

Welcome Ace Intern, and congratulations on your accomplishments to get here. The Red Cell team wants to extend a warm welcome to you as a new member of our team at Cotiviti. It is our tradition to welcome and orient the incoming team as we prepare to exit so we can pass on our culture, lessons learned, and legacy. You have joined a dynamic and innovative company that is at the forefront of healthcare analytics, helping to drive better outcomes for patients, providers, and payers by answering questions.

In this welcome letter, you will find documentation on Expectations, our methods of communication, Consumer Engagement, and a high-level overview of some of the solutions we offer here at Cotiviti. We encourage you to reflect on this letter as the purpose of this letter is to optimize your success. The Red Cell team is unlike any other at Cotiviti. Our environment is usually fast-paced and embraces the concept of “controlled chaos.” Staying organized, stepping out of your comfort zone, and trusting the process will aid you in your transition.

Expectations:

Open Communication: If you are feeling overwhelmed, have questions, need more guidance, are not able to finish the task given, etc. Reach out to the team, we are all here to help one another and we can only help you if you communicate this with us.

Being Honest: Be honest with your workload on your daily Marco Polos, we do not want anyone being overwhelmed with work, if you have too much on your plate the team will adjust what you are working on to correct that and distribute the workload across the team. The same transparency applies if you want or are ready for more workload, the team is going to distribute that to you. Everyone can handle different amounts of workload, and you will not be judged based on the amount you can handle.

Respect others: We work with an open-door and one-voice policy on the team. There will be no talking bad or disrespecting other team members. If you have a problem, it needs to be dealt with appropriately and respectfully. We do not allow for disrespectful behavior or talking behind a team member’s back. If you do have a problem or situation that needs attention that you do not feel comfortable with handling yourself, communicate with the chief of staff, or Josh for guidance.

Methods of Communication:

Marco Polo: We will be utilizing Marco Polo and email for communication between practicum students and interns. Communication in Marco Polo will be like dropping into someone’s office quickly if we were in person. No proprietary information should be shared on this site, but checking in, quick communication, and providing daily updates are highly encouraged through this app. There are group chats that you will be added to, and if you ever

need them, you can message individuals privately. When chats are sent, especially in a group chat, ensure to add reactions and respond if necessary. Interacting with the messages allows for confirmation of information received. If Josh asks for confirmation explicitly in a polo, this means a polo with verbal acknowledgment is expected.

Zoom working Sessions: Because practicum students have limited access to Cotiviti software/data, we will be utilizing calls to interact with practicum students and to share screens for working sessions to share these resources. Meeting links for these working sessions should be sent out from practicum students because the University of Utah provides a Zoom license for all students. If you would like, interns can set up meetings, but it will only be through Microsoft Teams. In the past, zoom meetings hosted by practicum students have been ideal.

After Action Review (AAR): There will be a weekly (Monday afternoon 12-1 pm MT) meeting where all the practicum students, interns, and Josh will meet to review updates/insights/blockers on project tracks. The first 30 minutes of the meeting will be dedicated to the work practicum students are doing and the last 30 minutes will consist of breakouts for the practicum students if necessary, and a team review for the academic corporate engagement (ACE) team.

Asana: We will be using Asana to host and organize our projects and team Kanban. Before the weekly meeting on Friday, ensure that your inbox in Asana is empty and that the owner of your project track (whether it is you or someone else) has completed a detailed status update on the track's overview page. If you ever run into any blockers in your project, submit this to the Asana RAID page and assign it to Josh. This will lead to faster assistance.

SharePoint: SharePoint contains PowerPoints, pdfs, excels, etc. for Cotiviti. We will be able to share some of Cotiviti's documents via the site SharePoint if it is pertinent to your project. If approved, Josh will provide access to documents in this site.

Consumer Engagement:

Being a part of the ACE program, you will have the opportunity to actively participate in our consumer engagement initiatives, contributing to the meaningful connections we build with our customers. You may be involved in gathering customer feedback, assisting in product development, or analyzing data to uncover valuable insight and more. By engaging directly with our consumers, you will gain a deeper understanding of their needs, preferences, and challenges, and play a role in enhancing their experience with our brand. We encourage you to participate in these engagements, one of our goals is to also help you learn and grow your skills. Together, we can form stronger relationships, drive innovation, and make a positive impact on the company and consumers.

Overview of Cotiviti Solutions:

Mission: Portfolio Prospecting is tasked with maintaining transparency in the strategic environment and positioning Cotiviti with validated long-term pathways to competitive advantage.

Vision: Portfolio Prospecting reduces investment risk and improves speed to value through early exploratory validation, development, and delivery of solutions.

To give you a high-level overview of our company and the solutions we offer, I would like to highlight some of our key areas of focus:

Payment Accuracy: Our Payment Accuracy solutions help healthcare payers identify and recover overpayments, reduce claim errors and denials, and ensure that payments are accurate and appropriate.

