

# maximus



## Medigent<sup>®</sup> & Maximus

2026 Caribbean Insurance Conference

June 2026

# Maximus Canada Inc.

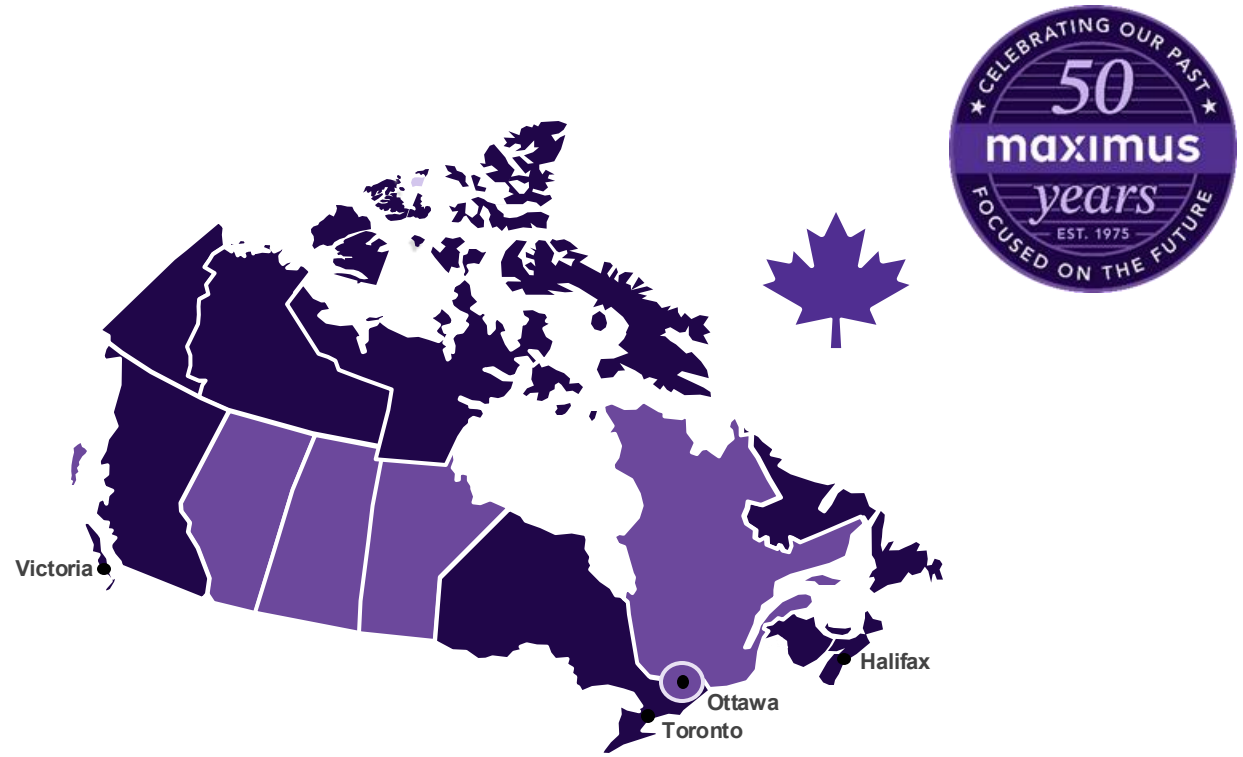
Since 2002, Maximus has been elevating federal, provincial and municipal programs across the country, powered by Canadians.

We are a leading systems integrator and provider of digitally-enabled customer experiences for the public sector. We transform and modernize program delivery through our customer experience services, technology & consulting services, and health services.

Maximus delivers an unmatched mastery of agency operations, along with a global toolbox of ideas to achieve better outcomes.

We apply our deep operational expertise, technology innovation, and digitally-enabled customer engagement in new ways - and often at remarkable speed.

Over 700 staff in Canada and growing!



## Maximus Global

**United States:** Support for Medicaid, CHIP, Medicare, and healthcare programs with over 7 million calls handled monthly across multi-language support centers. Over 130 Contact Centers

**United Kingdom:** Focus on sustainable employment, rehabilitation, and training, particularly for people with health conditions and disabilities

**Maximus Gulf:** supports vulnerable communities through Tamkeen Clinics—AI-guided digital hubs providing comprehensive care to help beneficiaries overcome barriers and achieve self-sufficiency.

