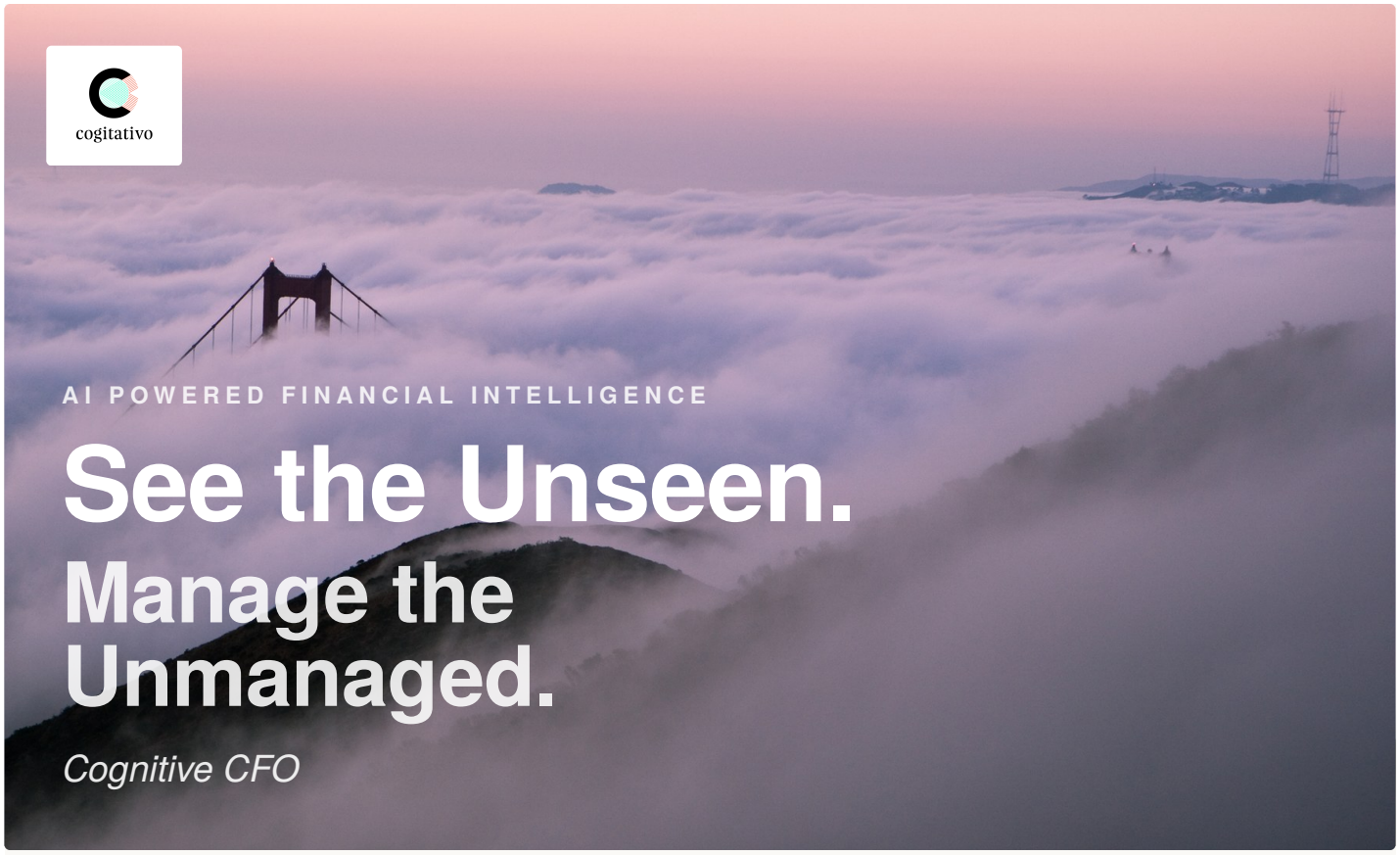


14 Years	120M+	151 Years
AI PRODUCTION	BENEFICIARIES SERVED	MANAGED CARE LEADERSHIP

THE BOARD MEETING

The system self-organizes. Against you.

