review	92214	752059	1	152%	
256070	Needs Review	76516	751901	1	41%	
256133	Needs Review	73721	752901	1	37%	
256245	Needs Review	85385	752553	1	9%	
256245	Needs Review	85385	752557	1	9%	
256411	Needs Review	64491 - 64492	753280	3	13%	
256492	Needs Review	72148	751966	1	54%	
256600	Needs Review	76642	751225	1	25%	
256730	Needs Review	81376	751843	1	41%	
256739	Needs Review	31237	752715	1	128%	
256796	Needs Review	92223	751654	1	7%	
256787	Needs Review	78486	753305	1	53%	
256902	Needs Review	73221	751883	1	44%	
256993	Needs Review	64634	750723	1	68%	
256994	Needs Review	64634	750923	1	58%	
256995	Needs Review	72148	751889	1	30%	
256941	Needs Review	53229	750771	1	42%	
256949	Needs Review	76536	751950	1	21%	
257013	Needs Review	81376	751793	1	41%	
257025	Needs Review	76641	750461	1	46%	
257062	Needs Review	31237	752384	1	30%	
257229	Needs Review	28618 - 27228	750950	2	13%	
257219	Needs Review	28618 - 27228	750950	2	12%	
257344	Needs Review	69438	752562	1	67%	
257376	Needs Review	72181	751984	1	55%	

Next, the costkey matching the contracted ZERO bundle is applied.

