**PMC System**

**for**

**ClaimPay & Florida Insurance Law Group**

**High Level Design**

**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 PMC (PayMyClaim).

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 PMC 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, users can move data to a “Recycle Bin”. Administrator can restore data from the Recycle Bin. 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 or SuperUser permission.

Users will login with user name and password.

### CMS Roles and Profiles

There will be the following Roles and Profiles configured:

Claim Management roles:

* Claim Acceptant
* Claim Underwriter
* Portfolio Purchase Approver
* Portfolio Purchase Acceptant

Litigation roles:

* 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 nor its funders) without access to the system
* Filing Team
* Buyback Team
* Attorney
* Litigation Manager – manager of the whole process of litigation (all Cases, Attorneys)

Other user roles

* Board of Management - has full access to all CMS Modules and Reports, without deleting data
* Accountant – will need to have access to the purchase and collection outputs of the system
* Marketing
* 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

Internal roles:

* Administrator – has access to all CMS Modules, including deleting data; in general, should be never used.
* DOTS – DOT Systems
* Google Calendar

Current user rights and restrictions (on the level of Roles) - 2/13/2023:



### 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

|  |
| --- |
| * Home |
| * Virtual desk > Home page |
| * Virtual desk > Calendar |
| * Virtual desk > OSSMail |
| * Virtual desk > Tasks |
| * Virtual desk > Documents |
| * Virtual desk > DotsPBIReports |
| * Virtual desk > Ideas |
| * Marketing > Contacts |
| * Marketing > Leads |
| * Marketing > Investors |
| * Claim Management > Insureds |
| * Claim Management > Insurance Companies |
| * Claim Management > Providers |
| * Claim Management > Portfolios |
| * Claim Management > Portfolio Purchases |
| * Claim Management > Claims |
| * Claim Management > Claimed Invoices |
| * Claim Management > Similar Claims |
| * Claim Management > Claim Collections |
| * Claim Management > Programs |
| * Claim Management > Payments |
| * Claim Management > Claims Onboarding |
| * Claim Management > Claims Onboarding - Invoices |
| * Outside Cases |
| * Litigation > Cases |
| * Litigation > Similar Cases |
| * Litigation > Collections * Litigation > Partial Settlements |
| * Litigation > Law Firms |
| * Litigation > Attorneys |
| * Litigation > Courts |
| * Litigation > Counties |
| * Litigation > Judges |
| * Litigation > Adjusters |
| * Litigation > Mortgage Companies |
| * Litigation > Litigation Contacts |
| * History > OSSMailView |
| * History > Notifications |
| * History > Batch Tasks |
| * History > Batch Errors |
| * Configuration > User Groups |
| * Configuration > Provider Eligibility Configuration |
| * Configuration > Programs |
| * Configuration > Document Types |
| * Configuration > Document Templates |
| * Configuration > Document Packages |
| * Configuration > Dropbox Destinations |
| * Configuration > EmailTemplates |
| * Configuration > Placeholders |
| * Configuration > Case Handlers |
| * Configuration > System Parameters |

## 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 should be unique as it is used to automatically create Portfolio ID |
| Type of Provider | Single 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 | E-mail, in summary, read only | 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 | E-mail |  |
| Phone | Phone, in summary |  |
| Is phone confirmed? | Picklist, Yes/No, Default: 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 |
| Witnesses |  |  |
| Corporate Representative | Reference to Provider Contacts |  |
| Engineer | Reference to Provider Contacts |  |
| Insurance Expert | Reference to Provider Contacts |  |
| Pricing Expert | Reference to Provider Contacts |  |
| Public Adjuster | Reference to Provider Contacts |  |
| Indoor Environmental Professional | Reference to Provider Contacts |  |
| Inspector | Reference to Provider Contacts |  |
| 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, read only | 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 * Other |  |
| 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 | **All read only** | 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 | Percent | 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 | Double | 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, read only: New/ Underwritten/ Approved/ Approved on Watch-List/  Closed | Default: New. Changed by workflow only. |
| Underwriter | Reference to User |  |
| Approver | Reference to User |  |
| Master Purchase Agreement Date | Date | Set automatically in WF “Generate Master Purchase Agreement” |
| **Description** |  |  |
| Description | Large Text |  |
| Note | Large Text |  |
| Custom Information |  |  |
| Last Portfolio Number | Number |  |
| Record number | Record number, read only |  |
| Created time | Date, read only |  |
| Modified time | Date, read only |  |
| Created by | Reference to User, read only |  |
| Last modified by | Reference to User, read only |  |
| Share with users: | Multiple choice picklist, reference to User |  |
| Is Active | Bool | Default: Yes |

### 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, mandatory, in summary | First and last name, functional e-mail account name, etc. |
| Provider Contact Type | Mandatory, in summary,  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 | Phone |  |
| Note | Large Text |  |

### Nested data: Provider References

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

### Nested data: Provider Licenses

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Provider Licenses |  | **Nested in Providers module** |
| Basic Information |  |  |
| License Name | Text, mandatory |  |
| License Date | Date |  |
| License Type | Pick-list: To do business, To Provide Services |  |
| Licensed Services | Text |  |
| License Image | Image |  |

### 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 | 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. 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. Comments
3. Contacts
4. Proposals (Portfolios in onboarding process)
5. Emails
6. Documents
7. History

### Access Rights:

1. All CMS Claim Management Users can view data.
2. 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 | Set Master Purchase Agreement Date= current date  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 | Used as a default or hint only. The field in Portfolio Purchase is significant. | |
| Investor | | Reference to Investors, in summary | Used as a default or hint only. The field in Portfolio Purchase is significant. | |
| 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 |  | |
| Proposal Underwriter name | | Reference to Users, 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. Claim Collections
5. Payments (Payments can be connected with Claims and Portfolios or Portfolios only, so some same Payments are also accessible through 🡪Claims🡪Payments)
6. Documents
   * 1. Documents attached to lower-level modules (i.e. Claims, Payments) are also visible here
7. 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

