

TCHEALTH

MEDIGAP

The Future of Health Insurance Management

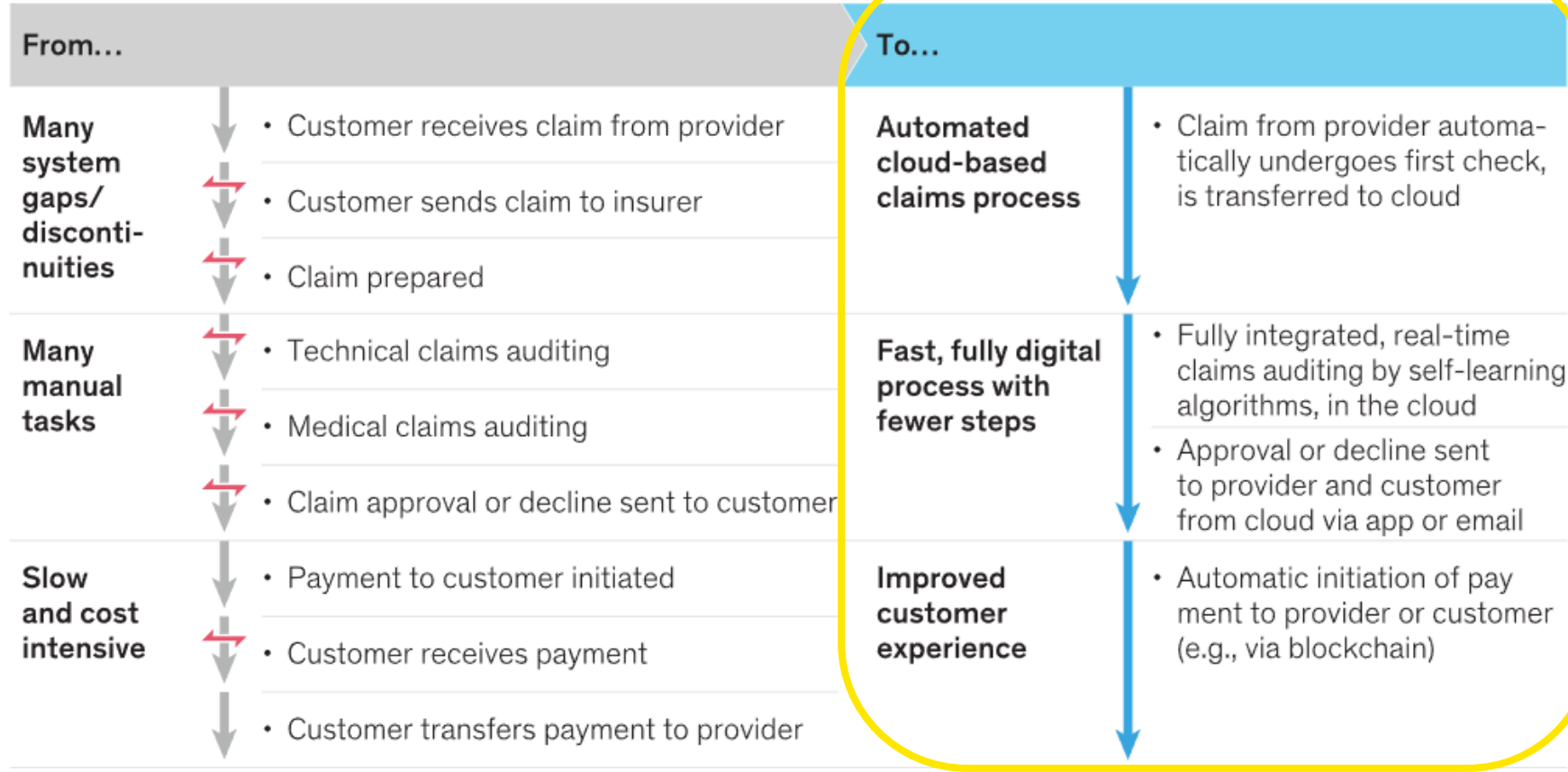
Future of Claims Process

McKinsey & Company

Necessary for Low-Cost, High-Quality Delivery

A fully digitized claims process increases efficiency and improves customer experience

