**Property Damage Support System**

**for**

**Hestia Capital Holding LLC**

**High Level Design**

**Initial Phase**

**Specification**

Ed.

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# Introduction

The document consists High Level Design Specification, which is the primary document used in the project as a guideline for implementation of the solution. The goal of the document is to gather and define all the most important aspects of the data models and data flows for PDSS (Property Damage Support System).

The Initial Phase is focused on structures and relationships in data, field lists and dictionary values as well as listing external interfaces.

Description of processes and workflows, automation rules, documents for OCR, templates for generation of documents and correspondence, reports and KPIs as well as a detailed definition of interfaces and a design of Provider Portal will be the subject of the next phase.

The Case/Claim Management System (CMS) is the primary point of interaction for both merchants and lawyers to gather, purchase, view and process claims. The central database allows to find and trace a single claim as well as to produce aggregated financial and management reports.

In the initial phase the data will be input and updated manually by PDSS users. Its main goal is to create the data model and verify it with the use of real data and business processes. That will allow to design automation rules and workflows as the next step.

# Data model – CMS modules

## General rules

All monetary values will be shown in USD, with two decimal digits.

All percentage values will be shown with two decimal digits.

## CMS Users, Roles and Groups

### CMS Users

Each physical user will have his named account.

The accounts can be created by a user with Admin permission.

Users will login with user name and password.

### CMS Roles and Profiles

There will be the following Roles and Profiles configured:

* Administrator – has access to all CMS Modules, including deleting data; in general, should be never used.
* Provider Account Manager – responsible for contacts with Providers, starting from underwriting of a new Provider, recommendation for the purchase of a Portfolio, through collecting Portfolios of Claims, to controlling payments and communication with the Provider.
* Approver – a manager of PAMs, responsible for approving new Providers, purchases of Portfolios, etc.
* Case Manager – 1st level manager of litigation process.
* Attorney – has full access to litigation modules, includes Case Manager permissions
* Accountant – will need to have access to the purchase and collection outputs of the system
* Investor – read-only access to the information Provider Account Manager has and Case Manager
* Provider – similar access as Accountant

### Groups

Groups allow to assign data, like Claims or Providers, to more than one User at a time. That means that every user in the group will get notifications about it the object.

Groups will be defined as “all users with a specific Role”, currently it is not foreseen to define them in more granular way.

## Providers

The Providers module contains all contact data and statuses of providers.

A Provider needs to pass underwriting process and approval process to have a business relation (i.e. sell Portfolios of Claims).

A Provider can have more than one Portfolio which can include many Claims. A portfolio cannot be closed until there are twenty individual claims present with the largest claim being no more than 15% of claim pool.

### Attributes:

Mandatory – mandatory at each moment, including entering a new entry

Required – non mandatory in the system, but required to process automatically in some

