

# Together we advance health insurance



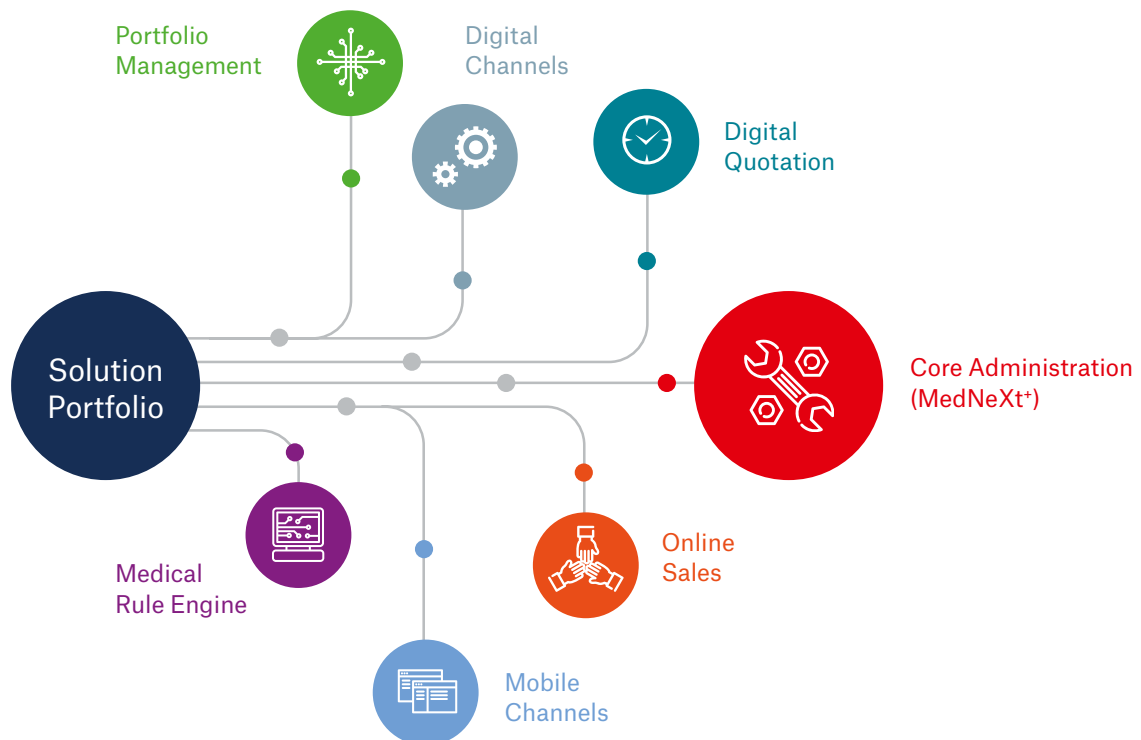
# Together we advance health insurance

MR HealthTech Ltd., is a division of Munich Re, headquartered in Athens, Greece. Its sales and professional services personnel located in its regional offices in Greece, Cyprus and UAE, address the European, Middle Eastern, Latin American and African regions.

MR HealthTech Ltd. has been the world's leading technology partner to the health insurance industry for over two decades, servicing 23 organisations in 17 countries. Our client base includes insurance companies, healthcare services organisations and third-party administrators (TPAs) in Greece, Cyprus, Germany, Luxembourg, Belgium, Romania, Poland, UAE, Kuwait, Qatar, Saudi Arabia, Bahrain, Egypt, Jordan, Oman, Mexico, Angola and Kurdistan.

With state-of-the-art software designed to bring rapid and tangible results, we enable our customers to transform their business in the age of digital disruption, strengthen client relationships, while maximising profitability potential.

Our comprehensive solution portfolio includes many specialised options which enable insurers, as well as third-party administrators, to generate and manage both individual and group health insurance business.



## Key benefits

- Growth & efficiency
- Customer engagement & self-service
- Profitability

# MedNeXt+

## The ultimate solution for success in health insurance

MedNeXt+ is the ultimate solution for managing health insurance risks. It enables organisations to meet today's challenges and tomorrow's emerging business needs with a comprehensive, flexible and integrated platform combining sophisticated functionality with impressive performance and reliability.

MedNeXt+ has evolved over a period of almost two decades and was developed to incorporate the business needs of insurers, third-party administrators (TPAs) and reinsurers in international markets.

It contains a vast amount of functionality, which, in conjunction with extensive configuration options, can cater for the needs of any organisation offering health insurance without costly and time-consuming adaptations.

