



Siebel Healthcare Guide

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1

What's New in This Release

What's New in Siebel Healthcare Guide, Siebel 2018

No new features have been added to this guide for this release. This guide has been updated to reflect only product name changes.

NOTE: Siebel 2018 is a continuation of the Siebel 8.1/8.2 release

What's New in Siebel Healthcare Guide, Siebel Innovation Pack 2017, Rev. A

This guide has been updated to correct or remove obsolete product and component terms.

NOTE: Siebel Innovation Pack 2017 is a continuation of the Siebel 8.1/8.2 release

What's New in Siebel Healthcare Guide, Siebel Innovation Pack 2017

No new features have been added to this guide for this release. This guide has been updated to reflect only product name changes.

NOTE: Siebel Innovation Pack 2017 is a continuation of the Siebel 8.1/8.2 release

2

Overview of Siebel Healthcare

This chapter describes the modules of Siebel Healthcare and their functionality. It includes the following topics:

- [“About Siebel Healthcare” on page 13](#)
- [“Siebel Healthcare Functionality” on page 13](#)

About Siebel Healthcare

Oracle’s Siebel Healthcare includes various modules that you can mix and match according to your business needs.

Siebel Healthcare is built upon the Siebel Business Architecture, which includes Siebel Sales, Siebel Service, and Siebel Call Center applications. Like many other Siebel Business Applications, Siebel Healthcare uses the Siebel Data Model, the Siebel Object Architecture, and the Siebel Application Server Architecture.

NOTE: Siebel collection management functionality is available for use with Siebel Finance. For more information, see the collection management content in *Siebel Automotive Guide*.

Siebel Healthcare Functionality

Siebel Healthcare offers a solution for relationship management in the healthcare market that includes the health insurance, employee benefits, and care delivery sectors. Built on the strengths of Siebel Industry Applications, Siebel Healthcare allows organizations to successfully manage relationships throughout the entire customer lifecycle, across all stakeholder touchpoints. This provides a platform for identifying new opportunities and expanding upon existing business relationships. Recognizing that success comes from relationships with the expanded community of stakeholders, Siebel Healthcare’s suite of applications focus on the expanded healthcare ecosystem: insurance subscribers and members as well as employer accounts, independent brokers, direct sales channels and providers (health systems, physicians, hospitals, networks, ancillary providers).

By using Siebel Industry Applications, Siebel Healthcare provides solutions to address the industry’s most pressing business issues.

The Siebel Healthcare solution sets include:

- **End-to-End Sales**
 - Manage Opportunity and Account Tracking for prospecting, renewal, and lost business analysis
 - Team based selling (including external team members such as brokers)
 - Sales Manager views to facilitate team management

- Embedded Sales strategy tools
- Capture of information for rating and underwriting such as census and health risk assessment
- Automation capabilities to make sure that quotes and installed cases move through the organization
- **Agent/Broker/Consultant Solutions**
 - Profiling capabilities to track licenses, appointments, errors & omissions coverage, agency affiliation
 - Ability to assign an agent or broker to an opportunity or account
 - Management tools to assess the relative value of various selling partners
 - Delegated administration to allow agencies to administer their own user names and passwords
- **Group Account Relationship Management**
 - Ability to communicate new product information and tailored messages about the plan consistently across every interface
 - Streamline the open and dynamic enrollment processes. Employees can self-enroll online or administrators can submit enrollment by using the group portal
 - Manage service issues with analytics and reports. Employers can have visibility into aggregate claims data, physician networks and other relevant plan information
 - Promote online self-service as an avenue for quick resolution of billing issues
- **Agent Tools**
 - Support demand from web, fax, phone and email from a single interface
 - Address common inquiries with a dashboard of eligibility information, claims history, service history, and log of customer interactions
 - Use assignment manager and workflow products to allow agents to follow best-practice procedures
 - Allow new agents to get up to speed through the use of scripting tools and a common solution library
- **Health Management**
 - Use the Events module to track available health classes and clinics and enroll members and patients
 - Create Activity plans and use workflow tools to outline the appropriate activities and resources required to proactively manage care
 - Develop campaigns for managing enrollment of at-risk populations in care management programs
 - Provide information to educate members on critical life events, disease specific services, and available health classes
 - Use analytics capabilities to track and monitor the success of classes and programs

■ **Provider Relationship Management**

- Consolidate critical information from back office systems related to individual physicians and other providers. This supports effective responses to inquiries and proactive management of the contracting relationship
- Track key information on individual physicians such as panel size and status, location, office hours and hospital admitting privileges
- Search for providers and facilities in a geographic radius using Geocode searching capabilities
- Access provider information online using a secure website
- Generate provider reports by specialty, product, or state
- Offer provider portal to promote self-service for common inquiries

List of Reports

To see a list of the preconfigured reports available for the data in a view, click Reports in the toolbar while in the view. The list specifies which reports are available as Oracle Business Intelligence Publisher reports. From the list you can access individual reports.

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Getting Started with Siebel Healthcare

This chapter lists the applications administration tasks specific to Siebel Healthcare. Use this chapter in combination with *Applications Administration Guide*.

This chapter includes the following topics:

- [“About Applications Administration Tasks” on page 17](#)
- [“Renaming Siebel Account Objects” on page 18](#)
- [“Configuring Lists of Values” on page 18](#)
- [“Configuring Summary Views” on page 18](#)
- [“Adding Products and Product Lines” on page 19](#)
- [“About Command Center” on page 20](#)
- [“Command Center Configuration and Administration” on page 20](#)
- [“Process of Configuring the Command Center Action Form” on page 20](#)

About Applications Administration Tasks

Applications Administration Guide covers the setup tasks that are common to all Siebel Business Applications, such as using license keys, defining employees, and defining your company’s structure. It also provides the information you must implement, configure, and monitor the Siebel sales, service, and marketing products and to perform data administration and document administration tasks. This guide assumes that you have already installed or completed the upgrade of Siebel Healthcare.

The Siebel database server installation creates a Siebel administrator account that can be used to perform the tasks described in this guide. For more information about this process, see the *Siebel Installation Guide* for the operating system you are using.

CAUTION: Do not perform system administration functions on your local database using the Mobile Web Client. Although there is nothing to prevent you from doing this, it can have serious results, such as data conflicts, an overly large local database, or a large number of additional transactions to route.

Renaming Siebel Account Objects

In general, Siebel applications refer to companies as accounts. In the Financial Services industry, the term *account* has typically been synonymous with financial accounts, so historically the word *company* has been used in many places in Siebel Healthcare. By default, Siebel Healthcare installs using the term *accounts*. Users can change this term and use another description, such as *Companies*, *Clients*, or *Customers*. Users wishing to change this default must rename all Siebel Account objects prior to deployment. Make changes to the UI layer (for example, applet titles and control labels), rather than the Business Objects layer. For more information, see *Siebel Database Upgrade Guide*.

NOTE: All of the chapters in this guide are written assuming you have renamed Siebel Account objects to *Companies*.

Configuring Lists of Values

In Siebel Healthcare, modify the List of Values (LOV) in accordance with the terminology used by your financial institution. For example, the list of transaction types used in Siebel Healthcare must match those used by your financial institution. For more information on configuring a LOV, see *Applications Administration Guide*.

NOTE: This might impact certain forms and lists, which rely on the preconfigured values for correct operation.

Configuring Summary Views

In Siebel Healthcare, summary views have been restructured. In the past, multiple summary views existed, typically one summary view for a particular type of user. For example, there were preconfigured summary views specifically for salespeople and customer service agents. This has been replaced by common summary views whose appearance can be configured by individual end users.

Users can change the way a list appears in a summary view by using the controls in the top right corner of each list.

The summary view controls, described in [Table 1](#), allow users to manage what appears on the summary view.

Table 1. Summary View Controls

Button	Description
Hide	Temporarily hides a list or form from view.
Collapse	Collapses the list of records. If the list cannot be collapsed, the expand button appears instead of the collapse button.
Expand	Expands the list of records. If the list cannot be expanded, the collapse button appears instead of the expand button.

Any changes made to a summary view layout are only visible to the current user and remain in effect until that user changes them again or reverts to the default layout. If users hide a list, they must click Edit Layout to restore it. For more information, see [“Editing a Summary View Layout.”](#)

Editing a Summary View Layout

Using the Edit Layout view, users can restore hidden lists, collapse or expand all lists, move lists or forms up or down on the page, or revert to the default layout.

The edit layout buttons, described in [Table 2](#), allow users to change the way a summary view appears and apply those changes to future sessions.

Table 2. Edit Layout Buttons

Button	Description
Collapse	Collapses the list or form.
Expand	Expands the list or form.
Move up	Moves the list or form up on the home page.
Move down	Moves the list or form down on the home page.
Show	Displays the list or form on the home page.
Hide	Hides the list or form from view on the home page.

For more information on available summary views, see [“Viewing a Contact Summary \(End User\)”](#) on page 57, [“Viewing Company Summaries \(End User\)”](#) on page 45, and [“Viewing Household Summaries”](#) on page 66, and [“Editing the Layout of the Members Summary View”](#) on page 111.

Adding Products and Product Lines

Administrators must set up products, such as health insurance products, in Siebel Healthcare. After setting up a product, administrators can specify that it be included in a product line. They can also specify which product lines your company contracts agencies to sell or which ones the state licenses agencies to sell.

Setting up products is discussed in detail in *Product Administration Guide*. However, this guide also explains some steps for adding products in the appropriate chapters. In those chapters, values for specific fields are given to help administrators set up products correctly.

NOTE: Only those users with the required administrative responsibilities, such as Siebel administrators, can add products and information about product lines.

About Command Center

The command center allows you to launch a process, perform a task, or jump to a view. Command center actions are preconfigured by your system administrator in accordance with your company's business process requirements. For example, if the financial services agents at your company often have to jump to the financial accounts view for a contact, you could configure the command center to perform this action, saving them time and keystrokes. See ["Command Center Configuration and Administration" on page 20](#) for information on how to configure the command center.

Out of the box, the command center is only available from the Summary views on the Contacts, Companies, and Members screens.

Command Center Interface Types

There are two interface types for the command center:

- Action form
- Command line

Figure 1 shows the action form, a menu-driven interface guiding the end user through preconfigured choices in order to launch an action. The command line requires the end user to enter specific command line syntax to launch the action.

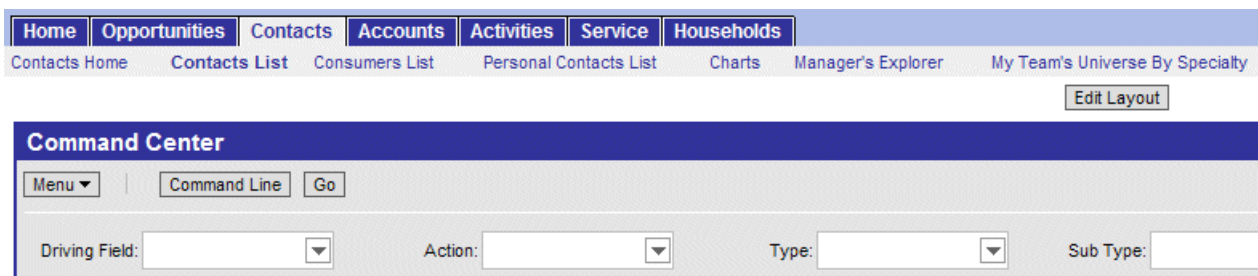


Figure 1. Command Center Action Form

Command Center Configuration and Administration

Command Center configuration and administration must only be done by expert users accustomed to working with business services.

Process of Configuring the Command Center Action Form

To configure the appearance and function of the Command Center Action form you must:

- 1 Define the business object where the Command Center Action form appears and what business component and fields are to be used. See [“Defining the Command Center Business Object.”](#)
- 2 Define actions available for the business object, indicating for each combination of possible attribute values what action is taken (launch a business service or workflow, go to a view, and so on). See [“Defining the Command Center Actions.”](#)
- 3 For actions defined as private, select the defined roles for which the actions will be available. See [“Selecting the Command Center Responsibilities.”](#)

An example configuration is included at [“Example of Configuring the Command Center Action Applet” on page 25.](#)

Defining the Command Center Business Object

The first step in configuring the Command Center Action form is to define the business object where the Command Center form appears, and what business component and fields are to be used. Out of the box, the Command Center forms appear on the Contact Summary and Company Summary views.

This task is part of [“Process of Configuring the Command Center Action Form.”](#)

To define the business object

- 1 Navigate to Site Map, Administration - Command Center screen, and then the Defined Objects view.
- 2 Create a new object definition record and complete the fields as follows:

Field	Parameters	Description
Business Object	Any Business Object for which the forms have been defined. For example, Contact or Companies.	This identifies the screen where the Command Center form is to appear.
Source Business Component	The business component against which the Driving Field will be compared. For example, FINCORP Account. This must be a business component available on the view where the Command Center applets are visible (for example, Contact Summary view).	The value of this field is constrained by the value of Business Object field. In turn, it is a constraint for the Driven Field.

Field	Parameters	Description
Source Business Search Specification	A filter on the source business component. For example, Acct. Status = Open. Only Financial accounts with a status of Open will be available in the Command Center.	Use this field to enter an optional filter criteria on the selected Business Component.
Driving Field	A field name from the Source Business Component. The field name can be ascertained using Siebel Tools. Following the examples in the preceding field parameter descriptions, this could be the Financial Account name or ID.	The value of this field is constrained by Source Business Component and Source Business Search Specification (if entered). The driving field is equivalent to Attribute 1.
Driving Field Label	Free text field, 20 character limit.	The text label exposed in the UI for Driving Field (Attribute 1). If blank, the label defaults to the Driving Field on the Command Center form.
Attribute 2,3,4 Label	Free text fields, 20 character limit.	The text label for each of Attributes 2-4. If left blank, the attribute does not appear on the form.

Field	Parameters	Description
Driving Field on Cmd Form	Check box.	If checked, it exposes the Driving Field label on the Command Center form preceding the Command field.
Expression	Free text field.	<p>Use this field to constrain the available set of actions based on what the user has selected in the Driving Field. As each object definition can have multiple action definitions, the expression field is a way to limit the available actions based on a business component field.</p> <p>For example, if the user selects a checking account, investment based actions might not be appropriate.</p> <p>For example: IIF([Account Number] LIKE '1800*', Liability, Asset). That is, if the account number starts with 1800, it maps to action definitions in the Action Definition list that have the Attribute 1 Map field set to Liability. Otherwise, it is mapped to action definitions that have the Attribute 1 Map field set to Asset.</p> <p>If there is no need to constrain the actions, then any value suffices (for example, Contact - All).</p>

Defining the Command Center Actions

After you define the business object, you define actions for each object. These actions indicate for each object a combination of possible attribute values what action is taken (launch a business service or workflow). The relationship is one-to-many.

This task is part of ["Process of Configuring the Command Center Action Form" on page 20.](#)

To define actions for the Command Center applet

- 1 Navigate to Administration - Command Center screen, the Defined Objects view, and then select the Object Definition for which you wish to define actions.

- 2 Scroll down to the Action Definition list, create actions, and complete the fields as described in the following table.

