We're doing more to improve payment accuracy.



Payment integrity at Wellmark® Blue Cross® and Blue Shield®

National health care spending is estimated to grow an average of **5.4%** annually through 2028[1].

Wellmark is making sure members are paying the right benefit and right provider for the right services at the right time. That's payment integrity.

[1] Centers for Medicare & Medicaid Services (CMS), National Health Expenditure Fact Sheet, March 2020

Wellmark has realized a **52%** **savings increase** in total cost of care since 2020.

Wellmark does not have a cost-sharing model. Payment integrity is embedded at every step of the claims process to maximize your recoveries at the right time.

In 2023, we saved nearly **$309 million** through our payment integrity process[2].

We pass those savings directly to you and your employees.

[2] Wellmark Blue Cross and Blue Shield 2023 claims data

With more than **50,000** medical and service codes, provider claim errors can happen:

- **Duplicate** charges
- **Canceled** tests or procedures
- Line items also covered by **bundled charges**
- **Higher** severity codes than needed
- **Inaccurate** quantities or units of time

These inaccuracies lead to additional costs, administrative burden and a negative experience for you and your employees. **Through payment integrity, Wellmark is committed to lowering the rise in health care costs by identifying errors and reducing unnecessary spending.**

End-to-end payment review

Payment integrity looks at the full lifecycle of a claim. Because inefficiencies can exist anywhere.

Pre-adjudication

It starts here — when claims are submitted. This is our first opportunity to correct mistakes and prevent incorrect claims from advancing.

Pre-payment

When a claim has been received but not paid, we ensure accurate payment through medical record and itemized bill reviews.

Recovery

In this stage, a claim was paid, but the group is owed a refund. Wellmark makes sure the refund payment is accurate and any incorrect payments are adjusted.

There's more to payment integrity.

Payment integrity is about more than managing health care costs and avoiding unnecessary expenses.

GREATER EMPLOYEE SATISFACTION

Your employees experience reduced out-of-pocket costs and are less likely to encounter billing issues or delays in receiving reimbursements.

COMPLIANCE AND LEGAL RISK MITIGATION

Payment integrity helps employers comply with health care regulations and mitigate legal risks associated with improper billing practices.

DATA AND DECISION-MAKING

We gather valuable data on health care utilization, provider performance and claims patterns. We leverage that data to identify cost-saving opportunities, negotiate contracts and make informed benefit design decisions.

Learn more about payment integrity at **Wellmark**

Doing more today for tomorrow

We believe we have a responsibility to protect health care affordability and manage the total cost of care, a measure that encompasses an organization's total spending on health care and benefits. Wellmark Blue Cross and Blue Shield is continuously investing, expanding and improving our capabilities. We focus on creating network and benefit design, clinical programs, member engagement opportunities and cost protection strategies that create a better member experience, manage the total cost of care and **MAKE HEALTH CARE BETTER.**

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols are registered marks of the Blue Cross and Blue Shield Association, an Association of independent Blue Cross and Blue Shield Plans. Wellmark® is a registered mark of Wellmark, Inc.

M-2022765 08/24 A