MedNeXt+ supports 20 organisations in 15 countries in Europe, the Middle East and Latin America. In total, it administers 5 million members and €2 billion in premiums.

It is built with state-of-the-art Oracle technology combining Java Enterprise Edition (JEE), Oracle's Application Development Framework ADF11g and Service-Oriented Architecture (SOA).

MedNeXt+ with its two subsystems – the Operational System and the Business Intelligence System – and its six interfaces is a complete, enterprise-wide health insurance solution that enables risk carriers to achieve fast time-to-market for new products, grow profitably, manage costs and improve service quality.

MedNeXt+ is Oracle Exadata and Exalogic optimised. For more information about prices, please contact: [info@mrhealthtech.com](mailto:info@mrhealthtech.com)



Operational System			BI System
Product Configuration	Application Management & UW	Care Management	Data Warehouse
Sales Management	Policy & Member Management	Claims Processing	Executive Dashboard
Provider Contracting	Premium Billing & Collection	Claims Payment	Analytical Processing
Provider Contracting	Customer Service	Reinsurance	Business Reporting
Interfaces			
Web Services			
Oracle Financials Interface			
SAP-FSCD Interface			
Documentum Interface			
Reporting Interface			
Data Exchange			

### Ideal for

Insurers, third-party administrators (TPAs), self-insured companies

### Key benefits

- Fast time-to-market for new products
- Profitable growth
- Active management of medical and operational costs  
"Supporting end-to-end health insurance processes"
- Superior customer service

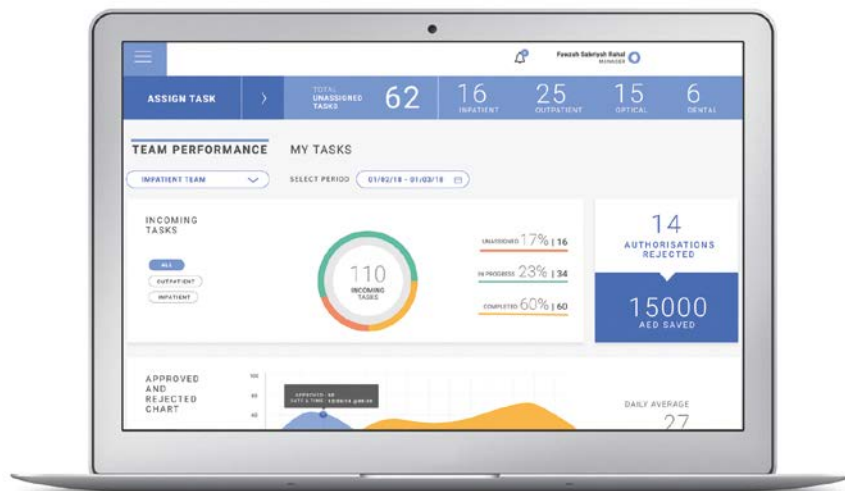


## The Operational System

The MedNeXt+ Operational System offers online, real-time processing for all core functions of health insurance. It enables you to manage complex information requirements, integrate and optimise your processes, and achieve operational excellence.

It supports a vast range of health insurance products for both individual and group policies on the same system platform.

The Operational System consists of 12 fully integrated modules that provide functionality designed to support the entire policy lifecycle and all operational needs of health insurance business.



MedNeXt+ The ultimate solution for success in health insurance

### Key features

- Online, real-time processing for all core functions of health insurance
- Supports all types of health insurance products without programming or IT support
- Multi-company
- Multi-lingual
- Multi-currency
- Pure web-based user interface with rich functionality through Oracle's ADF Faces
- Flexible and adaptable to business needs with extensive configuration options and user-defined custom fields
- 360° visibility of member claims history across policies and products
- Independent of specific standards for diagnoses and procedures. It can work with multiple standards and home-grown lists.
- Comprehensive provider management and provider contracting
- Sophisticated care management functionality
- Fully automated claims adjudication process, including user-defined edits
- Integrated customer service

# The Business Intelligence System

The MedNeXt+ Business Intelligence System is a complete business intelligence solution of unparalleled power and effectiveness. It enables you to leverage your organisation's data assets and turn them into a source of sustainable competitive advantage.

MedNeXt+ BI exploits the wealth of information captured through day-to-day operations by converting raw data into intelligence and providing critical insights on all business areas. It meets the informational needs of the entire organisation and supports your management decisions on operational and strategic levels. In this way, you can respond quickly to market demands and experience increased revenues and profitability.

