

ESKA[®] Insures

Medical Insurance

The **Medical Insurance** system is a forefront for providing innovative management of medical insurance transactions in a most efficient and comprehensive manner. It serves as an easy-to-use tool for the recording and manipulation of production, medical networks, claims, renewals, and reinsurance operations for groups and individuals.

As a pioneer in the insurance software industry, ESKADENIA Software's insurance knowledge and system compliance with governmental regulations add more value to the product comprehensiveness and flexibility.

Main Functionalities

Setup

The Setup module sets the company's standards for Production, Claims, and Reinsurance through a comprehensive, yet simple, parameterised system settings and rules.

The System applies all Medical Insurance business standards such as ICD-10 and ICD-9 along with the price lists of medical providers and medicines as regulated by the authorised syndicates of each country.

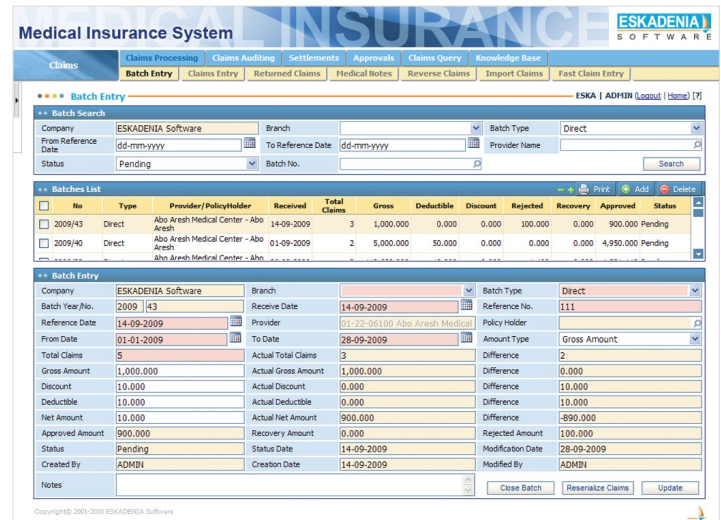
The system supports the following general features:

- Several types of carriers; medical insurance companies, TPA funds, TPA Insurance and TPA out.
- Hierarchically detailed benefits structure .
- Various types of capitations such as HMO, dental, and optical.
- Dental setup based on FDI and ADA standards.
- Standardised and non-standardised Service CPTs that comply with governmental regulations.
- Multiple fees tiers covering complex structures of government and company fees.
- Advanced and flexible agent commission structure definition
- Closed period for production, claims and reinsurance transactions.

Plans

Flexible and parameterised insurance products can be defined in the system as "Plans" to meet customer requirements in different territory scopes by defining various plans and classes with different benefit covers, ceilings, premiums, exclusions, referrals and waiting periods for medical insured members.

In addition, parameterised validations can be applied on policy, case, or member level for effective control and audit on claims



Medical Insurance System

Navigation: Claims Processing, Claims Auditing, Settlements, Approvals, Claims Query, Knowledge Base, Batch Entry, Claims Entry, Returned Claims, Medical Notes, Reverse Claims, Import Claims, Fast Claim Entry

Company: ESKADENIA Software | Branch: | Batch Type: Direct

From Reference Date: dd-mm-yyyy | To Reference Date: dd-mm-yyyy | Provider Name: | Status: Pending | Batch No.:

No	Type	Provider/Policyholder	Received	Total Claims	Gross	Deductible	Discount	Rejected	Recovery	Approved	Status
2009/43	Direct	Abu Aresh Medical Center - Abu Aresh	14-09-2009	3	1,000,000	0,000	0,000	100,000	0,000	900,000	Pending
2009/40	Direct	Abu Aresh Medical Center - Abu Aresh	01-09-2009	2	5,000,000	50,000	0,000	0,000	0,000	4,950,000	Pending

Batch Entry

Company: ESKADENIA Software | Branch: | Batch Type: Direct

Batch Year/No: 2009 | 43 | Receive Date: 14-09-2009 | Reference No: 111

Reference Date: 14-09-2009 | Provider: 01-22-06100 Abu Aresh Medical | Policy Holder:

From Date: 01-01-2009 | To Date: 28-09-2009 | Amount Type: Gross Amount

Total Claims	Actual Total Claims	Difference
5	3	2
Gross Amount	Actual Gross Amount	Difference
1,000,000	1,000,000	0,000
Discount	Actual Discount	Difference
10,000	0,000	10,000
Deductible	Actual Deductible	Difference
10,000	0,000	10,000
Net Amount	Actual Net Amount	Difference
10,000	900,000	-890,000
Approved Amount	Recovery Amount	Difference
900,000	0,000	900,000
Status	Status Date	Modification Date
Pending	14-09-2009	28-09-2009
Created By	Creation Date	Modified By
ADMIN	14-09-2009	ADMIN

Buttons: Close Batch, Reinitialize Claims, Update

such as class maximum cover limit, annual limit, case limit, policy limit, life limit, minimum deductible amount, maximum deductible amount, and pre-approvals for in-network and out-network cases.

