



Proprietary and confidential, do not distribute

Team



Anesu Machoko
CEO & Co-Founder

- B.Com Actuarial Mathematics (University of Manitoba)
- MBA & Masters in Financial Engineering (Schulich School of Business)
- 7 years of insurance, finance and VC experience



Dr. Susan Hayes
Co-Founder

- Founder of Pharmacy Investigators and Consultants (PIC)
- 25 years' experience in the healthcare consulting, pharmacy benefit management industry.



Alex Tam
CTO

- B.Sc Computational Mathematics (York University)
- M.A. Applied Statistics and Financial Engineering (York university)
- 2 years of academic and VC experience

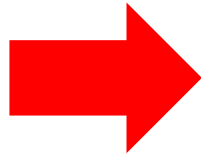
Who We Are

MetaDigital

- Founded in 2019 with a focus of solving identity fraud in healthcare prepayment
- Merged with Pharmacy Investigators Consultants (PIC) in 2021
- PIC brings 25 years of track record of pharmacy claim investigation
- HQ/Locations: Seattle/ Toronto

Growing Market of Healthcare Fraud - Canada Life

\$680M
FRAUD in **2020**



\$1B
Projected FRAUD in **2028**

Fraud represents 10% of \$6.8 billion healthcare expenditure in 2020

Prescription for Profit

Crooked pharmacists are pocketing millions intended to help Ontario's neediest

By Carolyn Jarvis with Global News and Marco Chown Oved with the Toronto Star · Global News

February 25, 2019 | ⌚ 16 min read

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Fraud Case Study

Identity Theft

CBC | MENU ▾

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Sudbury

49-year-old pharmacy employee charged with forging fentanyl prescriptions

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Co-worker took concerns to police in May 2018

CBC News · Posted: Dec 11, 2019 3:53 PM ET | Last Updated: December 11, 2019



- Identity theft & Ghost billing
- \$1.5 M in Fraud

Telehealth Scheme

News

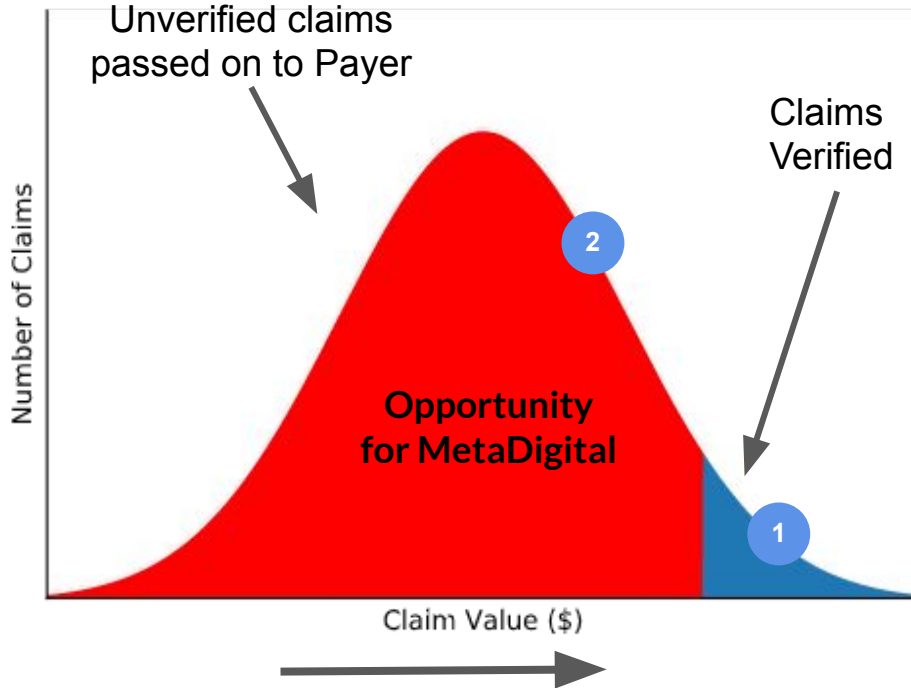
OPP says fraudsters are out there with COVID-19 related 'Virtual Care' scams

🕒 May 13, 2020 Tom Mangos



- Identity theft & Ghost billing
- Cold calls to members

Current Process



1

Higher Dollar Claims

- Only represent small sample size of total fraudulent claims
- ClaimSecure audit threshold of \$5,000