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Providers |  | Internal ID: PR\_[number 6d] |
| Basic Information |  |  |
| Provider Name | Text, mandatory, in summary |  |
| Provider Shortcut | Text, mandatory, in summary | Optional – to be decided as it can be used to automatically create Claim ID or Portfolio ID |
| Type of Provider | Picklist, mandatory, in summary:  -Mitigation  -Remediation  - Assessments  - Multiple | Administrator can add more options.  To be decided as single-choice picklist should be replaced with multiple-choice picklist with many more options (like in LawSpades). However, we suggest to use common list of options for all providers l as it allows to analyze data in reports. |
| Tax ID | Text, in summary |  |
| Assigned to | Reference to User or Group, mandatory, in summary |  |
| Contact Data |  |  |
| Contact Person | Text, mandatory, in summary | First and last name of a person or a name of a company. This field (like others) can be used in generated correspondence or documents. |
| E-mail | Text, in summary | A confirmed e-mail. Cannot be edited manually, it is set by the semi-automatic process of e-mail confirmation. E-mails have to be unique. E-mail is used to automatically recognize and assign correspondence, as well as to login to Provider Portal (optional functionality) |
| Is e-mail confirmed? | Picklist, Yes/No |  |
| E-mail to be confirmed | Text |  |
| Phone | Text, in summary |  |
| Is phone confirmed? | Picklist, Yes/No |  |
| Address | Text |  |
| ZIP | Text, ZIP format |  |
| City | Text |  |
| State | Picklist, US States |  |
| Bank Information |  |  |
| Bank | Text |  |
| Account No | Text |  |
| Routing No | Text |  |
| Provider history |  |  |
| Date of First Contact | Date |  |
| Date of License granted | Date |  |
| Years in business | Number, calculated automatically | Calculated on change of “Date of License granted” and once a week as “YEARS BETWEEN (current date, Date of License granted)” |
| Total historical filed claims (at date of first contact) | Number |  |
| Provider KPIs |  | Calculated automatically once a week taking into account all claims from the last year (365 days). To be checked if longer period should be used (i.e. 5 years or no limit). Detailed formulas should be described, taking into account a status of claims (finished vs not finished, offered vs bought vs in litigation process, etc). |
| Average Face Value of claims | Number |  |
| Average Claims handled per month | Number | Example formula: Average from the **last 12** months: number of claims that were **bought** during a calendar month |
| Average duration till case settled | Number |  |
| % of cases having voluntary collection | Percent |  |
| % of cases going to litigation | Percent |  |
| % of voluntary collection to total collection | Percent |  |
| % of voluntary collection to face value | Percent |  |
| % of litigated collection to total collection | Percent |  |
| % of litigated collection to face value | Percent |  |
| % of written off cases | Percent |  |
| Underwriting and Approval |  |  |
| All eligibility criteria met? | Picklist, read-only, filled automatically | Read only, filled automatically on the grounds of all eligibility criterias:   * Yes (if all criterias are met) * No (if at least one criteria is not met) * Conditionally (if at least one criteria is conditional and none is not met) |
| Conditions to meet eligibility criteria | Text, read only, filled automatically | Filled automatically as “Sum of comments of eligibility criterias marked as Conditionally eligible” |
| Status | Picklist, mandatory, in summary: New/ Underwritten/ Approved/  Closed | Default: New. Changed by workflow only. |
| Underwriter Name | Text, required |  |
| Approver Name | Text, required |  |
| **Notes** |  |  |
| Note | Large Text |  |

### Nested data: Provider Eligibility Criteria

Provider Eligibility Criteria is filled automatically on creation of a new Provider. Users can edit answers and comments only.

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Provider Eligibility Criteria |  | **Nested in Providers module** |
| Basic Information |  |  |
| Sequence number | Number, read only |  |
| Criteria | Text, read-only, in summary | Current list of criterias: |
| Is criteria met? | Picklist, mandatory, in summary: Yes/ No/ Conditionally/ N/A |  |
| Comments, if any | Text |  |
| Document | Reference to Document |  |

Initial list of criterias:

1. Service provider has been in business for minimum 1 year and offers services including, but not limited to:

• Mold testing

• Engineering testing

• Mitigation

• Rebuild

• Remediation

• EMS – emergency services

2. Service provider’s licenses to do business is valid.

3. Principal/owner has no felony criminal record or misdemeanors dealing with fraud or financial misconduct.

4. Service provider has no bankruptcy filing within the last five years.

5. Service provider has no active UCC filings from previous funders that encumber the purchased asset.

6. Service provider is registered and company filings are up-to-date.

7. Company financials, if available, are not prepared under liquidation basis.

8. If existing Pay My Claim client, performance of service provider’s portfolio meets expectations (i.e., timing & amount of collections, profit realized and reserves released are in line with model).