MedNeXt+ BI has been developed using the latest Oracle business intelligence technology – Oracle Business Intelligence Enterprise Edition (OBIEE) and Oracle Online Analytical Processing (OLAP).

MedNeXt+ BI consists of four components that together constitute an extremely comprehensive and effective business intelligence tool.



## Key features

- State-of-the-art business intelligence technology
- Comprehensive data warehouse consolidating all MedNeXt+ data
- Executive Dashboard providing key performance indicator (KPI) monitoring and decision support
- Powerful analytical processing enabling in-depth data analysis in seconds
- Business reporting, facilitating effective information sharing across the organisation

## Key benefits

- Leverages the data assets of the business and transforms them into a source of sustainable competitive advantage
- Meets all informational needs of the organisation and supports management decisions on operational and strategic levels
- Enables quick and effective response to market demands, leading to increased revenues and profitability
- Enforces consistent definitions and figures in business reports (single version of truth)



# Interfaces

MedNeXt+ built-in interfaces enable you to take advantage of some of the world's 'best-in-class' software products such as Oracle E-Business Suite, SAP and EMC2 Documentum as well as integrate MedNeXt+ into your IT landscape without delays and additional costs.

## Web Services

- MedNeXt+ comes with a wide range of web services that enable third-party applications to perform transactions in MedNeXt+
- Provides atomic web services for additional flexibility
- Web services conform to the same business rules as transactions performed in MedNeXt+
- Complete and detailed documentation for application developers

## Oracle Financials (part of Oracle E-Business Suite)

- Integrates the specialised health insurance functionality of MedNeXt+ with the accounting and financial management capabilities of Oracle Financials
- Consists of a number of interfaces that transfer data and transactions from MedNeXt+ to the Receivables and Payables modules of Oracle Financials
- Provides many useful features for scheduling interface jobs and managing interface errors and exceptions

## SAP-FSCD

- Integrates the specialised health insurance functionality of MedNeXt+ with the accounting and financial management capabilities of SAP-FSCD
- Consists of a number of interfaces that transfer data and transactions from MedNeXt+ to the corresponding entities of SAP-FSCD (i.e. business partner, insurance object, payment item)
- Provides many useful features for scheduling interface jobs and managing interface errors and exceptions

## EMC2 Documentum

- Adds document and process management functionality to MedNeXt+ through two built-in connectors
- The Content Connector facilitates the storage of documents and other types of content from MedNeXt+ into Documentum and linking this content to MedNeXt+ entities
- The Process Connector enables Documentum processes to trigger MedNeXt+ actions and to exchange data between Documentum X-Forms and MedNeXt+ pages
- Both connectors are fully configurable through XML files

## Reporting Interface

- Direct access to the MedNeXt+ database for reporting purposes through a simplified and intuitive End User Layer (EUL) based on database views
- Built-in integration with Oracle Discoverer and Oracle BI Publisher
- Large number of Oracle Discoverer and BI Publisher reports readily available
- Can be used with practically any report-preparation software

## Data Exchange

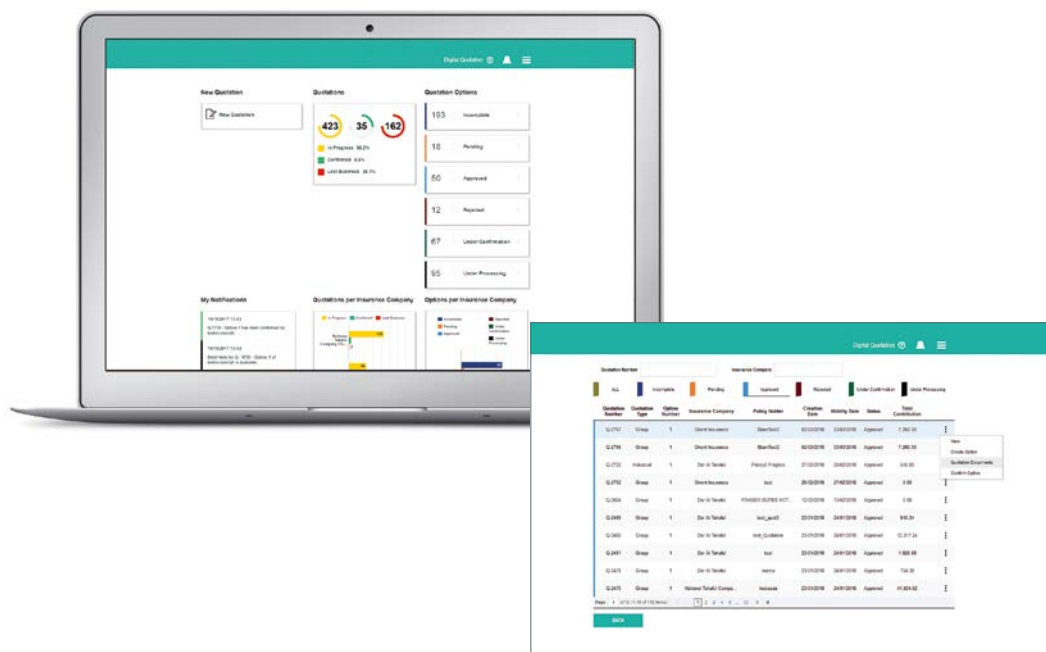
- Ability to export MedNeXt+ data to text, XML and Microsoft Excel files
- Ability to perform key business transactions through data imports including policy/member import, electronic claims import, etc.



