Medical overbilling costs payors and patients billions of dollars every year.

WellRithms

SOLUTIONS

WELLRITHMS WORKERS' COMPENSATION PRODUCT AND SERVICES POWERED BY COMP 42

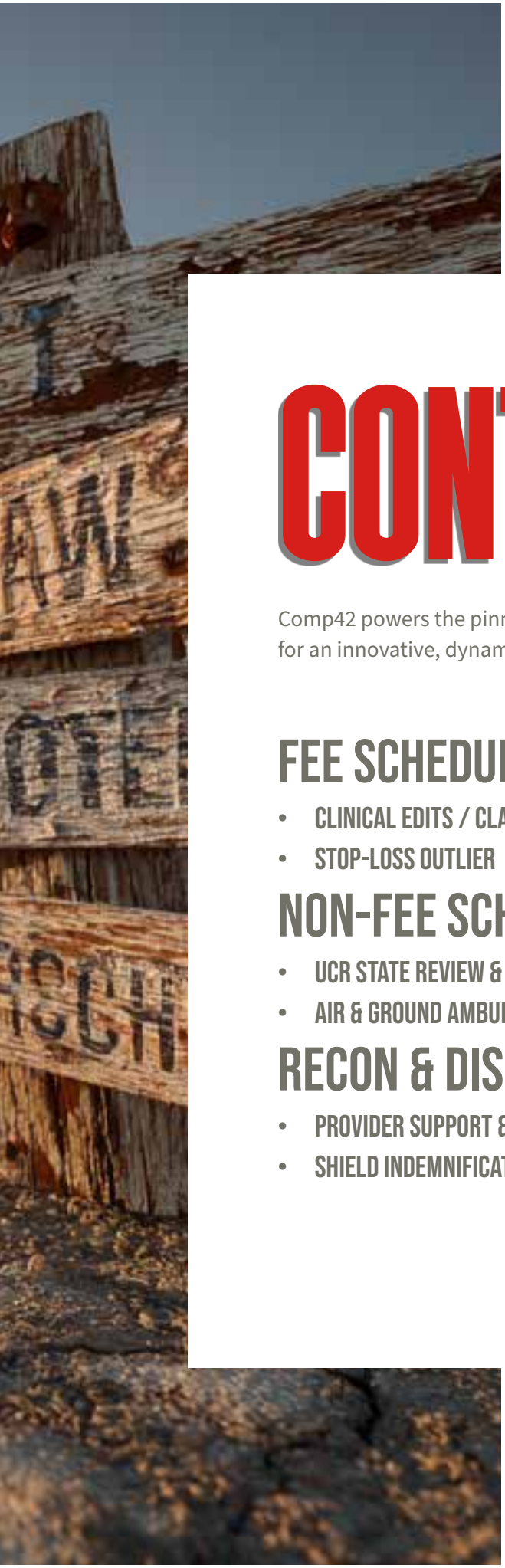
WORKERS COMP 2026

WELLRITHMS' REVIEW AND REPRICING SYSTEM ENSURES **ACCURACY AND FAIRNESS BEFORE PAYMENT.**

COMP 42

A WELLRITHMS SOLUTION

WellRithms' review and repricing system ensures accuracy and fairness before payment.



CONTENTS

Comp42 powers the pinnacle of predictive analytics and advanced technology for an innovative, dynamic approach to healthcare reimbursement.

FEE SCHEDULE IMPACT

CLASSIFICATIONS, EDITS & AUDIT™

AVERAGE 8% SAVINGS IMPACT

Classification, Edits, and Audit form the foundation of every WellRithms bill review. This work happens before discounts ever come into play, addressing errors that pricing alone cannot fix.

Classification

Place of service and provider type are frequently mis-classified, quietly driving overpayment. Correct classification ensures bills are evaluated against the right standards from the start.

Edits

National billing rules prohibit certain services from being billed separately. When non-billable services receive network discounts, the result is still overpayment. Edits prevent charges that should never have been billed in the first place.

Audit

A physician-led audit confirms that services were actually performed and properly coded. You should not pay for care that did not occur, was not documented, or was billed inaccurately.