**Maximus UAE:** Leads Mawaheb, an employability program equipping Emiratis with skills and confidence through employer-led training, preparing them for success in the private sector.

**Maximus India:** Extends U.S. operations with a diverse talent pool, boosting staffing flexibility, full-solution development, and scalable tech services to support global growth.

# How can we help?

## Accelerate Enrolment

with automated applications & real-time eligibility validation

## Eliminate Paper Bottlenecks

through intelligent digitization and automated data capture

## Enable Real-Time COB

through seamless integration with all providers and insurers

## Empower Customers

with intuitive self-service web portals

## Simplify Claims Processing

with secure online submissions for beneficiaries and providers and automated pre-authorizations & eligibility decisions

## Protect Program Integrity

with advanced fraud, waste, and misuse detection

## Increase Transparency

with end-to-end task management and full audit-ability

## Engage Stakeholders at Scale

with targeted, digital communications to beneficiaries and providers

## Deliver a Single Source of Truth

with a unified, jurisdiction-wide view of beneficiary data

# What is Medigent?

The background features a dark purple gradient with glowing, wavy lines of light blue and purple. On the right side, there are vertical trails of small, bright purple and blue particles, resembling a digital or data visualization.

# Medigent

## Modular Software Solutions

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### Provider Management

*Store provider and payee information, manage claims and invoices, and process registrations made by web, phone or paper*



### Drug Information (DIS)

*DIS is a repository of all prescriptions in a jurisdiction. It provides clinicians with access to real-time data that detects dangerous drug interactions and/or duplications of therapy when prescribing or dispensing.*

### Beneficiary Management

*Streamline beneficiary intake and eligibility renewal with automated and optimized business processes*



