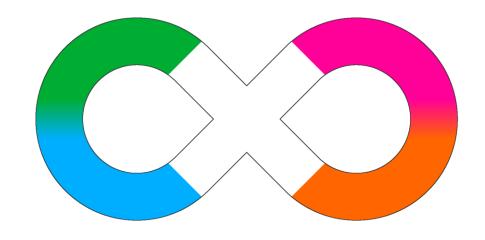
Apple Claims on OHLive using Automation Anywhere





Prepared by: John Nolan Date: 24/08/2018

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Introduction

OHLive is the new version of OpenHealth+, Irish Life Health's core system.

Automation Anywhere (AA) is an RPA platform used by Irish Life.

Employees of Apple can avail of day to day treatments at the Apple Wellness Centre, the cost of which is directly claimed from ILH by the healthcare provider, rather than the typical model of the customer paying the provider and claiming back from ILH at a later date. This necessitates the claims to be logged in OHLive as hospital claims, and generates manual work worth approx. €250k in outsourcing costs annually.

This document describes the feasibility of automating this process using Automation Anywhere, and what problems need to be solved and what process changes would be required to do so.

Source Excel Data

The source data Excel workbooks generally contain quite good quality data. However, there are a few issues worth discussing.

Different Formats

There are a number of different formats in use. (Two were provided as samples for this exercise.) This is not a major issue in and of itself, however maintaining these different formats requires more development work up front, and potentially more maintenance in future. If they can be standardised without significant effort, then this is recommended.

Sample 1

| Member Name | Irish Life No. | Date of Treatment | Location of Treatment | | Provider Number | Treatment Provided | Cost of Treatment |
|----------------|-------------------|----------------------|--------------------------|------------|--------------------|-----------------------|----------------------|
| John Doe | VIVG123456 | 10-Aug-18 | Cork | Joe Bloggs | 4561237 | Doctor Visit | 25 |

Sample 2

| Member name | • | | | | Treatment Provider | Cost Of treatment | | Total cost of Glo's |
|----------------|--------|----------------|------------|--------------|-----------------------|-------------------|---|---------------------------|
| Jane Doe | VIVG | Apple | 02/08/2018 | Root | Joe Bloggs | 140.00 | 1 | 25.00 |
| | 123457 | Hollyhill Cork | | Planning x 2 | | | | |

Mandatory Data

In order to process a claim from end to end, the following data would need to be mandatory. Items in bold are different to how they are currently provided.

| Field | Description / Notes |
|------------------------------|---|
| Member Name | If this can be provided in the format "LastName, FirstName", this will make it easier to select the appropriate member on the policy in OHLive. Work arounds are possible here, though they may not be as reliable. |
| Policy Number | Primary lookup for logging a claim |
| Treatment Date | A standard date format would help here, but isn't essential |
| Treatment Provided | This needs to be something that can be mapped to one of the Apple procedure codes in OHLive. It should be a fixed list, and not free text. The simplest and most robust solution here would be to make this the same as the Benefit code/description. |
| Treatment Provider Number | This isn't currently provided in Sample 2, even though the column is there. |
| Amount Claimed | Amount being claimed |
| Member Number | This is not currently provided. In OHLive, this appears to only be required in order to differentiate between two people on the same policy with the same name. If this exception case does not need to be handled in an automated way, then this can be ignored. |

Accessing the data using Automation Anywhere

Automation Anywhere has a built-in Excel connector; however it may be easiest to access the data via SQL using an OLE connection against the spreadsheet. In particular, this approach trivialises logging multiple lines in the spreadsheet against a single invoice.

The OLE connection string for an Excel sheet looks something like the below:

```
Provider=Microsoft.ACE.OLEDB.12.0;Data Source='<<path_to_file>>';Extended
Properties='Excel 12.0 Xml;HDR=YES';
```

Selecting the data for invoice headers looks something like this:

```
SELECT s.[Policy Number]
, s.[Member Number]
, s.[Member name]
, s.[Treatment Date]
, s.[Treatment Provider Number]
, SUM( s.[Amount Claimed] ) AS [Amount Claimed]
FROM [Sheet1$] s
GROUP BY s.[Policy Number]
, s.[Member Number]
, s.[Member name]
, s.[Treatment Date]
, s.[Treatment Provider Number]
```

Selecting the invoice detail for each row in the invoice header looks something like:

```
SELECT s.[Date of Treatment]
   , s.[Treatment Provided]
   , s.[Amount Claimed]
FROM [Sheet1$] s
WHERE s.[Policy Number] = $PolicyNumber$
AND s.[Member Number] = $MemberNumber$
AND s.[Treatment Date] = $TreatmentDate$
AND s.[Treatment Provider Number] = $TreatmentProviderNumber$
```

Mapping Treatment Provided to OHLive Procedure Codes

One of the trickier parts of this process is determining which Procedure Code to use. There are a number of complicating factors:

- Many treatments can map to a single procedure code
- Extra Packages a single treatment can map to multiple procedure codes (only some of which the claimant may be entitled to)
- The same treatment can have different claim entitlements depending on which code it is mapped to, and many entitlements have usage limits

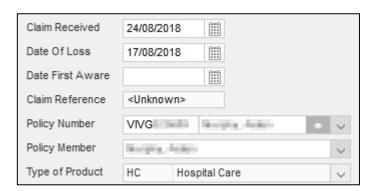
For the purposes of this document, it is assumed that the Treatment Provided field from the source Excel contains or can be mapped to the Benefit Code.