■ Mostly done manually ⚡ System gaps/discontinuities

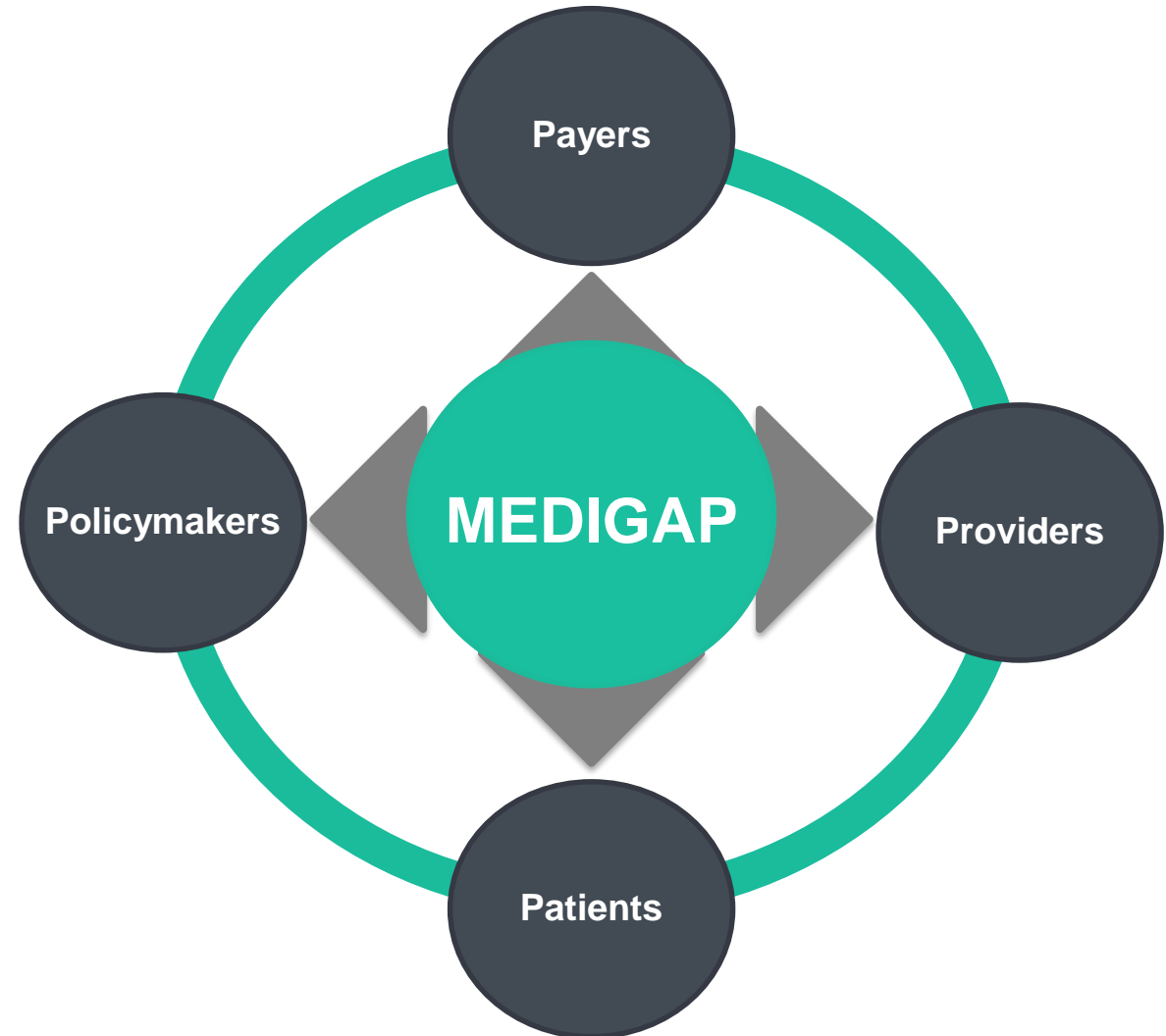




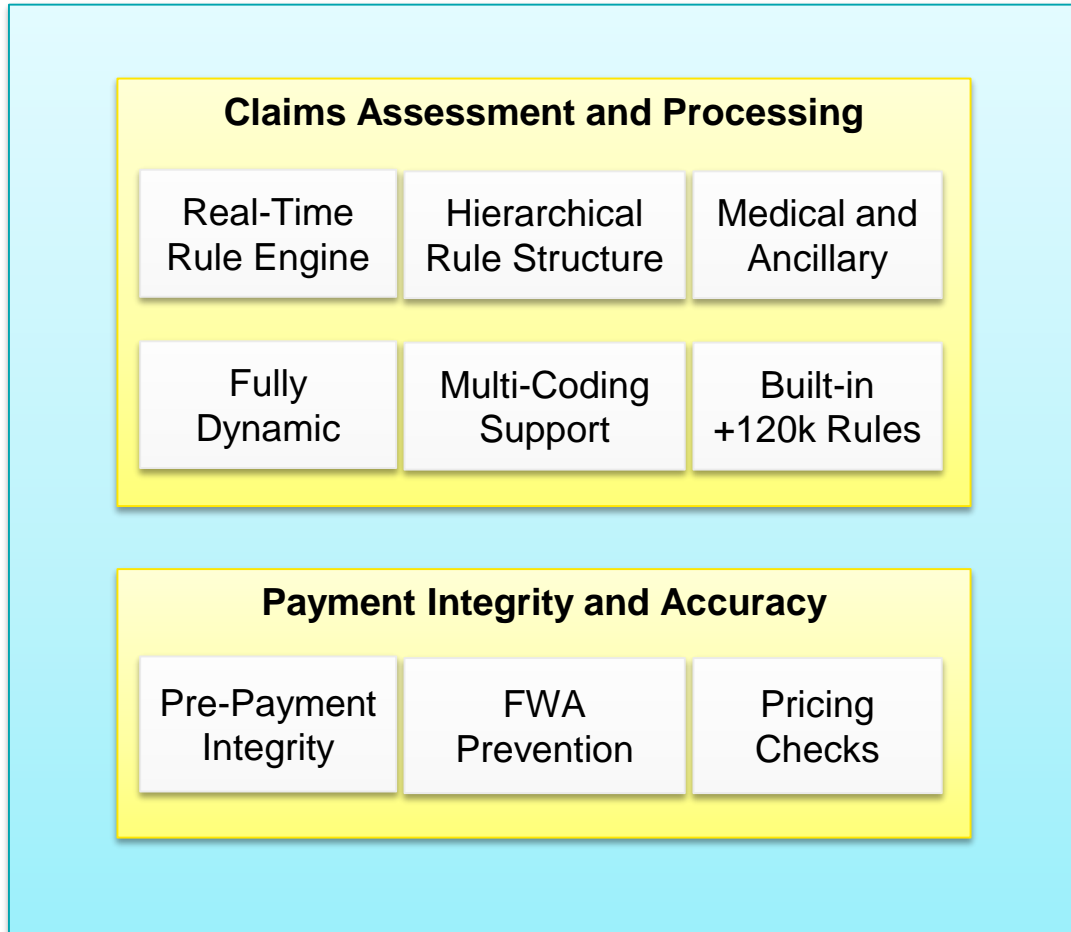
End-to-End Healthcare Claim Management Platform

Revolutionary end-to-end claim management platform transforming the entire claims processing and reimbursement process.

MEDIGAP is an integrated network between all stakeholders, ensuring a fully digitized medical claim process that decreases costs and claim resolution times.



CORE



EXTENDED



MEDIGAP ® Difference



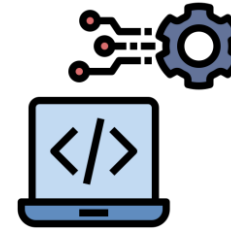
Flexible Deployment

MEDIGAP can be utilized as a SaaS solution or as a standalone software which can be utilized on any cloud platform or databases



Real-Time Processing

We offer real-time authorization and claim processing for all inpatient and outpatient claims using MEDIRULE



