**Pay My Claim**

**Phase 2 scope definition**

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1. Introduction

The document defines scope of further PMC system extensions to be implemented within Phase 2 of the project.

The major work consists of:

* Providers Portal
* Investors Portal
* and Law Firms Portal

The portal will be implemented in one web application in React technology, however scope of information and functionality will be different in each of the portal.

In addition to the above scope, several smaller extensions are planned:

* Integration with CheckAlt
* Extension of current integration with DocuSign
* Etc.

The document specifies the functionality, information scope and technical integration details to be done within Phase 2. However, in case of portals, it is necessary to prepare detailed UX designs, as well, and they are not part of this document. Such designs may be prepared only after acceptance of technical scope of the project.

1. Partners’ Portals

All three portals will be implemented in single React application with common login mechanism.

For the moment, it is assumed that there will be a navigation mechanism from claimpay.net page to a generic Partner page, which will contain a login prompt as well as information about how to become a PMC partner with option to initiate registering process, custom for each of the user types. The content of this informative page will be provided by ClaimPay, similarly to other general descriptions.

A partner (also named as a “user” in this section) will be able login to either the Provider’s Portal, Investor’s Portal or Law Firm’s Portal by navigating from the claimpay.net or directly going to:

https://partners.claimpay.net

The partner has to be configured in PMC and has to have a valid email address (Providers🡪E-mail, Investors->E-mail, Law Firms->E-mail).

* 1. Provider’s Portal
     1. Logging in

A user logs in with his Login ID and password.

Provider’s login ID is generated automatically by the PMC CMS system. It is visible in the PMC: Providers module 🡪 Record number field. Automatically generated login ID has a form “PR\_xxxxxx”, e.g. “PR\_000447”. In extraordinary situations the login ID can be changed to a more friendly name by DOTS. The Login ID uniquely identifies the provider. It is worth to note, that any other field in PMC does not guarantee uniqueness of the provider, particularly the same email can be (and often is) assigned to many providers.

Inputs:

* Login ID
* Password

Actions:

* Login
* Reset password
  + 1. Registering / Resetting password

Every provider that has email configured in the PMC CMS system can register to obtain access to the Provider’s Portal.

The procedure of registering is the same as the procedure of resetting password.

Only providers that are configured in the PMC CMS system can register. A provider’s email has to be given to register/reset password.

Input:

* E-mail

Actions:

* Register / Reset password

Provider’s Portal checks if specified e-mail is configured in the PMC CMS (Providers🡪E-mail).

If not, a relevant message is shown.

If yes, a “Reset password to Provider’s Portal” Workflow Action for the found Provider (or Providers) is called for each provider with the given email:

An e-mail containing a provider’s “Login ID” and a link to set new password is sent to the Provider’s e-mail. The link is valid for 20 minutes only.

If more than one provider has the same email, one mail for each provider account is sent.

When the link is opened, a user is requested to enter a new password in two fields (verification). The password has to have at least 6 characters, including a small letter, a capital letter and a digit. After successful setting of a new password, a message is shown and the user is requested to log-in.

If the provider does not set a new password in the procedure above described, the existing password remains valid.

* + 1. Provider’s logged-in user area

The portal will have three major sections:

* Claim Uploading (including documents upload)
* Portfolio Performance
* Claims Status Summary

Additionally, provider’s data will be shown and a simple communication form will be possible.

The logged-in provider can view his basic data, monitor performance of his portfolios, monitor statuses of claims and upload new claims.

The Provider’s Portal is responsive, its layout depends on a size of user’s screen. I.e. on normal size screens (computers, laptops, tablets) there is a menu on the left side and a working area on the right side. On small screens (phones) the same menu is “compressed” to a hamburger button.

Menu:

* My Data
* My Documents
* My Portfolios
* My Claims
* Upload New Claims
* Send a Message
* Change password
* Log out

By default, “My Portfolios” is opened.

* + 1. My Data

In the working area read-only data fields are shown:

|  |
| --- |
| Basic Information |
| Provider Name |
| Provider Abbreviation |
| Type of Provider |
| Other Provided Services |
| Tax ID |
| Contact Data |
| Contact Person |
| Email |
| Primary Phone |
| Street |
| City |
| ZIP |
| State |
| Bank Information |
| Bank |
| Account No. |
| Routing No. |
| Buyback Wallet |
| Buyback Wallet Value |

Actions:

* Send a Message (button) – navigates to the “Send a Message” form

The user can’t edit any data here. For security reasons it is assumed that all changes in Provider’s data should be done manually by PMC users (i.e. after verification).

* + 1. My Documents

A list of documents is shown. The documents shown meet these criteria:

* Document🡪Provider = the given Provider
* AND ( Document🡪Document Type🡪Document Area = “Provider Documents” OR Document🡪Document Type🡪Document Type = “Portfolio Purchase Documents” )
* AND Document🡪Access Through Provider Portal = “View and delete” or “View only”

A report has a form of a 2-level list or a tree:

* 1st level: Document Type
* 2nd level: Title

Each level is sorted alphabetically.

Each document can be viewed inside a web-browser (if it is a pdf or an image) and downloaded (in any case).