### 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 |
| 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 | - set Status = For approval  - set Proposal Underwriter Name = current user  - Assigned to = from group Portfolio Purchase Acceptants  - send a Notification to all users with Approver role "A Portfolio is ready for approval: <link to the portfolio>" |
| Approve | Manual | - Status = For approval | - 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>"  - Mark all Claims as Approved |
| 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 Opened date = current 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  - 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 |
|  |  |  |  |

### Import of Claims Onboarding Spreadsheet xlsx

A general procedure:

1. The Provider sends PMC an excel sheet with a list of Claims that he wants to sell to PMC.
2. The PMC user can add additional information in additional columns to the file from the Provider
3. The PMC user uploads such a file to the system by uploading it to the selected Portfolio and selecting the "Claims Onboarding Spreadsheet" type
4. The system imports data from such a file, i.e. creates entries in Claims and related modules, replaces the file with a file with warnings from the import process
5. The system downloads from Dropbox and Google Drive documents that are pointed by links. The files are uploaded as relevant documents taking into account column names
6. The user corrects the data immediately in PMC or corrects it in Excel and loads the Excel again

## 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 % | |
| Wire Fees | | Monetary value |  | |
| Buyback Clearance | | Monetary value |  | |
| Reserves Clearance | | Monetary value |  | |
| Cash to Seller | | Monetary value | Purchase Value – Wire Fees - Buyback Clearance – Reserves Clearance | |
| **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!) |
| Send exhibits to be signed | Manual | Status = New, for users with Portfolio Purchase Acceptant role | - if any related claim has Onboarding Status <> Approved or other Claim data is incorrect or missing, 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  - set Addendum date = current date  - Generate a package of documents: "Exhibit B" and "Exhibit C"  - Send the document to the DocuSign system  - Set Sent to Seller to be signed date |
| Purchased | Manual or System | Status = Sent to Seller to be signedl, only for users with Portfolio Purchase Approver role;  Started automatically when the document is signed in the Docusign system | - if any related claim has Onboarding Status <> Approved or other Claim data is incorrect or missing, 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”  - Send a Notification to Investor that Portfolio Purchase is ready for Funding  - Create a Payment related to this Portfolio Purchase |
| Fund Portfolio Purchase | Manual | Status = Purchased, only for users with Investor role | - update Portfolio Purchases.Funded Date to current date  - set Status to Funded  - send a notification to Portfolio Purchases.Purchase Approver: "Portfolio Purchase [nazwa i link] has been Funded" |
| Reject | Manual | Status = New, only for users with Portfolio Purchase Acceptant 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 %. |
| REFRESH\_CASH\_TO\_SELLER | On change of Purchase Value, Buyback Clearance, Reserves Clearance |  | Cash to Seller = Purchase Value - Buyback Clearance - Reserves Clearance |
|  |  |  |  |

### Integration with DocuSign

Documents are sent to Docusign to be signed automatically. The system automatically monitors when the documents were signed and downloads them from the Docusign.

In case of API errors during the sending procedure, the system automatically retries to send the document every 20 minutes (configurable 20-60 minutes, the second try can be quicker). If no retry is successful till midnight, the system stops retrying.

If the document should be sent to Dropbox for signature and users wants the signer to fill in the fields: By, Title, Date, the document must include the appropriate placeholders:

* */fn/* for By
* */ps/* for Title
* */ds/* for Date.

The */ds/* placeholder will be automatically populated with the current date by Docusign.

One can change the font color to white for these placeholders so that they are not visible in the generated document.

## 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).

Each Claim has one or more than one Claimed Invoice. Financial data is entered manually on the level of Claimed Invoices. The Financial Summary values on the level of Claim are calculated automatically.

