**Property Damage Support System**

**for**

**Pay My Claim 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.

In general, deleting of data will not be allowed at all – to allow full audit of history. Instead, every significant module will contain “Is active” field that allows to mark not needed records as inactive. Administrator account is an exception – user with this role can delete data completely.

Backups – There will a complete system backup, done daily. It covers a technical backup of system and user data (i.e. database and files). The backups will have some retention time, at least a week. Backups will be made daily, so you could restore data only if they are present in previous day backup or in one of earlier backups, which still is available.

Backups allow to recover from some accidental storage corruption to some latest snapshot. However, in exceptional cases when data is only partially deleted (e.g. by Administrator) one will be able to restore a backup from chosen date (as long as it is in retention period) to another instance of the system and somehow copy data that were deleted (manual operation).

## 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.
* Board of Management - has full access to all CMS Modules and Reports, without deleting data
* 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 – an Attorney or (in case of external Attorney) a person that updates litigation data in the system. Has full access to litigation modules, with Collections as a border module (included). Important note: only some Claims/Cases will be litigated by Attorneys who have access to the system; other Claims/Cases will be litigated by external Attorneys (hired by Provider or Investor or otherwise unrelated to PayMyClaim not its funders) without access to the system
* Litigation Manager – manager of the whole process of litigation (all Cases, Attorneys)
* Accountant – will need to have access to the purchase and collection outputs of the system
* Analyst - has read-only access to all CMS Modules and Reports
* Investor – access view a dedicated Investor’s Portal, not directly through CMS GUI
* Provider – access via a dedicated Provider Portal, not directly through CMS GUI

TODO Detailed User rights and restrictions (on the level of Roles) will be settled by PMS and DOTS.

### 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.

## Menu

TODO Full menu, with basic profile rights

TODO? (verify if possible) Colors: different for Claim Management modules, different for Litigation

## 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.

### Attributes:

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

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

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Providers | Menu: Providers-Contractors | Internal ID: PR\_[number 6d] |
| Basic Information |  |  |
| Provider Name | Text, mandatory, in summary |  |
| Provider Abbreviation | Text, mandatory, in summary | Entered manually. It will be used later to automatically create Portfolio ID |
| Type of Provider | Multiple choice picklist, mandatory, in summary:  - Remediation,  - Mitigation  - Emergency Services  - Dry-Out  - Buildout  - Fire  - Mold Testing  - Water Assessment  - Leak Detection  - Engineering | Administrator can add more options.  We suggest using common list of options for all providers l as it allows to analyze data in reports. |
| Other Provided Services | Text | Other services if they are not listed in Type of Provider picklist (as adding new options is reserved for Administrator to prevent excessive fragmentation) |
| Tax ID | Text, required, in summary | W-9 form should be attached on Documents tab |
| Type of Entity | Picklist   * Corporation * Partnership * Sole Proprietorship * LLC * Other |  |
| Assigned to | Reference to User or Group, mandatory, in summary |  |
| Contact Data |  | **This section contains the main contact. Additional contacts can be added in Provider Contacts nested module.** |
| 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. |
| Contact Note | Text |  |
| 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 do not have to be unique. E-mail is used to automatically recognize and assign correspondence. Non-unique e-mail can’t be used to login to Provider Portal; instead some other “login” is needed (optional functionality) |
| 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 |  |
| Number of contacts with the same e-mail | Number, calculated automatically | Count e-mails in other Providers and their Provider Contacts (do not take into account the data of this Provider).  If the e-mail does not occur there – empty value  Otherwise – number of such records, starting from 1 |
| Bank Information |  |  |
| Bank | Text |  |
| Account No. | Text |  |
| Routing No. | Text |  |
| Verified by Approver | Reference to Users, read only | Set by Workflow only, reset automatically to empty in case of change of other Bank Information fields. |
| Verified by Approver Date | Date, read only | Set by Workflow only, reset automatically to empty in case of change of other Bank Information fields |
| Validated by Provider Note | Text | Set manually, a short note how it was validated (for example “email from 2021..1.1” or “phone call”; reset automatically to empty in case of change of other Bank Information fields |
| Validated by Provider Date | Date, read only | Set on change of “Validated by Provider Note”, reset automatically to empty in case of change of other Bank Information fields |
| Provider history (Application Data) |  |  |
| Date of First Contact | Date |  |
| Principal Cell | Text |  |
| Date of License to do business granted | Date | A document with the license should be added on Documents tab. |
| Years in business | Number, calculated automatically | Calculated on change of “Date of License to do business granted” and once a week as “YEARS BETWEEN (current date, Date of License to do business granted)” |
| No. of Locations | Number |  |
| No. of Employees | Number |  |
| Source of Information about Us | Picklist:   * Ads * Social media * Friend * … |  |
| Source of Information about Us (other) | Text |  |
| Total A/R | Number |  |
| A/R in Litigation | Number |  |
| A/R Company | Text | Added 3/2/2022 from comment “Do they sell A/R, if so, what company name” |
| Current Monthly Billing | Monetary value |  |
| Approx. Monthly Collections | Monetary value |  |
| Typical Negotiated Reductions | Percent |  |
| Internal Financing (Amount) | Monetary value |  |
| Total historical filed claims (at date of first contact) | Number |  |
| Total historical filed AOB claims (at date of first contact) | Number |  |
| Provider KPIs |  | Calculated automatically once a week taking into account all claims |
| Total Number of Filed Claims | Number | Sum of all Total Number of Accepted Claims for all portfolios related to Provider |
| Total Number of Filed AOB Claims | Number | Sum of all Total Number of Accepted Claims for all portfolios related to Provider where Type of Claim = AOB |
| Percentage of AOB Claims | Number | Total Number of Filed AOB Claims / Total Number of Filed Claims |
| Average Face Value of claims | Number | Total Adjusted Face Value / Total number of Accepted Claims over all portfolios |
| Average no. of Claims handled per month | Number | Total number of Accepted Claims / Months since first funded |
| Average duration till case settled (months) | Number in months | Months from claim funded to paid claim, counted for paid claims only |
| Average duration till portfolio closed (months) | Number in months | Months from portfolio status=Open to portfolio status=Closed |
| % of cases having voluntary collection | Percent | Total Number of claims having voluntary collection / Total Number of Accepted Claims over all portfolios |
| % of cases going to litigation | Percent | Total Number of claims going to litigation / Total Number of Accepted Claims over all portfolios |
| % of voluntary collection to total collection | Percent | Total voluntary collection / Total Collections over all portfolios |
| % of voluntary collection to face value | Percent | Total voluntary collection / Total Adjusted Face Value over all portfolios |
| % of litigated collection to total collection | Percent | Total litigated collection / Total Collections over all portfolios |
| % of litigated collection to face value | Percent | Total litigated collection / Total Adjusted Face Value over all portfolios |
| % of written off cases | Percent | Total Claims with Write-Off/Total Number of Accepted Claims |
| % of buyback/swaps | Percent | Total Claims with buyback / Total Number of Accepted Claims |
| Buyback Wallet |  |  |
| Buyback Wallet Value | Monetary value | Increased each time a Claim is marked as Buyback.  Decreased each time a virtual “buyback” payment is registered as paid from PayMyClaims to Provider (swap)  Or when a virtual “buyback” is used to purchase a new Portfolio. |
| 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 or N/A) * No (if at least one criteria is not met) * Conditionally (if at least one criteria is conditional and none is not met or empty) * (empty) otherwise |
| 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/ Approved on Watch-List/  Closed | Default: New. Changed by workflow only. |
| Underwriter | Reference to User |  |
| Approver | Reference to User |  |
| **Description** |  |  |
| Description | Large Text |  |
| Note | Large Text |  |

### Nested data: Provider Contacts

Provider Contacts can be used to store information both about company officers or members and some dedicated functional e-mails.

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Provider Contacts |  | **Nested in Providers module** |
| Basic Information |  |  |
| Provider Contact Name | Text | First and last name, functional e-mail account name, etc. |
| Provider Contact Type | Picklist   * Owner/Principal * Member/Officer * Attorney * Organization division * Corporate Representative |  |
| % Ownership | Percent |  |
| Social Security Number | Text |  |
| DOB | Date | Date of Birth |
| Number of years in this company | Number |  |
| E-mail | Text | E-mails received to this e-mail address will be automatically assigned to the Provider, just like it is done for the main Provider’s e-mail. |
| Phone | Text |  |
| Note | Large Text |  |

### Nested data: Provider References

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Provider References |  | **Nested in Providers module** |
| Basic Information |  |  |
| Reference Name | Text |  |
| Company Name | Text |  |
| Contact Name | Text |  |
| Phone | Text |  |

### Nested data: Provider Eligibility

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

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Provider Eligibility |  | **Nested in Providers module** |
| Basic Information |  |  |
| Criteria Name | Text, read only, in summary | Short form of criteria, used also to set a sorting order |
| Criteria | Text, read-only, in summary | Current list of criteria (one record = one criteria) |
| Is criteria met? | Picklist, mandatory, in summary: Yes/ No/ Conditionally/ N/A |  |
| Comments, if any | Text |  |
| Files | Files | Lighter way to add documents |
| Document | Reference to Document |  |

Initial list of criteria:

1. Service provider has been in business for minimum 6 months with five years relevant experience or 1 year and 3 years relevant experience 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 (owners or company).

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). Only applies if portfolio being assigned from Pay My Claim to Investor

### 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 related to Provider: application forms, W-9 form, screenshots from some external authorities (if they cannot be attached directly to Provider Eligibility Criteria), licenses, underwriting reports (if needed), other documents
     2. 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;
     2. The rules to automatically match an e-mail to the Provider:
        1. If the subject of the e-mail contains the text “[Provider.Provider Name]” or “[Provider.Provider Abbreviation (in capital letters)”] 🡪 assign this e-mail to this Provider, continue matching other Providers
        2. If the first rule does not match any Provider, try to match Sender or Recipient address with “Provider.E-mail” or any “Provider Contact.E-mail” (without matching e-mail subject)
        3. At first try to match active Providers only. If none is matched, try to match inactive Providers.
     3. These rules allow to assign one e-mail to more than one Provider at a time (if the same e-mail address is used by more than one Provider or its contacts)
     4. User can manually assign or unassign any a mail to a Provider.
7. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users
8. Investors
   * 1. Many-to-many relation –the list of Investors related to the Provider will represent Investors that can fund Claims by this Provider. It will be created manually by Users on the grounds of their knowledge and experience.

### 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 |
| Underwriting of Provider |  |  |  |
| Underwrite | Manual | User Role = Provider Account Manager or Approver  AND Status = New AND All eligibility criteria met? = Yes or Conditionally | Set Status := Underwritten  Set Underwriter Name := current user |
| Bypass underwriting | Manual | User Role = Approver  AND Status = New AND All eligibility criteria met? <> Yes or Conditionally | Set Status := Underwritten  Set Underwriter Name := current user |
| Generate a Master Agreement | Manual | Status = Underwritten | Generate a document from docx template “Master Purchase Agreement TEMPLATE.docx” (with replaced placeholders).  Set document type = Master Purchase Agreement.  Attach it to the Provider. |
| Send a Master Agreement | Manual | Status = Underwritten | Sent all documents of “Master Purchase Agreement” type attached to this Provider (there should be only one) to the Provider’s Email. |
| Approve | Manual | User Role = Approver  AND Status = Underwritten | Set Status := Approved  Set Approver Name := current user |
| Approve on Watch-list | Manual | User Role = Approver  AND Status = Underwritten | Set Status := Approved on Watch-List  Set Approver Name := current user |
| Close | Manual | User Role = Approver or Provider Account Manager  AND Status = Approved or Underwritten or New | Set Status := Closed |
| Reopen | Manual | User Role = Approver or Provider Account Manager  AND Status = Closed | Set Status := New |
| Create underwriting report | Manual |  | Produce a document with underwriting summary (to be provided by PMC) |
| Changing Bank Information |  |  |  |
| RESET\_BANK\_INFO\_APPROVAL | On change of Bank Information |  | Clean all approval data in this section |
| Approve Bank Info | Manual | User Role = Approver  AND Verified by Approver is empty | Set Verified by Approver:= current user  Set Verified by Approver Date := current date |
| SET\_PROVIDER\_VALIDATION\_DATE | On change of Validated by Provider Note | Validated by Provider Note is not empty | Set Validated by Provider Date := current date |
| RESET\_PROVIDER\_VALIDATION\_DATE | On change of Validated by Provider Note | Validated by Provider Note is empty | Set Validated by Provider Date := empty |
| Eligibility |  |  |  |
| ON\_CREATE | On create |  | Initialize the list of Provider Eligibility Criteria |
| CHECK\_ELIGIBILITY | On change of any Provider Eligibility Criteria.Is Criteria met? |  | Calculate Provider’s “All eligibility criteria met?” on the grounds of eligibility questions-answers.. Additionally, check if there is:   * At least one Provider Contact * At least three Provider References   Each Provider Contact of “Owner” type has non-empty: Social Security Number, DOBIf not, set “All eligibility criteria met?”=No, add description why in “Conditions to meet eligibility criteria” field. |
| Buyback Life-cycle |  |  |  |
| REFRESH\_BUYBACK\_WALLET\_VALUE | On system event |  | Buyback Wallet Value = ( sum of Claim.Buyback Amount of all related Claims that "Claim.Claim Status = Buyback" ) - ( sum of Payment.Buyback Value of all related Payments) |
| Other |  |  |  |
| CALCULATE\_PROVIDERS\_SAME\_EMAIL | On change of Provider.E-mail or Provider Contact.E-mail |  | Update **Number of contacts with the same e-mail** |
| CALCULATE\_KPIS | On schedule, once a week, Saturday 3 AM | User Role = Approver or Provider Account Manager  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. |

## Portfolios

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

A Portfolio is sometimes called a “Pool”. This term refers to the Portfolio that is calculated with the use of Program using “pool” algorithm (“Hurdle” is calculated on the level of the whole Portfolio instead of a single Claim).

