



MEDENT International GmbH Services and Solutions

A MEDENTGROUP Company

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Introduction

“Change” is the only static component in the healthcare sector. Notions such as consumerism, automation of processes or information on demand are herald for the potential changes laying ahead of the healthcare industry. Their meaning and implication for organizations must be treated with utmost attention as they will impact the entire value chain.

Adapting to changing markets also requires specific focus on core competencies. Core competencies give a firm one or more competitive advantages, in creating and delivering value to its customers in its chosen field. Core competencies reflect the field of activity / practice in which the respective company excels. In the health insurance field core competencies include the assessment and selection of risk, the provision of financial security, innovative product design and the like. The handling of paper-work, transaction processing or (overdue) premium collection, etc. is considered as non-core competencies.

Although the margins are already tight, the current financial crisis further demands a very close and pro-active control on costs. The need to identify and to realize cost saving potential within an organization might be one of the crucial factors to successfully master the crisis and to emerge in an even stronger competitive position.

Our Service Proposition

MEDENT International offers a wide spectrum of healthcare specific services and solutions. Our goal is to enable insurance and reinsurance companies, healthcare management companies and government entities to accelerate innovation and to manage the above mentioned strategic and operative challenges even better.

Our services and solutions reach from short-term support through consulting to long-term partnerships with active management and equity participation.

In addition to our activities in the German private health insurance market, MEDENT International focuses on “emerging markets” such as Eastern Europe and the Middle East. The change from public to private healthcare delivery and healthcare financing is a huge challenge especially when taking into account the lack of established administrative systems and structures in the private health insurance industry.

The following chart visualizes the specific healthcare functions and key tasks along the healthcare value chain:

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Specific Healthcare Functions and Key Tasks

Product & benefit administration	Member management & underwriting	Provider management	Authorization & utilization management	Care management	Claims management
<ul style="list-style-type: none"> Setting up of structure and coverage rules of divers health insurance products Development of policy wordings and related documents 	<ul style="list-style-type: none"> Capturing of application data Production of policy wording, ID cards, etc. Risk assessment Handling of endorsements and renewals 	<ul style="list-style-type: none"> Selecting and contracting suitable providers Setting up local, regional and international provider networks Analyze provider behavior Renegotiate tariffs 	<ul style="list-style-type: none"> Application of pre-approval procedures Prospective, concurrent and retrospective hospitalization review 	<ul style="list-style-type: none"> Case management Disease management Medical claim review 	<ul style="list-style-type: none"> Capturing of medical claims Manual / automatic adjudication of captured claims Archiving <ul style="list-style-type: none"> Digital archive Physical archive

Customer service, data management & reporting, reinsurance administration

In order to take care of the different requirements of our clients we distinguish between the following business segments:

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Data capturing
Invoice management

Comprehensive administration services
Consulting



The complete capturing of medical claim data is the basis for electronic invoice checking, the preparation for financial settlements, the analysis of behavioral patterns and trends and finally the review respectively the calculation of new insurance tariffs.

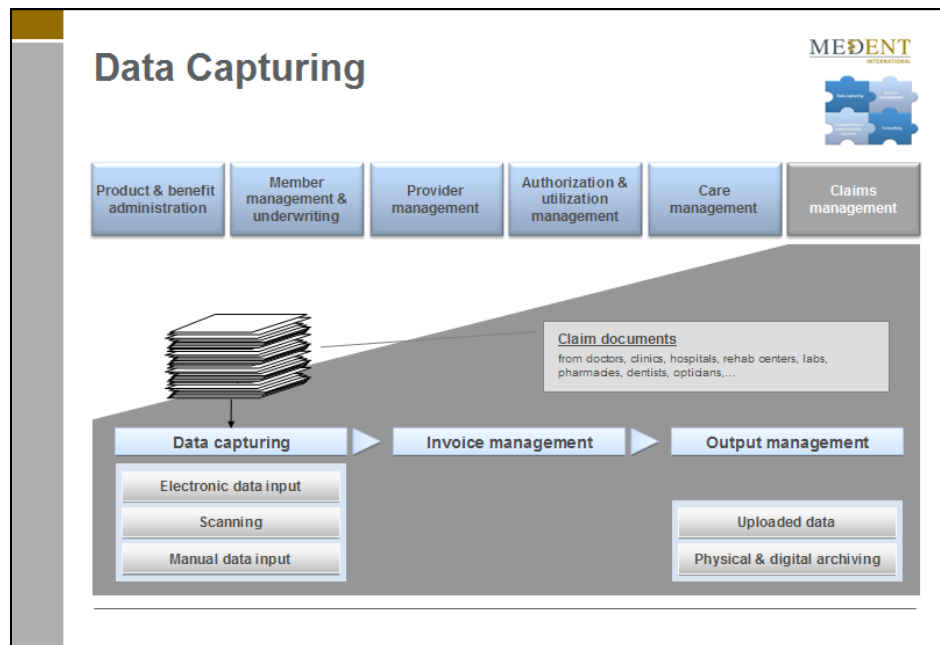
Due to the heterogeneity of medical invoice records regarding layout, size, hand-written or computer-generated information, paper quality etc., data capturing is partly a manual and partly automatic process via optical character recognition (ICR/OCR).