A user can not edit or delete any document.

Actions:

* View or download the document (by clicking its Title)
  + 1. My Portfolios

A list of portfolios and their performance is shown.

A report has a form of a table with columns (if not described differently, column name specifies the field in PMC in the Portfolios module):

* Portfolio ID
* Total Claim Value – please note: data in this field includes also rejected Claims
* Adjusted Claim Value – please note: data in this field includes also rejected Claims
* Purchase Price – from the “Total Purchase Price” field
* Factor Fee – from the “Total Factor Fee” field
* Hurdle
* Total Collections Received – from the “Total Collections” field
* Remaining to Hurdle
* Refundable Reserve

A table is sorted by “Portfolio ID” column.

Paging is not needed as number of portfolios is low.

Actions:

* View Claims (by clicking the Portfolio ID) – navigates to the “My Claims” form filtered by the chosen portfolio.
  + 1. My Claims

A list of Claims and their statuses is shown.

The user can choose one of views. For each view a report with slightly different set of columns is shown. A report has a form of a table with columns (if not described differently, column name specifies the field in PMC in the Claims module):

* All
  + Portfolio
  + Portfolio Purchase
  + Claim ID
  + Insured
  + Claim Number
  + Onboarding Status
  + ONB Warnings – from the “ONB Warnings” field; some shortened message should be shown only (i.e. first 20 letters and “…”) and a mini-button to show the whole message
  + ONB Comments
  + Denial Reason
  + Claim Status
  + Buyback Reason
  + Total Bill Amount
  + Adjusted Face Value
  + Purchase Price
  + Total Collections
  + Limit Reserve
* New claims – where Onboarding Status is not Purchased nor Rejected
  + Portfolio
  + Claim ID
  + Insured
  + Claim Number
  + Onboarding Status
  + ONB Warnings – from the “ONB Warnings” field; some shortened message should be shown only (i.e. first 20 letters and “…”) and a mini-button to show the whole message
  + ONB Comments
  + Total Bill Amount
  + Adjusted Face Value
  + Purchase Price
* Purchased – where Onboarding Status is Purchased and Claim Status is not Buyback
  + Portfolio
  + Portfolio Purchase
  + Claim ID
  + Insured
  + Claim Number
  + Claim Status
  + Total Bill Amount
  + Adjusted Face Value
  + Purchase Price
  + Total Collections
  + Limit Reserve
* Rejected – where Onboarding Status is Rejected
  + Portfolio
  + Claim ID
  + Insured
  + Claim Number
  + Total Bill Amount
  + Adjusted Face Value
  + ONB Comments
  + Denial Reason
* Buyback – where Onboarding Status is Purchased and Claim Status is Buyback
  + Portfolio
  + Portfolio Purchase
  + Claim ID
  + Insured
  + Claim Number
  + Claim Status
  + Total Bill Amount
  + Adjusted Face Value
  + Purchase Price
  + ONB Comments
  + Buyback Reason
  + Buyback Amount
  + Buyback Portfolio Purchase

By default, a “Purchased” view is shown.

Default sorting: alphabetically by consecutive columns (Claim ID is unique). A user can change the sorting order to any column ascending/descending.

User can filter the report by:

* Portfolio (from a list),
* Portfolio Purchase (from a list),
* Claim ID (free text),
* Insured (free text),
* Claim Number (free text),
* Onboarding Status (from a list),
* Claim Status (from a list).

Actions:

* Upload new Claims (button) – navigates to the “Upload New Claims” form
* Send a Message (button) – navigates to the “Send a Message” form
  + 1. Upload New Claims

This form allows to interactively add claims as well as import from excel and then interactively “clean” imported data before sending it to the PMC-CRM system.

The form has to be user-friendly and allow easy, intuitive, quick adding claims and attach their documents – it will be used by unknown users not related to PMC, and it should encourage them to use it instead of dropbox/email/other tools that would require involvement of PMC employees.

A form has 2 modes, each in two views:

* List of Claims
* Claim Details

Each mode has 2 views (tabs):

* Claim Data
* Documents

Initially “List of Claims” - “Claim Data” is opened.

A requirement described as “there should also be a wizard on the portal to train providers on how to enter data and documents” is understood as a video that shows a process of adding a few new claims. DOTS will prepare a draft of such video, but the final video will be produced by ClaimPay or marketing company. The video will be available to be downloaded from the level of this form.

* + - 1. “List of Claims” mode, “Claim Data” view

It is a list of new claims with their data fields.

A table with columns:

* Status – color dot:
  + green: all mandatory data is provider,
  + red: some mandatory field is not filled,
  + yellow: any problem on the Documents view: some mandatory document is not attached or too many documents or some document was uploaded but not assigned to any claim or document type.
* Insured Name
* Insured Email
* Street
* City
* State
* ZIP
* Type of Job
* Insurance Company
* Claim Number
* Policy Number
* Date of Loss
* Date of Service
* Date of First Notification
* Sum of Invoices (calculated as a sum
* Pre-purchase Litigation Status
* AOB/DTP Attorney
* Case Number
* Court County
* HO Law Firm
* HO Attorney

The list should have paging. Should be sortable and filterable.