A portfolio cannot be closed until there are twenty individual claims present with the largest claim being no more than 15% of claim pool (in such situation It can be closed only by a User with Approver role). The Portfolio needs to be accepted by the Provider. Before acceptance its list of accepted Claims can be changed. In general, after buying the Portfolio, its configuration should not be changed. Only Purchases should be added (that process will be defined in the next phase).

Payments to Providers are done on the level of Portfolios rather than single Claims, but it depends on Program Type of the Portfolio (Bulk= Pool or Regular = “By Claim”).

For simplicity of business processes, one Portfolio can be purchased by one Investor only.

A Portfolio can be bought in more than one Purchase. Each Purchase can contain a few Claims from this Portfolio.

### Attributes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section and Attribute | | Data type | Comments | |
| Portfolios | |  | Internal ID: PF\_[year]/[month]/[number 4d, reset monthly] | |
| Basic Information | |  |  | |
| Portfolio ID | | Text, mandatory, in summary | It will be set automatically as “Provider Abbreviation + sequence number” if manually entered value is “---new---". | |
| Provider | | Reference to Providers, mandatory, in summary |  | |
| Program | | Reference to Programs, required, in summary |  | |
| Investor | | Reference to Investors |  | |
| Assigned to | | Reference to User or Group, mandatory, in summary |  | |
| Status Info | |  |  | |
| Status | | Picklist, mandatory, in summary:  - New  - For approval  - Waiting for acceptance by Provider  - Open  - Closed  - Portfolio rejected  - Proposal rejected by Provider | Portfolio Status is related to acquisition only.  Litigation is fully independent from who takes profits of the Portfolio (PayMyClaims till hurdle is not fulfilled, Provider otherwise)   * Open – when accepted by Provider * Closed – when hurdle is filled; a collection can still occur (sent directly to Provider); the last collection fulfilling hurdle can be split into own income and Payment to Provider! * Portfolio rejected - extremely improbable, but added for completeness   On change to Closed: set Portfolio Write-Off := Adjusted Face Value – Total Collections (if result >0) | |
| Created date | | Date, filled automatically |  | |
| Approved date | | Date, filled automatically |  | |
| Opened date | | Date, filled automatically |  | |
| Closed date | | Date, filled automatically |  | |
| Portfolio Approver name | | Reference to Users, filled automatically |  | |
| Note | | Large Text |  | |
| **Portfolio Summary** | |  | Calculated automatically on every change in Claims included in the Portfolio. | |
| Total Number of Claims | | Number, in summary | Number of all claims filed by Provider in this Portfolio | |
| Total Number of AOB Claims | Number | | Number of all Claims filed by Provider in this Portfolio where Type of Claim = AOB |
| Total Claim Value | | Monetary value, in summary | Sum of values (Total Bill Amount) from all claims (accepted+rejected) | |
| Adjusted Claim Value | | Monetary value | Sum of values (Adjusted Face Value) from all claims | |
| Total Number of Rejected Claims | | Number | Number of Claims where Onboarding Status = Rejected | |
| Total Value of Rejected Claims | | Monetary Value | Sum of Values (Total Bill Amount) of Claims where Onboarding Status = Rejected | |
| Total Number of Accepted Claims | | Number, in summary | Number of Claims where Onboarding Status = Purchased | |
| Total Value of Accepted Claims | | Monetary value, in summary | Sum of Values (Total Bill Amount) of Claims where Onboarding Status = Purchased | |
| Total Adjusted Face Value | | Monetary value | Sum of Values (Adjusted Face Value) of Claims where Onboarding Status = Purchased | |
| Total Purchase Price | | Monetary value | Total Adjusted Face Value \* Program.Purchase Price % | |
| Total Factor Fee | | Monetary value | Total Adjusted Face Value \* Program.Factor Fee %  (migration from PortfolioTrak: Projected Profit) | |
| Hurdle | | Monetary value | Total Adjusted Face Value \* (Program.Purchase Price %+Program.Factor Fee %) | |
| Hurdle % | | Percent | Program.Purchase Price% + Program.Factor Fee% | |
| **Financial Summary** | |  | Calculated automatically on every change in Claims included in the Portfolio. Calculation is done from respective fields only in accepted Claims . | |
| Total Number of Paid Claims | | Number, in summary | Number of claims that have: Claim Status = Paid (in other words: Remaining to hurdle = 0) | |
| Total Number of Buybacks | | Number | Number of claims that have: Claim Status = Buyback | |
| Total Buybacks | | Monetary value | Sum of Buyback Amount of claims that have: Claim Status = Buyback | |
| Total Voluntary Collections | | Monetary value | Sum of incoming payments (Collections) filtered by type=Voluntary Collection | |
| Total Pre-suit Collections | | Monetary value | Sum of incoming payments (Collections) filtered by type=Pre-suit Collection | |
| Total Litigated Collections | | Monetary value | Sum of incoming payments (Collections) filtered by type=Litigated Collection | |
| Total Collections | | Monetary value | Total of all Claim Collections linked to the portfolio (PortfolioTrak: Payments Received) | |
| Total Balance Owed | | Monetary value | Total Adjusted Face Value – Total Collections | |
| Remaining to Hurdle | | Monetary value | Min(Hurdle – Total Collections, 0 ) | |
| Total Profit | | Monetary value | Total Collections – Total Purchase Price, not more than Total Factor Fee, not less than 0 | |
| Portfolio Write-off | | Monetary value | Portfolio write-off is different from Claim write-off. Set automatically when Portfolio status is changed to Closed | |
| Refundable Reserve | | Monetary value | If Portfolio.Program.Type of Program = By Claim then sum of Claim.Refundable Reserve  If Portfolio.Program.Type of Program = Pool, then calculate “**Refundable reserve**” = Total Collections – Hurdle, not less than 0; assert that it should not be more than (Adjusted Face Value – Hurdle) | |
| Total Limit Reserve | | Monetary value | Sum of Limit Reserves on the level of Claims | |
| Total Reserves | | Monetary value | Refundable Reserve + Limit Reserve | |
| **Releasing of Reserves** | |  | Relevant only if Program.Type = Pool | |
| Total Reserves Released | | Monetary value |  | |
| Last reserves released date | | Date |  | |
| Total Reserves to be Released | | Monetary value | (Refundable Reserve + Total Limit Reserve) – Total Reserves Released | |
| **Other** | |  |  | |
| Lock automation | | Yes/No |  | |

### Related modules

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

### Dashboard (a quick overview of data)

1. Summary fields
2. Claims
3. Documents
4. Payments
5. 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.

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Underwriting process |  |  | * user rights to edit data manually: All fields in Status Info section (with exception of Note) should be editable only for users with Approver role. Lower level (Provider Account Manager) can change Status and dates only trough WFs listed in this section |
| default values |  |  | - set Created date = current date  - set Status = New  (if implemented through ON CREATE, then set only if empty!) |
| For approval | Manual | - Status = New  - only for users with Provider Account Manager or Approver role | - set Status = For approval  - send a Notification to all users with Approver role "A Portfolio is ready for approval: <link to the portfolio>" |
| Approve | Manual | - Status = For approval  - only for users with Approver role | - set Status = Waiting for acceptance by Provider  - set Approved date = current day  - set Portfolio Approver name to current user  - Send a Notification to Assigned to: "Send an email to the Provider to accept this Portfolio: <link to the portfolio>" |
| Reject | Manual | - Status = For approval  - only for users with Approver role | - set Status = Portfolio rejected  - Send a Notification to Assigned to: "Send an email to the Provider that his portfolio was rejected: <link to the portfolio>" |
| Provider accepted this Portfolio | Manual | - Status = Waiting for acceptance by Provider  - only for users with Provider Account Manager or Approver role | - set Status = Open  - set Approved date = Opened date  - Send a Notification to Assigned to: "Portfolio approved and accepted: <link to the portfolio>" |
| Proposal rejected by Provider | Manual | - Status = Waiting for acceptance by Provider  - only for users with Provider Account Manager or Approver role | - set Status = Proposal rejected by Provider  - Send a Notification to all users with Approver role: "Portfolio proposal rejected by Provider: <link to the portfolio>” |
| Close (Write-off) | Manual | - Status = Open  - only for users with Approver role | - set Status = Closed  - set Closed date = current date  - set Portfolio Write-Off := Adjusted Face Value – Total Collections (if result >0)  - Send a Notification to Assigned to: "Portfolio closed with write-off: <link to the portfolio>" |
| Reject | Manual | - Status = For approval  - only for users with Approver role | - set Status = Portfolio rejected  - Send a Notification to Assigned to: "Send an email to the Provider that his portfolio was rejected: <link to the portfolio>" |
| ON\_CHANGE\_OF\_HURDLE\_ COLLECTIONS | on change of "Remaining to Hurdle" | when Total Collections > 0  AND Hurdle > 0  AND Remaining to Hurdle = 0 | - set Status = Closed  - set Closed date = current date  - set Portfolio Write-Off := Adjusted Face Value – Total Collections (if result >0)  - Send a Notification to Assigned to: "Portfolio closed (hurdle was filled): <link to the portfolio>" |
| 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 |  |  |
| RECALCULATE\_FROM\_  CLAIMS | On system event |  | * + - If Lock automation = Yes, do nothing     - Calculate fields from Portfolio Summary section:     - **Total Number of Claims** = Number of all claims filed by Provider in this Portfolio     - **Total Number of AOB Claims** = Number of all Claims filed by Provider in this Portfolio where Type of Claim = AOB     - **Total Claim Value** = Sum of values (Total Bill Amount) from all claims (accepted+rejected)     - **Adjusted Claim Value** = Sum of values (Adjusted Face Value) from all claims     - **Total Number of Rejected Claims** = Number of Claims where Onboarding Status = Rejected     - **Total Value of Rejected Claims** = Sum of Values (Total Bill Amount) of Claims where Onboarding Status = Rejected     - **Total Number of Accepted Claims** = Number of Claims where Onboarding Status = Purchased     - **Total Value of Accepted Claims** = Sum of Values (Total Bill Amount) of Claims where Onboarding Status = Purchased     - **Total Adjusted Face Value** = Sum of Values (Adjusted Face Value) of Claims where Onboarding Status = Purchased     - **Total Purchase Price** = Total Adjusted Face Value \* Program.Purchase Price %     - **Total Factor Fee** = Total Adjusted Face Value \* Program.Factor Fee % (migration from PortfolioTrak: Projected Profit)     - **Hurdle** = Total Adjusted Face Value \* (Program.Purchase Price %+Program.Factor Fee %)     - **Hurdle %** = Program.Purchase Price% + Program.Factor Fee%     - Calculate fields from Financial Summary section:     - **Total Number of Paid Claims** = Number of claims that have: Claim Status = Paid (in other words: Remaining to hurdle = 0)     - **Total Number of Buybacks** = Number of claims that have: Claim Status = Buyback     - **Total Buybacks Value** = Sum of Buyback Amount of claims that have: Claim Status = Buyback     - Calculate **Total Voluntary Collections**, **Total Pre-suit Collections**, **Total Litigated Collections**, **Total Collections** as sums of respective fields from Claims. NOTE: these values do not cover Limit reserve (there is a separate field for it)     - **Total balance owed** = Adjusted Face Value – Total Collections     - **Remaining to hurdle** = Min(Hurdle – Total Collections, 0 )     - **Total profit** = Total collections – Purchase price, not more than Factor Fee, not less than 0 (i.e Max(Min(Total collections, Hurdle) – Purchase Price, 0))     - **Refundable Reserve** =     - if Portfolio.Program.Type of Program = By Claim then sum of Claim.Refundable Reserve     - if Portfolio.Program.Type of Program = Pool, then calculate “Refundable reserve” = Total Collections – Hurdle, not less than 0; assert that it should not be more than (Adjusted Face Value – Hurdle)     - **Total Limit reserve** = sum of Claim.Limit reserve     - **Total Reserves** = Refundable Reserve + Total Limit Reserve     - **Total Reserves to be Released** = Total Reserves – Total Reserves Released |
| RELEASE\_RESERVES\_  TO\_PROVIDER | Once a month, on 1st day of each month at 0:10 AM, synchronized with Claim Collections |  | * 1. Set variable “reserves released now” = Total Reserves – Total Reserves Released   2. Increase Total Reserves Released by “reserves released now”   3. Set “Last reserves released date" to current date   4. Create Payment to Provider:      1. Value = reserves released now      2. Payment Name = "Reserves released by WF"      3. Payment Date = current date      4. Payment Method = empty      5. Payment Direction = default      6. Status = default      7. Provider, Portfolio – from current Portfolio |
|  |  |  |  |

## Portfolio Purchases

This module will represent partial (or complete) purchases of Claims from one Portfolio.

It is the level between Portfolio and Claim. The Purchases are shown as list on the Portfolio level and as one field “Portfolio Purchase” on the Claim level.

