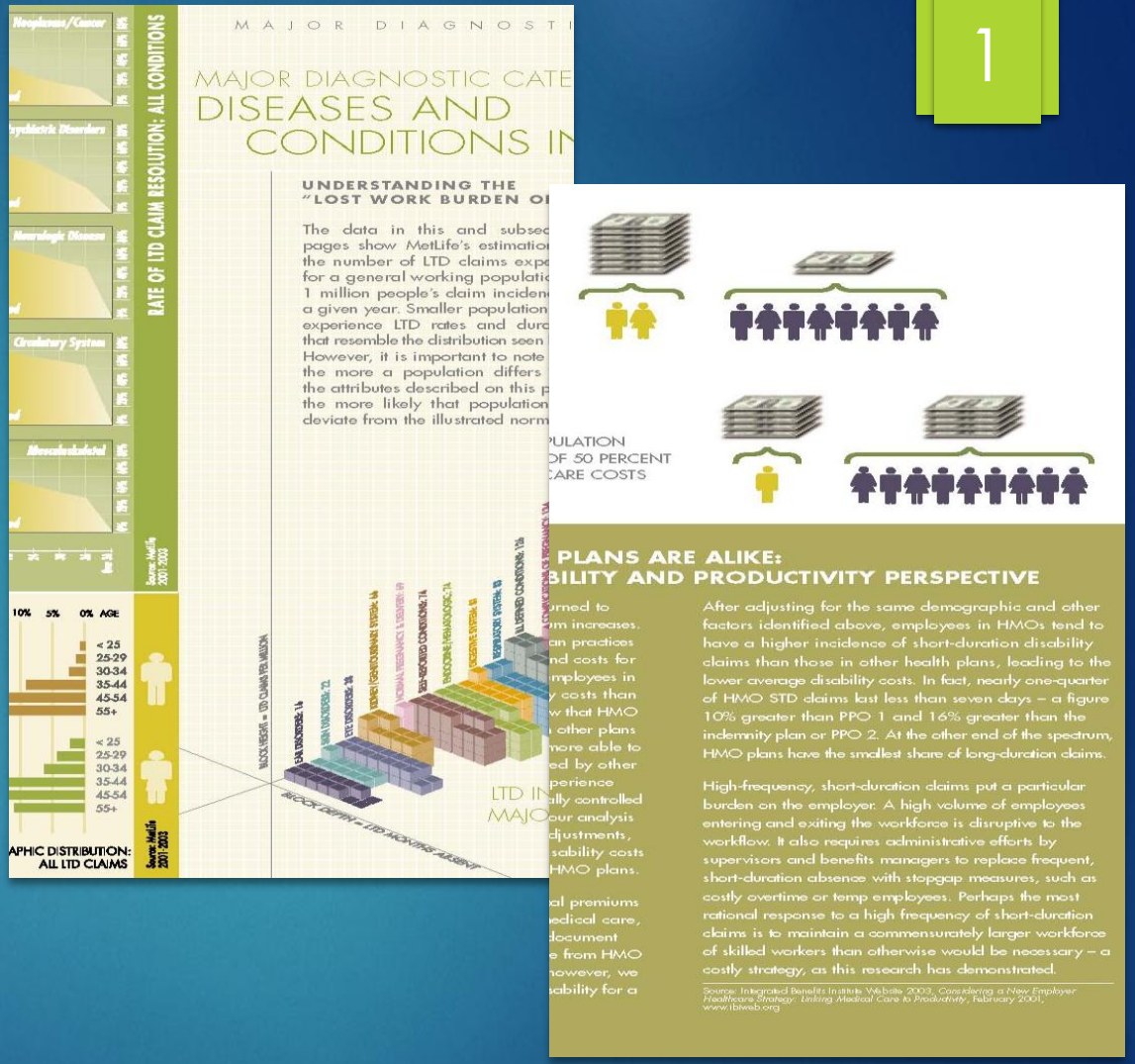
Clinical aligned administrative simplification solutions for healthcare™



Defined and Aligned™

By Aegis Cipher © 2025

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The Problem

CMS recently posted regulations with goals for 75% of review times within 72 hours; towards a future goal of < 24 hours

That was the norm in 2012. Can we please stop thinking new data modes are going to fix anything? There is no credibility left.

We focus on everything but what we should. We need to be data mode agnostic not medical policy agnostic

90%

appeal overturn rate; the model lacks confidence, the process is ineffective

45%

auth requests via fax, Only 25% of this data is integrated, is HIPAA compliant and should not be ignored

Wrong persona

Watson was built for the Plan UM Nurse. SAAS reversed it — targeting the clinical requestor and bypassing the payor review entirely.

Wrong source of truth

Medical policy and plan program guides replaced by generic hospital admission criteria (InterQual/Milliman) never designed for ambulatory UM.

ICD eliminated from the workflow

Diagnostic codes — the anchor of clinical guidelines — were stripped. Only CPT procedure codes remain. Context is gone. Comorbidity is invisible.

UM collapsed into a single procedure step

A treatment plan review became a binary CPT approval. The care coordination continuum was severed. The 90% appeal overturn rate is the result.

