



CONTEXT<sup>4</sup>  
HEALTHCARE

SOFTWARE | DATA | INTEGRITY | COMPLIANCE

# Context<sup>4</sup> Health Plans Suite™

Integrated Technology Platform



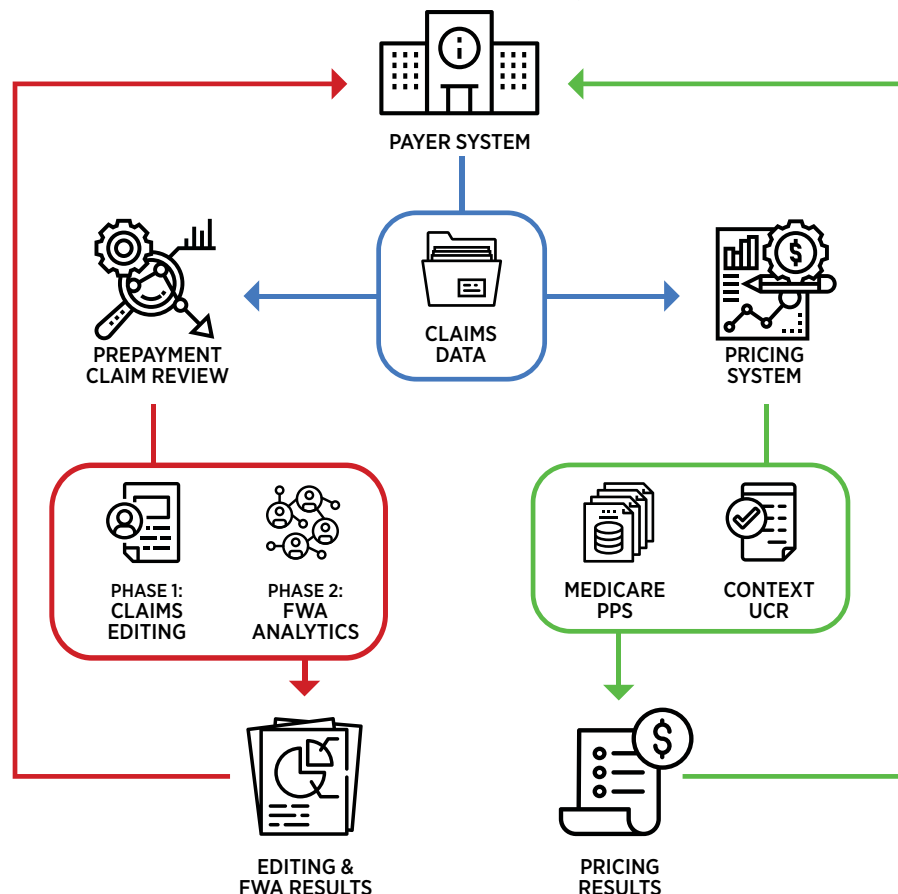
# |PUTTING HEALTH CARE IN CONTEXT

The healthcare industry is full of challenges, from complex regulations to skyrocketing costs. But protecting the integrity of your health plan and determining accurate pricing should be simple. Too many healthcare software solutions create more problems than they solve, with convoluted installation, confusing interfaces, and poor integration — burdening healthcare companies with high costs and lost efficiency. But here at Context 4 Healthcare, we've built the next generation of healthcare compliance and cost control solutions.

The **Context<sup>4</sup> Health Plans Suite™** is a modular solution built on a single integrated technology platform. With over 30 years in the industry and a team of the best software developers and healthcare experts, we've created a cloud-based software solution that is flexible, secure, and easy to implement. Payers can choose to utilize Payment Integrity and Reference-based Pricing together for their plans, or separate them out when the needs of the plan require it. It's all done through a single interface. Using the **Context<sup>4</sup> Health Plans Suite™** lets your plans operate under an umbrella of complete compliance.

## CONTEXT<sup>4</sup> HEALTH PLANS SUITE DATA FLOW

REAL TIME OR BATCH



## CONTEXT<sup>4</sup> MEDICAL PAYMENT INTEGRITY™

The strength of your health plan's service to your members relies on your focus in determining accurate plan liability. Payment Integrity is the process of making sure a health claim is paid per contract terms and without waste, abusive practices or fraudulent intent.

This isn't just calculating the claim correctly. It's about making sure that the claim accurately represents the services rendered. Fraud, waste and abuse is rampant in the U.S. healthcare industry, costing an estimated \$360 billion annually.

Fraud, waste and abuse cost the healthcare industry up to **\$360bn** each year

Context helps you control that risk. **Context<sup>4</sup> Medical Payment Integrity™** combines pre-payment safeguards using a deep library of pre-built rules that will catch provider issues along with an extensive array of pre-built reports and data extracts that will identify aberrant billing practices costing your health plan significant money. Protecting your health plan assets protects the healthcare benefits of your insureds.