Customizable Rule Engine

Our rule engine is fully customizable and includes clinical codings such as ICD-10, MBS, CPT, DRG, AMA, ACHI, LOINC



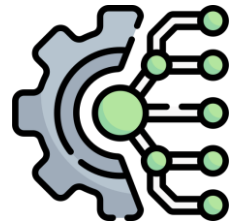
Built-in Databanks

Our solution includes integrated databanks including Fee Schedules, Prescribed Lists and cross mappings like MBS-CPT



Security and Audit

The system has been designed using state-of-the-art security measures and is routinely tested by independent organizations



Integrations

MEDIGAP can be integrated with multiple external systems including ERPs, CRMs, EMRs/PMS and payment systems



Customization

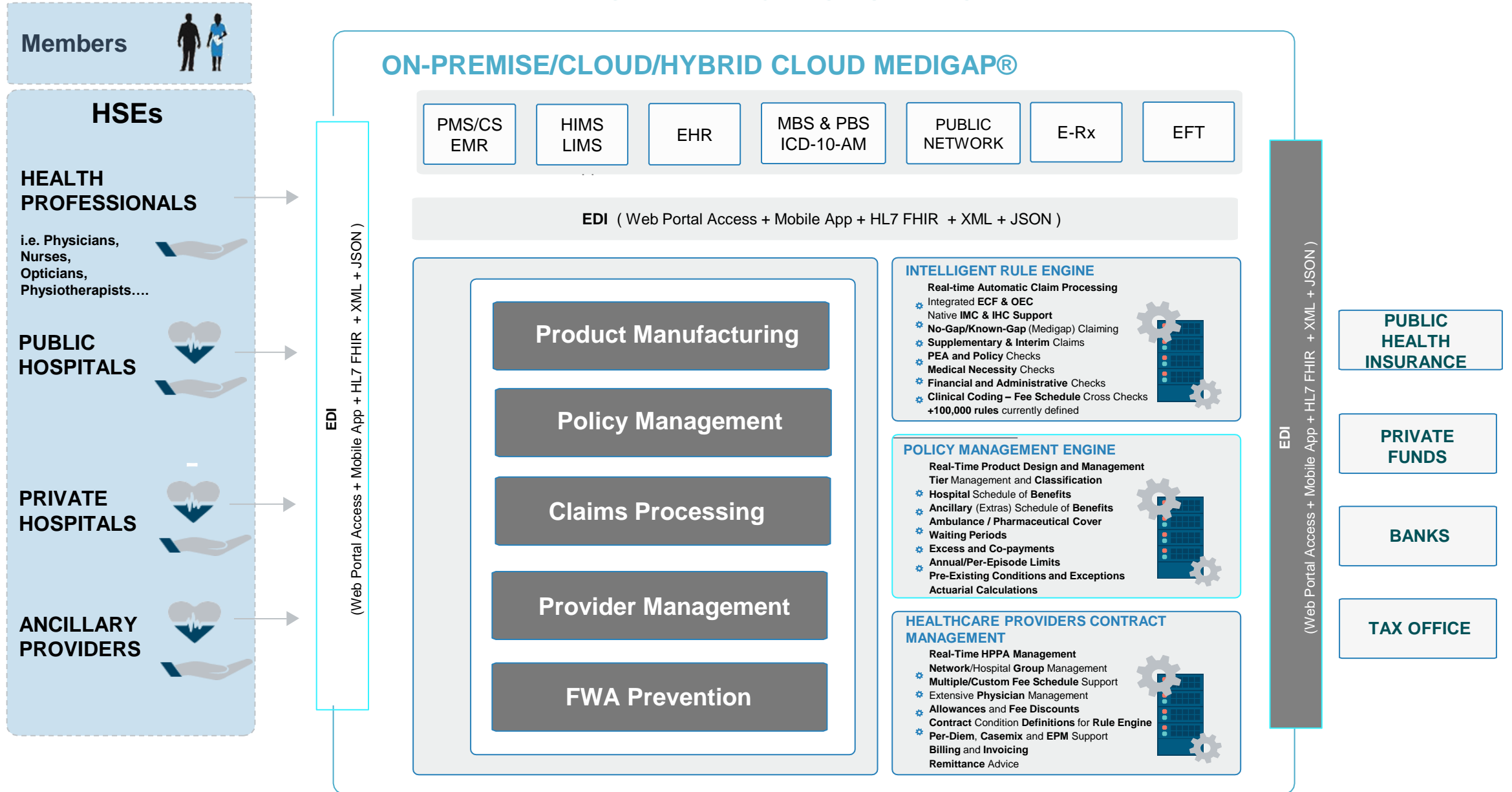
Thanks to its dynamic and up-to-date infrastructure and design, our entire solution is fully customizable based on customer needs



