“Il semble que la perfection soit atteinte non quand il n’y a plus rien à ajouter, mais quand il n’y a plus rien à retrancher”

- Antoine de Saint-Exupéry

AAOS Project for ACME Insurance Solutions

420-436-VA: Deliverable 3

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Executive overview

The report provides a comprehensive analysis of the business domain, focusing on the healthcare industry landscape and the specific challenges faced by ACME Health Insurance. It delves into the client's requirements and the proposed solution, emphasizing the need for a reorganized and automated system to enhance time efficiency and resource utilization.

Summary Description of the Client:

ACME Insurance Solutions is a prominent player in the Canadian life and health insurance industry. With a client base covering millions of Canadians, ACME faces the challenge of providing effective efficiency while meeting customer expectations for rapid claim processing. The company values productivity and seeks technological solutions to enhance its operations.

Business Problem

The manual process of claim submission and review has emerged as a significant bottleneck for ACME Insurance Solutions. This time-consuming process is prone to errors, leading to delays in processing and customer dissatisfaction. ACME aims to improve efficiency while ensuring accuracy to enhance the overall customer experience.

Narrative Description of the Present Information System

At ACME Insurance Solutions, the current claim submission and review process is primarily manual and involves several steps. The process starts when a customer initiates a claim by submitting relevant documents through traditional channels such as mail, fax, or email.

Upon receiving the claim documents, a designated claims handler reviews the submission to ensure completeness and accuracy. This initial review involves checking for required information and verifying the authenticity of submitted documents.

Once the initial review is complete, the claims handler enters the details into the system manually. This step includes capturing relevant information such as the claimant's details, and policy information.

After entering the claim details, the system generates a unique reference number for the claim and assigns it to a claims processor for further review. The claims processor carefully evaluates the submitted documents, assesses the validity of the claim, and determines the appropriate course of action.

Once the review is complete and a decision is made regarding the claim, the system generates notification letters or emails to inform the claimant of the outcome. These notifications include details such as claim status, payment amounts (if applicable), and any further steps required from the claimant.

Throughout the entire process, manual record-keeping is essential to track the progress of each claim and ensure compliance with regulatory requirements. This includes maintaining paper-based files for each claim, documenting all interactions and decisions, and updating claim status, as necessary.

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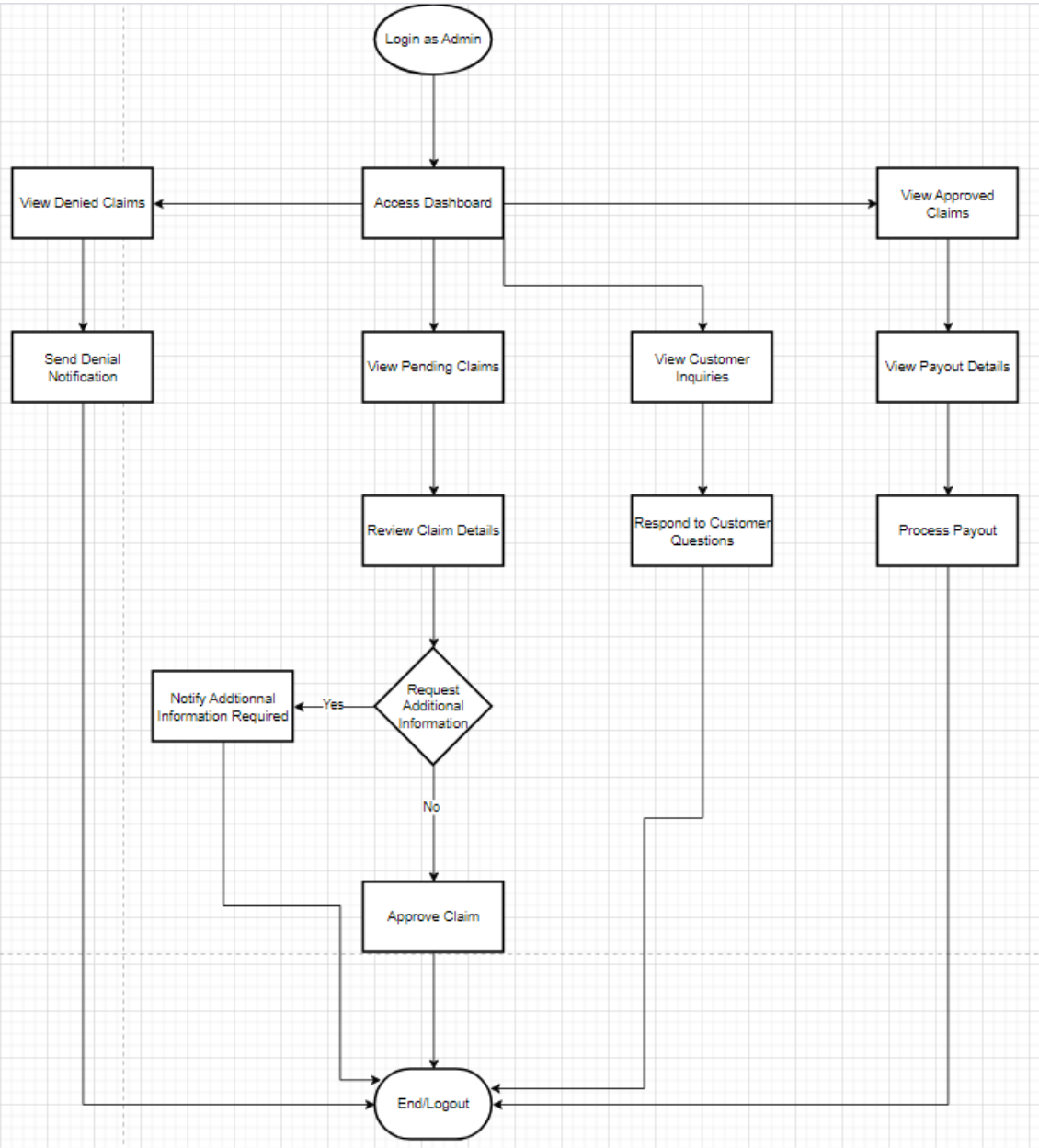
Appendix 1 – Flowchart system diagram for the entire information system