Below the list of claims a section of buttons is shown (common for both views):

* Add new Claim – a new Claim is opened to be edited in the “Claim Details” mode
* Export to Excel
* Import from Excel
* Submit to ClaimPay - The new claims which have green status are submitted to PMC-CMS (i.e. only claims that have all mandatory fields and documents filled are submitted).

A user can switch to the “Documents” view (tab) – sorting order and selected page (paging) should be the same.

A user can open “Claim Details” of any claim from the list on both Claim Data and Documents views.

A user can delete any Claim (e.g. small “recycle bin” icon-button in the last column). Deleting a claim requires user’s confirmation: “Are you sure a claim for [Insured Name] with number [Claim Number] should be deleted?”.

New claims can be added by user one-by-one (with the use of “Claim Details” view) or imported in bulk from an excel file.

* + - 1. “List of Claims” mode, “Documents” view:

It is a list of the same claims as on the “Claim Data” view, but the list of columns is different:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Claim Data** | | |  | | **Document Type** | | | | | |
| **Insured Name** | | **Claim Number** | **AOB** | **LOP** | | **Policy** | **Invoice** | **Correspondence** | **W9** | **Other** |
| Monica Clark | | FL22-12345612 |  |  | |  |  |  |  |  |
| Santiago Maria Alvarez | | 12345678 |  |  | |  |  |  |  |  |
| Luis Rodriguez | | 001-00-3723333 |  |  | |  |  |  |  |  |
|  | *(“Upload multiple documents” button and drag&drop area)* | | | | | | | | | |

* Show what is missing for each claim during upload of documents for each claim. The documents required/mandatory to be uploaded:
* Exactly one LOP or AOB document
* Exactly one Policy document
* At least one Invoice document
* At least one Correspondence document
* At least one W9 document
* If some mandatory document is missing the claim shouldn’t be allowed to be submitted.
  + Short descriptions for each document type in tooltips (what should be uploaded, is it optional, how many documents)
  + Drag&drop files to cells of the table
  + Drag&drop documents between cells to change document type
  + Small document icons for each uploaded document
  + Quick preview of document contents (pdf) in a large tooltip or a side panel
  + Open a document on a new tab when clicked
  + A small “Upload” icon-button (something unobtrusive, for example “+”) in each cell to allow uploading a next document instead of using drag&drop
  + A small “Upload” icon-button in the Claim Number column (to upload many documents related to one claim)
  + A small “Missing document” icon in cells that represent mandatory documents.
  + A panel to upload multiple documents with one click/drag&drop, not related to any Claim. Not recognized files would stay here till moved to other area.
  + “Intelligent” recognition of claim number and document type from document file name and path (if possible) when multiple documents are uploaded (flexibly based on keywords, insured name, claim number)

In the above description an “intelligent” recognition is based on analysis of file names. If a specific Claim Number or a keyword related to some document type is detected, the system automatically assigns the document to the appropriate grid cell.

As there are currently thousands of claim documents in the PMC CMS system, it opens the possibility to automatically classify and verify documents based on AI and analysis of content of documents. DOT Systems will implement a basic AI to approximate the effectiveness of a future solution based on AI. We assume that a future AI solution would allow to:

* Recognize a document type automatically and verify if an uploaded document has a specified type, indeed – at least for some document types.
* Verify if an uploaded document meets data from the claim it is attached to: by name of insured person, claim number etc.
* Automatically reject some documents before uploading to the PMC CMS (i.e. before any verification by human PMC staff)
* Add some warnings if the validity is not clear.
* Automatically read some data, like address, claim number, policy number.

In any case we assume the AI will have authority to reject some claims at most. The final verification and acceptance will still remain on the PMC claims onboarding team (underwriters, acceptants).

* + - 1. “Claim Details” mode, “Claim Data” view

Claim Data tab has the following edit-fields (in 2 columns):

