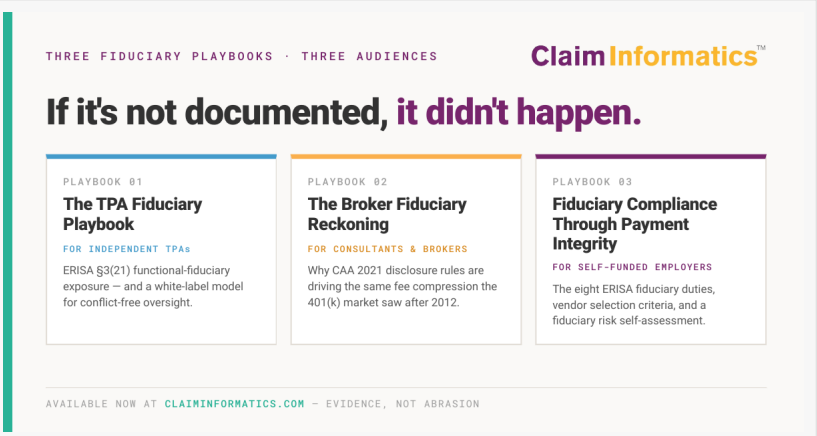
ClaimInformatics Eliminates Shared-Savings Conflicts with Flat, Per-Claim Pre-Pay Pricing

Announced with its new website, featuring a litigation tracker and fiduciary playbooks to guide self-funded employers, brokers, and TPAs on compliance.



ClaimInformatics is publishing three fiduciary playbooks — for independent TPAs, benefits consultants and brokers, and self-funded employers — each built around the compliance pressures facing that audience.

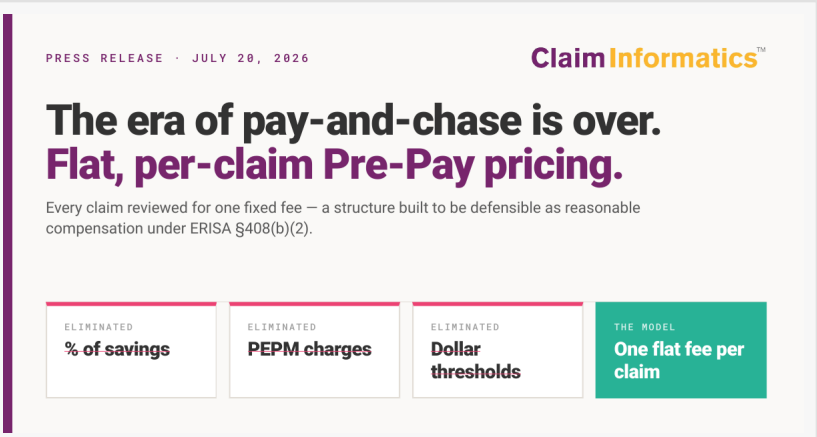
BLOOMFIELD, CT, UNITED STATES, July 21, 2026 /EINPresswire.com/ -- ClaimInformatics™, the independent payment integrity and fiduciary compliance company for self-funded health plans and their ecosystem partners, today announced a new Pre-Pay pricing model built on a flat, per-claim fee, eliminating the percentage-of-savings and per-employee-per-month (PEPM) structures that dominate payment integrity today. The announcement accompanies a redesigned website featuring a Self-Funded Plan Litigation and Regulatory Tracker that tracks court decisions, agency rules, and statutes redefining prudent oversight, as well as three fiduciary playbooks written specifically for self-funded employers, benefits consultants and brokers, and third-party administrators (TPAs).

> “The fiduciary standard for health plans is catching up to retirement plans, fast. The tracker, the playbooks, and outcome-neutral pricing give a citable answer before a regulator asks it for you.”
>
> *Stephen Carrabba, CEO, ClaimInformatics*

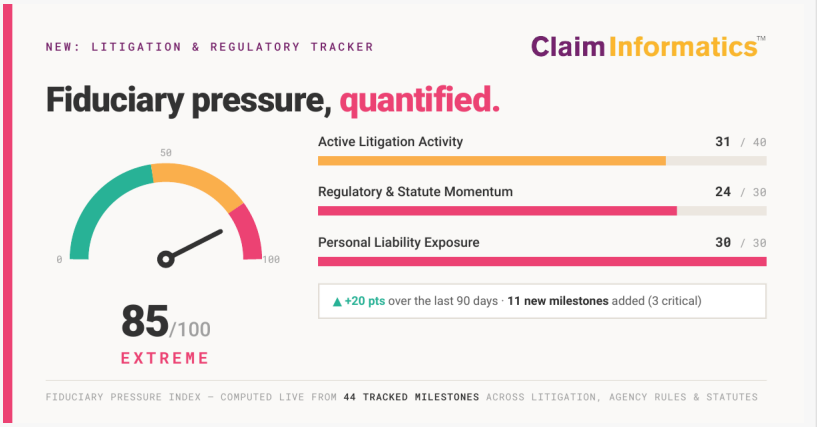
ClaimInformatics highlights a shift in fiduciary accountability, as the plaintiffs’ bar focuses on health-plan fiduciaries after successfully targeting 401(k) plans. Plan sponsors and their benefits advisers are now being named in lawsuits over how health plan dollars are managed, and federal investigations are returning money to plans. Independent research estimates the personal fiduciary liability exposure in U.S. self-funded ERISA health plans at around $74 billion. The company’s position is simple: an annual review is no longer enough to demonstrate prudence, and vendor compensation models are drawing the same scrutiny.

