ClaimInformatics and Detego Health Partner to Eliminate Conflicts of Interest in Claims Processing for Self-Funded Plans

Independent Pre-Payment Review Platform Integrated with Transparent Network Enablement Ensures Fiduciary Accountability for Self-Funded Employers

Partners for True, Independent Claims Oversight For Self-Funded Plans

BLOOMFIELD, CT, UNITED STATES, October 22, 2025 /EINPresswire.com/ -- ClaimInformatics (CI), a leading payment integrity and fraud, waste, and abuse (FWA) detection platform, today announced a strategic partnership with Detego Health, an innovative Third-Party Administrator (TPA).

The alliance addresses a fundamental industry challenge: that arises when traditional claim administrators also perform "payment integrity" on claims submitted by their own contracted networks—while simultaneously charging for the savings they identify. This dual role blurs fiduciary accountability and misaligns incentives, leaving plan sponsors and members exposed.

> The Claiminformatics-Detego Health partnership separates oversight from payment operations—bringing transparency, accountability, and true fiduciary protection back to self-funded plans."
>
> *Stephen Carrabba, CEO, Claiminformatics*

By separating true fiduciary oversight from claim payment operations, CI and Detego Health aim to restore transparency and trust. The partnership ensures that payment integrity is performed independently, protecting plan sponsors, meeting ERISA obligations, and ultimately improving financial and clinical outcomes.

The Problem: Built-In Conflicts Costing Self-Funded Plans Millions

Traditional bundled TPA arrangements create structural

conflicts when the same entity controls both network contracts and claim payments. This model can inadvertently incentivize approval of questionable claims to preserve network relationships, leaving self-funded employers exposed to coding errors, overutilization, and FWA that drain plan assets before payments are issued.

The Hidden Risks Facing Self-Funded Health Plans — Learn How Fiduciary Oversight, Data Transparency, and Independent Payment Integrity Safeguard Plan Assets and Protect Members from Costly Errors.

"Self-funded employers face a fundamental trust gap," said Stephen Carrabba, Co-Founder & CEO of ClaimInformatics. "When your network administrator is also your claims gatekeeper, whose interests are really being protected? This partnership eliminates that conflict entirely, as Detego Health provides nationwide network access and TPA services, while ClaimInformatics delivers completely independent, evidence-based pre-payment review. It's separation of powers for healthcare claims—and it's how fiduciary responsibility should work."

The Solution: Independent Review + National Access

Through this collaboration, ClaimInformatics deploys its prospective claim review platform across Detego Health's national networks, covering more than 100,000 lives. The integration enables:

- True Independence: CI operates outside the network relationship, applying industry standard rules, network payment policies, and proprietary algorithms without bias toward approval or network preservation

- Pre-Payment Protection: Identifies coding errors, medically unlikely scenarios, and FWA patterns before claims are paid—not months later through costly post-payment audits and recovery efforts

- ERISA Alignment: Strengthens fiduciary compliance for self-funded plans by ensuring objective, rules-based adjudication that prioritizes plan asset protection

- Provider Relationship Preservation: Clean, accurate adjudication on first pass reduces abrasive retrospective recoveries and maintains network stability

"Detego Health exists to give employers access to enterprise-grade benefits without enterprise-grade costs," said Alan Wilson, President & CLO of Detego Health. "But enterprise-grade also means enterprise-level controls. ClaimInformatics brings institutional-quality payment integrity that our employer groups need—transparent, evidence-based, and completely independent from our network operations. This is what fiduciary responsibility looks like in practice."

Measurable Impact for Self-Funded Plans

The partnership delivers quantifiable value across multiple dimensions:

- Proactive Cost Containment: Average 2-8% reduction in inappropriate medical spend through pre-payment intervention, compared to 1-3% typical post-payment recovery rates

- Reduced Administrative Burden: Eliminates costly retrospective audits, provider disputes, and recoupment processes by paying claims correctly the first time

- Enhanced Compliance: Documentation and rationale for every edit (algorithm) support fiduciary requirements and DOL audit readiness

- Member Experience Protection: Transparent, evidence-based decisions minimize disruption and confusion for plan participants

- Clean Claims Velocity: Automated validation of appropriate claims accelerates payment for compliant providers

Technology Foundation

ClaimInformatics' platform combines:

- Industry standard clinical rules and FWA detection models: Incorporates CMS-aligned coding guidelines, NCCI edits, and broader industry benchmarks to identify medically unlikely scenarios and fraud, waste, and abuse patterns

- Transparent audit trails: Providing clear documentation and rationale for every claim decision to support fiduciary compliance

"The market is demanding this separation," Carrabba noted. "CFOs and benefits leaders understand the conflict in bundled models. They want their network access through experienced TPAs like Detego Health, but they also want their claims scrutinized by an independent party with no competing incentives. We're seeing this request across the self-funded market, and this partnership proves the model works at scale."

Availability

The integrated ClaimInformatics pre-payment review platform is now available to Detego Health's nationwide networks and has been in production since September of this year.

About ClaimInformatics
ClaimInformatics (CI) is a specialized payment integrity and clinical analytics firm dedicated to helping health plans, TPAs, and self-funded employers maximize the value of every healthcare dollar. CI's platform employs evidence-based clinical rules, AI-driven FWA detection, and configurable workflows for both pre-payment and post-payment claim review, enhancing accuracy, compliance, and efficiency. With near real-time analytics, transparent rationale documentation, and proven savings performance, CI enables clients to pay claims correctly on first adjudication while achieving sustainable cost reduction. ClaimInformatics operates independently from network administration and provider contracting to ensure objective, fiduciary-aligned oversight.
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About Detego Health
Detego Health® is a national Third Party Administrator (TPA) and level-funded plan sponsor offering self-funded and level-funded plan administration and reporting. Detego Health operates much like an independent accounting or law firm, providing "behind the scenes" professional claims and benefit plan administration for our clients. Detego Health sets the standard for transparency, accessibility, and measurable impact—delivering smarter healthcare, reimagined for the way people work today. For media inquiries, please contact Kirsten Smith, VP of Marketing at Detego Health: kirsten.smith@detetgohealth.com.

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