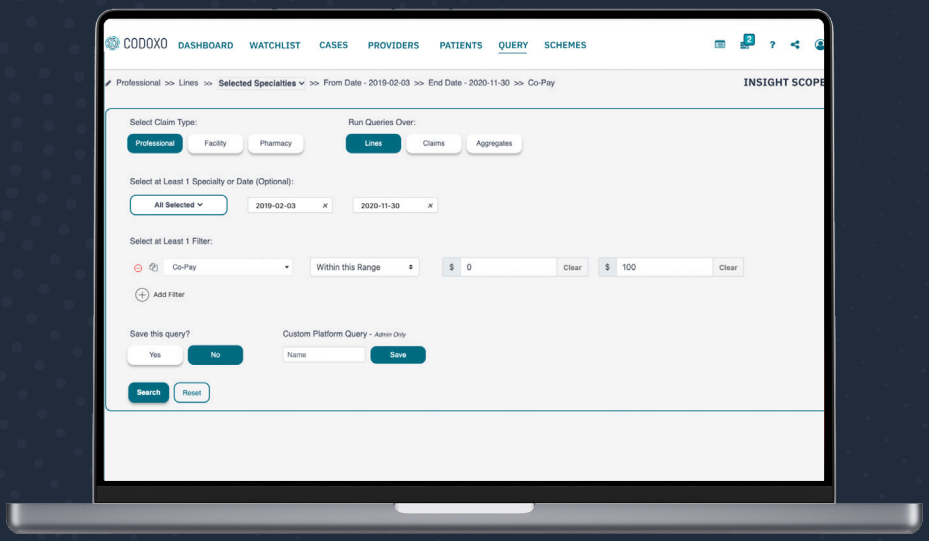
CODOXO

INSIGHT SCOPE



DEMOCRATIZE ACCESS TO CLAIM, PROVIDER, FACILITY AND MEMBER INSIGHTS AND BEHAVIOR-BASED CONTEXT WITH EASY-TO-USE REPORTS AND QUERIES

Insight Scope gives everyone across your healthcare company or agency an easy way to research issues with self-service reporting and querying of claim, provider, facility and member behavior. Easy-to-use queries and reports make it easy for anyone to take the initiative, follow the data, and act quickly to address problems.

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

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

INSIGHT SCOPE IS POPULAR WITH CLINICAL CARE, MEDICAL MANAGEMENT, CLAIMS OPERATIONS AND HEALTH STRATEGY TEAMS BECAUSE OF EVERYTHING IT LETS YOU DO:

EASY-TO-USE QUERIES to search for any claim, claim line, provider, facility, pharmacy, behavioral, dental or workers comp record. Results can also be aggregated by rendering or billing entity.

SELF-SERVICE REPORTS to access relevant data, filter, sort, visualize and analyze claims, provider, facility, and member behavior over time – without any help from IT.

UNIQUE BEHAVIOR INSIGHTS into problematic insurance claims and provider activity.

LOCATION ANALYSIS makes it easy to see where claims and providers are in relation to each other with a familiar 'map view'.

ASSOCIATION GRAPHS based on user preference and filtering criteria to map connections between providers or entities.

CODE UTILIZATION views that allow users to identify codes that have frequency and cost for various providers and entities.

AI-BASED CLAIMS risk score flags suspicious activity accurately and with low false positives. Detailed explanations of each claims risk score are available with the Fraud Scope or Payment Scope application.

PROVIDER INTEGRITY SCORE flags providers associated with suspicious claims activity or with coding practices that fall outside the norm of their peers. Detailed explanations for the provider integrity score are available with the Fraud Scope application.

SCHEME DASHBOARD gives everyone a high-level look at the various schemes that exist in your insurance plan. Detailed scheme explanations are available with the Fraud Scope application.

WATCH LISTS for problematic providers and facilities that may be involved in FWA activity as determined by the Codoxo Forensic AI platform and your existing teams.

WHITELIST providers and facilities that you do not want to analyze.

COLLABORATIVE WORKFLOWS make it easy to share data and reports with others across your organization, accelerating research and resolution for everything from network and clinical questions to payment integrity and fraud issues.

ENRICH INSIGHTS with additional data you have about each provider, network and plan.

AUGMENT ANALYSIS WITH THIRD PARTY DATA such as OIG or state exclusion lists.

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.

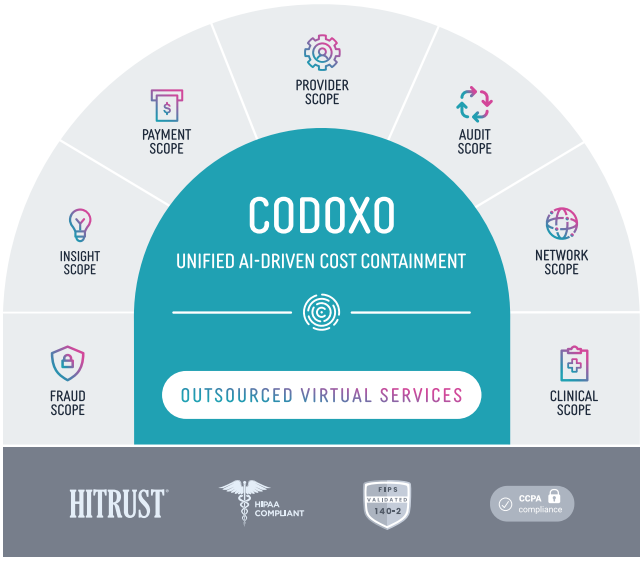
ALL LEVELS OF BEHAVIOR-BASED ANALYSIS: Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

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.



"We were able to get up and running with the Codoxo AI-based solution in 3-5 months, compared to a year with previous partners."

- J.R. Trevino, Manager, Special Investigations Unit DRISCOLL HEALTH PLAN

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.

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.

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.

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.

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.

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.

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

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CODOXO, INC. • 2405 Commerce Ave NW, Suite 500, Duluth, GA 30096 • + 1-470-223-3592 • codoxo.com