### Attributes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section and Attribute | | Data type | Comments | |
| Portfolio Purchases | |  | Internal ID: PFP\_[year]/[month]/[number 4d, reset monthly] | |
| Basic Information | |  |  | |
| Portfolio Purchase Name | | Text, mandatory, in summary | It will be set automatically as “Portfolio ID + sequence letter” if manually entered value is “---new---". | |
| Status | | Picklist, mandatory, in summary:  - New  - For approval  - Purchased  - Rejected |  | |
| Purchase Date | | Date, filled automatically, in summary |  | |
| Purchase Underwriter | | Reference to Users, filled automatically |  | |
| Purchase Approver | | Reference to Users, filled automatically |  | |
| Related Data | |  |  | |
| Provider | | Reference to Providers, mandatory, in summary |  | |
| Portfolio | | Reference to Portfolios, mandatory, in summary |  | |
| Program | | Reference to Programs, required, in summary |  | |
| Investor | | Reference to Investors, mandatory, in summary |  | |
| **Purchase Summary** | |  | Calculated automatically on every change in Claims included in the Purchase | |
| Total Number of Claims | | Number, in summary | Number of all claims in this Purchase | |
| Total Number of AOB Claims | Number | | Number of all Claims in this Purchase where Type of Claim = AOB |
| Total Claim Value | | Monetary value, in summary | Sum of values (Total Bill Amount) from all claims in this Purchase | |
| Adjusted Claim Value | | Monetary value, in summary | Sum of values (Adjusted Face Value) from all claims in this Purchase | |
| Purchase Value | | Monetary value, in summary | Adjusted Claim Value \* Program.Purchase Price % | |
| **Notes** | |  |  | |
| Note | | Large Text |  | |
| **Other** | |  |  | |
| Created time | |  |  | |
| Created by | |  |  | |
| Modified time | |  |  | |
| Last modified by | |  |  | |
| Assigned to | | Reference to Users |  | |
| Share with users | | Reference to multiple Users |  | |
| Lock automation | | Yes/No |  | |
| Is Active | | Yes/No |  | |

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Claims – only accepted Claims are normally shown as allowed to be added

### Dashboard (a quick overview of data)

1. Summary fields
2. Claims
3. History

### Access Rights:

1. Provider Account Managers and Approvers can edit data.
2. Editing of all data is blocked when status is Purchased or Rejected
3. No user but Administrator can delete an entry from this module.

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Approving of Portfolio Purchase |  |  |  |
| Default values |  |  | * + - Status = New   (if implemented through ON CREATE, then set only if empty!) |
| For approval | Manual | Status = New, for users with Provider Account Manager or Approver role | - if any related claim has Onboarding Status <> Approved, show an error message (toast + Batch Error) “All claims in Portfolio Purchase have to be approved”, do not continue  - set Status = For approval  - set Purchase Underwriter = current user  - send a Notification to all users with Approver role "A Portfolio Purchase is ready for approval: <link to the portfolio purchase>" |
| Approve, purchase | Manual | Status = For approval, only for users with Approver role | - if any related claim has Onboarding Status <> Approved, show an error message (toast + Batch Error) “All claims in Portfolio Purchase have to be approved”, do not continue  - set Status = Purchased (indirectly it executes ON\_PURCHASED)  - set Purchase Approver = current user  - set Purchase date = current day  - for each related Claim execute”Claim.ON\_PURCHASED”  - generate a package of 2 documents with the use of templates "[Exhibit B]" and "[Exhibit C]" (rewrite the templates provided by PMC, as they do not contain valid placeholders)  - Send a Notification to Assigned to: "Send an email to the Provider to sign this Portfolio Purchase: <link to the portfolio purchase>" |
| Reject | Manual | Status = For approval, only for users with Approver role | - set Status = Rejected  - Send a Notification to Assigned to: "Send an email to the Provider that a purchase of his portfolio was rejected: <link to the portfolio purchase>" |
| Other |  |  |  |
| ON\_PURCHASED | On change of Status to Purchased |  | Call EXPORT\_PURCHASE\_TO\_QUICKBOOKS: Send a Journal entry to QuickBooks: debit Portfolio Purchases account by Value; details in “Quickbooks integration” section |
| RECALCULATE\_FROM\_CLAIMS | On system event |  | If Lock Automation = Yes, do nothing   * + - Total Number of Claims - Number of all claims in this Purchase     - Total Number of AOB Claims - Number of all Claims in this Purchase where Type of Claim = AOB     - Total Claim Value - Sum of values (Total Bill Amount) from all claims in this Purchase     - Adjusted Claim Value - Sum of values (Adjusted Face Value) from all claims in this Purchase     - Purchase Value - Adjusted Claim Value \* Program.Purchase Price %. |
|  |  |  |  |
|  |  |  |  |

## Claims

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

Onboarding and provider-related data should be separated from litigation data. This separation will be done on the level of fields access. In general: fields in “Onboarding” sections will be available to Provider Account Managers and Approvers, fields in “Litigation” sections – to Case Managers and Litigation Managers.

Furthermore, Provider Account Managers, Approvers, Case Managers and Litigation Managers as well as Investors should see only Claims that are assigned to them.

Accountants will see all Claims but with minimum set of fields.

Board of Management can see all data.

If two very similar claims appear in two portfolios, they should be correlated so the User knows that there is probably the same claim in two portfolios. Rules how to recognize that a new claim is actually the same to the one which has been defined in the system earlier (one condition passed is enough to mark Claim as similar):

* 1. the same Claim Number
  2. the same Insured and the same value

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 | |  |  |
| Basic Information | |  |  |
| Claim ID | | Text, mandatory, in summary | Internal ID: CL\_[year]/[month]/[number 6d, reset monthly] |
| Claim Number | | Text, mandatory, in summary | Claim Number assigned by Provider. 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 |  |
| Portfolio Purchase | | Reference to Portfolio Purchases, in summary |  |
| Type of Claim | | Picklist, mandatory: AOB / HO / LOP |  |
| Onboarding Status | | Picklist, mandatory, in summary:  - Pending Underwriting (default)  - In Underwriting  - Pending Approval  - Approved  - Purchased (litigation can start now)  - Rejected | Approve – 2nd level staff |
| Case | | Reference to Cases | one Case can include more than one Claim |
| Basic Litigation Status | | Text, read only (from Case) | Some mapping between Litigation Status and Basic Litigation Status – to be provided by PMC. At the beginning: Basic Litigation Status = “Case.Stage” |
| Claim Status | | Picklist: Open/Paid/Closed/Buyback | - Default – empty.  - When Onboarding Status changes to Purchased, set Open.  - When Claim Status = Open and Remaining to hurdle changes to 0, set Paid  - On change to Buyback, set: Buyback Amount := Purchase Price – Total Collections  - On change to Closed, set Write-Off := Adjusted Face Value – Total Collections (if result is >0) |
| Buyback reason | | Text, visible only if Claim Status = Buyback | Will be changed to a picklist, if a closed list of options will be provided or to a reference to module if an open list of options is preferable |
| Assigned to | | Reference to User or Group, mandatory, in summary |  |
| Insurance Details | |  |  |
| Insured | | Reference to Insureds, mandatory, in summary |  |
| Insurance Company | | Reference to Insurance Companies, mandatory, in summary |  |
| Insurance Policy Details | | Large Text |  |
| Insurance Policy | | Reference to Documents |  |
| Policy Number | | Text, mandatory |  |
| Policy Valid From | | Date |  |
| Policy Valid To | | Date |  |
| Event Details | |  |  |
| Date of Loss | | Date |  |
| Date of Service | | Date |  |
| Type of Job | | Text, mandatory | Free text |
| Cause of Loss | | Picklist | - Accidental Discharge or Overflow of Water  - Collapse  - Falling Object  - Fire  - Hail  - Hurricane  - Sinkhole  - Tornado  - Tropical Storm  - Water Intrusion  - Water Intrusion and Mold  - Wind  - Wind and Hail |
| Pre-boarding Litigation | |  |  |
| Pre- Attorney Name | | Text |  |
| Pre-Litigation Status | | Text |  |
| Pre- Job County | | Text |  |
| Onboarding and Provider Communications | |  |  |
| Requires attention | | Yes/No |  |
| ONB Comments | | Large Text |  |
| Claim Underwriter | | Reference to User | The user that analyzed the claim |
| Claim Acceptant | | Reference to User | The user that accepted the claim |
| ONB Address | | Text | Address. of Insured and other data OCRed or typed from copies of documents |
| ONB City | | Text |  |
| ONB ZIP | | Text |  |
| ONB State | | Text |  |
| ONB Claim Number | | Text |  |
| ONB Policy | | Text |  |
| ONB Email | | Text |  |
| Client Signature | | Text |  |
| Home Owner Signature | | Text |  |
| ONB Date of Loss | | Date |  |
| AOB Date | | Date |  |
| Date of First Notification | | Date |  |
| Days apart DOFN-AOB | | Number |  |
| Dates verified | | Picklist Yes/No |  |
| Per unit cost estimate | | Picklist Yes/No |  |
| Roof Area | | Number |  |
| Types of Services | | Multiple-choice picklist |  |
| Dry Logs | | Picklist Yes/No |  |
| Report with pics | | Picklist Yes/No |  |
| Insurance Company-Insured Communication | | List of Files |  |
| Others | | Text |  |
| Similar Claims | | Reference to Similar Claims |  |
| Status Info | |  |  |
| Created date | | Date, filled automatically |  |
| 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 |  |
| **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  Adjusted Face Value \* Program.Purchase Price % |
| Factor Fee | | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later  Adjusted Face Value \* Program.Factor Fee % |
| Hurdle | | Monetary value | Purchase price + Factor Fee (old system: Transaction fee) |
| Hurdle % | | Percent | Program.Purchase Price % + Program.Factor Fee % |
| Buyback Amount | | Monetary value | - When Claim status changes to Buyback, set default: Buyback Amount := Purchase Price – Total Collections, not less than 0  - when Claim Status changes to not Buyback, reset Buyback Amount to empty  - on change of Buyback Amount recalculate Buyback Wallet on Provider level |
| Total Voluntary Collections | | Monetary value, calculated automatically | Sum of incoming payments (Claim Collections.Assigned Value) filtered by type=Voluntary Collection |
| Total Pre-suit Collections | | Monetary value, calculated automatically | Sum of incoming payments (Claim Collections.Assigned Value) filtered by type=Pre-suit Collection |
| Total Litigated Collections | | Monetary value, calculated automatically | Sum of incoming payments (Claim Collections.Assigned value) filtered by type=Litigated Collection |
| Total Collections | | Monetary value | Sum of Claim Collections.Assigned Value; Old system: Total Paid amount |
| Total PMC Collections | | Monetary value | Sum of Claim Collections.(Assigned below hurdle + Assigned refundable reserve) |
| Total Balance Owed | | Monetary value | Adjusted Face Value – Total Collections |
| Remaining to Hurdle | | Monetary value | Min(Hurdle – Total Collections, 0 ) |
| Total Profit | | Monetary value | Total collections – Purchase price, not more than Factor Fee, not less than 0 (i.e Max(Min(Total collections, Hurdle) – Purchase Price, 0)) |
| Write-off | | Monetary value | Described in Claim Status |
| Refundable Reserve | | Monetary value | Calculated only when Portfolio.Program.Type of Program = By Claim:  Total Collections – Hurdle, not less than 0, not more than Adjusted Face Value - Hurdle  (collections accounted for after hurdle is fulfilled for all Claims in portfolio) |
| Limit Reserve | | Monetary value | Total Collections – Adjusted Face Value,  if result is >0 (it goes to Provider directly once a month (workflow on portfolio level)) |
| **Releasing of Reserves** |  | | Relevant only if Program.Type = By Claim | |
| Total Reserves Released | Monetary value | |  | |
| Last reserves released date | Date | |  | |
| Total Reserves to be Released | Monetary value | | (Refundable Reserve + Total Limit Reserve) – Total Reserves Released | |
| **Notes** | |  |  |
| Note | | Large Text |  |
| **Other** | |  |  |
| Lock automation | | Yes/No |  |

Default “All” view columns:

* Claim Number
* Insured Name
* Provider
* Portfolio
* Total Bill Amount
* Adjusted Face Value
* Onboarding Status
* Claim Status
* Basic Litigation Status

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Payments
3. Collections
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;
     2. If the subject of the e-mail contains the text “[Claim Number]” 🡪 assign this e-mail to this Claim
     3. user can manually assign a mail to a Claim
6. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users
7. Tasks
8. Comments