> ***Cognitive CFO is how you respond back — with a dynamic AI operating solution that matches the architecture of the problem.***

Tuesday morning. Your CEO asks why cost of care moved. Your actuary says utilization, acuity, and rates. Your board will ask the same question in three weeks. You know that answer is not enough. The tools you have do not tell you why. The consultants you hire take six weeks. The reports you run tell you what already happened.

The system is not waiting. It is self-organizing around its own needs and incentives. Provider consolidation, coding sophistication, site-of-service migration — each is a behavior or action optimizing against your outcomes.

CHALLENGE

You can see your costs. You cannot close the loop between seeing and acting. Between diagnosis and treatment there are handoffs, consultants, dashboards, and meetings. By the time you act, the system has moved.

SOLUTION

Cognitive CFO answers the three questions every cost movement raises — what moved, why, and what to do — in days, not quarters. A Cogitativo Causal Engineer works alongside your team- applying the encoded wisdom of top financial operators.

IMPACT

You stop explaining spend after it is gone. You start driving the forces that move it. You walk into the next board meeting and answer questions before they are asked.

Your tools were built for the wrong kind of system.

> ***Every BI platform and actuarial model in your stack, including Milliman and Optum, are built on a structurally unsound premise — that healthcare is complicated when it is actually complex.***

Healthcare is not complicated. It is complex. The difference is not semantic. It is structural.

A jet engine is complicated. Thousands of parts. A blueprint. Every component has a known function. Take it apart, understand each piece, put it back together. More engineers solve it. The healthcare analytics industry thinks about itself this way.

NYC traffic is complex. No one designed it. Millions of drivers, pedestrians, delivery vans, cyclists, subways, and signals adapting to each other in real time. The behavior lives in the interactions, not the components. More traffic engineers do not solve it. They observe it. They intervene carefully. And they watch it reorganize around every intervention.

Every analytical tool in your stack was built for a jet engine. Milliman. Optum. Every dashboard, every BI platform, every actuarial model. Brilliant for systems with blueprints. Structurally wrong for a system that has none.

Healthcare self-organized the same way. Nobody built it. Employer-sponsored insurance, Medicare, ERISA, HMO, ACA, MISSION Act — layer upon layer of rational responses to local conditions, none designed with the others in mind. The system that emerged was never intended by anyone.

The industry refuses to change the premise. Every vendor doubles down on better math applied to a wrong assumption about the nature of the system.

This is the Ptolemaic error. Centuries of astronomers refined the math of an Earth-centered universe. Every refinement made the system more elaborate without making it more true. The math got better. The astronomy did not. It could not. The premise was wrong, and no amount of computational sophistication applied on top of a wrong premise can produce a right answer. It can only produce a more confident wrong answer.

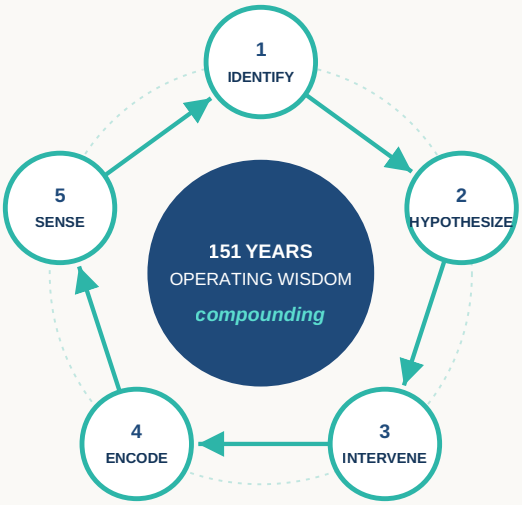
Galileo did not build a better calculator. He changed the premise.