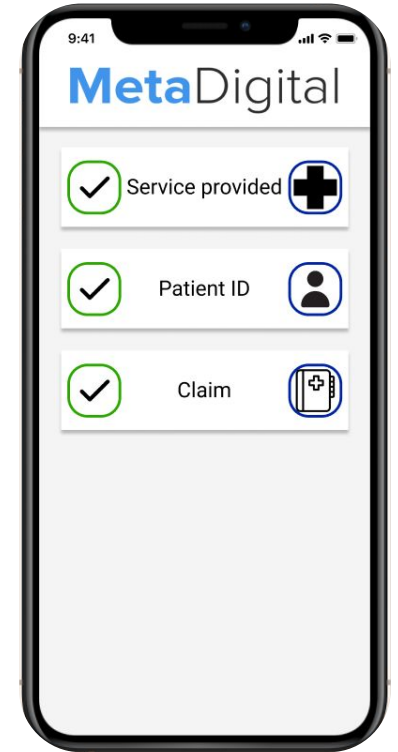
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Opportunity: Lower Dollar Claims, higher frequency

- Our focus with member driven platform with multiple use cases...
 - Telehealth (COVID imperative)
 - Prescription (e.g. Opioid)
 - Outpatients

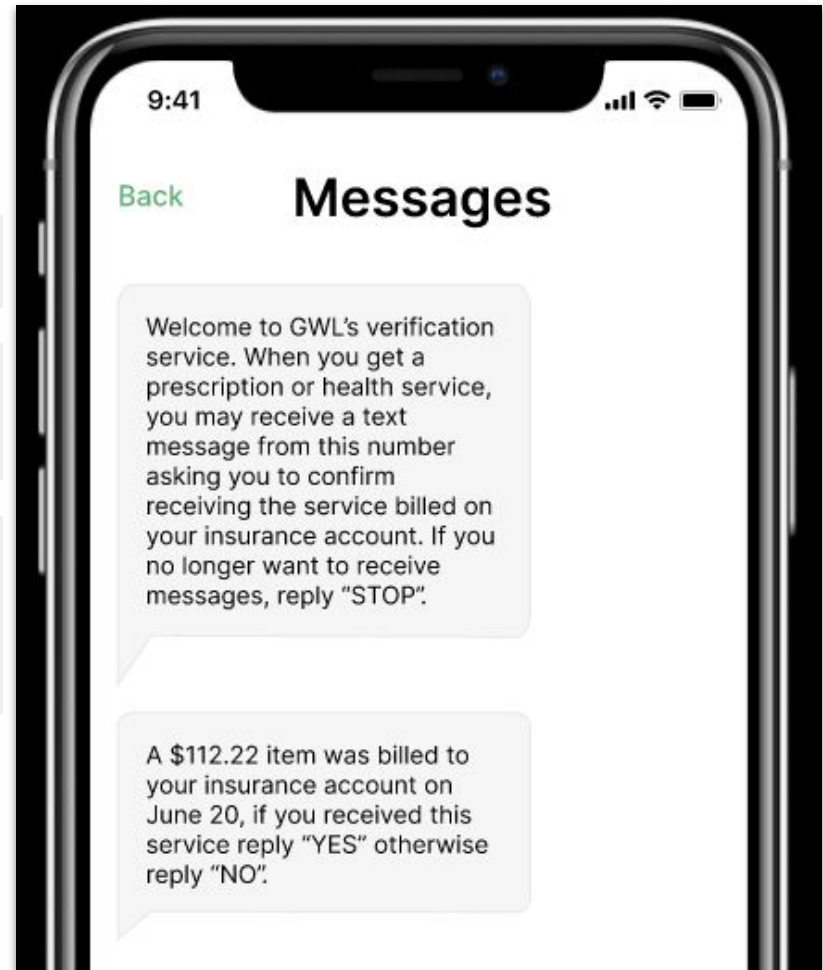
Our Solution

- MetaDigital stops fraud before money goes out, traditional solution use pay and chase models
- Utilize AI models and member confirmation to score claims



Member Experience

- Notification sent by MetaDigital
- Member can confirm or deny receiving the service
- Members will be incentivised by:
 - Benefit subsidies
 - Employer mandates



