

AUTOMATES AND STREAMLINES END-TO-END AUDIT DETECTION AND WORKFLOW WHILE ENSURING COMPLIANCE

Audit Scope provides seamless integration of detection, selection, audit creation, tracking and reporting of audits across all pre-pay and post-pay functions. When paired with Codoxo's advanced AI detection technology such as that used in Codoxo's Fraud Scope solution, health plans, state agencies and Pharmacy Benefits Management (PBMs) organizations can create efficiencies and break down data silos to create a single view across all claims, audits, and departments.

Saving millions at world-class insurance companies and healthcare agencies including:

Highmark Inc. 6+ million members	Pacific Health Plan 700K + members	State Medicaid Agency 1.5+ million recipients	Mid-State Health Plan 3.5 million members	Southeast Health Plan 3.5 million members	Midwest Plan 2.5 million members
--	--	---	---	---	--

THE AUDIT SCOPE SOLUTION IS USED ACROSS ALL FUNCTIONS OF A PBM, STATE AGENCY OR HEALTH PLAN'S COST CONTAINMENT OPERATIONS, INCLUDING COMPLIANCE, LEGAL, NETWORK, CLINICAL AND FRAUD, WASTE, AND ABUSE TEAMS. AUDIT SCOPE PROVIDES USERS AND LEADERS WITH:

DEEP INSIGHTS into reasons for detection, including peer-to-peer comparisons, provider performance, and claim level details

EASY AND INTUITIVE review and selection workflow, allowing auditors to drill into each provider or claim and quickly identify and collect supporting claims to add to audit queues

CLIENT/INTERNAL CONTRACT AND GOVERNMENT COMPLIANCE across state, federal and client-defined requirements

FLEXIBILITY for audit team to create AI-detected, rules-based or manual audit

SEAMLESS TRANSITION from pre-pay to post-pay

END-TO-END CASE MANAGEMENT MODULE for managing all aspects of an audit case, including notes, supporting documentation, provider communications, financials, recoveries and reporting

INTEGRATED COMMUNICATION CAPABILITIES including HIPPA compliant email, fax, and postal mail

All-in-One Forensic AI Platform

Holistic. Transparent. Collaborative. Codoxo delivers a complete suite of solutions delivered on one AI platform, enabling users across the entire payment spectrum to collaborate and gain visibility and transparency, all on the same claims data. Users across cost containment departments will have a unified view that eliminates gaps, creates efficiencies, builds connections across your data, and provides more transparent, actionable analytics.

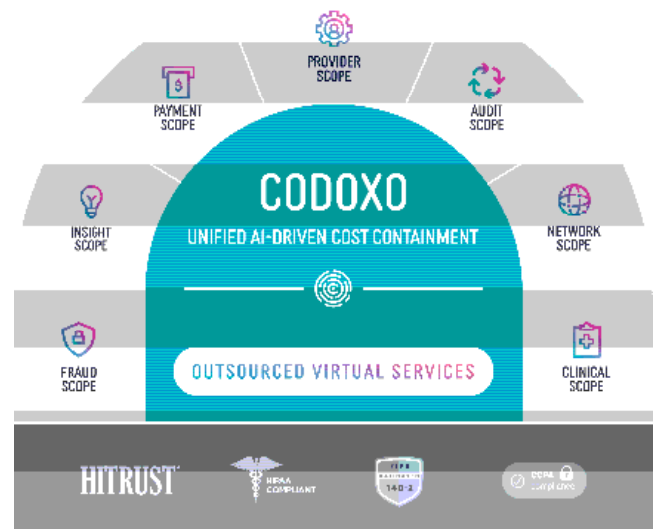
ALL LEVELS OF BEHAVIOR-BASED ANALYSIS: Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

PRESCRIPTIVE INSIGHTS: AI measures and gathers your data to generate actionable insights that help teams prioritize, influence behavior, and act quickly when there is a problem.

ADVANCED DETECTION ENGINE: Our proprietary algorithm uses a combination of rules and artificial intelligence to identify new problems and outlier behavior earlier than traditional techniques.

ALL CLAIM TYPES: Codoxo can ingest and analyze all professional, pharmaceutical, facility, behavioral, dental, and workers comp claims.

ALL CODES: Our proprietary AI technology has the ability to identify issues and opportunities that may arise from complex claims and codes in addition to the standard ones which helps discover a wider range of existing and emerging problems.



“Pharmacy claims audits can benefit greatly from innovations in artificial intelligence (AI) to create an automated and more accurate audit result, which finds trends or patterns that might be indicative of schemes, waste and errors.”

- Thomas Faloon, Chief Operating Officer, Pharmacy Data Management, Inc. (PDMI)

The Codoxo Healthcare Integrity Suite

We've built a full set of applications that help deliver upon our mission to make the healthcare system more affordable and effective for everyone. We achieve this through our AI-based platform that drives actionable insights across our Healthcare Integrity suite of solutions. These insights expose opportunities for behavior change that impact cost outcomes.



INSIGHT SCOPE

Gives everyone across the health plan an easy way to research issues with self-service reporting and querying of claim, provider, facility and member behavior.



NETWORK SCOPE

Gives you comparative data for each healthcare group, plan, hospital, pharmacy, dental practice and provider in your network so your network team can go into every contract negotiation with the data you need to bring down long-term costs.



PROVIDER SCOPE

Compares each provider's claims and coding practices to their peers, identifies outlier behavior, and proactively engages providers to improve claim integrity and bring down pre-claim costs with a provider self-monitoring and communication portal.



CLINICAL SCOPE

Accelerates pre-authorization approvals for providers with strong integrity scores and flags requests that need a closer look based on recent provider behavior or emerging FWA schemes.



PAYMENT SCOPE

Proactively flags problematic claims and gives analysts an easy way to follow up with pre-pay intelligence, easy-to-use claim workflow, automated outreach for more information.



FRAUD SCOPE

Automatically detects new and emerging fraud schemes, streamlines collection of evidence chains, and gives SIU teams integrated case workflow for the investigations you choose to pursue.

1 billion

Claims processed by AI

\$500 Million

Identified savings by Codoxo

93%

Reduction in false positives

72%

Increase in productivity



CODOXO, INC. • 32405 Commerce Ave NW, Suite 500, Duluth, GA 30096 • + 1-470-223-3592 • codoxo.com

©2022 Codoxo, Inc. All rights reserved. All other trademarks and service marks are property of their respective owners.