

**Description of the  
MedEncentive  
Health Risk  
Assessment  
Program**

Health risk assessments are widely recommended as a means to identify health risks within a population of people. The shortfall of risk assessments is the aspect of follow-through and closure to prevent catastrophic health events. In other words, how does an employer or insurer motivate health plan beneficiaries to not only take a health risk assessment, but also follow-through on any risk findings? Furthermore, how can an employer or insurer make sure that the follow-up is appropriate – not too little and not too much?

The MedEncentive Health Risk Assessment Program is specifically designed to engage both health plan beneficiaries and their doctors to follow-through on health risk assessments. MedEncentive integrates with health risk assessment vendors to communicate risk factors to beneficiaries, and then structures financial rewards in a manner that compensates beneficiaries only after they complete the following prerequisites:

1. Lab testing with results directed to the beneficiary's doctor
2. Physician exam and consultation with the doctor to discuss the risk factors and lab results
3. Demonstrate medical literacy and declare compliance to recommended care through the MedEncentive Information Therapy Program (please refer to description, above)
4. Declare medication compliance, if applicable, through the MedEncentive e-Prescribing and Medication Compliance Program (please refer to description, above)

**Benefits:** As with our other products, MedEncentive taps into the doctor-patient relationship to create a level of “mutual accountability” that helps insure an appropriate follow-through on health risk assessment findings. By motivating proper follow-through on identified risks, catastrophic health events can be prevented. Furthermore, by incorporating the MedEncentive Information Therapy Program, doctors are encouraged to practice evidence-based diagnostic methods and beneficiaries are empowered to partner with their doctors to prevent unnecessary tests. Beneficiaries are also empowered to self-manage their health, all of which helps

control costs.

Beneficiaries win, doctors win and employers-insurers win...