Field	Parameters	Description
Attribute 1 Required	Check box.	Indicates whether or not an entry in the Driving Field (Attribute 1) is required for the Command Center to return results.
Attribute 1 Map	Free text.	Works in concert with the Expression field of the Object Definition to determine the contents of the Command Center dropdown menus.
Attribute 2-4	Free text.	Value lists for Attributes 2-4.
Command	Free text. Each entry must be unique, that is, you cannot use the same command for different actions.	<p>The command line equivalent for the action.</p> <p>These commands are restricted to the Business Object with which they are associated.</p> <p>See also "Creating Global Commands for the Command Line Applet" on page 27.</p>
Command Help Text	Free text.	<p>The Help text for the command help feature when a question mark (?) is entered using the command line.</p> <p>This field is reserved for future use. You can expose it in some manner, if you choose, using a custom configuration.</p>
Business Service	Free text. EX: FINS Goto View Service	The name of the Business Service to be run.
Business Service Context	Free text.	The parameters for the Business service.
Business Service Method	Free text.	The method for the selected Business service.
Public Flag	Check box.	<p>If checked (true), then any roles selected for the action do not apply.</p> <p>If unchecked (false), then any roles selected do apply and visibility to actions are limited by the selected roles.</p>
Inactive	Check box.	This hides the defined action and attribute combination.

Selecting the Command Center Responsibilities

For each action, select the defined responsibilities for which the action will be available. The relationship between actions and responsibilities is one-to-many.

This task is part of [“Process of Configuring the Command Center Action Form”](#) on page 20.

To select responsibilities for a Command Center action

- 1 Navigate to Administration - Command Center screen, the Defined Objects view, and then select the Action for which you wish to define responsibilities.
- 2 Scroll down to the Responsibility list, create a new record, and select the responsibility.
The responsibilities information appears as read-only in the Responsibility list. Selected responsibilities are only enforced if the Public Flag for the action is unchecked (false).

Example of Configuring the Command Center Action Applet

This topic gives an example of configuring the Action applet. You might use this feature differently, depending on your business model.

The Command Center is available on the Siebel Healthcare Member Summary view and can be configured to launch several key sales processes such as ordering a new ID card or changing a primary care physician. For more information on using the Member Summary Command Center when configured as in this example, see [“Example of Using the Command Center for Common Member Services”](#) on page 112.

The Command Center is set up using the Administration - Command Center view.

To configure the action applet to run the business service FINS Goto View

- 1 Navigate to FINS Command Center Admin Object view and create a new object definition record. Complete the fields as follows:

Field	Value
Business Object Name	FINS Members
Source Business Component	FINS Members
Driving Field	Last Name
Driving Field Label	Name
Attribute 2 Label	Area
Attribute 3 label	Action

Field	Value
Expression	RedundantExpression
Driving Field On Cmd Form	Checked

- 2 To set up a pop-up applet, in the Action Definition list create a new action record and complete the fields as follows:

Field	Value
Attribute 2	ID Card Requests
Attribute 3	Show History
Command	IDCSH
Business Service	SLM Save List Service
Business Service Context	'Applet Mode', '6', 'Applet Name', 'FINS Service Request Order ID Popup Applet'
Business Service Method	LoadPopupApplet
Public Flag	Checked

- 3 To set up a view navigation, in the Action Definition list create a new action record and complete the fields as follows:

Field	Value
Attribute 2	ID Card Requests
Attribute 3	Order New ID Card
Command	IDCOR
Business Service	FINS Goto View Service
Business Service Context	'ViewName', 'FINS Member Benefits View', 'RowId', '[Current Src Rec Id]', 'AppletName', 'FINS Member Form Applet - short'
Business Service Method	GotoView
Public Flag	Checked

Creating Global Commands for the Command Line Applet

Some users might prefer to use only the Command form. In this case, the only configuration required is to indicate the command line syntax and the associated business service and responsibility information. Use these global commands through the Command line form on whatever business object it appears.

To create global commands for the Command Line applet

- 1 Navigate to the Administration - Command Center screen, and then the Global Commands view.
- 2 In the Global Commands list, create a command record, and complete the fields as described in ["Defining the Command Center Actions" on page 23](#).
- 3 For each Command, record select responsibilities as described in ["Selecting the Command Center Responsibilities" on page 25](#).

4

Managing Companies

This chapter describes managing companies and accounts information. It includes the following topics:

- [“About Managing Companies” on page 30](#)
- [“About Company Hierarchies” on page 30](#)
- [“Scenario for Managing Company Information” on page 31](#)
- [“Process of Managing Companies” on page 32](#)
- [“Setting Up Values for Companies” on page 32](#)
- [“Deleting Company Information” on page 33](#)
- [“Managing Competitor Information” on page 34](#)
- [“Verifying Coverage Team Members” on page 35](#)
- [“Managing the Custom-Defined Relationship Types LOV” on page 36](#)
- [“Generating Company Hierarchies for Data Aggregation” on page 37](#)
- [“Adding Companies and Investors \(End User\)” on page 40](#)
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About Managing Companies

Within Siebel Healthcare, the term *companies* refers to entities that are typically referred to as *accounts* in other Siebel applications. A company represents the relationship between your organization and companies or organizational entities (or structures) with which you do business. Use the Companies screen and its associated views to view company information and interactions.

CAUTION: This chapter assumes you have renamed Siebel Account objects to Companies. By default, Siebel Healthcare installs using the term Accounts. For more information on renaming Siebel Account objects, see *Siebel Database Upgrade Guide*.

In Siebel Healthcare, the term investors refers to financial organizations such as mutual fund or money management institutions; investors are not contacts, rather they are companies that are identified as investors. In Siebel Financial Services, the investors functionality has migrated to the Companies screen. This chapter covers both regular company and investor procedures.

Use the procedures in this chapter to perform the administrator tasks of controlling company information, generating company hierarchies, managing competitor information, verifying coverage team members, and managing custom-defined relationship types.

End users use the Companies views to add new companies and investors, create company assessments, associate service requests with a company, update the coverage team, define relationships to other companies, contacts, and households, and view company summary information. In addition, end users can retrieve information about investors, including investors' preferences, holdings, and transactions.

You can save time and reduce keystrokes by using a workflow to automate steps that are repeatedly performed by end users. For more information, see *Siebel Business Process Framework: Workflow Guide*.

About Company Hierarchies

A company hierarchy is a group of companies that are organized by parent-child relationships. Siebel Industry Applications support displaying these company relationships in a hierarchical tree.

The hierarchical tree is a visual representation of company hierarchy data that allows end users to view the relationships between companies. By viewing a company roll-up, users can see aggregated company information, including contacts, coverage teams, activities, and opportunities.

When end users have access to a company, they can review the hierarchical structure for that company, its child divisions, and the contacts who work there. Company hierarchies are displayed in five subviews of the Companies screen:

- Relationship Hierarchy view
- Activity Roll-up
- Contact Roll-up
- Opportunity Roll-up
- Coverage Team Roll-up

Depending on your configuration, a company that does not have a parent-child relationship with another company might not appear in the roll-up views. For more information on company hierarchies, see [“Generating Company Hierarchies for Data Aggregation” on page 37](#) and [“Viewing Company Hierarchies in Roll-Up Views \(End User\)” on page 41](#).

Scenario for Managing Company Information

This scenario features sample tasks performed by a sales representative in the insurance and healthcare industries. Your company might follow a different workflow according to its business requirements.

In this scenario, end users are the sales representatives who manage company information. They enter information to:

- Add new companies to the database and create company assessments
- Associate applications and service requests with a company
- Manage company coverage teams
- View company summary information
- View relationships in a graphical manner

Sales Representative Tracks Company Information

A sales representative uses the Companies screen to capture and manage profile information about her business customer, such as contacts, organizational structure, management, and financial information. In addition to viewing market statistics and D&B reports. Using Siebel Healthcare, she can capture and track information about a company's:

- Relationship with her organization, such as the coverage team, contract terms, sales and service information
- Preferred delivery channels, at both summary and detailed levels

She can also view details of competitors and create and access marketing and sales presentations.

The sales representative can create a new company record or view and modify information about existing companies. For example, if the sales representative is preparing for a sales call, she can use the Companies screen to answer the following questions:

- What business is this company in?
- Who are the executives I must be calling on?
- What is this company's financial profile?
- What financial accounts and products does the company already own?
- What types of service issues has the company had?

Process of Managing Companies

This topic details sample tasks often performed by administrators and end-users when managing companies. Your company might follow a different process according to its business requirements.

Administrator Procedures

The following list shows tasks administrators typically perform to manage companies:

- [“Setting Up Values for Companies” on page 32](#)
- [“Deleting Company Information” on page 33](#)
- [“Managing Competitor Information” on page 34](#)
- [“Verifying Coverage Team Members” on page 35](#)
- [“Managing the Custom-Defined Relationship Types LOV” on page 36](#)
- [“Generating Company Hierarchies for Data Aggregation” on page 37](#)

End-User Procedures

The following list shows tasks end users typically perform when managing companies:

- [“Adding Companies and Investors \(End User\)” on page 40](#)
- [“Viewing Company Hierarchies in Roll-Up Views \(End User\)” on page 41](#)
- [“Creating Company Assessments \(End User\)” on page 43](#)
- [“Adding Company Applications \(End User\)” on page 44](#)
- [“Adding Company Service Requests \(End User\)” on page 44](#)
- [“Managing Company Coverage Teams \(End User\)” on page 45](#)
- [“Viewing Company Summaries \(End User\)” on page 45](#)
- [“Viewing Company Relationship Hierarchies \(End User\)” on page 46](#)

Setting Up Values for Companies

Administrators can create new industries and territories so that the appropriate selections are available to end users when they add companies.

When a company is added to Siebel Healthcare, the end user adding the company is responsible for indicating the industry to which the company belongs. Administrators are responsible for creating the industries that appear to end users.

Adding Industries

Use the following procedure to add an industry.

To add an industry

- 1 Navigate to the Administration - Data screen, then the Industries view.
- 2 In the Industries list, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Description
Language Code	Primary language of the classification used.
SIC Code	Standard Industry Classification code as defined by the U.S. Department of Commerce.
Type	The classification used to describe the industry.

Companies are often associated with a territory. Administrators can create the territories that appear in the Territory field when end users add a company to Siebel Healthcare.

Adding Territories

Use the following procedure to add a territory.

To add a territory

- 1 Navigate to the Administration - Assignment screen, then the Territories view.
- 2 In the Territory List list, add a record, and complete the necessary fields.

Deleting Company Information

Deleting a company completely removes the company, as well as all activities related to the company, from Siebel CRM. Only delete a company record if you are certain that the company is no longer active. If end users are unsure whether or not a company is still active (and therefore must not be deleted), they have the option of removing themselves from the company team instead of deleting the record.

As the Siebel administrator, you can make a company unavailable to all other users. First, you can assign yourself as the primary team member. Second, you remove all other employees from the company's team.

To make a company unavailable to all other users

- 1 Navigate to the Companies screen, then the Companies Administration view.

- 2 In the Company list, drill down on the Name link.
- 3 In the Company Team dialog box, locate the administrator, and click in the Primary field.
- 4 In the Company Team dialog box, delete all other coverage team members and click OK.

Only those users with access to the All Companies and All Companies Across Organizations views are able to see this company.

Managing Competitor Information

Effective sales and marketing requires that your employees have up-to-date and consistent information about the competition and their products. This topic describes how to administer information about competitors and competitive products within the Companies screen.

To indicate that a company is a competitor

- 1 Navigate to the Companies screen, then the Companies Administration view.
- 2 In the Company list, add or select a company.
- 3 In the Company form, click the show more button.
- 4 Select the Competitor check box to add the company to the Competitor's list.

The company appears in the Competitor's list. The Competitor's list is available in the Competitors screen and related screens, such as Opportunities.

NOTE: Nonadministrators can specify that a company is a competitor by selecting Competitor from the Type drop-down list. However, selecting Competitor from the Type drop-down list does not add the company to the Competitor's list as seen on the Competitor's screen, or in the Pick Competitors dialog box, which is accessible on related screens, such as Opportunities.

When a company has been indicated as a competitor, you might want to add document files of comparative and competitive literature. For more information, see the chapter on literature administration in *Applications Administration Guide*.

Removing Records from the Competitors List

You cannot delete records that have been added to the Competitors list, since deleting them would also remove them from related screens, like Opportunities. For example, a company might have been a competitor for an opportunity last month. Even if the company is no longer a competitor, the competitor record must remain as part of the history of the opportunity.

If you no longer want a record to appear in the Competitor's list, deselect the Competitor check box. This removes the record from the Competitors screen without affecting other screens.

Verifying Coverage Team Members

If you are logged on as a Siebel administrator, you can search for companies that do not have any coverage team members.

Managers can add or delete the members of a company's coverage team if they are the existing primary team member, or the primary team member is one of their direct reports. If you are logged in as an administrator, you can change the primary team designate for any company in the Company Administration view. (Navigate to the Companies screen, then the Companies Administration view.)

NOTE: In Siebel Financial Services, the terms sales team and account team are equivalent to coverage team.

The procedures that follow involve making selections in the Account Team field. If the Account Team field does not appear in your installation, you might reveal it using the Columns Displayed dialog box.

NOTE: Usually, Assignment Manager resolves problems with coverage teams and owner assignment automatically. For more information on Assignment Manager, see *Siebel Assignment Manager Administration Guide*.

Searching for a Company without Coverage Team Members

Use the following procedure to search for a company without coverage team members.

To search for a company without any coverage team members

- 1 Navigate to the Companies screen, then the Companies Administration view.
- 2 In the Companies list, define a new query where the Name field is:


```
count(
) = 0
```

- 3 Execute the query.

The query returns a list of all companies that do not have any coverage team members.

Adding and Deleting Members of the Coverage Team for a Company

Use the following procedure to add or delete members of the coverage team for a company.

To add or delete members of the coverage team for a company

- 1 Navigate to the Companies screen, then the Companies Administration view.
- 2 In the Companies list, select a company, and click the More Info view tab.
- 3 In the Account Team field, select an employee in the Coverage Team dialog box, and click Add or Remove.

Changing the Primary Coverage Team Member for a Company

Use the following procedure to change the primary coverage team member for a company.

To change the primary coverage team member for a company

- 1 Navigate to the Companies screen, then the Companies Administration view.
- 2 In the Companies list, select a company, and click the More Info view tab.
- 3 In the Account Team field, select the Primary field for the new primary coverage team member.

Managing the Custom-Defined Relationship Types LOV

If you are logged in as the Siebel administrator, you can create and maintain a list of predefined custom-defined relationship types. A default list of values is provided with the application. These relationship types appear in the drop-down LOV for the Type field found on the Relationship Hierarchy views, in the Party Relationship applet.

To add a custom-defined relationship type

- 1 Navigate to the Administration - Data screen, then the List of Values view.
- 2 In the List of Values list, create a New Query where Type equals PARTY_RELATIONSHIP_TYPE.

At least six records will be returned, showing the existing list of values for custom-defined relationship type.

- 3 In the List of Values list, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Active	Determines whether the value is displayed to the end user in the Relationship drop-down list.
Display Value	Value as displayed in the Relationship drop-down list.
Language Independent Code	Code used internally by the Siebel application.
Language Name	Language used for the list of values Display Value field.
Order	Numerical order in which a value is displayed within the Relationship drop-down list.
Parent LIC	Language-independent code of a parent list of values. It is used in hierarchical list of values.
Translate	When checked, indicates that the list of values is part of a multilingual list of values (MLOV).
Type	The type of list of values. For this procedure, select PARTY_RELATIONSHIP_TYPE.