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Portfolios
3. Claims (also accessible through 🡪Portfolios🡪Claims)
4. Payments (also accessible through 🡪Portfolios🡪Payments)
5. Documents
   * 1. Documents attached to lower-level modules (i.e. Portfolios, Claims) are not visible here, as they could be excess
6. E-mails
   * 1. A list of e-mails referring the Provider – both automatically sent from the system and incoming mails imported from mail server; user can manually assign a mail to a Provider
7. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users

### Dashboard (a quick overview of data)

1. Summary fields
2. Proposals (Portfolios in onboarding process)
3. Claims
4. History

### Access Rights:

1. All CMS Users can view data.
2. Provider Account Managers and Approvers can edit data.
3. No user but Administrator can delete an entry from this module.
4. Only Approvers can use workflow to Approve a Provider.

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Underwrite | Manual | User Role = Underwriter or Approver  AND Status = New AND All eligibility criteria met? = Yes or Conditionally | Set Status := Underwritten  Set Underwriter Name := current user |
| Approve | Manual | User Role = Approver  AND Status = Underwritten | Set Status := Approved  Set Approver Name := current user |
| Close | Manual | User Role = Approver or Underwriter  AND Status = Approved or Underwritten or New | Set Status := Closed |
| Reopen | Manual | User Role = Approver or Underwriter  AND Status = Closed | Set Status := New |
| ON\_CREATE | On create |  | Initialize the list of Provider Eligibility Criteria |
| CALCULATE\_KPIS | On schedule, once a week, Saturday 3 AM | User Role = Approver or Underwriter  AND Status = Closed | Calculate all fields in Provider KPIs section. Do not save these results as a change in history.  Call CALCULATE\_YEARS\_IN\_BUSINESS. |
| CALCULATE\_YEARS\_IN\_BUSINESS | On change of Date of License granted |  | Calculate “Years in business”. Do not save these results as a change in history. |
| CHECK\_ELIGIBILITY | On change of any Provider Eligibility Criteria.Is Criteria met? |  | Calculate “All eligibility criteria met?” |

## Portfolios

A Portfolio object groups Claims that are offered by a Provider and can be purchased after approval.

Before acceptance the Portfolio plays a role of a Proposal. Its Program and list of Claims can be changed. Subsequent versions of Proposals can be created and sent to the Provider. They are reflected in History as well as in historical Documents (if created).

After buying the Portfolio, its configuration should not be changed. Only Payments should be added (presumably automatically, that process will be defined in the next phase).