Analytics

The volume and quality of data we collect allow us to provide Business Intelligence for effective product and contract management

MEDIGAP® CONCEPT

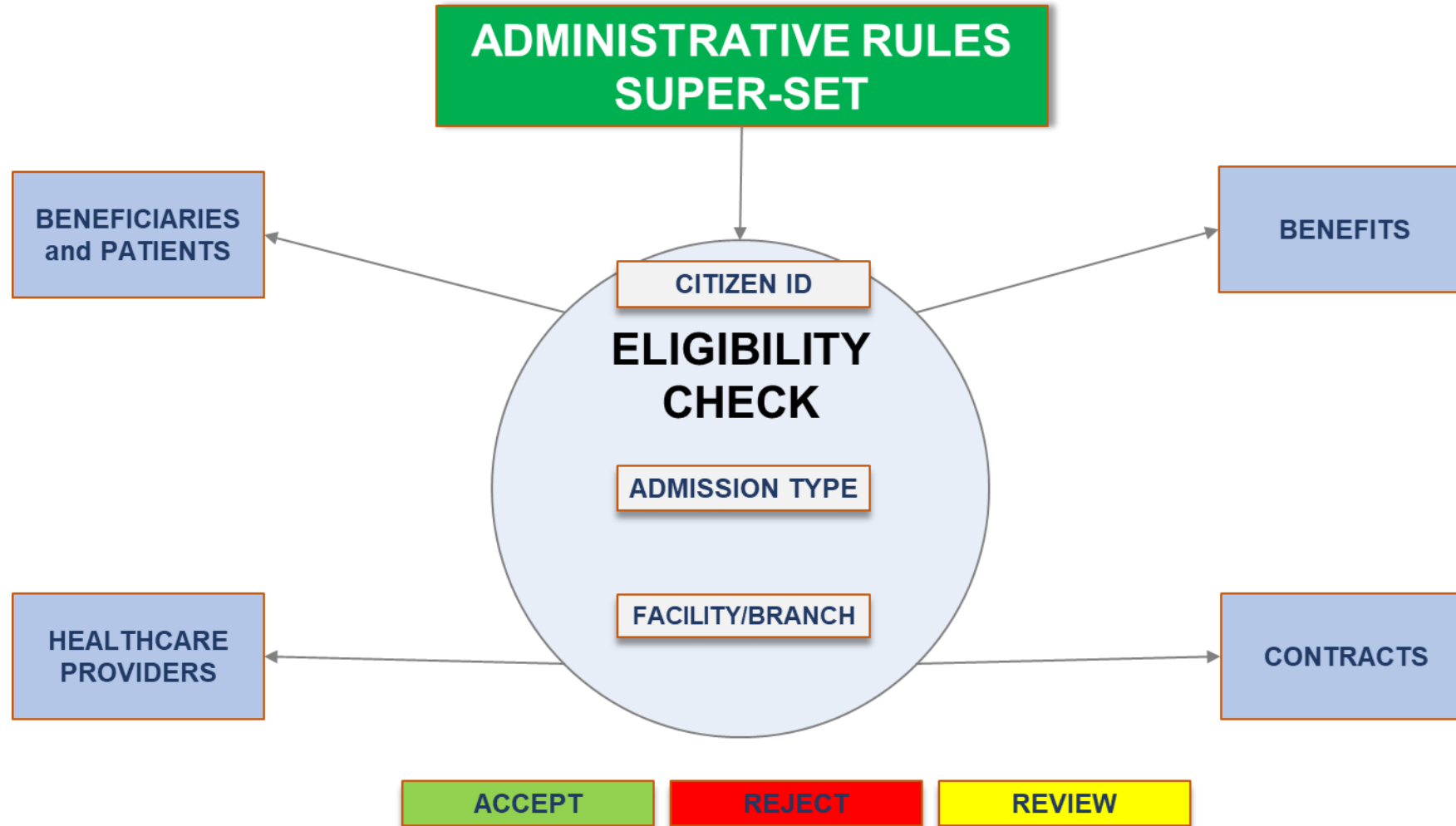


MEDIRULE® ENGINE

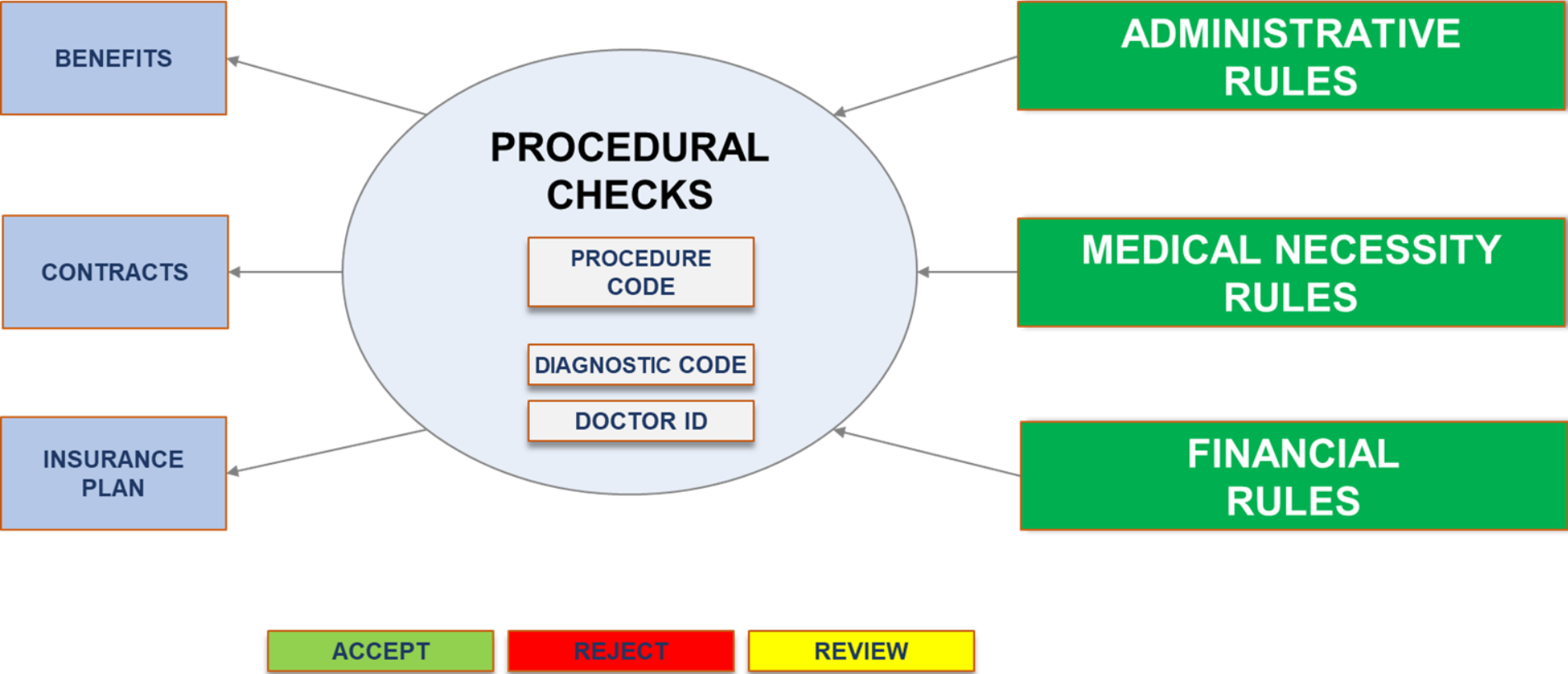
	BENEFICIARIES and CITIZENS	NETWORK (PROVIDERS)	CONTRACTS	INSURANCE PLANS	BENEFITS	BUSINESS RULE ENGINE		
						ADMINISTRATIVE RULES	FINANCIAL RULES	MEDICAL NECESSITY RULES
Verifying EMR for claims adjudication and reimbursement								
1 ELIGIBILITY CHECKS	●	●	●		●			
2 PROCEDURAL CHECKS				●	●	●	●	
3 FINANCIAL CHECKS		●	●	●	●	●	●	

Fully Customizable system with built-in 100,000+ applicable rule combinations

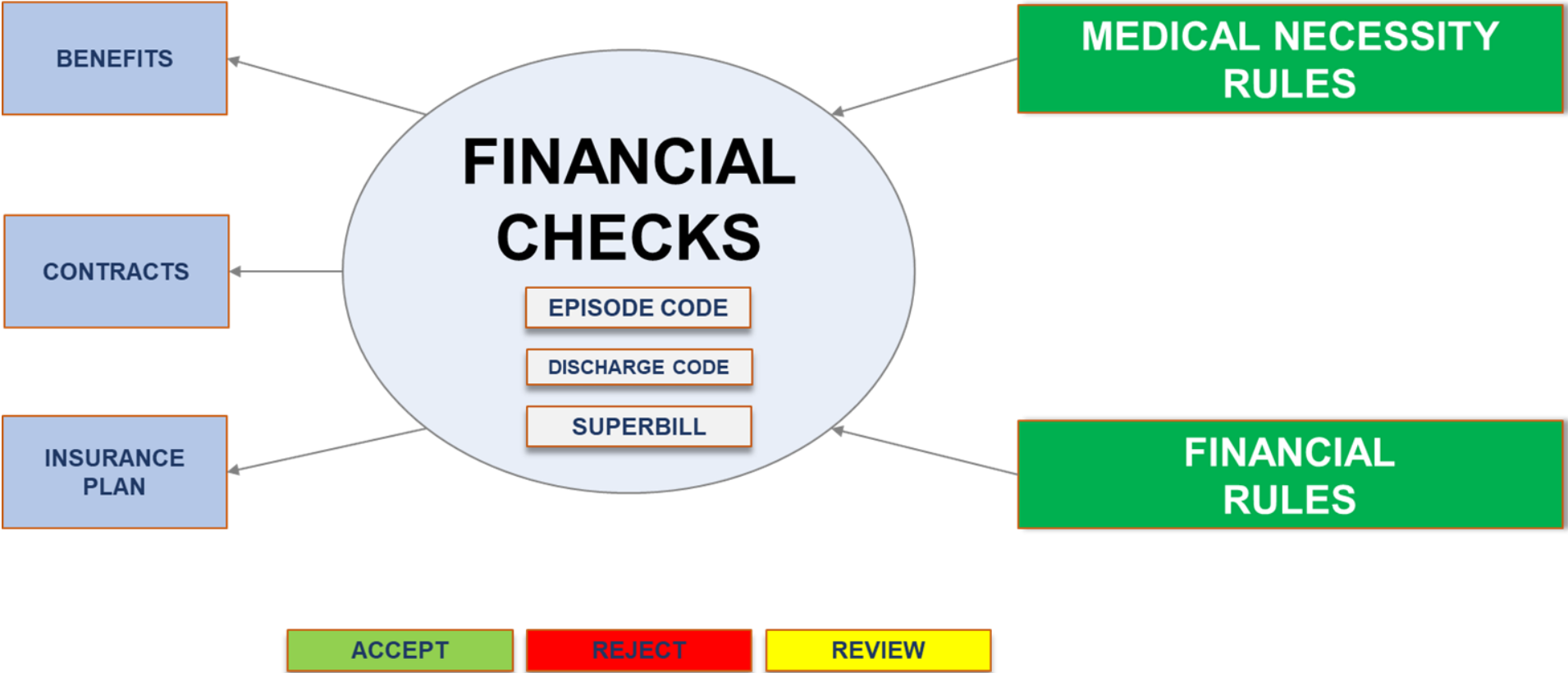
MEDIRULE[®]