NOTE: You cannot delete LOV table entries. Use the Active check box to deactivate an LOV entry and thereby remove it from the Relationship drop-down list.

Generating Company Hierarchies for Data Aggregation

Data aggregation is available by using the Roll-up views, providing the administrator defined one or more hierarchies. The application administrator typically defines a default hierarchy by associating accounts with one another using the parent field on a company form, or the subaccount view for child accounts. Administrators can define Company hierarchies to display aggregated data across organizational structures, such as the activities, opportunities, contacts, and coverage teams. For example, the top node of the hierarchy contains activities for the organization, the subsidiaries below the organization, the departments at the subsidiaries, and contacts working at any level of the tree. As the end users move up and down the tree, they see more or less data rolled up to the selected level.

By default, only companies that are part of a relationship hierarchy can display roll-up data. You can modify the application to display roll-up data for companies which are not part of a hierarchy.

To configure display of roll-up data for companies not in a hierarchy

- Using Siebel Tools, set the DynHierachry user property of the Dynamic Hierarchy Direct Relationship business component to LoadAllAccounts

For more information on setting user properties, see *Configuring Siebel Business Applications*.

Siebel Global Accounts is the module that provides this aggregation functionality. For more on global accounts, see *Applications Administration Guide*.

The application administrator can define two types of hierarchies for data aggregation:

- Default hierarchy for all end users, see [Default Company Hierarchies on page 38](#)
- Specific hierarchies that are used only by certain end users, see [Dynamic Company Hierarchies on page 39](#)

Default Company Hierarchies

The application administrator sets up a default company hierarchy one time, during the initial application setup. The default hierarchy is available to all end users who are not tied to a specific hierarchy, and who have been granted view access to the companies represented in the hierarchy. It is the administrator's responsibility to give end users access to Company views. For more information, see *Applications Administration Guide*.

When new companies are added, they are automatically added to the default hierarchy tree. The contacts, coverage teams, activities, and opportunities that are associated with the company are automatically displayed in the roll-up views.

In the preconfigured application, using the Generate Hierarchy button adds only parent account and child companies to the hierarchy. Any company that does not have a child or parent is not displayed in the roll-up views. Use Siebel Tools to change the DynHierarchy LoadAllAccounts user property to alter this behavior.

You can set the DynHierarchy LoadAllAccounts user property on the Dynamic Hierarchy Direct Relationship business component to N or Y. When it is set to N, only parent and children appear in the generated hierarchy. When DynHierarchy LoadAllAccounts user property is set to Y, all companies are added to the generated hierarchy. For more information on setting user properties, see *Siebel Developer's Reference*.

To generate a default company hierarchy

- 1 Navigate to the Companies screen, then the Global Companies Administration view.

- 2 In the Company Hierarchies list, click Generate Hierarchy.

The parent-child account relationships that have been defined in your application are registered for participation in the roll-up views. This process might take some time, depending on the quantity of account records that are in your existing environment.

When the company hierarchy has been generated, a new record appears in the Company Hierarchies list. The Hierarchy Name field of the record contains the user ID of the administrator who generated the hierarchy and the time it was generated. If it is the only hierarchy record, the Default field is automatically checked. The companies that have been added for participation in the roll-up views appear in the Company Relationships list.

NOTE: If no accounts are visible in the Company Relationships list, click the query button, step off the query, and click Go to refresh the view.

- 3 (Optional) Rename the company hierarchy and, if necessary, check the Default field.

NOTE: If end users are using the application when you generate a hierarchy, they must log off and log on again to see the default hierarchy in the roll-up views.

Dynamic Company Hierarchies

In some cases, users work with particular companies within a large corporation, but not with others. In these instances, some end users do not need to or must not see aggregated data across the entire corporation. An administrator can define a custom hierarchical structure across which data can be aggregated. This defined structure, called a *dynamic hierarchy*, can be as simple or complex as needed and offers users the ability to aggregate data across the companies they are interested in seeing.

To create a dynamic company hierarchy of selected companies

- 1 Navigate to the Companies screen, then the Global Companies Administration view.
- 2 In the Company Hierarchy list, and create a new record.
- 3 Scroll down to the Company Relationships list, create a new record, and select company.

All the accounts in the Company Relationship list belong to the new account hierarchy.

- 4 To define parent and child relationships:

- a Select a company in the Company Relationship list that has no parent.

- b In the Parent field, select a parent.

NOTE: Only companies entered in the Company Relationships list (Step 3) are available for selection in the parent field.

- 5 Repeat Step 4 for all companies that have no parents.

Associating Dynamic Hierarchies with an Organization

Use the following procedure to associate the dynamic hierarchy with an organization.

To associate the dynamic hierarchy with an organization

- 1 Navigate to the Administration - Group screen, then the Organizations view.
- 2 Select the organization in the Organizations list.
- 3 In the organization form, select the desired hierarchy in the Account Hierarchy field.

End users can only see the hierarchy with which their current position's primary organization is tied. It is the administrator's responsibility to associate end users with positions, positions with organizations, and organizations with hierarchies. For more information, see *Applications Administration Guide*.

Adding Companies and Investors (End User)

When end users identify a possible lead, the lead can be added as a company. Users can then begin to add and track information about the company.

To add a company or investor

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies form, click the show more button, add a record, and complete the necessary fields.
- 3 To specify a privacy level, in the Privacy Option field select one of the following:
 - **Opt-In.** Sharing of nonpublic personal information is allowed without restrictions.
 - **Opt-Out - Affiliates.** Sharing of nonpublic personal information with affiliates is not allowed.
 - **Opt-Out - Third Party.** Sharing of nonpublic personal information with third parties is not allowed.
 - **Opt-Out - All Parties.** Sharing of nonpublic personal information with any affiliate or third party is not allowed.

United States law requires that financial institutions disclose their privacy policies regarding the sharing of non public personal information with third parties, and fair credit reporting, that impacts the sharing of non public personal information with affiliates. End users can specify a privacy level by making a selection from the Privacy Option field.

The Privacy Option field is for registering the privacy level requested by the company; it does not impact record visibility in any way.

- 4 To identify the company as an investor, check the Investor box in the Company form.

Updating Company Profiles (End User)

It is recommended that a company's profile information always be kept up to date. The information in a company's profile is used throughout Siebel Healthcare to make decisions about and manage company records. For example, in the Commercial Loans screen, a company's profile information automatically appears in the Borrower Detail view.

To update a company profile

- 1 Navigate to the Companies screen, then Companies List view.
- 2 In the Companies list, drill down on the desired company.
- 3 Click the Client Profile view tab.
- 4 In the Client Profile form, select the link to one of the following profile areas to update:
 - Business
 - Financial
 - Investors
 - Management
 - Market Statistics
 - Transactions
- 5 In the Profile form, update the information as needed.

Viewing Company Hierarchies in Roll-Up Views (End User)

End users can review the company and its parent organization, subsidiaries, contacts, opportunities and relationships to other entities using the graphical relationship hierarchy tree control. This control is available in the roll-up views. By drilling down on hypertext links on the hierarchy tree, end users can navigate to related views.

NOTE: If the company has not been added to a hierarchy tied to the user's position's organization (either default hierarchy or dynamic hierarchy), the hierarchy tree is not visible to the end user. The following message appears: "The selected record is not included as part of your defined hierarchy. If you feel this is in error, please contact your system administrator." The administrator is responsible for associating positions with organizations and an organization with a hierarchy.

The Activities-Roll-up view shows all of the activities associated with the selected company and its children. End users can apply filters to the list to find specific activity records and save the filtered list.

NOTE: If a company is not associated with any other organizations through the relationship hierarchy, then the roll-up views will not contain any data. A company must have a parent organization, or have children organizations, in order to display roll-up data.

To view aggregated activities for a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 Drill down on the desired company, and click the Activities-Roll-up view tab.

The associated hierarchy appears on the right side of the screen. All activities associated with the company and all of its children appear in the Activities-Roll-up list.

In the Activities-Roll-up List, you can:

- Drill down on an activity type to navigate to the Activities screen, then the Attachments view.
- Drill down on a company name to navigate to the Companies screen, then the Contacts view.

NOTE: If you create an activity in the Activities screen and do not set the Company field, the activity will not appear in the Activities-Roll-up list.

Viewing the Aggregated Coverage Team for a Company

Use the following procedure to view the aggregated coverage team for a company.

To view the aggregated coverage team for a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 Drill down on a company, and click the Coverage Team-Roll-up view tab.

The associated hierarchy appears on the right side of the screen. All coverage team members associated with the company and all of its subsidiaries appear in the Coverage Team-Roll-up list.

In the Coverage Team-Roll-up list, you can:

- Drill down on a last name to navigate to the Employees screen.
- Drill down on an email address to open a blank email message addressed to the team member who has that address.

Viewing the Aggregated Opportunities for a Company

Use the following procedure to view aggregated opportunities for a company.

To view aggregated opportunities for a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 Drill down on a company, and click the Opportunities-Roll-up view tab.

The associated hierarchy appears on the right side of the screen. All opportunities associated with the company and all of its children appear in the Opportunities-Roll-up list.

In the Opportunities-Roll-up list, you can:

- Drill down on an opportunity name to navigate to the Opportunities screen.
- Drill down on a company name to navigate to the Companies screen, then the Contacts view.

Viewing an Aggregated List of Contacts for a Company

Use the following procedure to view an aggregated list of contacts for a company.

To view an aggregated list of contacts for a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 Drill down on a company, and click the Contact-Roll-up view tab.

The associated hierarchy appears on the right side of the screen. All contacts associated with the company and all of its children appear in the Contacts-Roll-up list.

In the Contacts-Roll-up list, you can:

- Drill down on a last name to navigate to the Contacts screen.
- Drill down on a company to navigate to the Companies screen, then the Contacts view.
- Drill down on an email address to open a blank email message addressed to the contact who has that address.

Creating Company Assessments (End User)

An *assessment* is a set of attributes used to assess the business potential or credit worthiness of a company. Company assessments can be used to compare companies to each other or against a model, or to learn about companies and sales situations. End users complete the company assessment by selecting the appropriate values for the different attributes.

To perform a company assessment

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the company for which the assessment is being performed.
- 3 Click the Assessments view tab, and create a new record.
- 4 In the Template Name field, select the appropriate template.

Attribute records are automatically generated in the Assessment Attributes list.

- 5 In the Assessment Attributes list, make a selection in the Value field for each attribute.

NOTE: Administrators must create the assessment templates. See *Applications Administration Guide* for more information on how to create assessment templates.

Adding Company Applications (End User)

Applications are used for companies that want to apply for offered services or products. For example, a small business wants to apply for a business checking account. The end user handling the inquiry finds the company in the All Companies view, navigates to the Applications view, and creates an application record for this business checking account application.

To associate an application with a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the company to associate with an application.
- 3 Click the Applications view tab, create a new record, and complete the necessary fields.

NOTE: Drill down on the [Application Name](#) link to enter more detailed application information.

Adding Company Service Requests (End User)

A service request is a request from a company for information or assistance with a problem related to purchased products or services. When a customer calls about an existing service request, end users can find the service request and give status information to the caller in several ways. They can:

- Review the service request information
- Create an activity to record the customer's call
- Update the service request with additional information from the customer
- Resolve the service request
- Assign the service request
- Transfer the caller to another service representative

If a call requires that an end user create a new service request, she can create one. Siebel Healthcare automatically assigns a unique service request (SR) number to track the new service request throughout Siebel CRM.

To add a service request associated with a company

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 From the Show drop-down list, select All Companies.
- 3 In the Companies list, drill down on the desired company.
- 4 Click the Service Requests view tab, create a new record, and complete the necessary fields.
The application automatically assigns a service request number (SR#).

Managing Company Coverage Teams (End User)

A coverage team is the group of employees that are assigned to manage the relationship with a given company. The coverage team for a company is defined as all users who have access to the company in the My Companies view.

NOTE: Similar coverage team functionality is also available for contacts. You can use the Contact Coverage Team view (Navigate to the Contacts screen, then the Coverage Team view) to manage the contact coverage team.

End users can use the company coverage team functionality available in Siebel Healthcare to:

- Record and display employees covering a company within a single company record
- Specify and review the nature of the employee's relationship with each covered company, defined as the Coverage Role and Attributes list

To add a member to a coverage team

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the desired company.
- 3 Click the Coverage Team view tab, create a new record, and select an employee.
- 4 If known, select the employee's coverage role using the drop-down list in the Coverage Role field.

NOTE: The Siebel administrator maintains the Coverage Role LOV in the List of Values screen under the Type field value type FINS_COVERAGE_ROLE_TYPE. Navigate to the Administration - Data screen, then the List of Values view, to access the List of Values screen.

- 5 If desired, scroll down to the Categories and Securities view tabs and select values defining the coverage relationship between the employee and the company; you can select one or more attributes.

The application adds the employee to the coverage team with a defined relationship. The company will appear in the employee's My Companies view.

Viewing Company Summaries (End User)

The Company Summary view provides a comprehensive view of a company in an editable format. This view displays basic company information, financial accounts, call reports, logged alerts, and contacts associated with a company.

To view company summary information

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the desired company.

- 3 Click the Summary view tab.

For more information on editing summary view information, see [“Configuring Summary Views” on page 18](#).

Viewing Company Relationship Hierarchies (End User)

End users use the Relationship Hierarchy view to identify and capture key relationships for a company. This view features a graphical tree that provides a visual representation of a company's relationships. The tree shows the natural hierarchy of a company's parent-child relationships to entities such as companies, subsidiaries, divisions, contacts, and coverage relationships with employees, as well as custom-defined relationships.

Custom-defined relationships are dynamic associations between the company and any contact, organization, household, or employee. End users can record custom-defined relationships between any two entities in the adjacent Party Relationships list.

NOTE: The Relationship Hierarchy view is also available on the Contacts, Employee (read only) and Households screens. For more information, see [“Viewing Contact Relationship Hierarchies \(End User\)” on page 57](#) and [“Using the Household Relationship Hierarchy” on page 66](#).

To establish a natural parent-subsidiary relationship between two companies

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the company to be established as the subsidiary.
- 3 Click the More Info view tab.
- 4 In the Parent field, select the parent company.
- 5 Repeat [Step 2](#) through [Step 4](#) to set up companies, subsidiaries, branches, and departments as needed for your deployment.
- 6 Click the Relationship Hierarchy view tab.

The new parent-subsidiary relationship is shown in the Relationship Hierarchy explorer in the lower-left corner of the screen.

Creating a Custom-Defined Relationship

Use the following procedure to create a custom-defined relationship.

To create a custom-defined relationship

- 1 Navigate to the Companies screen, then the Companies List view.
- 2 In the Companies list, drill down on the company for which you want to create a custom-defined relationship.
- 3 Click the Relationship Hierarchy view tab.