### Dashboard (a quick overview of data)

1. Summary fields
2. Documents
3. Collections
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 |
| Claim Onboarding Life-cycle |  |  |  |
| Default |  |  | Onboarding Status = Pending Underwriting |
| Start Underwriting | Manual | Onboarding Status = Pending Underwriting | - execute FIND\_SIMILAR\_CLAIMS  - execute FIND\_RELATED\_CASE  - set Onboarding Status = In Underwriting |
| Pending Approval | Manual | Onboarding Status = In Underwriting or Approved or Rejected | - set Onboarding Status = Pending Approval  - set Claim Status = empty |
| Approved | Manual | Onboarding Status = Pending Approval | - set Onboarding Status = Approved |
| Rejected | Manual | Onboarding Status = Pending Approval | - set Onboarding Status = Rejected |
| FIND\_SIMILAR\_CLAIMS | On system event |  | * Temporarily create a new Similar Claims entry * Find all Claims with the same Claim Number, temporarily assign them to the Similar Claims * Find all Claims with the same Policy Number, temporarily assign them to the Similar Claims * Find all Claims with the same Insured, temporarily assign them to the Similar Claims * If there is more than one Claim attached to the Similar Claims entry   + set Similar Claims name = the first Claim ID (alphabetically) from all Claims attached to this Similar Claims entry   + if Similar Claims entry (by name) does not exist in CMS, save the Similar Claims entry in CMS database   + for each Claim found in the first steps of the algorithm:     - unattach this claim from its Similar Claims and if only one Claim is left in this Similar Claims, delete this Similar Claims     - set Claim.Similar Claims = this Similar Claims entry * If there is more only one Claim attached to the Similar Claims entry   + do not save this temporary entry   + Set Claim.Similar Claims = empty   In other words: the algorithm updates Claim.Similar Claims for this Claim and all Claims that are similar. Resulting Similar Claims objects should have at least one related Claim – if not, such Similar Claims entry should be deleted.  The algorithm should show changes in history, but without showing any temporary steps. |
| ON\_PURCHASED | On system event | Onboarding Status = Approved | This WF is started when Portfolio Purchase is Purchased – for each Claim related to such Portfolio Purchase  - set Onboarding Status = Purchased  - set Claim Status = Open  - execute FIND\_RELATED\_CASE  - execute ON\_PURCHASED\_COND\_CREATE\_CASE  - execute Case.RECALCULATE\_FROM\_CLAIMS |
| FIND\_RELATED\_CASE | On system event |  | * If Claim.Case is empty:   + Find a Case with (the same Claim Number and the same Policy Number and the same Provider) as this Claim.   + If found, set Claim.Case = found Case |
| ON\_PURCHASED\_COND\_  CREATE\_CASE | On system event |  | - If Claim.Case is empty:  - create a new Case for this Claim. Copy all fields from this Claim that are possible to paste to the new Case  - Set Claim.Case = created Case |
| Claim Statuses Life-cycle |  |  |  |
| Default |  |  | Claim Status = empty |
| ON\_CLAIM\_HURDLE\_PAID | On change of Remaining to hurdle | When Claim Status = Open and **Remaining to hurdle** changes to 0 | set Claim Status = Paid |
| ON\_CLAIM\_STATUS\_  CLOSED | On change of Claim Status to Closed | Claim Status = Closed | set Write-Off := Adjusted Face Value – Total Collections (result not less than 0) |
| Buyback Life-cycle |  |  |  |
| ON\_CHANGE\_STATUS\_  TO\_BUYBACK | On change Claim Status | When Claim status changes to Buyback | set Buyback Amount := Purchase Price – Total Collections, not less than 0 |
| ON\_CHANGE\_STATUS\_  TO\_NOT\_BUYBACK | On change Claim Status | When Claim status changes to not Buyback | reset Buyback Amount to empty |
| ON\_CHANGE\_  BUYBACK\_AMOUNT | On change Buyback Amount |  | * recalculate Buyback Wallet on Provider level: execute Provider.REFRESH\_BUYBACK\_WALLET\_VALUE * update Buyback Summary on Portfolio level: execute Portfolio.RECALCULATE\_FROM\_CLAIMS |
| Recalculations |  |  |  |
| RECALCULATE\_FROM\_  CLAIM\_COLLECTIONS | On system event |  | * + - If Lock automation = Yes, do nothing     - If Claim Status is not Open, Paid or Closed, do nothing     - Calculate **Total Voluntary Collections** = sum of “Claim Collection. Assigned value” if “Claim Collection. Collection. Collection Type” = Voluntary     - Calculate **Total Pre-suit Collections** = sum of “Claim Collection. Assigned value” if “Claim Collection. Collection. Collection Type” = Pre-suit     - Calculate **Total Litigated Collections** = sum of “Claim Collection. Assigned value” if “Claim Collection. Collection. Collection Type” = Litigation     - Calculate **Total Collections** = sum of “Claim Collection. Assigned value”; NOTE: it does not cover Limit reserve (there is a separate field for it)     - Calculate **“Total balance owed” =** Adjusted Face Value – Total Collections     - Calculate **“Remaining to hurdle” =** Min(Hurdle – Total Collections, 0 )     - Calculate **“Total profit” =** Total collections – Purchase price, not more than Factor Fee, not less than 0 (i.e Max(Min(Total collections, Hurdle) – Purchase Price, 0))     - if Portfolio. Program. Type of Program = By Claim then calculate “**Refundable reserve**” = Total Collections – Hurdle, not less than 0, not more than (Adjusted Face Value – Hurdle); otherwise (if Program = Pool) set “empty value”     - Calculate **“Limit reserve” =** sum of Claim Collection. Assigned limit reserve |
| RECALCULATE\_ FINANCIAL\_SUMMARY | On change of Program, Adjusted Face value, etc (input parameters) |  | - Purchase Price = Adjusted Face Value \* Program.Purchase Price %  - Factor Fee = Adjusted Face Value \* Program.Factor Fee %  - Hurdle = Purchase price + Factor Fee  - Hurdle % = Program.Purchase Price % + Program.Factor Fee % |
|  |  |  |  |
|  |  |  |  |

## Similar Claims

A module dedicated to automatic detection of “similar” Claims (the same Claim Number, the same Policy Number, the same Insured, similar name of Insured).

## 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 (default) |  |
| Value | Monetary value, mandatory, in summary |  |
| Buyback Value | Monetary value, mandatory, in summary, default 0 | It represents “virtual payment” from Provider to PMC, not real payment. It can be understood as a discount on value of Reserves released.  It decreases the Buyback Wallet Value in Provider data. |
| Status | Picklist, mandatory, in summary:   * To be paid (default) * Paid |  |
| Source Bank Account | Text |  |
| Destination Bank Account | Text |  |
| Check Number | Text |  | |
| Check Image | Reference to Documents |  |
| Related Data |  |  |
| Provider | Reference to Providers |  |
| Portfolio | Reference to Portfolios |  |
| Portfolio Purchase | Reference to Portfolio Purchases |  |
| Claim | Reference to Claims |  |

## Collections

Represents collections from Insurance companies.

Each Collection is related to one Case, so it can cover more than one Claim.

The system automatically creates Claim Collections which are not independent collections, they are used just for internal accounting and should sum up to the value of the Collection which they are related to.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Collections |  |  |
| Basic Information |  |  |
| Collection Name | Text |  |
| Insurance Company | Reference to Insurance Company |  |
| Case | Reference to Cases |  |
| Payment Date | Date | Date of information from an Insurance company or a Provider or a Law firm that the payment was sent |
| Deposit Date | Date | Date of receiving on a trust-account; usually 7 days after Payment Date |
| Disbursed Date | Date | Date of sending to an Investors’s account; only this date is used to export collections to Quickbooks; usually 2 days after Deposit 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, mandatory, in summary:   * To be paid * In deposit * Released |  |
| Source Bank Account | Text |  |
| Destination Bank Account | Text |  |
| Check Number | Text |  |
| Check Image | Reference to Documents |  |
| Accounting calculations |  |  |
| Date of calculations | Date and time | Calculations described in “Algorithm of spreading Collection value to Claims and Portfolios“ are done only if “Date of calculations” is empty. |
| Value to apply to Claims | Monetary value |  |
| Limit reserve to apply to Claims | Monetary value |  |

### Algorithm of spreading Collection value to Claims and Portfolios APPLY\_COLLECTION\_TO\_CLAIMS

Calculations are done only if “Date of calculations” is empty.

The algorithm:

1. Delete all previous Claim Collections related to this Collection
2. Calculate general Case level values:
   * 1. Execute Case.RECALCULATE\_FROM\_CLAIMS
     2. Case.Total Collections = sum of all Collections related to the Case
     3. If Case.Total Collections value has changed (new vs old) and Case.Total Collection> 0, send a Notification to Case->Assigned to: “Case Collections Summary data was changed: <link to the Case>”.
3. Check and calculate Limit reserve (on Case level)
4. Value to apply to Claims = Value, not more than Case.PMC Collections Limit – Case. Total Collections, not less than 0
5. Limit reserve to apply to Claims = Value - Value to apply to Claims
6. Set variable “value left” = Value to apply to Claims
7. Create temporarily Claim Collections for each Claim related to the Case, in the sequence of Claim.Created date
8. Set references to Collection, Portfolio and Claim
9. Try to assign Collection to fill hurdle on Claim level: for each Claim Collection (in the sequence of their creation), if Claim.Claim Status is (Open, Paid or Closed) and Claim.Remaining to Hurdle > 0 and “value left” > 0, then:
10. Variable “value to apply” = Min( value left, Claim.Remaining to Hurdle ); If “value to apply” > 0 then:
11. Increase “Assigned value” by “value to apply”
12. Increase “Assigned below hurdle” by “value to apply”
13. Decrease “Claim.Remaining to Hurdle” by “value to apply”
14. Decrease “Portfolio.Remaining to Hurdle” by “value to apply”
15. Decrease “value left” by “value to apply”
16. Try to assign Collection to fill hurdle on “pool” Portfolio level (even if Claim hurdle is already filled): for each Claim Collection (in the sequence of their creation), if Claim.Claim Status is (Open, Paid or Closed) and Portfolio.Program.Type of Program = “Pool” and Portfolio.Remaining to Hurdle > 0 and “value left” > 0, then:
17. Variable “value to apply” = Min( value left, Portfolio. Remaining to Hurdle, Max(Claim. Adjusted Face Value – Claim.Total Collections, 0)); If “value to apply” > 0 then:
18. Increase “Assigned value” by “value to apply”
19. Increase “Assigned below hurdle” by “value to apply”
20. Decrease “Portfolio.Remaining to Hurdle” by “value to apply”
21. Decrease “value left” by “value to apply”
22. Assign the rest to fill Refundable Reserve: for each Claim Collection (in the sequence of their creation), if Claim.Claim Status is (Open, Paid or Closed) and “value left” > 0, then:
    * 1. Variable “value to apply” = Min( value left, max(Claim.Adjusted Face Value – Claim.Total Collections)); If “value to apply” > 0 then:
      2. Increase “Assigned value” by “value to apply”
      3. Increase “Assigned refundable reserve” by “value to apply”
      4. Decrease “value left” by “value to apply”
23. Assign “Collection.Limit reserve to apply to Claims” proportionally to Claim’s Total Bill Amount
24. For each Claim Collection set Assigned limit reserve = share of “Collection.Limit reserve to apply to Claims” weighted by Claim.Total Bill Amount
25. decrease "Value left" by each Assigned limit reserve
26. take care for the last rounding cent from “Value left” (assign to some Claim collection)
27. Save Claim Collections created temporarily in p.4., if they are not empty.
28. Set Date of calculations = current date and time
29. Recalculate values in related Claims and Portfolios; for each Claim Collection:
30. Execute Claim.RECALCULATE\_FROM\_CLAIM\_COLLECTIONS
31. Execute Portfolio.RECALCULATE\_FROM\_CLAIMS
32. Technical notes:
33. Assert, that “Value left” = 0
34. Assert, that for each Claim: Total PMC Collections <= Adjusted Claim Value
35. Minimize number of history updates in all related modules

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| APPLY\_COLLECTION\_TO\_CLAIMS | On creating of a new Collection |  | Algorithm described in section ”Algorithm of spreading Collection value to Claims and Portfolios APPLY\_COLLECTION\_TO\_CLAIMS” |
| Re-apply Collection to Claims | Manual | Disbursed Date not empty | Execute APPLY\_COLLECTION\_TO\_CLAIMS.  NOTE: the operation should be used with caution as it can affect data that was already accounted, reported, reserves released etc. It should be used only to exceptionally fix some obvious mistakes (like Collection value), before the calculated data is used by any Actor in any process. |
| DISBURSE\_COLLECTION | On change of Disbursed date |  | For each Claim Collection   * Set Disbursed Date = Collection.Disbursed date * If Assigned below hurdle > 0 then send a Journal entry to QuickBooks: credit Portfolio Collections account by Assigned below hurdle; details in “Quickbooks integration” section |
|  |  |  |  |
|  |  |  |  |

## Claim Collections

Represents an internal data that maps values from Collections (which are done on Case level) with Portfolios and Claims. It covers details which part of collection value is applied to which Claim and Portfolio, separating limit reserves first.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Claim Collections |  |  |
| Related Data |  |  |
| Collection | Reference to Collections, mandatory, in summary |  |
| Portfolio | Reference to Portfolios, mandatory, in summary |  |
| Claim | Reference to Claims, in summary |  |
| Basic Information |  |  |
| Assigned value | Monetary value | Total value that is assigned to Claim (and through the Claim – to the Portfolio) |
| Assigned below hurdle | Monetary value |  |
| Assigned refundable reserve | Monetary value |  |
| Assigned limit reserve | Monetary value |  |
| Disbursed date | Date |  |

## Insureds

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | Comments | |
| Insureds |  |  | |
| Basic Information |  |  | |
| Insured Name | Text, mandatory | First and last name or Company name or Names of more than one person or … | |
| Build name automatically | Checkbox, default No, | If Yes, Insured name is constructed automatically as “<1st Insured First Name> <1st Insured Last Name>,<2nd Insured First Name> <2nd Insured Last Name>, <3rd Insured First Name> <3rd Insured Last Name>, <4th Insured First Name> <4th Insured Last Name>” (if any subsequent name is not empty) | |
| 1st Insured First Name | Text, |  | |
| 1st Insured Last Name | Text, |  | |
| 2nd Insured First Name | Text, |  | |
| 2nd Insured Last Name | Text, |  | |
| 3rd Insured First Name | Text, |  | |
| 3rd Insured Last Name | Text, |  | |
| 4th Insured First Name | Text, |  | |
| 4th Insured Last Name | Text, |  | |
| 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

## Insurance Companies

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | | Comments |
| Insurance Companies |  | |  |
| Basic Information |  | |  |
| Insurance Company Name | Text, mandatory | |  |
| Force Place Carrier? | Picklist, Yes/No | |  |
| In good standing? | Picklist, Yes/No | |  |
| Address |  |  | |
| Street, number, etc. | Text, | |  |
| ZIP | Text, ZIP format, | |  |
| City | Text, | |  |
| State | Picklist, US states, | |  |
| **Contact** |  | |  |
| WWW | Text | |  |
| E-mail | Text | |  |
| E-mail for Voluntary Collection | Text | |  |
| E-mail for Litigation | Text | |  |
| Phone | Text |  | |

### Related modules:

1. Claims

## Programs

Programs define rules of buying Portfolios.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Programs |  |  |
| Basic Information |  |  |
| Program Name | Text, mandatory |  |
| Program Type | Picklist, mandatory:   * By Claim * Pool | Migration: Bulk= Pool or Regular = “By Claim” |
| Purchase Price % | Percent, mandatory |  |
| Factor Fee % | Percent | Used in case of simple formula (when “Factor Fee Algorithm” is empty) |
| Factor Fee Algorithm % | Text | Not used currently, reserved for future. A reference to custom formula, implemented in code rather than configured. E.g. Factor Fee is 2% when collection is 0-30 days, Factor Fee is 4% from 31-60 days, etc |
| Conversion Days | Number | Not used any more, should be kept for historical reasons (migration) |
| Monthly Fee % | Percent | Not used any more, should be kept for historical reasons (migration) |
| Hurdle % | Percent | Not used any more, should be kept for historical reasons (migration) |

### Related modules:

1. Portfolios

## Counties

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Counties |  |  |
| Basic Information |  |  |
| County | Text, mandatory |  |
| Address Book | URL |  |

### Migration

Import unique values from LawSpades export produced for Courts.

