CODOXO

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

Payment Scope proactively flags problematic claims and helps analysts save costs pre-payment with unique claim insights, easy-to-use claim workflow, and automated provider outreach.

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

PAYMENT SCOPE IS POPULAR WITH PRE-PAY PAYMENT INTEGRITY TEAMS AT MAJOR HEALTHCARE COMPANIES AND AGENCIES IN NORTH AMERICA. IT INCLUDES:

AI ANALYZES CLAIMS pre-payment and assigns risk scores to claims along with detailed explanations that help identify problematic claims.

GIVES ANALYSTS INTEGRATED WORKFLOWS to approve, deny or pend each claim with a reason code.

SIGNIFICANTLY LOWER PROVIDER ABRASION with integrated approach to AI problem identification.

CUSTOMIZE RESULTS using watchlists, whitelists, and claim amount thresholds.

PROVIDER INTEGRITY SCORE flags providers associated with any new or existing fraud schemes, 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.

CLAIMS DASHBOARD gives all users an at-a-glance overview of the current claims review workflow as well as a breakdown of claims by risk scores and potential savings.

ANALYST DASHBOARD AND WORKFLOW SCREENS give each user an easy way to review each claim, understand the reason why a claim was flagged, request more information from a provider, update claim notes, and move the claim through your review workflow.

AUTOMATE CLAIMS REVIEWS with realtime integration to your claims system and automatically pend or deny payments for high-risk claims with suspicious activity.

ENSURE CONTRACT PAYMENT ACCURACY with integrated pre-pay and contract analysis.

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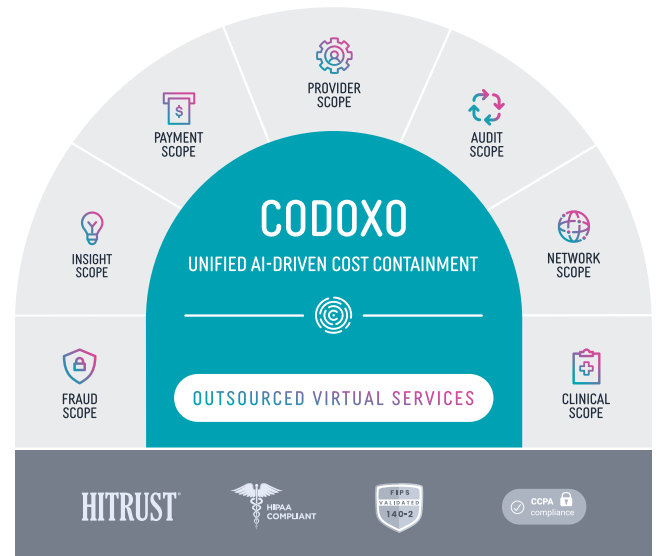
ALL LEVELS OF BEHAVIOR-BASED ANALYSIS: Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

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
UNIFIED AI-DRIVEN COST CONTAINMENT

OUTSOURCED VIRTUAL SERVICES

PAYMENT SCOPE · PROVIDER SCOPE · AUDIT SCOPE · INSIGHT SCOPE · NETWORK SCOPE · FRAUD SCOPE · CLINICAL SCOPE

HITRUST · HIPAA COMPLIANT · FIPS VALIDATED 140-2 · CCPA compliance

> *"With Codoxo, we have a true partnership and collaboration for the common good."*
>
> **- 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.

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.

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	**$500 Million**	**93%**	**72%**
Claims processed by AI	Identified savings by Codoxo	Reduction in false positives	Increase in productivity