### 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 |  |
| Similar Claims | | Reference to Similar Claims | Found automatically – users should always check it carefully before accepting the claim to avoid duplicates! |
| Onboarding Status | | Picklist, mandatory, in summary:  - Pending Underwriting (default)  - In Underwriting  - Pending Approval  - Approved  - Purchased (litigation can start now)  - Rejected | Approve – 2nd level staff |
| Conducted by | | Picklist, mandatory, in summary:  - FLINSLAW  - Outside |  |
| Case | | Reference to Cases | Visible if Conducted by = FLINSLAW |
| Outside Case | | Reference to Outside Cases | Visible if Conducted by = Outside |
| Basic Litigation Status | | Text, read only (from Case) | Basic Litigation Status = Case.Stage  or  Basic Litigation Status = Outside Case.Litigation Status |
| 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 |
| County | | Reference to Counties, in summary | Found automatically based on Insured’s address, can be refreshed by manual workflow or edited manually |
| Missing Documents Date | | date | Set automatically by workflow “Missing Documents” |
| County | | Reference to Counties, in summary | Found automatically based on Insured’s address, can be refreshed by manual workflow or edited manually |
| 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 Company Email | | Reference to Insurance Companies | Set automatically from Insurance Company, can be edited manually to represent other than default |
| Insurance Policy Details | | Large Text |  |
| Insurance Policy Uploaded | | Yes/No |  |
| Policy Number | | Text, mandatory |  |
| Policy Valid From | | Date |  |
| Policy Valid To | | Date |  |
| Insurance Shared | | Yes/No |  |
| Insurance Shared Notes | | Text | Should be filled if Insurance Shared = Yes |
| General Policy Limit | | Currency |  |
| General Policy Limit | | Currency |  |
| Dwelling Policy Limit | | Currency |  |
| Other Structures Policy Limit | | Currency |  |
| Personal Property Policy Limit | | Currency |  |
| Loss of Use Policy Limit | | Currency |  |
| Event Details | |  |  |
| Date of Loss | | Date |  |
| Date of Service | | Date |  |
| Type of Job | | Text, mandatory | Free text |
| Types of Services | | Multi-picklist | Fixed list of options |
| 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-purchase Litigation | |  |  |
| AOB/DTP Attorney Name | | Text |  |
| AOB/DTP Attorney | | Reference to Attorneys | Filled automatically is Attorney Name is matched |
| Pre-purchase Litigation Status | | Text |  |
| Case Number | | Text |  |
| Attorney Contract on File | | Text |  |
| Court County | | Text | Free text |
| Pre- Job County | | Text |  |
| HO Law Firm | | Reference to Law Firms |  |
| HO Attorney | | Reference to Attorneys |  |
| Claim Underwriting | |  |  |
| Requires attention | | Yes/No |  |
| ONB Comments | | Large Text | Filled manually, comments given by users |
| 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 Number | | 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 | Filled automatically by VERIFY\_ONB\_DATA |
| Dates verified | | Picklist Yes/No |  |
| Per unit cost estimate | | Picklist Yes/No |  |
| Roof Area | | Number |  |
| Dry Logs | | Picklist Yes/No |  |
| Report with pics | | Picklist Yes/No |  |
| Need labs | | Picklist Yes/No/NA |  |
| Denial reason | | Text |  |
| Others | | Text |  |
| Insurance Company-Insured Communication | | List of Files |  |
| Others | | Text |  |
| LOP on File | | Picklist Yes/No |  |
| LOP Date | | Date |  |
| LOP signed by Client | | Picklist Yes/No |  |
| LOP signed by HO | | Picklist Yes/No |  |
| ONB Warnings | | Text | Filled automatically, see below VERIFY\_ONB\_DATA |
| ONB Warnings to Acceptant | | Text | Filled automatically, see below VERIFY\_ONB\_DATA |
| **Financial Summary** | |  |  |
| Total Bill Amount | | Monetary value, mandatory, in summary |  |
| Prior Collections | | Monetary value |  |
| Overhead and Profit | | Monetary value |  |
| Adjustments | | Monetary value |  |
| Adjusted Face Value | | Monetary value | Calculated: Total Bill Amount – Prior Collections – Overhead and Profit - Adjustments |
| Purchase Price | | Monetary value | If Special Purchase Price is empty, then calculate as Adjusted Face Value \* Program.Purchase Price %, else set Special Purchase Price |
| % advance | | percent |  |
| Cash to Seller | | Monetary value | Calculated: Purchase Price \* % advance |
| Factor Fee | | Monetary value | Adjusted Face Value \* Program.Factor Fee %  Or calculated with the use of some special Program Algorithm |
| 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 | Hurdle – Total Collections, not less than 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 | Sum of Claim Collections’ Limit Reserves  if result is >0 (it goes to Provider directly once a month (workflow on portfolio level)) |
| Status Info | |  |  |
| Created date | | Date, filled automatically |  |
| Underwriting started time | | Date, filled automatically |  |
| Underwritten time | | Date, filled automatically |  |
| Approved/rejected time | | Date, filled automatically |  |
| Purchased time | | Date, filled automatically |  |
| Buyback date | | Date, filled automatically |  |
| Claim paid date | | Date, filled automatically |  |
| Claim closed date | | Date, filled automatically |  |
| Voluntary collection started date | | Date, filled automatically |  |
| Litigation started date | | Date, filled automatically |  |
| Litigation finished date | | Date, filled automatically |  |
| **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 + Limit Reserve) – Total Reserves Released | |
| **Buyback Info** | |  |  |
| Buyback Amount | | Monetary value |  |
| Buyback Portfolio Purchase | | Reference to Portfolio Purchases | Chosen manually – in which Portfolio Purchase the given Buyback should be accounted |
| **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. Claimed Invoices
3. Claim Collections
4. Payments
5. Documents
   * 1. Documents attached to lower-level modules (i.e. Payments) are also visible here
6. 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
7. Calendar
8. Notifications
9. Comments

### Dashboard (a quick overview of data)

1. Summary fields
2. Comments
3. Claim Collections
4. Emails
5. Documents
6. History

### Access Rights:

1. All Users from Claim Management can view data.
2. All Users from Claim Management 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 | - set Onboarding Status = In Underwriting, Assigned to=current user, Claim Underwriter=current user, Underwriting started time  - execute FIND\_SIMILAR\_CLAIMS  - execute FIND\_RELATED\_CASE |
| Pending Approval | Manual | Onboarding Status = In Underwriting or Approved or Rejected | - set Onboarding Status = Pending Approval , Claim Status = empty, Assigned to = from group Claim Acceptants, Underwritten time  - CF findSimilarClaims  - CF findRelatedCase  - if NO\_MORE\_CLAIMS\_TO\_UNDERWRITE then  send a notification to Claim Acceptant role that claims in portfolio should be approved set Onboarding Status = Pending Approval |
| Approved | Manual | Onboarding Status = Pending Approval | - set Onboarding Status = Approved, Claim Acceptant = current user, Approved/rejected time |
| Rejected | Manual | Onboarding Status = Pending Approval | - set Onboarding Status = Rejected, Claim Acceptant = current user, Approved/rejected time |
| Restart Underwriting | Manual | Onboarding Status = Pending Approval or Missing documents | - find similar claims  - find related case  - Set Underwriting Status=In Underwriting, Assigned to=Claim Underwriter |
| Missing Documents | Manual | Onboarding Status = In underwriting or Pending Approval | - set Onboarding Status = Missing Documents, Missing Documents Date  - ~~send an email to the Provider that there are missing documents~~  - after 2 days: Send a notification to Claim Acceptant role |
| 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 |
| Close (Write-off) | Manual | Claim Status is Open or Paid | - set Write-Off := Adjusted Face Value – Total Collections (result not less than 0), Claim status=Closed, Claim close date |
| 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 |  |  |  |
| Buyback this Claim | Manual | Claim Status is Open | - set Claim Status := Buyback, Buyback Amount := Purchase Price – Total Collections, not less than 0, Buyback date |
| 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 % |
|  |  |  |  |
|  |  |  |  |

### Verification of claim’s underwriting process (VERIFY\_ONB\_DATA)

Warnings for Underwriters:

* if Insurance Company.Forced Place Carrier="Yes" then add in ONB Warnings: "Insurance Company in Forced Place Carrier"
* if Insurance Company.In Good Standing=”No” then add in ONB Warnings: "Insurance Company in Receivership"
* if ONB Street is not empty and Insured.Street is empty then set Insured.Street = ONB Street. Similarly for ZIP, City, State.
* if Insured is empty, enter "Insured is empty"
* if ONB Street <> Insured.Street, enter in ONB Warnings: "Insured.Street is different than ONB Street"
* if ONB City <> Insured.City, then similarly as above (in the next line, if the previous test also showed an error)
* if ONB ZIP <> Insured.ZIP
* if ONB State <> Insured.State
* if ONB Email<> Insured.Email
* if ONB Claim Number<> Claim Number
* if ONB Policy Number<> Policy Number
* if Insured.Street is empty, enter "Insured.Street is empty"
* if Insured.City is empty, same as above
* if Insured.ZIP is empty, same as above
* if Insured.State is empty, same as above
* if Insured.Email is empty, same as above
* if ONB Date of Loss is empty
* if AOB Date is blank
* if Date of first notification is empty
* if Client Signature is empty or No, enter "Client Signature is empty" / "No Client Signature"
* if Home Owner Signature is blank or No
* if Dates Verified is blank or No
* if Days apart DOFN - AOB < 0, enter "Days apart DOFN - AOB: [value]"
* If Date of Loss is outside the Policy Valid From - Policy Valid To period, then enter in ONB Warnings: "Date of Loss is outside of policy time frame"
* if for at least one related Claimed Invoice the Invoice Date field is empty, enter "Date in some Claimed Invoice is empty". Similarly for Claimed Invoice. Invoice Value
* if no Document Type="POLICY AND DEC PAGE" document is connected to the Claim, then enter "POLICY AND DEC PAGE is not uploaded"; in each case, update the value of the "Insurance Policy Uploaded" field
* if Insurance Shared = Yes and at the same time Insurance Shared Notes is empty, enter "Insurance Shared Notes is empty"
* checking insurance limits - full context in PMC: new fields with insurance limits and estimates #200:
  + if any specific Estimate in a Claimed Invoice is greater than the matching Policy Limit in a related Claim (i.e. Dwelling Estimate vs Dwelling Policy Limit, etc.)
  + if any Estimate in a Claimed Invoice is greater than the "General Policy Limit" in a related Claim (i.e. Estimate Amount vs General Policy Limit, Dwelling Estimate vs General Policy Limit, etc.)
  + If in a comparison any compared field is empty, the verification is skipped, ONB Warning is not created.
  + in the content of ONB Warning, enter the inequality with field names and values, e.g. "Dwelling Estimate > General Policy Limit: $123,456.78 > $122,456.78"

Warnings for Acceptants:

* if Insurance Company.Forced Place Carrier="Yes" then enter in ONB Warnings to Acceptant: "Insurance Company in Forced Place Carrier"
* if Insurance Company.In Good Standing=”No” then write in ONB Warnings to Acceptant: "Insurance Company in Receivership"
* if ONB Street <> Insured.Street, enter in ONB Warnings to Acceptant: "Street: [ONB Street value] <> [Insured.Street value]"
* if ONB City <> Insured.City, then similarly as above (in the next line, if the previous test also showed an error)
* if ONB ZIP <> Insured.ZIP
* if ONB State <> Insured.State
* if ONB Email<> Insured.Email

### Purchasing a Claim

When a Claim is edited, the system automatically looks for some existing Case that could be assigned. This lookup is done when user starts “Start Underwriting” or “Restart Underwriting” or “Pending Approval” or “Find Related Case” workflow, or when a Claim is purchased.

When a Claim is purchased and the relevant Case is not found, the system automatically creates a new Case or Outside Case.

1. if Type of Claim =AOB and Conducted by= Flinslaw --> create PDC Case

2. if Type of Claim =AOB and Conducted by= Outside --> create OTC Case

3. if Type of Claim =DTP and Conducted by= Flinslaw --> create PDC Case

4. if Type of Claim =DTP and "AOB/DTP Attorney"= (none or not a FLINS lawyer) and Conducted by= Outside --> create OTC Case

5. if Type of Claim =DTP and "AOB/DTP Attorney"= (FLINS lawyer) and Conducted by= Outside --> not possible, forbidden, error!

6. if Type of Claim =LOP/HO and Conducted by= Flinslaw --> create HOS Case

7. if Type of Claim =LOP/HO and Conducted by= not Flinslaw --> create OTC Case

8. if Type of Claim =Estimate and Conducted by= Flinslaw --> create HOS Case

9. if Type of Claim =Estimate and Conducted by= not Flinslaw --> create OTC Case

10. if Type of Claim =FLOOD --> make an error, will be set somehow

11. if Type of Claim =PA --> create OTC Case

Legend:

create PDC Case – create a new record in the Cases module, with Case ID starting from PDC

create HOS Case – create a new record in the Cases module, with Case ID starting from HOS

create OTC Case - create a new record in the Outside Cases

## Claimed Invoices

Claimed Invoice represents a single invoice that is purchased. Claimed Invoices are grouped in Claims. The whole underwriting process is performed on the level of Claims.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Claimed Invoices |  |  |
| Basic Information |  |  |
| Claimed Invoice Name | Text |  |
| Invoice Date | Date |  |
| Invoice Value | Monetary value, mandatory, in summary |  |
| Prior Collections | Monetary value |  |
| Overhead and Profit | Monetary value |  |
| Type of Job | Text |  |
| Types of Services | Multi-choice picklist |  |
| Adjustment | Monetary value |  |
| Adjusted Invoice Value | Monetary value | = Invoice Value – Prior Collections – Overhead and Profit – Adjustment |
| Special Purchase Price | Monetary value | Can be entered manually |
| Purchase Price | Monetary value | Calculated automatically if Special Purchase Price was not set |
| Estimates |  |  |
| Estimate Amount | Monetary value |  |
| Dwelling Estimate | Monetary value |  |
| Other Structures Estimate | Monetary value |  |
| Personal Property Estimate | Monetary value |  |
| Loss of Use Estimate | Monetary value |  |
| Related Data |  |  |
| Portfolio Purchase | Reference to Portfolio Purchases | Should not be edited manually after the initial creating. It is imported from Claims Onboarding Spreadsheet excel. |
| Claim | Reference to Claims | Should not be edited manually after the initial creating. It is imported from Claims Onboarding Spreadsheet excel. |

## Similar Claims

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

## Payments

Represents payments to and from Providers. It is needed to implement the interface to the accounting system (Quick Books).