* Insured Name – mandatory; intelligent text field, when this value is typed, a hint-box is shown with a filtered list of Insureds (name + address) from PMC that have a matching Insured Name
* Detailed list of names– checkbox, default “No”. If “Yes”, then “Insured Name” is not editable, additional rows are shown (in two columns 🡪 one insured in one row):
  + 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 "Detailed list of names” = “Yes” then The Insured Name is built automatically as a concatenation of first and last names of insureds, with “ and ” between names.
  + If “Detailed list of names” = “No”, then these “name” fields are hidden (and empty)
* Insured Email – non-mandatory; intelligent text field with email validator; when this value is typed, a hint-box is shown with a filtered list of Insureds (email + name + address) that have a matching Insured Email
* Street – mandatory; intelligent text: when this value is typed, a hint-box is shown with a filtered list of Insureds (name + address) that have a matching Street
* City – mandatory; intelligent text: when this value is typed, a hint-box is shown with a filtered list of cities taken from the geographical database (the one that is used to search for County in PMC)
* State – mandatory; intelligent drop-down (drop-down, that can be filtered by text) with a list of states (2 letters abbreviation + full name)
* ZIP – mandatory; ZIP-format number. If a combination of Street+City+State exists but does not match with ZIP in a public geo-database, the address data is considered invalid and the claim cannot be sent to PMC.
* Insurance Company – mandatory; intelligent drop-down (drop-down, that can be filtered by text) with a list of Insurance Companies from PMC.
* Claim Number – mandatory; text; at least 4 characters, automatically remove all white-characters
* Policy Number – mandatory; text; at least 4 characters
* Date of Loss – non-mandatory; date typed or chosen from calendar
* Date of Service – non-mandatory; date typed of chosen from calendar, can’t be before Date of Loss
* Date of First Notification – non-mandatory; date typed of chosen from calendar, can’t be before Date of Loss
* Type of Claim – non-mandatory; picklist, values from PMC without “Combo” value, default “DTP”
* Invoices – a list of Invoices, by default one invoice is added, a user can add more invoices or delete them, but until one invoice is left:
  + Type of Job – mandatory; text
  + Type of Invoice – non-mandatory, drop-down: (empty=default) / Initial / Final
  + Invoice Amount – non-mandatory; number of dollars
* Pre-purchase Litigation Status - non-mandatory; text
* AOB/DTP Attorney – non-mandatory, intelligent text: when this value is typed, a hint-box is shown with a filtered list of Attorneys from PMC
* Case Number – non-mandatory, text
* Court County – non-mandatory, intelligent text: when this value is typed, a hint-box is shown with a filtered list of counties from PMC
* HO Law Firm – non-mandatory; intelligent text: when this value is typed, a hint-box is shown with a filtered list of Law Firms from PMC; either HO Law Firm or HO Attorney has to be given
* HO Attorney – non-mandatory; intelligent text: when this value is typed, a hint-box is shown with a filtered list of Attorneys from PMC; either HO Law Firm or HO Attorney has to be given

If an existing Insured is chosen from the intelligent text field (Insured Name or Insured Email), all fields related to this Insured (names, email, address) are automatically filled.

Below the edit-fields a section of buttons is shown (common for both views, fixed position on the bottom of the screen):

* Attach Documents / Edit Claim Data –the changes are saved and the other view is shown
* Save – the changes are saved and the “List of Claims” mode is shown
* Cancel – the changes are lost and the “List of Claims” mode is shown

Before saving the data, the system verifies and warns if:

* An Insured with the same name but a different address or email exists in new claims or in PMC database. In such a situation a user can force saving (a message is added to ONB Comment field in PMC) or return to editing.
* An Insured with the same address but a different name or email exists in new claims or in PMC database. In such a situation a user can force saving (a message is added to ONB Comment field in PMC) or return to editing.
* An Insured with the same email but a different name or address exists in new claims or in PMC database. In such a situation a user can force saving (a message is added to ONB Comment field in PMC) or return to editing.
* An address is not found in a public geo-database. In such a situation a user can force saving (a message id added to ONB Comment field in PMC) or return to editing.
  + - 1. “Claim Details” mode, “Documents” view

Non editable header:

* Insured Name
* Claim Number

A list of documents grouped into sections by Document Type:

* AOB
* LOP
* Policy
* Invoices
* Correspondence
* W9
* Other

In each section (document type):

* A list of uploaded documents is shown (mini-icon and document name).
* Below the list of documents, a small “Upload” icon-button is shown.
* If rules of mandatory documents (described above) are not met, a message in red is shown, for example “Please upload exactly one document” or “Please upload at least one document”.
* No drag&drop, no “intelligent” document recognition, as this form is dedicated to upload documents one-by-one to a chosen Claim and Document Type.
  + - 1. Export to Excel / Import from Excel

An option for Provider to upload the claims in a particular format in excel which will upload all the claims in the portal. **The format of the claims that will be uploaded by the provider will be similar as the format of the current “Claims Onboarding Spreadsheet”, but not the same**. It will reflect directly the names of fields and types of documents described in this document.

A template onboarding spreadsheet should be downloadable for the Provider which gives them the exact template that needs to be uploaded.

After import from Excel, statuses of imported claims are verified and updated.

It is assumed, that claims imported from **“Claims Onboarding Spreadsheet”** usually will not meet mandatory rules. In such situation they will be marked with red or yellow status, and their data will have to be completed directly in Provider’s Portal before submitting to PMC.

* + - 1. Submitting claims to PMC

New claims that meet mandatory data rules (have green status) are sent to the PMC system. After successful sending to PMC system, they are not shown in the “Upload New Claims” form anymore.

The data from Provider’s Portal is populated to Claims, Claimed Invoices, Insureds and Documents modules in the PMC system. No other modules are affected, i.e. data in Insurance Companies, Attorneys, etc. is never added, modified or deleted by Provider’s Portal.

New claims are added to the newest portfolio (for a given provider) that has Status = New.

If there is no portfolio that has Status = New, a message “There is no portfolio in PMC. ClaimPay team was alarmed” is shown, and an email is sent to [underwriting@claimpay.net](mailto:underwriting@claimpay.net) with Subject = “[*provider abbreviation*] ALARM: no portfolio”, Contents = ”The provider can’t upload new claims! Please add a new portfolio with Status = New. Please contact the provider then.”. Claims are not uploaded then.

If there is more than one portfolio with Status = New, the newest in terms of “Created date” is chosen.