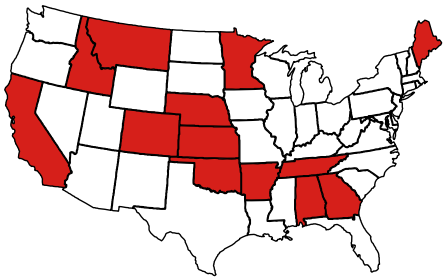
Fee schedule bills are audited line by line using WellRithms' proprietary Classification, Edits & Audit™ (CEA) system. This process works alongside PPO network pricing, not instead of it, ensuring accuracy before discounts are applied.

The result: measurable savings beyond PPO reductions, fewer downstream disputes, and greater confidence that payments are fair, accurate, and defensible.

FEE SCHEDULE IMPACT STARTS BEFORE DISCOUNTS

Classification, edits, and physician audit ensure fee schedule payments are accurate before pricing is applied.

FEE SCHEDULE ACCURACY MATTERS MOST WHEN HIGH-COST BILLS APPROACH STOP-LOSS THRESHOLDS.



States with Stop Loss Outlier

STOP-LOSS OUTLIER

Inpatient Itemized Physician Audit and Repricing
UP TO 40% SAVINGS IMPACT
SAVINGS ON EVERY BILL

Stop-loss outliers are one of the most exploited areas of inpatient billing. When charges cross an outlier threshold, payment calculations change and inflated costs can trigger dramatically higher reimbursements.

Manipulating the System

Some providers take advantage of outlier rules by using inflationary billing tactics to artificially increase reported charges. These practices push bills past outlier thresholds, securing higher payments while payors unknowingly absorb millions in excess costs each year.

Exposing Overcharges

Comp42 conducts a detailed, itemized physician audit to identify abusive billing practices and improper charge inflation. Charges are reviewed for medical necessity, accuracy, and consistency with the hospital's reported costs.

Allowed charges are corrected and significantly reduced before the outlier adjustment is applied, preventing inflated pricing from distorting reimbursement calculations.

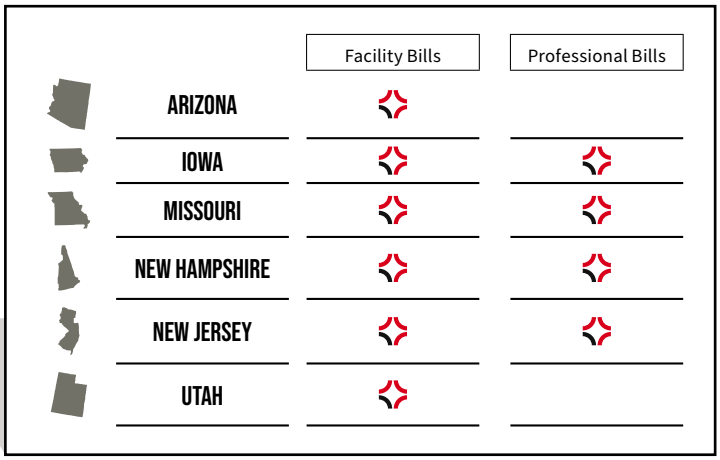
Comp42 stops overpayment at the source by ensuring all allowed charges are accurate, defensible, and applied consistently across every inpatient bill.

Available in select states: AL, AR, CA, CO, GA, ID, KS, ME, MN, MT, NE, OK, TN.

NON-FEE SCHEDULE IMPACT

SIGNIFICANTLY LOWER MEDICAL EXPENSES WITH OUR INNOVATIVE SOLUTION FOR BILLS NOT SUBJECT TO STATE FEE SCHEDULES.

USUAL, CUSTOMARY, AND REASONABLE



	Facility Bills	Professional Bills
ARIZONA	✓	
IOWA	✓	✓
MISSOURI	✓	✓
NEW HAMPSHIRE	✓	✓
NEW JERSEY	✓	✓
UTAH	✓	

UCR STATE REPRICING

AVERAGE 60-80% SAVINGS IMPACT OFF BILLED AMOUNT

When fee schedules do not apply, Comp42 evaluates medical bills against real-world market benchmarks to determine what is reasonable for the service, provider type, and geographic region.

Audit

Each bill is reviewed for accuracy, internal consistency, and compliance with accepted billing standards. Errors, unsupported charges, and inflated amounts are identified before repricing occurs.

Reprice

Charges are repriced using comprehensive all-payer data and proprietary algorithms that reflect fair market value, not billed charges. This ensures payments align with what is typically accepted for similar services in comparable markets.

