# BASELINE PROJECT PLAN REPORT

## 1.0 Introduction

### A- *Project Overview*:

Universal health insurance is a mandatory social solidarity system that covers all citizens, and the state guarantees those who are unable. It provides high-quality health services. Within it the unit of coverage is the family and not the individual, it allows freedom to choose between any of the health service providers, whether in the governmental or non-governmental sectors. the mechanism for pricing medical services is determined in a fair manner that meets the quality standard.

### B- *Recommendation :*

1. *Creating SSR.*
2. *Determine Project Scope.*
3. *Divide Process into tasks.*

## 2.0 System Description

### A. Alternatives :

- It includes employees who follow government and outside it.
- Include family as a whole, not just individual.
- Allow subscriber to choose hospital.
- Provides patients with chronic diseases monthly medicines.
- Keep patient data confidential.
- Each family has its own family doctor.
- Motivates doctors to work to increase their salaries.
- Include governmental hospital and private hospital.
- Assign medical record to each patient.
- Provide data base that includes all patients data.

### B- System Description :

It is a mandatory social solidarity system that covers all citizens, and the state guarantees those who are unable. As it separates funding from the provision of health services, and the flexibility of the service package provided, which is not less than the services currently provided. It provides high-quality health services, and 30% of the population is classified as "unable" and will be covered by the state. The comprehensive social insurance to be applied covers all groups of society as a whole, meaning that the whole society will be subject to its insurance umbrella in return for payment of contributions. Within it the unit of coverage is the family and

not the individual, as in the current system. Provides access to and support for the insured's freedom to choose between any of the health service providers, whether in the governmental or non-governmental sectors, included in the comprehensive health insurance network. It is subject to a uniform law that avoids the defects of existing laws. It applies to the fields of insurance health services and does not apply to public and preventive health services or health services for covering natural disasters, epidemics and similar services that all state agencies are bound by. Through it, the mechanism for pricing medical services is determined in a fair manner that meets the quality standard, through a committee represented by the private, public and independent sectors. The percentage of citizens 'participation in the current law ranges between 1% of the employee's insurance wage, and 3% of the employer per month, and in the new law it will be the same, but on the total income, in addition to the family head paying the contributions of the person responsible for them, namely: the non-working wife  At a rate of 2.5%, and the rest of the family at a rate of 0.75% for each person, and the state treasury pays the contribution of those who are unable.  The subscriber to the new health insurance pays a nominal percentage, at the time of performing the x-rays, up to 10% and 20% for analyzes, to control the provision of the service, while the surgeries are performed without any contributions except for the payment of the basic subscription.

## 3.0  Feasibility Assessment

### A- Economic Analysis:

- In this system the gain is earned through paid subscription from subscribers. And contributions of employees.

### B.  Technical Analysis :

- project size don't act a risk in our project because the number of our team are suitable

### C. Operational Analysis:

- The head of the family goes to the comprehensive health insurance unit and gives the administrator all the data about the family to make medical record for the family with a unique number, and all family members make a comprehensive examination that includes a 'primary examination, analysis and radiation' and add the medical history of all family member, then add of all that to the family medical record, pay contributions, and assign The family doctor for each family and he is responsible for the therapeutic trip for that family and adding the data to the family file, and when the visit continues at any time, the subscriber must give the administrator the number of the medical record to administrator and choose the department that he wants to examine him and make an examination

then takes Treatment, and adding that visit to the family file. The patient can choose the appropriate hospital for him to do surgery or other tests.

## D-Political Analysis :

- **Update**

  The work of updating the system through the addition of new medical records of patients or updating them and so on from the basic rules in the system, which must be constantly followed to know if family is recorded or not.

- **Terminate**

  Remove the medical record of families that no longer pay subscriptions, calculate lack and expired medicines that taken.

## E- Schedules, Timeline, and Resource Analysis :

## 4.0 Management Issues

### A-Team Configuration and Management :

-Developer : Safa Anwar.
-Designer : Youssef Ahmed, Noura Mahmoud, Nada Reda.
-System Analyst : Safa Anwar, Ghidaa Mohamed,  Mayada Magdy.

### B-Communication Plan :

- Minutes and Meetings.
- Project Workbook.
- Document.
- Chats.

### C-Project Standards and Procedures :

- ✓ **1-**register family data.
- ✓ **2-**make comprehensive check for all members.
- ✓ **3-**make medical record.
- ✓ **4**-take medical record number.
- ✓ **5-**pay subscriptions.
- ✓ **6**-assign a family doctor to each family.
- ✓ **7**-in the second visit.
- ✓ **8**-choose appropriate hospital for each patient.
- ✓ **9-**choose department that he want to examine in it.

- ✓ **10-**doing examination.
- ✓ **11-**do ordered analysis and scans.
- ✓ **12-**take medicine.
- ✓ **13-**record visit to medical record.
- ✓ **14-**family father pays monthly subscriptions.
- ✓ **15-**people with chronic diseases will take monthly treatment.

## D. Other Project-Specific Topics :

After the agreement on the idea of the project, the team went to the comprehensive health insurance to collect the requirements and shows how the administrator add patients to system database, We went to the other side and went to the health insurance and knew how much here the beneficiary is actually the family (members), the Egyptian health ministry and doctors then did the idea of the project change to some extent.