- 4 In the Party Relationship list, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Relationship	<p>Categorizes the relationship between the company and another entity. Field has an LOV for custom-defined Relationship values. Predefined values include Reports To, Spouse, Child, Lawyer, Board Member, Primary Contact (Backup), Admin Assistant, Competitor, Referral, Service Provider, Investor, Wealth Management Rep, Related Subsidiary, Bank Attorney, Trustee Attorney, and Debtor Attorney.</p> <p>This LOV can be modified by the Siebel administrator. For more information, see “Managing the Custom-Defined Relationship Types LOV” on page 36.</p>
Start Date	If the custom-defined relationship falls:
End Date	<ul style="list-style-type: none"> ■ Between the Start and End Dates, the custom-defined relationship appears in the tree. ■ Outside the range, the custom-defined relationship does not appear to the user. The user can enter a start or end date, or both.
Type	Use this field to determine the type of entity with which you wish to establish a relationship. Defaults to Contact. Other values include Household, Organization, and Employee.
Value	The value in this field is based on the Type field. For example, if Type equals Contact, then clicking the select button in the Value field displays the Select Contact dialog box.

The newly defined relationship appears in the Relationship Hierarchy explorer.

Displaying Lists of Investor Transactions or Holdings (End User)

End users can view lists of transactions associated with an investor.

To display a list of transactions by investor

- 1 Navigate to the Companies screen, then Companies List view.
- 2 In the Companies list, drill down on the investor for which you want to display transactions.
- 3 Click the Investor Profile view tab.
- 4 Scroll down to the All Transactions as Investor list to review the transaction history.

Displaying a List of Holdings by Investor

Use the following procedure to display a list of holdings by investor.

To display a list of holdings by investor

- 1 Navigate to the Companies screen, then Companies List view.
- 2 In the Companies list, drill down on the investor for which you want to display holdings.
- 3 Click the External Holdings view tab.

End users can also enter holdings information in the External Holdings view.

5

Managing Contacts

This chapter describes how to manage contacts. It includes the following topics:

- “About Managing Contacts” on page 49
- “Scenario for Adding a New Contact” on page 50
- “Process of Managing Contacts (End User)” on page 51
- “Updating or Reviewing a Contact’s Holdings” on page 51
- “Updating or Reviewing a Contact’s Investment Profile” on page 51
- “Managing Contact Information (End User)” on page 52
- “Creating Customer Assessments (End User)” on page 56
- “Setting the Customer Value Icon (End User)” on page 57
- “Viewing a Contact Summary (End User)” on page 57
- “Viewing Contact Relationship Hierarchies (End User)” on page 57
- “Managing Mortgages (End User)” on page 59

About Managing Contacts

Contacts are entities or individuals with whom the company does business with or with whom it expects to do business with in the future. Contacts includes employees of other companies, independent consultants, vendors, or personal acquaintances. Contacts can belong to only one company, but they can be part of many opportunities, including opportunities that do not involve their companies. Within Siebel Healthcare, contacts are presented in a single view of the customer and your relationship with the customer.

CAUTION: This chapter assumes you have renamed Siebel Account objects to *Companies*. By default, Siebel Healthcare installs using the term *Accounts*. For more information on renaming Siebel Account objects, see *Siebel Database Upgrade Guide*.

End users can:

- Enter and track information about contacts, which includes products bought, details of signed agreements or contracts, and products previously recommended to the customer.
- Document marketing campaigns and details of each customer’s response.
- Maintain a history of service requests, insurance claims, and product applications that the customer has made in the past.
- Analyze a customer’s financial health as well as a customer’s needs.

The Contacts screen provides an alternative view of data that is available in other screens. Many tasks that can be performed in the Contacts views can also be performed in other screens. For example, users can create activities for a contact either in the Contact Activities view, or they can go to the My Activities view to enter a new activity, and then associate it with the contact. For more information on basic contact functionality and administration, see *Applications Administration Guide*. You can save time and reduce keystrokes by using a workflow to automate steps that are repeatedly performed by end users. For more information, see *Siebel Business Process Framework: Workflow Guide*.

Scenario for Adding a New Contact

This scenario features sample tasks performed by a sales representative in the healthcare industry. Your company might follow a different workflow according to its business requirements.

Sales Representative Adds a New Contact

At a conference, a new account representative meets a potential customer. The potential customer gives the new account representative his business card and informs her that he had recently moved to the area and works for a medium sized software company.

The new account representative returns to her office and enters her new acquaintance into Siebel Healthcare as a new contact. She can also enter his company information and associate the company with the contact. In the Relationship Hierarchy view, she can enter the relationships for this contact, including all companies he is associated with, the contact's business partners, lawyer, his family members, and other influential relationships. As the creator of this new contact record, she is automatically added to the coverage team as the primary representative for the customer. If necessary, she can also add the small business manager and other product experts to the coverage team so they can see this new contact in their My Contacts view.

As the customer is looking for personal and business services, the account representative can create separate opportunity records in Siebel Healthcare associated with the contact. In the opportunity records, she records the products and services the customer is interested in as well as other follow-up activities to serve the customer's needs.

In the scenario, end users are the new account representatives who manage company information in the field. They enter information to:

- Add a new contact and associate him/her with companies
- Use the Relationship view to enter all the contact's influential relationships
- Add other account representatives to the coverage team
- Create new opportunities associated with the contact
- Create follow-up activities and assign them to the right representatives to close the potential opportunities

Process of Managing Contacts (End User)

This topic details sample tasks often performed by administrators and end-users when managing contacts. Your company might follow a different process according to its business requirements. The following list shows tasks end users typically perform when managing contacts:

- [“Managing Contact Information \(End User\)” on page 52](#)
- [“Creating Customer Assessments \(End User\)” on page 56](#)
- [“Setting the Customer Value Icon \(End User\)” on page 57](#)
- [“Viewing a Contact Summary \(End User\)” on page 57](#)
- [“Viewing Contact Relationship Hierarchies \(End User\)” on page 57](#)

Updating or Reviewing a Contact’s Holdings

Administrators can perform various procedures to review, add, and modify contact information through the Contacts Administration views in the Finance Administration screen.

The Investment Profile view allows administrators to create contacts’ profiles, such as overall objectives, financial goals, annual income, liquid net worth, experience, risk assessment, knowledge levels, and income tax bracket.

To update or review a contact’s holdings

- 1 Navigate to the Contacts screen, and then the Contacts List view.
- 2 In the Contacts list, select a contact and drill down on the contact’s name.
- 3 Update the contact’s information as needed.
- 4 Click the Holdings view tab, and select a financial account.

The Financial Accounts and Holdings lists appear; the Financial Accounts list includes all of the Contact’s financial accounts at your organization.

- 5 Scroll down to the Holdings list, and update the information as needed.

Updating or Reviewing a Contact’s Investment Profile

The Investment Profile view allows administrators to create contacts’ profiles, such as overall objectives, financial goals, annual income, liquid net worth, experience, risk assessment, knowledge levels, and income tax bracket.

To update or review a contact's Investment Profile

- 1 Navigate to the Administration - Finance screen, and then the Contacts view.
- 2 In the Contacts form, query to retrieve the desired contact.
- 3 Update the contact's information as needed.
- 4 Click the Investment Profile view tab.
- 5 Update the contact's investment profile as needed.

Managing Contact Information (End User)

Contacts are entities or individuals with whom the company currently does business with or with whom it expects to do business with in the future. End users manage contact information by:

- Adding new contacts. See ["Adding Contacts" on page 52](#).
- Creating contact categories and notes. See ["Creating Categories for Contact Information" on page 53](#) and ["Creating Notes About Contacts" on page 54](#).
- Managing contact referral information. See ["Managing Contact Referral Information" on page 54](#).

Adding Contacts

When end users meet someone in the course of business, they add a contact record for that individual to track pertinent personal information and possible potential future business.

NOTE: The Personal Contacts List is different from the Contacts Lists because it is designed for contacts not associated with a company. Therefore, in the Personal Contacts List, adding a company to a record does not also add it to the My Contacts view, All Contacts view, and so on. End users must add business contacts in one of the Contacts List views proper. They must create, review, and manage activities for their personal contacts only in the Activities view of the Personal Contacts List view, not in the other Contacts views.

To add a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts form, click the show more button, add a record, and complete the necessary fields.
- 3 To specify a privacy level, drill down on the contact name link, scroll down to the Privacy Option field, and select one of the following:
 - **Opt-In.** Sharing of nonpublic personal information is allowed without restrictions.
 - **Opt-Out - Affiliates.** Sharing of nonpublic personal information with affiliates is not allowed.

- **Opt-Out - Third Party.** Sharing of nonpublic personal information with third parties is not allowed.
- **Opt-Out - All Parties.** Sharing of nonpublic personal information with any affiliate or third party is not allowed.

United States law requires that financial institutions disclose their privacy policies regarding the sharing of nonpublic personal information with third parties, and fair credit reporting, that impacts the sharing of nonpublic personal information with affiliates. End users can specify a privacy level by making a selection from the Privacy Option field.

The Privacy Option field is for registering the privacy level requested by the contact; it does not impact record visibility in any way.

Associating a Contact with a Company

Use the following procedure to associate a contact with a company.

To associate a contact with a company

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the More Info view tab.
- 4 In the Account Name field, select a record from the list of available companies.

The application automatically associates the company with the contact and populates the address with the default company address information.

- 5 To change the address, click the select button in the Address Line field, and select an address.
- 6 To specify an address as the contact's primary address, click the Primary field.

NOTE: The primary address in the Contact Addresses dialog box appears in the address fields on the More Info form.

- 7 In the Time Zone field, select the contact's time zone.

Creating Categories for Contact Information

If the default Contacts list and More Info form do not contain fields to track the type of information that end users must track, they can add additional categories. A manager might have set up a list of values from which users can select.

To add a category to a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts form, query for the desired contact.
- 3 Drill down on the Last Name link, click the Categories view tab, and create a new record.

- 4 In the Categories list, select a category from the list of values or create a new category.
- 5 Complete the necessary fields.
- 6 Create additional categories by repeating [Step 4](#) through [Step 5](#).

Creating Notes About Contacts

As end users work with contacts, they learn things they might want to remember. Often these tidbits of information are best stored as notes. Users can create notes that everyone with access to the contact record can see, or they can create notes that only they can see.

To create a note regarding a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
NOTE: If the contact does not exist, add it. For more information, see [“Adding Contacts” on page 52](#).
- 3 Click the Notes view tab.
- 4 From the link bar, select one of the following:
 - Public Notes. Notes that others can see.
 - Private Notes. Notes that only their creators can see.
- 5 In the Notes list, add a record and complete the necessary fields.
NOTE: You can perform a spell check in Private Notes, but not in Public Notes.

Some fields are described in the following table.

Field	Comments
Created	Automatically populates with a date and timestamp.
Type	Default value is Note. Select alternate value to categorize the type of note.
Description	Text field for the content of the note.

Managing Contact Referral Information

The Referrals view tab allows end users to enter referral information associated with contacts. Referrals are potential opportunities.

In the Referrals tab view, end users can record both referrals they give to their contacts, as well as referrals received from a contact.

To create a new contact for a referral

- 1 On the Contacts screen, create contacts. For more information, see [“Adding Contacts” on page 52](#).
- 2 Associate those contacts with the new company. For more information, see [“To associate a contact with a company” on page 53](#).
- 3 On Referrals view tab, select the Contact from the Pick Contact dialog box associated with this field.

Entering a Referral Received from a Contact

Use the following procedure to enter a referral received from a contact.

To enter a referral received from a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the Referrals view tab.
- 4 From the drop-down list, select Referral From This Contact.
NOTE: View all referrals from the contact by selecting Referrals From This Contact in the drop-down list.
- 5 In the form, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Company	Select an existing company or create a new one. The company selected represents the potential opportunity for your organization.
Last Name	Select a contact to associate with the referral company, as selected in the Company field; if you entered a Company, the list of Contacts is restricted to those associated with the selected company.
Referred By	Select the employee who made the referral.

Creating a Referral to a Contact

Use the following procedure to create a referral to a contact.

To create a referral to a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the Referrals view tab.

- 4 Scroll down to the Referrals to This Contact list, and from the drop-down list, select Referrals To This Contact.
- 5 In the list, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Disposition	The status of the referral.
Company	Select an existing company or create a new one. The company selected represents the potential opportunity for your service provider.
Last Name	Select a contact to associate with the referral company, as selected in the Company field; if you entered a Company, the list of Contacts is restricted to those associated with the selected company.
Referred By	Select the employee from your organization who made the referral.

Creating Customer Assessments (End User)

The Contacts Assessments view can help end users qualify contacts. Contact assessments are created in the Contacts Assessments view.

NOTE: A similar assessment functionality is available for companies. For more information, see [“Creating Company Assessments \(End User\)” on page 43](#).

A customer assessment evaluates a contact based on defined criteria. Each assessment template has a group of assessment attributes that make up the different measurement points of the assessment. A Siebel administrator can create new templates and add or modify assessment attributes. For more information on assessment templates and how to define and manage them, see *Applications Administration Guide*.

To create a customer assessment

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the contact for whom the assessment will be added.
- 3 Click the Assessments view tab, and create a new record.
- 4 In the Template Name field, select the desired template.
Assessment attributes, as defined for the template, are automatically created in the Assessment Attributes list.
- 5 Scroll down to the Assessment Attributes list, and where possible, select a value for each attribute by clicking the select button in the Value field.

Setting the Customer Value Icon (End User)

In addition to the customer value assessment tool described in [“Creating Customer Assessments \(End User\)” on page 56](#), there is an alternative customer value measurement device in Siebel Healthcare.

The customer value icon is a series of five stars visible on the contact form. The number of stars activated indicates the perceived value of the contact.

To adjust the customer value stars

- From the Contacts screen, then the More Info view, adjust the value in the Tier field.

Viewing a Contact Summary (End User)

The Contact Summary view provides a comprehensive view of a contact's relationship with an end user's organization in an editable format. This view displays the customer's contact information, financial accounts, applications, alerts, campaigns targeted at the customer, and service requests and opportunities associated with the customer.

The Customer Value stars on the Contact form indicates the customer's value to the organization. For more information, see [“Setting the Customer Value Icon \(End User\)” on page 57](#).

To view contact summary information

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on a contact.
- 3 Click the Summary view tab.

For more information on editing summary view information, see [“Configuring Summary Views” on page 18](#).

Viewing Contact Relationship Hierarchies (End User)

A contact's relationships are those of influence. End users might have a contact who relies heavily on the opinions of others when making purchasing or other decisions. If so, they might want to keep track of the relationships between a contact having purchasing authority and those who might influence his purchasing decisions.

End users use the Contacts Relationship Hierarchy view to identify and capture key relationships for a contact. This view features a graphical tree that provides a visual representation of a contact's relationships. The tree displays both the natural hierarchy of a contact's parent-child relationships to entities such as companies and households, as well as custom-defined relationships.

Custom-defined relationships are dynamic associations between the contact and any other contact, organization, or household. End users can record custom-defined relationships between any two entities in the adjacent Party Relationships list.

NOTE: The Relationship Hierarchy view is also available on the Companies and Households screens. For more information, see [“Viewing Company Relationship Hierarchies \(End User\)” on page 46](#) and [“Using the Household Relationship Hierarchy” on page 66](#).

To view a contact's relationship hierarchy

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the contact for whom you want to view a relationship hierarchy.
- 3 Click the Relationship Hierarchy view tab.

