**Property Damage Support System**

**for**

**Pay My Claim LLC**

**High Level Design**

**Initial Phase**

**Specification**

Ed. 00.9

**TABLE OF CONTENTS**

[1 Introduction 3](#_Toc93964766)

[2 Data model – CMS modules 4](#_Toc93964767)

[2.1 General rules 4](#_Toc93964768)

[2.2 CMS Users, Roles and Groups 4](#_Toc93964769)

[2.3 Providers 5](#_Toc93964770)

[2.4 Portfolios 17](#_Toc93964771)

[2.5 Portfolio Purchases 22](#_Toc93964772)

[2.6 Claims 24](#_Toc93964773)

[2.7 Groups of Claims 31](#_Toc93964774)

[2.8 Payments 31](#_Toc93964775)

[2.9 Receivables 32](#_Toc93964776)

[2.10 Claimants 33](#_Toc93964777)

[2.11 Insurers 33](#_Toc93964778)

[2.12 Programs 34](#_Toc93964779)

[2.13 E-mails 35](#_Toc93964780)

[2.14 Activities (Calls, To Do-s, Meetings) 35](#_Toc93964781)

[2.15 Notifications 35](#_Toc93964782)

[2.16 Documents 36](#_Toc93964783)

[2.17 Courts 37](#_Toc93964784)

[2.18 Investors 37](#_Toc93964785)

[3 Reports 39](#_Toc93964786)

[4 External Interfaces 40](#_Toc93964787)

[4.1 Dropbox integration 40](#_Toc93964788)

[4.2 Email server integration 40](#_Toc93964789)

[4.3 Quickbooks integration 40](#_Toc93964790)

[4.4 Xactimate integration 40](#_Toc93964791)

[4.5 OCR 40](#_Toc93964792)

# Introduction

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

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

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

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

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

# Data model – CMS modules

## General rules

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

All percentage values will be shown with two decimal digits.

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

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

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

## CMS Users, Roles and Groups

### CMS Users

Each physical user will have his named account.

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

Users will login with user name and password.

### CMS Roles and Profiles

There will be the following Roles and Profiles configured:

* Administrator – has access to all CMS Modules, including deleting data; in general, should be never used.
* Board of Management
* Provider Account Manager – responsible for contacts with Providers, starting from underwriting of a new Provider, recommendation for the purchase of a Portfolio, through collecting Portfolios of Claims, to controlling payments and communication with the Provider.
* Approver – a manager of PAMs, responsible for approving new Providers, purchases of Portfolios, etc.
* Case Manager – 1st level manager of litigation process.
* Attorney – has full access to litigation modules, includes Case Manager permissions. Important note: only some Claims/Cases will be litigated by Attorneys who have access to the system; other Claims/Cases will be litigated by external Attorneys (hired by Provider or Investor or otherwise unrelated to PayMyClaim not its funders) without access to the system
* Accountant – will need to have access to the purchase and collection outputs of the system
* Investor – read-only access to the information Provider Account Manager has and Case Manager
* Provider – access via a dedicated Provider Portal, not directly through CMS GUI

### Groups

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

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

## Providers

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

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

A Provider can have more than one Portfolio which can include many Claims.

### Attributes:

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

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

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

### Nested data: Provider Contacts

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

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

### Nested data: Provider References

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

### Nested data: Provider Eligibility

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

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

Initial list of criteria:

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

• Mold testing

• Engineering testing

• Mitigation

• Rebuild

• Remediation

• EMS – emergency services

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

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

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

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

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

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

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

### Related modules

1. Updates (audit of all changes)
   * 1. Read-only register of all changes (who, what, when)
2. Portfolios
3. Claims (also accessible through 🡪Portfolios🡪Claims)
4. Payments (also accessible through 🡪Portfolios🡪Payments)
5. Documents
   * 1. Documents 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. YeIf the subject of the e-mail contains the text “[Provider.Provider Name]” or “[Provider.Provider Abbreviation (in capital letters)”] 🡪 assign this e-mail to this Provider, continue matching other Providers
        2. If the first rule does not match any Provider, try to match Sender or Recipient address with “Provider.E-mail” or any “Provider Contact.E-mail” (without matching e-mail subject)
        3. At first try to match active Providers only. If none is matched, try to match inactive Providers.
     3. These rules allow to assign one e-mail to more than one Provider at a time (if the same e-mail address is used by more than one Provider or its contacts)
     4. User can manually assign or unassign any a mail to a Provider.
7. Calls (Activities)
   * 1. A list of telephone calls – managed manually by users
8. Investors
   * 1. Many-to-many relation –the list of Investors related to the Provider will represent Investors that can fund Claims by this Provider. It will be created manually by Users on the grounds of their knowledge and experience.

### Dashboard (a quick overview of data)

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

### Access Rights:

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

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Underwriting of Provider |  |  |  |
| Underwrite | Manual | User Role = Underwriter or Approver  AND Status = New AND All eligibility criteria met? = Yes or Conditionally | Set Status := Underwritten  Set Underwriter Name := current user |
| Approve | Manual | User Role = Approver  AND Status = Underwritten | Set Status := Approved  Set Approver Name := current user |
| Close | Manual | User Role = Approver or Underwriter  AND Status = Approved or Underwritten or New | Set Status := Closed |
| Reopen | Manual | User Role = Approver or Underwriter  AND Status = Closed | Set Status := New |
| 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 “All eligibility criteria met?” |
| 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 Underwriter  AND Status = Closed | Calculate all fields in Provider KPIs section. Do not save these results as a change in history.  Call CALCULATE\_YEARS\_IN\_BUSINESS. |
| CALCULATE\_YEARS\_IN\_BUSINESS | On change of Date of License granted |  | Calculate “Years in business”. Do not save these results as a change in history. |

## 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. 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 (Buld= 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”. | |
| Provider | | Reference to Providers, mandatory, in summary |  | |
| Program | | Reference to Programs, required, in summary |  | |
| Investor | | Reference to Investors |  | |
| Assigned to | | Reference to User or Group, mandatory, in summary |  | |
| Status Info | |  |  | |
| Status | | Picklist, mandatory, in summary:  - New  - For approval  - Waiting for acceptance by Provider  - Open  - Closed  - Portfolio rejected  - Proposal rejected by Provider | Portfolio Status is related to acquisition only.  Litigation is fully independent from who takes profits of the Portfolio (PayMyClaims till hurdle is not fulfilled, Provider otherwise)   * Open – when accepted by Provider * Closed – when hurdle is filled; receivable can still occur (sent directly to Provider); the last receivable fulfilling hurdle can be split into own income and Payment to Provider! * Portfolio rejected - extremely improbable, but added for completeness | |
| Created date | | Date, filled automatically |  | |
| Approved date | | Date, filled automatically |  | |
| Opened date | | Date, filled automatically |  | |
| Closed date | | Date, filled automatically |  | |
| Portfolio Approver name | | Reference to Users, filled automatically |  | |
| Note | | Large Text |  | |
| **Portfolio Summary** | |  | Calculated automatically on every change in Claims included in the Portfolio. | |
| Total Number of Claims | | Number, in summary | Number of all claims filed by Provider in this Portfolio | |
| Total Number of AOB Claims | Number | | Number of all Claims filed by Provider in this Portfolio where Type of Claim = AOB |
| Total Claim Value | | Monetary value, in summary | Sum of values (Total Bill Amount) from all claims (accepted+rejected) | |
| Adjusted Claim Value | | Monetary value | Sum of values (Adjusted Face Value) from all claims | |
| Total Number of Rejected Claims | | Number |  | |
| Total Value of Rejected Claims | | Monetary Value |  | |
| Total Number of Accepted Claims | | Number, in summary | ~~Total Number of claims – Total number of rejected claims~~ | |
| Total Value of Accepted Claims | | Monetary value, in summary | Total Claim Value that is being funded (through Purchases) | |
| Total Adjusted Face Value | | Monetary value | Total Adjusted Face Value that is being funded (through Purchases) | |
| Total Purchase Price | | Monetary value | Total Adjusted Face Value \* Program.Purchase Price % | |
| Total Projected Profit | | Monetary value | Total Adjusted Face Value \* Program.Factor Fee % | |
| Total Hurdle | | Monetary value | Total Adjusted Face Value \* (Program.Purchase Price %+Program.Factor Fee%) | |
| Total Hurdle % | | Percent | Calculated as Percent | |
| Total Refundable Reserve | | Monetary value | Total Adjusted claim value – Total Purchase Price – Total Projected Profit | |
| **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 | “Paid claim” is defined according to the program on the level of Claim. In general, it should be Claim Value \* (Purchase Price % + Factor Fee %) | |
| Total Voluntary Collections | | Monetary value | Sum of incoming payments (Receivables) filtered by type=Voluntary Collection | |
| Total Pre-suit Collections | | Monetary value | Sum of incoming payments (Receivables) filtered by type=Pre-suit Collection | |
| Total Litigated Collections | | Monetary value | Sum of incoming payments (Receivables) filtered by type=Litigated Collection | |
| Total Buybacks | | Monetary value |  | |
| Total Payments Received | | Monetary value | Total of all receivables linked to the portfolio | |
| Total Balance | | Monetary value | Total Adjusted Face Value – Total Payments Received | |
| Total Write-offs | | Monetary value |  | |
| Total Profit | | Monetary value |  | |
| Total Final Reserve | | Monetary value |  | |
| Total Reserves to be Released | | Monetary value |  | |