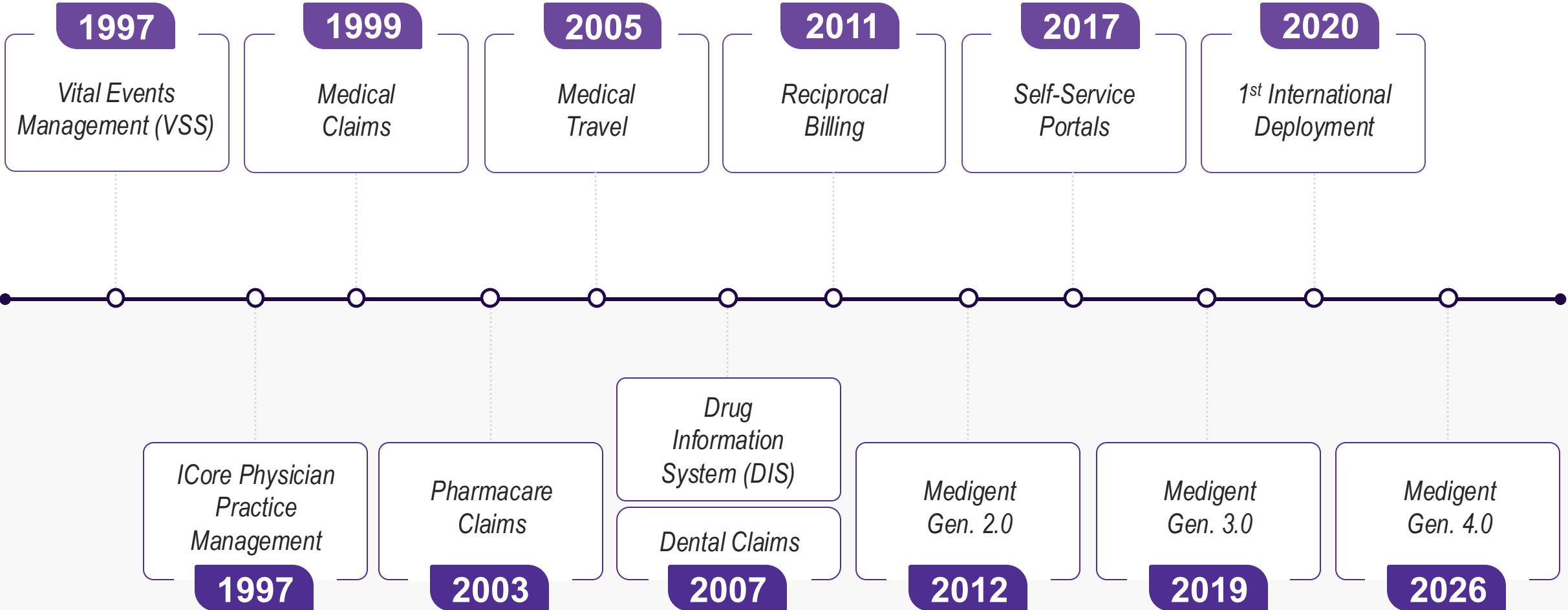
### Claims & Payment Modules

*Efficiently administer provider claims from essential health care programs:*

- Pharmacy
- Dental
- Reciprocal Billing
- Vision \* Coming Soon
- Mental Health \*Coming Soon
- Medical
- Medical Travel



# History of Medigent



# Medigent as a Service

*One Product – Many Views of jurisdictional data*

## Seamless Access, One Source of Truth

Beneficiary Management

Provider Management

Benefit/Claims Management

Drug Information System

### Provider Portal

- *Update personal and professional information*
- *View/Submit prior authorization requests*
- *Access payment reports, letters, and patient data*
- *Access jurisdictional bulletins*
- *Verify beneficiary eligibility*
- *Online claim submission portal*
- *ePrescribing*