Four imperatives behind Aegis Cipher's approach

UM innovation is stifled with preoccupation over data modes. HL7 to FHIR or X12 to FHIR is irrelevant. The issue is process locus that drifted out of the utilization management continuum.

Reintroduce	Retrain	Review	Revitalize
Reintroduce - Reintroduce diagnostic information to Auth	Retrain - Retrain, harness all viable information available to perfect models	Review - Review, add insights layer with 100% correlated data driving to 80% of healthcare costs	Revitalize - Revitalize; collaborate with Group Benefits on existing capabilities with cross purpose

Understanding where a working population has greater-than-expected incidence

HEALTH CARE ACCESS
SUPPLEMENTING PREDICTIVE MODELING SOLUTION

SCENARIO

An employer purchases a predictive modeling module that assists in identifying and "recruiting" targeted employees for Asthma Disease Management. It has a 68% success rate. The employer wants to know how it can improve the participation rate.

SOLUTION

The short term disability vendor points out that it is interfacing with employees with asthma at the very moment in time when this relatively "quiet" condition escalates and requires the employee to be out of work for more than seven days. After one year of instituting a scripted protocol for STD asthma claim submissions (where the Disease Management program is described), participation of targeted employee population increased from 68% to 88%.

Source: MetLife 2003

HEALTH CARE ACCESS
GROUP HEALTH PLAN SOLUTION

SCENARIO

A national employer had a large older, blue-collar workforce. Analysis of short term disability experience revealed alarmingly high rates of intervertebral disc disease. The employer wanted to analyze this experience to identify differences in durations by health plan.

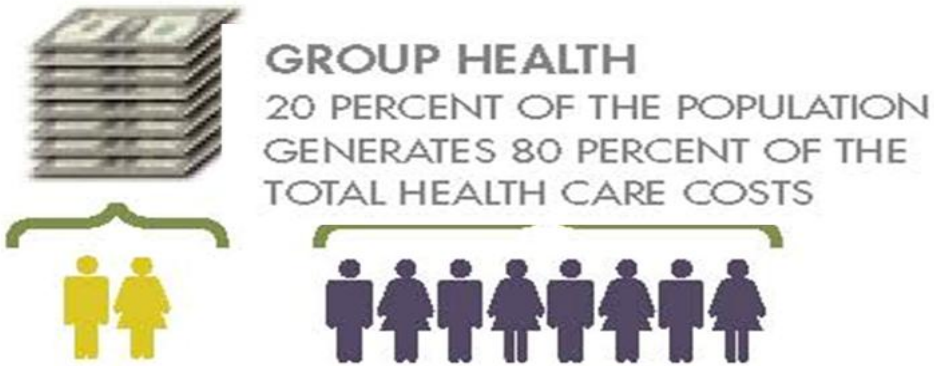
SOLUTION

Durations analysis of disc disease claims showed distinct patterns correlating with health plans. Of the three largest health plans, one plan had durations for these claims that were nearly double the other two.

Further investigation revealed that the health plan in question maintained a protocol of 8 or 12 weeks "conservative treatment" before an MRI would be approved in most clinical situations. This was not the case with the other two plans.

It was estimated that this protocol accounted for most of the excess in lost work days. The employer renegotiated that benefit provision with the health plan and subsequently experienced a significant reduction in durations for that cohort without any increase in medical expenditures.

