Bolton

BIG! IMPACT
Bolton Innovation Group

Strengthening Fiduciary Performance Through Claims Integrity Can Provide A BIG Impact

Bolton Innovation Group (BIG) implemented a rigorous Claims Integrity process to help self-funded employers meet their fiduciary duty to ensure health plan assets are spent accurately, appropriately, and in the best interests of members. With Bolton clients using independent third-party administrators (TPAs) and leased carrier networks, they are now submitting pre-paid, post-adjudicated claims daily to an independent Claims Integrity vendor for a full audit before payment.

The vendor reviews every claim line for pricing errors, unbundling, incorrect coding, modifier misuse, and violations of the contracted fee schedules. Any errors identified are returned to the TPA with corrected allowable amounts and detailed reason codes. Across all participating clients, the process has revealed an average 10-12% gross claim error rate, translating into meaningful financial protection for health plans. One union health plan with a $16 million annual medical spend realized $1.6 million in avoided overpayments through this process alone.

Claim Analysis
Dates: 10.28.2024-10.27.2025

Type of Claims	Total Claims	Plan Allowance	Savings	Percentage of Savings
Claims without a Savings	28543	$7,382,572.81-	$0.00	0%
Claims with Savings	7689	$9,005,041.75	$1,633,448.62	18%
CMS-1500, Claims (Provider Claims)	6527 of 7689	$1,577,606.57	$343,032.99	22%
UB-04 (Facility Claims)	1162 of 7689	$7,427,435.18	$1,290,415.63	17%
All	36,232	$16,387,614.56	$1,633,448.62	10% Overall

While TPAs have embraced this oversight, ASO carriers have remained resistant to sharing pre-paid claims data, limiting plan sponsors' ability to implement strong fiduciary controls. To overcome this barrier, one ASO health plan partnered with BIG to create an alternate monthly retrospective audit. The carrier sends post-paid claims of $25,000 or more to the Claims Integrity vendor, which identifies errors and sends refund request letters directly to providers. Although refunds to date have been modest, the employer has gained documented evidence of fiduciary oversight and new insight into systemic billing and adjudication patterns. These findings will drive future plan design changes and fee-schedule negotiations.

This case demonstrates that even when carriers restrict access, employers can still take meaningful steps to strengthen fiduciary practices, improve claims accuracy, and better protect plan assets.