Brief

Complex Specialty Solutions

Overview

Apixio is a health technology market leader, delivering best-in-class Payment Integrity solutions that power accurate payments. Our mission is to empower health plans with advanced technology and clinical expertise, meeting them exactly where they are in their Payment Integrity journey to achieve and exceed their program goals and objectives.

Apixio's AI-enabled SaaS platform and solutions address the most complex and challenging claims, yielding accurate results in a fraction of the time with superior return on investment and increased transparency for clients compared to the "black box" approach that has existed for years.

Rx Payment Accuracy

High Cost Drugs (HCDs) are considered injectable and oral drugs administered in a facility, in either inpatient or outpatient settings, under the Medical Benefit. High cost drugs continue to be a high area of spend and inflation, with little to no slow down in the near future. New and accelerated approvals of cell and gene therapies contributing to the need for solutions that adapt with market.

The inflationary impact of pharmaceutical pricing is expected to be in the high single or double digits from 2023-24. High cost injectables are one of four main factors contributing to million dollar claims, along with inpatient stays, complications, and comorbidities. Million-dollar claims rose 45% over the past four years, and high cost injectables have greatly contributed to those claims.

Apixio's High Cost Drug solution utilizes a contextual processing engine, leveraging paid claims, client policies and advanced analytics to pend claims on a pre-payment basis for additional review.

Apixio's analytics detect outliers by comparing critical factors of individual drug administration billing to respective peer groups that enable a workflow to route each claim based on pend reason and recommended validation process that may include requesting the medical administration record (MAR) to enable accurate and efficient reviews.
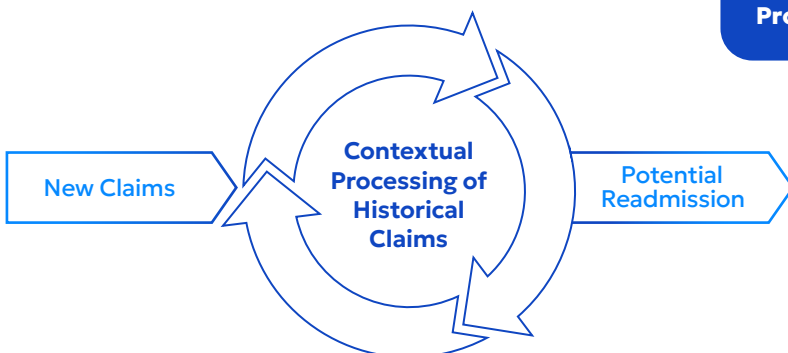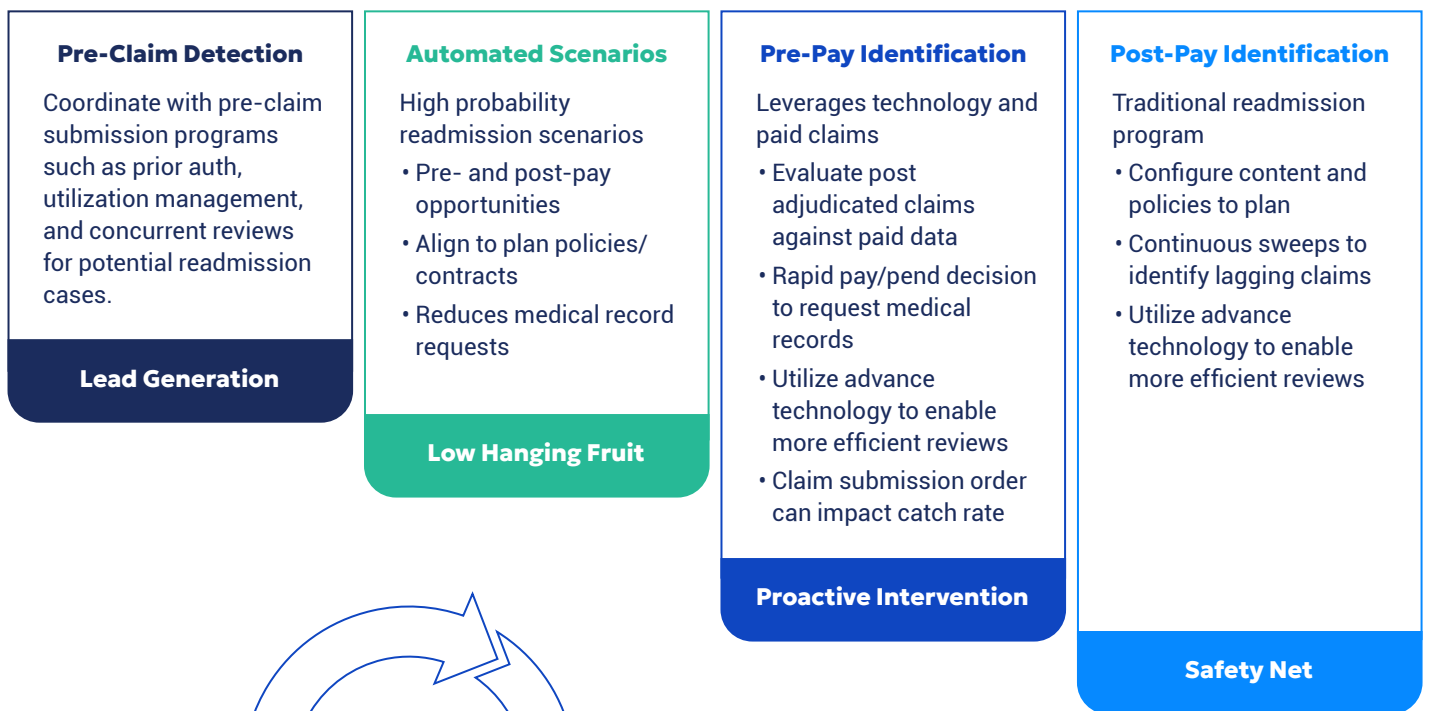
Readmissions