# Digital Quotation

## Digital sales for group life and health insurance

Our Digital Quotation application enables insurers and brokers to increase their group (corporate) life and health insurance business by simplifying, automating and accelerating the quotation and sales process. Its carefully designed user interface enables users to create multiple variations of a quotation based on the customer's needs, share them with the customer and close the sale quickly. It integrates with any core insurance back-office system, automating all related policy administration tasks.



### Ideal for

Insurers and brokers seeking to develop and automate their group life and health business through digital channels.

### Key benefits

- Increased sales volume
- Consistent pricing
- Sales activity tracking, including lost business
- Full process automation, including underwriting
- Elimination of approval bottlenecks

### Key features

- Generation and storage of group quotations and quotation options
- Configurable formats for quotation documents
- Definition and automatic validation of underwriting rules
- Automatic routing for review and approvals
- Notification enablement
- Sales tracking dashboard
- Integration with any core insurance back-office system for product configuration and premium calculation
- Customer branding

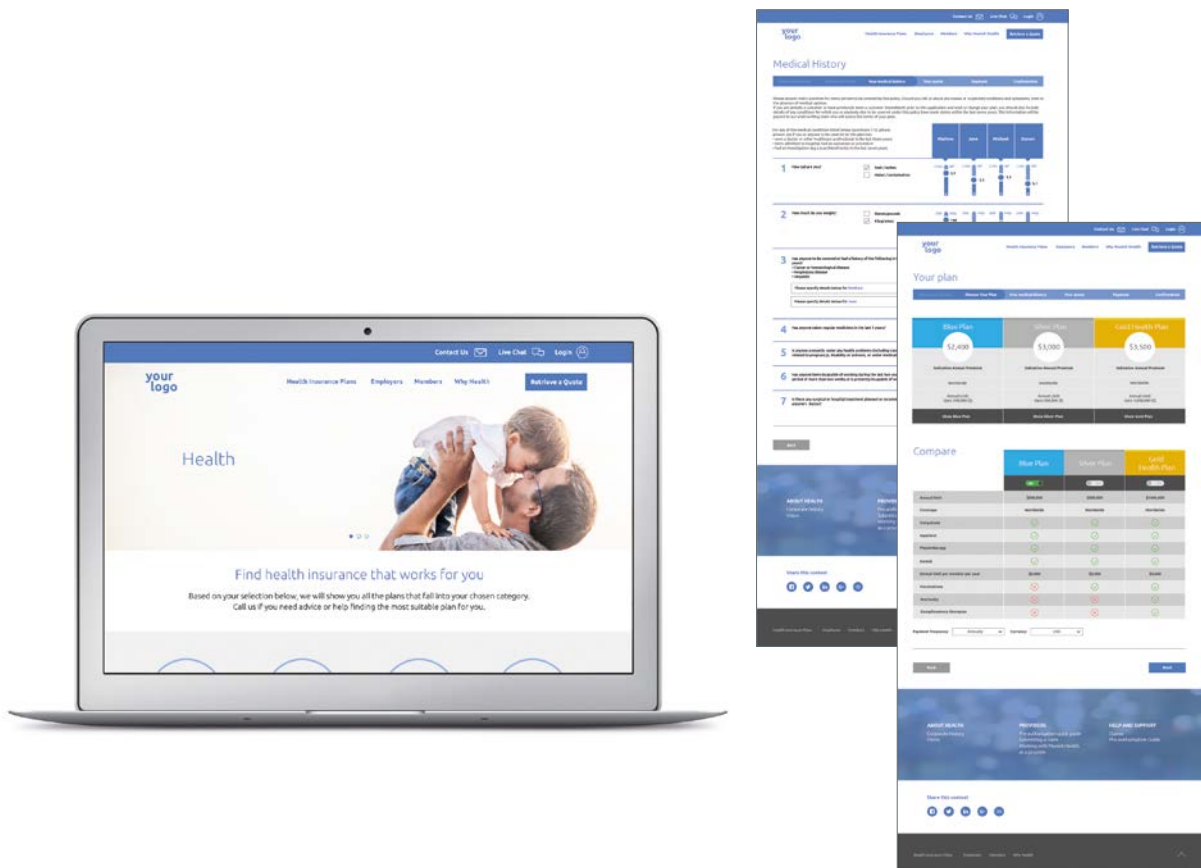


