

CASE STUDY

Major Healthcare System Secures Millions in Subrogation Opportunities

A 20-year relationship helps a major healthcare system establish a consistent and reliable process for subrogation.



\$100M+

Total 20-Year Recoveries

A nationwide healthcare system that operates thousands of sites with hundreds of thousands of employee plan members relies on Intellivo for consistent subrogation results.

Across a two-decade partnership in support of the self-funded health plan, Intellivo has delivered maximum reimbursements for every kind of accident-related medical claim in multiple states. During that time, Intellivo has owned and managed the flow of high-volume cases from inception to settlement — leaving the client free of administrative burden and having to chase members for information.

The client has also engaged Intellivo's legal counsel for assistance and insight on complex cases and plan language.

Year in and year out, Intellivo delivers predictable outcomes and maximum reimbursements.

Key Stats

4.1k

Recovered Cases

\$24.81

3-Year Total PMPY

\$27.7M

Total 3-Year Recoveries

57%

Lien Recovery

\$9.16M

Average Annual Recoveries

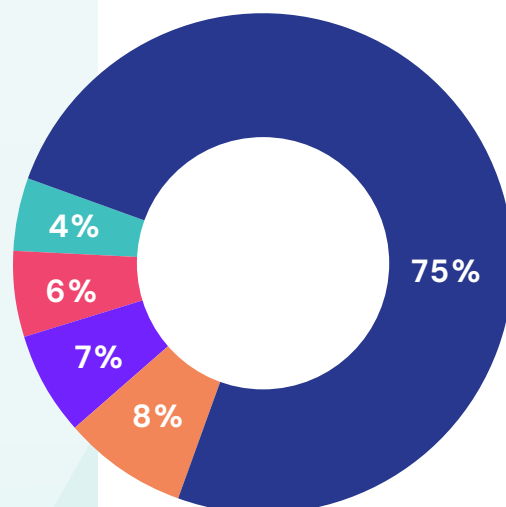
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A well-oiled machine...
our subrogation efforts
run like clockwork.

— BENEFITS MANAGER

The chart below breaks down the proportion of recoveries by case types over the three year period.

RECOVERY AREAS



MVAs	\$19,808,106
Workers Comp	\$2,149,062
Malpractice	\$1,817,185
Liability	\$1,488,886
Slip & Fall	\$1,184,951

Key Benefits



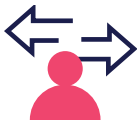
Total identification of all subrogation opportunities with no member contact



Maximized reimbursements through unparalleled data and consistent, automated processes



Minimize administrative burden, cut costs, and free up team members



Rapid communication response to meet deadlines and maximize recoveries