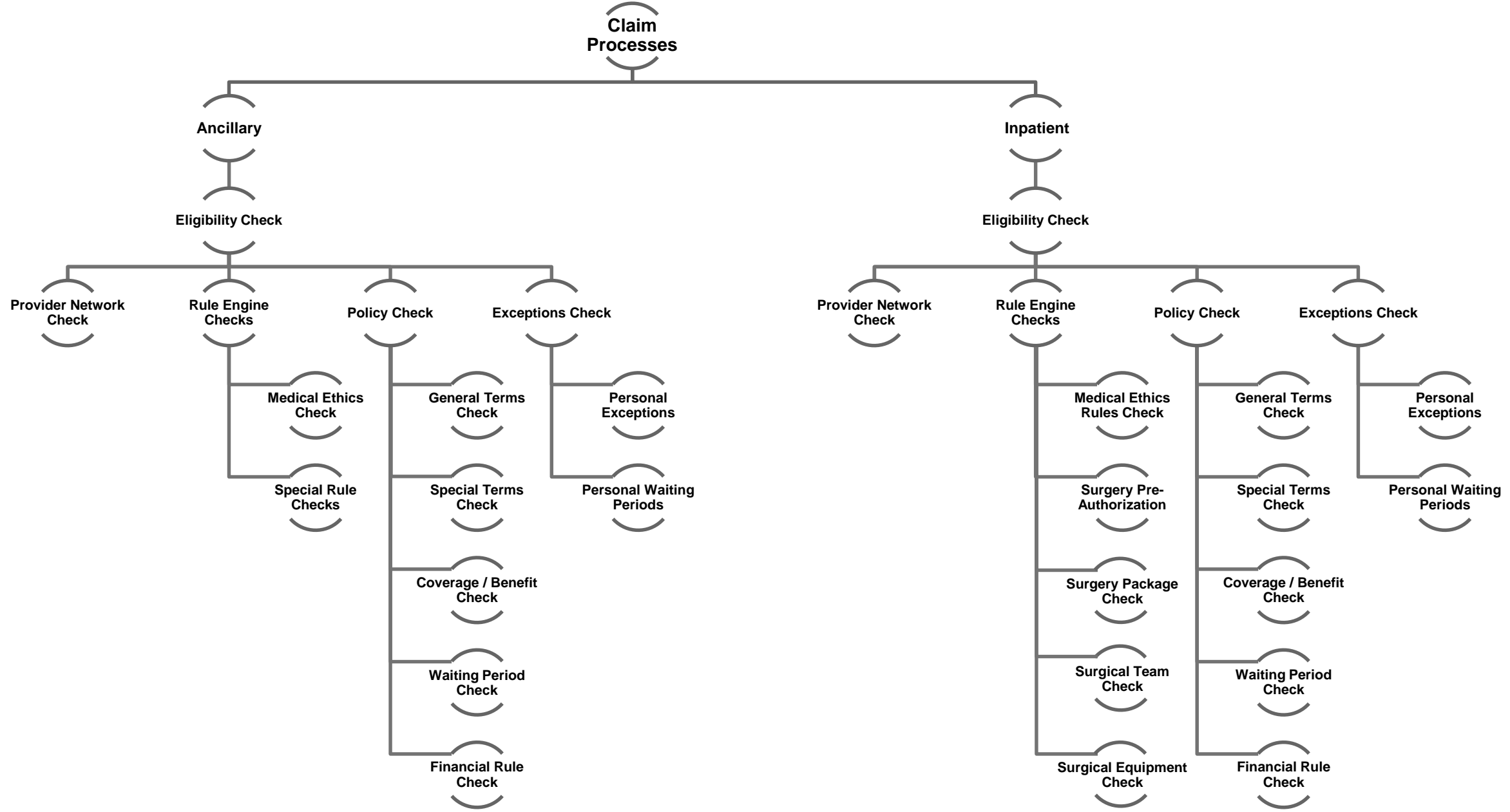
MEDIRULE[®]



MEDIRULE[®]

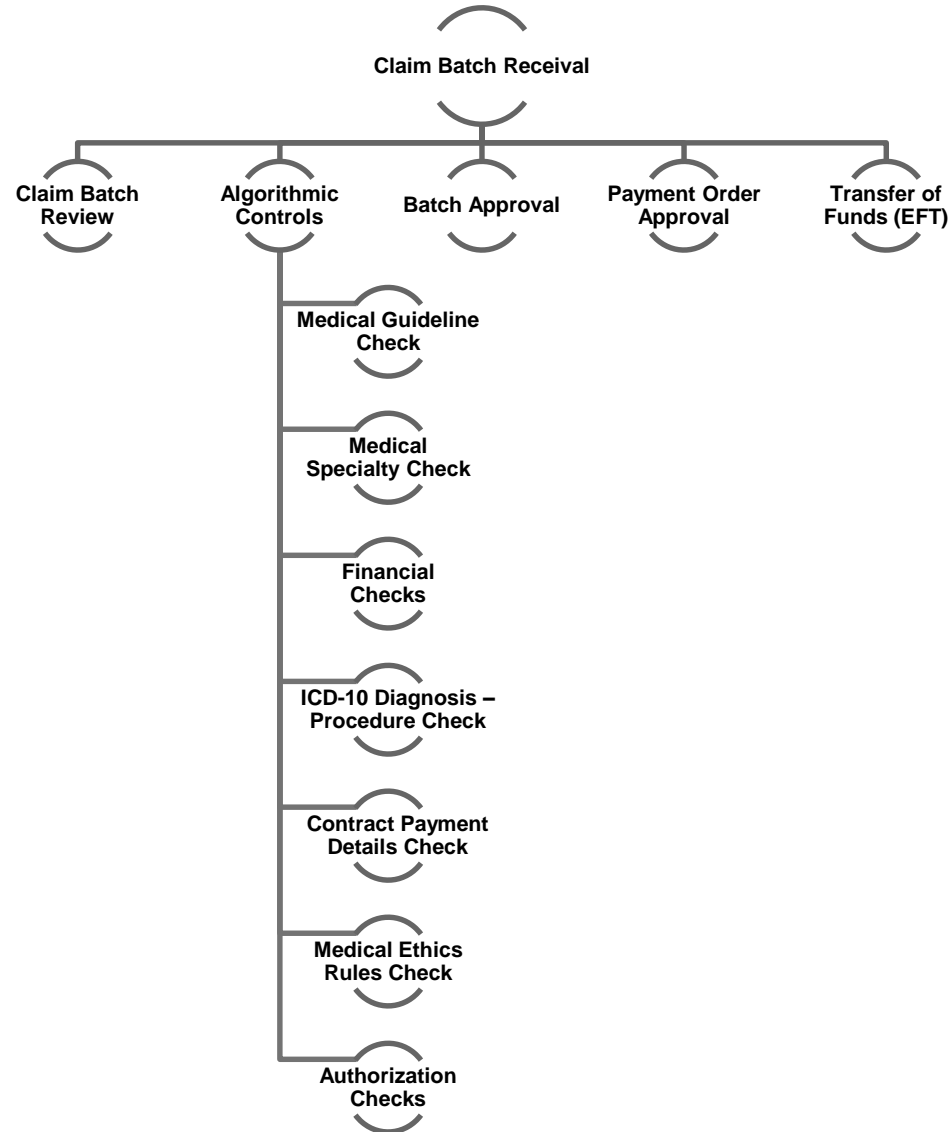
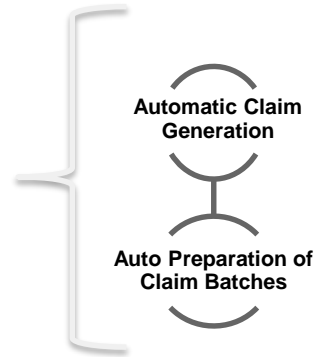


MEDIGAP | AUTHORIZATION AND CLAIM PROCESSES



MEDIGAP | RECONCILIATION AND PAYMENT

HEALTHCARE PROVIDER WORKFLOWS



PAYER WORKFLOWS

MEDIGAP ® Benefits

Providers

- ✓ **Comprehensive** Contract and Network Management
- ✓ **Medicare** and **Complementary** Insurance Support
- ✓ **Fast** Electronic Claim Reimbursement via ETF
- ✓ **Improved** Benchmarking and Forecasting
- ✓ **Minimal** amounts of negative Claim and Authorization results
- ✓ **Reduced** staff costs
- ✓ **Seamless** integration with HIS, LIS, PIS and other systems

