

## BRING DOWN COSTS PRE-CLAIM WITH UNIQUE PROVIDER AND FACILITY INSIGHTS

Provider Scope compares each providers' 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. Provider Scope allows payers and healthcare companies to efficiently reduce coding errors and influence healthcare costs prior to submission of claims while decreasing provider abrasion.

**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

## PROVIDER SCOPE IS POPULAR WITH CHIEF MEDICAL OFFICERS, PROVIDER EDUCATION AND NETWORK TEAMS AT HEALTHCARE COMPANIES AND AGENCIES AND INCLUDES:

### PATENT-PENDING AI CREATES DYNAMIC

peer groups defined by specialty based on credentialing information or NPPES registry with verification.

### POST-PAY ANALYSIS

identifies providers whose billing behavior is far above their peer group and flags the specific outlier coding practices.

### COMPLEMENT EXISTING STAFF

with expanded claims monitoring to achieve significantly larger ROIs.

### SIDE-BY-SIDE CHARTS

make it easy to see the problematic providers and specific coding behaviors driving up costs compared to their peers and helps payers compare and monitor claim patterns that are a concern.

### CERTIFIED CODER STAFF

available to provide coding best practices and discuss why the provider has billed the way they have to understand the valid reasons for their billing patterns.

### AUTOMATED PROVIDER OUTREACH VIA

**EMAIL OR LETTER** informs providers about their billing patterns, explains why the provider was identified as an outlier, and gives them personal link to your portal with a one-time access code for security. Single sign-on (SSO) available.

### VISUALLY RICH CHARTS

help providers compare and monitor certain code patterns that are of concern to your health plan and understand why their billing pattern were identified as an outlier.

### REPORTING AND COLLABORATION:

plans will have ability to track provider engagement with the online portal and share information about specific providers with other teams.

### ONGOING MONITORING, ALERTS AND

**FOLLOW UPS:** If a provider's billing practice remains a concern for a quarter after the initial contact, a second communication will be sent along with updated trend information within the platform. Health plan teams are notified of providers whose billing practices remain a concern for two consecutive quarters if they don't have a justifiable reason for their outlier billing pattern.

### PROVIDER SELF-MONITORING & COMMUNICATION PORTAL

can be co-branded and shows each provider or facility how their coding practices compare to their peers. Self-monitoring brings transparency and improves provider education engagement.

# 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.

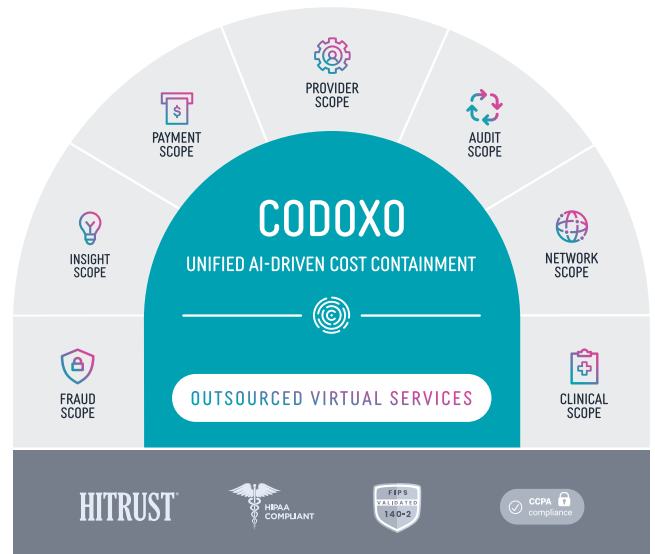
**ALL LEVELS OF BEHAVIOR-BASED ANALYSIS:** Analyzes professional, facility, pharmacy, behavioral, dental, and workers comp claims and identifies behavior patterns at every level – from individual claims and providers up through groups, networks and plans.

**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.



*“When all your data lives in one place instead of 3-4 places, your data is going to be uniform, and it’s a lot easier.”*

- 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.



### 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



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