Source: MetLife 2003



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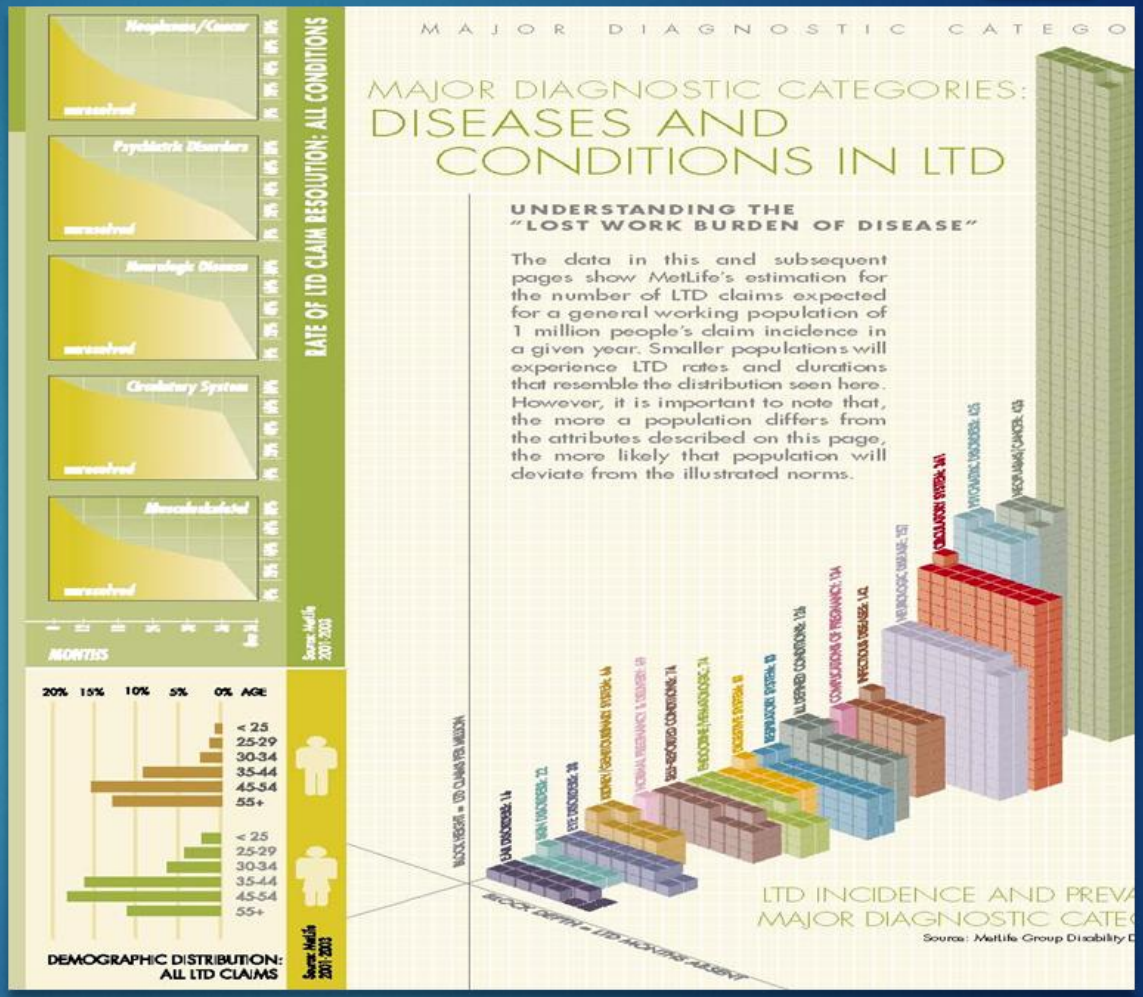
Revisit, revive, rehabilitate Aegis Cipher © 2025

One employer may have dozens of medical carriers, but usually only one disability carrier.

A disability carrier can potentially provide benchmarks unavailable in the group health environment.

Disability experience offers an employer a detailed "fingerprint" of its high-volume utilizers.



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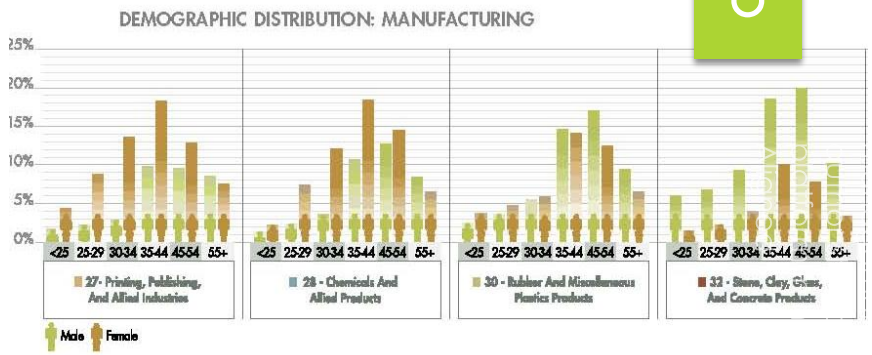
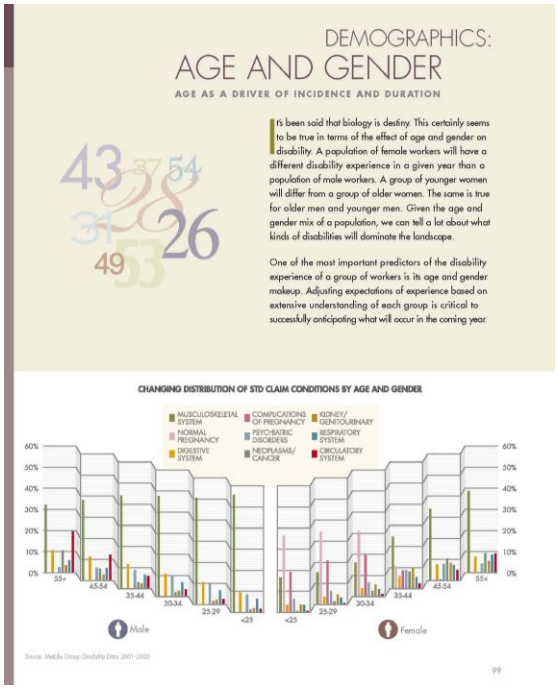
The original population platform insurance is attributed to MetLife, conceptualized by their National Medical Director, Ron Leopold MD.

A company's disability experience offers a unique window" to identifying solutions for the health and welfare of a working population.

Disability is both a leading metric that can identify patterns ahead of retrospective healthcare claims experience

Disability data is also a real time metric to assist in medical necessity reviews for prior authorization and utilization management





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