soro

THE SORO FIELD JOURNAL

STRATEGY · 3 MIN READ

How to triage claims for maximum recovery

Auditing every claim is a poor use of effort. A small share of claims holds most of the recoverable dollars, and triage is how you find them first.

Prepared by

The Soro Team

January 2026

Auditing every claim is a poor use of effort. A small share of claims holds most of the recoverable dollars, and triage is how you find them first.

A plan can generate tens of thousands of claims in a year. Reviewing all of them with equal effort is neither practical nor smart, because the recoverable dollars are not spread evenly across them. Effective recovery starts with triage: deciding which claims to look at first, and in what depth.

The dollars concentrate

Healthcare spending follows a familiar pattern in which a small portion of claims accounts for a large share of total cost. A minority of high-dollar, high-complexity cases drives the majority of spend. Because overcharges tend to scale with the size and complexity of a bill, that same small group of claims also holds most of the recoverable money. Triage is the practice of finding that group before spending effort anywhere else.

Where errors live

High-cost inpatient and surgical claims are where the richest errors tend to appear. They involve many line items, multiple providers, long documentation, and complex coding, which creates more opportunities for duplicate charges, upcoded levels, unbundled services, and inflated lengths of stay. A short outpatient visit rarely hides a five-figure error. A multi-day surgical admission often does.

How to rank a book of claims

- Sort by dollars at risk, not by claim count, so the largest exposures surface first.
- Flag inpatient and surgical episodes ahead of routine outpatient claims.
- Look for outlier signals: length of stay beyond the norm, stacked ancillary charges, and repeated codes.
- Set a threshold, for example claims above a chosen dollar amount, and give everything over it a hard look.

Depth follows the ranking

Triage does not mean ignoring smaller claims. It means matching the depth of review to the size of the opportunity. The top of the ranking earns a full line-by-line audit against the itemized bill and benchmarks. The middle gets a lighter pass. The long tail of small, clean claims is monitored rather than fully worked. That allocation is what makes recovery efficient.

Why this beats auditing everything

Trying to audit everything spreads a limited amount of expert attention too thin and delays the findings

that matter most. Triage puts the best review where the dollars actually are. It recovers more, faster, and it does so without burning effort on claims that were never going to move the number.

References

1. Pareto distribution of healthcare spending; concentration of cost among high-dollar claims.
2. Published medical billing error studies indicating a high share of hospital bills contain at least one error.
3. CMS NCCI Policy Manual (error types on complex claims).