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| HLBR\_PM\_01 – Network Structure Duration: 60 min |
| **Capability Description** |
| Network Structure: 'System to be able to support the level of structure as per the attached diagram. System to follow the hierarchy starting with Doctor -> Location -> Provider -> Network (4 entities). Each entity to have N:N:N:N relationships.  A doctor can be attached to many location, one location can be attached to many providers, one provider can be linked to many networks.  PM team while creating a new profile should be able to use this structure as applicable to create unique ID for individual doctor, Unique ID for Location, Unique ID for Provider. There  can instances where there is no provider linked to any location/doctor, System to generate a unique ID basis the combination of Location and Doctor in such scenarios. Refer Supporting document |
| **Open Items – Design Review Discussions** |
| 1. SPCP to CCP implementation timeline alignment 2. Business decision on 1 Plan linked to Multiple Networks based on the scenarios discussed in the session    1. A provider who is not currently a part of the current network, but needs to be added to the network based on a specific requirement from an employer group. In such case, rather than creating a new network, the option is to create a additional supplemental network with this added providers and attach it to the plan 3. Movement of Doctors across plans (needs further information) 4. Special arrangements such as Direct Access (Provider is a Specialist, but is billed as GP (to by pass the referral process) |
| **Questionnaire / Workshop discussion items** |
| 1. Define the structure and entity names for Hong Kong and Singapore  2. What are the current business rules associated with Network Structure? For ex: defined based on Geographic Area  3. How are TPAs structured in the current process?  4. How does Singapore want to create a provider structure going forward? – Follow HK?  5. Is there an approval process required for Network Creation?  6. Who are the approvers? Roles and accesses for each role?  7. What are the workflow requirements for Entity Creation?  8. There are field level requirements defined in SPCP BRD, can these requirements be considered as a base for creating each entity?  9. Is there an SPCP equivalent Provider Portal in Singapore?  10. If yes, can you provide us with the details of interfaces, data dictionary if any for the poral with current provider management system  11. Are there any federal guidelines for Provider Network creation in HK and SG?  12. Is there any other system that is expected to send provider information to PMM? |
| **Session Notes – 30 – May -2018** |
| he structure has been defined and shared with BUs for their confirmation. Below captured are the workshop notes and few actions that are pending   1. One network can be associated to many plans. 2. A plan should have a unique network attached to it. 3. The current structure provides the flexibility to have a provider to be contracted at multiple levels with AIA.    1. Provider can be a part of multiple contracts with AIA based on his association with the provider Type entity 4. There may be a contract on the Panel or sub-panel level. Which contract needs to be flowed will be dependent on rules defined.    1. Entity that submitted the claim       1. If the parent provider (Hospital/ Healthcare Organization etc.) submits the claim, then parent’s provider contract will be followed       2. If individual provider submits the claim then individual’s contract will be followed. 5. The objective is to build the structure in CCP and SPCP to leverage the structure from CCP 6. CCP will be integrated with PAS, do we need to link SPCP with PAS will be solutioning discussion to be decided as a part of technical workshop 7. A combination of place of service, type of service and provider will define the fee schedule. 8. There needs to be exception allowed when the provider has a special fee arrangement 9. SG – if a doctor aligned under 2 TPA, then 2 different fee schedule can be there for different panels. The claim will be paid based on the contract which kick in at the time of claim submission. 10. **There are scenarios where the non-contracted doctor needs to have a credit facility and needs to be added as a payee and follow PA process of INN providers Rules for setting up such a provider in the system** 11. **Business rules must be defined which level’s fee schedule need to follow on claim?** 12. **If provider has separate contract with AIA, then type of service, place of service and contract benefit will determine which contract need to follow?** 13. When we acquire a doctor, the provider specialty will set up. But what if provider billed the claim with different specialty. Currently, these types of cases received as ex-gratia and then an adjustment need to be made to pay at a higher level. But the business rule is not clear on this scenario. 14. Special arrangement/ Direct access doctors (multiple specialties)   Requirement: Highlight these case in CCP that these are direct access provider and how these need to be reimbursed. |
| **Alignment Session Expectations** |
| 1. Field level details for the entity creation (can this be reused from SPCP requirements 2. Details on interfaces and requirements for Provider Management Integration with Surround systems 3. Business Rules if any available for discussion on Network Structure 4. User Roles for workflow creation |

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| **LOB (IL/CS)** | Both |
| **BU (HK/SG)** | Both |
| **Core/Non Core** | Core |
| **Products (Disability/CI/Accidental status)** | Minor (IP/OP) |
| **Business Priority** | High |
| **Interface System (PAS / SPCP etc)** | PAS, SPCP, CCP Claims Module |

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| HLBR\_PM\_02 – Network Creation 3 Layer Structure Duration: 60 min | | |
| **Capability Description** | | |