### Related modules

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

### Dashboard (a quick overview of data)

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

### Access Rights:

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

### Manual and automatic actions (workflows)

|  |  |  |  |
| --- | --- | --- | --- |
| Workflow name | Type | Conditions | Tasks |
| Underwriting process | Manual |  | E. g. Once approval is provided – an email should automatically be sent alerting staff that a new proposal was approved and provide approver the option to send this notice to the provider via a standard document. |
| Automatic calculation of summaries from Claims | Automatic+Manual |  |  |
| Generation of documents with the use of templates, sending these documents to Providers | Automatic+Manual |  |  |
| Notifications about new Portfolio, changes in Claims and/or Payments | Automatic |  |  |

## 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 |  | |
| 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 |  | |
| Assigned to | | Reference to User or Group, mandatory, in summary |  | |
| 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 | Formula uses Program parameters. | |
| **Notes** | |  |  | |
| Note | | Large Text |  | |

### 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)

## 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 Attorneys.

Furthermore, Provider Account Managers, Approvers, Case Managers and Attorneys 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.

Detailed User rights and restrictions (on the level of Roles) will be described.

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 Claimant and the same value

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

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Claims |  | Internal ID: CL\_[year]/[month]/[number 6d, reset monthly] |
| Basic Information |  |  |
| Claim ID | Text, automatically calculated, in summary | Set automatically: “PDC[yy]-xxxxxxxx” where xxxxxxxx is from sequence and starts from 10800000 , yy- year  This field replaces both Claim ID (PortfolioTrak) and File No (LawSpades). |
| Claim Number | Text, mandatory, in summary | Manually set by Users. In general it should be unique, but the system does not enforce that. |
| Provider | Reference to Providers, mandatory, in summary |  |
| Portfolio | Reference to Portfolios, mandatory, in summary |  |
| Portfolio Purchase | Reference to Portfolio Purchases, in summary |  |
| Type of Claim | Picklist, mandatory: AOB / HO / LOP |  |
| Case Number | Text | Very important for Litigation |
| Onboarding Status | Picklist, mandatory, in summary:  - New (default)  - Assigned  - Analysed  - Accepted  - Purchased (litigation can start now)  - Rejected | Accept/Reject – 2nd level staff |
| Basic Litigation Status | Simplified status of Litigation | Some mapping between Litigation Status and Basic Litigation Status |
| Is Paid | Yes/No |  |
| Is Buyback | Yes/No |  |
| Assigned to | Reference to User or Group, mandatory, in summary |  |
| Insurance Details |  |  |
| Claimant | Reference to Claimants, mandatory, in summary |  |
| Insurer | Reference to Insurers, mandatory, in summary |  |
| Insurance Policy Details | Large Text |  |
| Insurance Policy | Reference to Documents |  |
| Policy Number | Text, mandatory |  |
| Policy Valid From | Date |  |
| Policy Valid To | Date |  |
| Event Details |  |  |
| Date of Loss | Date |  |
| Date of Service | Date |  |
| Type of Job | Text, mandatory | Free text |
| Pre-boarding Litigation |  |  |
| Pre- Attorney Name | Text |  |
| Pre-Litigation Status | Text |  |
| Pre- Job County | Text |  |
| Onboarding and Provider Communications |  |  |
| Requires attention | Yes/No |  |
| ONB Comments | Large Text |  |
| Claim Underwriter | Reference to User | The user that analyzed the claim |
| Claim Acceptant | Reference to User | The user that accepted the claim |