It is strongly recommended to clean-up data in the Portfolios module before deploying the Provider’s Portal. There should be always one and only one portfolio with Status = New. Only if ClaimPay does not want to underwrite any claims from a specific provider, there should be no portfolio with Status = New. However, such scenario seems improbable and if it is real, it should be modeled more directly, with some yes/no switch in provider’s configuration.

Furthermore, DOT Systems definitely recommends to automate creation of a new portfolio when there is no portfolio with Status = New for a given provider. It will make the process much easier and smoother for both ClaimPay and providers, especially in case of new providers.

Populating data to PMC:

* Insureds module
  + If an Insured with the same name, address and email is present in the PMC, it is used as a reference in the added Claim. I.e. it is not added.
  + Otherwise, a new record is added to PMC Insureds module, and:
    - If an Insured with the same name exists in PMC, an ONB Comments line is added in the added Claim record: “Another Insured with the same name exists.”
    - If an Insured with the same street+town address exists in PMC, an ONB Comments line is added in the added Claim record: “Another Insured with the same address exists.”
    - If an Insured with the same email exists in PMC, an ONB Comments line is added in the added Claim record: “Another Insured with the same email exists.”
* Claims module
  + A new record is added to PMC Claims module for each new claim.
* Claimed Invoices module
  + A new record attached to the Claim is added for each invoice.
* Documents module
  + A new record attached to the Claim is added for each document.
    1. Send a Message

A simple form to send a message to PMC users.

Edit fields:

* Category – drop-down list with values: Underwriting (default), Other topic
* Subject – text, mandatory
* Contents – wysiwyg text, mandatory
* Attachments – drop area for drag&drop, a button to choose files to be attached

An email is sent to a chosen mailbox depending on Category:

* [underwriting@claimpay.net](mailto:underwriting@claimpay.net) for “Underwriting”
* [info@claimpay.net](mailto:info@claimpay.net) for “Other topic”

The email that is sent has a prefix in email’s subject: "[*provider abbreviation*] ”. That allows PMC system to automatically assign such email to a given provider.

* + 1. Change Password

A simple form to change password.

* + 1. Log out

User can log out manually.

Closing the web-browser application or 4 hours of inactivity is equal to logging out.

* 1. Investor’s Portal

Business needs:

* Report performance (some PowerBI report filtered for the specific investor)
* Show a list of documents related to Portfolio Purchases
* Show “Please go ahead and fund…” notifications
* Show a list of Providers that can be funded by the investor. The investor should have a possibility to cancel his acceptance to fund a chosen Provider

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. The investor should be able to filter claims according to various fields like purchase dates, portfolio name, purchase name etc. They should also have the functionality to download the claims or portfolio in excel.

* 1. New Provider Application Form
     1. Business needs
* Any new Provider will initially be sent to a part of the Provider module which will have the application form to fill out.
* **The application form template is attached **. The form will be in a simple fillable form format which can be filled also on a mobile phone.
* Once the provider submits the data, the details of the form will be sent to the PMC system and will be routed through to the Providers module.
* The marketing team in ClaimPay should be notified of the receipt of the form.
* The rest of the process of the application and provider underwriting would remain the same once all the information is in the system. The application form integration is required to avoid entering information manually from the form.
* Once the Provider is “Approved”, an email will be sent out to the Provider that they were Approved and will provide them with the login information to the Provider portal.
  + - 1. Proposed solution

The “New Provider Application Form” will be implemented as a “wizard”-style web form.

General notes:

1. The wizard should have [www.claimpay.net](http://www.claimpay.net) site look & feel. The form should be responsive, it should look good on a computer screen, a tablet (vertical and landscape) and a phone (vertical).
2. A form will be built from many consecutive “stages” and “pages”
   * Stage represents a group of questions of similar nature.
   * Pages are used to layout questions without using scroll bars (or with minimum use of them).
   * At any moment the Provider has a clear information about current stage and page of the wizard (line/dot progress bar).
   * The two-level hierarchy visually makes impression that the amount of information asked is not too big and the progress is visible.
3. The Provider can go forward/backward as well as can use Next/Previous buttons.
4. All the data that is entered by the Provider is stored on the server side with minimum granularity =”page” (granularity = “field” if it is feasible)
5. The data is saved to PMC CMS only after completing of the final step (“Send”). Before that the data is saved on the server side in some internal format, outside of PMC CMS.
6. User can update already sent application (i.e. “Send” it again), as long as the Provider in the PMC has Status = New.
7. On each page a “Help” button will be available for a Provider, explaining in details what the provider is asked for in the questions. The contents of "help” messages will be provided by ClaimPay. The rationale for such help messages is reducing the risk, that the provider will not fill the required data or he will contact by phone/email instead of completing the form.
8. Each page should contain: ClaimPay logo, name of the stage, stages progress bar, pages progress bar, questions, help button, previous page and next page buttons.
9. If not stated differently, all “text” edit boxes are single line. White characters from the beginning and the end are automatically removed.
10. A valid phone number can be entered in international format (with +1) or national format (without +1). Validity is understood as specified here: https://www.oreilly.com/library/view/regular-expressions-cookbook/9781449327453/ch04s02.html
11. In “non-mandatory” fields an empty value is a valid value.
12. It is not possible to change page if some data entered on this page is invalid.