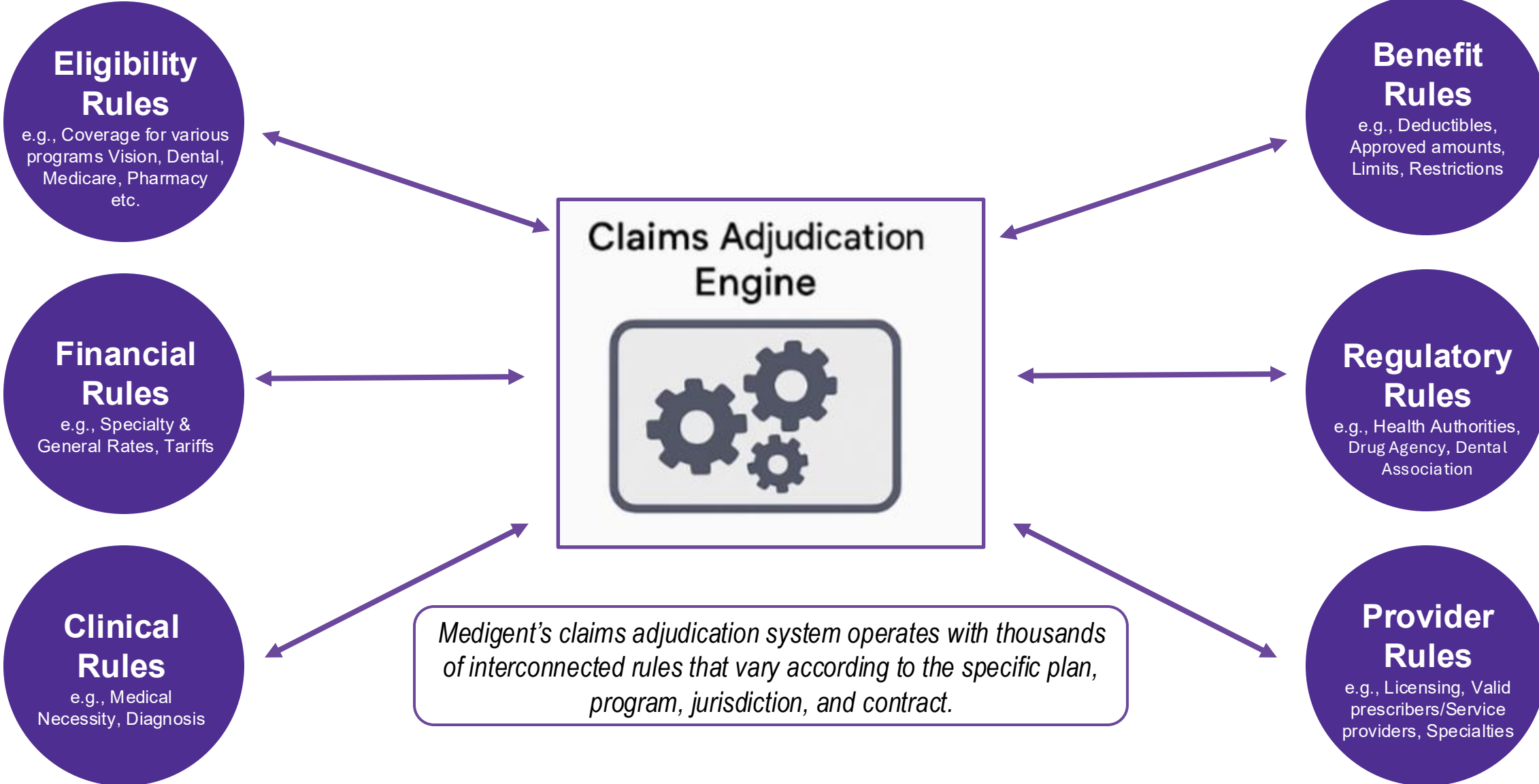
### Program Administrator Portal

- *Manage Programs & Program Eligibility*
- *Build & Manage Claim Automation Rules*
- *Manage Beneficiaries & Providers*
- *Administrate Manual Claims*
- *Generate and Manage Team Tasks*
- *Automate Practitioner Payments*
- *Message Beneficiaries & Providers individually or in bulk*
- *Generate Advanced Analytics*

### Beneficiary Portal

- *Apply for Benefits*
- *Update Beneficiary Information*
- *Address Changes*
- *Family Unit Changes*
- *Submit receipts*
- *View complete claim history*
- *Confirm Medical Travel Itinerary*
- *Direct-Message care team*
- *Access Benefit information*

# Complexity and Diversity of Claims Adjudication Engine



# Why Medigent as a Managed Service

Medigent as a **Managed Service** enables lower operational overhead, enabling your team to focus on innovation rather than infrastructure



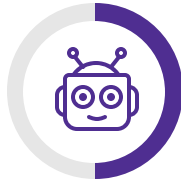
## **Cloud-First Architecture:**

*Give Medigent instant scalability to meet all performance demands*



## **Agility & Innovation:**

*Accelerate the deployment of new features and quickly adapt to evolving business and regulatory needs*



## **Future-Proof Flexibility:**

*Easily incorporate emerging technologies like AI and ML to drive innovation and improve decision-making*



## **FHIR Standard:**

*Ensures secure, efficient data exchange across diverse systems, fostering global healthcare collaboration and seamless interoperability*



## **Advanced Monitoring & Insights:**

*Leverage Azure's powerful monitoring tools for real-time visibility into system performance and health*



## **Enhanced Security & Compliance:**

*Azure provides built-in enterprise-grade security, compliance with global standards (e.g., HIPAA, PIPEDA, GDPR), and continuous updates to maintain a secure environment*

# Interoperability & Trust Promote Fraud-Free Insurance



# The Medigent Analytics Module

The Medigent Analytics module transforms Beneficiary, Provider and Claims data into actionable intelligence that drives smarter decision-making across your healthcare ecosystem.

By applying advanced analytics, Medigent Analytics can help uncover cost drivers, identify unnecessary utilization, and flag fraudulent or wasteful claims. Organizations can gain a clear view of spending patterns, population health risks, and enable the allocation of resources more effectively while improving quality of care.



## Cost & Utilization Analysis:

- *Track healthcare spending trends by service category, provider type, or population segment*
- *Identify high-cost claimants (“super-utilizers”) and areas of unnecessary utilization*



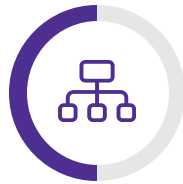
## Fraud, Waste, and Misuse Detection

- *Flag suspicious billing patterns (e.g., upcoding, unbundling, duplicate claims)*
- *Detect outliers compared to peer providers*
- *Apply machine learning models to predict potentially fraudulent claims before payment*



## Regulatory & Compliance Reporting

- *Automate compliance reports*
- *Provide audit trails for claims adjudication and payment integrity*



## Population Health & Risk Stratification

- *Segment populations by disease burden, risk scores, or cost drivers*
- *Predict future high-cost patients based on historical claims and comorbidities*
- *Support care management programs by identifying patients who may benefit from interventions.*

# AI Capabilities

Built on Azure, **Medigent** has access to the **Microsoft's full AI ecosystem**. Language models, document intelligence, search, automation and analytics.

This deep integration means **Medigent will continually grow as Microsoft's AI advances**, ensuring the solution stays modern, compliant, and competitive.