The Contacts Relationship Hierarchy view appears.

Defining a Relationship Between Contacts

Use the following procedure to define a relationship between contacts.

To define a relationship between contacts

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the contact for whom you want to describe relationships; if the contact does not exist, add it.

For more information on adding contacts, see [“Adding Contacts” on page 52](#).

- 3 Click the Relationship Hierarchy view tab.

- 4 In the Party Relationship list, add a record, and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Relationship	<p>Categorizes the relationship between the contacts. The field has an LOV for Custom Defined Relationship values. Predefined values include Reports To, Spouse, Child, Lawyer, Board Member, Primary Contact (Backup), Admin Assistant, Competitor, Referral, Service Provider, Investor, Wealth Management Rep, Related Subsidiary, Bank Attorney, Trustee Attorney, and Debtor Attorney.</p> <p>The Siebel administrator can modify this LOV. For more information, see “Configuring Lists of Values” on page 18.</p>
Type	<p>Defaults to Contact. Other values include Household, Organization, and Employee.</p>
Value	<p>Identifies the other member of the relationship. The values are constrained by the Type field selection. For example, if Type equals Contact, then clicking the select button displays the Select Contact dialog box.</p>

The newly defined relationship is expressed in the Relationship Hierarchy explorer.

Managing Mortgages (End User)

Using the Contacts screen, end users can perform the following mortgage-related tasks:

- Perform a mortgage needs analysis. For more information, see [“Performing Mortgage Needs Analyses” on page 59](#).
- Make a mortgage recommendation. For more information, see [“Making Mortgage Product Recommendations” on page 60](#).
- Perform a mortgage prequalification. For more information, see [“Performing Mortgage Prequalifications” on page 60](#).
- Use the mortgage calculator. For more information, see [“Using the Mortgage Calculator” on page 61](#).

Performing Mortgage Needs Analyses

End users can use the Needs Analysis Mortgage view to perform a mortgage needs analysis for a contact.

To perform a general needs analysis for a contact

- 1 Navigate to the Contacts screen, then the Contacts List view.

- 2 In the Contacts list, drill down on the contact.
- 3 Click the Needs Analysis view tab, and click the Mortgage link.
- 4 In the Needs Analysis form, add a record and complete the necessary fields.
- 5 If the values to enter are unknown:
 - a Click Script.
The script session appears.
 - b Complete the questions as prompted.

You can generate a recommendation after the Needs Analysis form is completed.

Making Mortgage Product Recommendations

End users can use the Product Recommendation view to recommend mortgage products based on the loan term that a customer specifies. This view also displays the mortgage monthly payments, detail fees, interest rate, and points for each recommended mortgage product.

CAUTION: All Siebel Healthcare calculators described provide results intended for comparison purposes only; the accuracy of the results is not guaranteed. Rounding or the mathematical formula used might account for any differences from the expected results. Modifying the formula used to perform calculations requires administrative responsibilities.

To recommend mortgage products for which a customer qualifies

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the Product Recommendation view tab, and select Calculator Detail from the drop-down list.
- 4 In the Calculator Detail form, add a record, and complete the necessary fields.
The monthly payment is automatically calculated for the request loan terms.
- 5 Click Recommend.
All the mortgage products that have the same loan term as that set in the Calculator form, appear in the Recommendations list.
- 6 In the Recommendations list, select a mortgage product.
The Rate/Points list displays the loan rate and points associated with the product, while the Fees list displays the fees associated with the product.

Performing Mortgage Prequalifications

End users can use the Mortgage Pre-Qualification view to prequalify mortgage prospects before starting the application process.

To perform a mortgage prequalification

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the Mortgage Pre-Qualification view tab, add a record, and complete the necessary fields.
The Pre-Qualification Output, such as purchase price, loan amount, and closing cost, is automatically calculated based on the values in the Prequalification Attributes fields.
- 4 To see the calculation results, step off or save the record.

Using the Mortgage Calculator

Loan officers, loan originators, and other financial representatives can use the Siebel Healthcare Mortgage Calculator to calculate and compare the following amounts for customers:

- Early Payoff, which calculates the new monthly payment amounts that are required to pay off a loan in a specified amount of time prior to the original mature date
- Loan Amount, which calculates the amount of money a customer can borrow, given a loan's monthly payment, interest rate, loan term, and down payment
- Loan Comparison, which compares different types of mortgage loans (ARM versus Fixed Rate) from which the customer can choose one
- Monthly Payment, which calculates a customer's monthly payment, given the loan amount, interest rate, loan term, property tax, and insurance payment
- Refinance Breakeven, which calculates monthly savings and costs associated with refinancing an existing loan

CAUTION: All Siebel Healthcare calculators described in this guide provide results intended for comparison purposes only; the accuracy of the results is not guaranteed. Rounding or the mathematical formula used might account for any differences from the expected results. Contact your Siebel administrator to modify the formula for your use.

To use the mortgage calculator

- 1 Navigate to the Contacts screen, then the Contacts List view.
- 2 In the Contacts list, drill down on the desired contact.
- 3 Click the Calculator view tab, and from the link list in the Calculator form, select a calculation function:
 - Early Payoff
 - Loan Amount
 - Loan Comparison
 - Monthly Payment
 - Refinance Breakeven

- 4 In the Input section in the form, complete the necessary fields.
- 5 To see the calculation results, step off or save the record.

6

Managing Households

This chapter describes how to manage households. It includes the following topics:

- “About Managing Households” on page 63
- “Scenario for Managing Households” on page 64
- “Process of Managing Households” on page 64
- “Adding Households” on page 64
- “Setting the Household Privacy Option” on page 65
- “Associating Contacts with Households” on page 65
- “Viewing Household Summaries” on page 66
- “Using the Household Relationship Hierarchy” on page 66

About Managing Households

A *household* is a group of contacts generally sharing a common link or association. Households provide valuable segmentation information on the household as a whole, as well as a summary of information about the household member contacts. Users can use the Households screen for identifying and capturing demographic information about a household. They can also use the Households screen to review customer’s financial accounts, products, and contact information associated with that household. This information allows them to assess customers’ data.

CAUTION: This chapter assumes you have renamed Siebel Account objects to *Companies*. By default, Siebel Healthcare installs using the term *Accounts*. For more information on renaming Siebel Account objects, see *Siebel Database Upgrade Guide*.

Grouping all of a customer’s accounts by household allows a service provider to identify a client’s real value to the organization and seek opportunities to cross-sell and up-sell additional products and services to them, such as homeowners insurance and loans for children’s education. In addition, the ability to view all of a customer’s financial accounts and related portfolio information by household allows an organization to view the household’s overall financial position.

By following the procedures described in this chapter, users can enter, manage, and review information about household members (contacts), accounts, policies, underwriting reports, claims, opportunities, activities, service requests, and relationship hierarchies.

NOTE: Many of the views are read-only, because they provide a summary of information about household contacts. The only editable views are *Contacts* and *Relationship Hierarchy*.

The Households screen and associated views that appear in Siebel Healthcare share much of the functionality found in Siebel Business Applications. This chapter focuses on the household functionality that is unique to Siebel Healthcare. For more information on basic household functionality, see *Applications Administration Guide*.

Scenario for Managing Households

These scenarios are examples of workflows performed by sales representatives and their managers in the insurance and healthcare industries. Your company might follow a different workflow according to its business requirements.

Household information supports sales and service decisions for segmentation and cross-selling. It also provides background information for the finance and insurance industries about a household and all of its contacts.

A sales representative uses the Household screen for identifying and capturing demographic and relationship information about the household, and for reviewing policies and products associated with that household. From the Households screen, the sales representative creates a new household for a new customer. He then adds contacts to the household.

Some weeks later, the sales representative wants to review household information. He navigates to the My Households view, and then selects the Insurance Summary view to review a list of contacts, service requests, policies and quotes, and claims associated with a household.

In this scenario, end users are the sales representatives who manage household information in the field. They enter and review information to:

- Add a household
- Add a contact to a household
- View household summary information
- View household relationships
- View household policies

Process of Managing Households

This topic details sample tasks often performed by end-users when managing households. Your company might follow a different process according to its business requirements.

- [“Adding Households” on page 64](#)
- [“Setting the Household Privacy Option” on page 65](#)
- [“Associating Contacts with Households” on page 65](#)
- [“Viewing Household Summaries” on page 66](#)
- [“Using the Household Relationship Hierarchy” on page 66](#)

Adding Households

End users can collect and manage information about a customer’s household. Households are added from the Households screen. For detailed information on how to add a household see *Applications Administration Guide*.

Setting the Household Privacy Option

United States law requires that financial institutions disclose their privacy policies regarding the sharing of nonpublic personal information with third parties, and fair credit reporting, that impacts the sharing of nonpublic personal information with affiliates. End users can specify a privacy level by making a selection from the Privacy Option field.

The Privacy Option field is for registering the privacy level requested by the household; it does not impact record visibility in any way.

To set the privacy option for a household

- 1 Navigate to the Households screen, then the List view.
- 2 To specify a privacy level, scroll down to the Privacy Option field and select one of the following:
 - **Opt-In.** Sharing of nonpublic personal information is allowed without restrictions.
 - **Opt-Out - Affiliates.** Sharing of nonpublic personal information with affiliates is not allowed.
 - **Opt-Out - Third Party.** Sharing of nonpublic personal information with third parties is not allowed.
 - **Opt-Out - All Parties.** Sharing of nonpublic personal information with any affiliate or third party is not allowed.

Associating Contacts with Households

Contacts are persons associated with a household. End users can specify one person in the household as the head of household and then identify the others as spouse, child, or dependent parent.

To add a contact to a household

- 1 Navigate to the Households screen, then the List view.
- 2 In the Households list, drill down on the household to which the contacts will be added.
- 3 Click the Contacts view tab.
- 4 In the Contacts list, click Add, and do one of the following:
 - Select an existing contact and click OK.
 - Perform a query to choose an existing contact.
 - Select New to add a new contact.

The contact is associated with the household.

NOTE: In the Households screen, a contact's address is his or her residential or personal address. In the Contact's screen, a contact's address is his or her work address. Household addresses can only be selected from among residential addresses.

Viewing Household Summaries

The Household Summary view provides a comprehensive view of the household's relationship with an end user's organization in an editable format. This view displays basic information about the household, contacts, financial accounts, and past or pending service requests.

To view household summary information

- 1 Navigate to the Households screen, then the List view.
- 2 In the Households list, drill down on the household, and click the Summary view tab.

Using the Household Relationship Hierarchy

End users use the Household Relationship Hierarchy view to identify and capture key relationships for a household. This view features a graphical tree that provides a visual representation of a household's relationships, which includes its natural relationships to the household contacts as well as custom-defined, dynamic relationships.

Users can create custom-defined relationships between a household and any contact or organization. End users can record custom-defined relationships between any two entities in the adjacent Party Relationships list.

NOTE: The Relationship Hierarchy view is also available on the Contacts and Companies screens. For more information, see ["Viewing Contact Relationship Hierarchies \(End User\)" on page 57](#) and ["Viewing Company Relationship Hierarchies \(End User\)" on page 46](#).

To create a custom-defined relationship

- 1 Navigate to the Households screen, then the List view.
- 2 In the Households list, drill down on the household for which you wish to define relationships.
- 3 Click the Relationship Hierarchy view tab, and in the Party Relationship list, add a record.

4 Complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Relationship	The value in this field categorizes the relationship between the household and the other entity. The field has an LOV for custom-defined Relationship values. Predefined values include Reports To, Spouse, Child, Lawyer, Board Member, Primary Contact (Backup), Admin Assistant, Competitor, Referral, Service Provider, Investor, Wealth Management Rep, Related Subsidiary, Bank Attorney, Trustee Attorney, and Debtor Attorney. This LOV can be modified by the Siebel administrator. For more information, see “Configuring Lists of Values” on page 18 .
Type	The value in this field determines the type of entity with which you wish to establish a relationship. Defaults to Contact. Other values include Household, Organization, and Employee.
Value	The value in this field is based on the Type field. For example, if Type equals Contact, then clicking the select button in Value field displays the Select Contact dialog box.

The newly defined relationship appears in the Relationship Hierarchy explorer.

7

Managing Call Reports

This chapter describes how to manage call reports. It includes the following topics:

- [“About Managing Call Reports” on page 69](#)
- [“Scenario for Managing Call Reports” on page 70](#)
- [“Process of Managing Call Reports” on page 71](#)
- [“Viewing Call Report Charts” on page 71](#)
- [“Activating the New Call Report Workflow” on page 72](#)
- [“Managing Call Report Templates” on page 73](#)
- [“Adding Call Reports \(End User\)” on page 73](#)
- [“Creating Call Report Distribution Lists \(End User\)” on page 75](#)
- [“Associating Action Items, Notes, and Attachments with Call Reports \(End User\)” on page 75](#)
- [“Setting the Call Report Privacy Flag \(End User\)” on page 76](#)
- [“Emailing and Printing Call Reports \(End User\)” on page 76](#)

About Managing Call Reports

Call reports are records of meetings and other conversations with clients, organizations, and individuals. Call reports are often required of employees because they:

- Are a means for new relationship managers to learn about the client and its history with the organization.
- Allow senior managers and product specialists associated with a certain client to keep up with the developments in the client relationship, even if they do not meet with the client on a regular basis.
- Provide a record of important and informal agreements. In the event that a failed financing transaction results in legal proceedings, these reports are an important component of the legal process.

Administrators use these procedures to view a chart of call reports and manage call report templates. End users use the Call Reports screen to add a new call report, create a call report distribution list, designate a report as private, and email or print call reports.

Siebel Healthcare can provide notification of new call reports to designated individuals. For more information, see *Siebel Business Process Framework: Workflow Guide*.

You can generate reports that are specific to Siebel Healthcare. While you are in a view, click Reports in the toolbar to see a list of the available preconfigured reports for the data in that view. From the list you can access individual reports. For more information about reports, including how to customize, enhance, and create Siebel reports, see *Siebel Reports Guide*.

Scenario for Managing Call Reports

This scenario features sample tasks performed by a sales representative at a healthcare company and his manager. The scenario outlined in this topic is based on the business requirements of the healthcare industry. Your company might follow a different workflow according to its business requirements.

After returning to the office following a successful meeting with the client, a sales representative for the Large Group Division of a healthcare company loads Siebel Healthcare to complete his call report. The representative navigates to his calendar and marks the meeting as Done. He then navigates to the Call Reports screen and enters a new call report to document the meeting. In the Report Detail view, he types a brief log of the meeting and adds the names of contacts and employees who participated.

Upon completing his report, the sales representative turns to the action items that resulted from the meeting. First, he must send an email to a fellow employee to tell her about the meeting. He uses the Email Report button on the Call Report form to accomplish this task.

Next, he remembers that he promised to include the client on the invitation list for the upcoming Charity Ball, so he adds an action item on the Call Reports Action Items view tab. He does this by clicking Add Action Items on the Call Report form. After he enters his action item, along with several others, he assigns them to members of his team for follow-up.

The sales representative's boss is also a member of the client team. When she arrives in the office the next day and loads Siebel Healthcare, she reviews the new call reports on the Call Reports screen, reading about the meeting details and notes.