Payments to Providers are done on the level of Portfolios rather than single Claims.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Portfolios |  | Internal ID: PF\_[year]/[month]/[number 4d, reset monthly] |
| Basic Information |  |  |
| Portfolio ID or Portfolio Name | Text, mandatory, in summary | To be verified: It can be set automatically, for example as “Provider Shortcut + sequence number” or “Provider Shortcut + Internal ID (without prefix)”. Alternatively it can be set manually – in such a case we suggest to use “Portfolio Name” field. |
| Provider | Reference to Providers, mandatory, in summary |  |
| Status | Picklist, mandatory, in summary:  - New, proposal preparation  - Proposal sent,  waiting for acceptance by Provider  - Bought, in litigation  - Litigation finished (?)  - Final payments done (?)  - ?  - Portfolio rejected  - Proposal rejected by Provider | This list of statuses is to be defined. Each status should describe current state and what actions should follow. Both positive and negative scenario statuses should be foreseen. |
| Program | Reference to Programs, required, in summary |  |
| Assigned to | Reference to User or Group, mandatory, in summary |  |
| Status Info |  |  |
| Created date | Date, filled automatically |  |
| Proposal sent date | Date, filled automatically |  |
| Proposal underwriter name | Reference to Users, filled automatically |  |
| Purchase date | Date, filled automatically |  |
| **Proposal Summary** |  | Calculated automatically on every change in Claims included in the Portfolio, on change of Program chosen and manually (useful in case of change in definition of Program). Calculation is done only in case Status is one of proposal statuses (not litigation). The formulas are to be described. |
| Total Number of Claims | Number, in summary | To be decided: number of all claims or only accepted (not rejected) claims |
| Total Claim Value | Monetary value, in summary | To be decided: sum of values from all claims or only accepted (not rejected) claims |
| Advance Amount | Monetary value | Total claim value \* Program.Purchase price % |
| Preferred Return | Monetary value | ? |
| Reserves | Monetary value | Total claim value \* Program.Cash reserve % |
| **Financial Summary** |  | Calculated automatically on every change in Claims included in the Portfolio and manually (useful in case of change in choice or definition of Program). Calculation is done only in case Status is one of litigation or final statuses. The formulas are simple sums from respective fields in accepted (?) Claims . |
| Total Number of Accepted Claims | Number, in summary |  |
| Total Value of Accepted Claims | Monetary value, in summary |  |
| Total Adjusted Face Value | Monetary value |  |
| Total Purchase Price | Monetary value |  |
| Total Voluntary Collections | Monetary value | Sum of incoming payments filtered by type=Voluntary Collection |
| Total Pre-suit Collections | Monetary value | Sum of incoming payments filtered by type=Pre-suit Collection |
| Total Litigated Collections | Monetary value | Sum of incoming payments filtered by type=Litigated Collection |
| Total Buybacks | Monetary value |  |
| Total Payments Received | Monetary value |  |
| Total Balance | Monetary value |  |
| Total Write-offs | Monetary value |  |
| Total Profit | Monetary value |  |
| Total Projected Profit | Monetary value |  |
| Total Hurdle | Monetary value |  |
| Total Hurdle % | Percent | Calculated as Percent |
| Total Initial Reserve | Monetary value |  |
| Total Final Reserve | Monetary value |  |
| Total Reserves to be Released | Monetary value |  |
| **Notes** |  |  |
| Note | Large Text |  |

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Claims
3. Payments (Payments can be connected with Claims and Portfolios or Portfolios only, so some same Payments are also accessible through 🡪Claims🡪Payments)
4. Documents
   * 1. Documents attached to lower-level modules (i.e. Claims, Payments) are also visible here
5. E-mails
   * 1. A list of e-mails referring the Portfolio – both automatically sent from the system and incoming mails imported from mail server; user can manually assign a mail to a Portfolio
6. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users

### Dashboard (a quick overview of data)

1. Summary fields
2. Claims
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### Access Rights:

1. All CMS Users can view data.
2. Provider Account Managers and Approvers can edit data.
3. No user but Administrator can delete an entry from this module.

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Underwriting process | Manual |  |  |
| Automatic calculation of summaries from Claims | Automatic+Manual |  |  |
| Generation of documents with the use of templates, sending these documents to Providers | Automatic+Manual |  |  |
| Notifications about new Portfolio, changes in Claims and/or Payments | Automatic |  |  |

## Claims

A Claim object describes each individual claim both in onboarding and litigation phase.

It should be decided if onboarding and provider-related data should be separated from litigation data more strictly. The premises for separating this data in two related modules instead of one are:

* litigation of more than one claim in one common court case/lawsuit,
* strict separation of user rights to edit data,
* separate range of data that is interesting for users with different roles.

The premises for using one module instead of two related but separate modules are:

* visibility of all fields on one screen – useful when every user can be interested in every data field,
* easier to maintain by users as no data is duplicated.

In both cases it will be possible to create “wide” reports with both onboarding and litigation data.

The list of fields in this module is to be verified carefully, as both missing and redundant fields are unfavorable. The same refers to the lists of picklist values (various statuses and types).