## **Azure OpenAI Service:**

*Access to advanced language models from OpenAI and other providers.*

- Validating claim narratives
- Drafting prior authorizations.
- Generating payer correspondence



## **Azure AI Search:**

*AI-powered search for web and mobile applications.*

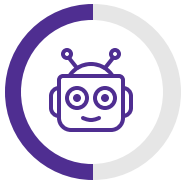
- Searching claim data
- Searching policy rules and guidelines
- Auditing claims documentation



## **Azure Cognitive Services:**

*AI for vision, speech, language, and decision-making tasks.*

- OCR of claim forms, faxed documents
- Document translation.
- Document classification.



## **Bot Service:**

*Framework for developing and deploying chatbots and virtual assistants.*

- Claim status.
- Member policy questions.
- Provider support.
- Help for denied claims.



## **Document Intelligence:**

*Extract, process, and analyze content from documents using advanced AI models.*

- Extracting data from claim forms.
- Automating document capture.
- Processing invoices.

# Meet Max

Max helps your team work claims and service inquiries faster and more consistently.

It helps examiners and service teams:

- understand plan rules and workflow steps
- explain adjudication outcomes quickly
- draft consistent member and provider communications
- reduce training time and escalation volume

For group insurers, Max supports faster, more consistent decisions while keeping humans in control.

## Max – Your AI Powered Assistant

Max Understands Claims, Plans, and Workflow

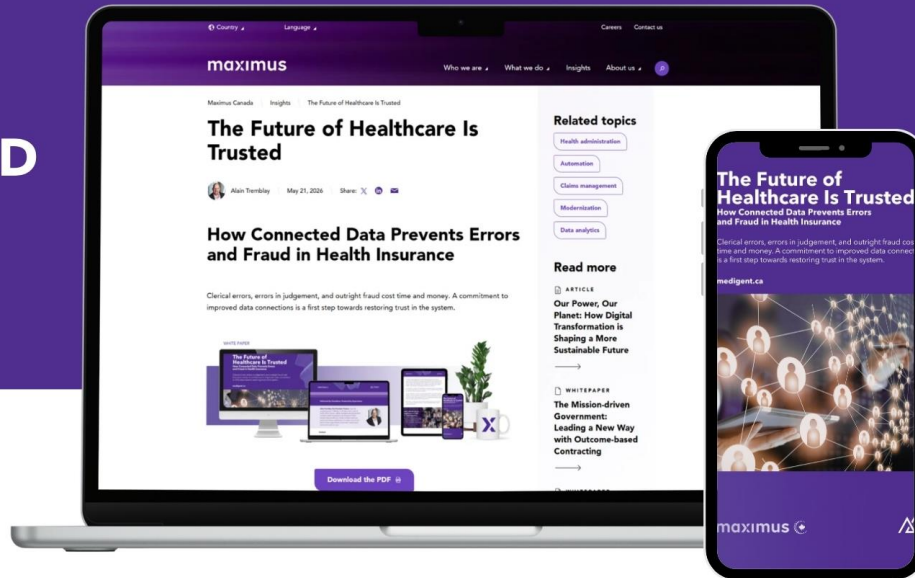
- Workflow guidance
- Step-by-Step help
- Quick answers

Max Uses Operational Context

- Role-aware: guidance differs for examiners, contact centre staff, and team leads
- Context-aware: considers plan design, line of business, claim type, and required documentation

Without Max	With Max
<ul style="list-style-type: none"><li>• <b>Examiner</b> opens a claim and sees it did not auto-adjudicate</li><li>• <b>Examiner</b> reviews notes, plan rules, and documentation requirements</li><li>• <b>Examiner</b> determines the claim is missing required proof of expense</li><li>• <b>Examiner</b> drafts a message to the member or provider</li></ul>	<ul style="list-style-type: none"><li>• <b>Examiner</b> asks Max: “Why did this claim pend?”</li><li>• <b>Max</b> responds: “This claim requires proof of expense before adjudication. Required document: itemized receipt.”</li><li>• <b>Max</b> explains the relevant rule in plain language</li><li>• <b>Max</b> offers to draft a member or provider message</li><li>• <b>Examiner</b> reviews draft, approves, and sends</li></ul>

**DOWNLOAD  
THE PDF**



## Contact Info



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## Additional Resources

- <https://www.medigent.ca>



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