### CONTEXT<sup>4</sup> MEDICAL PAYMENT INTEGRITY PRE-BUILT ANALYTICS REPORTS



Non-emergency  
transport



Impossible  
Hours



Provider  
Watch  
List



Provider  
Specialty  
Drill-down

## PRE-PAYMENT SAFEGUARDS

Medical Payment Integrity pre-payment safeguards involve thousands of rules built and maintained by Context coding experts. Led by our Medical Director, our experts are healthcare benefits data scientists that are constantly searching the industry for emerging FWA schemes and trends.

## ANALYTICS AND EXTRACTS

Identifying aberrant billing patterns across your entire book of business is vital for safeguarding that plan. That's why Medical Payment Integrity also includes dozens of pre-built reports and data extracts. Your auditors and investigators will use these to help identify potential cases to pursue. The reports will get them started, and the data extracts will enable them to do what they do best: dig deep.

Here are the types of reports and extracts that are included:

- Trips to nowhere  
non-emergency transport
- Impossible hours
- Provider watch list
- Provider specialty drill-down
- Most frequent procedures

Each report has a data extract component, including provider specialty selections, along with outlier benchmarking capabilities available. Our benchmarking solution leverages these datasets, and with the expertise of our data scientists and statisticians to

derive and refine benchmarks for what constitutes “normal” frequency and charge patterns by provider specialty.

## CONTEXT<sup>4</sup> DENTAL PAYMENT INTEGRITY™

Dental FWA is on the rise. There are actually training programs for dentists on how to maximize their reimbursement through multiple billings, such as billing the Medical and Dental plan for the same service. Your dental plan isn't safe.

**Context<sup>4</sup> Dental Payment Integrity™** is an integrated, modular solution within the **Context<sup>4</sup> Health Plans Suite™**. Built with the help of our dental benefits experts, it contains a full array of rules, analytics, and data extracts designed to safeguard your dental plans.

### CONTEXT<sup>4</sup> DENTAL PAYMENT INTEGRITY PRE-BUILT ANALYTICS REPORTS



Preventative  
Procedures



Primary  
Extractions



Scaling &  
Root Planing



Radiographs



Restorative  
Services



Provider FWA  
Watch List

We analyze billions of new claim charges each year to identify **emerging FWA** patterns

## CONSTANT VIGILANCE AND INTELLIGENCE

We watch what's happening in the industry like a hawk. We know that new FWA patterns emerge almost daily. That's why we have a dedicated FWA research team constantly looking for new patterns.

**Proactive** detection isolates FWA threats affecting your plan **right now**

We analyze billions of new claim charges over the course of a year to create our industry-leading UCR fee schedules. In doing so, we frequently identify emerging aberrant provider billing patterns. Our experts analyze this data to determine the FWA potential of these patterns.

The result is our Payment Integrity solution being updated weekly, so your health plan is protected by our most up-to-date FWA detection logic.

Dental FWA costs as much as **\$12.5bn** annually

If you offer a combined medical and dental benefits plan, your plan is at significant risk, as incidents of dental FWA are on the rise. Only the **Context<sup>4</sup> Health Plans Suite™** can look across both your Medical and Dental plan simultaneously, watching both sides in order to keep your plan assets safe.

## THE BIGGEST THREAT TO YOUR HEALTHCARE PLAN

Detecting aberrant patterns in healthcare claims is key to defending against the threat of fraud, waste, and abuse, which siphons hundreds of billions of dollars each year from the healthcare system. We have analyzed billions of provider transactions to build our industry-leading fraud analysis tools.

Our FWA detection methods identify aberrant claims before they are paid. We detect proven FWA patterns based on analysis of claims and historical data, delivering results that are immediate,

You'll be made aware of potentially fraudulent claims **before you pay**

detailed, actionable, and defensible. With advanced claims history analysis, we can detect FWA trends that are affecting your plan's integrity right now. Even when individual claims appear to be "clean," cumulative claims analysis of a given provider, group, or beneficiary can reveal fraudulent billing patterns that have gone undetected.

You'll be made aware of potentially fraudulent claims before you pay, making your operations more efficient, reducing the resource burden of detection and investigation, and helping maintain good working relationships with providers. Rapid isolation of FWA is not just important for your bottom line, but for the health and welfare of plan members.

Our FWA analysis is  
**immediate, detailed,  
actionable, and defensible.**

## FWA ANALYTICS BUILT BY INDUSTRY EXPERTS

The Payment Integrity module of the **Context<sup>4</sup> Health Plans Suite™** detects FWA in two stages. In the first phase, we look at data on the provider and member level. Our system compares the current claim with the patient's demographic, geographic, and historical data, flagging any inconsistent or aberrant claims.

The Phase 1 FWA Detection process is built on thousands of FWA edit rules and millions of patterns, designed by our team of highly skilled coding experts and data scientists. All of this occurs in real time, with results delivered immediately. No queuing or processing time — just accurate, instantaneous FWA detection.



In the second phase of FWA detection, our system performs an analysis of all providers across your entire book of business, providing the detailed analytics necessary for FWA investigation. We find any unusual utilization trends or aberrant billing patterns for a given provider or provider specialty.