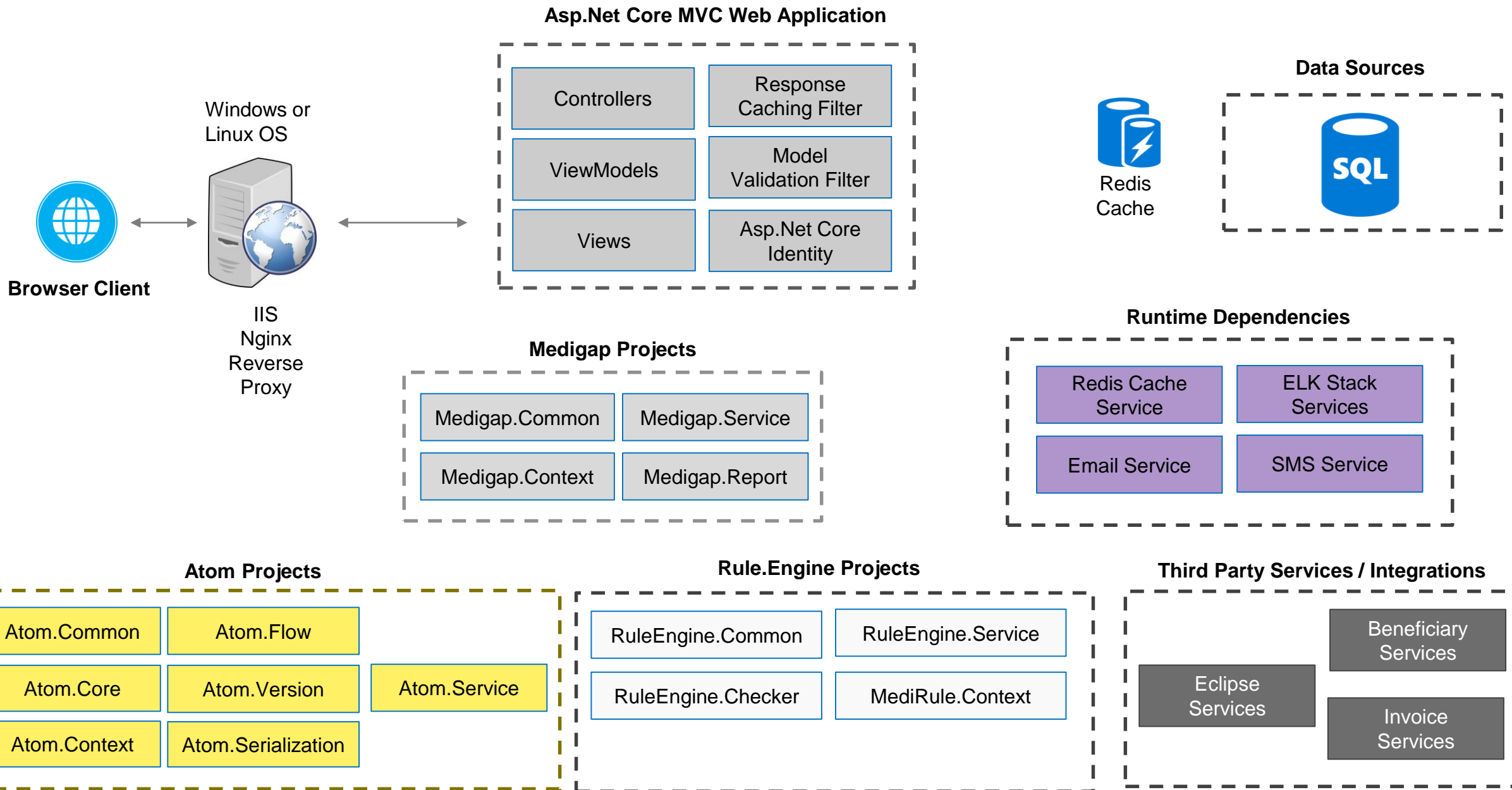
Payors

- ✓ **Policy** and Insurance Product Management System
- ✓ **Contract** and Network Management
- ✓ **Advanced** Analytics for Actuarial Studies
- ✓ **Data Driven** Decision Making Powered with Advanced Analytics and AI
- ✓ **Customizable** and Scalable Rule Engine with Built-in 120,000 Rules
- ✓ **Minimize** Intentional/Unintentional Fraud and personnel costs

Patients

- ✓ **No surprises** thanks to real-time claim processing
- ✓ **Real-time** claim review and adjudication
- ✓ **E-Monitoring** of Personal Claims
- ✓ **Fast treatment** times and reduced amount spent at providers
- ✓ **Treatment** reminders
- ✓ **Live call centre** support
- ✓ **Fair and transparent** claims ensuring
- ✓ **Lower cost** of medical services

MEDIGAP[®] Technical Specifications



MEDIGAP ® EXTENDED

Product Manufacturing

Corporate Group and Individual Product Support

Product/Plan Hierarchy and History

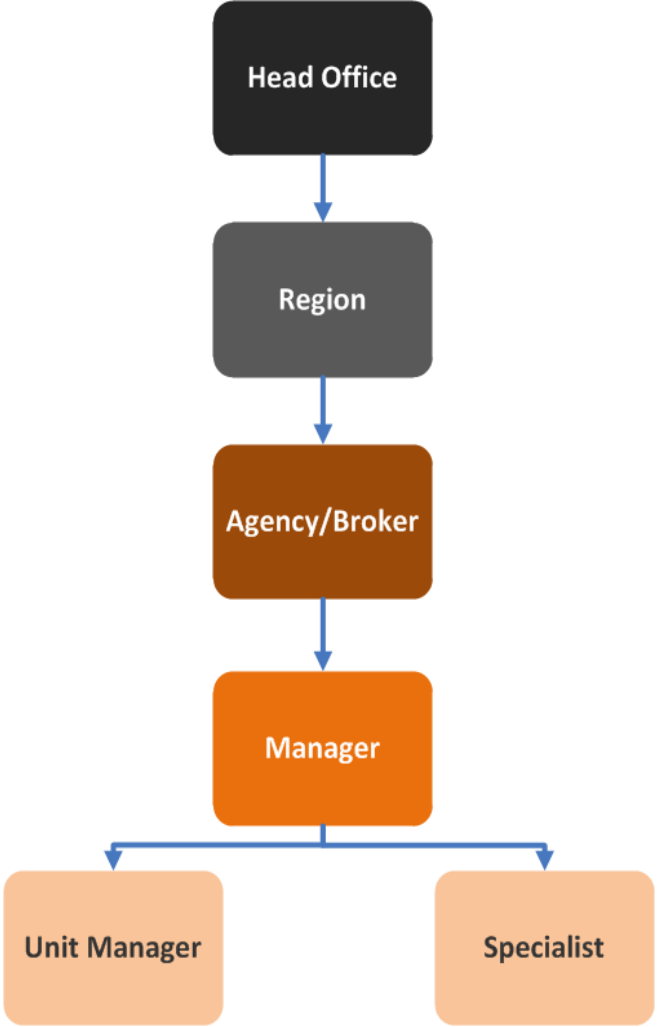
Flexible Product Structure

- Payment, Co-Insurance, Claim Discount
- Multiple Billing Models
- Actuarial Calculations and User-Defined Formulae
- Dynamic Risk Assessment
- Premium Collection Definition