Admin:



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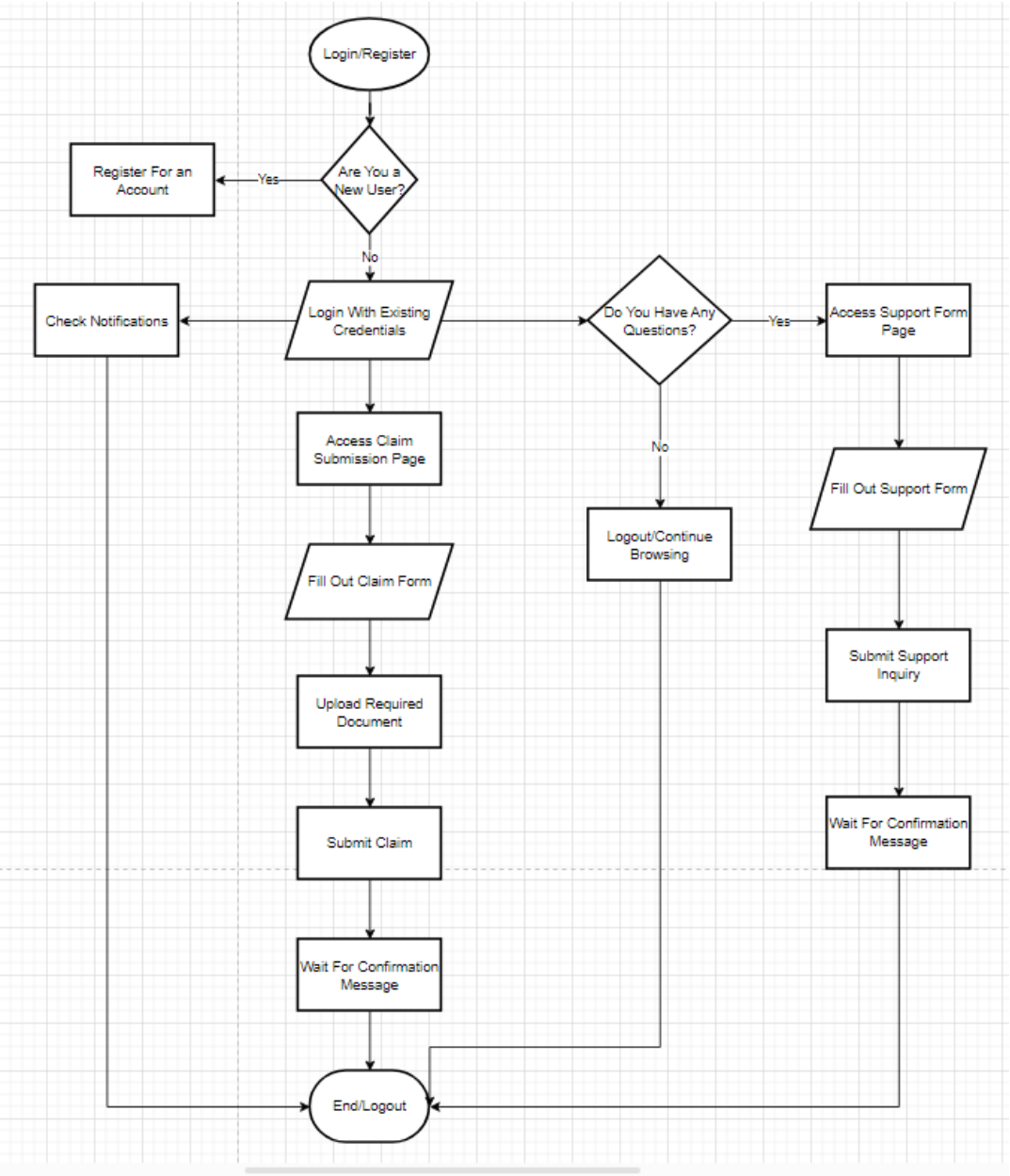
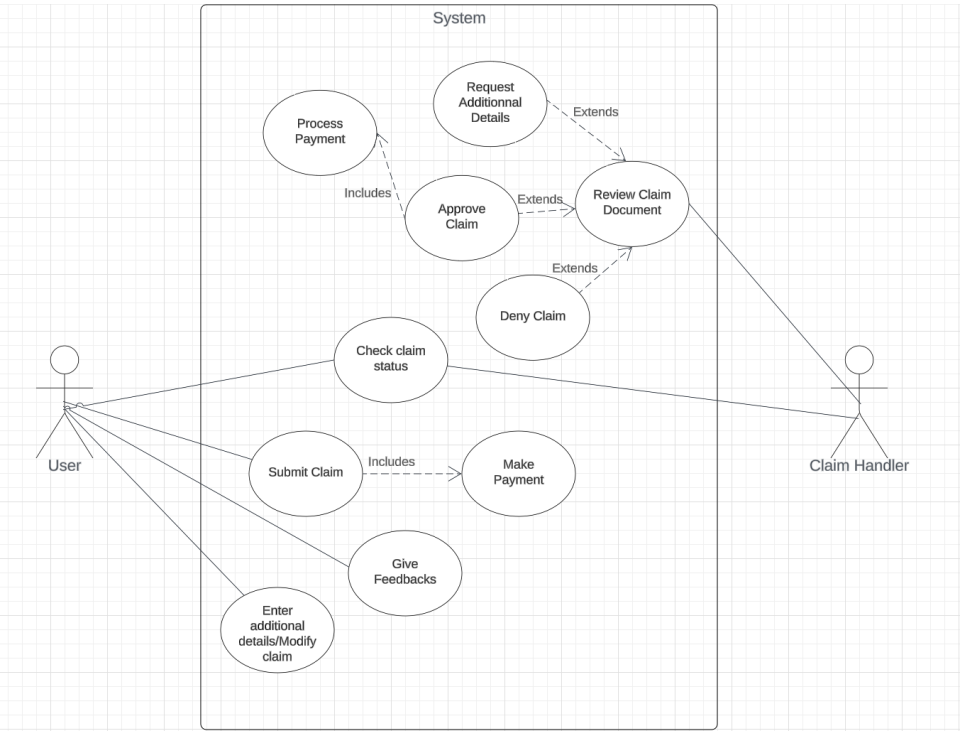
User:



Appendix 2 – Use Cases UML diagram.



Appendix 3 – Description of use cases found in appendix 2.

Name: Submit Claim

Participating Actor: Customer

Entry Condition:

- Customer wants to file a claim.

Exit Condition:

- Claim has been submitted.

Event Flow:

1. Customer gathers/fills relevant claim documents.
2. Customer submits the claim documents in the system.

Name: Review Claim Documents

Participating Actor: Claims Handler

Entry Condition:

- Claims handler receives the submitted claim documents.

Exit Condition:

- Claims handler completes the review process.

Event Flow:

1. The claim handler verifies the completeness and accuracy of the submitted claim documents.
2. If necessary, the claims handler communicates with the customer for clarification or additional information.
3. Claims handler updates the status of the claim based on the review.

Name: Request Additional Information

Participating Actor: Claims Processor

Entry Condition:

- Claims processor identifies missing or unclear information during the claim review.

Exit Condition:

- Request for additional information sent to the customer.

Event Flow:

1. Claims processor identifies gaps or uncertainties in the submitted claim documents.
2. System generates a request for additional information.
3. The claims processor communicates with the customer to collect the necessary documentation.

Name: Submit Additional Information

Participating Actor: Customer

Entry Condition:

- Customer receives a request for additional information.

Exit Condition:

- Customer submits the required documents.

Event Flow:

1. Customer receives a request for additional information.
2. Customer gathers and resubmits the necessary documents.

Name: Approve Claim

Participating Actor: Claims Processor

Entry Condition:

- The claims processor has received all necessary claim documents.

Exit Condition:

- Claim is approved.

Event Flow:

1. Claims processor thoroughly evaluates the submitted claim documents.
2. If the claim meets all criteria for settlement, the claims processor approves the claim.
3. the status of the claim is updated to "approved."

