

## Overview

*Ukupholisa Healthcare* is a company that provides healthcare insurance to its clients. Clients enter into policy contracts to receive cover for contractually agreed medical procedures. This excludes day-to-day primary healthcare, but covers situations where clients have to visit hospitals or other healthcare providers to undergo procedures for specific medical conditions. For example, visiting a general practitioner for a cold is not part of a policy, but visiting a hospital for an appendectomy is.

*Ukupholisa* has an existing client base of policyholders. Each policy specifies the treatments that are covered by the policy. The department that processes applications for treatment currently works on a claim form basis. Policyholders submit claim form and if their claims are approved, they may be admitted to hospital for the treatment and Ukupholisa will reimburse the cost to the hospital. The new system required by *Ukupholisa* aims to eliminate the need for claim forms in 90% of cases. A new call centre is being established for policyholders to call when they have to undergo medical treatment. When possible, the client should receive a decision whether their claim is approved or declined within a call duration of 15 minutes. Exceptional cases should be raised by the system, in which case a claim form must be emailed to the client for completion and return. All telephone calls will be recorded, using software supplied by another vendor, to serve as a legal record of the claim replacing paper claim forms.

It is believed that this system providing decisions within a single telephone call will provide *Ukupholisa* will a significant competitive edge and this is the major factor justifying the investment in acquiring this new system.

## Functional Areas

### Call Centre

This department receives calls from policyholders to lodge claims for medical treatment. When a new call is received, a call report must be created and receive timestamps for the start and end of the call, to enable cross-referencing back to the call-recording software. The application must then find the client's details in the system and display it to the user. Details of the medical condition are logged to the database together with the proposed treatment for the condition and the hospital where the treatment is to be undergone. The client must receive confirmation of the status of their application during this telephone call.

#### Requirements:

- Answer incoming call
- Find client details and policy
- Log details of client medical condition, treatment and place of treatment
- View policy details
- View details of previous claims by client and previous calls to/from client
- Approve/decline claim as appropriate, or pend awaiting claim form
- Add call details to existing claim if appropriate
- End call

## Client and Policy Maintenance

This department captures and maintains details related to clients and their policies. Policies cover either individuals or family units. Provision must be made for names, addresses and contact details. Family policies must contain information about members in different roles, so that the appropriate person may be contacted for the function required. All clients must be linked to their policy(ies) with the *Ukupholisa*. Provision must be made to record management information about a client, like the client's status and ad hoc notes. The history of all contact with the client must be visible as captured through different parts of the system.

### Requirements:

- Capture and maintain details for an individual
- Capture and maintain details for a family unit
- Capture details of policies for a client
- Capture management information about a client

## Product Maintenance

This department manages the types of policies offered by *Ukupholisa Healthcare*. Offerings are created as packages of different medical services. Clients are then sold policies of the types of offerings defined by this department. A state must be managed for each offering, so that a package can be withdrawn from new sales, made available from a specified date, or offered only for a limited promotional period. This department must be able to examine the performance of different offerings from data captured by the system, to support the process of identifying opportunities for new products or measuring the profitability of existing products.

### Requirements:

- Define treatments covered
- Define levels of cover
- Define policy types as packages of treatments and coverage levels
- Manage availability of policy types
- View performance of policy types

## Medical Department

This department is responsible for maintaining all the medical conditions and the possible treatments for each condition. This information is used by the Product Maintenance Department to select the components included in any offering. This information is subsequently used during the claim process to determine whether any claim is approved or declined. The information is also cross-referenced to the provider database to indicate whether a specific hospital offers the treatment in question and is used to define preferred providers for specific treatments.

### Requirements:

- Define and maintain medical conditions
- Define and maintain treatments for different conditions
- Link treatments to different providers of medical services

## **Provider Management**

This department maintains a database of all providers of medical services. This includes management of the status of any provider. Providers may be defined as preferred providers for certain services or blacklisted from the provision of other services.

This department is also responsible for negotiating with providers for the provision of services at preferred rates. Packages of services when multiple treatments are to be provided during the same patient stay are also negotiated. This enables the claim process in the Call Centre to attempt to route policyholders to providers where preferential agreements are in place.

When this department receives notification of an approved claim, arrangements are made with the provider in question to deliver the treatments in question and to settle the account for the patient's stay after the treatment is concluded.

### **Requirements:**

- Define and maintain providers of medical services
- Define agreements with providers
- Maintain provider status
- Define packages of treatments that receive negotiated preferential fees
- Define criteria for routing policyholders to specific providers for treatment