Detailed Benefit Definitions

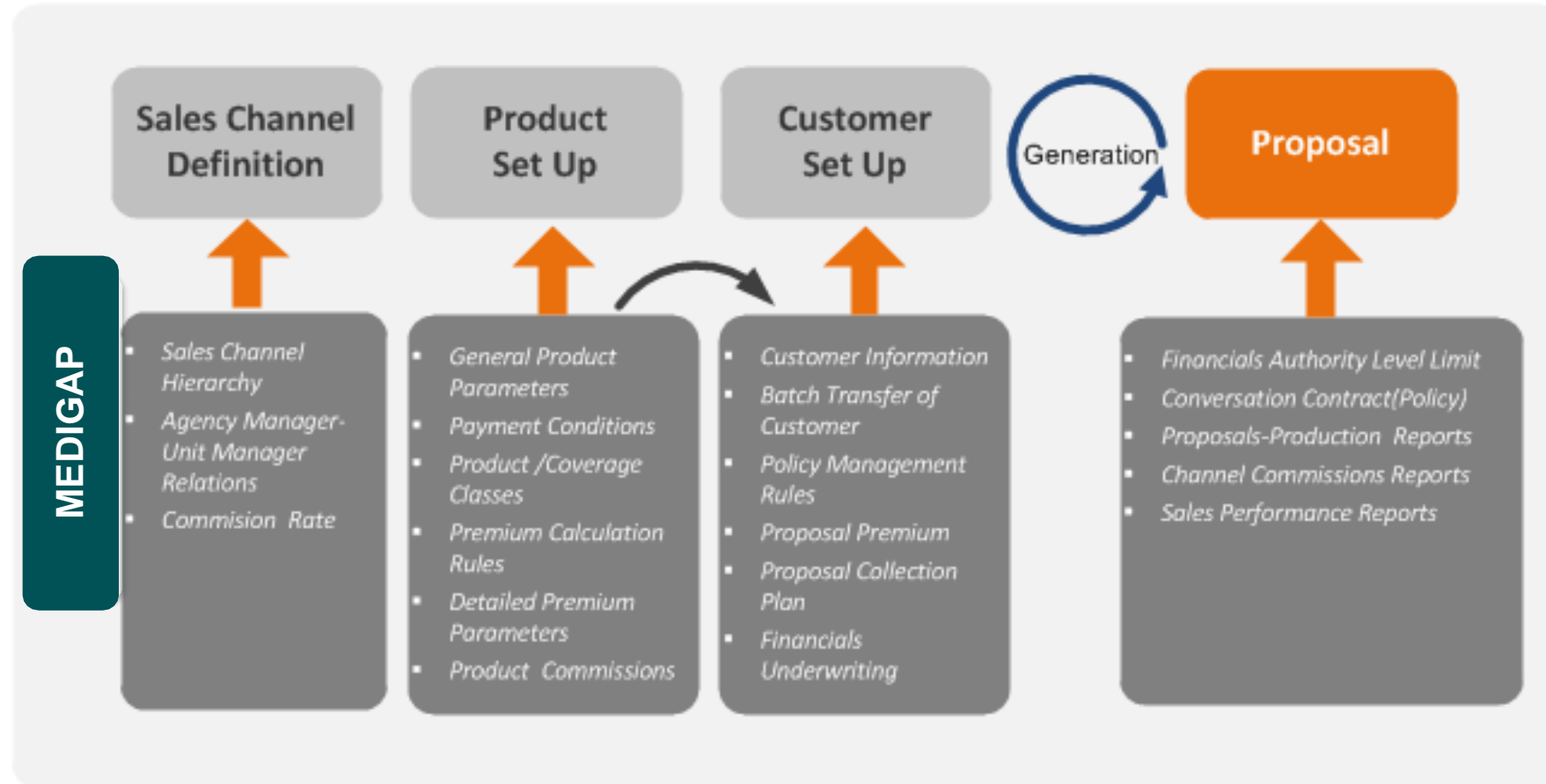
- Plan-Network Relations
- Coverage-Coverage Relations
- Benefit Usage Rules

Sales Channel Administration

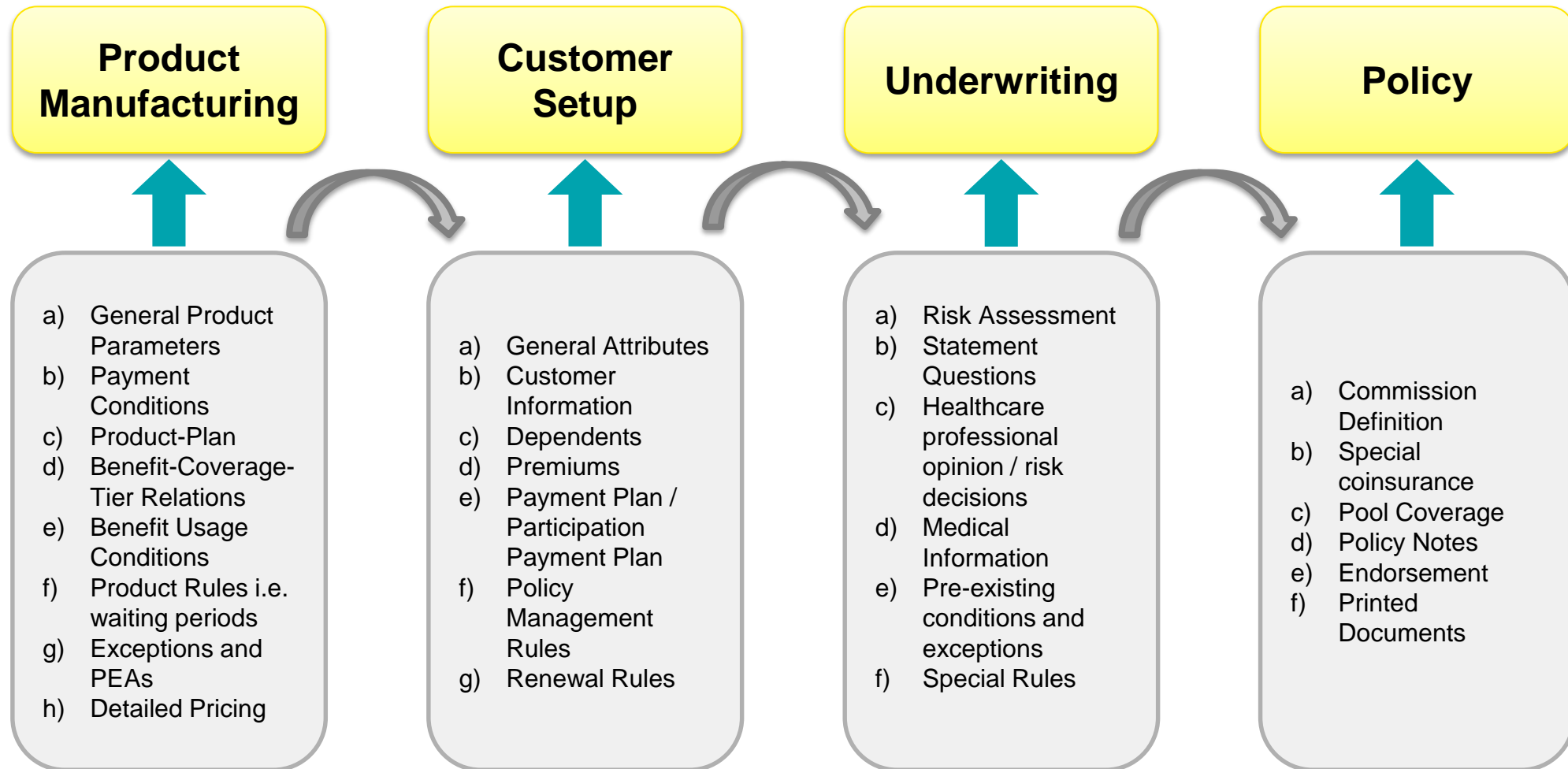


- **Hierarchical Structure**
 - Regions & States
 - Agencies / Brokers
 - Sales Representatives
- **Rights and Grants**
 - Product level rights
 - Reduction rights
 - Data visibility depends on portfolio
- **Commission Systematic**
 - Parametric commission rates (product, customer attributes, region etc.)
 - Commission sharing
 - Premium type based on commission (written premium or collected premium)
- **Deposit & Quota Follow up**

Proposal Management



Policy Administration Overview



Underwriting Decision Tree

STANDART ACCEPTANCE

There is no restriction for this pre-existing condition. It is kept in the system for future reference

ACCEPTANCE WITH LIMIT

Acceptance of the pre-existing condition illness with payment limits.