In this scenario, managers or Siebel administrators can use Siebel Healthcare to view graphical representations of their call reports, and perform volume analysis of their own calls, their team's calls, or all call reports.

The end users are sales representatives who create call reports to record their meetings and activities. They enter information to:

- Create new call reports
- Create call report distribution lists
- Create call report action items
- Attach related documents
- Specify a call report as private
- Review and add additional notes or comments
- Email or print call reports

Process of Managing Call Reports

This topic details sample tasks often performed by administrators and end-users when managing call reports. Your company might follow a different process according to its business requirements.

Administrator Procedures

The following list shows tasks administrators typically perform to manage call reports:

- [“Viewing Call Report Charts” on page 71](#)
- [“Activating the New Call Report Workflow” on page 72](#)
- [“Managing Call Report Templates” on page 73](#)

End-User Procedures

The following list shows tasks end users typically perform when managing call reports:

- [“Adding Call Reports \(End User\)” on page 73](#)
- [“Creating Call Report Distribution Lists \(End User\)” on page 75](#)
- [“Associating Action Items, Notes, and Attachments with Call Reports \(End User\)” on page 75](#)
- [“Setting the Call Report Privacy Flag \(End User\)” on page 76](#)
- [“Emailing and Printing Call Reports \(End User\)” on page 76](#)

Viewing Call Report Charts

As a manager or Siebel administrator, you can use the Call Report Charts view for call volume analysis of your own calls, your team’s calls, or all call reports in Siebel Healthcare. Use this view to analyze call volume and call types by employee and by customer, in order to determine which clients are receiving the most service.

To view a chart for your call reports

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 From the visibility filter, select one of the following:
 - My Call Reports
 - My Team’s Call Reports
 - All Call Reports

The view selected returns an appropriate set of call report records to be analyzed.

- 3 Click the Charts link on the link bar.

The chart reflects only those call report records in the current query; that is, those records listed in the Call Reports list preceding the chart.

- 4 From the lower Show drop-down list, select one of the following chart types:

Chart	Comments
Call Type Analysis	A breakdown of all selected call reports by Call Type.
Call Volume Analysis	Charts the number of calls each month, quarter, or year.
Call Volume by Employee	Charts the number of calls each month, quarter, or year, employee.
Company Calling Analysis	Charts the number of calls for each company.
Employee Calling Analysis	Charts the number of calls for each company, by employee.

NOTE: Place your cursor over any chart segment to reveal additional information about that segment. Click a segment to drill down and refocus on just the call reports in that segment.

Activating the New Call Report Workflow

When activated, the New Call Report Workflow allows end users to create call report records automatically from the Contacts, Companies, Activities, and Opportunities screens. After the administrator activates the New Call Report Workflow, the New Call Report icon appears in the upper-left corner of those screens for end users.

To activate the New Call Report Workflow

- 1 Navigate to the Administration - Business Process screen, then the Workflow Deployment view.
- 2 In the Repository Workflow Processes list, query for the New Call Report Workflow record.
- 3 Click the Activate button at the top of the list to activate this workflow process.

When activated, the definition is written to the run-time tables and appears in the Active Workflow Processes view.

To use the New Call Report feature after it is activated, end users can do one of the following:

- Click the icon
- Choose File, Auto, and then the Call Report from the application-level menu
- Use the short cut key Alt+P

NOTE: The New Call Report Workflow uses the Data Transfer Utility business service to transfer fields from one view to another. For information on the Data Transfer Utilities business service, see *Siebel Order Management Infrastructure Guide*. The current Data Map Objects used for the New Call Report in the Data Transfer Utility business service include: New Call Report - Account, New Call Report - Activity, New Call Report - Contact, and New Call Report - Opportunity.

Managing Call Report Templates

You can email call reports. Emailed call reports, like other communications in Siebel Business Applications, use templates to automatically format information in a message sent as an email. When you email a call report, Siebel Healthcare uses the Call Report Email template to populate the email message. For more information on configuring communication templates, see *Siebel CTI Administration Guide*.

To view or change the call report email template

- 1 Navigate to the Administration - Communications screen, then the All Templates view.
- 2 In the Templates list, query for the template named Call Report Email.
- 3 Review or change the call report in the Call Report Email form.

Siebel Healthcare provides additional syntax for customizing message templates, offering a way to embed multi-value fields within the body of the message templates. As an example of this syntax, examine the template text for the Call Report Email template.

Adding Call Reports (End User)

End users add call reports to create a record of meetings and other conversations with clients, organizations, and individuals.

To add a call report

- 1 Navigate to the Call Reports screen, then the Call Report List view.

- In the Call Report form, add a record and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Associated Activity	The activity that is the subject of the call report; each call report can have only one associated activity. Selection of the associated activity is governed by the following constraints if those fields are populated: <ul style="list-style-type: none"> ■ Same Company ID ■ Same Primary Opportunity ID ■ Same Primary Contact ID
Contacts	Enter the participating contacts who were at the meeting. Designate a primary contact if desired, otherwise the first contact selected becomes the default primary contact. Entries appear in the Report Detail view and on the printed Call Report.
Description	A summary description of the call report; enter a more detailed report in the Report Detail view.
Distribution	List additional employees from your organization who must receive the Call Report, but must not appear on the list of participants. The call report creator and all Employee Participants are automatically placed on the distribution list.
Employees	List employees from your organization who participated in the call. Entries appear in the Report Detail view and on the printed Call Report. The call report creator is automatically listed as a participant.
Opportunity	Associate an opportunity with the call report. You can view all call reports associated with any given opportunity from the Opportunities screen.
Type	The LOV type for this field is FINCORP_CALLRPT_CONTACT_TYPE.

NOTE: In the Call Reports list, the New flag is a calculated field and appears checked for five days after the creation of a call report. Your systems administrator can change this setting.

- In the Call Reports list, drill down on the Description link to navigate to the Report Detail view.
- In the Employees and Contact lists, enter detailed information about the call.

Information you enter here appears in emailed or printed call reports.

Creating Call Report Distribution Lists (End User)

A distribution list is the list of contacts who must know what is happening with a particular client. Usually, it is the coverage team for the client, plus any additional employee participants. The application automatically places the call report creator and each employee participant on the distribution list. For other employees, such as the coverage team, to receive a call report, end users must manually add them to the distribution list.

When end users use the call report Email Report feature, the distribution list controls who receives the report. The call report Print Report function and the Send Email function, both available through the application-level File menu (F9), are not affected by the distribution list.

To create a distribution list

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 In the Call Reports list, drill down on the call report for which you want to create a distribution list.
- 3 In the Distribution field, select one or more employees to add to the distribution list.
The selected name or names are added to the distribution list.

Associating Action Items, Notes, and Attachments with Call Reports (End User)

After an end user has added a call report, an end user can associate the call report with action items, notes, and attachments.

NOTE: Call report attachments, like the attachments for other activities, are stored in the S_ACTIVITY_ATT table.

To associate action items, notes, and attachments

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 In the Call Reports list, drill down on the desired call report.
- 3 To add notes or action items to the call report, in the Call Report form click the appropriate view tab:
 - **Notes.** Adds notes or comments.
 - **Action Items.** Adds an action item.
- 4 To attach external documents to a call report, click the Attachments view tab, and choose a file or select a URL.

Setting the Call Report Privacy Flag (End User)

Certain call reports might contain sensitive or confidential information about a given company or opportunity. Users can designate certain calls as private by clicking the Private check box in the call report form or list. After a call report is marked as private, only those employees on the employees list can access it.

To set a privacy flag

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 In the Call Reports list, select the desired call report, and click the Private field.
The call report is now categorized as private. Only the employees on the employees list can access it.

Emailing and Printing Call Reports (End User)

You can email or print call reports for distribution and record keeping. First, submit a call report and then email or print the report.

To submit a call report

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 In the Call Reports list, select the call report to submit.
- 3 In the Call Report form, select Submitted from the drop-down list.

Emailing or Printing a Call Report

Use the following procedure to email or print a call report.

To email or print a call report

- 1 Navigate to the Call Reports screen, then the Call Report List view.
- 2 In the Call Reports list, drill down on the call report to email or print.

- 3 In the Call Report form, do one of the following:

To...	Click...
Email the report.	Email Report. The report is automatically emailed to everyone on the distribution list.
Print the report.	The toolbar Reports icon. In the Reports dialog box, select Summary or Detail and click Run.

8

Facilities

This chapter describes facilities. It includes the following topics:

- [“About Facilities” on page 79](#)
- [“Scenario for Adding a New Healthcare Facility” on page 79](#)
- [“Administrator Procedures for Facilities” on page 80](#)
- [“Adding Facilities to the Facility Locator” on page 80](#)
- [“End-User Procedures for Facilities” on page 80](#)
- [“Adding Facilities” on page 81](#)
- [“Associating Providers, Facilities, and Contacts with a Facility” on page 81](#)
- [“Adding Facility Contracts” on page 82](#)
- [“Adding Facility Payments” on page 82](#)
- [“Adding Facility Claims” on page 83](#)

About Facilities

Facilities are healthcare organizations that are paid by or file claims with your health plan or health insurance company. Examples of facilities are hospitals, clinics, and pharmacies. Facilities are also referred to as provider organizations.

Using the procedures given in this chapter, you will be able to perform the administrator tasks of adding facilities to Facility Locator. End users use the Facilities screens to associate providers, facilities, and contacts with a facility, add a facility contract, add a facility payment, and add a facility claim.

Scenario for Adding a New Healthcare Facility

This scenario features sample tasks performed by a contracting specialist. Your company might follow a different workflow according to its business requirements.

In this scenario, a contracting specialist for a health plan is responsible for managing information about the healthcare facilities, such as hospitals and healthcare networks, with which your company does business. She just established a contract with a single facility.

She adds the new facility to the Siebel database. Next, she adds information about the facility's business hours and specialties. Then, she associates the facility with individual providers and with other facilities. Next, she adds information about contracts the facility holds with your company along with the facility's payment preferences.

In this scenario, the end users are contracting specialists for a health plan. They enter information to:

- Add new facilities
- Associate providers, facilities, and contacts with a facility
- Add facility contracts, facility payments, or facility claims

Administrator Procedures for Facilities

The following administrator procedure is described in this section:

- ["Adding Facilities to the Facility Locator" on page 80](#)

Adding Facilities to the Facility Locator

As an administrator, you can add facilities to the facility locator. The facility locator searches for facilities using latitude and longitude. If you do not know the latitude and longitude, leave those fields blank. If the City, State, Zip Code, and Country fields are correct, the latitude and longitude values will automatically generate when you save the facility.

NOTE: The latitude and longitude values will not generate if any one value in the City, State, Zip Code, or Country fields is incorrect. For example, if the ZIP Code is incorrect, you will receive an error message. To correct this problem, navigate to the Application Administration, ZIP Code Administration view and make sure the Geo values for that city, state, and ZIP Code combination has been loaded. For more information, see *Siebel Self Service Administration Guide*.

To add a facility to the facility locator

- 1 Navigate to Site Map, Administration - Application, and then Branch Locator.
- 2 In the Branch Locations list, add a record.
- 3 In the Branch Locations list, complete the necessary fields.

End-User Procedures for Facilities

The following end-user procedures are described in this section:

- ["Adding Facilities" on page 81](#)
- ["Associating Providers, Facilities, and Contacts with a Facility" on page 81](#)
- ["Adding Facility Contracts" on page 82](#)

- “Adding Facility Payments” on page 82
- “Adding Facility Claims” on page 83

Adding Facilities

End users can add or change healthcare facility records. After users add facility records in the Facilities screen, they can view them in both the Facilities screen and the Companies screen. In the Companies screen, a check mark appears in the Facility field of the record, indicating that the company is a facility.

NOTE: If users add healthcare facility records in the Companies screen, the records will not appear in the Facilities screen.

To add a facility

- 1 Navigate to the Facilities screen and the Facility List view.
- 2 In the Facilities list, add a record and complete the necessary fields.

NOTE: Records in the Facilities list contain a few of the most frequently used facility fields. You can add text into additional fields, such as Main Office, in the More Info form.

Associating Providers, Facilities, and Contacts with a Facility

Facilities usually have affiliations with providers, other facilities, or contacts. For example, a hospital might be affiliated with a clinic.

To associate a provider, facility, or contact with a facility

- 1 Navigate to the Facilities screen and then the Facility List view.
- 2 In the Facilities list, drill down on the facility to associate with a provider, facility, or contact.
- 3 Click the appropriate view tab:
 - **Summary.** To associate a contact with a facility, use the Contacts list on this view tab.
 - **Affiliated Providers.** To associate a provider with a facility.
 - **Facility Affiliations.** To associate a facility with another facility.
- 4 Add a record and either select an existing contact, provider, or facility or add a new one.

Adding Facility Contracts

A company might have contracts for its healthcare products with a facility or provider organization, in addition to contracts with individual providers. For example, they might have a contract with a pharmacy or clinic. Each contract is based upon one of the company's healthcare products and might have different terms, payment preferences, and payment methods.

End users can set up payment preferences and payment methods for facilities. Their company might have more than one contract with a facility. They can set up different payment arrangements and methods for each contract.

To add a facility contract

- 1 Navigate to the Facilities screen and then the Facility List view.
- 2 In the Facilities list, drill down on the desired facility.
- 3 Click the Contracts view tab.
- 4 In the Contracts list, add a record and complete the necessary fields.
- 5 If payments will be made by EFT or check, scroll down to the Payment Preferences - Check form and select one of the following from the drop-down list:
 - **Payment Preferences - Check.** To add information for check payments.
 - **Payment Preferences - EFT.** To add information for electronic funds transfer payments.
- 6 Complete the necessary fields.

Adding Facility Payments

End users can add information about payments their company makes to facilities. Payment information can include payment amount and payment date.

Facility payments might be imported from a bill payment engine by using Siebel Business Application Integration. For more information, see *Business Processes and Rules: Siebel Enterprise Application Integration*.

To add a facility payment

- 1 Navigate to the Facilities screen and then the Facility List view.
- 2 In the Facilities list, drill down on the desired facility.
- 3 Click the Payments view tab.
- 4 In the Payment list, add a record and complete the necessary fields.

NOTE: Records in the Payments list contain a few of the most frequently used payment fields. To add text into additional fields, such as Check #, scroll down to the Payment Details form.

Adding Facility Claims

A contract with a facility might specify that the facility must be paid each time it provides a service to a member. If so, the facility or member might contact a company to initiate claims for payment.

Facility claims might be imported from a claims processing engine, by using Siebel Business Application Integration. For more information, see *Overview: Siebel Enterprise Application Integration*.

To add a facility claim

- 1 Navigate to the Facilities screen and then the Facility List view.
- 2 In the Facilities list, drill down on the desired facility.
- 3 Click the Claims view tab.
- 4 In the Claims list, add a record.
- 5 In the Add Claims dialog box, perform the appropriate task:
 - To choose an existing record, select a record and click OK.
 - To add a new record, click New and complete the fields.

