CODOXO

AFTER SAVING $20 MILLION WITH AI-DRIVEN PROVIDER EDUCATION, BLUES HEALTH PLAN GENERATES ONGOING SAVINGS

Demonstrating Preclaim Intervention Yields Long-Term Bottom Line Value

SOLUTION

PROVIDER SCOPE & PORTAL

AI-powered provider education portal and early intervention drive engagement and ongoing cost savings while reducing preclaim errors.

BACKGROUND

A leading Midwestern Blues healthcare payer aimed to enhance payment integrity and reduce coding errors—all while minimizing provider abrasion. Already leveraging Fraud Scope, Codoxo's AI-driven fraud, waste, and abuse (FWA) platform since 2018, the payer saw an opportunity to address rising costs associated with coding inaccuracies at the provider level.

By expanding its partnership with Codoxo, a trusted vendor, the payer sought to engage providers preclaim, using AI to identify billing concerns early—preventing errors before claims were submitted and enhancing compliance.

SOLUTION

The health plan implemented Codoxo's Provider Scope and Portal, an AI-driven provider education solution that:

Identifies provider billing & coding concerns across all codes

Delivers a provider portal for self-monitoring, peer comparison & communication

Automates proactive provider education programs

By leveraging AI-powered insights, both payers and providers could proactively monitor billing performance and take corrective action—reducing coding errors while preserving strong provider relationships.

SEAMLESS INTEGRATION FOR GREATER LONG-TERM PROVIDER ENGAGEMENT

Provider Scope's integration with the Availity portal provided an added layer of convenience, enabling providers to:

Manage Claims

Check claim statuses

Access educational materials within their existing workflow

This integration reduced friction, fostered engagement, and equipped providers with the tools to improve coding accuracy and compliance – ultimately changing behavior and driving ongoing education and savings.

OUTCOMES

$20M+ SAVINGS ACHIEVED YEAR-OVER-YEAR WITH EARLY PROVIDER EDUCATION

Within the first year, Provider Scope outperformed expectations, delivering:

$20M+ IN SAVINGS
25% more than the initial forecast

HIGH PROVIDER ENGAGEMENT
Providers actively corrected coding practices after receiving AI-driven insights

SIGNIFICANT REDUCTION IN CODING ERRORS
achieving cost avoidance

STRONGER PROVIDER RELATIONSHIPS
thanks to an educational, non-punitive approach

Since initial implementation, Provider Scope has continued to generate quarterly savings on pace to match the performance of the payer's year one results.

PROVIDER SUCCESS STORY

A SIMPLE FIX, BIG SAVINGS

One rendering provider unknowingly had a billing entity applying Modifier 59 to all claims, increasing payments. After receiving an educational outreach letter via Provider Scope, she contacted her billing entity and corrected the issue immediately—appreciating the supportive, non-punitive approach rather than facing penalties.

BENEFITS

LOWERED PRE-CLAIM SUBMISSION COSTS & IMPROVED RECURRING SAVINGS THROUGH EARLY DETECTION

Ongoing and automated provider education paired with AI-driven detection and pre-claim monitoring allows providers to address non-compliant behavior before claims are created – ensuring more accurate claim submissions across the payment lifecycle. By identifying potential issues before they escalate, Provider Scope empowers healthcare payers to avoid costly errors and improve savings from the very start of the claims process.

SELF-SERVICE PROVIDER REPORTING

Real-time provider benchmarking enables providers to compare coding practices with peers and to self-correct billing practices.

AUTOMATED EDUCATION & ONGOING MONITORING

Automated letter campaigns ensure continuous engagement with providers. If a provider's behavior remains unchanged, additional communications are triggered, along with updated trend reports for the health plan. This proactive, ongoing monitoring ensures long-term improvements and sustained cost savings.

PRE-CLAIM INTERVENTION RESULTS IN LESS FRICTION

By educating providers on potential errors before claim submission, Provider Scope reduces the need for post-payment recovery efforts. This minimizes provider abrasion and improves compliance with billing standards.

SUMMARY

This case study highlights the power of AI in influencing provider behavior, reducing costs, and improving billing accuracy before claims are submitted. By identifying coding outliers and educating providers early, the health plan exceeded its savings goals while strengthening provider relationships.

These results highlight the ongoing value of provider education programs powered by Provider Scope. Beyond initial savings, healthcare payers drive long-term gains, year-over-year.

To minimize denial rates and streamline claims processing, AI-powered Provider Scope offers a proactive, cost-effective path to better payment integrity.