

FOR IMMEDIATE RELEASE

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MedEncentive Case Studies Selected for San Francisco Conference

University of Kansas researcher to present findings at The Forum 11

OKLAHOMA CITY, OK – Douglas D. Bradham, DrPH, University of Kansas, School of Medicine Distinguished Professor of Public Health, will be presenting case studies involving the MedEncentive Program at The Forum 11 Conference, to be held in the Hilton San Francisco Union Square on September 8, 2011. Forum 11 is the annual convention for the Washington, DC-based Care Continuum Alliance. Co-presenting with Dr. Bradham will be Jeff Greene, MedEncentive CEO and founder, and Matt Henderson, Managing Partner, Pacific Crest Benefits.

Dr. Bradham, a health economist, and his research team have been studying two MedEncentive's trial installations in Kansas and Oklahoma for the last eighteen months. At the conference, he will report that one trial installation experienced a 55% decline in hospitalization over two and a half years after implementing the MedEncentive Program, while another installation realized a return on investment of between 3:1 to 17:1 over a four year period after implementing MedEncentive.

"The results are remarkable", said Bradham, "especially when you realize how quickly they were produced. The data indicate that when patients become medically literate, their medication adherence improves and hospitalizations decrease significantly, producing a large return on investment."

A third case study conducted by The Loomis Company, a Pennsylvania-based health plan administration firm, will be presented by Henderson, a benefits consultant. This study involves a three-year trial with the employee health plan of Lourdes Health Network in Pasco, Washington. Henderson will report that after implementing MedEncentive, Lourdes experienced a significant decrease in hospitalizations and overall healthcare costs, which produced a 13:1 return on investment.

"My client (Lourdes) was skeptical at first," states Henderson. "Now we know that patient literacy, empowerment, and doctor-driven motivation help improve patient health behaviors, which produces lower healthcare costs in a relatively short period of time. The data that I will present at The Forum 11 correlates patient and physician participation in MedEncentive with lower hospitalizations, shorter lengths of stays and lower costs."

Greene's presentation will describe how and why MedEncentive's doctor-patient mutual accountability incentive system works.

"We are grateful that The Forum 11 has selected us to present these case studies," said Greene. "I expect there will be a good bit of interest in these independently derived results among employers and insurers at the conference."

About MedEncentive

MedEncentive offers healthcare cost containment services built around its patented, one of a kind, web-based incentive system. What is unique about the MedEncentive Program is how it uses payer-sponsored financial incentives to reward both doctors and patients for adhering to evidence-based care and healthy behaviors, provided they agree to allow the other party to confirm their adherence. This unique

process of checks and balances creates a level of “doctor-patient mutual accountability™” that triangulates the interests of the payer, consumer and provider in a win-win-win alignment. The Program is also noted for its use of “information therapy” to promote patient health literacy, empowerment and adherence. The effectiveness of the MedEncentive Program has been proven time and again in multiple, multi-year trials, the results of which have been confirmed by independent analysts and academic researchers. For more information visit: www.medencentive.com.