

AUTOMATICALLY AND ACCURATELY DETECT EXISTING AND EMERGING FRAUD SCHEMES WITH AN AI-ASSISTED SOLUTION

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

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

FRAUD SCOPE IS POPULAR WITH SIU TEAMS AND THOSE INDIVIDUALS FOCUSED ON REDUCING FWA COSTS AT MAJOR HEALTHCARE COMPANIES AND AGENCIES ACROSS NORTH AMERICA. IT INCLUDES:

FORENSIC AI PLATFORM DETECTS PROBLEMS

earlier and can quickly identify new, emerging, and existing fraud schemes with very low false positives.

CLEAR SCHEME EXPLANATIONS

make it easy for everyone using the Fraud Scope application to quickly get up to speed on the newly identified problem, or see the full history of a well-known scheme.

PRIORITIZATION OF SUSPICIOUS CLAIMS

based on the Codoxo Claims Risk Score and dollar amounts to maximize savings.

EVIDENCE CHAINS are automatically gathered by the Forensic AI Platform, clearly presented to SIU teams, and users have the ability to deep dive and validate the AI findings if they choose to do so.

ALL-IN-ONE CASE MANAGEMENT

brings together all the information related to a suspected FWA issue, including full notes and event history, related claims tracking, document repository, financial impact, user assignments and case logs. Each client may customize the Fraud Scope case template for your specific fields and process.

INTEGRATED WORKFLOW supports collaboration and information sharing across the organization.

SMARTER AD-HOC INVESTIGATIONS

with easy-to-use queries and self-service reports that are easy to customize – without any help from IT.

COMPLEMENTS EXISTING ANALYSIS TECHNIQUES

and can integrate data from your existing intelligence feeds.

PATENT-PENDING AI ANALYZES

claims and gives you unique behavioral insights into every provider, facility, pharmacy and member involved.

NEW RISK ALERTS AND ACTIVE WATCHLISTS

flag claims from providers, facilities, pharmacies or dental practices suspected of FWA activities.

PROVIDER INTEGRITY SCORE

indicates whether or not providers are associated with any new or existing fraud schemes, or have recent coding practices that fall outside the norm of their peers. Fraud Scope gives SIU teams detailed explanations for each provider integrity score.

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.

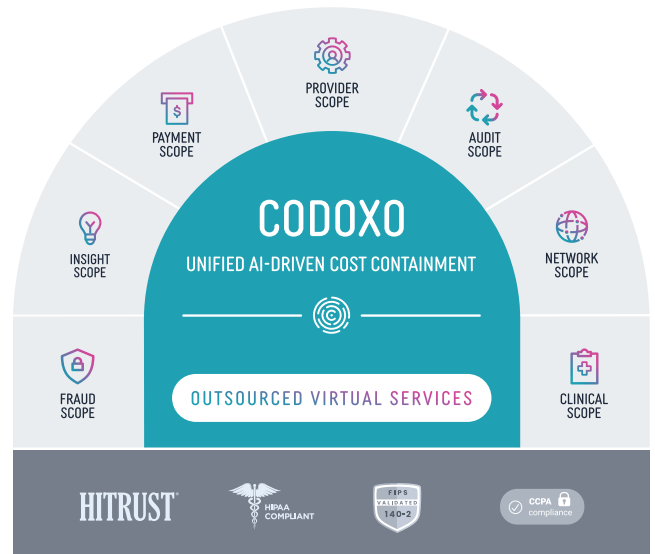
ALL LEVELS OF BEHAVIOR-BASED ANALYSIS: Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

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.



“Just to be able to identify the behavior that is outside the norm is massive for us. Codoxo’s AI detection engine helps us ensure new fraud schemes don’t sneak up on us.”

- Brian Robinson, Director of Special Investigations Units, Harvard Pilgrim Health Care

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.



AUDIT SCOPE

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.



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.

1 billion

Claims processed by AI

\$500 Million

Identified savings by Codoxo

93%

Reduction in false positives

72%

Increase in productivity



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