| ONB Address | Text | Address. of Claimant and other data OCRed or typed from copies of documents |
| ONB City | Text |  |
| ONB ZIP | Text |  |
| ONB State | Text |  |
| ONB Claim Number | Text |  |
| ONB Policy | Text |  |
| ONB Email | Text |  |
| Client Signature | Text |  |
| Home Owner Signature | Text |  |
| ONB Date of Loss | Date |  |
| AOB Date | Date |  |
| Date of First Notification | Date |  |
| Days apart DOFN-AOB | Number |  |
| Dates verified | Picklist Yes/No |  |
| Per unit cost estimate | Picklist Yes/No |  |
| Roof Area | Number |  |
| Types of Services | Multiple-choice picklist |  |
| Dry Logs | Picklist Yes/No |  |
| Report with pics | Picklist Yes/No |  |
| Insurer-Claimant Communication | List of Files |  |
| Others | Text |  |
| Group of Claims | Reference to Groups of Claims |  |
| Status Info |  |  |
| Created date | Date, filled automatically |  |
| Voluntary collection started date | Date, filled automatically |  |
| Litigation started date | Date, filled automatically |  |
| Litigation finished date | Date, filled automatically |  |
| Claim closed date | Date, filled automatically |  |
| Last change date | Date, filled automatically |  |
| **Litigation** |  |  |
| Litigation Status | Picklist, mandatory, in summary:  - Presuit demand letter sent, waiting for response from Insurer  - Voluntary dismissal with Fees  - Litigation finished, waiting for payments (?)  - Final payments done (?)  - ? | Two levels of statuses?  This list of statuses and their changes is to be defined. “Current Status” in LawSpades contains ca. 100 statuses – probably too many to use it conveniently (both to choose it while editing and to analyze it in reports).. |
| Litigation Status Comment | Text |  |
| Denial Reason | Multiple choice picklist | Values imported from LawSpades |
| Job County / Court | Reference to Courts |  |
| AAA Index No. | Text |  |
| Case Manager | Reference to User or Group |  |
| Attorney | Reference to User |  |
| Hearing/Trial Date | Date |  |
| Settlement Date | Date |  |
| Settlement Method | Picklist, in summary:  - CMO  - Litigation  - Voluntary Payment |  |
| **Litigation Results** |  |  |
| Principal Amount Settled | Monetary value |  |
| Interest Amount Settled | Monetary value |  |
| Attorney Fee Settled | Monetary value |  |
| Filling Fee Settled | Monetary value |  |
| Interest | Monetary value |  |
| Date of Award (Interest) | Date |  |
| Penalties | Monetary value |  |
| Date of Award (Penalties) | Date |  |
| Legal Fee Awarded | Monetary value |  |
| Date of Award (Legal Fees) | Date |  |
| **Financial Summary** |  |  |
| Total Bill Amount | Monetary value, mandatory, in summary |  |
| Adjusted Face Value | Monetary value |  |
| Purchase Price | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Factoring Fee | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Administration Fee | Monetary value | Calculated automatically on acceptance of a Portfolio with the use of Program rules. Can be changed manually later |
| Total Voluntary Collections | Monetary value, calculated automatically | Sum of incoming payments (Receivables) filtered by type=Voluntary Collection |
| Total Pre-suit Collections | Monetary value, calculated automatically | Sum of incoming payments (Receivables) filtered by type=Pre-suit Collection |
| Total Litigated Collections | Monetary value, calculated automatically | Sum of incoming payments (Receivables) filtered by type=Litigated Collection |
| Total Buybacks | Monetary value |  |
| Total Payments Received | Monetary value |  |
| Total Balance | Monetary value |  |
| Total Write-offs | Monetary value |  |
| Total Profit | Monetary value |  |
| Total Projected Profit | Monetary value |  |
| Total Hurdle | Monetary value |  |
| Total Hurdle % | Percent | Calculated as Percent |
| Total Refundable Reserve | Monetary value |  |
| Total Final Reserve | Monetary value |  |
| **Notes** |  |  |
| Note | Large Text |  |