## Courts

### Attributes:

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

### Migration

Import from LawSpades:

LS🡪Master🡪Other Entries🡪Court Types

## Judges

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Judges |  |  |
| Basic Information |  |  |
| Judge Name | Text, mandatory |  |
| Judge Location | Picklist, mandatory | * Circuit * County |
| Is AAA | Picklist | * Yes * No |
| **Contact** |  |  |
| E-mail | Text |  |
| Phone | Text |  |
| Phone extension | Text |  |
| Fax | Text |  |

### Migration

Import from LawSpades:

LS🡪Master🡪Other Entries🡪Judge/Arbitrator

## Adjusters

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | Comments | |
| Adjusters |  |  | |
| Basic Information |  |  | |
| Adjuster Name | Text, mandatory |  | |
| License Number | Text |  | |
| First Name | Text |  | |
| Last Name | Text |  | |
| Address |  | |  | |
| Street, number, etc. | Text, | |  | |
| ZIP | Text, ZIP format, | |  | |
| City | Text, | |  | |
| State | Picklist, US states, | |  | |
| **Contact** |  |  | |
| E-mail | Email |  | |
| Phone | Phone |  | |
| Fax | Text |  | |
| Phone (from migration) | Text |  | |

### Migration

Import from LawSpades:

LS🡪Master🡪Adjuster (merge First name+Last name if relevant)

## Attorneys

### Attributes:

|  |  |  |  |
| --- | --- | --- | --- |
| Section and Attribute | Data type | Comments | |
| Attorneys |  |  | |
| Basic Information |  |  | |
| Attorney Name | Text, mandatory | Automatically merged First Name + Last Name | |
| Attorney (User) | Reference to Users | Relevant for in-house attorneys | |
| First Name | Text, mandatory |  | |
| Last Name | Text, mandatory |  | |
| Law Firm Name | Text, Mandatory |  | |
| Attorney BAR Number | Text |  | |
| Attorney Type | Picklist, mandatory | * Plaintiff Attorney * Opposing Counsel * Co-counsel | |
| Is outside attorney | Checkbox |  | |
| Is primary OC | Checkbox |  | |
| Address |  | |  | |
| Street, number, etc. | Text, | |  | |
| ZIP | Text, ZIP format, | |  | |
| City | Text, | |  | |
| State | Picklist, US states, | |  | |
| **Contact** |  |  | |
| E-mail | Text, Mandatory |  | |
| Phone | Text, Mandatory |  | |
| Phone extension | Text |  | |
| Fax | Text |  | |
| Notes | Large Text |  | |

### Migration

Import from LawSpades:

LS🡪Master🡪Other entries🡪Assigned Attorney

## Litigation Statuses

TODO

Add: Basic Litigation Status

## Cases

Cases are independent from Claims. One Case can contain one or more Claims. These Claims can be either Purchased or not Purchased, and if Purchased – in different Portfolios.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Cases |  |  |
| Basic Information |  |  |
| Case ID | Text, mandatory | Set automatically: “PDC[yy]-xxxxxx” where xxxxxx is from sequence and starts from 108000 , yy- year  This field replaces File No/Case Id (LawSpades) |
| Insured | Reference to Insureds, mandatory | Migration from: Patient Name  On attaching a Claim, copy from Claim. In case of ambiguous values (different then old), leave empty and send a Notification to Assigned To and Case Manager |
| Claim Number | Text, mandatory | Migration from: Claim #;  On attaching a Claim, copy from Claim. In case of ambiguous values (different then old), leave empty and send a Notification to Assigned To and Case Manager |
| Policy Number | Text, mandatory | Migration from: Policy #;  On attaching a Claim, copy from Claim. In case of ambiguous values (different then old), leave empty and send a Notification to Assigned To and Case Manager |
| Provider | Reference to Providers, mandatory | In case of Home-Owner 🡪 some special (artificial) Provider, e.g. “Home Owner”  On attaching a Claim, copy from Claim. In case of ambiguous values (different then old), leave empty and send a Notification to Assigned To and Case Manager |
| Insurance Company | Reference to Insurance Companies, mandatory | On attaching a Claim, copy from Claim. In case of ambiguous values (different then old), leave empty and send a Notification to Assigned To and Case Manager |
| County | Reference to Courts |  |
| Adjuster | Reference to Adjusters |  |
| Court | Reference to Courts |  |
| Judge | Reference to Judges |  |
| AAA Index No. | Text | Migration from: Index/AAA/NAM # |
| Date of Loss | Date, Mandatory | Date of service; Migration from: Accident Date; On attaching a Claim set Date of Loss = MIN(Claim.Date of Loss) |
| Date of Service | Date | Date of service; Migration from: DOS Start; On attaching a Claim set Date of Service = MIN(Claim.Date of Service) |
| Service Types | Multiple choice picklist:   * Assessments * Build-out * Dryout * Engineering * Moisture Mapping * Mold * Mold & Water * Mold Remediation * Plumbing * PRV * Roof tarping * Roofing * Sanitization | Migration from: Service Type |
| Cause of Loss | Picklist | - Accidental Discharge or Overflow of Water  - Collapse  - Falling Object  - Fire  - Hail  - Hurricane  - Sinkhole  - Tornado  - Tropical Storm  - Water Intrusion  - Water Intrusion and Mold  - Wind  - Wind and Hail |
| Note | Large text |  |
| Similar Cases | Reference to Similar Cases |  |
| Attorneys |  |  |
| Case Manager | Reference to User or Group |  |
| Attorney | Reference to Attorneys, with filter on Plaintiff Attorneys | On change set Attorney (User) = Attorney.Attorney (User) |
| Attorney (User) | Reference to User or Group |  |
| Attorney Fee | Monetary value | Migration from the field with the same name |
| Attorney File No | Text | Migration from the field with the same name |
| Statuses |  |  |
| Stage | Picklist, mandatory | * Pre-Litigation * Complaint * Plaintiff Discovery * Plaintiff Deposition * Defendant Discovery * Defendant Deposition * Mediation Arbitration * Plaintiff MSJ * Defendant MSJ * Trial * Settlement * Appeal |
| Status | Text, read only, | Set automatically on change of Stage or “Stage-Status” to the value of “Stage-Status” |
| Status date | Date and time | Set automatically on change of Status, can be manually set |
| Status age | Number | Updated automatically each day. Aging update should not be noted in history nor in “last modification time”. |
| Next | and time | Automatically updated each day as Date and Time of the closest future Calendar Event of type=Hearing related to this Case. Not updated if Lock Automation = Yes  From migration: Hearing Date |
| LS Defense Status | Text | From migration: Defense Status |
| LS Defense Status Date | Date | From migration: Defense Status Date |
| LS Initial Status | Text, Directly from migration | From migration: Initial Status |
| LS Current Status | Text, Directly from migration | From migration: Status |
| LS Secondary Status | Text, Directly from migration | From migration: Secondary Status |
| LS Final Status | Text, Directly from migration | From migration: Final Status |
| LS Old Status | Text, Directly from migration | From migration: Old Status |
| LS Status changed by | Text, Directly from migration | From migration: Status changed by |
| LS Status disposition memo | Large text, Directly from migration |  |
| LS DT Status Changed | Date, Directly from migration |  |
| **Pre-Litigation** |  |  |
| Pre-Litigation Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Referral Date | Date | New field |
| Pre-Suit Demand Sent | Date | From migration: Pre Suit Demand Letter |
| Pre-Suit Demand Received | Date | New field |
| 10-day Demand Sent | Date | From migration: Ten Day Demand Letter Date |
| 10-day Demand Received | Date | New field |
| NOI Response Received | Date | New field |
| NOI Filed | Date | New field |
| Voluntary Payment Date | Date | New field |
| Complaint |  |  |
| Complaint Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Ps Corporate Rep | Reference to Provider Contacts filtered by Corporate Representative |  |
| **Plaintiff Discovery** |  |  |
| Plaintiff Discovery Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Plaintiff Deposition** |  |  |
| Plaintiff Deposition Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Defendant Discovery** |  |  |
| Defendant Discovery Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Defendant Deposition** |  |  |
| Defendant Deposition Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Mediation Arbitration** |  |  |
| Mediation Arbitration Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Plaintiff MSJ** |  |  |
| Plaintiff MSJ Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Ps MSJ Drafted | Date | New field |
| Ps MSJ Filed | Date | New field |
| Ps MSJ Hearing Date | Date | New field |
| Ds Response to MSJ Received | Date | New field |
| Ds Response to MSJ Due | Date | New field |
| Order on Ps MSJ | Date | New field |
| **Defendant MSJ** |  |  |
| Defendant MSJ Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Ds MSJ Received | Date | New field |
| Ds MSJ Hearing Date | Date | New field |
| Ps Response to MSJ Due | Date | New field |
| Ps Response to MSJ Filed | Date | New field |
| Order on Ds MSJ | Date | New field |
| **Trial** |  |  |
| Trial Status | Picklist | “Stage-Status”, see the list in the next chapter |
| **Settlement** |  |  |
| Settlement Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Initial Demand Sent | Date | New field |
| Counter Offer Received | Date | New field |
| Settlement Date | Date | From migration: Sett. Date |
| Settlement Amount | Monetary value | From migration: Sett. Amount |
| Settlement Principal % | Percent | From migration: Sett. Principal |
| Settlement Type | Picklist:  - CMO  - Litigation  - Voluntary Payment | From migration: Settlement Type |
| Sett. AF | Monetary value | From migration: Sett. AF |
| Settlement AF | Monetary value | From migration: Settlement AF |
| Sett. FF | Monetary value | From migration: Sett. FF |
| Release Sent to client | Date | New field |
| Executed Release Sent to OC | Date | New field |
| Motion to Compel Settlement | Date | New field |
| Settlement Payment Received | Date | New field |
| **Appeal** |  |  |
| Appeal Status | Picklist | “Stage-Status”, see the list in the next chapter |
| Notice of Appeal | Date | New field |
| **Migration** |  | Only fields that are not listed in other sections are copied here. Migrate from fields with the same names (without “LS” prefix) |
| LS Adjuster email | Text, Directly from migration | Not used in normal flow, as this email is accessible through reference to Adjuster |
| LS Insured email | Text, Directly from migration | Not used in normal flow, as this email is accessible through reference to Insured |
| LS OC email | Text, Directly from migration | Not used in normal flow, as this email is accessible through reference to Opposing Counsel |
| LS Suit Balance | Monetary value, Directly from migration |  |
| LS Claim Balance | Monetary value, Directly from migration |  |
| LS Collection Payment | Monetary value, Directly from migration |  |
| LS Date Opened | Date, Directly from migration |  |
| LS Fee Schedule | Monetary value, Directly from migration |  |
|  |  |  |
| LS Opened by | Text, Directly from migration | In normal flow Created by is used |
| LS Portfolio Name | Text, Directly from migration | In normal flow Portfolios are added on Portfolios tab (many to one) |
| LS Voluntary Principal Payment | Monetary value, Directly from migration |  |
| **Other - Litigation** |  | There are some fields from LS Advanced Case Search – in which section should they be placed? |
| Pretrial Conf Date | Date | From migration: Pretrial Conf Date |
| Denial Reasons | Multiple choice picklist |  |
| Opposing Counsel | Reference to Attorneys, with filter on Opposing Counsels |  |
| **Litigation Results** |  | There is no such data in LawSpades. Should the section be created? Would it be useful? |
| 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 |  |
| **Collections Summary** |  |  |
| Total Bill Amount | Monetary value | Calculated once a day as a sum of related Claim’s Total Bill Amount. Migration from: Claim Amount |
| PMC Collections Limit | Monetary value | Calculated once a day as a sum of related Claim’s Adjusted Face Value, only if Claim->Status=Purchased (0 otherwise) |
| Total Collections | Monetary value | Calculated automatically on change of Collection data |
| PMC Collections Limit Filled | Monetary value | Calculated automatically on change of Collection data |
| Total Balance | Monetary value | Calculated automatically as Total Bill Amount – Total Collections; migration from: Total Balance |
| **Other** |  |  |
| Created time |  |  |
| Created by |  |  |
| Modified time |  |  |
| Last modified by |  |  |
| Assigned to | Reference to Users |  |
| Share with users | Reference to multiple Users |  |
| Lock automation | Yes/No |  |
| Is Active | Yes/No |  |

### “Stage-Status” values:

Status for each Stage will be stored in a separate, independent “Stage-Status” field (pick-list) shown in appropriate section.