### 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.

Claim Collections are automatically assigned to Portfolios and Claims. The algorithm is described below.

### 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. For each previous Claim Collections related to this Collection
   * 1. Delete this Claim Collection
     2. Execute Claim Collection.Claim.RECALCULATE\_FROM\_CLAIM\_COLLECTIONS
2. Calculate general Case level values (or Outside Case - the one that is relevant):
   * 1. Execute Case.RECALCULATE\_FROM\_CLAIMS
     2. Execute Case.RECALCULATE\_FROM\_COLLECTIONS

If "Don't apply to Claims" = Yes, STOP.

Otherwise take "Provider" into account in further calculations:

If Provider is empty - use all Claims related to this Case, ignore Claim's Provider (as in the original algorithm)

If Provider is not empty - use only Claims related to this Case AND to this Provider. The tweaked algorithm will use "PMC Collections Limit" calculated dynamically on the level of both Case and Provider, not as the original algorithm on the level of a Case only. I.e. the "PMC Collections Limit" field in the Cases module will be less informative than it is now.

1. Check and calculate Limit reserve (on Case level)
2. Value to apply to Claims = Value, not more than (Case.PMC Collections Limit – Case.Total Collections + Value), not less than 0 (i.e. Value to apply to Claims = max(min(Value, (Case.PMC Collections Limit – Case.Total Collections + Value)), 0); note that Value is already included in Case.Total Collections, that is why it has to be added; in case of future changes in RECALCULATE\_FROM\_COLLECTIONS it has to be rewritten, too!)
3. Limit reserve to apply to Claims = Value - Value to apply to Claims
4. Set variable “value left” = Value to apply to Claims
5. Create temporarily Claim Collections for each Claim related to the Case, in the sequence of Claim.Created date
6. Set references to Collection, Portfolio and Claim
7. 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:
8. Variable “value to apply” = Min( value left, Claim.Remaining to Hurdle, Portfolio. Remaining to Hurdle (apply this only if Portfolio Purchase.Program.Type of Program = “Pool”); If “value to apply” > 0 then:
9. Increase “Assigned value” by “value to apply”
10. Increase “Assigned below hurdle” by “value to apply”
11. Decrease “Claim.Remaining to Hurdle” by “value to apply”
12. Decrease “Portfolio.Remaining to Hurdle” by “value to apply”
13. Decrease “value left” by “value to apply”
14. 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 Purchase.Program.Type of Program = “Pool” and Portfolio.Remaining to Hurdle > 0 and “value left” > 0, then:
15. 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:
16. Increase “Assigned value” by “value to apply”
17. Increase “Assigned below hurdle” by “value to apply”
18. Decrease “Portfolio.Remaining to Hurdle” by “value to apply”
19. Decrease “value left” by “value to apply”
20. 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” After "for each": Assert, that “Value left” = 0
21. After "for each": Assert, that “Value left” = 0
22. Assign “Collection.Limit reserve to apply to Claims” proportionally to Claim’s Total Bill Amount
23. Set "Value left" = "Collection.Limit reserve to apply to Claims”
24. For each Claim Collection set Assigned limit reserve = share of “Collection.Limit reserve to apply to Claims” weighted by Claim.Total Bill Amount, round down to cents
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

## Outside Cases

Represents cases conducted by external law firms.

## 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.

Case can also contain HO Claimed Invoices. One Case can contain both Claims (Claimed Invoices) and HO Claimed Invoices