### Related modules

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

### Dashboard (a quick overview of data)

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

### Access Rights:

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

### Manual and automatic actions (workflows)

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

## Groups of Claims

A module dedicated to automatic detection of “similar” Claims.

## Payments

Represents payments to and from Providers.

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Payments |  |  |
| Basic Information |  |  |
| Payment Name | Text |  |
| Payment Date | Date |  |
| Payment Method | Picklist, mandatory, in summary:   * Check * Wire transfer |  |
| Payment Direction | Picklist, mandatory, in summary:   * Incoming * Outgoing (default) |  |
| Value | Monetary value, mandatory, in summary |  |
| Buyback Value | Monetary value, mandatory, in summary, default 0 | It represents “virtual payment”, not real payment. 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 |  |
| Provider | Reference to Providers |  |
| Portfolio | Reference to Portfolios |  |
| Claim | Reference to Claims |  |

## Receivables

Represents collections from Insurance companies.

### Attributes:

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

## Claimants

### Attributes:

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

### Related modules:

* 1. Claims

## Insurers

### Attributes:

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

### Related modules:

1. Claims

## Programs

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

### Attributes:

|  |  |  |
| --- | --- | --- |
| Section and Attribute | Data type | Comments |
| Programs |  |  |
| Basic Information |  |  |
| Program Name | Text, mandatory |  |
| Program Type | Picklist, mandatory:   * Regular * Bulk |  |
| Purchase Price % | Percent, mandatory |  |
| Conversion Days | Number |  |
| Factor Fee % | Percent | Used in case of simple formula (when “Factor Fee Algorithm” is empty) | |
| Factor Fee Algorithm % | Text | 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 |
| Monthly Fee % | Percent |  |
| Hurdle % | Percent |  |

### Related modules:

1. Portfolios

## E-mails

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

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

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

## Notifications

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

## Documents

### Attributes:

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

### Manual and automatic actions (workflows)

1. Reprocess (OCR) the chosen document

## Courts

### Attributes:

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

## 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.

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

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

### Attributes:

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

# Reports

To be designed

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

# External Interfaces

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

## Dropbox integration

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

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

## Email server integration

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

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

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

## Quickbooks integration

Not covered in the initial phase.

## Xactimate integration

Not covered in the initial phase.

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

## OCR

Not covered in the initial phase.

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