Here is a proposed sequence of visualized queries and alerts for the next demo with, e.g., Harry,

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queries about decisioning

1) someone picks a date between Nov 15, 2019, and March 15, 2020.  We show the inventory of that date, broken by stage (includes stages of decisioning.  We can add in the stage of "paying-out" if we want)

2) We take the above query, and do a drill-down, which is to break it down by, e.g., diagnosis.  So, for each stage and each diagnosis, how many claims of that diagnosis are in that stage?

3) we switch to overall TAT of claims.  Someone picks a one-week interval, e.g., Feb 3 to Feb 7, 2020.  (This happens to be M-F, which might be convenient or natural, but it doesn't really matter).  The query is: for all claims that were decided during that week,

-- what was total number of claims decided in that week

-- what was the avg TAT

-- how many claims were > 5 business days of TAT

-- how many claims were > 10 business days of TAT

(we may also include the $$ amount of the penalties for the >5 days and >10days)

4) We continue with query 3, and do a breakdown according to diagnosis.

5) we continues with query 4, and do a breakdown according to diagnosis and analyst

6) We continue with query 5, and specifically someone picks a particular diagnosis and a particular analyst, and then we display the actual claims that are (a) decided in that week, (b) have the daignosis, and (c) were performed by that analyst

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Alerts about decisioning

7) someone picks a date.  We output a list of the analysts, and for each analyst we list 0 or more "alert messages" of one of these 2 forms:

-- "Please try to finish claim xyz before end of tomorrow so that we can avoid a >5 day TAT penalty"

-- "Please try to finish claim xyz before end of tomorrow so that we can avoid a >10 day TAT penalty"

8) also for that date we show 0 or more alerts targeting the manager.  The alerts are of the form

-- "For claims that were decided in the past 5 business days, the average TAT for the category of << fill in a segment here >> was above << fill in a threshold here >>

For example, the category might be back-pain claims for corporate client UPS,

and the threshold might be 7.5 days

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Queries about Durations  (we may want to modify these -- think of this as a first cut)

9) Someone picks a start-date/end-date and we are looking at claims that were decided in that window.  Also, the window should be somewhere in Nov1 to Dec 31, because we want to focus on claims that have reached their actual return-to-work date, which could be up to 110 days, i.e., up to 4 months

For claims in this window we show the following information for each diagnosis type:

-- average days from start of payments to return to work

-- total claims amount across all of the claims

-- avg days from start of payments to return to work / target days from start of payments to return to work, as a %-age

also

-- average number of touches per claim

-- avg number of touches per claim / target number of touches per claim, as a %-age

10) We continue with query 9, and further break down by analyst.  So, we will have those output numbers for each pair of diagnosis and analyst

11) Continue with query 10, but now, for a given diagnosis/analyst pair show the particular claims where the actual duration is > 15% of the target duration

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Alerts about durations

11) for a given date, say 2020-02-09 and a given analyst, show alerts of the form:

-- "For claim xyz123 please try to speak with the patient before 2020-02-10, so that we can keep the overall duration of his/her leave time under the target amount of xx days"

(These alerts will be based on the recommended alerts schedule that has been set up for each diagnosis)

and of the form

-- "For claim abc567 please try to speak with the patient before 2020-02-10 because s/he has already been out of work for xx days, which is more than 10% above the target number of days yy for this diagnosis"

12) for a given date, say 2020-02-09 give alerts to the manager of the form

-- "As of today, in the category of <<  diagnosis >> the number of claims with duration > 10% higher than the target duration is << number of claims >>, which is << some percentage >> of all the claims we are paying for this << diagnosis >>