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Claims |  | Internal ID: CL\_[year]/[month]/[number 6d, reset monthly] |
| Basic Information |  |  |
| Claim ID | Text, automatically calculated, in summary | To be defined algorithm to set it automatically. For example: “CL\_ + Provider Shortcut + sequence number” or “Internal ID + Provider Shortcut” or “CL + Portfolio ID + sequence number".  This field replaces both Claim ID (PortfolioTrak) and File No (LawSpades).  To be verified if Claim ID is needed at all as it is not needed by the system internally. Maybe Internal ID and/or Claim Number is sufficient. |
| Claim Number | Text, mandatory, in summary | Manually set by Users. In general it should be unique, but the system does not enforce that. |
| Provider | Reference to Providers, mandatory, in summary |  |
| Portfolio | Reference to Portfolios, mandatory, in summary |  |
| Provider of Service | Reference to Providers of Service, mandatory, in summary | To be verified if it is different object than Provider |
| Category | Picklist, mandatory | To be defined: the list of options |
| Type of Job | Picklist or Multiple-choice picklist, mandatory:  Assessment,Dryout,Roof tarping,Sanitization, … | To be defined: the list of options. To be verified if single or multiple choice. |
| Type of Claim | Picklist, mandatory: AOB / HO | To be verified |
| Damages Model | Picklist, mandatory | To be defined: the list of options |
| Case | Reference to Cases, in summary | To be verified if such module is necessary (see comments above; a rule of thumb: if “one claim = one case” then it is not needed) |
| Insurance Details |  |  |
| Claimant | Reference to Claimants, mandatory, in summary |  |
| Insurer | Reference to Insurers, mandatory, in summary |  |
| Insurance Policy Details | Large Text |  |
| Insurance Policy | Reference to Documents |  |
| Policy Number | Text, mandatory |  |
| Onboarding and Provider Communications |  |  |
| Onboarding Status | Picklist, mandatory, in summary:  - New  - Accepted  - Rejected | This list of statuses is to be defined. I assume that Onboarding status shell be simple as it is subsidiary to Portfolio Status. |
| Assigned to | Reference to User or Group, mandatory, in summary |  |
| Status Info |  |  |
| Created date | Date, filled automatically |  |
| DOL | Date | Date of ? |
| DOS | Date | Date of Service? |
| Voluntary collection started date | Date, filled automatically |  |
| Litigation started date | Date, filled automatically |  |
| Litigation finished date | Date, filled automatically |  |
| Claim closed date | Date, filled automatically |  |
| Last change date | Date, filled automatically |  |
| **Litigation** |  |  |
| Litigation Status | Picklist, mandatory, in summary:  - Presuit demand letter sent, waiting for response from Insurer  - Voluntary dismissal with Fees  - Litigation finished, waiting for payments (?)  - Final payments done (?)  - ? | This list of statuses and their changes is to be defined. “Current Status” in LawSpades contains ca. 100 statuses – probably too many to use it conveniently (both to choose it while editing and to analyze it in reports).. |
| Litigation Status Comment | Text |  |
| Denial Reason | Multiple choice picklist | Values imported from LawSpades |
| Job County / Court | Reference to Courts |  |
| AAA Index No | Text |  |
| Case Manager | Reference to User or Group |  |
| Attorney | Reference to User |  |
| Hearing/Trial Date | Date |  |
| Settlement Date | Date |  |
| Settlement Method | Picklist, in summary:  - CMO  - Litigation  - Voluntary Payment |  |
| **Litigation Results** |  |  |
| Principal Amount Settled | Monetary value |  |
| Interest Amount Settled | Monetary value |  |
| Attorney Fee Settled | Monetary value |  |
| Filling Fee Settled | Monetary value |  |
| Interest | Monetary value |  |
| Date of Award (Interest) | Date |  |
| Penalties | Monetary value |  |
| Date of Award (Penalties) | Date |  |
| Legal Fee Awarded | Monetary value |  |
| Date of Award (Legal Fees) | Date |  |
| **Financial Summary** |  |  |
| Total Bill Amount | Monetary value, mandatory, in summary |  |
| Adjusted Face Value | Monetary value |  |
| Purchase Price | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Transaction Fee | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Administration Fee | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Total Voluntary Collections | Monetary value, calculated automatically | Sum of incoming Payments filtered by type=Voluntary Collection |
| Total Pre-suit Collections | Monetary value, calculated automatically | Sum of incoming Payments filtered by type=Pre-suit Collection |
| Total Litigated Collections | Monetary value, calculated automatically | Sum of incoming Payments filtered by type=Litigated Collection |
| Total Buybacks | Monetary value |  |
| Total Payments Received | Monetary value |  |
| Total Balance | Monetary value |  |
| Total Write-offs | Monetary value |  |
| Total Profit | Monetary value |  |
| Total Projected Profit | Monetary value |  |
| Total Hurdle | Monetary value |  |
| Total Hurdle % | Percent | Calculated as Percent |
| Total Initial Reserve | Monetary value |  |
| Total Final Reserve | Monetary value |  |
| Total Reserves to be Released | Monetary value |  |
| **Notes** |  |  |
| Note | Large Text |  |

