

# **MediSure360: Enterprise Health Insurance Management System**

**By Polakis Technologies**



## **System Overview**

MediSure360 is an enterprise-grade health insurance management system designed to streamline operations for insurance providers, third-party administrators (TPAs), and corporate clients. The system enables end-to-end management of health insurance policies, from quotation to claims settlement.

## **Key Differentiators**

- Real-time EDI integration with smart cards and biometrics
- Comprehensive fund management for self-funded schemes
- Automated fraud detection and claim vetting
- Integrated provider network management
- Multi-tier corporate structure support

## **Technical Specifications**

- Web-based architecture
- Multi-tenant capability
- API-first design for integrations
- Real-time processing
- Scalable database design
- Regular security updates

## **Corporate Management Features**

### **Corporate Registration & Profile**

- Create and manage corporate client profiles
- Track corporate details, contacts, and policy information
- Manage multiple policies per corporate
- Store policy terms and conditions
- Track policy history and changes

### **Fund Management**

- Monitor corporate fund balances
- Track fund utilization
- Process fund top-ups
- Generate fund statements
- Configure fund rules and limits

### **Quotation System**

- Generate new policy quotations
- Create comparison quotes
- Track quote versions
- Convert quotes to policies
- Quote templates and rules

## **Member Management Features**

### **Member Registration**

- Individual member enrolment
- Bulk member import
- Dependent registration
- Member card generation
- Photo capture and biometrics

### **Benefits Administration**

- Assign member benefits
- Track benefit utilization
- Configure benefit rules
- Set up waiting periods
- Manage benefit limits

### **Member Operations**

- Process member renewals
- Handle member transfers
- Manage member terminations
- Update member details
- Track member history

## **Claims Management Features**

### **Claims Processing**

- Register new claims
- Process reimbursements
- Pre-authorization management
- Claims vetting workflow
- Payment processing

### **Provider Integration**

- Provider portal access
- Electronic claims submission
- Provider reconciliation
- Provider performance tracking
- Network management

### **Claims Control**

- Fraud detection rules
- Claims auditing
- Duplicate claim checks
- Benefit verification
- Member eligibility validation

## **Financial Management Features**

### **Premium Management**

- Generate debit notes
- Process credit notes
- Premium collection
- Premium reconciliation
- Premium aging analysis

### **Commission Processing**

- Calculate broker commissions
- Track commission payments
- Commission statements
- Configure commission rules
- Commission disbursement

### **Financial Control**

- General ledger
- Accounts receivable
- Bank reconciliation
- Financial reporting
- Tax management

## **EDI Integration Features**

### **Smart Card Integration**

- Member card generation
- Card authorization
- Card blocking
- Card replacement
- Biometric integration

### **Claims EDI**

- Electronic claims submission
- Claims status updates
- Payment reconciliation
- Pre-authorization
- Provider integration

### **Member EDI**

- Member enrollment
- Member updates
- Benefit changes
- Card status
- Eligibility verification

## **System Administration Features**

### **User Management**

- User creation/deactivation
- Role-based access control
- Password management
- Activity logging
- Session management

### **System Configuration**

- Notification settings
- Tax configuration
- Bank setup
- EDI settings
- System parameters

### **Data Management**

- Backup and restore
- Data cleanup
- Audit trails
- Master data maintenance
- System logs



## **Reporting Features**

### **Operational Reports**

- Member reports
- Claims reports
- Provider reports
- Corporate reports
- Fund utilization reports

### **Financial Reports**

- Premium collection
- Commission statements
- Financial statements
- Tax reports
- Audit reports

### **Analytics**

- Claims analysis
- Utilization patterns
- Provider analysis
- Corporate performance
- Risk assessment

## **Business Benefits**

- Reduced operational costs through automation
- Enhanced fraud detection and cost containment
- Improved member satisfaction via real-time service
- Better provider network management
- Regulatory compliance and audit readiness
- Data-driven decision-making capabilities

## **Implementation & Support**

- Phased implementation approach
- Data migration services
- User training programs
- 24/7 technical support
- Regular system updates
- Disaster recovery planning

## **Integration Capabilities**

- Hospital management systems
- Payment gateways
- Mobile apps
- SMS/Email services
- Government healthcare systems
- Third-party service providers

## **Security Features**

- Role-based access control
- Data encryption
- Audit trails
- Password policies
- Session management
- Regular security updates

### **Client Success Metrics**

- Average claim processing time
- Member satisfaction rates
- Provider payment turnaround
- Cost savings achieved
- Fraud detection rates
- System uptime statistics

### **Deployment Options**

- Cloud-hosted
- On-premises
- Hybrid setup
- Multi-location support
- Disaster recovery site
- Development/staging environments

### **ROI Indicators**

- Operational efficiency gains
- Administrative cost reduction
- Fraud prevention savings
- Provider network optimization
- Member satisfaction improvement
- Compliance cost reduction

### **Service Level Agreements**

- System availability
- Response times
- Issue resolution
- Update frequency
- Data backup
- Support coverage