

Software Requirement Specifications for
Pre – Insurance Medical Examination Services

Version 1.0

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Table of Contents

1.0	Introduction.....	1-1
1.1	Intended Audience	1-1
1.2	Scope	1-1
2.0	Overall Description.....	2-2
2.1	Product Perspective	2-2
2.2	Product Features.....	2-3
2.3	User Classes and Characteristics	2-3
2.4	Operating Environment	2-4
2.5	Design and Implementation	2-4
2.6	User Documentation	2-4
3.0	Product Features	3-5
3.1	Customer Appointment Request.....	3-5
3.2	Appointment Creation	3-5
3.3	Appointment Process	3-5
3.4	Upload Scanned Reports	3-6
3.5	Download Reports	3-6
3.6	Approve Appointment	3-6
3.7	Dispatch Reports	3-6
3.8	Generate Invoice Batch	3-7
3.9	Update Cheque Details	3-7
3.10	Grievance.....	3-7
3.11	DC Network Empanelment	3-7
3.12	Abbreviations and their Expansions.....	3-7

1.0 Introduction

Pre-Insurance Medical Examination Services is critical for both Life Insurers and General Insurers. The Objective of this is to provide quicker policy issuance of Insurers prospective clients who require medical check ups. This product for the Insurance industry is a specially designed application that allows Insurance companies to diagnose & identify health risks amongst the policy applicants thereby providing a very good understanding of the clients risk profile. The unique feature of this application is providing seamless service for all stake holders like Customer, Insurer and Medical Service Providers. The application enables for customer - to post the medical request online, for Medical Service Provider - to upload the medical images directly on to the site and for Insurer - to view the medical reports online for quick underwriting decisions. Insurance companies shall have benefits like Satisfied Customers, Standardized Tests, Anytime Request Management, Digitized Health Records, Reduced Drop-outs & Deferment.

1.1 Intended Audience

This document is for the entire product development team along with other stake holders like management and client side contacts.

1.2 Scope

The scope of this document is to describe the features of the product along with its flow and other requirements like hardware / software requirements, dependencies, development and target environments and database specifications. This product is used to co-ordinate between Insurance Companies, TPAs and Medical Service Providers.