# Onlines Sales

## Digital sales for individual life and health insurance



Our Online Sales application enables insurers to generate strong online sales for individual (retail) life and health insurance business. Its streamlined and user-friendly process enables buyers to select from a number of products, personalise coverage and buy a policy easily and quickly. It integrates with any core insurance back-office system, automating all related policy administration tasks.



### Ideal for

Insurers seeking to develop and automate their individual life and health business through digital channels.

### Key benefits

- Increased sales volume
- Streamlined customer journey
- Full process automation, including underwriting
- Self-service enablement

### Key features

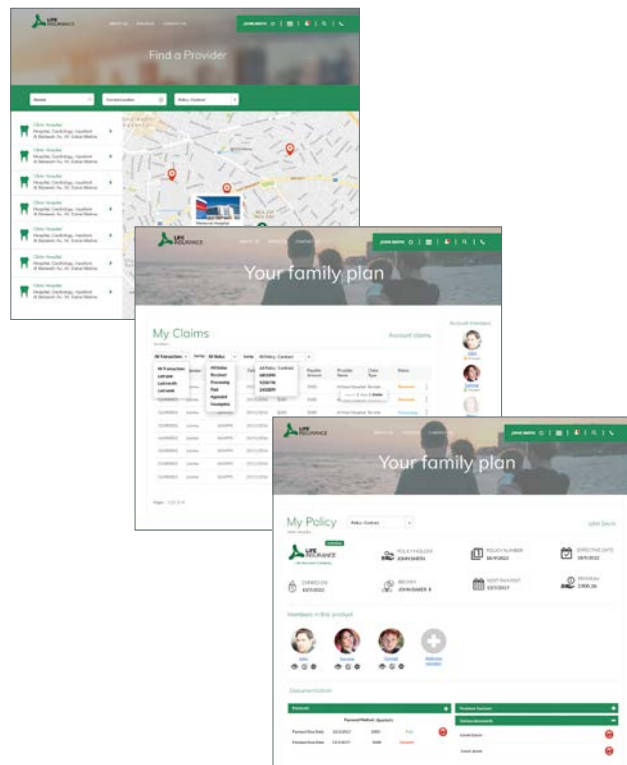
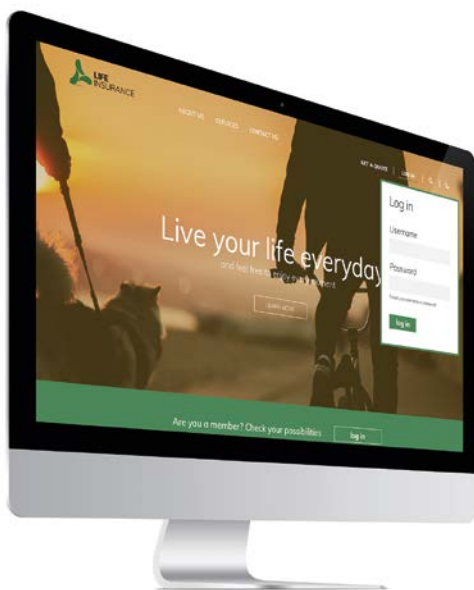
- Customer branding
- Selection of pre-configured products for individual sales
- Generating, storing and sending offers by email
- Entry of medical underwriting elements which can be optionally integrated with any underwriting engine
- Automatic generation of policy and related documents upon offer acceptance
- Notification enablement
- Integration with any core insurance back-office system for premium calculation and policy issuance



## Digital Channels

### Digital member engagement and self-service

Our Member Portal employs the latest portal technology and outstanding user experience to increase member engagement and interaction with the insurer. It facilitates self-service by providing access to all important policy information and by enabling key actions of health insurance such as claim submission, provider search and appointments.



