# Student Activity

## Objective

To understand the approach for the static analysis and need for domain and industry background to design the recommendations for the given process. Apply the concepts of RCI and RCR model in the given MIPS as-is process.

## Team

This exercise is to be completed in project teams.

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| ***Team Number:***  ***T6*** | ***Team Members (Present in class)***  ***1. Jolene Teah***  ***2. Kelly Chan***  ***3. Bryan Tay***  ***4. Zen Tan***  ***5. Wei Minn***  ***6. Chen Yi Bing*** |

## Submission

In class submission.

## Timeline

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| --- | --- |
| Approximate time to complete the task | 1 hrs |
| Start time | Week 4 |
| End time | Week 4 |

## Task

Read the case and get familiar with the

1. As-Is Process Issues
2. Market analysis
3. Recommendations for new process
4. Align root causes to the recommendations provided:

Note: Some recommendations may not be from the root cause perspective but from the domain and industry expertise as well. Some recommendations can tackle more than one root cause.

Fill the Root Cause column with the possible root causes or best practices based on the suggested recommendation.

|  |  |  |
| --- | --- | --- |
| **No** | **Recommendation** | **Root Cause/Best Practices** |
|  | Introduction of a **new online portal- Claims management portal** to streamline the insurance claim process. This replaces the current claims entry system. | Paper Based Process, Lack of checklist for document checks, Lack of automation for validations, Lack of automation for notifications |
|  | **Collaboration with medical institutions** to streamline the insurance claim process. | Lack of checklist for document checks, Lack of system integration, Multiple roles with redundant tasks |
|  | **Implementation of business rules** in PAS to automate the validation of claims | Paper Based Process, Lack of automation for validations |
|  | Checking of insurance validity and coverage type to be done **before** sending for approval. | Late validation checks |
|  | Checking of fraudulent cases to be done **before** recommending settlement amounts. | Late validation checks |
|  | CMPortal send **notifications** (SMS & email) to inform claimants of claim status where further details can be found on a website (CMPortal). | Lack of automation for notifications |
|  | Make use of **data analytics to identify fraud**. Develop analytics engine in the CAJ system. | Lack of automation for validations, late validation checks |
|  | HQCOs to undergo **training** to help with the checking of fraudulent claims. | Inadequate training of the employees |
|  | Implement **self-service kiosks** at the branch for claimants to enter claim details, auto validations and scan supporting documents which will be recorded electronically. | Paper Based Process, Lack of automation for validations |
|  | Implement **claim management mobile app** for claimants to enter claim details and scan supporting documents which will be recorded electronically. | Paper Based Process, Lack of automation for validations |
|  | Claim payments can be done via **direct bank transfer**. | Paper Based Process |