Data required from ClaimPay:

1. The described solution contains labels for fields taken from “ClaimPay Client Application” and PMC CMS system. In my opinion some labels are not descriptive enough for a potential provider, and this can lead to incomplete data entered by people. ClaimPay will provide help descriptions available in the wizard.
2. ClaimPay will provide better labels then described in this document, if it is necessary. This data should be provided by ClaimPay as soon as possible, not later than when a prototype of the wizard will be created.
3. If some changed in the wizard structure are needed, they will be described by ClaimPay before acceptance of this document (i.e. even before start of works on the prototype). This includes conditional questions, mandatory/non-mandatory policy, sequence of stages, general rules how the wizard should work, etc.

Stages:

1. Stage 1 – “New Provider Application”
   * Just one page, so without page-level progress bar.
   * Questions:
     + Company Name – text, mandatory
     + E-mail – text, mandatory (has to be a valid email), saved as Provider🡪“E-mail”
   * Below a single button “Start” instead of Prevoius/Next buttons.
   * If in the PMC CMS exists a Provider for which Provider🡪Provider Name is equal to Company Name, and Provider🡪Status is not equal to New, a message should be shown, that such Company Name already exists. It is not possible to continue with this Company Name.
   * If in the PMC CMS exists a Provider for which Provider🡪Provider Name is equal to Company Name, and Provider🡪Status is equal to New, and Provider🡪E-mail is different than the given email, then a message should be shown, that such Company Name already is registered with another email. It is not possible to continue with this Company Name.
   * When the provider clicks “Start”, an email message is sent to the “Email” address with a link to confirm. The Start button is replaced with “Verify your email” button.
   * When the provider opens the confirmation link from the email message, and the link is not expired (the link expires 1 hour after sending), then:
     + If there was other wizard session started and not finished for a given email address, an additional message is shown:

“An older not-finished application was found. Do you prefer to continue the previous application or start a new clean application?”

* + - The user can choose “Continue" or “New application”.
    - If the user chooses to "Continue” the previous session, all answers that were given previously are restored and the wizard is continued from the last previously edited page.
    - Otherwise, the Stage 2 is opened