Applications

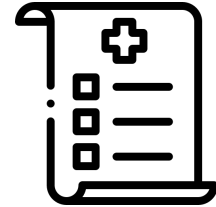
Prescription Claims



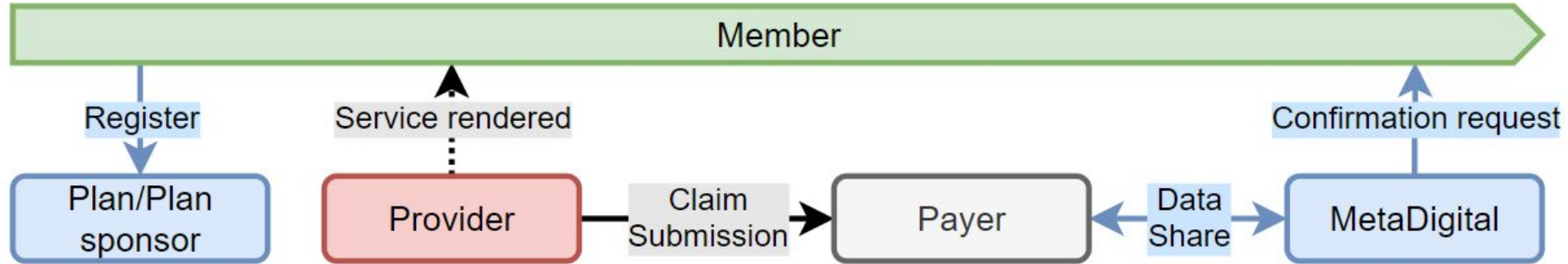
Dental Claims



Medical Claims



Member Experience



No impact on member or provider workflow prior to claim submission.

MetaDigital Transparent Claim Flow

Front end engine
<24 hrs

AI Claim Scoring

01



Member Service
Confirmation

02



Backend engine
<30 days

03

Provider Documentation Audit



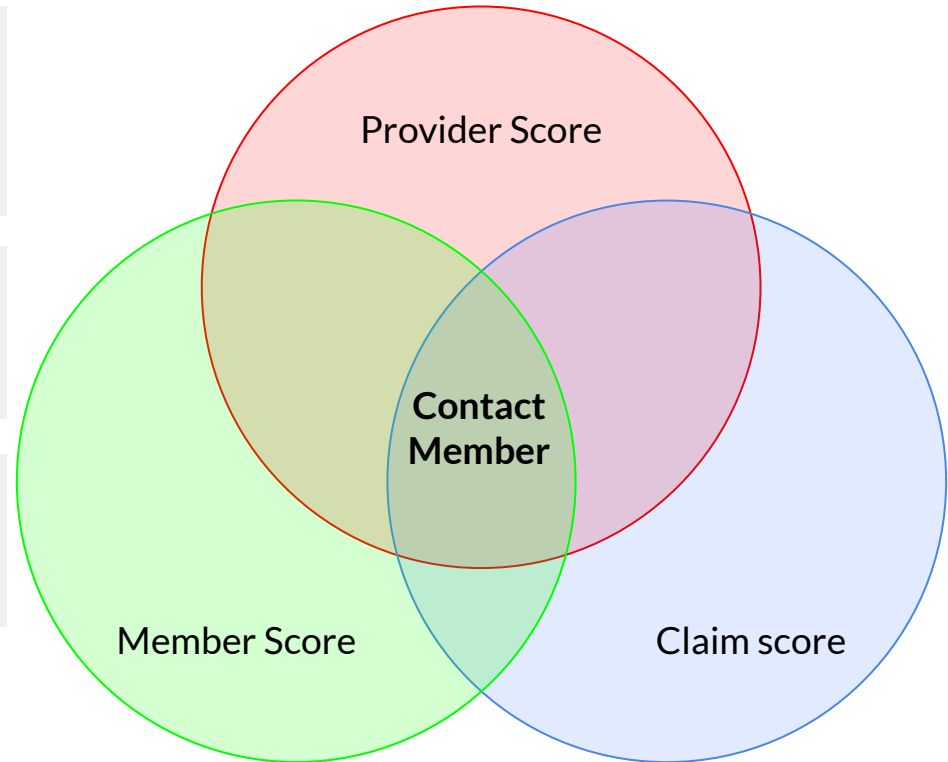
04

Recover \$ for Healthcare Payer



Member Contact Criteria

- Lower member abrasion by only sending messages based on the provider, member and claim scores
- Combine all three scores to determine when to message the member
- Scores will be overwritten with claims associated with high levels of fraud