**ACCEPTANCE WITH
SURPREMIUM**

Acceptance of the selected pre-existing condition with surpremium

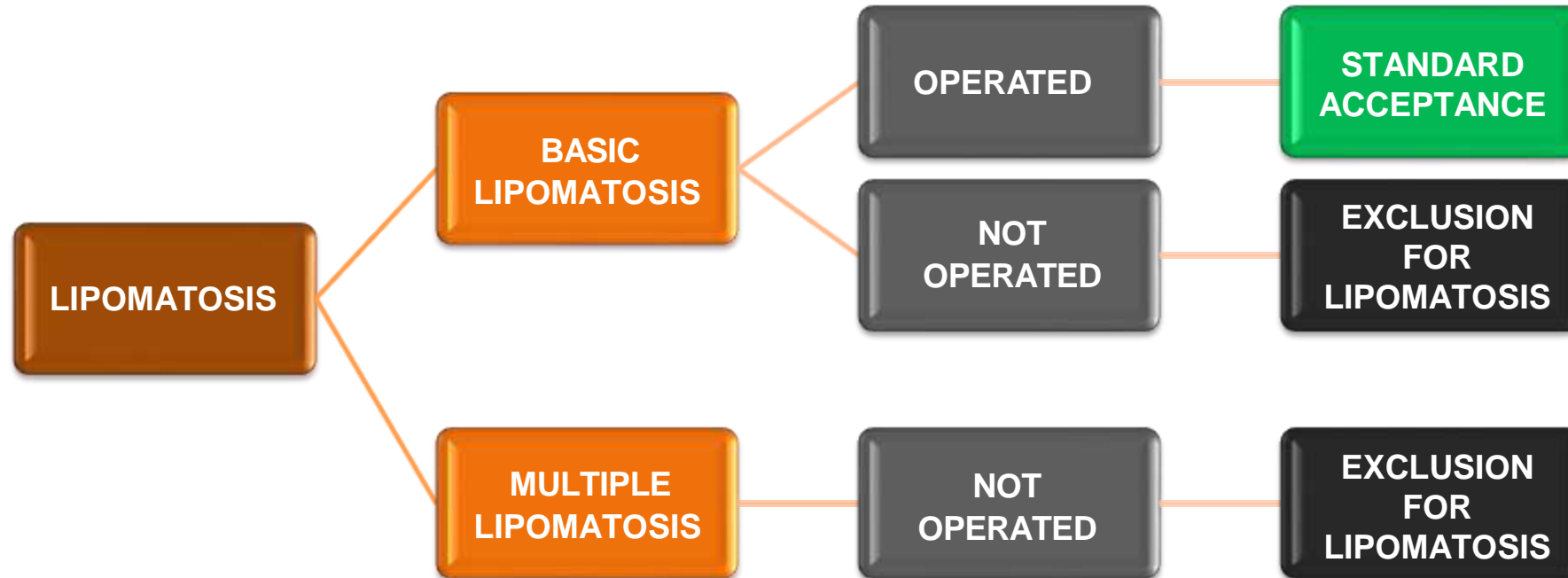
EXCLUSION

The pre-existing condition is out of coverage until a certain date

REJECTION

The application is rejected

Underwriting Example



Number of Pre-Configured UW Rules:

Exceptions: 1006

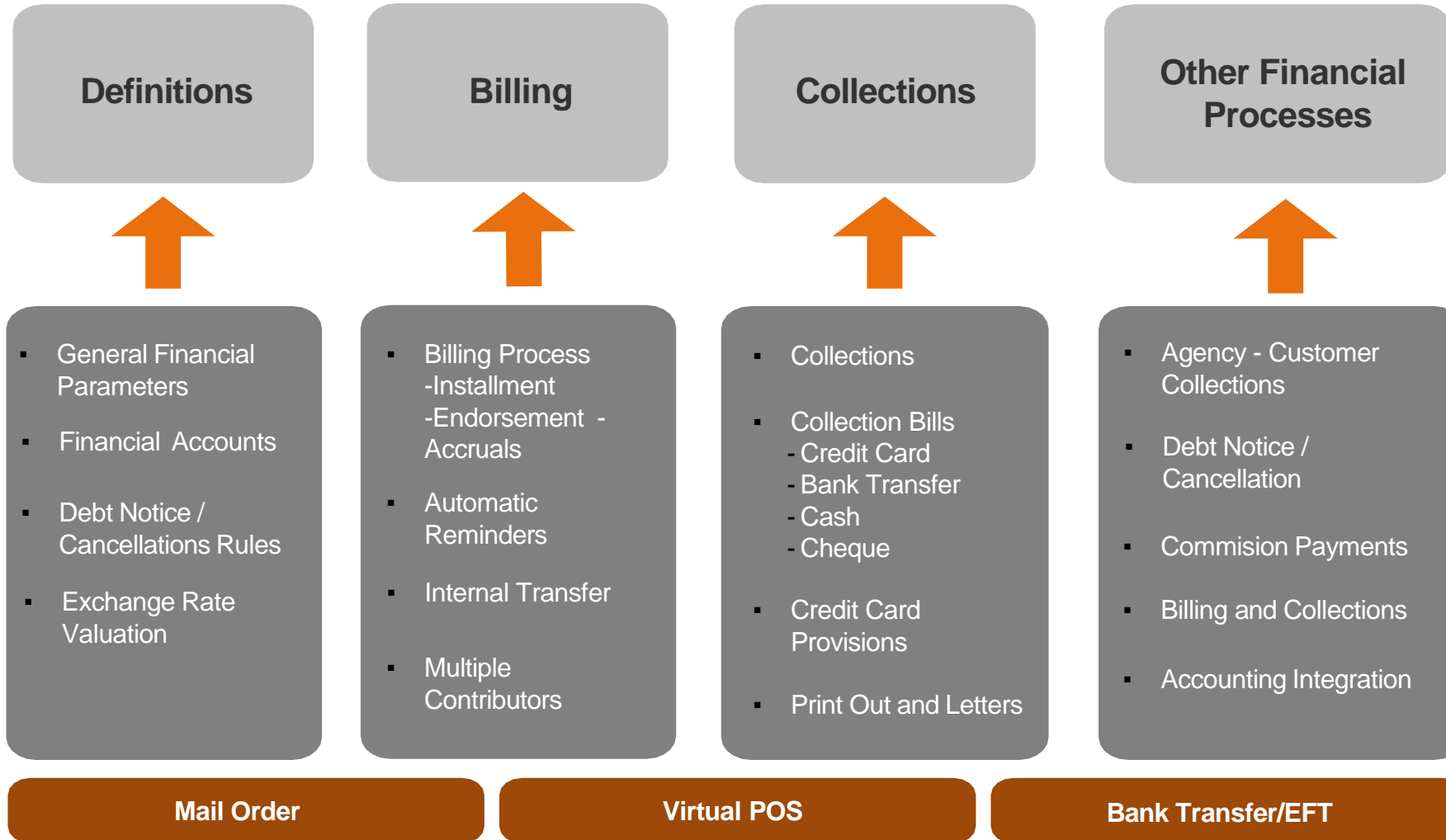
Drug Rules: 364

UW Rules: 250

UW Decision Trees: 374

UW Decision Tree Nodes: 1004

Collection Management



Contact Us



+90 312 297 15 00



+61 417 293 239



+61 417 293 239



sales@tchealth.com.tr



www.tchealth.com.tr