Capturing of medical data refers to the following key factors:

- Quality → correct and complete capturing of data
- Quantity → fast availability of extensive data volume
- Security → confidential handling of sensitive data, and
- Cost/benefit ratio → justifies the outsourcing of this process also from a financial point of view

After the data has been captured, they are available for the upload into our customer’s system in any desired data format by using an appropriate interface.

Our organizational structure and processes reflect a high standard with regard to quality, quantity and security. Furthermore, we offer our customers a highly flexible fee model, depending on the respective individual requirements.

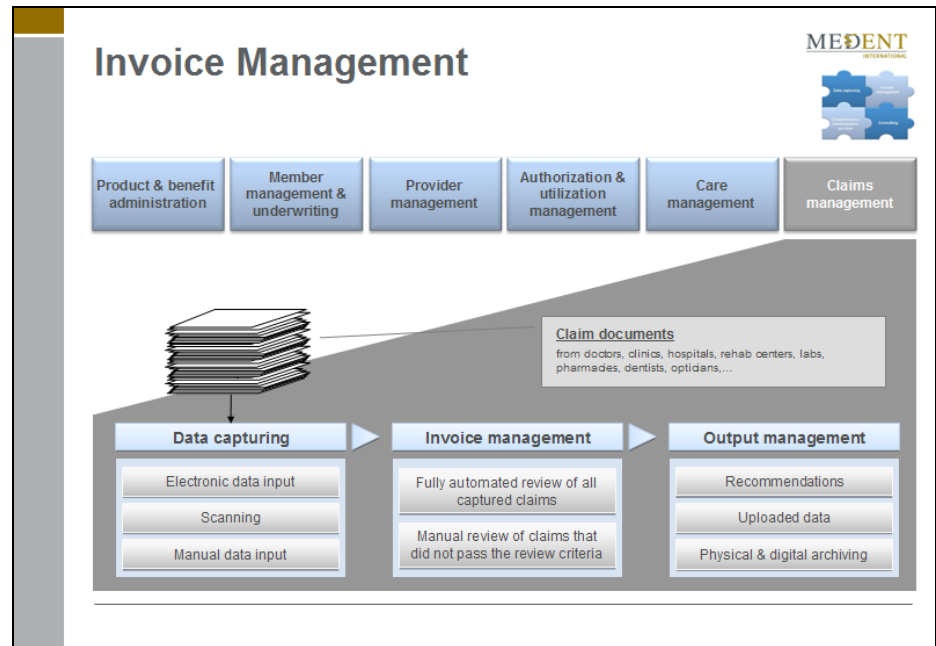


Based on the capturing of medical claim data, medical invoice management is the consequent extension of our service offering. Besides checking completeness and correctness of the submitted information, documents, signatures, etc., we perform a plausibility check using the following data:

- Master and contract data of the insured member
- Price lists and payment agreement of the service provider and
- other check criteria such as
 - Combination of diagnose and gender
 - Combination of age and gender
 - Combination of diagnose and treatment
 - Length of hospital stay compared to “best practice” length of stay
 - Etc.

All check criteria is defined together with the customer. In general, 100% of the captured medical invoice documents are checked electronically. After the electronic check, our qualified staff, e.g. nurses and doctors, performs a manual check. The degree/extent of the claims requiring manual checks can be adjusted flexibly by parameterization of the plausibility check.

We then transmit the result of the invoice check electronically to our customers, accompanied by a respective recommendation regarding full payment, partly payment or rejection of the claim.



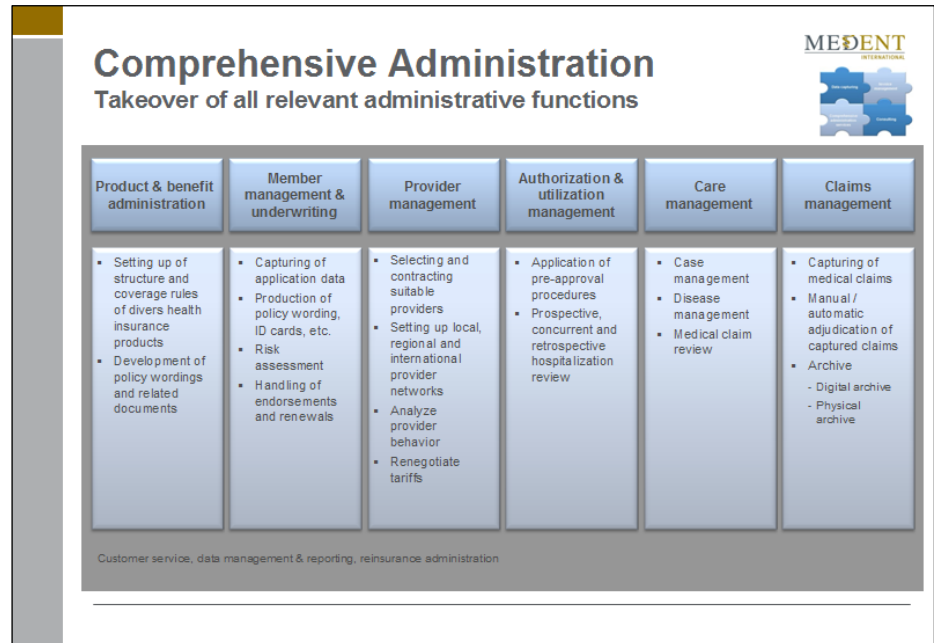
In this service model, we support our customers in addition to data capturing and invoice management also in all other administrative tasks along the typical health insurance value chain.