| 'Network Creation (3 layer structure):  1. IL Business Line:  2. System to display all the available products for provider management team to select (multiple selection). System to also give the flexibility to the users to enter the key words and system to prompt relevant products for Policy Admin team selection. system to support 1:N relationship between policy and products.  3. Once the product is selected, all the corresponding plan to be displayed to for the Policy Admin team to do multiple selection that need to be attached to the product.  1. CS Business Line:  2. Provider Management team to enter the Policy number once the CS business line is selected. System to support 1:N relationship between CS business line and the policies.  3. System to display all the plans attached to the policy and Policy Admin team to have the flexibility to select multiple plans for a particular policy | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. How are policies attached to networks today? 2. What is the information that PAS needs for them to be able to attach network to policy? 3. There has to be a requirement for Coast or Compass to be able to request this information from PMM. | | |
| **Session Notes – 30 – May -2018** | | |
| As long as the right structure is set in Provider Management Module, the Policy Admin system will be able to capture the information from Provider Management. Details on the information required by COAST needs to be determined. | | |
| **BR Description** | | |
| The system should have the capability to create Network structure as defined below. Doctor -> Location -> Provider -> Network (4 entities). Each entity tio have N:N:N:N relationships. | | |
| **Session Notes** | | |
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| **LOB (IL/CS)** |  |
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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_03 – Network Creation Roles and Responsibilities Duration: 60 min |
| **Capability Description** |
| 'Network Creation - Roles & responsibilities:  Provider Management & Policy Admin team:  Provider Management team is responsible for creating & maintaining the network and its related properties like Network ID, Network Structure etc.  Policy Admin team is responsible for Linking the network with Product/ Policy and the related plan. |
| **BRD Mappings** |
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| **Questionnaire / Workshop discussion items** |
| 1. How is the Provider Management Team structured? 2. What are the different roles that will work within Provider Management? 3. Do you have an existing RBAC structure defined? |
| **AIA Responses Apr 23-27** |
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| **BR Description** |
| This is not a requirement |
| **Session Notes** |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra |

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| **LOB (IL/CS)** |  |
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| **Core/Non Core** |  |
| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_04 – Network Modification Duration: 60 min | | |
| **Capability Description** | | |
| 'Network Modification:  'System to supoort any modification to any exisiting network, Location or doctor as per the request from the Client.  Some of functionalities includes but not restricted to:  1. Add doctor  2. Delete Doctor  3. Move/ Change location  4. Termination etc  System to support automatic movement/modification based on the predefind dates (effective and expiry) set up by the Provider Management team. System to support the batch run for these changes and should modify all the changes based on the dates entered in the system.  \*The doctor profile shall be reflected on the doctor list immediately when the doctor's status is active in the network | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Who can terminate the entities?  2. Does Termination require any approval?  3. What are the reporting requirements? Operational reporting on the entities  4. What are the reason codes for Deletion or Termination?  6. What are the codes and descriptions for Location change/ or relationship change of entity. (A doctor moving to a new location or a new Panel)  7. What are the archiving requirements for data?  8. What is the total size of Provider Management Team?  9. What is the expected number of concurrent users that will use the system simultaniously?  10. Are there situations that require Mass update of providers' information? | | |
| **Workshop Session** | | |
| 1. This is a regular exercise of adding, deletion, more, termination 2. Any provider added in the system should reflect real time across all systems that display the providers (external facing systems), PAS, CCP claims module 3. Question: Once the provider termination date has been identified, then is there a requirement that the providers must not be displayed in search results?    1. SG: Provider should still reflect in the search results till the termination date    2. HK: Prefer that the display hold option is provided to the user. Yet to be decided. 4. Closed Network: Member can only visit the panel providers and OON providers will not be reimbursed except in a case of emergency 5. **Communication of change in provider not sent out to employers, going forward any changes to providers within a network needs to be shared (Communication formats need to be defined)** 6. No contact center specific to providers. For any case that comes in contact center handles the case themselves first and if not resolved then team escalate it to PM. Contact center have access to Compass to view provider information 7. There are some preferred providers, but it is not official and not documented on compass. 8. But going forward, based on reports and performance preferred providers can be identified. 9. The changes will not be deleted. Instead the effective and expiry dates need to be captured. 10. If any changes are to be made then system should also reflect the history of changed details. 11. SG: Capture the provider working hours as a part of entity creation     1. Future requirement could be a different fee schedule for provider that is providing services beyond working hours | | |
| **BR Description** | | |
| The system should have the capability to add, modify or terminate an entity based on defined rules | | |

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| **LOB (IL/CS)** | Both |
| **BU (HK/SG)** | Both |