Apart of this, one current “Stage-Status” for current Stage will be automatically copied to a “general” Status field in Statuses section.

|  |  |
| --- | --- |
| Stage | Status |
| Pre-litigation | UNDECIDED |
| Pre-litigation | New Case Entered - HO |
| Pre-litigation | New Case Entered - AOB |
| Pre-litigation | New Case Entered - Missing info |
| Pre-litigation | New Case Entered - Not Ripe |
| Pre-litigation | Contact Pending |
| Pre-litigation | Retainer Agreement - Pending |
| Pre-litigation | Retainer Agreement - Received |
| Pre-litigation | Presuit - Demand Sent |
| Pre-litigation | Presuit - Fees Owed by Provider |
| Pre-litigation | Presuit - Offer to Pay in Full |
| Pre-litigation | Presuit - Paid and Closed |
| Pre-litigation | Presuit - Paid No Fees |
| Pre-litigation | Presuit - Partial Offer |
| Pre-litigation | Presuit - Settlement with fees |
| Pre-litigation | 10-Day Demand - Error |
| Pre-litigation | 10-Day Demand - Missing info |
| Pre-litigation | 10-Day Demand - Non-Conforming AOB |
| Pre-litigation | 10-Day Demand - Not Ripe |
| Pre-litigation | 10-Day Demand - Paid Through Client |
| Pre-litigation | 10-Day Demand - Paid Without Suit |
| Pre-litigation | 10-Day Demand - Partial Payment |
| Pre-litigation | 10-Day Demand - Payment Rcvd by Client |
| Pre-litigation | 10-Day Demand - Possible Payment Rcvd - Review |
| Pre-litigation | 10-Day Demand - Prepared |
| Pre-litigation | 10-Day Demand - Requested Mediation |
| Pre-litigation | 10-Day Demand - Resent NO AOB |
| Pre-litigation | 10-Day Demand - Sent |
| Pre-litigation | 10-Day Demand - Settled Awaiting Payment |
| Pre-litigation | 10-Day Demand Response - Denied (failure to cooperate) |
| Pre-litigation | 10-Day Demand Response - Offer pay in full |
| Pre-litigation | 10-Day Demand Response - Partial offer |
| Pre-litigation | NOI - Appraisal Requested |
| Pre-litigation | NOI - Filed |
| Pre-litigation | NOI - Information Requested |
| Pre-litigation | NOI - Inspection Requested |
| Pre-litigation | NOI – Mediation Requested |
| Pre-litigation | NOI - Offer Made |
| Pre-litigation | NOI - Proceed with filing |
| Pre-litigation | NOI - Resubmitted |
| Pre-litigation | HOLD |
| Pre-litigation | Appraisal - Award Entered |
| Pre-litigation | Appraisal - Demanded |
| Pre-litigation | Mediation - Demanded |
| Pre-litigation | Mediation - Settled Awaiting Payment |
| Pre-litigation | Apraissal - Paid and Closed |
| Pre-litigation | Declined |
| Pre-litigation | DO NOT FILE |
| Pre-litigation | DO NOT FILE - Collect presuit only |
| Pre-litigation | Mediation - Settled & Paid |
| Pre-litigation | Ready for Litigation |
| Pre-litigation | Voluntary Payment in Full -10-day - 10% |
| Pre-litigation | Voluntary Payment Offer - No fees |
| Complaint | Answer |
| Complaint | Case Filed |
| Complaint | Case Filed - Pending Summons |
| Complaint | Case in LSOP Queue - Pending Pmt |
| Complaint | Complaint Printed |
| Complaint | Complaint Printed in Peru Queue |
| Complaint | Correction Queue - in Eportal |
| Complaint | Dismissed - Failure to Appear PTC |
| Complaint | Dismissed - Not Served |
| Complaint | Ds Motion for Extension of Time to File Answer |
| Complaint | FWOP - need to set aside |
| Complaint | LSOP Case Served |
| Complaint | LSOP Package Prepared |
| Complaint | Motion to Compel Answer |
| Complaint | Motion to Dismiss Date |
| Complaint | Motion to Set Aside Dismissal - Filed |
| Complaint | Motion to Set Aside Dismissal - Hearing Set |
| Complaint | Motion to Set Aside Dismissal- Prepared |
| Complaint | Motion to Strike Aff. Defs. |
| Complaint | Need to Reissue or Pay for Summons |
| Complaint | Notice of Appearance |
| Complaint | Order or Agreed Order to File Answer Date |
| Complaint | Pending Filing |
| Complaint | Possible Paid Prior to Filing |
| Complaint | Pretrial Conference |
| Complaint | Ps Motion to Set Aside Dismissal - Hearing |
| Complaint | PTC |
| Complaint | Ready for Filing |
| Complaint | Summons - Executed |
| Complaint | Summons - Reissued |
| Complaint | Summons - Reissued Miami Dade |
| Complaint | Summons Circuit Court Executed |
| Plaintiff Discovery | 1st Disco Set - Ds MFET |
| Plaintiff Discovery | 1st Disco Set - Ds MFET Due Date |
| Plaintiff Discovery | 1st Disco Set - Ds MFET Hearing Set |
| Plaintiff Discovery | 1st Disco Set - MTC Better Responses |
| Plaintiff Discovery | 1st Disco Set - MTC Responses |
| Plaintiff Discovery | 1st Disco Set - Prepared |
| Plaintiff Discovery | 1st Disco Set - Response Received |
| Plaintiff Discovery | 1st Disco Set - Response Reviewed |
| Plaintiff Discovery | 1st Disco Set - Served |
| Plaintiff Discovery | 2nd Disco Set - Ds MFET |
| Plaintiff Discovery | 2nd Disco Set - Ds MFET Due Date |
| Plaintiff Discovery | 2nd Disco Set - Ds MFET Hearing Set |
| Plaintiff Discovery | 2nd Disco Set - MTC Better Responses |
| Plaintiff Discovery | 2nd Disco Set - MTC Responses |
| Plaintiff Discovery | 2nd Disco Set - Prepared |
| Plaintiff Discovery | 2nd Disco Set - Response Received |
| Plaintiff Discovery | 2nd Disco Set - Response Reviewed |
| Plaintiff Discovery | 2nd Disco Set - Served |
| Plaintiff Discovery | 3rd Disco Set - Ds MFET |
| Plaintiff Discovery | 3rd Disco Set - Ds MFET Due Date |
| Plaintiff Discovery | 3rd Disco Set - Ds MFET Hearing Set |
| Plaintiff Discovery | 3rd Disco Set - MTC Better Responses |
| Plaintiff Discovery | 3rd Disco Set - MTC Responses |
| Plaintiff Discovery | 3rd Disco Set - Prepared |
| Plaintiff Discovery | 3rd Disco Set - Response Received |
| Plaintiff Discovery | 3rd Disco Set - Response Reviewed |
| Plaintiff Discovery | 3rd Disco Set - Served |
| Plaintiff Discovery | Discovery Complete |
| Plaintiff Discovery | Request for Update to Discovery Responses |
| Plaintiff Discovery | Expert Disco Set - Ds MFET |
| Plaintiff Discovery | Expert Disco Set - Ds MFET Due Date |
| Plaintiff Discovery | Expert Disco Set - Ds MFET Hearing Set |
| Plaintiff Discovery | Expert Disco Set - MTC Better Responses |
| Plaintiff Discovery | Expert Disco Set - MTC Responses |
| Plaintiff Discovery | Expert Disco Set - Prepared |
| Plaintiff Discovery | Expert Disco Set - Response Received |
| Plaintiff Discovery | Expert Disco Set - Response Reviewed |
| Plaintiff Discovery | Expert Disco Set - Served |
| Plaintiff Deposition | Contractor Depo - Motion for Protective Order |
| Plaintiff Deposition | Contractor Depo - MTC Filed |
| Plaintiff Deposition | Contractor Depo - MTC Hearing Set |
| Plaintiff Deposition | Contractor Depo - Requested |
| Plaintiff Deposition | Contractor Depo - Set |
| Plaintiff Deposition | CR Depo - Motion for Protective Order |
| Plaintiff Deposition | CR Depo - MTC Filed |
| Plaintiff Deposition | CR Depo - MTC Hearing Set |
| Plaintiff Deposition | CR Depo - Requested |
| Plaintiff Deposition | CR Depo - Set |
| Plaintiff Deposition | Depos Complete |
| Plaintiff Deposition | Engineer Depo - Motion for Protective Order |
| Plaintiff Deposition | Engineer Depo - MTC Filed |
| Plaintiff Deposition | Engineer Depo - MTC Hearing Set |
| Plaintiff Deposition | Engineer Depo - Requested |
| Plaintiff Deposition | Engineer Depo - Set |
| Plaintiff Deposition | FA Depo - Motion for Protective Order |
| Plaintiff Deposition | FA Depo - MTC Filed |
| Plaintiff Deposition | FA Depo - MTC Hearing Set |
| Plaintiff Deposition | FA Depo - Requested |
| Plaintiff Deposition | FA Depo - Set |
| Plaintiff Deposition | Insured Depo - Motion for Protective Order |
| Plaintiff Deposition | Insured Depo - MTC Filed |
| Plaintiff Deposition | Insured Depo - MTC Hearing Set |
| Plaintiff Deposition | Insured Depo - Requested |
| Plaintiff Deposition | Insured Depo - Set |
| Plaintiff Deposition | Pricing Expert Depo - Motion for Protective Order |
| Plaintiff Deposition | Pricing Expert Depo - MTC Filed |
| Plaintiff Deposition | Pricing Expert Depo - MTC Hearing Set |
| Plaintiff Deposition | Pricing Expert Depo - Requested |
| Plaintiff Deposition | Pricing Expert Depo - Set |
| Defendant Discovery | Ds Motion for Extension of Time 1st Set |
| Defendant Discovery | Ds Motion for Extension of Time 2nd Set |
| Defendant Discovery | Ds Motion for Extension of Time 1st Due Date |
| Defendant Discovery | Ds Expert (1) Name |
| Defendant Discovery | Ds Expert (2) Name |
| Defendant Discovery | Ds Expert (1) Disc. Sent |
| Defendant Discovery | Ds Expert (2) Disc. Sent |
| Defendant Discovery | Ds Expert (1) Disc. Responses Due Date |
| Defendant Discovery | Ds Expert (2) Disc. Responses Due Date |
| Defendant Discovery | Ds Expert (1) Disc. Responses Date |
| Defendant Discovery | Ds Expert (2) Disc. Responses Date |
| Defendant Discovery | Discovery Status |
| Defendant Discovery | 1st Disco Set - Ps MFET Filed |
| Defendant Discovery | 1st Disco Set - Ps MFET Due Date |
| Defendant Discovery | 1st Disco Set - Ps MFET Hearing Set |
| Defendant Discovery | 1st Disco Set - Ds MTC Better Responses |
| Defendant Discovery | 1st Disco Set - Ds MTC Responses |
| Defendant Discovery | 1st Disco Set - Received |
| Defendant Discovery | 1st Disco Set - Response Pending |
| Defendant Discovery | 1st Disco Set - Response Served |
| Defendant Discovery | Expert Disco Set - Ps MFET Filed |
| Defendant Discovery | Expert Disco Set - Ps MFET Due Date |
| Defendant Discovery | Expert Disco Set - Ps MFET Hearing Set |
| Defendant Discovery | Expert Disco Set - Ds MTC Better Responses |
| Defendant Discovery | Expert Disco Set - Ds MTC Responses |
| Defendant Discovery | Expert Disco Set - Received |
| Defendant Discovery | Expert Disco Set - Response Pending |
| Defendant Discovery | Expert Disco Set - Response Served |
| Defendant Deposition | CR Depo - MPO Filed |
| Defendant Deposition | CR Depo - MPO Hearing Set |
| Defendant Deposition | CR Depo - Requested |
| Defendant Deposition | CR Depo - Set |
| Defendant Deposition | Depos Complete |
| Defendant Deposition | Engineer Depo - MPO Filed |
| Defendant Deposition | Engineer Depo - MPO Hearing Set |
| Defendant Deposition | Engineer Expert Depo - Requested |
| Defendant Deposition | Engineer Expert Depo - Set |
| Defendant Deposition | Ins Expert Depo - MPO Filed |
| Defendant Deposition | Ins Expert Depo - MPO Hearing Set |
| Defendant Deposition | Ins Expert Depo - Requested |
| Defendant Deposition | Ins Expert Depo - Set |
| Defendant Deposition | Insured Depo - MPO Filed |
| Defendant Deposition | Insured Depo - MPO Hearing Set |
| Defendant Deposition | Insured Depo - Requested |
| Defendant Deposition | Insured Depo - Set |
| Defendant Deposition | Pricing Expert Depo - MPO Filed |
| Defendant Deposition | Pricing Expert Depo - MPO Hearing Set |
| Defendant Deposition | Pricing Expert Depo - Requested |
| Defendant Deposition | Pricing Expert Depo - Set |
| Mediation Arbitration | Arbitration - Award Entered |
| Mediation Arbitration | Arbitration - Deadline |
| Mediation Arbitration | Arbitration - Mtn for Trial De Novo |
| Mediation Arbitration | Arbitration - Set |
| Mediation Arbitration | Mediation - Deadline |
| Mediation Arbitration | Mediation - Set |
| Mediation Arbitration | Mediation - Settled |
| Mediation Arbitration | Mediaiton - Impasse |
| Plaintiff MSJ | Ps MSJ Drafted |
| Plaintiff MSJ | Ps MSJ Filed |
| Plaintiff MSJ | Ps MSJ Set for Hearing |
| Plaintiff MSJ | Ds Response to MSJ Received |
| Plaintiff MSJ | Ps MSJ Granted |
| Plaintiff MSJ | Ps MSJ Denied |
| Defendant MSJ | Ds MSJ Received |
| Defendant MSJ | Ds MSJ Set for Hearing |
| Defendant MSJ | Ps Response to MSJ Drafted |
| Defendant MSJ | Ps Response to MSJ Filed |
| Defendant MSJ | Ds MSJ Granted |
| Defendant MSJ | Ds MSJ Denied |
| Trial | Notice of Trial |
| Trial | Trial Status Conference |
| Trial | Trial Package |
| Trial | Pre-trial Catalog |
| Trial | Motion in Limine |
| Trial | Proposed Verdict Form |
| Trial | Jury Instructions |
| Trial | Trial Date |
| Settlement | Settlement Negotiation - Demand Sent |
| Settlement | Settlement Negotiation - Offer Received |
| Settlement | SETTLED - Awaiting Release |
| Settlement | SETTLED - Global Awaiting Release |
| Settlement | SETTLED - Global Proposed Release Rcvd |
| Settlement | SETTLED - Proposed Release Rcvd |
| Settlement | SETTLED - Global Release Sent to Client |
| Settlement | SETTLED - Release Sent to Client |
| Settlement | SETTLED - Executed Release Sent |
| Settlement | SETTLED - Global Executed Release Sent |
| Settlement | SETTLED & PAID - Benefits Only - Pending Fees |
| Settlement | SETTLED & PAID - Fees Only - Pending Benefits |
| Settlement | Settlement Payment Reminder Letter |
| Settlement | Settlement Payment Reminder Letter - 2 |
| Settlement | Settlement Payment Reminder Letter - Final |
| Settlement | Motion to Compel Settlement |
| Settlement | Motion to Compel Settlement - Hearing Set |
| Settlement | SETTLED & PAID - Global |
| Settlement | SETTLED & PAID |
| Settlement | SETTLED & PAID - Presuit w Fees |
| Appeal | Notice of Appeal Filed |
| Appeal | Apeeal Assigned to Outside Counsel |