From there, it is possible to build a mapping table that looks like the one in the Appendix 1. This mapping needs to be stored somewhere. If there is a natural home for it in OHLive, it should be stored there; if not, it can be stored in Excel. The Priority column represents the order in which a procedure code should be selected for any given benefit code.

This mapping table directly solves the issue of many treatments mapping to a single procedure code, but we still need to solve cases where a single treatment can map to more than one procedure code.

Extra Packages

Firstly, we need to determine what products (if any) over and above the standard are on the policy that apply to the member. This is easily accessible from the claim header screen.



From there, we can launch the policy member screen for that member, and get the list of additional packages.



With the list of additional packages available to that customer, we now have to pick the appropriate procedure code. This can be accomplished with a SQL query similar to the one below.

```
SELECT Procedure_Code
     , Benefit_Code
     , Benefit Category Code
     , Amount
  FROM (
    SELECT Procedure_Code
         , Benefit_Code
         , Benefit_Category_Code
         , Amount
         , Priority
         , MAX( Priority ) OVER (PARTITION BY Benefit_Code) AS Highest Priority
      FROM procedure code map
     WHERE Benefit Desc = $TreatmentProvided$
       AND (
                 Product = 'D2D'
             OR (Product = 'CE' AND $ChildExtra$ = 1)
             OR (Product = 'FE' AND $FertilityExtra$ = 1)
             OR (Product = 'SE' AND $SportsExtra$ = 1)
             OR (Product = 'TE' AND $TravelExtra$ = 1)
             OR (Product = 'YE' AND $YouExtra$ = 1)
           )
WHERE Priority = Highest_Priority
```

Alternative Solution

One alternative solution to the problem is to devolve it to the treatment provider. In this scenario, the treatment provider determines the most appropriate procedure and benefit code, and sends this in the file they provide to Irish Life Heath.

While this greatly reduces the technical complexity of the overall solution, the business feasibility is unknown.

Usage Limits

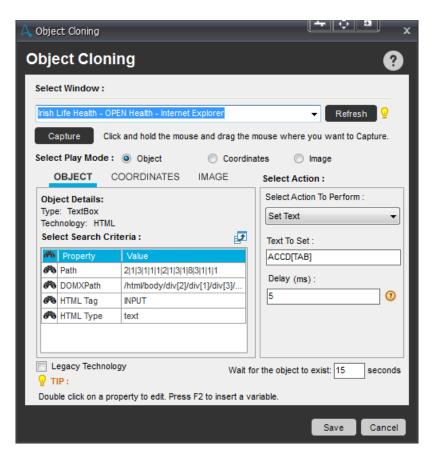
Correctly applying usage limits is probably the most difficult piece of this process to implement. The possible options with this requirement are:

- Implement the limits natively in OHLive, such that the system prevents the logging of a claim that would breach the limits (Feasibility or cost of this option is unknown.)
- Create a report from OHLive that contains the remaining unused treatments for each procedure code for each policy (potentially using Enquiry Builder?), and integrate it into the mapping algorithm
- Store the number of remaining unused treatments for each procedure code for each policy outside the system (either in a spreadsheet or some other database), and integrate it into the mapping algorithm. The bot would need to decrement this each time a claim is made.
- Choose not to implement the limits, and rely on the savings in processing time outweighing any overpayments to customers

What is certain is that the existing process of manually storing this information on a note in the member's record is not workable using a bot.

Interaction of AA and OHLive

Although OHLive is a web application, due to its heavy use of events for validation and on-the-fly data retrieval, AA interacts much better using the functionality typically used for desktop applications (Object Cloning).



Used in this way, AA is predominantly using XPath to find elements in the page. By default, it uses an absolute XPath reference, such as in the above example:

However, since OHLive has good element tagging, it's possible to also select the same element with a more generic (and more human-readable) selector, such as:

```
//div[data-member-caption='Type of Claim']//input[class='owl-lookup-code']
```

These more generic selectors are not generated by AA, however, and would need to be written by a developer (though they follow a few common patterns).

The delay of 5ms allows keypress events to fire appropriately, with negligible impact on runtime. The addition of the [TAB] keypress allows loss of focus events to fire appropriately.

Overall, in tests carried out, Automation Anywhere was reliably able to interact with OHLive without difficulty.

Conclusion

While there are a number of difficulties to be overcome in order to automate the process, none are insurmountable, and most should be reasonably straight-forward.

Automation Anywhere and OHLive appear to interoperate quite well, and there were no issues encountered in testing that raised any concerns about being able to build the process in AA.

With only some minor changes, the required source data is already being provided by the providers.

