

From ERS Reluctance to ERS-First:

How a Healthcare Payer Reprioritized Market-based Pricing to Drive Savings

A regional healthcare payer was initially cautious about adopting market-based out-of-network pricing recommendations due to concerns around provider abrasion and dispute rates.

By gradually integrating Zelis' Established Reimbursement Solution® (ERS) pricing recommendations into their ClaimPass® workflow and eventually shifting to a claim routing model that prioritizes market-based pricing, they:

- Increased ERS claim volume by 105%
- Grew ERS savings from \$11.5M to \$21.4M (86% increase)
- Maintained a consistent ~76% ERS savings rate
- Sustained a minimal provider dispute rate under 4%
- Positioned for stronger out-of-network savings in 2026

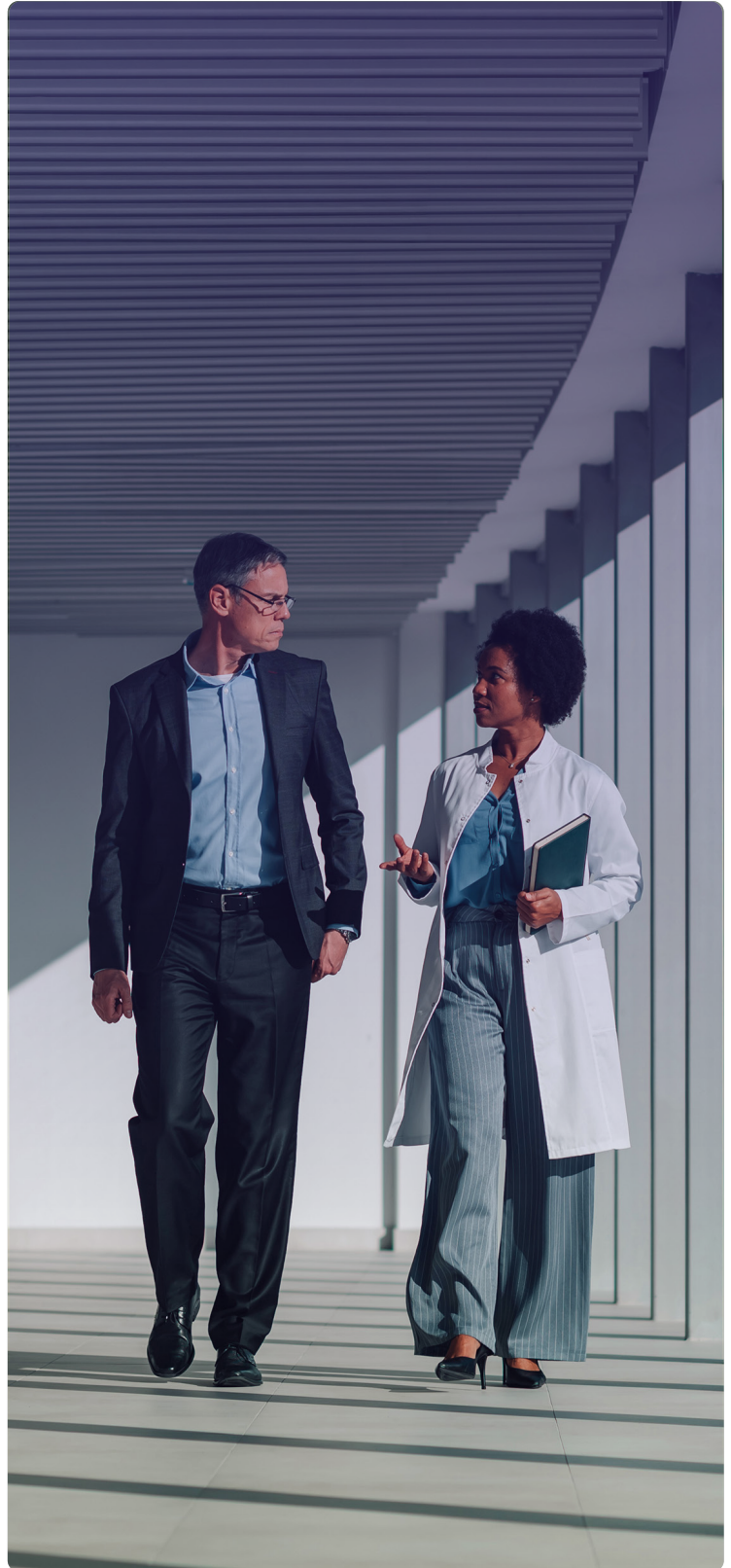
The result: significant financial improvement without destabilizing provider relationships.

The Challenge

Like many payers, this organization was:

- Focused on maintaining member satisfaction
- Concerned about provider acceptance
- Hesitant to adopt market-based repricing methodologies
- Cautious about operational disruption

They needed measurable proof that ERS could deliver savings without increasing provider disputes or operational friction.



The Phased ERS Adoption

Phase 1: White Space Deployment

- ERS launched in a limited deployment for a defined subset of claims, with a conservative initial scope.

Phase 2: ClaimPass® Integration

- After observing stable provider acceptance rates and performance monitoring, the payer broadened ERS utilization within its existing claims routing workflow.

Phase 3: ERS-First Strategy

- Confident in the results, the payer shifted to prioritizing ERS as a preferred savings channel, with client-specific guardrails for certain claim types.

This phased, customized approach reduced risk while building internal confidence.

After recognizing ERS as a top-performing savings channel in 2024, the client expanded ERS integration within ClaimPass®, more than doubling claim volume in 2025 and making ERS the highest savings driver across all channels utilized.



The Results: Before and After Performance

Metric	2024	2025	Change
ERS Claims	~13,000	~27,000	+105%
ERS Savings	\$11.5M	\$21.4M	+86%
Savings Rate	~76%	~76%	Stable
Provider Dispute Turnover	<4%	<4%	Minimal impact

Key Insight

Out-of-network savings increased dramatically not because the savings rate changed, but because more claims were strategically routed through ERS based on customized plan goals, member needs and provider attributes.

In other words: ClaimPass optimization and expanded ERS integration drove financial performance.

Why This Matters

Many payers assume that market-based pricing leads to:

- Increased provider disputes
- Higher overturn rates

When implemented strategically:

- Provider inquiry rates remain low
- Overturned savings is minimal
- Some disputes convert to negotiated savings
- Overall savings improves significantly

The Differentiator: Customization

This success wasn't about forcing a one-size-fits-all model. The organization was able to:

- Customize ClaimPass routing workflow down to the employer group level
- Exclude specific provider types and claims
- Adjust ERS prioritization over time
- Gradually expand as confidence grew

Flexibility drove adoption.

Data built confidence.

Results supported expansion.

Strategic Takeaways for Healthcare Payers

1. ERS adoption does not need to be all-or-nothing.
2. Customized deployment builds stakeholder confidence.
3. Low dispute levels can coexist with strong savings
4. Clear performance reporting helps secure leadership support.

Considering ERS to Drive Savings?

This case demonstrates that structured market-based pricing rollout and customization configuration can unlock substantial out-of-network savings – without destabilizing relationships.

Let's discuss how to design the right ClaimPass strategy and workflow for your groups.

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