9

Individual Health Policies

This chapter describes individual health policies. It includes the following topics:

- [“About Individual Health Policies” on page 85](#)
- [“Scenario for Health Insurance Quote and Application” on page 85](#)
- [“Administering Individual Health Policies” on page 86](#)
- [“Adding Insurance Products and Product Lines” on page 87](#)
- [“Adding Insurance Rate Bands” on page 87](#)
- [“End-User Procedures for Individual Health Policies” on page 88](#)
- [“Providing Individual Health Policy Quotes” on page 88](#)
- [“Accepting Individual Health Policy Applications” on page 89](#)
- [“Adding Service Requests to Individual Health Policies” on page 91](#)
- [“Setting Up Pay Plans for Individual Health Policies” on page 91](#)

About Individual Health Policies

Individual health policies are insurance policies issued to individuals for themselves and their family members or dependents. Each individual health policy includes one primary member and might include additional members.

Each individual health policy offers one or more products, called policy coverages. Examples of individual health insurance products are HMO, PPO, dental, and vision coverage.

The Individual Health Policies screen allows end users to manage individual health insurance policies. Using the procedures given in this chapter, end users can generate quotes, accept applications, handling service requests, and process claims.

NOTE: In order to generate quotes from the Individual Health Policies screen, you must purchase the Siebel Proposals & Presentations module.

For more information on views common to all policy screens, see [“Common Policy Views” on page 94](#).

Scenario for Health Insurance Quote and Application

This scenario features sample tasks performed by a licensed sales representative. Your company might follow a different workflow according to its business requirements.

In this scenario, a licensed sales representative for an insurance company is on the phone with a prospective customer who has called to request a quote for individual health insurance.

The sales representative adds information about the prospect and the prospect's dependents (including coordination of benefits). The prospect requests a quote for PPO coverage, dental insurance, and vision insurance. The sales representative adds the products and reviews the product attributes. Next, he asks the prospect for enough information to provide an initial premium quote to the prospect. He gives the prospect a verbal quote and ends the conversation.

One week later, he receives an email message that the prospect has called back and would like to purchase a policy. In Siebel Healthcare, he adds information about coverages for each applicant according to the needs of the prospect. In this case, one of the dependents will receive both dental and vision coverage. Another will receive vision coverage only. Therefore, he associates the first dependent with both vision and dental, and the second dependent with vision only. Next, he schedules an activity as a reminder to call the prospect back with the revised premium information.

During the second call, he gathers information from the prospect in order to process the application. First, he performs a health risk assessment for each applicant. Then he adds billing and payment arrangements. Finally, he follows the procedures implemented by his company to submit the policy for issuance and billing.

In this scenario, end users are a sales representatives who manages customer requests. They enter information to:

- Generate customer quotes
- Add an applicant
- Perform a health risk assessment
- Convert a quote to an active policy
- Associate a policy coverage with an applicant
- Add a service request
- Set up a payment plan
- Add detailed payment information for a payment plan

Administering Individual Health Policies

The following administrator procedures are described in this section:

- ["Adding Insurance Products and Product Lines" on page 87](#)
- ["Adding Insurance Rate Bands" on page 87](#)

NOTE: Only those with Siebel administrator responsibilities can change entries in the Administration - Insurance and Administration - Product screens.

Adding Insurance Products and Product Lines

As an administrator, you can add products to the Siebel database. This section describes the procedure for setting up products and product lines in general terms. You can also specify that a product line is one that your company contracts agencies to sell, or that the state licenses agencies to sell, or both.

For more information about adding product and product lines, see *Siebel Product Administration Guide* and *Siebel Applications Administration Guide*.

To add an insurance product

- 1 Set up the product class structure, including product class attributes.
- 2 Add the products to the Siebel database and associate them with the appropriate class.
- 3 In the Category field in the Products list, select Individual Health Insurance.
- 4 Include the product in a product line.

Specifying Product Line Type

Use the following procedure to specify product line type.

To specify product line type

- 1 Navigate to Site Map, Administration - Product, and then Product Lines.
- 2 In the Product Line list, select the desired product line record and then check one or both of the following fields:
 - **Contracting.** To specify that the product line is one that your company contracts agencies to sell.

This product line will appear to end users as a choice in the Lines of Business dialog box in the Partners screen and then the Contracts view tab.
 - **Licensing.** To specify that the product line is one that agencies can be granted a state license to sell.

This product line will appear to end-users as a choice in the Lines of Business dialog box in the Partners screen and then the Licenses & Appointments view tab.

Adding Insurance Rate Bands

After you add a product in the Administration - Product screen, you can use the Administration - Insurance screen to associate a rate band with the product.

A rate band is pricing information about the deductible, the premium, and the payroll deduction for each insurance product.

To add a rate band

- 1 Navigate to Site Map, Administration - Insurance, and then the Health and Group Products.
- 2 In the Products list, select a product.
- 3 In the Rate Bands list, add a record and complete the necessary fields.

End-User Procedures for Individual Health Policies

The following end-user procedures are described in this section:

- [“Providing Individual Health Policy Quotes” on page 88](#)
- [“Accepting Individual Health Policy Applications” on page 89](#)
- [“Adding Service Requests to Individual Health Policies” on page 91](#)
- [“Setting Up Pay Plans for Individual Health Policies” on page 91](#)

Providing Individual Health Policy Quotes

In Siebel Healthcare, a quote is a policy that has not been issued. End users can provide a quote for a new policy or make changes to an existing quote. The following procedure shows how to provide a quote for a new policy. The Individual Health Policies screen captures the information necessary to generate a quote. If a plan has predefined rates for individuals, Siebel Healthcare can access this information in two ways:

- Using Siebel Pricer. For information, see *Pricing Administration Guide*.
- Using an external table that your company has integrated with Siebel Healthcare.

To provide a quote

- 1 Navigate to the Individual Health Policies screen.
- 2 In the Individual Health Policies list, add a record and complete the necessary fields.
- 3 To add a new applicant:
 - a Click the Applicants view tab.
 - b Scroll down to the Applicants form and add a record.
 - c In the Add Applicants dialog box, select an existing applicant or click New to add a new applicant.
If you select an existing contact who is not a member, the Coordination of Benefits field will not be hyperlinked to the Members and then the Applicants view.
 - d Repeat [Step 3](#) for each new applicant that you want to add to this quote.

- 4 To select an existing contact:
 - a Click the Applicants view tab.
 - b Scroll down to the Applicants form and click the Show More button.
 - c In the Applicants form, add a record.
 - d In the Add Applicants dialog box, select a record and click OK.

NOTE: If you select an existing contact who is not a member, the Coordination of Benefits field will not be hyperlinked to the Members and then the Applicants view.
 - e To specify a contact as a member, select the Members check box.

After you save the record, the Coordination of Benefits value is hyperlinked to the Members then Applicants view.
 - f If you plan to add records to the Coordination of Benefits field, select the Coordination of Benefits check box.

After you save the record, the Coordination of Benefits field changes to Yes.
 - g Repeat [Step 4](#) for each existing contact that you want to add to this quote.

NOTE: For information about Coordination of Benefits, see ["Adding Additional Benefits Coverage for Members"](#) on page 116.
- 5 In the Applicants list, select the record for the primary applicant for this quote and click the Primary field.

A check mark appears, indicating that this applicant is the primary applicant.

NOTE: If you do not select the primary field for one of the applicants, you will not be able to successfully add a product in the Policy Coverages view.
- 6 Click the Policy Coverages view tab.
- 7 In the Policy Coverages product list, add a record and complete the necessary fields.
- 8 Repeat [Step 6](#) and [Step 7](#) for each product you would like to add for this applicant.

After end users generate the quote, the Primary field is automatically added. The quote for this applicant appears in the Premium Totals field in the Policy Coverages list.

Accepting Individual Health Policy Applications

Accepting applications requires adding applicants, performing health risk assessments for each applicant, and associating policy coverages with each applicant. If end users have already provided a quote for an application, they can begin by performing a health risk assessment for each applicant listed in the quote.

To add an applicant

- 1 Navigate to the Individual Health Policies screen.
- 2 Click the Applicants view tab.
- 3 In the Applicants list, add a record.
- 4 In the Add Applicants dialog box, perform the appropriate task:
 - To choose an existing record, select a record and click OK.
 - To add a new record, click New and complete the fields.

NOTE: The Primary field is filled automatically after you generate a quote.
- 5 Repeat [Step 3](#) and [Step 4](#) for each applicant you would like to add.
- 6 In the Applicants list, select the record for the primary applicant for this quote and click the Primary field.

A check box appears in the Primary field.
- 7 If the check box is empty, select it.

A check mark appears, indicating that the selected applicant is the primary applicant.

Performing a Health Risk Assessment

After end users add an applicant, they need to perform a health risk assessment for each one.

To perform a health risk assessment

- 1 Navigate to the Individual Health Policies screen.
- 2 In the Individual Health Policies list, select a record.
- 3 Click the Health Risk Assessments view tab.

The Health Risk Assessments form appears, showing the selected record.
- 4 Scroll down to the Risk Assessment form, add a record, and complete the necessary fields
- 5 Repeat [Step 4](#) for each applicant.

Converting a Quote to an Active Policy

After end users complete the risk assessment, they can convert the quote to an active policy.

To convert a quote to an active policy

- 1 Navigate to the Individual Health Policies screen.
- 2 In the Individual Health Policies list, select a record.
- 3 Click the Applicants view tab and scroll up to the Individual Health Policies form.
- 4 In the Individual Health Policies, More Info form, change the following fields:

- a In the Status field, select Inforce.
- b In the Effective Date field, add the date that the policy will go into effect.

Associating Policy Coverages with an Applicant

After end users convert the quote to an active policy, they can associate policy coverages with an applicant.

To associate policy coverages with an applicant

- 1 Navigate to the Individual Health Policies screen.
- 2 Select the record in the Individual Health Policies list for which you would like to set up policy coverages.
- 3 Click the Member Coverages view tab.
- 4 In the Member Coverages product list, add a record, and complete the necessary fields.
- 5 Repeat [Step 4](#) for each additional applicant.

NOTE: You can also use the Member Coverage Matrix view to select applicant and dependent coverages. However, the Member Coverage view must be used to associate a primary care provider. For additional information, see ["Changing the Primary Network or IPA for Members"](#) on page 115.

Adding Service Requests to Individual Health Policies

End users can add service requests for individual health policies. Examples of service requests are a change of primary care provider, a request for literature, or a question about an insurance claim.

To add a service request

- 1 Navigate to the Individual Health Policies screen.
- 2 In the Individual Health Policies list, select a policy.
- 3 Click the Service Requests view tab.
- 4 In the Service Requests list, add a record and complete the necessary fields.

Setting Up Pay Plans for Individual Health Policies

End users can use the Pay Plans view tab to set up pay plans for individual health insurance policies and to add details about payment methods and due dates.

To set up a pay plan for an individual health policy

- 1** Navigate to the Individual Health Policies screen.
- 2** In the Individual Health Policies list, select a policy, and click the Pay Plans view tab.
- 3** In the Pay Plan list, add a record and complete the necessary fields.
- 4** Scroll down to the Payment Details form and update the statement information.
 - a** In the Last Name field, click the select button.
 - b** In the Pick Contact dialog box, select a name and click OK.

10 Managing Group Policies

This chapter describes how to manage group policies. It includes the following topics:

- “About Group Policies” on page 93
- “Scenario for Group Policies” on page 94
- “Process of Managing Group Policies” on page 95
- “Adding Group Insurance Products and Product Lines” on page 96
- “Adding Group Insurance Rate Bands” on page 97
- “Defining Activity Plan Templates for Group Policies” on page 97
- “Defining Proposal Templates for Group Policies” on page 98
- “Adding Group Policy Records” on page 98
- “Importing Census Information” on page 99
- “Adding Census Information in the Group Policies Screen” on page 100
- “Adding Employee Classes for Group Policies” on page 101
- “Designing Plans for Group Policies” on page 102
- “How Enrollment Waiting Periods Affect the Start of Coverage” on page 103
- “Reconfiguring Customizable Products in Plan Design” on page 104
- “Generating Proposals for Group Policies” on page 104
- “Managing Underwriting Information” on page 105
- “Adding Eligible Members to Group Policies” on page 106
- “Enrolling Members in Group Policies” on page 106
- “Adding Beneficiaries to Group Policies” on page 107
- “Setting Up Payment Plans for Group Policies” on page 107

About Group Policies

Group policies are insurance policies sold to a group on behalf of its members. The group is the insured party and can be an employer purchasing insurance for its employees, a group of employers who are purchasing insurance together, or an association or club purchasing insurance for its members.

Each group policy can offer many products. Group insurance products include group life, supplemental group life, group disability, group health, vision, and dental.

Some group policies, especially those for larger groups, offer different products to different employee classes of group members. Examples of employee classes are salaried employees and hourly employees.

Group members have the option to accept coverage that is available for their class. Group members who accept coverage are enrolled in the policy and are considered the primary member of the policy. Enrolled members are usually referred to as members (for health insurance) or policyholders (for other kinds of insurance).

Primary members can choose products for themselves and for family members or dependents. Usually, different products are available for primary members and for other policy members.

The Group Policies screen allows users to manage group insurance. Specifically, it allows end users to generate proposals, create policies and quotes, add employee classes, design plans, enroll members, and provide service for the policy.

NOTE: In order to generate proposals from the Group Policies screen, you must purchase the Siebel Proposals & Presentations module.

Common Policy Views

Table 3 describes views common to all policy screens.

Table 3. Common Policy Screen Views

View Tab	Description
Summary	Displays a summary of key data associated with a policy in a single view.
Claims	Displays claims recorded for an individual policy.
Proposals	Allows for the creation and retrieval of quotes prepared for a customer associated with an individual quote or policy. Proposals would normally show up in the quote process, but not later.
Underwriting Reports	Allows users to collect and manage underwriting information associated with an application. These reports are sometimes ordered during the application process and sometimes after an application is submitted.
Documents	Allows users to collect and manage documents associated with an application.

For more information on other healthcare policy views, see [Chapter 9, "Individual Health Policies."](#)

Scenario for Group Policies

This scenario features sample tasks performed by a licensed sales representative. Your company might follow a different workflow according to its business requirements.

In this scenario, a licensed sales representative for an insurance company is on the phone with an insurance agent. The insurance broker has called on behalf of a prospective customer who wants to offer insurance to its employees at group rates.

In Siebel Healthcare, the sales representative adds a policy record for the company, which automatically assigns a unique policy number to the company. Then he imports census information for the company using the electronic file he received from the broker (alternatively, the broker might import the census himself through the Siebel Agent Portal). Next, he sets up employee classes, and adds a plan design by adding products for the policy. The plan design information and census data can be sent to the insurance company's rating engine to generate a quote for this policy.

Next, he uses a template to generate a proposal, which he then sends to the prospect.

Two weeks later, he receives an email message from the broker indicating that the prospect has called back and will probably purchase a policy, but requires a revised proposal. He selects a group insurance plan according to the needs of the prospect. Next, he schedules an activity as a reminder to return the call with the revised premium information.

The prospect accepts the revised proposal. Now the sales representative needs to complete the procedures necessary to issue a policy. This includes collecting information about group members and about billing and payment preferences. He follows the procedures implemented by his company to submit the policy for issuance and billing.

Process of Managing Group Policies

This topic details sample tasks often performed by administrators and end-users when managing group policies. Your company might follow a different process according to its business requirements.

