



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 provider billed 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 billed charge was then compared to what the customer ultimately paid, using WellRithms' recommendation.

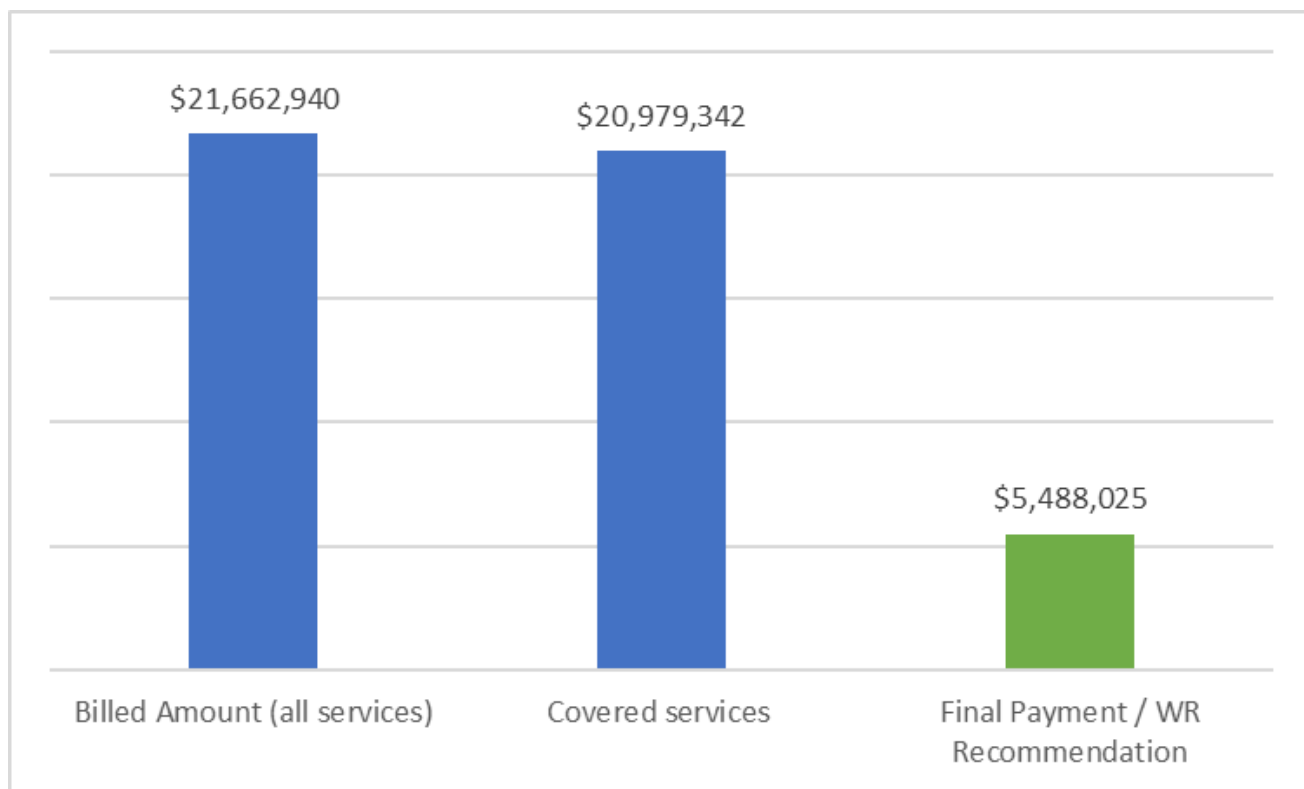




Findings & Validation

The graph below shows the total amount billed by the out of network providers in the claims reviewed, how much the plan was billed for covered services, 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 billed amount.



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





Limitations

The savings assumes that the plan would have paid the billed 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 provider billed amount.

Validation Achieved: **Level 1 - Validated for Savings**

Validation Award Date: November 2021



Linda K. Riddell, MS
VP, Population Health Scientist
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.

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.