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Cases |  |  |
| Basic Information |  |  |
| Case ID | Text, mandatory | Set automatically: “PDC[yy]-xxxxxx” or “HOSyy-zzzzzz”, where xxxxxx or zzzzzz is from sequence, yy- year  This field replaces File No/Case Id (LawSpades) |
| Various fields |  | Values are copied from Claim when the Case is created or they are entered manually  Only fields with automation other than litigation process are described below.  Some fields are calculated automatically. They are described in a separate chapter. |
| County | Reference to Counties | Can be updated by automatic search of Insured’s address in the geo-database by starting the “Find County” workflow |
| Popup Message | Text | Its value is shown in popup when a Case is opened. Value edited in the “Add to Popup Message” is automatically appended to the “Popup Message”. |
| Similar Cases | Reference to Similar Cases | Found automatically, can be refreshed by starting the “Find Similar Cases” workflow. |
| Assigned to | Reference to User | When edited it updates the “AOB/DTP Attorney (User)” and “AOB/DTP Attorney” (if a relevant Attorney is found) |
|  |  |  |
| Additional providers |  |  |
|  |  | Filled automatically from Claims attached to the Case |
| Statuses |  |  |
| Stage |  | Updated automatically when some Stage-Status is changed:   * Pre-Litigation * Complaint * Plaintiff Discovery * Plaintiff Deposition * Defendant Discovery * Defendant Deposition * Mediation Arbitration * Plaintiff MSJ * Defendant MSJ * Trial * Settlement * Appeal |
| Status |  | Updated automatically when some Stage-Status is changed |
|  |  | The Stage and Status can be reverted to the previous values by starting the “Revert to Previous Status” workflow. Other data is not reverted, it should be manually updated. |
| Insurance Details |  |  |
|  |  |  |
| Attorneys |  |  |
|  |  |  |
| Collections Summary |  |  |
|  |  | Values are calculated automatically if Lock Automation = No. They should not be edited! |
|  |  |  |
| **Migration** |  |  |
|  |  |  |
| **Other** |  |  |
| Lock automation | Yes/No | If Lock Automation is No, no automations are automatically started (apart of registering the change of Stage-Status). |
|  |  |  |
| **Custom Information** |  |  |
|  |  |  |
| **Pre-Litigation** |  | “Pre-litigation” card |
| Pre-Litigation Status | Picklist | “Stage-Status” |
| Complaint |  | “Litigation” card |
| Complaint Status | Picklist | “Stage-Status” |
| **Plaintiff Discovery** |  | “Litigation” card |
| Plaintiff Discovery Status | Picklist | “Stage-Status” |
| **Plaintiff Deposition** |  | “Litigation” card |
| Plaintiff Deposition Status | Picklist | “Stage-Status” |
| **Defendant Discovery** |  | “Litigation” card |
| Defendant Discovery Status | Picklist | “Stage-Status” |
| **Defendant Deposition** |  | “Litigation” card |
| Defendant Deposition Status | Picklist | “Stage-Status” |
| **Mediation Arbitration** |  | “Litigation” card |
| Mediation Arbitration Status | Picklist | “Stage-Status” |
| **Plaintiff MSJ** |  | “Litigation” card |
| Plaintiff MSJ Status | Picklist | “Stage-Status” |
| **Defendant MSJ** |  | “Litigation” card |
| Defendant MSJ Status | Picklist | “Stage-Status” |
| **Appeal** |  | “Litigation” card |
| Appeal Status | Picklist | “Stage-Status” |
| **PFS CRN 57.105** |  | “Litigation” card |
| PFS CRN 57.105 Status | Picklist | “Stage-Status” |
| **Trial** |  | “Trial” card |
| Trial Status | Picklist | “Stage-Status” |
| **Witnesses** |  | “Trial” card |
|  |  | Values initially copied from Provider configuration |
| **Trial** |  | “Trial” card |
| Trial Status | Picklist | “Stage-Status” |
| **Settlement** |  | “Settlement” card |
| Settlement Status | Picklist | “Stage-Status” |
| **Settlement Negotiations** |  | “Settlement” card |
|  |  | When Demand is updated, a new history record is added in the Demand Notes field.  When Offer is updated, a new history record is added in the Demand Notes field.  When Demand % or Demand based of is updated, the system recalculates the Demand. |
| **Mortgage** |  | “Settlement” card |
|  |  |  |
| **Comments** |  |  |
|  |  |  |

### “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.

The list of Stage-Statuses is edited by Dot Systems on request of PMC.

### Related modules:

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Similar Cases
   * 1. Found automatically when a case is created, can be refreshed by “Find Similar Cases” workflow
3. E-mail history
   * 1. A list of e-mails referring the Case – both automatically sent from the system and incoming mails imported from mail server;
     2. Automatic rules of matching and assigning emails to Cases:
        1. If the subject or content of the e-mail contains the text “[Claim ID]” - assign this e-mail to this Claim and Claim->Case
        2. If the subject or content of the e-mail contains the text "[Claim Number]" - assign this e-mail to this Claim and Claim->Case, but if this search fits more than 10 claims, do not assign to any Claim.
        3. If the subject or content of the e-mail contains the text “[Case ID]” - assign this e-mail to this Case
        4. If the subject or content of the e-mail contains the text "[Case Number]" or "[Claim Number]" - assign this e-mail to this Case, but if this search fits more than 10 cases, do not assign to any Case.
        5. WARNING: Claim and Case searches overlap - do not duplicate "Email-Claim" or "Email-Case" relations (i.e. if some relation to a case was created in claims-matching by Claim Number, and cases-matching is matched by Case ID as well as Claim Number, do not duplicate the email-case relation).
     3. user can manually assign a mail to a Case
4. Documents
   * 1. Documents attached to lower-level modules (i.e. Collections, Claims) are also visible here
5. Claims
6. Collections
7. Litigation Costs
8. HO Claimed Invoices
9. Partial Settlements
10. Calendar
11. Notifications
12. Tasks
13. Batch Tasks
14. Batch Errors
15. 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 |
| Litigation Workflows described in attached files |  |  |  |
|  |  |  |  |

### Automatic calculations of aggregate $ fields

No results of described below calculations are saved when Lock Automation = Yes.

* If Lock automation = Yes, do nothing
* all empty values interpreted as $0 (exception: calculations on the Settlement Negotiations card, described below)

(recalculateFromClaims)

* Provider Invoices = sum of Claims' Total Bill Amount
* HO Damages = sum of HO Claimed Invoices' Invoice Value
* Provider Prior Collections = sum of related Claims' "Prior Collections"
* HO Prior Collections = sum of related HO Claimed Invoices' "Prior Collections"
* Adjusted Face Value = sum of related Claims' Adjusted Face Value (NOTE: Prior Collections are already taken into account on the Claims level)
* Hurdle = sum of related Claims' Hurdle
* Purchase price = sum of related Claims' Purchase Price
* Overhead and Profit = sum of related Claims' Overhead and Profit
* 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)
* First Notice of Loss = nvl( min(related Claim.Date of First Notification), Case.First Notice of Loss )
* Investors = comma separated from Claims->Portfolio Purchase->Investor
* Portfolios = comma separated from Claims->Portfolio
* Providers = comma separated from Claims->Provider->Provider Abbreviation

(recalculateFromCollections)

* Provider Collections = sum of related Collections' Value that have “Don’t apply to Claims” = No
* HO Collections = sum of related Collections' Value that have “Don’t apply to Claims” = Yes

(recalculateFromOthers)

* Total Partial Settlements = sum of related Partial Settlements' Settlement Amount
* Partial Sett. Fees and Costs = sum of related Partial Settlements' attorneys\_fees\_and\_costs
* Total Litigation Costs = sum of related Litigation Costs' Litigation Cost Amount