Example: Let's say that a healthcare provider bills an insurance company \$2,000 for a certain medical procedure. The insurance company has a contract with the provider that specifies that the allowable charge for this procedure is \$1,500. After reviewing the claim, the insurance company determines that the \$2,000 billed amount is incorrect and that the appropriate amount to pay the provider is \$1,500. In this case, the insurance company has ensured payment accuracy by identifying that the billed amount was higher than the allowable amount and adjusting the payment accordingly. This helps to prevent overpayments and ensure that healthcare costs are kept in check. Another example of payment accuracy is when a healthcare provider bills for a service that was not actually performed or for which they do not have proper documentation. In this case, the insurance company would identify the issue through a claims audit or review and request that the provider repay the overpayment. This helps to prevent fraud and abuse in the healthcare system and ensure that payments are only made for services that were provided and are medically necessary.

Risk Adjustment: Our Risk Adjustment solutions help payers ensure that their risk-adjusted payments accurately reflect the health status of their members, enabling them to deliver better care and improve outcomes.

For Example: Risk adjustment is a method used by healthcare payers, such as insurance companies or government programs, to adjust the payment for healthcare services based on the health status and medical needs of the patients they serve. The goal of risk adjustment is to ensure that payment rates reflect the true health status of the patient population being served so that healthcare providers are not penalized for serving sicker patients. Let's say two patients have diabetes, but one patient has additional medical conditions and is considered to be at higher risk for complications. A risk adjustment model would consider the additional medical conditions and adjust the payment rate for that patient's care accordingly. Risk adjustment is particularly important in programs like Medicare, which serves a large population of older adults and individuals with complex medical needs. By adjusting payment rates based on risk, Medicare can ensure that healthcare providers are fairly compensated for the care they provide, while also encouraging them to focus on providing high-quality care that meets the unique needs of their patients.

Quality and Performance: Our Quality and Performance solutions help payers and providers measure and improve their performance on quality measures, enabling them to drive better outcomes and reduce costs.

For Example: Quality and performance in healthcare refer to how well healthcare services are being provided and whether they meet established standards. Payers, such as insurance companies, may use quality and performance measures to determine the appropriate payment for healthcare services. Providers who meet or exceed these measures may be eligible for higher payment rates or bonuses, while those who don't may have their payment rates reduced or withheld until they improve. This encourages providers to focus on providing high-quality care that meets established standards and improves patient outcomes.

Provider Data Management: Our Provider Data Management solutions help payers and providers manage their provider networks more effectively, ensuring that they have accurate, up-to-date information on provider credentials, affiliations, and performance.

Examples: The process of collecting, verifying, and maintaining accurate and up-to-date information about healthcare providers, such as physicians, hospitals, and other healthcare facilities. This information is typically used by healthcare payers, such as insurance companies or government programs, to manage provider networks, make provider selection decisions, and determine payment rates for services. Provider data management involves collecting a wide range of information about providers, including their names, addresses, contact information, specialty areas, licensure and certification status, education and training, and any additional qualifications or credentials they may have. This information is then verified and regularly updated to ensure its accuracy. Effective provider data management is critical to ensuring that patients have access to high-quality healthcare providers and that healthcare payers are able to make informed decisions about provider networks and payment rates. Without accurate and up-to-date provider data, patients may have difficulty finding the right healthcare providers, and healthcare payers may struggle to manage their networks and control costs.

Network Analytics: Our Network Analytics solutions help payers and providers analyze and optimize their provider networks, enabling them to identify opportunities for improvement and drive better outcomes for their patients.

Examples: The process of analyzing data related to healthcare provider networks, including the relationships between different providers, the utilization patterns of patients, and the quality of care being delivered. Network analytics typically involves the use of advanced data analytics techniques, such as machine learning, to extract insights from large and complex datasets. One example of network analytics in healthcare is the analysis of referral patterns between primary care physicians and specialists. By examining patterns of referrals over time, healthcare organizations can identify opportunities to improve care coordination and reduce unnecessary costs. Network analytics can also be used to identify gaps in care, such as geographic areas with limited access to certain types of providers, and to develop targeted interventions to address these gaps. Another example of network analytics is the analysis of claims data to identify trends in utilization patterns and to assess the effectiveness of different interventions. For example, healthcare organizations may use network analytics to identify patients who are at high risk for readmission to the hospital and to develop targeted interventions to reduce the risk of readmission. Overall, network analytics is an important tool for healthcare organizations looking to

optimize their provider networks, improve the quality of care delivered, and control costs. By leveraging advanced data analytics techniques, healthcare organizations can gain valuable insights into the relationships between different providers and the factors driving healthcare utilization and costs

These are just a few examples of the solutions we offer at Cotiviti. As you become more familiar with our company and our work, you will discover that we are a company that is committed to making a real difference in the healthcare industry.

Again, we want to extend a warm welcome and we look forward to your contributions to our team. If you have any questions, please do not hesitate to reach out. There might be times when you feel alone and unsure about what work/tasks need to be completed, please come to one of us and we can try to help the best that we can to guide you in the right direction that benefits you in learning something new as well as the team in progress.

Signed: *Cohort 01*.