2.0 Overall Description

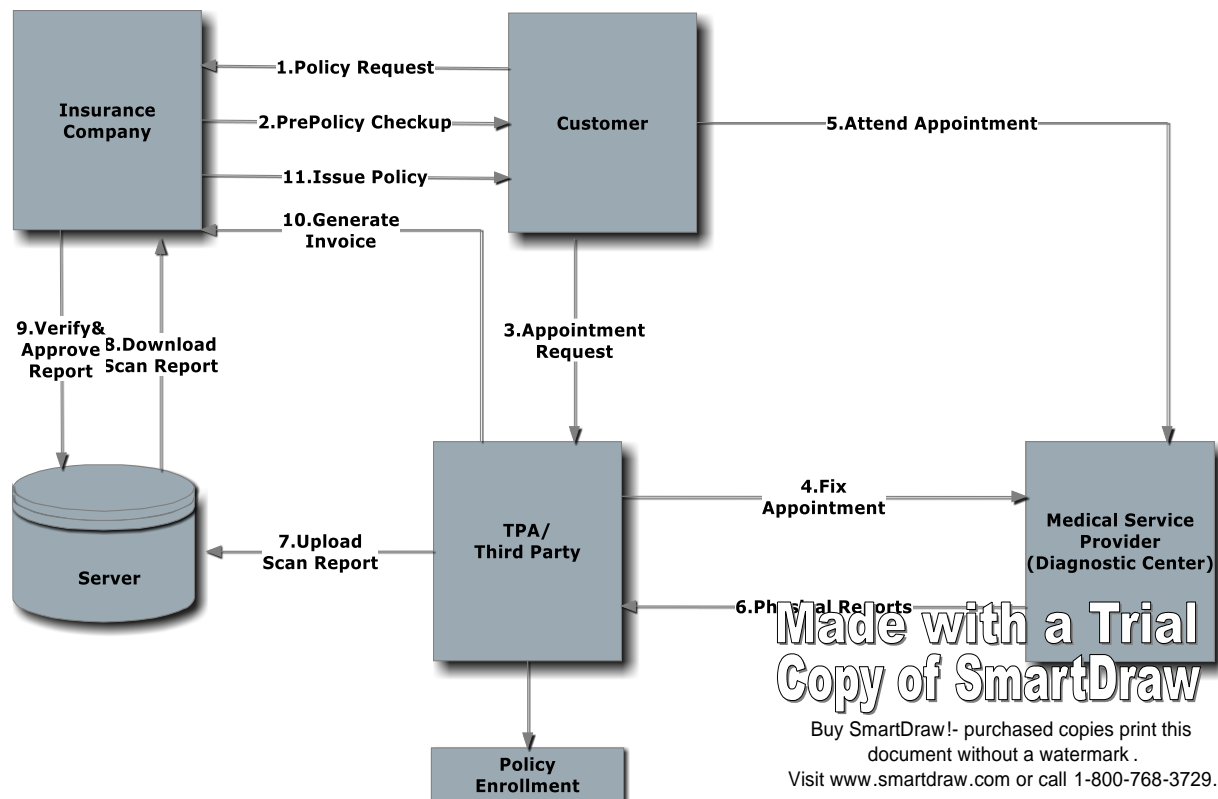
2.1 Product Perspective

This product will be used to manage the process and data of all the customers who are requested by Insurance companies to have pre-policy health checkup from specified Medical Service Provider. The below table lists the types of service necessary for customers who requires an insurance policy.

Type of Service	Initiator	Target	Purpose
Pre-Policy Health Checkup	Insurance Company	Customer	General Health Insurance Policies
Pre-Policy Health Checkup	Insurance Company	Customer	Life Insurance Policies

The below diagrams shows the typical Pre-Insurance Medical Examination Services process for Individual Policy Holders.

1) Pre-Insurance Health Checkup Flow Diagram for Individuals of Health & Life Insurance Policies



2.2 Product Features

The following are the features and functions –

Feature	Functions
Appointment	Appointment Request
	Schedule Appointment
	Partially Fixed Appointment
	Appointment Completion
	Partially Completed Appointment
	Missed Appointment
	Reschedule Appointment
	Forcibly Completed Appointment
	Upload Scanned Reports
	Partially Uploaded Reports
	Dispatch Physical Reports
	Partially Dispatched Reports
Scanning	Download Scanned Reports
	Approve Appointment
	Partially Approved Reports
Finance Integration	Generate Invoice Batch
	Process Invoice
	Update Payment Details
Grievance	Raise Grievance
	Responded Grievance
	Resolved Grievance
DC Network	New DC Request
	In Process
	Approved / Denied DC

2.3 User Classes and Characteristics

The following are the different Users -

- TPA Process Executive
- MSP Executive
- Insurance Company HO Representative
- Insurance Company BO Representative
- Insurance Company Agent
- TPA Finance Executive
- TPA Network Executive
- TPA Call Center Executive
- TPA System Admin

2.4 Operating Environment

Windows Server 2012 R2
SQL Server 2008 R2 or Later
SMS Integration
Email Integration

2.5 Design and Implementation

Application Design:

- N-Tier Architecture (Presentation / Business / Data Access /)
- SMTP Configuration for Email Services
- Third Party's DLL integration for SMS Services

Development Environment:

- Windows 7
- Visual Source Safe
- Visual Studio 2010
- SQL Server 2008 R2

Technologies:

- Microsoft .NET
- MS SQL Server 2008

2.6 User Documentation

- Product User Guide
- Product Installation Guide
- Product Technical Document

3.0 Product Features

3.1 Customer Appointment Request

3.1.1 Description and Priority

Usually Insurance Company will ask for Pre-Insurance Health Checkup and issues the Test Request Form to the Customers who request for a Policy and based on their age and pre existing illness, tests will be advised. This Test Request Form will have the details of the Customer along with the TPA, Policy Type details and Tests to be conducted.

3.1.2 Stimulus/Response Sequences

- *Insurance Company issues the Test Request Form to their Customers.*
- *Customer Requests the TPA / Agent to create an appointment with the Diagnostic Center with requested Tests in specified time.*
- *Customer can make request to TPA or Agent through Email, Phone / Mobile or personally visiting the TPA office.*
- *TPA / Agent will create an Appointment Request in the system and a unique RequestID will be generated.*
- *The same RequestID will be used as the reference for that customer throughout the appointment process.*

3.1.3 Functional Requirements

*This feature will be used by the TPA Process Executive, TPA Call Center Executive, Insurance Company Agent, TPA System Admin.
The following are mandatory fields to Create Appointment Request.
Insurance Company Name, Insurance Company BO, Test Request Form Number, Policy Type, Agent Code, TPA Branch, Customer Name, Customer Address, Customer Age, Requested Tests, Type of Request, Test Location.*

3.2 Appointment Creation

- *Appointment will be created against RequestID.*
- *TPA Executive contacts the MSP and schedules the Appointment as per requested timings and Tests / Test Package and updates the information into the system.*
- *Multiple Appointments can be created under single RequestID.*
- *System generates an AppointmentID and sends an automated SMS or Email to respective Customer and Agent with Appointment scheduled details.*
- *This feature will be used by TPA Process Executives only.*
- *The following are mandatory fields to Create Appointment Request
RequestID, Diagnostic Center, Appointment Schedule Date & Time, Requested Tests.*