Name: Deny Claim

Participating Actor: Claims Processor

Entry Condition:

- The claims processor identifies that the claim is not valid or does not meet policy criteria.

Exit Condition:

- The claim is denied.

Event Flow:

1. The claim processor determines that the claim is not valid or does not meet policy criteria.
2. The claim processor denies the claim.
3. the status of the claim is updated to "denied."

Name: Generate Payment

Participating Actor: Claims Processor

Entry Condition:

- A valid claim has been approved.

Exit Condition:

- Payment is generated for the approved claim.

Event Flow:

1. the claim Processor initiates the payment generation process for the approved claim.
2. System ensures the accurate settlement amount is calculated.
3. Payment is generated and transferred to the user.
4. System updates the status of the claim to "settled."

Name: Check Claim Status

Participating Actor: user

Entry Condition:

- Claimant has submitted a claim and wants to view it

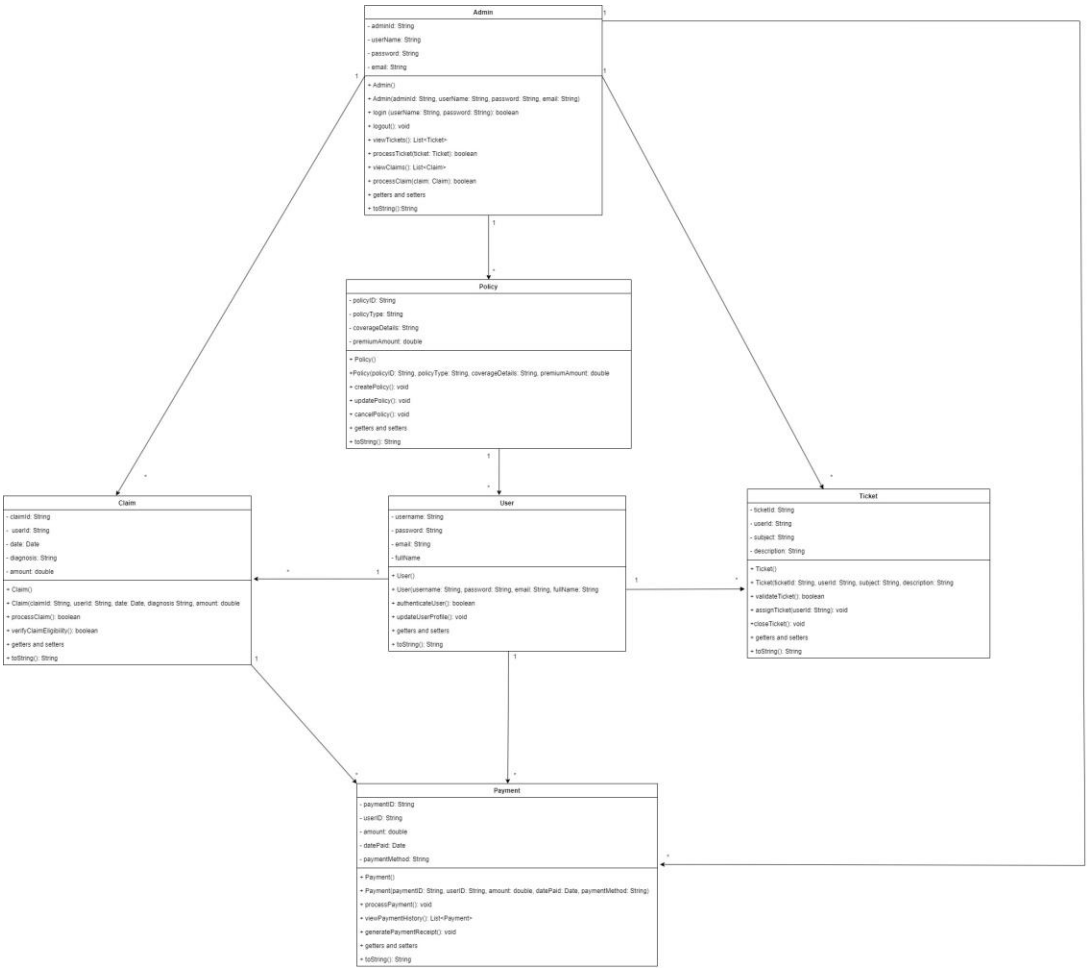
Exit Condition:

- The user receives information on the status of the claim.

Event Flow:

1. The user logs into the claims system and views the status for all the claims that have been made.
2. if further documents are needed the user will be notified

Appendix 4 – A UML Class diagram for the entire existing information system



Appendix 5 – Copies of forms and other documents used by client

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We are starting this project from scratch, therefore there aren’t any forms or documents used by our client.