	COMPLICATED	COMPLEX
Example	Jet engine	**NYC traffic**
Design	Engineered from a blueprint	**Emerged without a designer**
Response to intervention	Fix the broken part, restore the function	**The system reorganizes around the intervention**
More tools buy you	Faster, more precise solutions	**A more sophisticated view of how much you do not know**

The healthcare system is alive. Cognitive CFO is the first analytical architecture that treats it that way.

An architecture built for a complex system that never sleeps.

> ***The deterministic algorithms, the hypothesis library, and the intervention playbook were authored by several of the country's top managed care operators - 151 years of operating wisdom encoded. The LLM uses that wisdom. Every step runs on the operating experience of operators who have been in the room where these patterns and decisions mattered.***



1 Identification — *What moved.*

Deterministic math decomposes cost movement at the local level. Paasche-Laspeyres, concentration measures, structural break tests. Numbers are locked. The LLM narrates in language the CFO can use.

DETERMINISTIC MATH + LLM NARRATION

2 Hypothesis — *Why it moved.*

Your Causal Engineer leads the hypothesis investigation. The LLM extends the space of candidate mechanisms. Econometric code tests which hold — site-of-service migration, coding shifts, benefit-driven selection, network consolidation.

CAUSAL ENGINEER + LLM + ECONOMETRIC TESTING

3 Intervention — *What to do about it.*

Each cause maps to specific actions. Contracts to renegotiate. Benefits to adjust. Networks to reshape. The LLM proposes plays from the wisdom library. Deterministic scoring ranks by impact, time, feasibility, risk.

LLM PROPOSALS + **DETERMINISTIC SCORING**

4 Encoding — *What the cycle taught us.*

Every cycle produces learning. The SME bench reviews findings across customers and promotes genuine new wisdom into the shared library. Customer-specific findings stay isolated. The bright line is architectural.

SME-LED CURATION + BRIGHT-LINE ISOLATION

5 Sensing — *What is moving now.*

The system never stops. While you intervene on last month's findings, new things are moving. Provider consolidations. Regulatory changes. Second-order effects of your own interventions. The sensing layer watches what no pre-built channel was built to catch.

CONTINUOUS SCANNING + LLM SYNTHESIS + SME ALERTING

Five steps. One system. Wisdom at the center, compounding every cycle.

A CFO Sits Down With the Numbers

Orthopedic inpatient. Dallas-Fort Worth. Year-over-year: +23%. The CFO already knows the next meeting. The CEO will ask why. The board will ask why. The actuaries will say what they always say: utilization is up, acuity is up, rates are up. Every tool the CFO has ever used would give the same number. None of them would tell the CFO why, because none of them can perform causal analysis. But the Cognitive CFO brings something no tool has ever had: the operating wisdom of CFOs who have operated at the largest scale in American healthcare, collectively managing 120 million lives across every market, every contract structure, and every form of provider behavior the system can produce. That aperture changes what the system can see. The system did not hand the CFO a report. It decomposed the growth overnight, autonomously, and surfaced four distinct causes, each with a specific remedy.

+8% — New Enrollee Growth

New enrollees entering the catchment with higher musculoskeletal burden. Their conditions are real. Their utilization is real. The system flagged this as mission growth, not a problem to solve but demand to serve. That distinction comes from the judgment of CFOs who have seen this pattern thousands of times, at a scale where demographic shifts become recognizable signatures, not statistical noise. **The CFO flags it for capacity planning.**

+6% — Site-of-Service Arbitrage

Two orthopedic practices acquired by a hospital system. Same surgeons. Same procedures. But billing changed. A $340 office visit became a $780 facility fee. 1,400 members. Differential: $4.2M. The legacy system reported it as “rate increase.” The decomposition traced it to its actual source: site-of-service migration driven by provider consolidation. **The CFO sends to contracting: renegotiate or redirect.**

