



Previsant Payment Integrity

Case Study

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Previsant Payment Integrity | Product Overview

Need & Opportunity



- Payment integrity estimated at 7.46%, or ~ **\$31B in excess charges claims cost annually**
- Medicare's "approved" does not equal "Medicare paid"
- Current methods for discovery can be **labor intensive, reactive, not scalable**
- Opportunity to drive **huge savings** into the Medicare Supplement delivery system through re-imaged processes and AI technology

Previsant Payment Integrity Product



- **AI Innovation:** Decades of hands-on FWA discovery encapsulated in unique and adaptable AI models and accelerators
- **Process Innovation:** Process frameworks drive actionability from discovery through recovery
- **People Innovation:** Our focus in training the organization on model and process use ensures sustainable value
- **Technology Innovation:** Leverages industry standard platforms, ML / AI capabilities to drive underlying insights

Benefit & Differentiators



- Holistic people, process & technology approach
- Proven savings and benefit at \$100MM
- Practitioner-driven solution and product

Executive Summary

Context & Purpose

The purpose of this case study is to illustrate Previsant's payment integrity product in practice, including economic value creation from the payment Integrity product

Scope

Case study includes several pre & post payment opportunities:

- Identification of both pre and post payment claims
- Limited set of recent historical data
- Recognition that valuation “at scale” will be significantly higher

Economic Impact

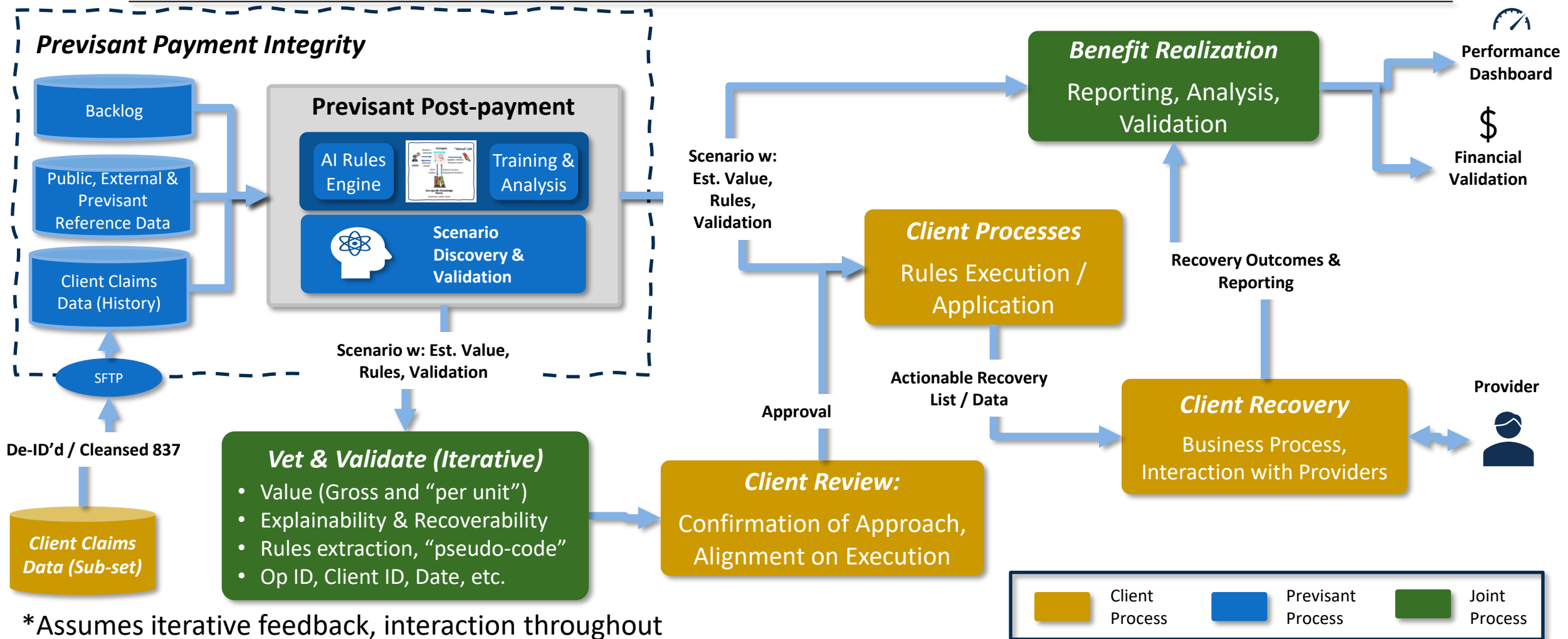
Overall valuation centers on three distinct categories:

- Compliance Opporutnies: Initial value of \$3.25MM
- Incorrect Billing & Coding: Initial value of ~ \$8MM
- Identifiable Fraud: Initial value of ~8.5MM

Conclusion

The case study demonstrates significant value, accretive to the client's exiting book of business, all of which results in a net increase revenue to the client

Approach | Previsant Payment Integrity Process



*Assumes iterative feedback, interaction throughout

INGEST

IDENTIFY

INVESTIGATE / VALIDATE

DECIDE

MEASURE & REPORT

Findings | Previsant Payment Integrity

Continued focus has identified new & additional opportunities

- **Compliance Opportunities \$3.25MM+**
 - Drug waste
 - Settlements
 - Remote patient monitoring
 - Timely submission of claims
- **Incorrect Coding / Billing \$8MM+** (representative of \$ paid on claims which appear to be inappropriate based off data contained in the record)
 - The data violates specific coverage criteria (specifically excluded from coverage)
 - The data does not align to specific coverage criteria (not specifically excluded but not specifically included)
 - Incorrect coding (upcoding) prediction model
- **Additional Fraud Identified \$8.5MM**
 - Significant fraud, including durable medical equipment
 - Verified emerging fraud scam: ostomy supplies

Conclusion

Need

The case study demonstrates what the market already knows, specifically that Fraud, Waste and Abuse represent a significant opportunity to drive out cost and improve healthcare affordability

Previsant Solution

Previsant's Payment Integrity product solution demonstrates a capability that clearly identifies net new, actionable payment integrity conditions

Benefit

Direct benefit from this initial case study at one client: ~ \$20M
Benefit at scale at one client: ~\$100M & ~5-6% claim cost reduction



Appendix

Approach | Policy Language

PART 3: EXCLUSIONS AND LIMITATIONS

The benefits of this policy will not duplicate any benefits paid by Medicare. The combined benefits of this policy and the benefits paid by Medicare may not exceed one hundred percent (100%) of the Medicare Eligible Expenses incurred. This policy will not pay benefits for the following:

- (1) the Medicare Part B Deductible;
- (2) any expense which You are not legally obligated to pay or services for which no charge is normally made in the absence of insurance;
- (3) any services that are not medically necessary as determined by Medicare;
- (4) any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid); or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
- (5) any type of expense not a Medicare Eligible Expense except as provided previously in this policy;
- (6) any deductible, Coinsurance or Co-payment not covered by Medicare, unless such coverage is listed as a benefit in this policy; or
- (7) Preexisting Conditions: We will not pay for any expenses incurred for care or treatment of a Preexisting Condition for the first six (6) months from the effective date of coverage. This exclusion does not apply if You applied for and were issued this policy under guaranteed issue status; if on the date of application for this policy You had at least six (6) months of prior Creditable Coverage; or, if this policy is replacing another Medicare Supplement policy and a six (6) month waiting period has already been satisfied. Evidence of prior coverage or replacement must have been disclosed on the application for this policy.

Consider non-Medicare regulations, general healthcare laws and regulations

For an expense to be a Medicare Eligible Expense, it is reasonable to assume it must meet coverage criteria