Comprehensive and flexible premium definition sets the engine for automatic premium calculation based on the Plan details. Several business rules can be set that vary from one insurance company to another such as net risk premiums and gross premiums based on benefits, age bands, gender, marital status, and family relations.

Production

The Production module uses the information defined in the system Setup and Plans modules to automate production of policies and eliminate human error in policy issuance.

The system supports the complete production cycle covering quotation preparation, quotation versioning, policy issuance or converting quotations to policies, card printing, endorsements, and renewal of quotations and/or policies.

The system also allows underwriters to import a group of members using a pre-defined Excel spreadsheet in any stage of the underwriting cycle.

The premium amount is automatically calculated based on the extra net risk premium, discount, and loading percentages which can be divided into commissions, profits, and administrations.

For customisation purposes, tailored payment cycles are supported in the system. Moreover, document attachments and historical notes provide claims auditors with support for decision making.

Quotations

Based on the medical insurance plans, the system can issue and print quotations for prospective and existing customers. Two types of quotations are supported in the system based on age bands or actual insured members.

The system automatically calculates the quotation premium based on the defined plan/ class fees, loadings and discounts.

Endorsements Types

The system enables users to add a number of endorsement types for policies and members including:

- Policy extension, cancellation, and reactivation
- Changing agents
- Changing policy plans
- Freezing and un-freezing policies
- Member addition
- Member correction, cancellation, and reactivation
- Charging members for the printing of new membership cards

Medical Networks

The Medical Insurance system enables users to define multiple medical networks whereby each network contains providers from different types, specialties, and prices. In addition, follow up periods and multi-discount ranges such as volume discount can be applied for each provider.

Users can define or import price lists of all providers at once or of each provider separately based on the medical services and specialities.

Claims

The Claims module resides on a powerful auditing engine that is rich with rules and validations defined in the system Setup and Plan/ Class modules on policy and member levels. Therefore, the system eliminates fraud and human error while facilitating claims entry and audit.

The claims processors can enter network and none-network claims with filtration for provider speciality and plan/ class covers taking into consideration policy and member exclusions. Claims auditors are supported with automatic claims auditing features based on predefined validation rules for automatic calculation of the approved claim and fees amounts.

The following claims entry methods are supported:

- Comprehensive claim entry
- Fast claim entry
- None-network claims or automatic importing of claims from a pre-defined Excel sheet

- E-claims entry via the Internet
- Medical pre-approvals can be recorded in the following methods:
 - Comprehensive approval entry
 - Fast approval entry
 - Fax approval
 - Online and automatic e-approval via the Internet

The system contains a claims auditing engine that applies extensive validation rules on medical claims and can either reject claims or warn the user according to preset rules.

In addition, the Claims module support different settlement types such as complete settlement, partial settlement, down payment, and adjustment.

Reinsurance

The system allows users to manage and control multiple reinsurance treaties and generate bordereaux that distribute shares based on the treaty definition.

Different types of reinsurance treaties are supported by the system, such as proportional and excess-of-loss treaties. Moreover, the system supports automatic reinsurance distribution for policies, renewals, endorsements, and claims transactions.

Claims Knowledge Base

The Medical Insurance system is an intelligent system that has the ability to build a self-learning virtual utility based on the previous occurrences of ICD and CPT combinations.

Reports

The system provides numerous reports for production, claims, reinsurance, and statistical data. Supported reports include:

- Standard production reports covering schedules, endorsements, members, and card printing vouchers .
- Standard claims reports covering approvals, batch covers, claims details, and rejected claims.
- Reinsurance reports covering bordereaux and loss advice.
- Statistical reports covering loss ratio, reconsolidation, utilisation, and earned and unearned premium.

Queries

The Queries module allows easy search for policy members, premiums, approvals, benefits, providers, transactions, claims and settlements.

Furthermore, the module allows users to generate real-time 2D and 3D diagrams in a professional graphically-attractive layout.

Where time and accuracy are fundamental you want to be sure that all Medical Insurance services are profitable, yet cover your clients' needs!