| **Core/Non Core** | Core |
| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_05 – Contract Creation and Modification Duration: 60 min | | |
| **Capability Description** | | |
| 'Contract Creation & Modification:  PM Module to have the capability of generating the contract draft once all the below information is captured in the system  - Provider Profile  - Fee Schedule  - Terms and Conditions ( Standard)  - NDA Wordings  System to give flexibility to PM team to activiate/deactive/approve the contract status based on predefind dates (effective date, approval date etc) | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. The contract detail fields are captured as a part of SPCP BRD, can that be considered as the requirements for Singapore also?  2. What is the process of Contract document storage?  3. Can the contract be created at a hospital level  4. If the hospital and provider within the hospital have a contract, how is the precedence decided?  5. What are the SLAs for contract creation within the PMM team and also once it is sent to the Providers for review and signature? Assuming it will be configurable.  5. How are contracts sent to Providers for review and Signature?  6. What are the workflow requirements for Contract creation?  7. Are there any other components of the contract in addition to  - Provider Profile  - Fee Schedule  - Terms and Conditions  - NDA wordings | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to generate a contract for the provider 2. Ability to modify the contract 3. Ability to activate and deactivate the contract based on effective and end dates | | |
| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_06 – Network Confirmation Duration: 60 min | | |
| **Capability Description** | | |
| 'Network Confirmation: System to have the capability to upfront prompt the provider whether the customer is eligible for cashless or not.  UI for Provider/contact center to have mandatory fields, once entered the system to automatically prompt the cashless eligibility message.  System to be integrated with PAS for eligibility check of member/ insured. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. This is a requirement for SPCP integration with PAS?  2. What screens does Contact Center executive view today for confirming cashless eligibility?  3. List of Mandatory fields for Cashless eligibility?  4. What Provider information is needed to identify cashless claims?  5. What information is viewed and screen layout for Contact Center to respond to cashless queries  6. In the current SPCP BRD, we don’t see any features for Cashless identification | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_07 – Fee Structure Duration: 60 min | | |
| **Capability Description** | | |
| Agree Fee Schedule under contract is to manage the agreed fee, payment cycle and payment method for the payment to provider.  - Agreed fee to be paid to provider based on the type of fee schedule and agree service. Fee Schedule type includes agree fee for service, package pricing, tier fee, discount on service, volume discount, captiated service and Per diem charge. Agree fee structure shall base on service code, diagnosis code, procedure code, lab code, imaging code, drug code etc.  -Payment cycle is defined as weekly, twice a month ( xth day of each month), quarterly. Payment cycle is used to incentify provider by providing quick cash flow. The higher the rank of preferred provider, the quicker the payment term. claim settlement is trigger base on the select payment cycle.  -Payment method is default as auto pay. PM team may change the payment method to cheque or fund transfer for exceptional case(s).  -Claim adjudication shall check presented amount againist agree fee schedule, If there is any discrepancy between actual charge and agreed rate, Adjusted amount shall be updated base on agree fee unless clarification on service is required, if fee negotiation is required, case is escalated to provider team for fee negotiation. PM is notified a job task of fee follow up. Otherwise, Benefit eligibility shall check against agreed fee  Fee structure to be aligned with benfit set up specially to cater for (SG IL)  - Modifier  - Same incision (percentage of SI)  - Material Exclusion  - Pre exisiting condiiton etc  \* Fee Schedule history is maintained in the system. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Is it expected that Fee Structure will be defined in PMM going forward?  2. How are the fees defined today?  3. Can we get a sample fee structure for HK?  4. What are the business rules associated with Fee Structure creation?  5. What are the different fee arrangements that Singapore and HK have with providers?  Can you provide the details with definitions for each arrangement  6. What are the current payment cycles and business rules associated with setting the payment cycles for SG and HK? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to create Fee schedule in PMM 2. Ability to upload fee schedule in PMM 3. Ability to assign fee schedule to contracts 4. Ability to remove fee schedules from contract | | |
| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_08 – Network Modification Duration: 60 min |
| **Capability Description** |
| 'Bulk Upload of Fee Structure:  System to have the capability to upload the predfined format of excel file (other MS office formats) with agreed fees with the provider to avoid line item manual entries in UI.  System to give hte flexibilty to manually enter the agreed fees to generate the agreed fee.  System to automatically generate the fee schedule once the file is upoaded successfully.  System to support specific error message in case one or few component of the uploaded file are not successfully uploaded. |
| **BRD Mappings** |
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| **Questionnaire / Workshop discussion items** |
| 1. How is HK Fee Structure defined?  2. What are the different file formats that can have the fee structure?  3. Is the PMM team member allowed to modify the fee structure |
| **AIA Responses Apr 23-27** |
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| **BR Description** |