A Pricing Model With No Stake in the Outcome

Every claim submitted through the ClaimInformatics Pre-Pay platform is now reviewed against the company's edit library for a fixed, per-claim fee, with no dollar threshold and no charge tied to the outcome of the review, replacing the percentage-of-savings and PEPM models that have defined vendor compensation in payment integrity for two decades. The company believes it is among the first in the market to offer independent pre-pay claim review to self-funded plans, captives, and independent TPAs on a flat, fixed per-claim fee, with no dollar threshold, no PEPM charge, and no percentage-of-savings contingency.



ClaimInformatics' new Pre-Pay pricing model replaces percentage-of-savings and PEPM structures with a flat, per-claim fee — a structure the company positions as easier to defend as reasonable compensation under ERISA §408(b)(2).



Infographic: Fiduciary Pressure Index gauge reading EXTREME, with 40 tracked milestones and $74B in estimated personal fiduciary liability exposure for self-funded ERISA plans.

The company argues the change closes a structural conflict built into percentage-of-savings arrangements: a vendor is compensated on savings only when more is denied, and it can continue collecting a share of the same findings indefinitely, even after a provider corrects the underlying billing pattern. Under a flat per-claim fee, ClaimInformatics is paid to review the claim, not for the outcome of that review, a structure the company positions as easier for a plan fiduciary to defend as reasonable compensation under ERISA §408(b)(2).

Self-Funded Plan Litigation and Regulatory Tracker

The new tracker follows 44 milestones across litigation, reimbursement disputes, state activity, agency rules, and statutes affecting ERISA- and PHSA-covered self-funded plans, captives, public-sector plans, and church plans. A proprietary Fiduciary Pressure Index, a composite score derived from active litigation, regulatory and statutory momentum, and personal liability exposure, currently rates the environment as EXTREME.

Every milestone is mapped to the statutory framework it interprets, enforces, or amends (ERISA, PHSA, CAA, or MHPAEA) and to the plan contract type it puts at risk (SPD, ASO, PBM, or stop-loss). Recent additions include ERISA §726, added by CAA 2026, which codifies PBM compensation monitoring as a statutory duty, and Tiara Yachts v. Blue Cross Blue Shield of Michigan, in which the Sixth Circuit confirmed that a TPA exercising discretionary authority over claims can be deemed a functional fiduciary under ERISA §3(21), exposing it to personal liability under §409.

Three Fiduciary Playbooks, Three Audiences

Alongside the tracker, ClaimInformatics is publishing three new guides, each built around the pressures a specific audience is facing:

- The TPA Fiduciary Playbook addresses ERISA §3(21) functional-fiduciary exposure for independent TPAs and lays out a white-label model for offering conflict-free oversight under their own brand, positioned against BUCA (Blue Cross/Blue Shield, UnitedHealthcare, Cigna, Aetna) carriers' pre-pay editing add-ons.
- The Broker Fiduciary Reckoning is written for benefits consultants and brokers. It draws a parallel to the 401(k) fee-disclosure wave that followed the 2012 DOL rules and argues that the CAA 2021 broker-disclosure requirements are driving the same fee compression and consolidation into health benefits.
- Fiduciary Compliance Through Payment Integrity is built for self-funded employers and organized around the eight ERISA fiduciary duties. It walks plan sponsors through selection criteria for oversight vendors and a self-assessment of their own fiduciary risk.

"The fiduciary standard for health plans is catching up to where retirement plans already are, and it is happening fast. Plan sponsors, brokers, and TPAs are all being asked the same question: Can you prove your process was prudent, and that your vendors' incentives are aligned with the plan's interests? The tracker, these playbooks, and a pricing model with no stake in the outcome exist to give a direct, citable answer, before a regulator or a plaintiff's attorney asks it for you."
— Stephen Carrabba, CEO & Co-Founder, ClaimInformatics™

Availability

The redesigned website, the litigation and regulatory tracker, all three playbooks, and the new Pre-Pay pricing model are available today at claiminformatics.com. Self-funded employers, TPAs, captives, and benefits consultants can request a complimentary ASO (Administrative Services Only) analysis directly through the site.

About ClaimInformatics™

Founded in 2017 in Bloomfield, Connecticut, ClaimInformatics™ is an independent control layer for the entities that bear fiduciary risk in self-funded health plans: employers, captives, TPAs, and their benefits consultants. The company operates two platforms, ClaimIntelligence™ for

payment integrity and FOCUS™ for fiduciary governance, built on a single conviction: the entities that profit from a plan's claims should not be the ones policing them. ClaimInformatics is 100% independent, with no carrier ownership and no shared-savings fees. Learn more at claiminformatics.com.

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