

MTAT.03.231 – Business Process Management

Homework 4: Process Automation

- Worth 5 points
- To be completed individually or in pairs

Your task is to Implement the following process for disability claims handling using Bizagi BPM Suite.

Automation of Disability Claims Handling at InsureIT

The disability claims handling process is started by a customer, who submits a claim via InsureIT's claims handling system and attaches a medical report to the claim. The claimant has to then print and sign the claim and send it (together with the original copy of the medical report) by post to InsureIT. The checks and assessment of the claim can start even if the signed claim and original medical report have not arrived.

The junior claims handler verifies the validity of the policy. If the junior claims handler finds that the policy is invalid or does not cover the disability reported in the claim, the claim is escalated to the senior claims handler. The senior claims handler must then double-check the policy. If the senior claims handler confirms that the policy is invalid or does not cover the disability reported in the claim, he/she communicates this issue to the customer (via phone and/or e-mail) and marks the claim as "rejected". In some cases, the senior claims handler may determine that the policy is in fact valid. In this case the senior claims handler returns the claim to the junior claims handler for further processing.

Next, the junior claims handler verifies the completeness of the claim. If any items are incomplete or missing, he/she writes down some remarks and returns the claim to the customer, who must then re-submit a completed claim. If the application is complete, the claim is moved on for further processing by the senior claims handler. The junior claims handler may add some free-text "Notes" to the claim if they wish to make the senior claims handler aware of some particular points in relation to the claim (e.g. if they notice any particular anomaly in the application that may be relevant to its assessment).

A senior claims handler then assesses the claim and records his/her decision (positive or negative). In case of positive decision, the senior claims handler enters the amount of the monthly entitlement, the starting date and the duration of the entitlement (in months). In case of long-term disability, the senior claims handler marks the entitlement as being "long-term". In this case, the duration of the entitlement is automatically 3 months from the entitlement's start date. In case of a negative decision, the senior claims handler must enter a justification. If the decision is positive, a justification is optional. The senior claims handler is responsible of communicating the decision to the customer (via e-mail).

No entitlement is paid until the sign copy of the claim and original copy of medical report has been received by InsureIT. Documents related to insurance claims are received by the junior claims handler. Upon receiving the documents related to a

claim, the junior claims handler retrieves the claim in the system and records that the documents have been received.

In case an entitlement needs to be paid for a given claim, and once the original documents of the claim have been received, a finance officer triggers the first entitlement payment and schedules any additional payment(s).

In case of long-term disability, the case is automatically put back for renewal 2 months from the date of the start of the entitlement.¹ When an entitlement is due for renewal, the customer needs to re-submit the application (but all data from the initial claim is copied to the new renewal claim), to attach a new medical report.

A junior claims handler then checks the completeness of the renewal claim (mainly that the required report is attached). The claim is then assigned to the same senior claims handler who made the initial claim assessment. The claims handler makes an assessment in the same way they did in the first iteration. Note that in the case of renewal requests, the insurance policy should not be checked again.

A disability claims form includes the following questions:

- Type of insurance policy (Accident disability insurance, short-term disability insurance, full disability insurance)
- Insurance policy number
- Given names and surname of insured person
- Address
- E-mail
- Telephone
- Occupation
- Length of time in occupation
- Name of employer
- Contact person at employer
- Phone number of employer
- Current base salary
- A medical report to be uploaded as a separate file

What to submit?

Exporting a fully executable dump of your Bizagi project is quite cumbersome. It requires some database administration skills, which not all of you have. It would also be highly time-consuming to grade.

Therefore, you should not submit a full Bizagi project.

Instead, you should submit as a zip file containing the following:

¹ For the purposes of this exercise, we will replace *2 months* by *60 seconds*, to make it possible for one to observe the renewal without waiting an unreasonably long period of time.

- A screenshot showing your process diagram (if it does not fit in one screenshot, make it 2 or 3 pieces, as needed).
- A screenshot showing your data model
- A screenshot for each of the decision rules you defined
- A screenshot of each of the resource allocation rules you defined (in the Performers window)
- One screenshot for each task in your process showing how the execution of that task looks like (the Web form of the task). In other words, you should execute the process in the Bizagi portal (multiple executions so that all tasks appear at least once), and you should take a screenshot of the Web form of each task (one Web form screenshot per task).