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| **Session Notes** |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_09 – R&C Structure Duration: 60 min | | |
| **Capability Description** | | |
| 'Support R&C in absence of Agreed fee:  PM Module to support the R&C structure to cater for the such cases where there is no agreed fee with the provider any any particular treatment.  R&C structure should support the below attributes but not limitied to:  - Procedure code  - Diagnosis Code  - Any potential Service code  -Type of room  - Place of Service  R&C structure to support not only during issue of LOG/Credit Note. In absence of any agreed fee system to run the R&C rules and should show the warning as (excess/within the range) for issuing hte LOG.  In case the LOG is issued beyond the R&C for any specific reason, system to support the workflow approval before the LOG is issued. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Where is the R&C structure defined? 2. Is the R&C format similar to the Fee Schedule? 3. The assumption is that R&C structure will be based on geographic area. 4. Is the application expected to calculate the R&C structure or it will be a data file that needs to be uploaded? 5. Is the PMM team member allowed to modify the fee structure and what are the workflow requirements (approvals etc.) 6. LOG creation – Discussion on how LOG is created    1. LOG is assigned at Employer level    2. LOG is assigned at a treatment level 7. If the LOG is at employer level, then what is the value of LOG and how is it defined? Is this a part of claims process? Does the employer request the LOG? Is the LOG for specific provider or it can be used across providers? 8. If the LOG is at treatment level, for ex: if its for a Heart Transplant, then does it cover, pre-hospitalization, under hospitalization and post-hospitalization? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to create a R&C structure based on the defined attributes | | |
| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_10 – Support Auto-Adjudication Duration: 60 min |
| **Capability Description** |
| Support Auto Adjudication:  PM Module to be integrated with  1. claims system : for Auto registration, complexity scoring, assessment rules etc..  2. Policy admin system: Policy eligibilty, member eligibility, benefit eligibility  once the 3 systems are integrated PM module to prompt a message to provider upfront the status of claims (registered successfully, pending assessment or Pending payment etc) based on the predefind rules set up in Claims module |
| **BRD Mappings** |
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| **Questionnaire / Workshop discussion items** |
| . SPCP integrated with Claims and PAS for eligibility inquiry, Claims status inquiry |
| **AIA Responses Apr 23-27** |
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| **BR Description** |
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| **Session Notes** |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_11 – Shortfall Management Duration: 60 min | | |
| **Capability Description** | | |
| Shortfall Management:  PM Module to support the front end UI interface to perform basic policy level validation on short fall.  Provider while entering the claimiant/member information on the front end, PM module to be integrated with PAS to do the upfront validation of customer (eligibility) and also to check in case there is a shortfall and look for indicator for "Upfront shortfall collection"  System to also bring forward the actual Shortfall amount to be collected upfront by the provider once all the billing information is entered in the system. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. SPCP integrated with Claims and PAS for eligibility inquiry, Claims status inquiry 2. Do we need contact center view of short fall? Also, the shortfall should be available in claims system? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_12 – Shortfall Communication Duration: 60 min | | |
| **Capability Description** | | |
| Communication to Customer on Upfront Shortfall:  System to push the notification to the member/insured once the upfront shortfall is confirmed by the system to the provider to ensure that provider and member can be made aware of shortfall upfront  Push notification/communication to the member will be through the preferred channel such as AIA portal, email, SMS etc | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Need to understand how PMM is impacted by this requirement | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_13 – Provider Recruitment Duration: 60 min | | |
| **Capability Description** | | |
| Provider recruitment and & Provider Profile:  Application for AIA preferred provider - provider may choose to submit application by  1) offline channel such as email, fax, call with email confirmation or  2) online channel - Provider connectivity - eApplication submission allow provider to input data , submit supporting documents & submit online completed application to AIA.  - Provider recruitment is an offline ongoing activities, provider is either being invited to submit application or initiate the application process by ownself. Provider profile is created in PM module after the receipt of completed application. eApplication alert provider for incompleteness of data and missing documents for mandatory data and mandatory documents. After provide submitted the completed eApplication, The data input by provider is automatically create a provider profile record in Provider Management module. eApplication function allows provider to submit copy of documents such as CV, annual practicing certificate for accreditation.    - Provider Profile details is updated manually in PM module by PM staffs if the provider submit application other than eApplication.  - A job is allocated to PM team's work quene to review and follow up with provider for the application, follow up action includes provider credentialing and contract negotiation etc.  - Status tracking function to keep track of application status and performance of PM staff. Status such as application received, review in progress, QA in progress, contract negotiation in progress, pending for information/document, approved, decline.  - Provider is informed by eNotification about the status of application, the status could be approved, decline or pending for information, documents or further action.  - Provider details data upload is available for provider to perform batch upload of multiple provider details | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Is there a standard format defined for the application form for provider profile submission? 2. Is it same for online as well as eSubmission/Portal/SPCP? 3. eApplication comes in through SPCP? 4. What are the mandatory information and documents that is to be captured by eApplication as well as offline channels? 5. We currently have field information in SPCP – Panel BRD can the same be considered? Use the field information as alignment session 6. What are the current rules with regards to the attachments accepted by AIA? File Type, File Size etc. 7. What are the different statuses that are used track the provider profile creation?    * Application received    * Review in progress    * QA in progress    * Contract negotiation in progress    * Pending for information/document    * Approved    * Decline. 8. For bulk upload, does Compass have this functionality today? What file formats are allowed? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to capture the provider profile details automatically when submitted through SPCP 2. Ability to capture the provider profile details manually when submitted through offline channel such as email, fax, paper 3. Ability to create a workflow for provider profile creation to track the status on profile creation progress 4. Ability to generate operational reports and dashboards to track the performance of PM staff | | |
| **Session Notes** | | |
| May 21 – 9-12pm Hrishi  Nasdnands  May 21 – 2-3 pm Chitra | | |

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| **LOB (IL/CS)** |  |
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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_14 – Update Provider Profile Duration: 60 min | | |
| **Capability Description** | | |
| Update Provider Profile:  Provider may use eMovement to update the change on provider profile such as Clinic Hours, Clinic Address, Clinic Phone, Clinic Fax, etc. \*the update or change on details is governed by effective date.  \*Provider details data upload is available for provider to perform batch upload of multiple provider details.  \*Provider Profile is updated manually under provider movement functions of PM module by PM staffs if the provider submit application other than eApplication | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What is the difference between eApplication and eMovement 2. What is Provider Movement Function? 3. What are the attributes that the provider can request for a change? 4. Are there any rules that govern the change of primary attributes of the provider such as Name, Registration Number, etc. 5. What are the different file formats that should be allowed for batch upload? 6. How are attachments handled when they are sent over email to PM team? 7. What are the workflow requirements for profile update of providers | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to update provider profile submitted through SPCP 2. Ability to update provider profile submitted through offline channels | | |
| **Session Notes** | | |
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| **Products (Disability/CI/Accidental status)** |  |
| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_15 – Profile Workflow Duration: 60 min | | |
| **Capability Description** | | |
| Provider profile record is created once application for AIA preferred provider is created through eApplication or manual creation by PM team.  - Provider details are in data format and document format. Provider details includes provider demography, practising details, quality assurance, Supporting documents include but not limited to proof of practice/qualification/quality assurance/business registration etc.  - Provider details update is performed by manual data entry or electronic data transfer through provider portal or data exchange platform with group provider practice \*Any changes to the provider details are appropriately obtained and reviewed as part of the on-going provider engagement outside the system.  - Provider details will be used to support provider recruitment process, provider search, claims validation, quality assurance, utilisation analysis.  - Provider Type includes Medical Practitiner, X-ray & lab centre, multi-pdispline clinic, physiotherapy center, hospitals. Etc.  - Provider practice type cover Group practice and solo practice. Provider ID is assigned for each provider for identification  - Pre-defined data fields are avaiable for internal PM team to update discussion status as the result of Collaboration discussion by Phone, Face-to-Face Meeting, Online Meeting. - Provider ranking field is indicated for priority display for customer search in customer apps/portal for the purpose of steerage  - The provider profile record is indicated as "contracted provider" if the application is accepted subject to the confirmation status of profile review and contract negotiation.  - For provider whose application is not accepted can maintain the account as non contracted provider for future enquiry and communication with AIA | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. When is the Provider ID assigned? Would it be auto assigned when a provider profile is created by eAdmission or manual entry?  2. What are the rules for provider ranking?  3. In which scenarios would the details of a non contracted provider be referred to? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_16 – Provider Onboarding Duration: 60 min | | |
| **Capability Description** | | |