Questions to PMC regarding understanding of “Status”:

1. Which specification of Statuses should be used? We have:
2.  - old logic, used only if not defined other way in a newer document
3.  by Carlos
4. by Robert, the newest document, but not finished yet, c.a.250 statuses; the list of statuses (a big table above) was created from this file – please verify if my understanding of what is “a status” and what is “a field” is right on the example of Statuses and Fields in Settlement Stage
5. Current Status field in LawSpades (there are c.a. 150 statuses)
6. Should there be one “Status” for the whole process (like described in Attributes table) or one “Status” in each Stage, i.e. Pre-litigation Status, Complaint Status, …, Settlement Status, Appeal Status (every such “status” will be visible as a separate field)

### Related modules:

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Claims
3. Collections
4. Documents
   * 1. Documents attached to lower-level modules (i.e. Collections, Claims) are also visible here
5. E-mails
   * 1. A list of e-mails referring the Case – both automatically sent from the system and incoming mails imported from mail server;
     2. If the subject of the e-mail contains the text “[Case ID]” 🡪 assign this e-mail to this Case
     3. user can manually assign a mail to a Case
6. Events (Activities)
   * 1. A list of hearings, meetings, telephone calls – managed manually by users
7. Tasks
8. Comments

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| RECALCULATE\_FROM\_CLAIMS | On schedule, once a day, 1 AM |  | * + - If Lock automation = Yes, do nothing     - Calculate **Total Bill Amount=** sum of related Claim’s Total Bill Amount (no matter what is their status, purchased or not)     - Calculate **PMC Collections Limit =** sum of related Claim’s Adjusted Face Value, only if Claim.Status=Open, Paid or Closed (use 0 otherwise) (i.e. purchased, not buyback) |
| UPDATE\_NEXT\_HEARING\_DATE | On schedule, once a day, 1 AM |  | * + - If Lock automation = Yes, do nothing     - set Next Hearing Date = Date and Time of the closest future Calendar Event of type=Hearing related to this Case. |
| Find County | Manual | County is empty | Open a link to find Insured’s address on Realtor site:   * + - 1. Open www.realtor.com       2. Paste Insured’s address in the search box       3. Navigate to results |
| Workflows described in “New Status (1).xlsx” file |  |  |  |
|  |  |  |  |

## Similar Cases

A module dedicated to automatic detection of “similar” Cases (the same Claim Number, the same Policy Number, the same Insured, similar name of Insured).

## Investors

These questions were answered during online meetings:

* + - 1. Shall the relation between Investors and Portfolios/Claims be on the level of each claim (so we know on behalf of which investor each claim has been purchased) or is it enough to model it on the level of portfolio (so all claims within one portfolio are purchased on behalf of single investor)?

>> On the level of Portfolio (one Portfolio 🡪one Investor)

1. When you mentioned that a portfolio can be purchased in several steps (several purchase dates), actually, you meant buying parts of a portfolio on behalf of several investors?

>> No, the partial Purchases are done by one Investor, and the need of separate purchases comes from iterative nature of onboarding process, funding capabilities of Investor, other reasons out of the scope of system design. You can have a scenario where portfolio is purchased over several dates; meaning 10 claims purchased week 1 and 10 claims purchased week 2. Both purchases considered to be one portfolio.

Future: transactions between Investors (another investor buys some old portfolio (as a whole)).

Issue to solve now: sharing one Portfolio between 2 investors (or more): e.g. 20% investor1, 80% investor2

### Attributes:

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

## Contacts

“Light” contacts, a list of people that could become Leads (interested in), but usually will not.

Data from this module will used to send a serial correspondence (choose list of contacts with checkboxes, send e-mail from template, templates have to be flexible, edited by users, email footer should have a “Unsubscribe option”).

Sent and received e-mails to will be automatically attached to the Contact. When attached, send a notification to Assigned to.

A contact can be converted to a Lead.

### Attributes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section and Attribute | Data type | | Comments | |
| Contacts |  | |  | |
| Basic Information |  | |  | |
| Name | Text, mandatory | |  | |
| Person/Company | Picklist, mandatory | | * Person * Company | |
| E-mail | Text | | E-mails received to this e-mail address will be automatically assigned to the Contact | |
| Phone | Text | |  | |
| Address |  |  | | |
| Street, number, etc. | Text, | | |  |
| ZIP | Text, ZIP format, | | |  |
| City | Text, | | |  |
| State | Picklist, US states, | | |  |
| Additional Information |  | |  | |
| Contact Type | Picklist | | To be defined | |
| Status | Picklist | | * New * Contacted * Converted to Lead * Not Interested | |
| Lead | Reference to Leads | |  | |
| Note | Rich-text | |  | |
| Assigned to | Reference to Users | |  | |

### Related data

* Email history
* Documents
* Comments

### Manual and automatic actions (workflows)

* + Automatically attach sent and received e-mails to the Contact, send a notification to Assigned to
  + Convert to a Lead
  + Nothing more (no reminders etc.)

## Leads

People or companies, not yet Providers but having a high probability potential to become a Provider.

### Attributes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section and Attribute | Data type | | Comments | |
| Leads |  | |  | |
| Basic Information |  | |  | |
| Name | Text, mandatory | |  | |
| Person/Company | Picklist, mandatory | | * Person * Company | |
| Address | Large text | |  | |
| E-mail | Text | | E-mails received to this e-mail address will be automatically assigned to the Contact | |
| Phone | Text | |  | |
| Address |  |  | | |
| Street, number, etc. | Text, | | |  |
| ZIP | Text, ZIP format, | | |  |
| City | Text, | | |  |
| State | Picklist, US states, | | |  |
| Proposal Data |  | |  | |
| Proposal template | Reference do Document Package | |  | |
| …fields from both versions of templates… |  | | There are two version of templates form proposals. They will be provided by PMC. Then the fields will be added | |
| Additional Information |  | |  | |
| Status | Picklist | | * + - New     - Proposal preparation     - Proposal sent (starting with sending of a proposal, more than one proposal can be sent; the whole process of proposal can be skipped If parameters are agreed)     - Proposal accepted 🡪 send application, change to Application sent     - Proposal rejected by Lead     - Proposal rejected by us     - Application sent     - Application received (convert to a Provider to do underwriting process)     - Application Unresponsive | |
| Note | Rich-text | |  | |
| Assigned to | Reference to Users | |  | |

### Related data

* Email history
* Documents
  + Document Areas and Types related to Leads:
    - Leads – Financial Information – Bank Statements
    - Leads – Financial Information – Historical Billing
    - Leads – Financial Information – Historical Collection
    - Leads – Financial Information – Other
    - Leads – Legal – Assignment of Benefits
    - Leads – Legal – Direction of Pay
    - Leads – Legal – Letter of Protection
    - Leads – Legal – Other
* Comments

### Manual and automatic actions (workflows)

* + Automatically attach sent and received e-mails to the Contact, send a notification to Assigned to
  + Manually attach a document
  + Verification of documents (document-level, nonmandatory)
  + **Create a Proposal** (document from template (one of two variants), additional files (excel/pdf) added manually)
  + **Send a Proposal by e-mail (with not-sent-yet documents)**
  + every day after “Proposal Sent Date” remind Responsible user that there was no answer after proposal
  + 3 days after “Proposal Sent Date” remind Manager user that there was no answer after proposal
  + **Create Welcome package ( Application Documents**) (application form (as received claimpal pdf, to be ocred) + eligibility form (standard document, one of a few templates) + excel template to enter claims data (as Shantanu sent))
  + **Send Application Documents by e-mail**
  + 1 days after “Application Sent Date” remind Responsible user that there was no answer after proposal
  + 2 days after “Application Sent Date” remind Manager user that there was no answer after proposal
  + **Convert to a Provider (when Application Received)**

### To be provided by PMC

* + Both templates of proposals (original doc files)
  + Email template of a proposal
  + Templates of Welcome package (all, at least most)

## Email history

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

## Events (Calendar Activities)

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.

### Additional Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Event Type | Picklist | * Call * Meeting * Online meeting * Hearing |
| Case | Reference to Case | It should be possible to list Events including Case related data: Insured, Insurance Company, Judge, Country, Stage, Status |
| Notes | Rich text |  |
| Link | URL | e.g. link to a zoom meeting |
| Assigned to | Reference to User |  |
| Shared with | Reference to multiple Users |  |
| Event Date&Time | Date and time |  |
|  |  |  |
|  |  |  |

### Related data

* Documents
* Comments

### Manual and automatic actions (workflows)

* Notification about new Event to Assigned to and Shared with
* Reminder (Notification) (1 day before Event Time) to Assigned to and Shared with

## Tasks

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Tasks |  |  |
| Basic Information |  |  |
| Task Name | Text, mandatory |  |
| Task Type | Picklist | To be provided by PMC |
| Status | Picklist | * New (default) * Completed |
| Priority | Picklist, mandatory | * Normal (default) * Urgent |
| Due date | Date |  |
| Note | Rich-text |  |
| Created by | Reference to User (not editable) |  |
| Assigned to | Reference to User |  |

### Related data

* Documents
* Comments

### Manual and automatic actions (workflows)

* Notification about new task to Assigned to
* Reminder (2 days before Due Date) to Assigned to
* Reminder (on Due Date) to Created by

## Time Tracker

Connected with Cases (litigation part).

Actions taken by Attorneys will automatically create some fixed Time Tracker entries related to the Case.

Details to be provided by FLINS.

## 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.

## Document Types

Document types will be created similarly to folders in LawSpades Document Manager:

LS🡪Master🡪DataEntry🡪Other Entries🡪Node Master

They will be organized internally as a Module or a Folders structure.

## Documents

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Documents |  |  |
| Basic Information |  |  |
| Title | Text, mandatory |  |
| Document Type | Reference to Document Types, 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

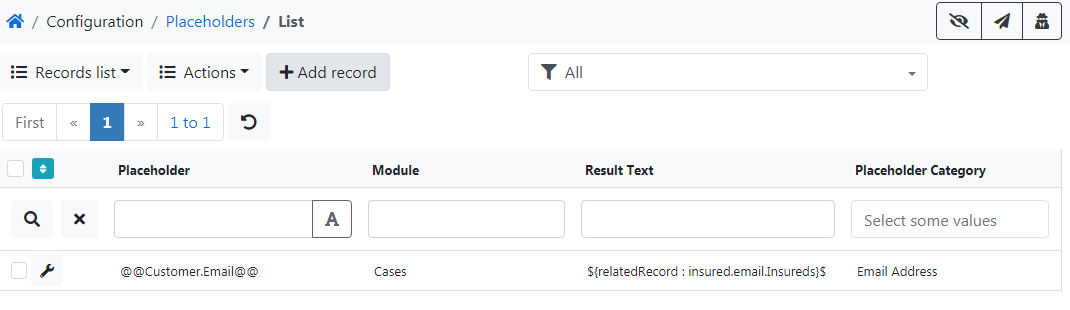
## Placeholders

Placeholders allow to provide friendly names to standard YetiForce placeholders. Additionally they help to easily migrate LawSpades templates.