The most difficult part of the process will be implementing policy usage limits. However, it's worth noting that the difficulties here are not limitations of AA, but rather a reflection of the complexity of the requirement. Several options are possible here, but a decision must be taken on which option to choose.

Appendix 1 - Procedure Code Mapping Table

| | | - F F | 0 | | | | | |
|-------------------|--|-----------------|------------------------|--------------------------|--------------------------|---------------------|---------|-----------------------|
| Procedure Code | Procedure Desc | Benefit Code | Benefit Desc | Benefit Category Code | Benefit Category | Amount Claimable | Product | Priority ¹ |
| AP01-D2D | Acupuncture | ACU | Acupuncture | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP10C-FE | Nutritionist, Dietician or Acupuncturist | ACU | Acupuncture | ALT | Alternative Practitioner | 25 | FE | 2 |
| AP04-YE | Dietician or Nutritionist | DIE | Dietician | ALT | Alternative Practitioner | 30 | YE | 3 |
| AP04-D2D | Dietician | DIE | Dietician | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP10C-FE | Nutritionist, Dietician or Acupuncturist | DIE | Dietician | ALT | Alternative Practitioner | 25 | FE | 2 |
| AP07-D2D | Massage Therapist | MSG | Massage Therapist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP04-YE | Dietician or Nutritionist | NTC | Nutritionist | ALT | Alternative Practitioner | 30 | YE | 3 |
| AP10C-FE | Nutritionist, Dietician or Acupuncturist | NTC | Nutritionist | ALT | Alternative Practitioner | 25 | FE | 2 |
| AP10-D2D | Nutritionist | NTC | Nutritionist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP11- SE | Personal trainer/Sports Massage | PSN | Personal trainer | ALT | Alternative Practitioner | 30 | SE | 2 |
| AP11-D2D | Personal trainer | PSN | Personal trainer | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP12-D2D | Physical therapist | PYO | Physical therapist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP13-SE | Physiotherapy visits | PHS | Physiotherapy visits | ALT | Alternative Practitioner | 30 | SE | 2 |
| AP13-D2D | Physiotherapy visits | PHS | Physiotherapy visits | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP16-D2D | Reflexology | RFY | Reflexology | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP11- SE | Personal trainer/Sports Massage | MSG | Sports Massage | ALT | Alternative Practitioner | 30 | SE | 1 |
| AP19-D2D | Chiropodist | CHT | Chiropodist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP25- D2D | Clinical Psychologist | CPS | Clinical Psychologist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP24- D2D | Homeopath | НОМ | Homeopath | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP20-D2D | Occupational Therapist | ОСТ | Occupational Therapist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP21-D2D | Orthoptist | OPT | Orthoptist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP22-D2D | Osteopath | OST | Osteopath | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP17-D2D | Podiatrist | POD | Podiatrist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| | | | | | | | | |

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¹ Higher numbers mean higher priority. This is a best guess at the correct ranking – it should not be assumed to be correct.

| Procedure Code | Procedure Desc | Benefit Code | Benefit Desc | Benefit Category Code | Benefit Category | Amount Claimable | Product | Priority ¹ |
|-------------------|------------------------------------|-----------------|---------------------------------------|--------------------------|--------------------------|---------------------|---------|-----------------------|
| AP23-D2D | Reiki | RKI | Reiki | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP18- CE | Speech Therapist | SPL | Speech Therapist | ALT | Alternative Practitioner | 30 | CE | 2 |
| AP18-D2D | Speech Therapist | SPL | Speech Therapist | ALT | Alternative Practitioner | 25 | D2D | 1 |
| AP03-D2D | Dental & Optical | DEN | Dental | CON | Dental / Oral Surgery | 25 | D2D | 1 |
| AP03-D2D | Dental & Optical | OPT | Optical | CON | Dental / Oral Surgery | 25 | D2D | 1 |
| AP02-D2D | Emergency Dental Care | EME | Emergency Dental Care | CON | Dental / Oral Surgery | 350 | D2D | 1 |
| AP05-D2D | GP visit | GPC | GP visit | GPF | General Practitioner | 25 | D2D | 1 |
| AP-06D2D | Health screening & allergy testing | HSC | Health screening & allergy testing | GPF | General Practitioner | 200 | D2D | 1 |
| AP08-CE | Meningitis B/ Chicken Pox Vaccines | VAC | Meningitis B/ Chicken Pox Vaccines | GPF | General Practitioner | 50 | CE | 1 |
| AP09-D2D | Nurse visit | NUR | Nurse visit | GPF | General Practitioner | 13 | D2D | 1 |
| AP14- SE | SADS Screen | SAD | SADS Screen | GPF | General Practitioner | 75 | SE | 2 |
| AP14-CE | SADS Screen | SAD | SADS Screen | GPF | General Practitioner | 50 | CE | 1 |
| AP15-D2D | Travel Vaccines | TRV | Travel Vaccines | GPF | General Practitioner | 50 | D2D | 1 |
| AP15-TE | Travel Vaccines | TRV | Travel Vaccines | GPF | General Practitioner | 50 | TE | 2 |