Protect

For select, approved bills, Shield Indemnification™ shifts financial exposure related to disputed provider payments away from the payor, reducing downstream risk while disputes are resolved.

AMBULANCE BILLING WHERE ACCURACY MATTERS MOST

AIR AND GROUND AMBULANCE REPRICING

UP TO 80% SAVINGS IMPACT OFF BILLED AMOUNT

Air and ground ambulance bills are among the most inconsistent and aggressively priced categories in healthcare. Charges often vary widely for similar transports and frequently include bundled services billed separately, inflated mileage, or unsupported fees.

WellRithms applies a disciplined review process to ensure ambulance payments are accurate, defensible, and aligned with medical necessity.

Audit
Ambulance bills are reviewed line by line to confirm pickup and drop-off locations, transport details, and clinical justification. Inclusive services are identified and unbundled charges are removed to prevent duplicate or improper payment.

Reprice
In states where ambulance services are not governed by fee schedules, WellRithms applies Usual and Customary reimbursement methodologies. Charges are aligned to fair market rates using industry data and proprietary analytics.

AN EASY WAY TO WORK WITH WELLRITHMS TODAY

Ambulance billing creates risk because errors are difficult to detect and disputes are costly to resolve. WellRithms brings deep industry experience to one of the most complex bill types, reducing exposure without adding friction to existing workflows.

Protect
For select, approved bills, Shield Indemnification™ transfers financial exposure related to disputed provider payments away from the payor, reducing downstream risk while issues are resolved.

Meaningful savings are delivered on every applicable bill by correcting errors first, then repricing only what is appropriate to pay.

RECON & DISPUTE IMPACT

When savings are challenged, outcomes matter. WellRithms stands behind every decision, managing provider pushback from first response through final resolution so clients do not have to.

RECONSIDERATION SUPPORT

Provider reconsideration requests are a normal part of the billing process, but managing them internally consumes time, staff, and attention.

WellRithms handles reconsiderations end to end, responding with clear, data-backed justification for every pricing decision.

- Reconsideration responses are grounded in billing standards, market data, and documented rationale
- All provider communication is handled directly by WellRithms
- Every response is reviewed by billing experts and medical professionals to ensure accuracy and compliance

The result is faster resolution, fewer reversals, and minimal disruption to your internal teams.