Example placeholder:

🡪 🡪 “John Doe”

|  |  |  |
| --- | --- | --- |
| User placeholder | 🡪 System placeholder | 🡪 Final text |
| <<CLIENT\_NAME>> | 🡪 $(recordLevel : client|client\_name|Clients)$ | 🡪 “John Doe” |



### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Placeholders |  |  |
| Basic Information |  |  |
| Placeholder | Text, mandatory |  |
| Module | Module, mandatory |  |
| Result Text | Text, mandatory |  |
| Placeholder Category | Picklist | * Email address   It is used internally to filter some specific placeholders |

### Migration

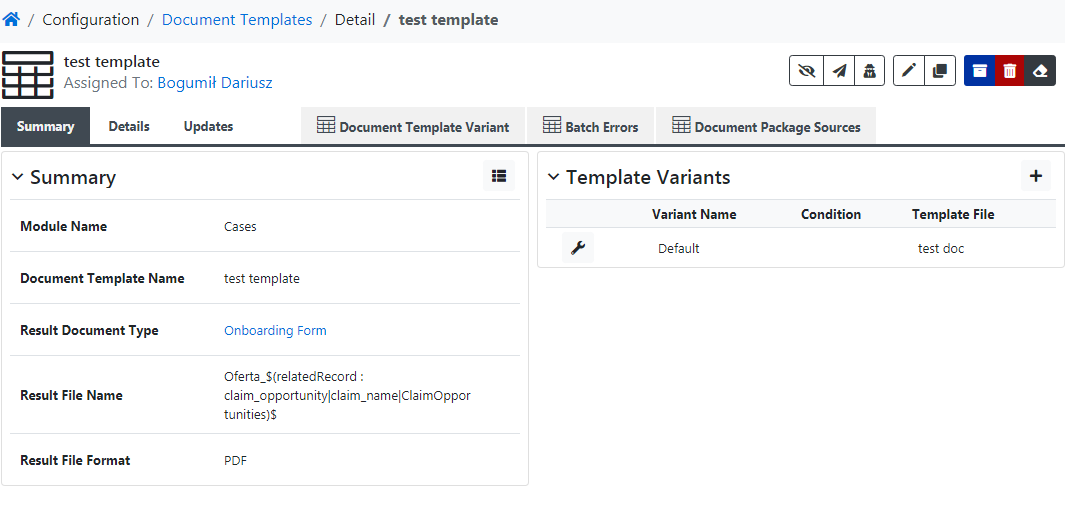
All LawSpades placeholders from this excel file will be manually migrated to PMC system by DOTS:



## Document Templates

Document Templates allow to automatically, serially create PDF or DOCX documents for data in PMC system.

Document Templates are provided in DOCX format. The system supports placeholders and conditional variants of parts of documents as well as of whole templates.



Modules in which Document Templates can be used to generate final documents:

* + - Providers
    - Portfolios
    - Portfolio Purchases
    - Claims
    - Cases

Result File Format:

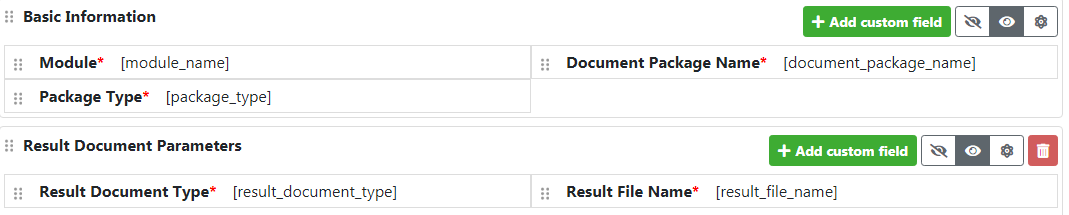
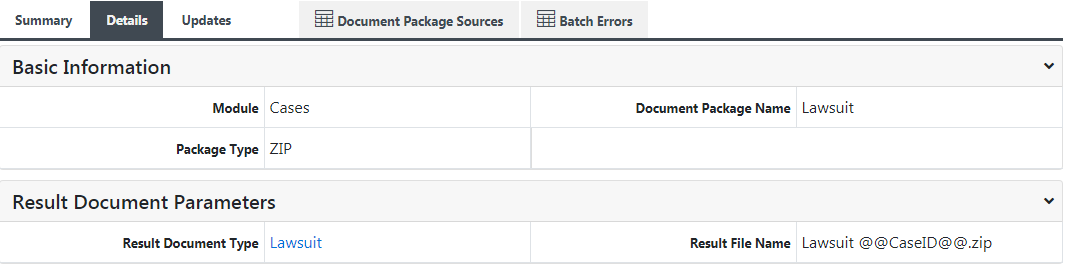
* + - PDF
    - DOCX

## Document Packages

Document Packages allow to create documents from templates, other attached documents chosen by type, other fixed documents chosen manually, and other document packages.

Generated documents can be automatically sent to specified emails (configured dynamically – by data fields).

The system allows several levels of conditional configuration.



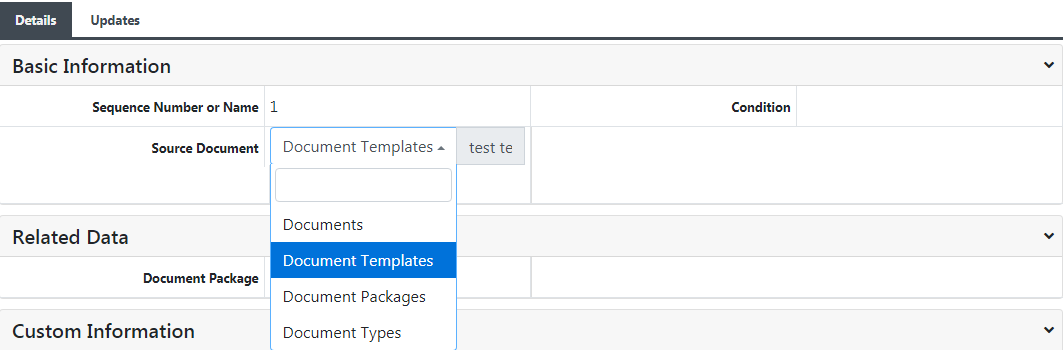
Modules in which Document Packages can be used to generate final documents:

* + - Providers
    - Portfolios
    - Portfolio Purchases
    - Claims
    - Cases

Package Type:

* + - PDF
    - ZIP

Document Package Sources:



### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Document Packages |  |  |
| Basic Information |  |  |
| Document Package Name | Text, mandatory |  |
| Module | Module, mandatory |  |
| Package Type | Picklist, mandatory: | - PDF  - ZIP |
| Result Document Parameters |  |  |
| Result Document Type | Reference to Document Types |  |
| Result File Name | Text | User and system placeholders can be used here |
| ~~Email Distribution~~ |  |  |
| ~~Email Template~~ | ~~Reference to Email Templates~~ |  |

### Nested data: Document Package Sources

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Document Package Sources |  |  |
| Basic Information |  |  |
| Sequence Number or Name | Text, mandatory |  |
| Condition | Text |  |
| Source Document | Reference to Documents | This is the actual docx template file |

### Nested data: Package Email Variants

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Package Email Variants |  |  |
| Basic Information |  |  |
| Module | Module, mandatory |  |
| Email Variant Name | Text, mandatory |  |
| Condition | Text |  |
| Basic Information |  |  |
| From (SMTP Name) | Reference to Case Handlers |  |
| To | Text, mandatory | User and system placeholders can be used here |
| CC | Text |  |
| Subject | Text |  |
| Content | Rich Text |  |

### Migration

All LawSpades DOCX templates (c.a. 170) and packages (c.a. 10) will be migrated.

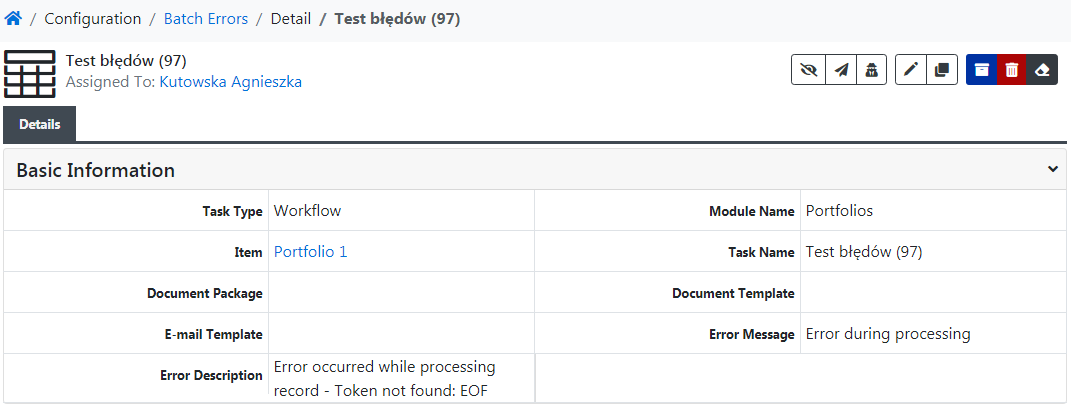
Rules for packages are to be provided by PMC.

## Batch Tasks

A queue + register of internal batch tasks: workflows, creating and distributing od document templates and packages, sending emails.

## Batch Errors

A register of errors that occurred in batch tasks: workflows, creating and distributing od document templates and packages, sending emails.



# Dashboards

## Case Manager/Attorney

* Open/All Cases assigned to the Attorney
* Upcoming Events (scrolling next 2 weeks)
* Upcoming Tasks (scrolling, sorted chronologically, quick filters (priority, etc))
* Running total of Settlements for the month (not critical on dashboard, but there should be some way to easily read this information)
* Billable Hours Total for Month

## Litigation Manager

* Case Distribution – This area should show a count of cases currently in each stage and how many cases are assigned to each attorney
* Settlements – This area should show the total number of settlements for the current month and the amount of attorney’s fees from settlements. It should also show the current number of settlements and settlement amount for each attorney

## Scheduling D**e**partment- Upcoming Events (Scrolling next 4 weeks)

- Tasks/Scheduling requests (Scrolling, Sorted Chronologically, quick filters (priority, etc))

# Reports

To be designed

KPI Reports - It would be useful and important to have the ability to generate reports for Providers based on custom date ranges

# Provider’s Portal

Functionalities:

* Inbound Lead Registration (low priority)
* Provider Application Form (major priority)
* Provider Portfolio Submission Form (critical priority)
* Collections (critical priority)

Use cases:

* Underwriting a potential Provider/Contractor: the Provider uploads documents, checks status of underwriting
* Purchasing and reporting Portfolios:
  + the Provider uploads list of claims
  + the Providers checks onboarding, litigation and financial statuses of all Claims in the Portfolio, including information about payments
  + the Provider checks general summary of payments

# Investor’s Portal

Use cases:

* The Investor checks a summary of his investments and returns, as well as a list of financial operations related to him
* The Investor lists all Portfolios and Claims, with their onboarding, litigation and financial statuses

The Investor’s Portal has to look clean, modern, user-friendly (graphics, transitions), intuitive. It will have well-defined, restricted functionality – to be described by PMC.

# External Interfaces

All the interfaces will be prepared in the phase 1, but not in the initial phase 0, which objective was to deliver something more or less out of the box in minimum time period.

## 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 Pay My Claim 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.

Email integration will need to be done at the user level as PMC and FLINS do not share an email server/system

## Quickbooks integration

Use cases (PMC🡪QuickBooks):

* Create Investor 🡪 Create Company
* Create Provider 🡪 Create a new Account “Provider”
* Create Portfolio 🡪 Create new Account “Provider.Portfolio”, “Provider.Portfolio. Purchase”, “Provider.Portfolio.Collections”
* Create Portfolio Purchase 🡪 Create a new Journal Entries:
  + “Provider.Portfolio.Purchase” – debit, with Claim Number in description, with Claim.Insured.Name
  + “Bank account” – credit
* On new Portfolio/Claim Collection 🡪 Create a new Journal Entries:
  + “Provider.Portfolio.Collections” – debit with negative value "Assigned Below Hurdle", with Claim Number in description, with Claim.Insured.Name
  + Bank account – debit with negative value "Assigned Below Hurdle"

Collections are sent to QuickBooks on change of Disbursed Date, only to the moment when the sum of Collections is lower than Hurdle.

General notes:

* All accounting entries related to Investors should be registered with the use of “Account receivabe” accounting objects.
* All accounting entries related to refundable and limit reserves (over hurdle) should be registered with the use of “Income statement” accounting objects.

TODO add more details based on what is currently visible through QuickBooks API.

## 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.

Types of documents that will be OCRed:

* Bank Checks (with their “letters”)
* Application Documents (Leads module)

## Export to Excel

Export to Excel is a standard functionality of the platform.

List of fields as well as a filtering rule can be chosen before export. In specific, all fields can be exported.

# System dimensioning

## Disk space

One purchased claim 🡪 100 MB of files

40000 claims / year 🡪 4 TB / year (we will verify costs)

## Number of users

Total:

50 at the beginning, with a possibility to increase to 200 in foreseen future