How One Carrier Saved $2M by Automating Utilization Review Decisions

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Problem

At a large insurance carrier, adjusters were manually tracking utilization review (UR) determinations and cross-referencing them with incoming medical bills, often across multiple claims. Their traditional manual approach to UR was time-consuming, prone to human error and made it difficult to catch when providers billed for services that had previously been denied or exceeded the authorized limits. As a result, they paid for non-authorized treatments and lost productivity as their adjusters had to spend valuable time on administrative tasks instead of higher-priority responsibilities.

Download the case study to see how implementing Utilization Review Decision Manager (URDM) helped them reduce manual touchpoints, improve provider adherence, and strengthen their bottom line.

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2M in Savings Captured Within One Year

5% of Bill Volume Impacted Through Automation

41% Increase in Bill Review Savings

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