(recalculateFromCase)

* Total Bill Amount = Provider Invoices + HO Damages
* Total Collections = Provider Collections + HO Collections
* Provider Invoices Balance = Provider Invoices - Provider Prior Collections - Provider Collections
* HO Damages Balance = HO Damages - HO Prior Collections - HO Collections.
* Total Balance = Provider Invoices Balance + HO Damages Balance
* Adjusted Claim Balance = Adjusted Face Value - Provider Collections (NOTE: Prior Collections are already taken into account on the Claims level)
* "Global Demand" = "Attorney Fees (Demand Letter)" + "Total Balance"

(recalculateSettlementNegotiations)

* If any input field is empty in these calculations in the Settlement Negotiations section, the result should be empty (NOTE: contrary to calculations described for other sections),
* if "Demand based off" = "Total Bill Amount less Collections"
  + Demand = "Demand %" \* "Total Bill Amount" - "Prior Collections" - "Total Collections"
* if "Demand based off" = "Adjusted Face Value less Collections"
  + Demand = "Demand %" \* "Adjusted Face Value" - "Total Collections"
* if "Demand based off" = "HO Damages less Collections"
  + Demand = "Demand %" \* "HO Damages" - "HO Collections"
* if "Demand based off" = "Provider Invoices less Collections"
  + Demand = "Demand %" \* "Provider Invoices " - "Provider Collections"
* for "Demand based off" is any other value, not ending with "... less Collections"
  + Demand = "Demand %" \* [value of a field pointed by "Demand based off"]

## 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).

## Litigation Costs

Litigation Costs

## Partial Settlements

Partial Settlements

NOTE: Partial Settlements are not aggregated in the Total Settlement field.

## HO Claimed Invoices

Claimed Invoices from Home Owners.

They can be imported in bulk with by uploading an excel file in the “Litigation 🡪 HO Onboarding Spreadsheet” form. The documents should be uploaded to the “Litigation / HOS / HO Onboarding Spreadsheet” document node (type).

An example file that can be imported:



## Litigation Contacts

Contacts book integrated with internal Email Client.

## 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 |  |
| E-mail addresses | Text | Usually, this field is used as a distribution list for emails sent to Investors |
| 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

### Integration with Google Calendar

Google Calendar is the master of data, i.e. new events added in PMC are copied from PMC to GC, while all other changes (create, edit, delete) are copied from GC to PMC. In other words, events generated automatically in PMC will be sent automatically to GC, but after this we assume that users will use GC for their every-day work. The events downloaded from GC to PMC are assigned to the special "---" user and shared with users that were assigned in GC. And vice-versa.

## 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

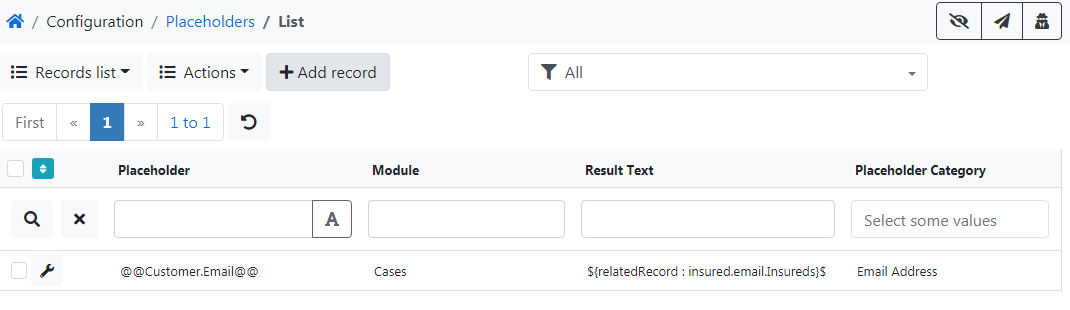
## Placeholders

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

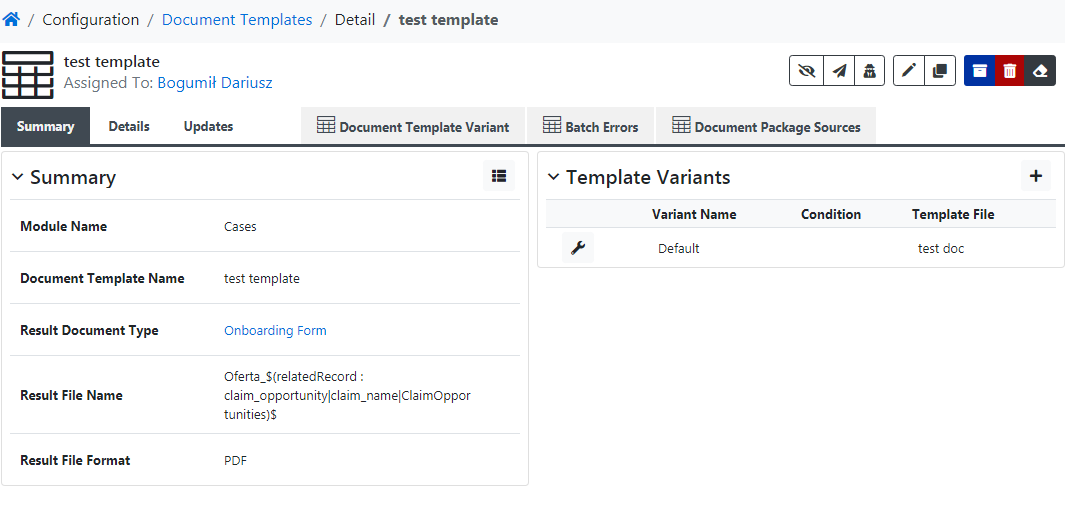
All LawSpades placeholders from this excel file will be manually migrated to PMC system by DOTS:



## 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:

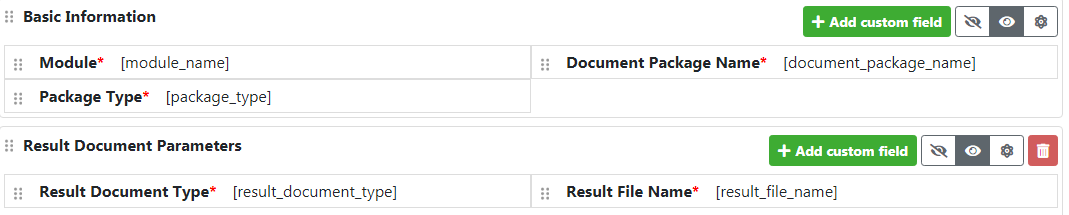
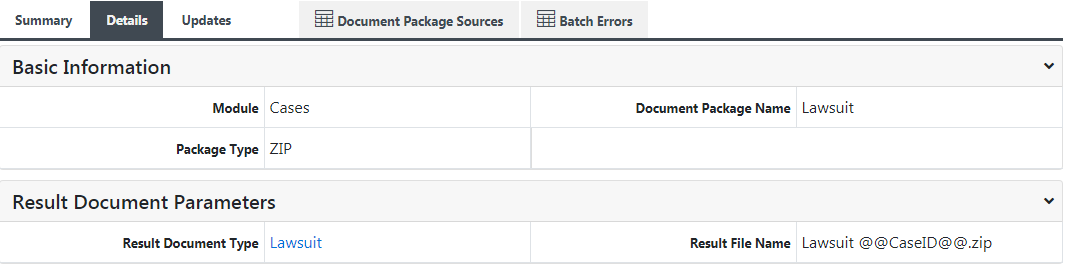
* + - PDF
    - DOCX

## 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.



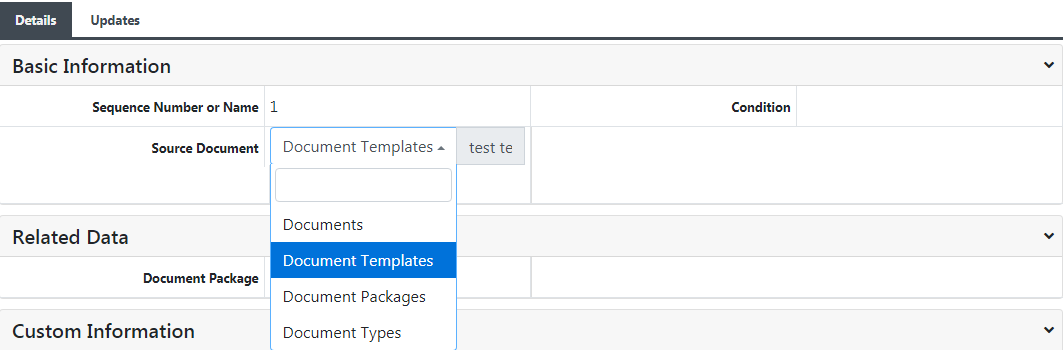
Modules in which Document Packages can be used to generate final documents:

* + - 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.

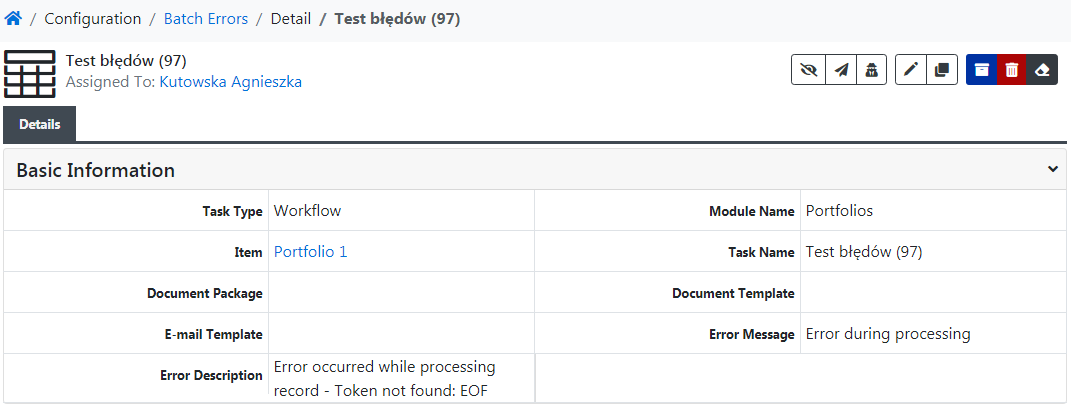
Rules for packages are to be provided by PMC.

## 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

Dashboard widgets are pre-configured by DOT Systems to be available. Users can add then to their dashboards manually.

Litigation Manager

1. Settlements by Attorneys
2. Cases by Attorneys
3. Settlements for the Month
4. Weekly Calendar
5. Today’s Calendar

Attorney

1. Today’s Calendar (User)
2. Weekly Calendar (User)
3. Case List (User)
4. Open and Pending Tasks (User)

Case Manager

1. Today’s Calendar (User)
2. Open and Pending Tasks (User)
3. Case List (User)

Scheduling

1. Weekly Calendar (User)
2. Monthly Calendar (User)
3. Open and Pending Tasks (User)

# Reports

Power BI reports are integrated with PMC.

Currently they cover mainly Claim Management part.

Litigation data is available for reporting, but no specific report was requested.

# Provider’s Portal



# 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

PMC system is integrated with ClaimPay dropbox. Documents generated from Document Templates or Document Packages can be automatically sent to Dropbox with the use of configuration from Dropbox Destinations.

## Email server integration

Both ClaimPay and FLINSLAW email servers are integrated with PMC.

## Docusign integration

Currently signing of Portfolio Purchase documents is covered.

More generic mechanism is requested in the Phase II.

## 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

Checks are automatically OCRed if they are attached to “Collection” records as Document Type Path="Litigation / Settlement Checks".

OCR tries to find a related Case or Outside Case for a given scanned check image, and if it is successful, the Case field in the Collection record is updated.

## 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

## Number of users

Total:

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