#### Ideal for

Insurers seeking to increase member engagement and self-service through digital channels.

#### Key benefits

- Customer engagement
- Self-service
- Process efficiency
- Service differentiation
- Up-sell and cross-sell potential
- Reusability and lower development/maintenance costs

#### Key features

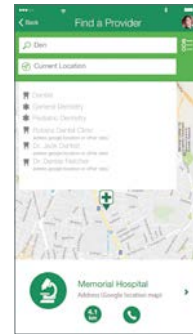
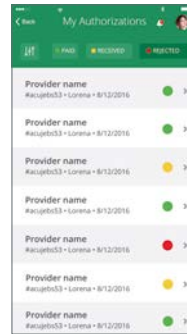
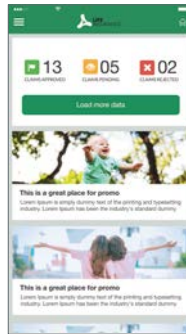
- Customer branding
- Ability to embed reusable portlets into customer portal
- Seamless integration with back-end system
- News and promotions feed
- Provider search and appointment
- My Claims, including claim submission and appeal
- My Policy
- Online chat, messaging and notifications

# Mobile Channels

## Mobile member engagement and self-service



Our Member Mobile application enables insurers to increase member engagement and interaction through mobile devices. It facilitates self-service by providing access to all important policy information and by enabling key actions of health insurance such as claim submission, provider search and appointments.



### Ideal for

Insurers seeking to increase member engagement and self-service through mobile channels.

### Key benefits

- Self-service
- Customer engagement
- Process efficiency
- Service differentiation
- Up-sell and cross-sell potential

### Key features

- Customer branding
- Seamless integration with online sales and back-end system
- News and promotions feed
- Provider search and appointment
- My Claims, including claim submission and appeal
- My Policy
- Online chat, messaging and notifications



## Medical Rule Engine

### Health insurance claims decision support

Our Medical Rule Engine enables insurers to reduce the costs of health insurance claims and improve the quality of their claims adjudication process. It is an expert system containing millions of medical rules and rule edits that can be used to evaluate claims for plausibility and medical correctness. It also detects incorrect billing and potential fraud or abuse.

It can be either stand-alone or integrated with any core insurance back-office system to automate and improve the quality of claims adjudication.



#### Ideal for

Insurers seeking to reduce the costs of health insurance claims and improve the quality and automation of their claims adjudication process.

#### Key benefits

- Reduced claims costs
- Detection and prevention of incorrect billing and fraud or abuse
- Transparency and consistency in claims adjudication
- Reduced costs and turn-around time of claim reviews

#### Key features

- Rule Editing Platform for creation, storage and maintenance of the medical knowledge base (rules/edits)
- Easy customisation to the client's specific claims practices and rules
- Ability to deploy in various aspects of the claims process, e.g. back-office claims/authorisations, electronic claims/authorisations as well as electronic prescriptions
- Ability to check correctness of diagnosis, procedures and drug codes
- Ability to manage complex medical rules, e.g. length of stay and drug refill
- Stand-alone operation as well as integration with any core insurance back-office system

# Portfolio Management

## Sophisticated monitoring and active performance management



Our Portfolio Management Suite is a business intelligence solution that provides an out-of-the-box business monitoring and performance improvement solution.

The Suite consists of three main components:

**MIS tool:** Enables reserving and high-level KPIs on portfolio

**Group tool:** Group-specific KPIs and group renewal pricing

**Product tool:** Product-specific KPIs and product pricing



### Ideal for

Insurers seeking to actively manage and steer the performance of their portfolio of health insurance business.

### Key benefits

- Up-to-date monitoring and improved performance of group and individual business
- Transparency and consistency in reserving and monitoring business performance
- Superior pricing of group renewals and standard pricing of products

### Key features

- Performance assessment and KPIs at portfolio level (Group & Individual)
- Calculates best-estimate reserves on various configurable IBNR types
- Flexible market/operation configuration, including role-based KPIs
- Zoom-in capabilities enabling business executives to view portfolio per segment, business, type, etc.
- Claims forecasts at product and/or single group level
- Supports group renewal strategy and monitoring of implementation
- Standard data interfaces to receive data from any core insurance system
- Out-of-the-box integration with MedNext+

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