



SCOPE · RISK ADJUSTMENT PAYMENT INTEGRITY FOR SPECIAL NEEDS PLANS

“What were we actually paid for this member, and why did it change?”

The answer is spread across 70+ CMS files.

Scope reconciles what CMS actually paid you, member by member.

THE CHALLENGE

Moving targets

SNP revenue is the hardest revenue in Medicare Advantage to get right. **Dual status and Medicaid eligibility move retroactively. Institutional and ESRD status change mid-month.**

Every one of those changes lands in a different CMS file, on a different cycle, in a different format.

FALCON'S SOLUTION

Reconciliation in both directions

All 70+ CMS files, encounter responses, plan internal data, clinical evidence, and public healthcare and public health data, turned into answers in minutes.

← **Overpayments you owe back**
Found, documented, returned

→ **Payment leakage you never see**
Retroactive status changes, dropped diagnoses

Member by member, across every file, with payment, clinical, submission, operational, market, and health economy context.

EXPECTED OUTCOMES

\$61-\$140

Revenue recovery
PMPM impact

100%

File and data coverage
CMS files, plan internal data, and public data

Minimal

Audit risk
A RADV-ready record

Reconciliation engine

Align submissions, enrollment, payments, and evidence across CMS systems, including status changes that reset a member's risk segment.

Market intelligence

Use public healthcare and public health data to understand provider, population, and health economy context.

Connected platform

Connect Scope into Sentinel, Helm, and Pulse for FWA, follow-up, provider, and utilization work.

EVERY FILE. EVERY MEMBER. EVERY DOLLAR. RECONCILED.

Clinical, submission, operational, financial, CMS, public healthcare, and public health data connected in one command center.

Ready to stop flying blind
and fix revenue leakage?

[Schedule a time](#) to talk with our team.

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