**Access Health System**

**Problem Statement**

1. Fraud in claims management.
2. Efficiency
3. Management of bulk claims-How quickly you can receive and approve/reject claims
4. **Analysis and verification process of medical claims made easier by elimination of manual processes e.g manual claim form and files.**
5. **Quick rich reports that supports decision making in the domain of medical business i.e forecasting business trajectory**
6. **Accuracy of approval process for the preauthorization and approval of the medical claim. Enhance communication and traceability between healthcare and insurance.**
7. **Cost efficiency by use of rich reports that assist insurer to have a good view of particular illness and its occurrence in different regions/ periods**

**Approach to System Development**