3.3 Appointment Process

- *If the Customer attends the Appointment as per schedule and take up all the Tests, that Appointment status will be considered as Attended Appointment.*
- *If the Customer could get only few Tests done, then that Appointment status will be flagged as Partially Attended Appointment.*
- *Customer can reschedule the Appointment by contacting Call Center.*
- *Call Center Executive keeps passing the reschedule information to TPA Process Executive.*
- *Then TPA Process Executive will reschedule the appointment. The same will be intimated to Customer through SMS / Email / Over Call.*

- Sometimes Customer may not attend the Appointment as per Schedule. This Appointment will be considered as Missed Appointment.
- These kinds of Appointments can be rescheduled on Customer's confirmation.
- Once Test is done, the Test details are updated into system by MSP Executive.
- When all the Tests results under single Appointment are updated into the system, that appointment status will be considered as Completed Appointment.
- If only few Tests results are updated, that appointment status will be considered as Partial Completed Appointment.
- MSP executive can update any test status as completed without updating the test results, this kind of appointment status will be treated as Forcibly Completed Appointment.
- MSP will hand over all the physical reports of all the customers to TPAs, where the test results updated into the system by MSP Executive.
- The following are the mandatory fields to Process the Appointment.
- RequestID, AppointmentID, Test Location, Test Done By.
- The above mentioned features used by TPA Process Executive, TPA Call Center Executive, MSP Executive.

3.4 Upload Scanned Reports

- TPA Process Executives / MSP Executives scans & uploads the Physical Test Reports into the system against each completed test within the Appointment.
- The Completed Appointments and Partially Completed Appointments are eligible for uploading reports.
- Once all the reports are uploaded against all the completed tests, that appointment status will be considered as Upload Completed.
- When the scanned reports uploaded only for few completed tests, that appointment status will be considered as Partially Uploaded Reports.
- This feature will be used by TPA Process Executive & MSP Executive roles.

3.5 Download Reports

- The Insurance Company HO Representative downloads the Test Reports against each Appointment and verifies the same.
- Only Upload Completed Reports and Partially Uploaded Reports are eligible for Downloading Reports.
- Once the downloading is completed, that appointment status will be updated as Download Completed Reports.
- When the download completed for the Partially Uploaded Reports that appointment status will be updated as Partially Downloaded Reports.
- This feature will be used by Insurance Company HO Representative only.

3.6 Approve Appointment

- After completion of verification of downloaded reports, Insurance Company HO Representative can approve the appointment for Billing Process.
- Then the appointment status will be updated as Appointment Approved.
- This feature will be used by Insurance Company HO Representative only.

3.7 Dispatch Reports

- Once the scanned reports are uploaded into the system, the TPA Process Executive will dispatch the physical test reports to Insurance Company HO through courier.
- At this stage the appointment status will be treated as Dispatch Completed Reports.
- When the partially uploaded reports are dispatched to Insurance TPA HO then the appointment status will be treated as Partially Dispatched Reports.

- *The Courier details will be updated into the system against AppointmentID for further reference.*
- *This feature will be used by TPA Process Executive only.*

3.8 Generate Invoice Batch

- *Finance Executive can generate / re-generate the Invoice Batch for all the Approved Appointments between the selected dates and DC wise.*
- *The generated / re-generated Invoice Batch can be viewed by Insurance HO Representative*
- *The output data can be exported into the Excel for manual Invoice Process.*
- *This feature will be used by TPA Finance Executive & Insurance HO Representative.*

3.9 Update Cheque Details

- *The invoice process will be done manually at Insurance HO.*
- *After completion of the invoice process, they can update the cheque details against Invoice Batch or they update the cheque details against each Appointment.*
- *This feature will be used by TPA Finance Executive & Insurance HO Representative.*

3.10 Grievance

- *Grievance can be raised by Insurance Company Agent or HO Representative against any appointment which has completed all the Tests by MSP.*
- *TPA Process Executive or Admin will verify and respond to all the Grievances.*
- *At any point of time the status of any Grievance can be viewed by Agent or HO Representative.*

3.11 DC Network Empanelment

- *Entire process of MSP empanelment with TPA is managed by TPA Network Team only.*
- *First creates the request and sub-sequent update the empanelment process information against request.*
- *Once the MSP empanel request is approved by the team then only new MSP will be created and available for Appointment Process.*

3.12 Abbreviations and their Expansions

SL NO	Abbreviations	Expansions
1	DC	Diagnostic Center
2	MSP	Medical Service Provider
3	TPA	Third Party Administrator
4	HO	Head Office
5	BO	Branch Office