



ValidationInstitute

2021 Validation Report

Review for: WellRithms

Validation Achieved: Level 1 - Savings

Valid through: October 2022



Company Profile



Category:	Audit, Transparent Marketplace
Website:	http://wellrithms.com/
Public or Private:	Private
Year Established:	2014
Founder:	Merrit Quarum
Company contact:	info@wellrithms.com

Description:

WellRithms believes in a sustainable healthcare system founded on a consumer's right to a fair price to healthcare and a provider's right to fair reimbursement. **WellRithms** partners with payers of self-funded group health and workers' compensation medical claims who are ready to change the way they pay for healthcare. **WellRithms** does this by using data-driven methodology, backed by medical and legal expertise, to review and reprice all medical claims accurately, fairly, and reasonably, eliminating errors, abusive billing patterns, and possible fraud.

At the heart of **WellRithms'** physician-led team is an alignment of values and a commitment to serve as agents to transform healthcare reimbursement. When payers of healthcare are ready, they do not have to walk alone. **WellRithms** is leading the way to put a stop to rising healthcare costs.





Claim Assertion for Validation

WellRithms' services for managing bills from out-of-network providers allows the plan to pay up to 75% less than the plan's allowed amount.





Method / Calculation / Examples

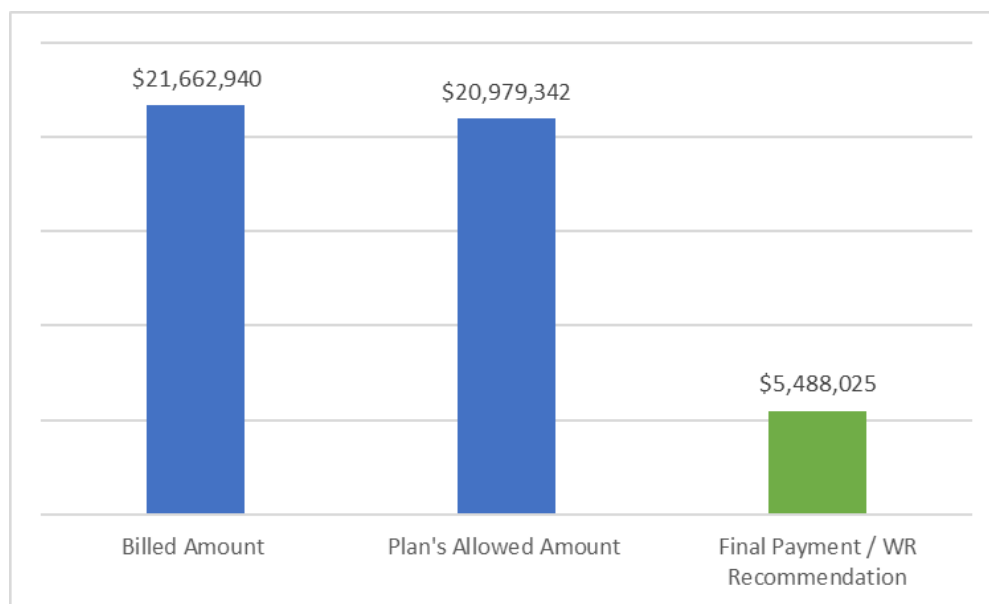
In a 12-month period ending August 31, 2021, WellRithms reviewed 32,992 claims for a health plan that covered 100,000 people. The claims were from out-of-network hospitals, ambulatory surgery centers, and medical professionals. The plan's own fee schedule was used to determine the Allowed Amount; this is the amount that would have been paid to the provider. The Allowed Amount was then compared to what the customer ultimately paid, using WellRithms' recommendation.



Findings & Validation

The graph below shows the total amount billed by the out of network providers in the claims reviewed, how much the plan would have paid (Allowed Amount), and the plan's final payment based upon WellRithms' recommendations. Out of the 32,992 claims, only 78 required further review and WellRithms' recommended payment was adjusted by approximately \$9,000.

The final payment was 74% lower than the plan's allowed amount.



Graph 1: Billed, Allowed, and Paid Amounts on Out of Network Claims



Limitations

The savings assumes that the plan would have paid the full allowed amount and taken no further action on out of network claims.





Validation and Credibility Guarantee

WellRithms' out of network claims management service achieved level 1 validation for Savings. Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit <https://validationinstitute.com/credibility-guarantee/>

Level 1 – Savings

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

Level 2 – Outcomes

Product/solution has measurably moved the needle on an outcome (risk, hba1c, events, employee retention, etc.) of importance.

Level 3 – Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

Level 4 - Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.





Validation Expiration: October 2022

CERTIFICATE OF VALIDATION

Applicant:	WellRithms 3718 SW Condor Ave, Portland, Oregon 97239, US
Product:	Out of Network Claims Management Service
Claim:	WellRithms' services for managing bills from out-of-network providers allows the plan to pay up to 75% less than the plan's allowed amount.
Validation Achieved:	Level 1 - Validated for Savings
Validation Award Date:	November 2021

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Validation Institute

Benny DiCecca
Chief Executive Officer
Validation Institute





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.