Member Contact and AI Criteria

Member score

- Activity and reliability
- Member message limits
- High plan utilization

Provider score

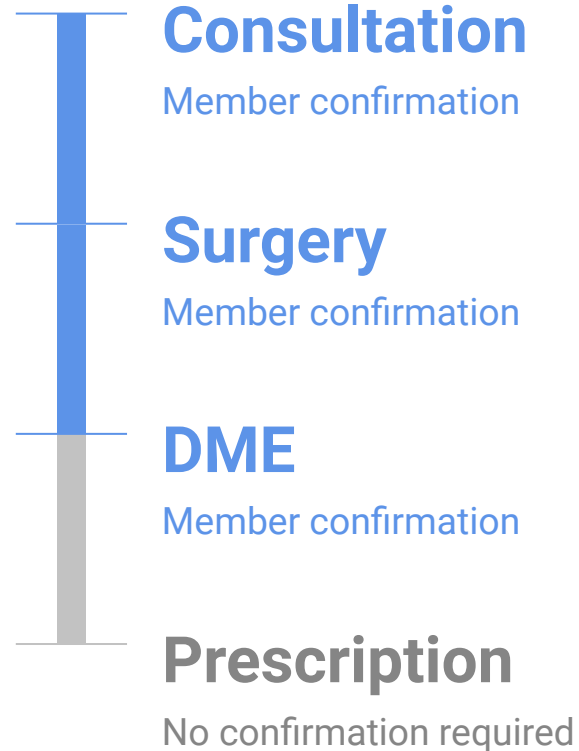
- High historical rate of denied services
- High billing frequency
- Unusual provider location
- Telehealth provider

Claim score

- Services and prescriptions associated with fraud
- Unusual dosage or quantity
- Episodes of care

Episodes of Care Analysis

- Algorithm designed to examine all the claims submitted during individual's care visit
- Only requires confirmation of the main claims in an episode from the member
- Flag those with procedure discrepancies

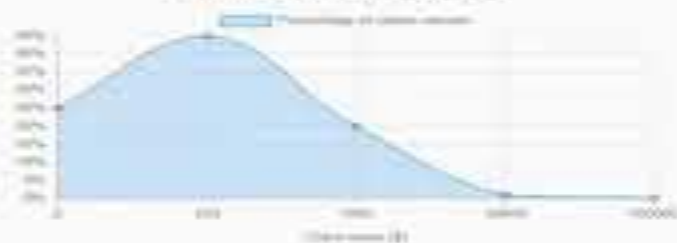




Types of claims



Claim distribution by value



Rejected Claims

Claims ID	Member ID	Provider ID	Date of service	Value
4285	10019	1001	11/03/2020	\$32.00
1751	10003	1002	11/03/2020	\$81.00
3698	10000	1001	11/03/2020	\$49.00
3813	10100	1003	11/03/2020	\$33.00
3990	10014	1000	11/03/2020	\$75.00
42119	10010	1000	11/03/2020	\$1011.00

Historical Results

2020 Healthcare Payer Client	Number of Claims	Dollar Value
Claims Audited	54,000	\$23,000,000
Recovered Claims	16,000	\$10,600,000
% of recovered claims	30.59%	46.16%

4.2% savings rate

Traction



- New Jersey State Employee Health Plan
- Demographics: 18 - 65
- 75,000 members
- Start date: January 17, 2022



- Medicare/ Medicaid Plan
- Demographics: 65+
- 50,000 members
- Start date: January 31, 2022

Comparative Advantage

	MetaDigital	Existing anti- fraud activities ClaimSecure, Telus Health, ESC
Fraud, waste and abuse focus	Identity theft, kickbacks and ghost billing- 62% of all fraud	Medically unnecessary services and payment errors
Recovery Cost	Low	High
Time to Recover	Immediate	Month to years
Claim Focus	All claims	High value claims

Value for Canada Life

SAVINGS

\$286M
ANNUAL

PREVENT

Identity fraud prepayment



IMPROVE METRICS

- Enhance cash flow position
- Optimize medical loss ratio
- Increase margin & profits

Why partner with MetaDigital?

Benefits

Insurers stepping up fight against benefits fraud with analytics, ...

In terms of preventative measures, Sun Life Financial estimates it saves plan sponsors about \$20 million a year, while Great-West Life Assurance Co. suggests its strategies resulted in savings of \$11.4 million in 2017.

By: Jennifer Paterson March 19, 2018

Canada Life Saves	MetaDigital Projected Saving
\$12M ANNUAL	\$286M ANNUAL

Thank you

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