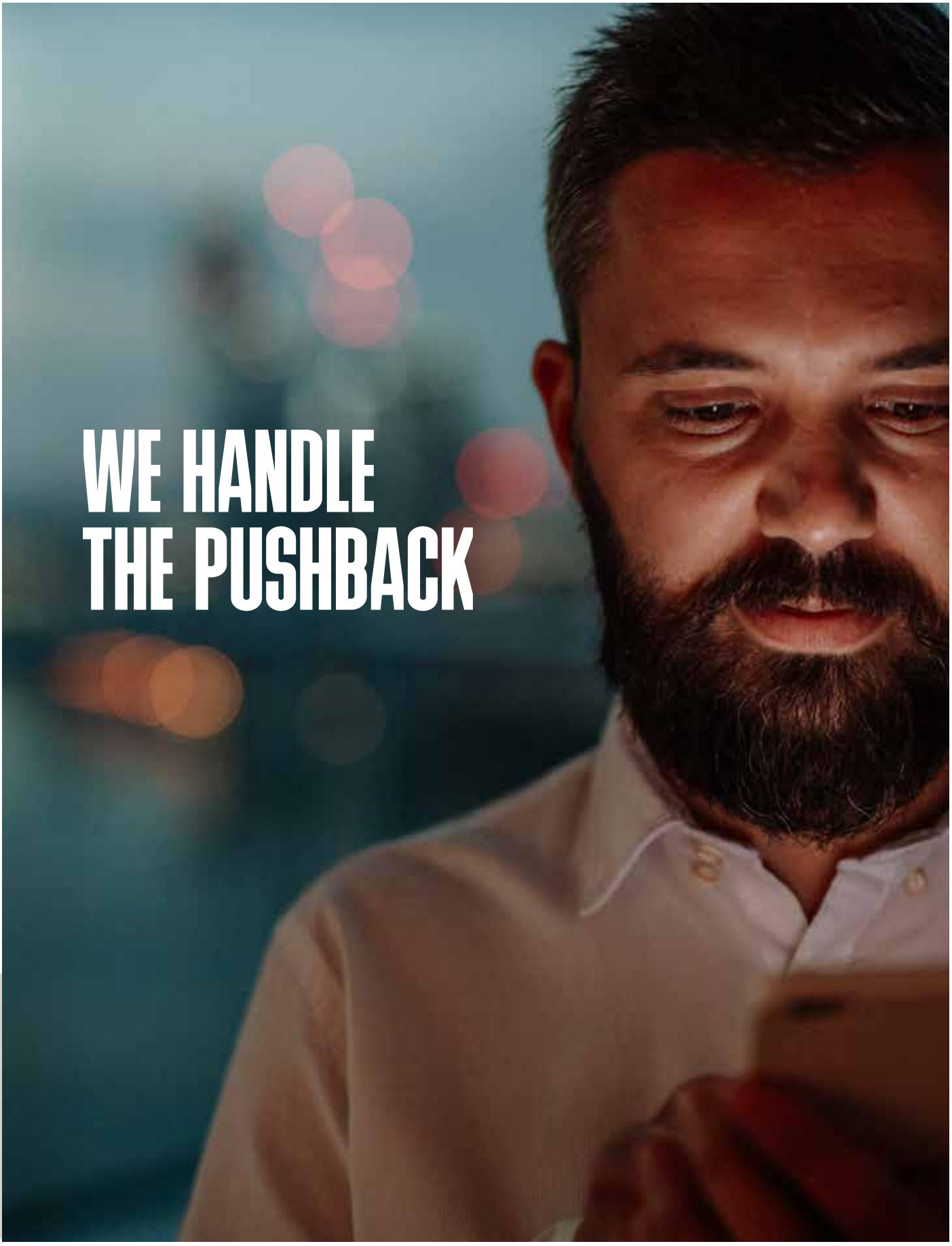
MEDICAL DISPUTE DEFENSE

When billing disagreements escalate beyond reconsideration, a stronger defense is required.

WellRithms provides comprehensive medical dispute defense, combining clinical expertise, pricing data, and procedural rigor to uphold our determinations.

- Medical Dispute Specialists prepare and manage the full defense strategy
- Deadlines and administrative requirements are actively tracked and met
- Proprietary data and physician review support defensible, consistent outcomes

We manage the complexity so disputes stay controlled, organized, and resolved without unnecessary delays.


WE HANDLE
THE PUSHBACK

SHIELD INDEMNIFICATION

SHIELD INDEMNIFICATION™ PROVIDES AN ADDED LAYER OF PROTECTION WHEN BILLING DISPUTES ARISE. FOR SELECT, APPROVED BILLS, IT HELPS REDUCE FINANCIAL EXPOSURE AND UNCERTAINTY WHILE DISPUTES ARE RESOLVED.

SHIELD INDEMNIFICATION™

Even the most accurate bill reviews can trigger provider disputes. Appeals, negotiations, and prolonged back-and-forth create financial uncertainty and operational drag for payors.

Shield Indemnification™ is designed to reduce that exposure. For select, approved bills, Shield provides a structured layer of protection that helps contain financial risk when disputes arise, allowing payors to move forward with confidence.

Rather than absorbing the cost, complexity, and unpredictability of disputed payments, clients gain a clearer path to resolution with fewer surprises along the way.

What is Shield Designed to Do?

- **Reduce Financial Exposure**
  Shield helps protect reserve dollars from the economic impact of provider disputes tied to billing errors or overcharges.
- **Create Predictability**
  By addressing dispute risk up front, Shield supports more consistent outcomes and reduces unexpected liability tied to prolonged negotiations.
- **Remove Operational Burden**
  WellRithms manages the dispute process from start to finish, so internal teams are not pulled into ongoing provider communications or administrative escalation.

How it Works

Shield Indemnification™ is offered on a case-by-case basis for eligible bills. When engaged, WellRithms manages negotiations and dispute resolution using established processes, pricing data, and medical expertise.

While Shield does not eliminate disputes, it significantly reduces the uncertainty they create by providing structure, discipline, and financial safeguards throughout the resolution process.

This approach allows payors to remain focused on operations and outcomes rather than prolonged billing conflict.

“ WELLRITHMS IS PUTTING THEIR MONEY WHERE THEIR MOUTH IS

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