



ACCELERATE PRIOR AUTHORIZATIONS WITH AI-ASSISTED REVIEWS AND INTEGRITY CHECKS

Clinical Scope accelerates emergent decisions and helps clinical teams and medical directors process authorization requests faster with an AIassisted solution.

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

CLINICAL SCOPE IS POPULAR WITH PRE-AUTHORIZATION CLINICAL TEAMS AND MEDICAL DIRECTORS AT MAJOR HEALTHCARE COMPANIES AND AGENCIES IN NORTH AMERICA. IT INCLUDES:

AI ANALYZES ALL AUTHORIZATION

REQUESTS and correlates them with recent provider and claims data, to give you insights into the recent behavior of the provider, facility, pharmacy and member involved.

PRE-AUTH ANALYSIS FLAGS PROBLEMATIC REQUESTS and gives clinical teamsunique insights that inform the best next steps.

PRE-AUTH ANALYSIS FLAGS
PROBLEMATIC REQUESTS AI-based
Prior-Auth Scores can be incorporated
into your authorization approval process.
Prior Auth Score flag authorization
requests that fail to follow normal
clinical care standards. Clinical Scope
provides detailed explanations for each
Auth Request Risk score.

GOLD CARDING Green light low risk authorizations for gold carded providers.

PAUSE AUTHORIZATION REQUESTS

from Providers associated with current FWA schemes or from providers flagged by the Codoxo Community.

ACCELERATE PRE-AUTH REVIEWS

and ensure every referral is to a legitimate physician with an autoapproval rules engine that can be customized and fine-tuned by each client over time.

AUTHORIZATION HUB gives clinical teams one place to quickly review all pre-auth request details, and built-in workflow to approve, pend or send medical document requests for further analysis.

PRIOR AUTH COMPLIANCE

DASHBOARD and rich reporting on claims, providers and authorization requests makes it easy for anyone to search, filter and view similar requests for this member – without any help from IT.

INTEGRATED WORKFLOWS can send automated requests for more information to providers with a history of problematic claims and also integrate back into your core claims systems

REDUCE PROFESSIONAL ABRASION

and ensure professionals with high Provider Integrity Scores get fast authorizations for their patients.

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.

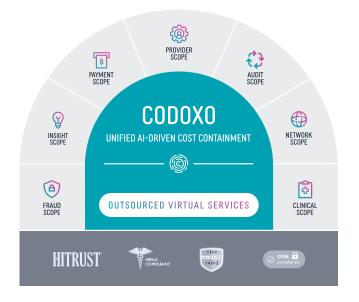
ALL LEVELS OF BEHAVIOR-BASED ANALYSIS: Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

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.



"Codoxo's Forensic AI Platform is a game changer. AI is helping us identify, prevent, and stop potentially fraudulent activities earlier than ever."

- Kurt Spear, VP of Financial Investigations & Provider Review, Highmark Inc.

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.



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.



Audit Scope provides seamless integration of detection, selection, audit creation, tracking and reporting of audits across all pre-pay and post-pay functions.



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

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%

72%

Reduction in false positives

Increase in productivity