+5% — Severity Coding Shift

Three community hospitals shifted MCC-level DRGs up fourteen points in one year. Their documentation got more sophisticated. But the system measures clinical acuity independently of billing, an outcomes-based measurement that coding cannot manipulate. Result: flat. The patients did not change. The coding did. That knowledge is now encoded. **The CFO will not be accepting the explanation.**

+4% — Post-Acute Cascade

Two SNFs averaging 24-day stays against a 16-day benchmark. No functional improvement at discharge. 380 patients, eight extra days at $600. The real cost is not $1.8M. Extended stays generated longer home health episodes, DME orders, compounding transportation claims. Total cascade: $3.1M. Invisible because each category looked reasonable in isolation. **The CFO sends it to clinical ops.**

Four findings. Four causes. Four remedies. Four teams getting four assignments by 10 AM. This is what causal analysis looks like in practice: not a dashboard, not a report, but a decomposition powered by the operating wisdom of CFOs who operated the largest health plans in the country. **151 years of leadership. 120 million lives of aperture.** The system knew which causes were mission and which were addressable. It knew the difference between genuine and manufactured acuity. It knew where the cascade was hiding. The CFO did not walk into the next meeting and say “costs went up.” The CFO walked in and said here is why, here is what we are doing about each cause, and here is what we are choosing to defend. The CFO was not explaining the spend. The CFO was driving it.

What running the learning loop actually produced.

1 IDENTIFICATION

What moved.

Orthopedic inpatient, Dallas-Fort Worth, +23%. Decomposed overnight at the local level. Four distinct causes, each quantified.

2 HYPOTHESIS

Why it moved.

Four causal mechanisms ranked and tested. Causal Engineer led the investigation against outcomes-based acuity measurement, independent of billing.

3 INTERVENTION

Queued by 10 AM.

Four plays ranked by the scoring engine. Contract renegotiation with the hospital system, highest-impact, 8-week timeline. Clinical ops engagement on the two SNFs, 60-day protocol change. Capacity planning flagged for the new enrollee cohort. Coding pattern referred for further review.

4 ENCODING

Pattern saved to the library.

The Dallas-Fort Worth post-acute cascade signature — 24-day SNF stays generating $3.1M in compound downstream claims — is now a pattern Cognitive CFO recognizes across every customer. Houston will see the signature faster next cycle.

5 SENSING

While the cycle was running.

Two things the system caught that no pre-built channel was watching for: a new hospital consolidation filing in the catchment, and a new specialty drug approval that will hit the formulary in Q3. Both flagged before they baseline into cost.

cogitativo

Fog Lifted. All Four Lanes Open.

Every CFO drives the same four lanes every day. The only variable is whether you can see them.

Every managed care CFO faces the same four challenges: Cost of Care. Provider Economics. Budget. Emerging Risk. Commercial or Federal. Medicaid or TRICARE. Community Care or PPO. The lanes are universal. The fog is universal. Cogitativo CFO runs a analytical loop across every one: identify, solve, intervene, encode and sense. 151+ years of operating wisdom at your finger tips, compounding value with every cycle.

01

Cost of Care

The lane every CFO walks in and out of every day.

What the fog hides:

Causal decomposition at the local level, by provider, by cohort, continuously.

02

Provider Economics

Where contract structure meets provider behavior.

What the fog hides:

Site-of-service migration, network leakage, and value extraction signatures.

03

Budget

The forecast that ages the day it is finalized.

What the fog hides:

Driver-based rolling forecasts updated against live actuals. Scenarios on demand.

04

Emerging Risk

Tomorrow's cost already exists but is not yet in the baseline.

What the fog hides:

Forward visibility into drivers not yet baselined. Quantified exposure.

+ WILD CARD

Every question the fog kept you from asking.

Most vendors operate inside the fog. Most consultants like the fog.

We lift it.

Bring us one market. We will show you what the fog is hiding.