| 'On-Boarding:  - Online on Boarding function is only available for contracted provider. Contracted provider is informed to access to online On-Boarding functions for orientation materials after the application is accepted.  - Online on Boarding function provides multimedia orientation material to provider, AIA PM staffs will schedule and conduct orientation briefing and demo. A welcome kit to be provided during orientation session.  e-Learning Platform  - Provide multimedia orientation material for all doctors and nurses of accredited Service Provider.  Orientation Material  - Respective Administrative Guideline documents for different types of service provider.  - Provider welcome kit with all the material and information required.  - Orientation Briefing  - Demonstration | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Need to define user roles who would have access to the onboarding material. 2. What is the current process of provider onboarding? Is there any training/learning material already available which the PM staffs, provider groups have access to? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
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| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |

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| HLBR\_PM\_17 – Online claim submission Duration: 60 min |
| **Capability Description** |
| Online Submission: Provider may submit claims via provider portal, EDI data exchange or hard copy. For claims submission via provider portal, Ability to automatically capture member and provider's information for validation after the input of member's identification. Allow provider to input mandatory claims data and upload required documenter to submit claims. Initial eligibility check such as sufficient mandatory information, policy eligible check, network validation and the acceptance of cashless for the service is required. Provider portal is updated and shown initial eligibility check result.  EDI data exchange channel: Provider is required to perform check initial eligibility check. Provider portal is updated and shown initial eligibility check result. eNotification is sent to customer for the confirmation of eligibility check. Provider to upload & submit EDI data file on pre-defined format to AIA. Validation result is updated on data file and returned to provider for follow up.  Hardcopy Submission: Claim team to input claims data if the claim is submitted in hardcopy/copy of document. Checking of original receipt is required for the release of payment if original receipt required is indicated in claims submission requirement. |
| **BRD Mappings** |
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| **Questionnaire / Workshop discussion items** |
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| **AIA Responses Apr 23-27** |
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| **BR Description** |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_18 – Mandatory Vs Non Mandator Duration: 60 min | | |
| **Capability Description** | | |
| Mandatory Vs Non Mandatory (Management of Data):  Data input screen (to be classified into sections of information along with identifying mandatory and optional fields for contracted and non-contracted providers; fields that can be changed for the provider without having any impact on the basic profile) – such as provider number, provider name, address, certification, licenses, in force license dates, violations, fraudulent past et | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. This would be covered under Claims Registration HLBR\_FNOL\_02. | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
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| HLBR\_PM\_19 – Mandatory Vs Non Mandatory Duration: 60 min | | |
| **Capability Description** | | |
| Quality Assurance:  Quality assurance covers information capturing of provider's practicing details, clinic audit result, accreditation result, treatment outcome measurement and patient satisfaction feedback. The information captured is used to benchmark against provider credential requirement for provider recruitment and contract renewal. Ability for provider to input practicing details and upload functions for provider to upload proof of supporting documents. Quality score is calculated base on pre-defined rules to classify quality level of provider. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the business rules for calculating quality score? 2. What are the provider attributes which need to be captured for benchmarking against the provider credential requirement? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to capture Provider's quality parameters 2. | | |
| **Session Notes** | | |
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| HLBR\_PM\_20 – Customer Feedback Duration: 60 min | | |
| **Capability Description** | | |
| Customer feedback:  Ability to capture & maintain Customer Feedback on survey & complaint filed by customer. The information is used to track against agreed SLA and form part of provider performance . | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the attributes which need to be captured in the customer feedback form? Is there any standard form to capture this information? 2. Would the customer feedback be an input for calculating the quality score? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Capture customer feedback received from different channels 2. Ability to track feedback and complaints and map it to provider performance | | |
| **Session Notes** | | |
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| HLBR\_PM\_21 – Provider Search Duration: 60 min | | |
| **Capability Description** | | |
| Provider Search: To enable  -PM team to provide administrative support and resolve provider enquiry  - Claims team to process and manage claims  - Customer to search their preferred provider within network or non- network in customer portal  - Support achievement of Steerage objectives- priority display of provider details  - Provider can search preferred specialist/facility for referral purpose in provider portal  - provider profile or contract can be searched by pre-defined searching criteria. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What would be the various criteria for provider search, e.g. search by network, location, zip code, provider Id etc.? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
| 1. Ability to search any entity in Provider Management System | | |
| **Session Notes** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_22 – Claim Status Duration: 60 min | | |
| **Capability Description** | | |