## ANALYSIS TO EMPOWER YOUR ORGANIZATION

Our pre-built analytics reports identify a variety of potential FWA issues, including providers with aberrant billing patterns, frequently billed procedures, excessive E/M visits, and atypical charges. Each report provides a summary of the findings, along with the capability to extract supporting data for further analysis.

Our Payment Integrity solution is comprehensive and flexible, covering commercial, Medicare, and Medicaid

business lines. Both professional and facility claims can be analyzed, with Medical and Dental FWA detection available separately or bundled. Our pre-built rules and content policies, managed by our healthcare experts, are updated automatically each week – so you can focus on your core business.

## RBP SIMPLIFIED WITH CONTEXT<sup>4</sup> PRICING<sup>TM</sup>

Reference-based pricing (RBP) for reimbursement can be challenging. Most RBP policies are built around Medicare, UCR (usual, customary and reasonable) fees or proprietary calculations. Methods often differ across business lines in the same organization.

This complexity has created an inconsistent and confusing environment. Adding to the complexity are cumbersome data loads, intricate Medicare Prospective Payment System (PPS) logic and frequent system maintenance. In the end, health plans face uncertainty about the timeliness and accuracy of their fee information.

**Context<sup>4</sup> Reference-Based Pricing<sup>TM</sup>** brings simplicity to your healthcare pricing needs. We've been providing reference-based pricing solutions since 1994, and we are leading the way in

### CONTEXT<sup>4</sup> PRICING OUR REFERENCE-BASED PRICING RECIPE



All Medicare PPS,  
fully automated



Context's leading  
UCR fee data



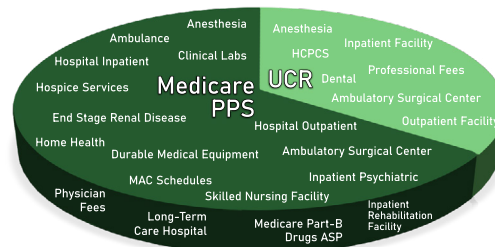
MAC Schedules



Cloud-based for easy  
implementation



Ease of access:  
real time or batch



### CONTEXT<sup>4</sup> PRICING **COVERAGE**



the new age of healthcare pricing.

Essential to the **Context<sup>4</sup> Reference-Based Pricing<sup>TM</sup>** solution is our in-depth, accurate data and cutting-edge cloud technology. These ingredients combine to deliver a proven, defensible healthcare pricing solution with Medicare, MAC pricing and unmatched accuracy.

## ULTIMATE MEDICARE GAP-FILL

A major difficulty for health plans using Medicare based pricing is the approximately 800 procedure codes that Medicare does not price within their systems, known as "the gap". **Context<sup>4</sup> Reference-Based Pricing<sup>TM</sup>** has solved that.

First, **Context<sup>4</sup> Reference-Based Pricing<sup>TM</sup>** has integrated 100% of Medicare Administrative Contractor (MAC) fee schedules. The MAC schedules are the first place to look when Medicare doesn't provide a price.

Second, just because the MACs are supposed to price some services doesn't mean that they do. That's why **Context<sup>4</sup> Reference-Based Pricing<sup>TM</sup>** also contains the optionally available Context Usual, Customary, & Reasonable (UCR) data. Context's UCR is the leading source for pricing services by hundreds of payers in the country. It's been a recognized proven and defensible pricing methodology for almost 30 years.

## EFFORTLESS IMPLEMENTATION

The **Context<sup>4</sup> Health Plans Suite<sup>TM</sup>** uses a RESTful web service to communicate in real-time with your system, examining each claim as you process it. Any system that can call the service and exchange information using XML is easy to plug in.

Should your processing work-flow demand a batch process instead of real time, the Context solution can meet your needs as well. Our batch process is designed to examine the claims in the batch immediately when we receive them. We'll pass a batch of results back to you within minutes, so your system can consume our findings and take action immediately.

## ADVANCED SECURITY WITH AMAZON GOV CLOUD

For the highest level of security available on the market, the **Context<sup>4</sup> Health Plans Suite<sup>TM</sup>** is deployed in the Amazon Web Services (AWS) GovCloud region. This is the same region used by the federal government for highly secure cloud deployment. With delivery through a software-as-a-service (SaaS) model, the Context solution is easy to implement, and there's nothing to maintain. Just send us your claims and we return real-time, actionable results.



## NEVER PAY A PERCENT-OF- SAVINGS AGAIN!

At Context<sup>4</sup> Healthcare, your license fee is based on your annual claims volume. We will never charge you a nebulous percent-of-savings amount. This means your fee to Context can be budgeted. You deserve to know what your costs for services are that you rely upon. This allows you to create a revenue stream for your organization, along with providing savings to your clients.

## ACT NOW FOR ADVANCED FWA PROTECTION & PRICING

Whether you're looking for Payment Integrity, accurate Reference-based pricing, or both, don't let another day go by without getting the most up-to-date, data-driven solution available with the **Context<sup>4</sup> Health Plans Suite™**.

CONTACT US  
TO LEARN  
MORE



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