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Payments
3. Receivables
4. Documents
   * 1. Documents attached to lower-level modules (i.e. Payments) are also visible here
5. E-mails
   * 1. A list of e-mails referring the Claim – both automatically sent from the system and incoming mails imported from mail server; user can manually assign a mail to a Claim
6. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users

### Dashboard (a quick overview of data)

1. Summary fields
2. Documents
3. Payments
4. History

### Access Rights:

1. All Users can view data.
2. All Users can edit data.
3. No user but Administrator can delete an entry from this module.

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Payments

Represents payments to and from Providers.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Payments |  |  |
| Basic Information |  |  |
| Payment Name | Text |  |
| Payment Date | Date |  |
| Payment Method | Picklist, mandatory, in summary:   * Check * Wire transfer |  |
| Payment Direction | Picklist, mandatory, in summary:   * Incoming * Outgoing |  |
| Value | Monetary value |  |
| Status | Picklist, to be defined |  |
| Source Bank Account | Text |  |
| Destination Bank Account | Text |  |
| Check Image | Reference to Documents |  |
| Provider | Reference to Providers |  |
| Portfolio | Reference to Portfolios |  |
| Claim | Reference to Claims |  |

## Receivables

Represents collections from Insurance companies.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Receivables |  |  |
| Basic Information |  |  |
| Payment Name | Text |  |
| Payment Date | Date |  |
| Payment Method | Picklist, mandatory, in summary:   * Check * Wire transfer |  |
| Collection Type | Picklist, required, in summary:   * Voluntary * Pre-suit * Litigated * Other |  |
| Value | Monetary value |  |
| Status | Picklist, to be defined |  |
| Source Bank Account | Text |  |
| Destination Bank Account | Text |  |
| Check Image | Reference to Documents |  |
| Insurer | Reference to Insurers |  |
| Claim | Reference to Claims |  |

## Claimants

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | Comments | |
| Claimants |  |  | |
| Basic Information |  |  | |
| Claimant Name | Text, mandatory | First and last name or Company name or Names of more than one person or … | |
| Address |  |  | |
| Street, number, etc. | Text, | |  |
| ZIP | Text, ZIP format, | |  |
| City | Text, | |  |
| State | Picklist, US states, | |  |
| **Contact** |  | |  |
| WWW | Text | |  |
| E-mail | Text | |  |
| Phone | Text |  | |

### Related modules:

* 1. Claims

## Insurers

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | | Comments |
| Insurers |  | |  |
| Basic Information |  | |  |
| Insurance Company Name | Text, mandatory | |  |
| Address |  |  | |
| Street, number, etc. | Text, | |  |
| ZIP | Text, ZIP format, | |  |
| City | Text, | |  |
| State | Picklist, US states, | |  |
| **Contact** |  | |  |
| WWW | Text | |  |
| E-mail | Text | |  |
| Phone | Text |  | |