Exhibit B: Savings Analysis

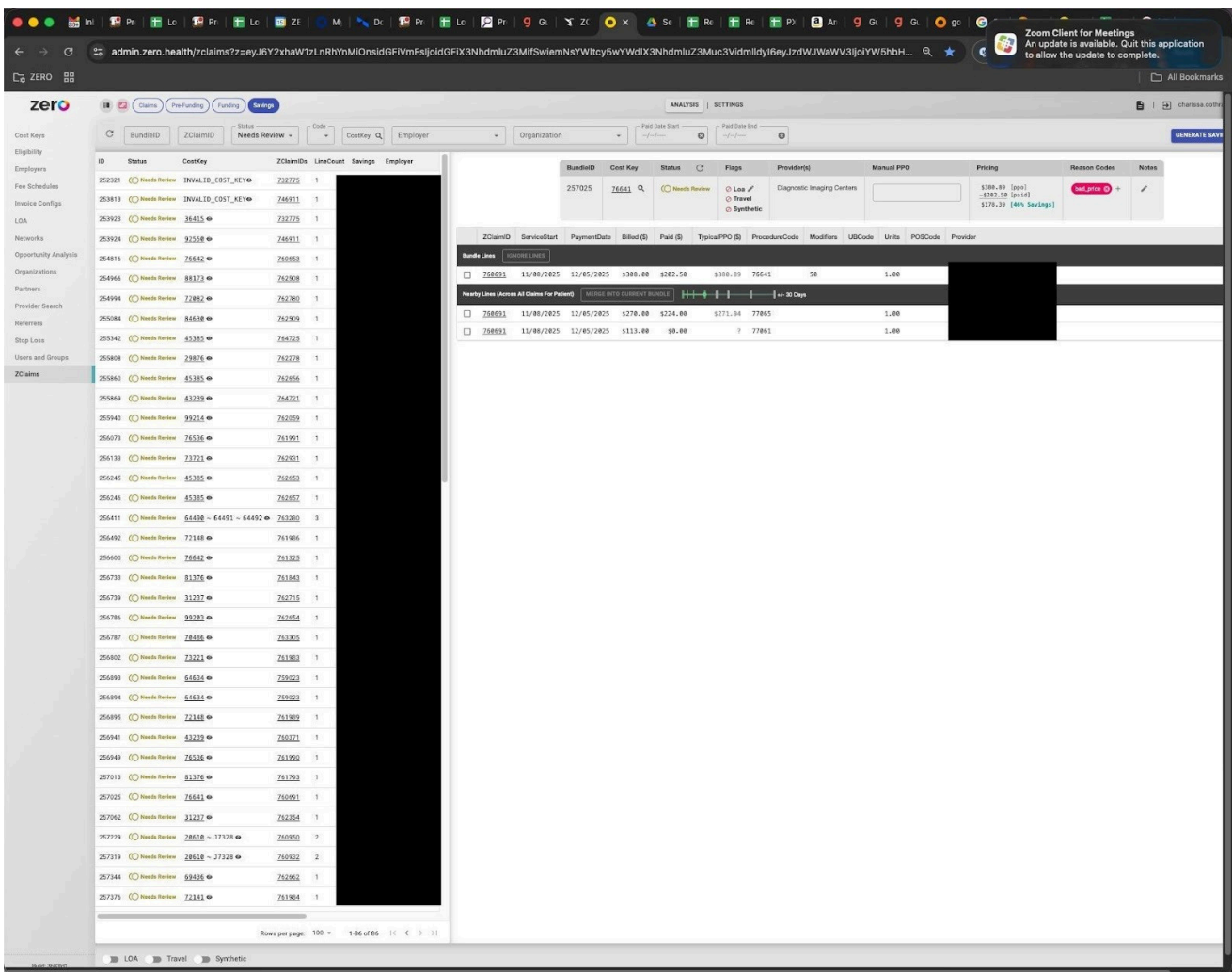


The screenshot displays the ZERO health claims analysis software. The interface is divided into several sections:

- Left Sidebar:** Contains navigation menus for 'Claims', 'Pre Funding', 'Funding', and 'Savings'. Below these are various filters and search options like 'Cost Key', 'Eligibility', 'Employers', 'Fee Schedules', 'Invoice Configs', 'LDA', 'Networks', 'Opportunity Analysis', 'Organizations', 'Partners', 'Provider Search', 'Referrers', 'Stop Loss', and 'Users and Groups'.
- Main Table (Claims List):** A table with columns for ID, Status, CostKey, ZClaimID, LineCount, Savings, and a 'Needs Review' indicator. It lists numerous claims with their respective details.
- Right Panel (Detailed View):** Shows a detailed view of a selected claim. It includes a table for 'Bundle Lines' with columns: BundleID, Cost Key, Status, Flags, Provider(s), Manual PPO, Pricing, Reason Codes, and Notes. Below this is a 'Nearby Lines (Across All Claims For Patient)' section, which is highlighted with a red box. This section shows a table with columns: ZClaimID, ServiceStart, PaymentDate, Billed (\$), Paid (\$), TypicalPPO (\$), ProcedureCode, Modifiers, USCode, Units, POSCode, and Provider.