Readmission of a patient following hospitalization is a costly and often a preventable event, Apixio's readmission offering relies on three (3) solutions each leveraging a contextual processing engine that when combined, maximize savings and program efficiency resulting in higher returns compared to when only traditional post-pay programs are deployed.

Apixio can identify readmissions at 30 days or less, including same-day, using diagnoses and DRG criteria. Readmission policies can vary by line of business, state, contract, and payment policy, Apixio's platform is flexible and configurable which enables it to consider all variations.

Apixio first deploys automated concepts that target high probability readmissions scenarios, enabling a claim to be denied without requiring medical records. Following automated concepts, Apixio recommends deploying both pre- and post-pay medical record review solutions for complete coverage when it comes to identifying readmissions. Although pre-pay medical record review is preferred, timing of provider billing could result in a readmission opportunity being missed prior to being paid—post-pay detection would then enable it to be captured.

Readmissions:
Overpayment Detection Full Court Press

Pre-Claim Detection

Coordinate with pre-claim submission programs such as prior auth, utilization management, and concurrent reviews for potential readmission cases.

Lead Generation

Automated Scenarios

High probability readmission scenarios
- Pre- and post-pay opportunities
- Align to plan policies/contracts
- Reduces medical record requests

Low Hanging Fruit

Pre-Pay Identification

Leverages technology and paid claims
- Evaluate post adjudicated claims against paid data
- Rapid pay/pend decision to request medical records
- Utilize advance technology to enable more efficient reviews
- Claim submission order can impact catch rate

Proactive Intervention

Post-Pay Identification

Traditional readmission program
- Configure content and policies to plan
- Continuous sweeps to identify lagging claims
- Utilize advance technology to enable more efficient reviews

Safety Net

New Claims → **Contextual Processing of Historical Claims** → Potential Readmission

Place of Service

When a patient arrives at a hospital in need of care, a clinician is responsible for determining whether that place of care should be inpatient or outpatient. This determination may have significant financial impact if incorrect.

Apixio's targeted algorithms evaluate the site of care related to a claim and determine whether there is a likelihood for an inappropriate care setting to be billed, this can be reviewed in multiple contexts.

In these instances, Apixio's technology can evaluate claims which were billed outpatient or observation but are more appropriately billed as inpatient, and vice versa.

Apixio can analyze contractual variations, which typically differ amongst lines of business, to target scenarios which could create significant reimbursement errors. Apixio leverages the Two-Midnight rule and also inpatient only procedures, in addition to a variety of other references, to target, and review these claims where an improper determination is likely.

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