



The data
is there.

The question is
whether you're
looking.

Most health plan reporting leaves high-cost risks undetected — but with proactive clinical analytics, it doesn't have to be.

Most self-funded employers believe they have a handle on their health plan costs. They have a broker. They have carrier reports. A stewardship meeting every quarter. Point solutions for the things that showed up as problems. **That confidence is the risk.**



The Standard Model Is Built for Yesterday's Problem

The traditional approach follows a predictable logic: aggregate claims data, identify cost drivers, implement interventions, and measure impact at renewal. It's reasonable – and can also be 18 months behind the curve at every step.

By the time a claim pattern surfaces in a quarterly report, the clinical moment has passed. The gap between identifying a risk and intervening on it is where cost accumulates. Closing it requires something most consulting models don't build for: clinical expertise embedded in the analytical process.

“Most brokerage firms offer analytics platforms. They'll show you where your spend is going. What they're less equipped to do is sit inside your data, at the member level, and act.”

Doug Levit, Director of Analytics, Alliant

The gap between identifying a risk and intervening on it is where cost accumulates. To understand and implement real change, a deeper, clinical analysis is needed to understand the real cost drivers and the opportunity to intervene.

Proactive clinical risk management isn't a product. It's a discipline — experienced clinicians working alongside sophisticated analytics tools, oriented toward action rather than documentation.

Alliant's model starts with advanced risk stratification using the same methodology hospital systems use under risk contracts — assessing chronic condition burden, care consumption trends, social determinants, and predictive trajectory. Not a dashboard summary, but a clinician reading a member's risk profile the way a physician reads a chart.

From there, the work becomes forensic. Experienced clinicians — not analysts, not administrators — review claims data for the signals standard reports don't surface:

Case Study 1:

A long-term infusion drug billed through medical at twice the PBM rate.

Who processes a claim can mean the difference between a \$1 million claim and a \$2 million claim for the same drug. Most plans have no process for identifying these channel mismatches.

Find out how Alliant cut a \$2 million drug bill in half – without changing the patient's treatment.

[READ THE FULL CASE STUDY](#)

Case Study 2:

A long-term inpatient admission without documented medical necessity review.

A single inpatient day averages \$3,000–\$5,000 — roughly 2.5x what Medicare pays for the same bed. A 30-day admission can accumulate upwards of \$100,000 before it surfaces in a quarterly report. A longer one can cross seven figures.

Find out how Alliant recovered more than \$2 million from a single inpatient admission.

[READ THE FULL CASE STUDY](#)

These aren't edge cases. They're the predictable output of a systematic clinical review process applied to data most employers already have — but aren't using.

Advanced Primary Care: The Infrastructure Play That Pays

The American Medical Association projects a shortage of 48,000 primary care physicians by 2034. For employers with the right population and geography, advanced primary care isn't a wellness amenity — it's a structural cost management strategy. When employees have reliable access to a primary care relationship, they use the rest of the health system differently: fewer ER visits, fewer admissions, better management of chronic conditions.

In a decade-long matched cohort study, an Alliant-supported onsite health center produced 30% fewer ER visits and 65% fewer inpatient admissions — translating to **\$3,700** in net savings per member per year.

Find out how Alliant's clinical risk and analytics experts turned data into a **\$5.5 million** in annual savings.

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"Every employer wants to bend the cost curve, but if your workforce doesn't have convenient access to good primary care, that cost is likely showing up as ER visits, inpatient admissions, poor control of disease, and high-cost claimants."

Dr. Dave Zieg, Director of Clinical Services

A Question Worth Sitting With:

If your current broker ran a forensic review of your last 24 months of claims data — member-level, clinically interpreted, cross-referenced against your PBM, your eligibility file, and your stop loss — what would they find that your quarterly reports haven't shown you?

The cost is already there.

The question is: where is it hiding?

Next Steps:

Our clinical risk team — clinical experts backed by one of the nation's leading data analytics engines — conducts a systematic review of your claims data to surface what standard reporting misses. We identify the interventions, the recoveries, and the structural opportunities. **Then we act on them.**

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