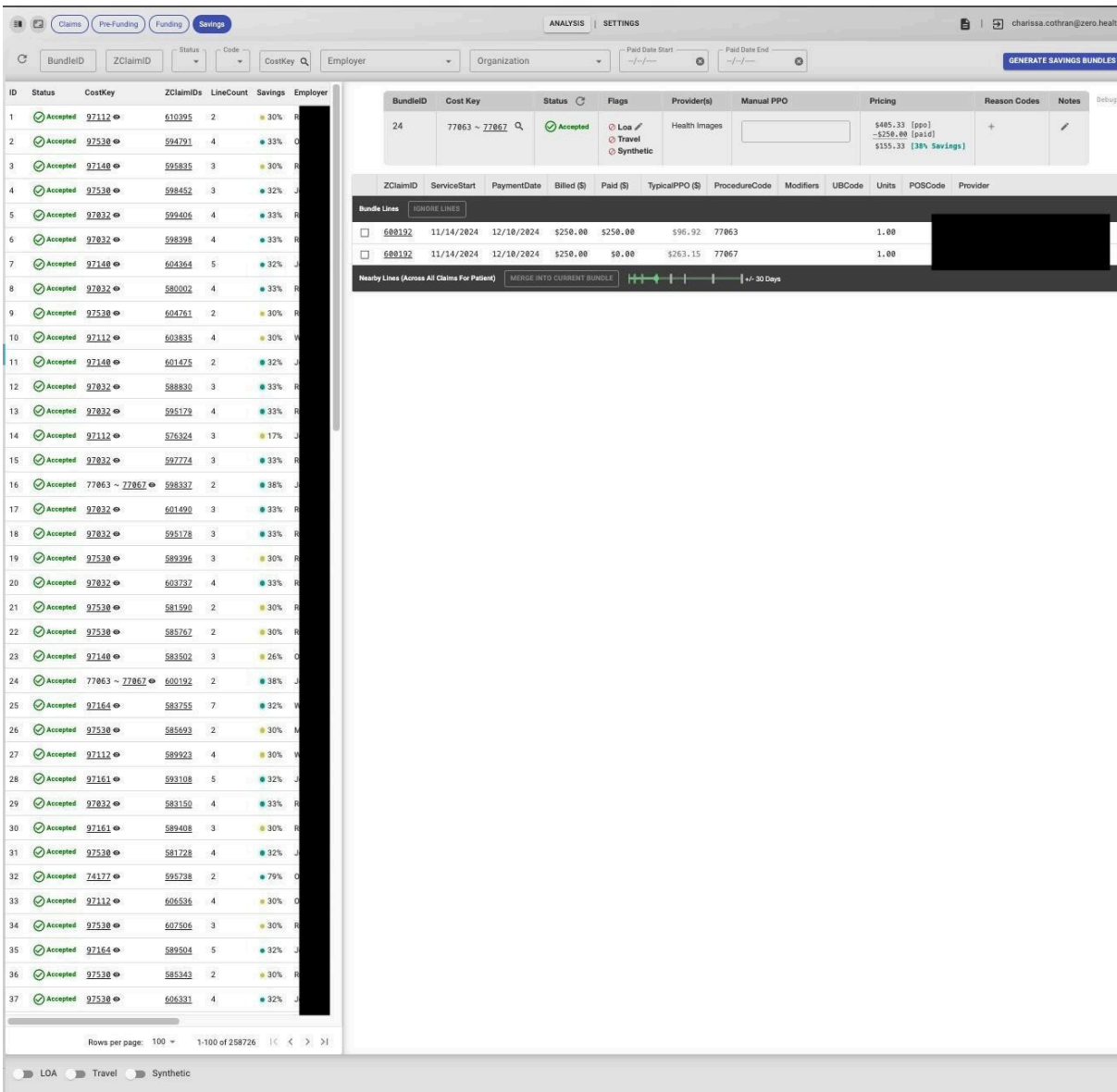
Next, the correct bundle code is manually edited.

Exhibit B: Savings Analysis



Next, the bundle is reviewed to ensure price matches the fee schedule and the procedure code matches the cost key. Once verified that the cost key is correct, the reason code is then removed and the status updated to "accepted."

Exhibit B: Savings Analysis



The screenshot displays the 'Savings' tab in the ZERO.health system. On the left, a list of 37 claims is shown, each with a status of 'Accepted', a cost key, ZclaimID, line count, and savings percentage. The right-hand pane provides a detailed view of a selected claim (BundleID 24, Cost Key 77863 ~ 77867). It shows the claim is 'Accepted' and includes flags for 'Loa', 'Travel', and 'Synthetic'. The provider is 'Health Images'. The pricing table shows a typical PPO price of \$250.00 and a paid amount of \$155.33, resulting in a 38% savings. The interface also includes filters for LOA, Travel, and Synthetic, and a 'GENERATE SAVINGS BUNDLES' button.

The claim is now finalized and includes the savings against the typical PPO price derived in the process in Exhibit A.

All claims for a given employer are listed and summarized in savings reports issued quarterly.





About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.

