1. Policy Management: Managing health insurance policies and products.
    1.1. Product Development: Creating and designing health insurance products.
        1.1.1. Product Design: Designing innovative health insurance products.
        1.1.2. Product Approval: Obtaining regulatory approvals for products.
        1.1.3. Product Pricing: Establishing competitive pricing strategies.
    1.2. Underwriting Management: Assessing and pricing health insurance risks.
        1.2.1. Risk Assessment: Evaluating individual health risks.
        1.2.2. Coverage Determination: Determining appropriate coverage levels.
        1.2.3. Exclusion Management: Managing policy exclusions and waiting periods.
    1.3. Premium Management: Calculating and managing insurance premiums.
        1.3.1. Premium Calculation: Calculating premiums including rebates.
        1.3.2. Billing Operations: Generating and processing premium bills.
        1.3.3. Rebate Administration: Administering government health insurance rebates.

2. Claims Management: Processing and settling health insurance claims.
    2.1. Claims Processing: Receiving and processing insurance claims.
        2.1.1. Claims Intake: Receiving and registering claims.
        2.1.2. Claims Assessment: Reviewing claims for eligibility and coverage.
        2.1.3. Claims Payment: Authorizing and processing claim payments.
    2.2. Provider Management: Managing relationships with healthcare providers.
        2.2.1. Provider Credentialing: Verifying and credentialing healthcare providers.
        2.2.2. Network Contracting: Negotiating contracts with healthcare providers.
        2.2.3. Provider Relations: Maintaining ongoing provider relationships.
    2.3. Benefit Determination: Determining eligible benefits and coverage.
        2.3.1. Coverage Verification: Verifying policy coverage and benefits.
        2.3.2. Cost Sharing Calculation: Calculating member cost sharing amounts.
        2.3.3. Benefit Coordination: Coordinating benefits with Medicare and other coverage.

3. Risk Management: Identifying and mitigating insurance risks.
    3.1. Actuarial Management: Performing actuarial analysis and modeling.
        3.1.1. Risk Modeling: Developing actuarial models for health risk assessment.
        3.1.2. Reserve Management: Calculating and maintaining appropriate reserves.
        3.1.3. Solvency Monitoring: Monitoring solvency ratios and compliance.
    3.2. Fraud Prevention: Detecting and preventing insurance fraud.
        3.2.1. Fraud Detection: Identifying potentially fraudulent claims.
        3.2.2. Fraud Investigation: Investigating suspected fraud cases.
        3.2.3. Fraud Recovery: Recovering fraudulent payments and implementing prevention.
    3.3. Capital Management: Managing capital requirements and solvency.
        3.3.1. Capital Planning: Planning and maintaining adequate capital levels.
        3.3.2. Investment Management: Managing investment portfolios.
        3.3.3. Stress Testing: Conducting stress testing and scenario analysis.

4. Customer Management: Managing customer relationships and services.
    4.1. Member Acquisition: Attracting and enrolling new members.
        4.1.1. Marketing Campaigns: Designing and executing marketing campaigns.
        4.1.2. Sales Operations: Managing sales processes and channels.
        4.1.3. Enrollment Processing: Processing new member applications.
    4.2. Member Retention: Retaining existing members.
        4.2.1. Member Engagement: Engaging members through wellness programs.
        4.2.2. Renewal Management: Managing policy renewals and retention.
        4.2.3. Loyalty Programs: Developing member loyalty programs.
    4.3. Customer Service: Providing customer support services.
        4.3.1. Contact Center Operations: Operating customer service centers.
        4.3.2. Complaint Resolution: Resolving member complaints.
        4.3.3. Member Communications: Communicating with members effectively.

5. Regulatory Compliance: Ensuring compliance with regulations and laws.
- 5.1. Regulatory Reporting: Preparing and submitting regulatory reports.
  - 5.1.1. APRA Reporting: Preparing prudential reports for APRA.
  - 5.1.2. Health Outcomes Reporting: Reporting on health outcomes and indicators.
  - 5.1.3. Statistical Reporting: Compiling statistical data for authorities.
- 5.2. Audit Management: Managing internal and external audits.
  - 5.2.1. Internal Audit: Conducting regular internal audits.
  - 5.2.2. External Audit Coordination: Coordinating with external auditors.
  - 5.2.3. Remediation Management: Implementing corrective actions.
- 5.3. Data Privacy Compliance: Ensuring data privacy compliance.
  - 5.3.1. Privacy Controls: Implementing privacy controls for member information.
  - 5.3.2. Data Security Management: Ensuring secure data handling.
  - 5.3.3. Breach Management: Managing and reporting data breaches.