



A health plan management group of a Fortune 50 telecommunications company needed to automate the management of 400+ medical and dental plans, provided by 70+ health plan providers nationwide.

Challenges – The Health Plan Management Group of a major telecommunications company (Company) manages 400+ medical and dental plans, provided by 70+ health plan providers nationwide. Every year they enter into a bidding process to obtain the best insurance rates possible to control premium costs without sacrificing quality health care for its participants.

Company benefits specialists review and revise the previous year's Standard Benefits Plan in anticipation of assembling the new current enrollment year Request for Premiums (RFP) package. These documents were assembled and mailed to the health plan providers nationally.

Once health plan providers completed their RFP packages, Company benefits specialists in regional offices throughout the country were manually collecting health plan information for the plans that they administer. Information was collected and distributed to the Third Party Administrator (TPA) using Word documents, and other paper-based media. Because of the logistics and manual processes, the following problems were created:

- Data existed as hard copy residing in binders or in personal computers
- All correspondence was to an individual benefits specialist.
- The process of reviewing and approving these many plans was unwieldy and uncontrolled.
- Cannot determine how many plans have been approved vs. waiting for approval.
- Process was prone to errors in rate calculations potentially costing hundreds of thousands of dollars.
- Some benefits information was lost in the process.

Solution – The solution consisted of a web-based portal solution, built on Microsoft's SharePoint Portal Server 2003 (SharePoint) and on-line web forms developed with Microsoft's Word 2003 technology to facilitate information capture. A customized workflow was developed to assist the RFP approval process utilizing the document library and foldering capability of SharePoint.

RFP documents were built from Microsoft Word templates that contain all necessary formatting and typical "boiler plate" text. These templates can be checked in and out of the SharePoint document libraries for editing by either the Health Plan Provider or Company benefits specialist. The SharePoint document library insures version control and prevents accidental overlay of data.

Individual web sites were created for each participating health plan provider giving access to their RFP documents and the ability to submit their proposed plan rate and premium data for the new enrollment year. Three SharePoint document libraries were set up in the health plan provider work area.

Depending on where they were in the approval process, plan documents and associated information were moved from one library to another by clicking a button. When the health plan provider successfully completed the web form, they submitted it to the Submit-For-Approval library. The Company benefits specialists were alerted via e-mail that a health plan provider has submitted a document for approval. After a RFP has been approved by the Company benefits specialist, the health plan provider is notified of the approval. The RFP is moved to the Approved library.

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CHALLENGES

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SOLUTION

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BENEFITS

The Company Health Plan Portal eliminates the time-consuming and costly task of processing thousands of paper documents and manually entering data into a database for 400+ health plans.

PROJECT SYNOPSIS

The strategy for managing this project was to break it down into two phases: Phase 1 included requirements engineering and authoring the Software Requirements Specification (SRS), and Phase 2 included configuration, customization and testing of the SharePoint system. Since a lot of information was unknown at the start of the project, the Phase 2 project plan was based on information gathered during Phase 1. This allowed us to do a much better job of estimating the length of the project.

A Subject Matter Expert (SME) experienced in employee benefits and technology was engaged to investigate and document the existing processes.

Based on the information gathered by the SME, a UML Use Case metaphor was used to capture precise steps in the process. From this a Software Requirements Specification (SRS) was developed that included both Use Cases and Wire Frames to illustrate the User Interface. Test Cases were created based on the Use Cases developed in the SRS.

Development and Implementation was monitored using Microsoft Project. Results were communicated to stakeholders via email and status meetings.

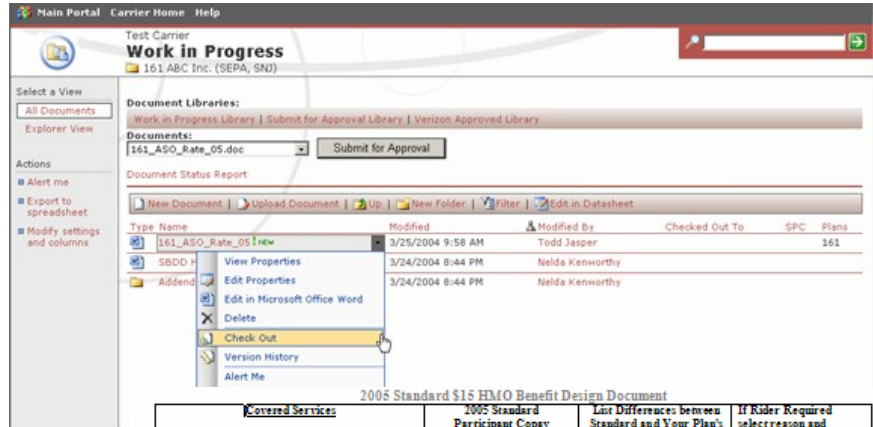
IN ASSOCIATION WITH:

Kenworthy Associates, Inc., a business analysis organization specializing in the processing of employee benefits.

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2005 Standard \$15 HMO Benefit Design Document

Covered Services:	2005 Standard Participant Copay	List Differences between Standard and Your Plan's 2005 Benefit Design (also indicate with an * any benefit changes from 2004 to 2005)	If Rider Required select reason and indicate if purchased	
			Required	Purchased
Annual Deductible	None	Same	<input type="checkbox"/>	<input type="checkbox"/>
Annual Out of Pocket Maximum	None	\$3,500	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Expenses (all medically necessary procedures & services)				
• Covered hospital days as authorized	None	\$100 Copay Per Day - Limited To \$1,000 Annual Maximum	<input type="checkbox"/>	<input type="checkbox"/>
Surgery				
• Inpatient hospital	None	\$100 Copay Per Day	<input type="checkbox"/>	<input type="checkbox"/>
• Outpatient hospital	None	100% Coinsurance For Outpatient Surgery & Observance	<input type="checkbox"/>	<input type="checkbox"/>
Physician's Services (all medically necessary procedures & services)				
• Physician's office visit (OV) for diagnosis and treatment of illness or injury	\$15 per visit (specify after hours copay if different)	Same	<input type="checkbox"/>	<input type="checkbox"/>
• Consultation & treatment by specialist (Specify if copay for specialist is different from PCP OV)	\$15 per visit	\$20 Copay	<input type="checkbox"/>	<input type="checkbox"/>
• Lab tests, x-ray, and other diagnostic procedures	None	\$10 Diagnostic Lab Service, 10% Standard Plan X-Ray, 100% Coinsurance For Radiation Therapy Service 100% For Other Radiological Service	<input type="checkbox"/>	<input type="checkbox"/>
• Allergy testing	\$15 per visit	Same	<input type="checkbox"/>	<input type="checkbox"/>

Business Benefits – The Company Health Plan Portal eliminates the time-consuming and costly task of processing thousands of paper documents and manually entering data into a database for 400+ health plans. Accuracy of the data is ensured through the enforcement of validation rules applied during data entry.

The automation of the RFP process greatly assisted in negotiating and managing the health plan renewal process. By streamlining and automating the data collection and message processes, hundreds of man hours were saved by both health plan providers and the Company's Health Plan Management Group.