This includes among others

- The administration and maintenance of contract and insured member data
- The selection and grouping of national and international service providers in networks as well as
- Call center services for providing quick health related answers to insured members and providers

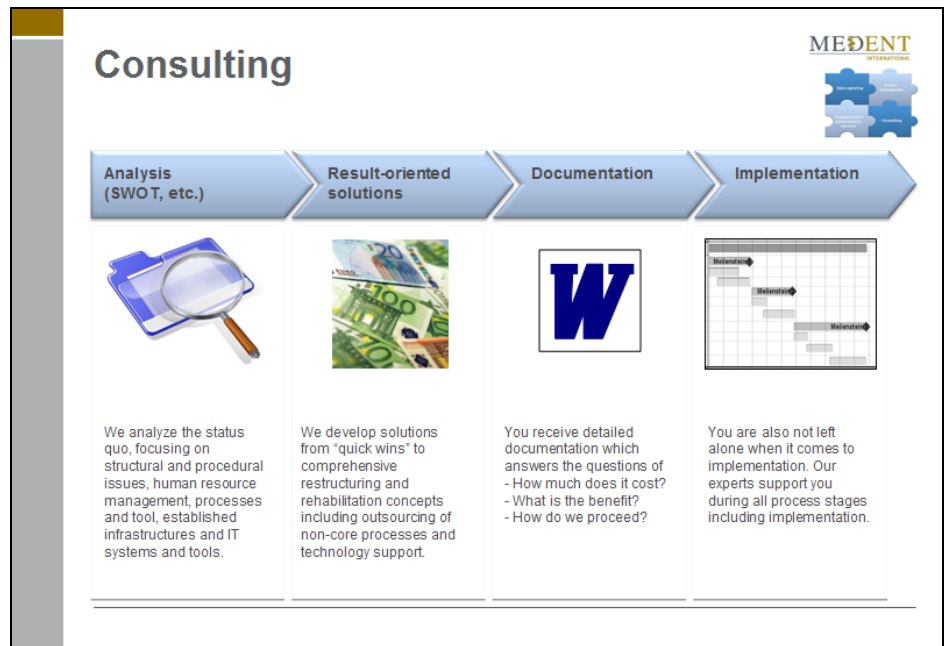
Our workflows are seamlessly integrated with our customers' workflows. Via electronic interfaces, we provide full transparency for our customers regarding insured members, pending and paid claims, loss ratio development etc.

As our customer you benefit from the advantages of a clear and lean administration structure. Expensive office space can be used more efficiently and your staff can concentrate on your core competencies, such as innovative product development, marketing and sales or risk selection, while we support you as administration specialists in the back office.



Finding and implementing the right strategy is crucial for you success. As experienced consultants, we support you in this task, pragmatically and solution-oriented.

- We usually start with a survey of the current situation. In our analysis, we then concentrate on strengths and weaknesses in your organizational and operational structure.
- We jointly develop pragmatic solutions, from short-term result improvements to long-term restructuring of your organization.
- Our customers receive a detailed documentation of our results with clear statements regarding costs, advantages and disadvantages and possible solution and implementation concepts.
- Of course our consultants support you also in the implementation phase of our jointly developed strategy.



MEDENTGROUP

Our Group consists of various companies which considerably support the efficient and effective administration of healthcare business in Germany and abroad. Due to the tight cooperation between our companies we have access to specialist know-how and are able to offer a broad spectrum of healthcare related services and solutions to you.

The MEDENTGROUP

- is market leader in Germany and provides services to more than 20 insurance companies in the area of invoice management, data warehousing, data analysis, medical provider solutions and consulting,
- manages claims for about 16 million insured members,
- has processed almost 14 million medical documents, with an assigned value of about € 2.8 billion in 2008,
- handles claims from about 130.000 medical providers,
- has a staff strength of more than 600 people in Germany and abroad,
- has offices in Dubai (UAE), Amman (Jordan), Slubice (Poland), Eisenhüttenstadt, Viechtach and Munich (Germany).

Learn more: www.medentgroup.com