### Related modules:

1. Claims

## Programs

Programs define rules of buying Portfolios. Details of formulas that are to be applied to Claims are to be described.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Programs |  |  |
| Basic Information |  |  |
| Program Name | Text, mandatory |  |
| Program Type | Picklist, mandatory:   * Regular * Bulk |  |
| Purchase Price % | Percent, mandatory |  |
| Conversion Days | Number |  |
| Administration Fee % | Percent |  |
| Transaction Fee % | Percent |  |
| Cash Reserve % | Percent |  |
| Monthly Fee % | Percent |  |
| Hurdle % | Percent |  |

### Related modules:

1. Portfolios

## E-mails

In this module a list of e-mails is stored. Both sent and received e-mails are gathered from a configured e-mail boxes.

## Activities (Calls, To Do-s, Meetings)

A Calendar Activity can be historical or scheduled. Scheduled activities are shown to the user as soon as they are to be done. User can easily mark such a task as completed, canceled or postponed as well as add a note. Usually before marking an activity as completed some referred data should be updated by the user, e.g. status of Claim Opportunity should be changed after making a call to the Customer.

## Notifications

Notification is an instant message sent through the CMS system to a chosen CMS User. Unlike Calls (or other Calendar Activities) Notifications have only two states: Read or Unread.

## Documents

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Documents |  |  |
| Basic Information |  |  |
| Title | Text, mandatory |  |
| Document Type | Picklist, mandatory | To be defined:   * Check * Insurance Policy * Settlement * … |
| Status | Picklist, Original/Copy | * Accepted * Not accepted |
| Source | Picklist | * Customer Portal * Customer - e-mail * Customer - scan * Generated automatically * Other |
| Access through Provider Portal | Picklist | * View and delete * View only * Not visible |
| Note | Rich-text |  |
| Parsed contents |  |  |
| Last date of parsing | Date & time | Filled automatically, not editable |
| Verification warnings | Large Text | Filled automatically, not editable |
| Key data | Large Text | Filled automatically, not editable |
| Contents | Large Text | Filled automatically only if the document type is very compact as a large amount of such data can affect system performance, not editable |
| Internal representation | Large Text | For example json, only if it would be needed by some internal algorithms, like verification of eligibility and completeness |

### Manual and automatic actions (workflows)

1. Reprocess (OCR) the chosen document

## Courts

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Courts |  |  |
| Basic Information |  |  |
| Court Name | Text, mandatory |  |
| Address |  |  |
| Street, number, etc. | Text, |  |
| ZIP | Text, ZIP format, |  |
| City | Text, |  |
| State | Picklist, US states, |  |
| **Contact** |  |  |
| WWW | Text |  |
| E-mail | Text |  |
| Phone | Text |  |

# External Interfaces

## Dropbox integration

Not covered in the initial phase. To be decided if it should be implemented later.

In the initial phase exchange of files between internal Documents repository and external Providers and other Actors is covered by e-mails.

## Email server integration

E-mail server integration can be included in the initial phase. We need an access (address, login, password) to some Hestia Capital e-mail box or create some test box on our servers – to be decided.

Both incoming and outgoing e-mails are recognized and connected with respective objects (Providers, Claims, Portfolios) by the sender/receiver address or by the ID or Name included in the e-mail title. The details depend on final design of such key attributes in Providers, Portfolios and Claims modules.

Processes involving automatic sending of e-mails are to be described before the next phase.

## Quickbooks integration

Not covered in the initial phase.

## Xactimate integration

Not covered in the initial phase.

We analyzed the API (<https://www.claimxperience.com/service/cxedirest/swagger-ui.html).and> found out a a crucial role of “project id” parameter to communicate with Xastimate database. Probably that parameter will be added as a new attribute in Claims, however further investigation with test data and test Xactimate account is needed.

## OCR

Not covered in the initial phase.

Test data input in the system after installation of initial phase will be used to analyze this interface.