1. Stage 2 – “Contact Data”
   * Just one page, so without page-level progress bar.
   * Questions:
     + Company Name (copied from Stage 1) – text, mandatory, saved as Provider🡪Provider Name. The same verification rules for Company Name as in Stage 1 apply here.
     + Phone – text (has to be a valid phone), non-mandatory, saved as Provider🡪Primary phone
     + Address – text, non-mandatory, saved as Provider🡪Street
     + City – text, non-mandatory, saved as Provider🡪City
     + ZIP – text (has to be a valid ZIP), non-mandatory, saved as Provider🡪ZIP
     + State – filterable drop-down list of states, non-mandatory, saved as Provider🡪State
2. Stage 3 – “Basic Information”
   * Questions:
     + Tax Id, text, non-mandatory, saved as Provider🡪Tax Id
     + Principal Cell – text (has to be a valid phone), non-mandatory, saved as Provider🡪Principal Cell
     + Years in business – number, non-mandatory, saved as Provider🡪Years in business
     + How did you hear from us? – drop-down list, non-mandatory, saved as Provider🡪Source of Information about Us
       - * If “Other” is chosen, an additional open answer is expected – text, non-mandatory, saved as Provider🡪Source of Information about Us (other)
     + No. of Employees – number, non-mandatory, saved as Provider🡪 No. of Employees
     + No. of Locations – number, non-mandatory, saved as Provider🡪 No. of Locations
     + Type of Entity – drop-down list of types, non-mandatory, saved as Provider🡪Type of Entity
     + Bank Name - text, non-mandatory, saved as Provider🡪Bank
     + Bank Account No. - text, non-mandatory, saved as Provider🡪Account No.
     + Bank Routing No. - text, non-mandatory, saved as Provider🡪Routing No.
3. Stage 4 – “Attorneys”
   * On this page the Provider should enter data of Attorneys he is working with. Initially there are questions about one Attorney, but the user can add
   * Questions for each Attorney:
     + Questions will be grouped in list-items labeled as “Attoney N” (1, 2, 3, …). Each group has editable fields:
       - Name – text, non-mandatory, but cannot be empty if Email or Phone is not empty, saved as Provider🡪Provider’s Contacts🡪Provider Contact Name
       - E-mail – text (has to be a valid email), non-mandatory, saved as Provider🡪Provider’s Contacts🡪E-mail
       - Phone – text (has to be a valid phone), non-mandatory, saved as Provider🡪Provider’s Contacts🡪Primary phone
     + Delete button for each Attorney added (including the first one)
     + Each created “Provider’s Contact” has:
       - “Provider Contact Type” set to “Attorney”
       - “Is Active” set to “Yes”
   * “Add one more attorney” button below the list
   * When the page is changed with the use of Next/Previous buttons, empty “Attorney” list items are automatically deleted. They are not sent to PMC CMS.
4. Stage 5 – “Historical Financials”
   * Questions:
     + Total A/R – number of dollars (American format, without fractions), non-mandatory, saved as Provider🡪Total A/R
     + A/R Litigation – number of dollars (American format, without fractions), non-mandatory, saved as Provider🡪A/R in Litigation
     + Current Monthly Billing – number of dollars (American format, without fractions), non-mandatory, saved as Provider🡪Current Monthly Billing
     + Approx. Monthly Collections – number of dollars (American format, without fractions), non-mandatory, saved as Provider🡪Approx. Monthly Collections
     + Typical Negotiated Reduction – percent (0-100%, two digits after the decimal point), non-mandatory, saved as Provider🡪Typical Negotiated Reduction
     + Do you have any kind of financing? – Yes/No, if yes, then an additional edit field is shown:
       - Amount of financing - number of dollars (American format, without fractions), non-mandatory, saved as Provider🡪Internal Financing (Amount)
       - If “No”, the value saved is “empty”
     + Do you currently sell A/R? – Yes/No, if yes, then an additional edit field is shown:
       - Company Name - text, non-mandatory, saved as Provider🡪A/R Company
       - If “No”, the value saved is “empty”
5. Stage 6 – “Company officer, members, principals, owners”
   * On this page the Provider should enter contacts to relevant people. Initially there are questions about one Owner/Principal, but the user can add more. The data is saved in Provider Contacts module in PMC CMS.
   * Questions for each Contact:
     + Questions will be grouped in list-items labeled as “Contact N” (1, 2, 3, …). Each group has editable fields:
       - Name – text, non-mandatory, but cannot be empty if any other field in this section is not empty, saved as Provider🡪Provider Contacts🡪Provider Contact Name
       - Role – drop-down list, non-mandatory, default “Owner/Principal”, saved as Provider🡪Provider Contacts🡪Provider Contact Type
       - % Ownership – percent (2 digits after decimal place), non-mandatory, saved as Provider🡪Provider Contacts🡪% Ownership
       - Social Security # – text, non-mandatory, saved as Provider🡪Provider Contacts🡪Social Security Number
       - DOB – date, non-mandatory, saved as Provider🡪Provider Contacts🡪DOB
     + Delete button for each Contact added (including the first one)
     + Each created “Provider’s Contact” has:
       - “Is Active” set to “Yes”
   * “Add one more contact” button below the list
   * When the page is changed with the use of Next/Previous buttons, empty “Contact” list items are automatically deleted. They are not sent to PMC CMS.
6. Stage 7 – “Eligibility”
   * In general answers to these questions are saved in “Provider Eligibility” tab for a given Provider in PMC CMS.
   * A relevant eligibility question is found by keyword described below. We assume it will allow to manually change the text of questions in PMC as long as the keyword is not changed.
   * Only the “Comments” field is saved in “Provider Eligibility” module, as we assume that the decision if “Is Criteria Met” should be taken by ClaimPay staff after verification.
   * Questions:
     + Do you have UCC filings? - Yes/No, mandatory, if “Yes”, then an additional edit field is shown:
       - Please explain - text, mandatory, saved as Provider🡪Provider Eligibility🡪[like \*UCC filings\*]🡪Comments
       - If “No”, then save “Answered “No” in the New Provider Application”
     + Have you ever filed for personal or business bankruptcy? - Yes/No, mandatory, if “Yes”, then an additional edit field is shown:
       - Please explain - text, mandatory, saved as Provider🡪Provider Eligibility🡪[like \*bankruptcy\*]🡪Comments
       - If “No”, then save “Answered “No” in the New Provider Application”
     + Do you have any threatened or pending litigation against you or your company? - Yes/No, mandatory, if “Yes”, then an additional edit field is shown:
       - Please explain - text, mandatory, saved as Provider🡪Provider Eligibility🡪[like \*litigation\*]🡪Comments
       - If “No”, then save “Answered “No” in the New Provider Application”
       - Side note: a new criterion is added in “Provider Eligibility Conf” PMC CMS configuration: “10. No threatened or pending litigation”
     + Have you or any principals ever been convicted of a felony? - Yes/No, mandatory, if “Yes”, then an additional edit field is shown:
       - Please explain - text, mandatory, saved as Provider🡪Provider Eligibility🡪[like \*felony\*]🡪Comments
       - If “No”, then save “Answered “No” in the New Provider Application”
7. Stage 8 – “Services”
   * A user can choose one or more option from the list. One of these options has to be chosen as the main service.
   * The list of options is taken from PMC CMS, from “Type of Provider” options.
   * Additionally, there is “Other” option. If selected, an additional text field is shown:
     + Other services – text, non-mandatory
   * The main service is saved as Provider🡪Type of Provider
   * All selected services with exception of the main service, as well as Other services are saved as comma separated list as Provider🡪Other Provided Services.
8. Stage 9 – “Special Licenses”
   * On this page the Provider should enter data of any special licenses he has.
   * Initial question:
     + Do you or does your entity fold any special licenses? – Yes/No, non-mandatory, if yes, then additional questions are asked for each license.
   * Questions for each License:
     + Questions will be grouped in list-items labeled as “License N” (1, 2, 3, …). Each group has editable fields:
       - License Name – text, non-mandatory, but cannot be empty if any other answer in this section is not empty, saved as Provider🡪Provider Licenses🡪License Name
       - License Date – date, non-mandatory, saved as Provider🡪Provider Licenses🡪License Date
       - Licensed Service – text, non-mandatory, saved as Provider🡪Provider Licenses🡪Licensed Service
     + Delete button for each License added (including the first one, then answer to the initial question is changed to “No”)
     + Each created “Provider License” has:
       - “License Type” set to “To Provide Services”
   * “Add one more license” button below the list
   * When the page is changed with the use of Next/Previous buttons, empty “License” list items are automatically deleted. They are not sent to PMC CMS.
9. Stage 10 – “References”
   * On this page the Provider should enter data of at least 3 references.
   * Questions for each Reference:
     + Questions will be grouped in list-items labeled as “Reference N” (1, 2, 3, …). Each group has editable fields:
       - Company Name – text, mandatory, saved as Provider🡪Provider References🡪Company Name
       - Contact Name – text, mandatory, saved as Provider🡪Provider References🡪Contact Name
       - Phone Number – text (has to be a valid phone), mandatory, saved as Provider🡪Provider References🡪Phone Number
     + Delete button for each Reference added with number higher than 3
     + Each created “Provider Reference” has:
       - “Reference Name” set to “[Company Name]-[Contact Name]”
   * “Add one more reference” button below the list
   * It is not possible to go further to the next step if a number of valid references is lower than 3
   * When the page is changed with the use of Next/Previous buttons, empty “Reference” list items are automatically deleted. They are not sent to PMC CMS.
10. Stage 11 – “Send the application”
    * Questions:
      + A label “I hereby authorize CLAIMPAY or any of its affiliates to obtain personal credit history reports, criminal history reports or any other background information necessary in connection with the processing of this application.”
      + A non-editable text field “Date” with current date and time
      + A non-editable text field “Email” with date and time
      + An editable text field “Name” – text, mandatory, saved as Provider🡪Contact Person
      + A button “Send”
11. Stage (not counted) – “Thank you”
    * A label: “Your application has been sent. Thank you”.
12. CMS: CheckAlt integration