| Claims Status:  - Claims transaction status - ability to show provider's claims status such as submitted, processed, pending , decline or paid, plus payment details.  - Ability to download claims status to enable provider to performance claims payment reconciliation.  - Payment details refer to claims assessment result and fee schedule shall be provided for provider. Details of payment is used for payment reconciliation if there is any dispute. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the field attributes that are needed for claims status inquiry? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Session Notes** | | |
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| HLBR\_PM\_23 – Provider Performance Dashboards Duration: 60 min | | |
| **Capability Description** | | |
| Provider Performance Dashboards:  Provider performance dialog is a process for PM team to discuss performance with provider. Claims data analysis, utilization analysis, service KPI measurement and QA KPI measurement of each provider are summarized in Performance dashboard | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the dashboard parameters? Is there a list of parameters already available and can be shared? 2. What is the frequency of generation of the performance dashboard (e.g. monthly, quarterly or on need-basis)? 3. What is the format of display of the dashboard? 4. Who all require access to these dashboards? 5. Are there any interactions with providers based on these dashboards and is this information captured anywhere? Are there any improvement plans created? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| HLBR\_PM\_24 – Risk Assessment Duration: 60 min | | |
| **Capability Description** | | |
| Risk Assessment during claims Assignment :  'Claims Validation cover the initial risk validation of eligible network provider and Fraud & Abuse risk validation. Provider Profile/details Provider is indicated as black list or watch list provider in result of utilization and performance analysis. Red flag is alerted in claim process under risk scoring task if such indicator is active. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the utilization analysis parameters?   2. What are the rules to identify black listed or watch listed providers? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_25 – Provider Utilization Dashboards Duration: 60 min | | |
| **Capability Description** | | |
| Provider Utilization Dashboards:  KPI dashboard Provider - Show number of AIA customers served in a designated period. Show account payable report of the Doctor / Clinic in a designated period. Show customer feedback statistics | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the different utilization dashboards created today? 2. What are the parameters used for calculation of provider utilization? 3. What is the frequency of generation of the utilization dashboard (e.g. monthly, quarterly or on need-basis)? 4. What is the format of display of the dashboard? 5. Who all require access to these dashboards? 6. Are there any interactions with providers based on these dashboards and is this information captured anywhere? Are there any improvement plans created? | | |
| **AIA Responses Apr 23-27** | | |
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| HLBR\_PM\_26 – Early Termination Duration: 60 min | | |
| **Capability Description** | | |
| Contract Management: Early Termination  - Either AIA or provider initiate contract termination, provider is required to submit written notification to AIA by email or letter, request for termination is created PM's movement functions in PM after the receipt of termination request from provider or initiated by PM team due to unsatisfy performance, or customer complaint, non compliance issue etc. A job is created and allocated to work queue of assigned PM staff. PM review termination request subject to contract T&C. Status notification is sent to provider, request received, pending for review, accepted or declined.  - PM staff issue termination letter to provider if the termination is initiated by AIA. - Termination date is updated by PM staff after the termination is confirmed | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Case 360 workflow for termination 2. Is there a termination letter template for early termination? 3. Do we have a list of termination reasons? Do we want to capture these reasons? 4. Does early termination for non-performance require any documentation, warning letters or correspondence to be attached? 5. For provider requests for termination also the email and letters to be attached? Will it be mandatory? 6. In case of early contract termination, how does it impact any in-process claims? 7. Is there any notification sent to members in case any of the provider contract is terminated? 8. Can there be a scenario of bulk termination of provider contracts? 9. Can contract termination happen at a panel level? | | |
| **AIA Responses Apr 23-27** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_27 – Prior Approval Duration: 60 min | | |
| **Capability Description** | | |
| Prior Approval:  Prior approval is a process to approve credit on medical service before service incurred. Provider submit PA request by input claim information and upload supporting document(s) if applicable in provider portal, initial eligibility (same as claims) is checked. Benefit Eligibility check against estimated cost and approved credit line. Prior approval is either approve, decline or pending for further information. Request processing status, treatment details, approved credit limit are updated and display for provider to view in Portal after validation. eNotification is sent to customer to confirm PA validation result. For claims submission after discharge, Provider to collect out of pocket expense(shortfall) if the total billed amount exceed the approved credit limit. For claims submission upon discharge, provider input and submit claims details for claims assessment, Request processing status, treatment details, approved claims amount are updated and display for provider to view in Portal after validation. eNotification is sent to customer to confirm claims result. Provider to collect out of pocket expense(shortfall) as indicated in transaction details. The request is assigned to PA team's work queue if manual assessment is required otherwise, go through STP process to confirm PA validation result. Provider amend approved PA detail and submit change request before treatment or during hospitalization. The initial request/change request is assigned to PA team's work queue if manual assessment is required otherwise, go through STP process to confirm PA validation result. During claim assessment, claim is validated against approved PA details. If there is any discrepancy, claims is paid in according to the approved PA details. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. Is there a Medical Management or Case Management Systems which handles Referrals and Prior Approvals? 2. If no, then in which module (Provider or Claims) are PA handled today? 3. What are the business rules for Prior Approvals? 4. As per the Minor Claims BRD and the current requirement, Prior Approval is captured in Provider Management Module, Considering the prior approval is against a Service, how will be tagged to a provider? 5. What are the different templates used for prior approval letters? 6. Are Hard Copies sent to Providers or only soft copies? (Interface with Print vendor needed) 7. What are the different status of Prior Approval (Approve, Pending Decline) 8. Are there any status messages for Prior Approvals for each of the status above? | | |
| **AIA Responses Apr 23-27** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_28 – PA – Stack Approvals Duration: 60 min | | |
| **Capability Description** | | |
| Prior Approval (Stack approval of LOGs to CS Policy holders):  All the LOGs to be issues through claims system with a unique number for all the LOGs. Since these LOGs are assigned to policy holders than to individual members, these should not have any impact on the reserves.  System to have a track of allthe LOGs issued to policy holders and should be able to close the LOG once a particular LOG is utilised by any of the member. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What are the field attributes that are needed for claims status inquiry? | | |
| **AIA Responses Apr 23-27** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_29 – TPA Movement Duration: 60 min | | |
| **Capability Description** | | |
| TPA Movement:  Movement of policy from one TPA to another TPA is to be supported by effective date. System to support the benefit calculation, eligibility and payee as per the incurred date. In case the claim is incurred before the TPA change and submitted after the TPA change, system to pay the benefits based on the previous TPA arrangements (SG CS Specific)  Fraud rules to support EDI: To be supported by various fraud rules for claims handlers reference. Ex. frequent member visiting same clinic or visiting multiple clinic same day etc.  EDI Format: to be simplified across all the TPAs to support STP  Detail rules to be defined with the business | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. What is the role of TPAs in Provider Management? How is TPA structure for Provider Management in Singapore? 2. Can you help us with any documents on the TPA structure in Hong Kong and Singapore and how they are different? | | |
| **AIA Responses Apr 23-27** | | |
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| HLBR\_PM\_30 – Doctor’s Login Duration: 60 min | | |
| **Capability Description** | | |
| Doctors Login & display (SG IL):  System to be allow a doctor to have a unique login ID, that will allow him/her to view all the contract/claim/ billing details for multiple locations/multiple panel.  Provider Management Module to be integrated with Mobile app and Website for display to the insured. Doctor/panel in PM to have effective display date and termination date. There might be instances when doctor termination date is in the future and we dont want to display the doctor under the panel list.  This will also to cater for publish date for Mobile app and Website. effective date of the doctor might be different from display date. | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
| 1. As long as the information is present in the PMM database, it can be displayed 2. What is the difference between effective date and display date? 3. What are the business scenarios in which the active doctor should not be displayed under the Panel list? | | |
| **AIA Responses Apr 23-27** | | |
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| **BR Description** | | |
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| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_31 – Fee Structure Duration: 60 min | | |
| **Capability Description** | | |
| Fee Structure: (SG IL)  Special Agreement: PM system to support in case there is a pripor agreement for any provider/ doctor for any special treatment for specifc policy or insured. System while validating the fee structure with contractual agreed fee to look for any special arrangement for the insured for a particual treatment captured in PM module first and do the validation upfront on agreed fee rather that contractual agreed fee | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
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| **AIA Responses Apr 23-27** | | |
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| **Business Priority** |  |
| **Interface System (PAS / SPCP etc)** |  |
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| HLBR\_PM\_32 – Appointment Management (SG IL) Duration: 60 min | | |
| **Capability Description** | | |
| System to be integrated with Mobile app and website for customers/insured to select panel doctors and book the scheule on their app. PM module to generate a queue for PM team to validate and confirm the appiontment with provider and customer. System to be able push the notification on mobile app or Website (MyPage) after the appointment is confirmed  This capability in both for appointment and cancellation of appointment | | |
| **BRD Mappings** | | |
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| **Questionnaire / Workshop discussion items** | | |
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| **AIA Responses Apr 23-27** | | |
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