

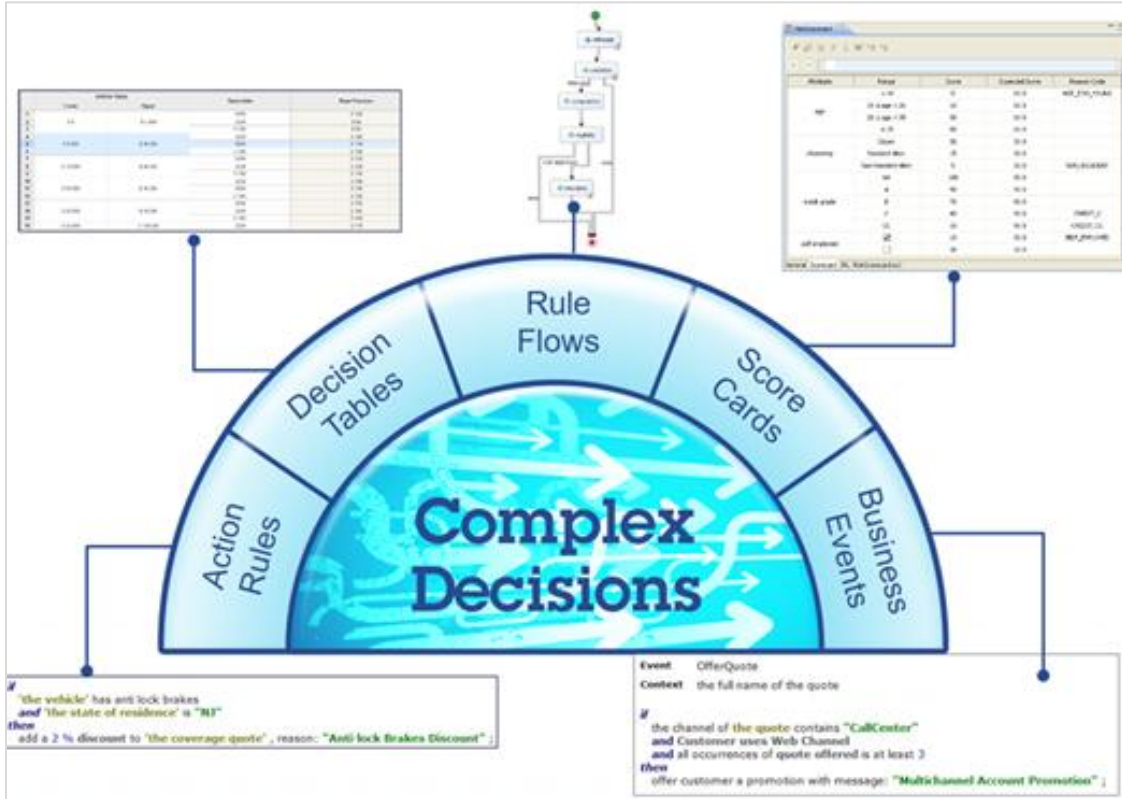
## MEDIRULE ENTERPRISE ® HEALTH CLAIMS VERIFICATION RULE ENGINE

The MediRule Enterprise® health claims verification engine is a standalone system developed specifically for the diverse requirements of enterprise customers, who often need special clauses or customizations to their standard policy templates. The needs of enterprise customers covered by MediRule Enterprise® include:

- Insurance Provider Policy of Conduct
- Insurance Policy Base Rules for Each Health Product
- Additional Policy Rules Tailored to Enterprise Customers' Needs

The MediRule Enterprise® health claims verification engine has been developed through in-depth research into global insurance policies, considering different reimbursement frameworks. Currently, it encompasses over +100,000 business rules to accommodate the needs of enterprise customers, while remaining fully customizable by policy managers and product owners.

Implemented on **IBM Operational Decision Manager**, the leading rules solution with a 30% global market share, the MediRule Enterprise® health claims verification engine boasts a unique design. It enables users to create and edit rule artifacts, such as action rules, decision tables, or rule flows, which can be organized into folders. Additionally, it allows for the definition of decision operations, ruleset variable for enterprise projects.



# TCHEALTH

The MediRule Enterprise® health claims verification engine generates business rules in two distinct formats: action rules and decision tables. This engine also facilitates the creation of rule flows, which control rule execution, variable sets for use within rulesets, and decision operations that determine the inclusion of rules within a ruleset.

Furthermore, the MediRule Enterprise® health claims verification engine oversees end-to-end management of claim and reimbursement processes, comprehensively monitoring healthcare services. Leveraging shared electronic health records, insurance providers can efficiently process claim requests stemming from patient admissions.

Through the MediRule Enterprise® health claims verification engine, policy contracts associated with Individual and Group Policies are analyzed, categorized, and defined within the IBM Operational Business Rules system. These contracts are made reusable through various means, including:

- Claim Header Details Based Rules
- Physician Service/MBS Rules
- Consumables Rules
- Manual Entry, Cover/Benefit Based Rules
- Cover Routing Tables and Distribution Rules

This platform achieves an outstanding 84% automation rate in processing both inpatient and outpatient claims on average.

## RULE DOMAINS

- Covered and Uncovered Diseases Groups for inpatient, outpatient and treatment
- Network Management Rules
- Policy Management Rules
- Pricing/Service Procurement Rules
- Deductibles and Cover Limit Rules
- Covers Management
- Pharmacy and Vaccination Rules
- Waiting Period Management
- Emergency Admission Rules
- Maternity and Newborn Rules

## PARAMETER CHECKS

- ICD-10 Codes,
- MPS Health Services Codes,
- DRG Codes
- Age, Gender,
- Waiting Periods
- Doctor Specialty
- Cover Limits and Cover Redirection
- Surgery/Inpatient Rules
- UW Exemptions
- Patient History

## VERIFICATION ENGINE

- Storing and synchronizing rules in database and source control repositories
- Authoring and managing rules in a web-based environment
- Testing the results of business rules, and running simulations against key performance indicators.
- Deploying rules with rule execution services.
- Customizing rules and policies by back-end components to handle data and integrate rule editing capabilities
- Editing with graphical components in to more closely match the preferences of business.