As described in PMC\_CheckAlt\_Ext\_12072022\_ed00.2.docx

Some issues on CheckAlt side should be solved by CheckAlt before start of this integration.

**CheckAlt integration is required but at this stage it is unclear how we would proceed with this.**

1. CMS: Docusign configuration

* Within the CMS there should be an option to add any new document to be sent through Docusign if required. Currently to send any template through Docusign, a full requirement process is required to be accomplished with DOT.
* We require that this functionality is added to PMC, so that the IT team from PMC can configure documents to be sent through Docusign on our end.
* Any document template that is created in PMC should be configurable to be sent through Docusign if required.
* Create a Docusign Destinations module, similar to Dropbox Destinations. Fields to be configured:
  + Docusign Destination Name
  + Document Addressee – an e-mail placeholder (like in Email Templates form)
  + Docusign Template – configure any template within PMC to be sent through Docusign. User should be able to configure where the signature will go as well as which fields should be populated from the PMC system.
  + For example, if we need to send the MPA through Docusign, the MPA template should be configurable by user in PMC and should be sent through Docusign from the system instead of populating the information on a template first and then sending it separately from Docusign. When generating a document or a package, there should be an option to send through normal email or through Docusign.

1. CMS: Commercial claims

* These are claims with a very high Total Claim Value, e.g. $1 million.
* Currently commercial claims are processed manually, outside from the system.
* The underwriting of these deals will still and should be done outside the system. But we need to find a way to enter these claims effectively in the system.
* Currently there can be multiple providers on a single deal. These providers would each have a separate purchase addendum sent to them to sign. The current setup in the PMC system allows to enter separate purchases for these deals. But the tracking of collections and portfolio performance would create an issue as the performance would be tracked separately for each provider as opposed to tracking the performance for the entire deal.
* For example: CommercialDeal1 has work done from Provider 1, Provider 2 & Provider 3. The purchases will still be different for each provider but the tracking of collections has to be done on a deal basis i.e. for all providers together.
* We should probably create a separate module for this, so that the collection tracking is done properly and effectively so that it groups the purchases in a single deal.

1. **Other needs (probably to be done on an ad-hoc basis rather** than full requirement in Phase 2):

* Similar Claims/Similar Cases – add searching by E-mail
* A form in cases module to easily view all invoices and collections (on one screen, somehow related to each other) and to quickly add a new collection. I.e. there is an invoice for $1000, it would be useful to have a possibility to quickly type that a $800 collection was received for this invoice.
* Add “Law Firm” to Outside Cases module. Add “Law Firms” module. All “Law Firm Aliases” module.
* A special document to be signed in Docusign by Outside Law Firm. In this document there will be a list of cases that the Law Firm could accept or reject with the use of Docusign interface (i.e. view a document, decide for each case from the list, sign the whole document – in one tool, with reminders, keeping track, etc.). This should ideally be an example of the dynamic Docusign configuration from the requirements above.