Administrator Procedures

The following list shows tasks administrators typically perform to manage group policies:

- ["Adding Group Insurance Products and Product Lines" on page 96](#)
- ["Adding Group Insurance Rate Bands" on page 97](#)
- ["Defining Activity Plan Templates for Group Policies" on page 97](#)
- ["Defining Proposal Templates for Group Policies" on page 98](#)

NOTE: Only those with Siebel administrator responsibilities can change entries in the Insurance Administration and Product Administration screens.

End-User Procedures

The following list shows tasks end users typically perform when managing call group policies:

- ["Adding Group Policy Records" on page 98](#)
- ["Importing Census Information" on page 99](#)
- ["Adding Census Information in the Group Policies Screen" on page 100](#)
- ["Adding Employee Classes for Group Policies" on page 101](#)

- “Designing Plans for Group Policies” on page 102
- “Reconfiguring Customizable Products in Plan Design” on page 104
- “Generating Proposals for Group Policies” on page 104
- “Managing Underwriting Information” on page 105
- “Adding Eligible Members to Group Policies” on page 106
- “Enrolling Members in Group Policies” on page 106
- “Adding Beneficiaries to Group Policies” on page 107
- “Setting Up Payment Plans for Group Policies” on page 107

Adding Group Insurance Products and Product Lines

As an administrator, you can add products to the Siebel database. This section describes the procedure for setting up products and product lines in general terms.

You can also specify that a product line is one that your company contracts agencies to sell, or that the state licenses agencies to sell, or both.

For more information about adding product and product lines, see *Siebel Product Administration Guide* and *Siebel Applications Administration Guide*.

To add a group insurance product

- 1 Set up the product class structure, including product class attributes.
- 2 Add the products in the Product Administration screen and associate them with the appropriate class.
- 3 In the Category field in the Products form, select Group Insurance.
- 4 Include the product in a product line.
- 5 Specify a product line type:
 - a From the application-level menu, choose View, Site Map, Application Administration, and then Product Lines.
 - b In the Product Line list, select one or both of the following fields:
 - ❑ **Contracting.** To specify that the product line is one that your company contracts agencies to sell. This product line will appear to end users as a choice in the Lines of Business dialog box in the Partners, Contracts view tab.
 - ❑ **Licensing.** To specify that the product line is one that agencies can be granted a state license to sell. This product line will appear to end users as a choice in the Lines of Business dialog box in the Partners, Licenses & Appointments view tab.

A check box appears in the middle of the field.

- c Click in a blank check box to select the product line type or click the X in a check box to clear it.
- 6 Set up the Customization Product by defining configuration rules and specifying the user interface.

For more information, see the section on creating customizable products in *Siebel Product Administration Guide*.

Adding Group Insurance Rate Bands

After you add a product in the Product Administration screen, you can use the Insurance Administration screen to associate a rate band with a product. A rate band is pricing information about the deductible, the premium, and the payroll deduction for each insurance product.

To add a rate band

- 1 From the application-level menu, choose View, Site Map, Insurance Administration, and then Health and Group Products.
- 2 In the Products list, select a product.
- 3 In the Rate Bands list, add a record and complete the necessary fields.

Defining Activity Plan Templates for Group Policies

Activity Plan Templates allow you to create and manage activities related to group policies. You define templates using the Administration - Data screen Activity Templates and Activity Template Details views.

To create an activity plan template

- 1 Navigate to the Site Map, Administration - Data, and then Activity Templates.
- 2 In the Activity Plan Templates list, add a record.
- 3 In the Name field, type a name for the template.
- 4 In the Type field, choose FINS Group Policy.
- 5 Complete the remaining necessary fields.

For more information, see *Siebel Applications Administration Guide*.

Creating Activities for the Template

Use the following procedure to create activities for the template.

To create activities for the template

- 1 Navigate to the Site Map, Administration - Data, and then Activity Templates.
- 2 In the Activity Plan Templates list, select a template.
- 3 Click the Activity Template Details view tab.
- 4 In the Activity Template Details list, add a record.
- 5 Complete the necessary fields for each activity assigned to the template.
- 6 From the drop-down list, choose an activity type.
NOTE: Repeat Step 2 through Step 6 to add activities to the template.
- 7 Save the activity.

Defining Proposal Templates for Group Policies

Proposal Templates with a particular definition allow you to create and manage proposals related to group policies. You define templates using the Administration - Document screen Proposal Templates view.

To create an proposal template for group policies

- 1 Navigate to Site Map, Administration - Document, and then Proposal Templates.
- 2 In the Proposal Templates list, add a record.
- 3 In the Name field, type a name for the template.
- 4 In the Category field, select Insurance Proposal.
- 5 Complete the remaining necessary fields.

For more information, see *Siebel Applications Administration Guide*.

Adding Group Policy Records

Adding a group policy record is the first step in generating a policy proposal or issuing a group policy. After end users add a policy record, they must set up employee classes, add a policy plan design, and generate a policy proposal. If the customer accepts the proposal, they add eligible members, enroll members who elect coverage under the plan, and set up policy payment plans.

To add a policy record

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, add a record and complete the necessary fields.

Importing Census Information

Insurance companies often receive group insurance census information from external sources. For example, an insurance broker collects this data and provides it to the insurance company as a comma separated text file.

End users can use the Group Policies Census view to import the census data into Siebel Healthcare.

NOTE: Census data can also be imported from the Companies Census view.

Both detailed and segmented census data can be imported for each census. Usually, either only detailed or segmented census information is added for a company. However, both types of census information can be added.

Census data can also be imported by the originators, such as insurance brokers or employer groups, using Siebel Agent Portal or Siebel Group Portal. For more information about these two products, see *Siebel Partner Relationship Management Administration Guide*.

Census data can also be entered manually. See [“Adding Census Information in the Group Policies Screen” on page 100](#).

To import detailed census data

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on a policy.
- 3 Click the Census view tab.
- 4 Click New to create a new census record and complete the fields.
- 5 In the Census list, from the view link list, select Detailed Census.
- 6 Scroll down to the Employee list and click Import.
- 7 In the Import dialog box, locate the file from which to import data and set the remaining parameters.

Some parameters are described in the following table.

Parameter	Description
Input Format	Select either comma separated text or tab delimited text file type.
Input Source	Select Auto Mapping.
Conflict Resolution	Choose how to handle data conflicts. Defaults to Overwrite Existing Record.

The field mappings appear in a dialog box showing how each import field maps to the Siebel field. By default fields with matching labels are mapped to each other.

- 8 To add or change a field mapping:
 - a Highlight the field in the Import Field list

- b** Highlight the field to map to in the Siebel Field list
 - c** Click Update Mapping
- 9** To remove an existing field mapping:
 - a** Highlight the field in the Import Field list
 - b** Highlight <ignore this field> to disregard the import field
 - c** Click Update Mapping
- 10** Click Next.

Importing Segmented Census Data

The census data is imported into the Siebel application and appears in the Employee List.

To import segmented census data

- Follow the steps in [“To import detailed census data” on page 99](#) except select Segmented Census in [Step 5](#).

The census data is imported and appears in the Employee Count list.

Adding Census Information in the Group Policies Screen

End users can add census information for companies that request a quote or proposal for a group insurance policy. To add census information, end users must:

- 1** Add a policy in the Group Policies screen
- 2** Add census information using the instructions in the [“To add census information”](#) procedure
- 3** Associate the census with the policy using the instructions in the [“To associate a census with a policy”](#) procedure

Census data can also be automatically imported. See [“Importing Census Information” on page 99](#).

To add census information

- 1** Navigate to the Group Policies screen.
- 2** In the Policies/Quotes list, drill down on a policy.
- 3** Click the Census view tab.
- 4** In the Census list, from the view link list, select Segmented Census or Detailed Census.
 - **Segmented Census.** Add information for groups of employees.

- **Detailed Census.** Add information for individual employees.

NOTE: Usually, either only detailed or segmented information is added for a single census. However, information can be added for both.

- 5 In the Census list, add a record and complete the necessary fields.
- 6 For a Segmented Census:
 - Scroll down to the Employee Count list.
 - In the Employee Count list, add a record and complete the necessary fields.
- 7 For a Detailed Census:
 - Scroll down to the Employee List list.
 - In the Employee List list, add a record and complete the necessary fields.

Associating a Census with a Policy

Use the procedure below to associate a census with a policy.

To associate a census with a policy

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, select a policy.
- 3 In the Policy Census field of the Policies/Quotes form, click the select button.
The Pick Group Census dialog box appears, showing each census available for that policy.
- 4 In the Pick Group Census dialog box, select a census and click OK.

Adding Employee Classes for Group Policies

Some group policies, especially those for larger groups, offer different products to different employee classes of group members. Examples of employee classes are salaried employees and hourly employees. Each employee class offers a unique combination of products, product options, and product rates. Users can use the Classes view to add or make changes to employee classes.

To add an employee class

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, select a policy.
- 3 Click the Classes view tab.
- 4 In the Classes list, add a record and complete the necessary fields.

Designing Plans for Group Policies

End users can design plans for group policies by adding information about products, product classes, and rate bands.

A rate band is pricing information about the deductible, the premium, and the payroll deduction for each insurance product.

The following lists are available in the Plan Design view:

- **Product Attributes.** This view contains the Plan Design Product list and the Attributes list. Use the Plan Design Product list to associate a product with the policy that appears in the Group Policy form. Use the Attributes list to view attribute information and change attribute values.
- **Product Classes.** This view contains the Plan Design Product list and the Classes list. Use the Classes list to select employee classes that you want to associate with the selected product.
- **Product Class Matrix.** This view contains the Plan Design Product Class Matrix list. In this list, you associate an employee class with the selected product.
- **Product Class Rate Bands.** This view contains the Plan Design Product Class Rate Band list. Use this list to associate a rate band with the selected product/class.

To add a plan design

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on a group policy.
- 3 Click the Plan Design view tab.

The Plan Design Product list appears, showing the selected policy.

NOTE: If you need to add a product, in the Plan Design Products list, click **New** and complete the fields.

- 4 From the view link list, select Product Attributes and scroll down to the Attributes list.
- 5 In the Attributes list, change the appropriate information.
- 6 From the view link list, select Product Classes and scroll down to the Classes list.
 - a In the Classes list, click **New** to associate an employee class with the selected product.

b In the Class Name field, click the select button.

c In the Pick Class dialog box, select an employee class from the Class Name field and click **OK**.

NOTE: Only employee classes available for the selected product appear in the Pick Class dialog box. You can add employee classes to the list in this dialog box by using [“Adding Employee Classes for Group Policies”](#) on page 101.

- 7 From the view link list, select Product Class Matrix.
 - a In the Product Class Matrix list, check the appropriate product column for each class.
- 8 From the view link list, select Product Class Rate Bands.

- a In the Product Class list, select a record with the appropriate product and class and scroll down to the Rate Bands list.
- b In the Rate Bands list, click New to associate a rate band with the selected product and class.
- c In the Rate Bands field, click the select button.
- d In the Pick Product Rate Bands dialog box, select a Rate Band and click OK.

NOTE: Only available rate bands for the selected product appear in the Pick Product Rate Bands dialog box. Rate Bands are created in the Administration - Insurance, then the Health and Group Products view. For more information about how to add Rate Bands, see [“Adding Group Insurance Rate Bands” on page 97](#).

To generate a proposal for this plan, see [“Generating Proposals for Group Policies” on page 104](#).

How Enrollment Waiting Periods Affect the Start of Coverage

You can control how Siebel Healthcare calculates the start of coverage by defining the enrollment waiting period in the Group Policies screen. When you add a Plan Design (see [“Designing Plans for Group Policies” on page 102](#)), you define Product Classes that you then associate with a specific product. In the Classes list you can specify the Waiting Period, that is the number of days that must pass prior to the start of coverage. The actual start of coverage appears in the Effective Date field in the Group Policies, Enrollment view. The Waiting Period you specify in the Plan Design, Classes list directly impacts this Effective Date.

By default, Siebel Healthcare has the following defined rules:

- If a Waiting Period is specified, the Effective Date is set to the number of waiting days from today’s date.
- If a Waiting Period is not specified, the application checks today's date. If that date is before the 15th of the month, the Effective Date is set to the first of the month. If that date is after the 15th of the month, the Effective Date is set to the first of the following month.

When a user enrolls a new member in the Group Policy, Enrollment view, the Effective Date field defaults to a value based on these two rules and the application sets the Status field to Waiting.

The FINS Member Enrollment Rules Workflow enforces these rules. Users can invoke this workflow by submitting a repeating component job request that repeats every 24 hours in batch mode. It checks the Effective Date of existing enrollment records and updates the Status from Waiting to Active if:

- The Effective Date of a record is less than or equal to today’s date
- The Status is still set to Waiting

For more information on component job requests, see *Siebel System Administration Guide*.

Reconfiguring Customizable Products in Plan Design

End users can dynamically reconfigure customizable products by using the Customize Plan button in the Product Attributes list. The Customize Plan button is only available if Siebel Configurator was installed and the selected product was created as a customizable product in Siebel Configurator. For more information, see the chapters about customizable products in the *Siebel Product Administration Guide*.

To dynamically reconfigure customizable products in plan design

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on a group policy.
- 3 Click the Plan Design view tab.
- 4 Select the Product Attributes view link.
- 5 In the Product list, click Customize Plan.

A configuration session launches and a selection page appears. The changes made in the configuration session are reflected in the line items in the Attributes list.

Generating Proposals for Group Policies

A proposal is a written quote for a policy. Before generating a proposal, end users must add the policy, set up classes, and add the policy plan design. Usually, the last step in adding the plan design is to activate the software program your company uses to rate policies. For more information, see [“Designing Plans for Group Policies” on page 102](#).

Proposals are built off of pre-defined templates. For more information on creating proposal templates, see the chapter on proposals in *Siebel Applications Administration Guide*.

NOTE: Only those with Siebel administrator responsibilities can create or change proposal templates from the Administration - Document screen.

To generate a proposal

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on a policy.
- 3 Click the Proposals view tab.
- 4 In the Proposals list, add a record.
- 5 In the new record, select the appropriate template.
- 6 Click Generate Draft.

Managing Underwriting Information

End users can use the Underwriting Reports view tabs on the Group Policies screen to collect and manage underwriting information.

To add underwriting information

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on a policy.
- 3 Click the Underwriting Reports view tab.
- 4 In the Underwriting Reports list, attach the information and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Type	Type of underwriting report or information being requested.
Status	Status of the current report. Valid options include: <ul style="list-style-type: none"> ■ Requested ■ Received ■ Submitted
Ordered	Date automatically generated by the application when a new record is created.
Received	Date the underwriting report was received.

Viewing Historical Underwriting Information

Use the procedure below to view historical underwriting information.

To view historical underwriting information

- 1 Navigate to the Group Policies screen.
- 2 Click the Group History view tab.
- 3 From the view link list in the Group History list, select a type of underwriting information:
 - Rates
 - Prior Insurance History
 - Premium/Claim History
 - Large Claimant History

Adding Eligible Members to Group Policies

After a customer accepts a group policy plan, end users can add or make changes to eligible members. Eligible members can accept or decline group policy coverages. Members who accept coverage can be enrolled in the plan.

To add an eligible member

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on the policy.
- 3 Click the Eligible Members view tab.
- 4 In the Primary Members list, add a record.
- 5 In the Add Members dialog box, select an existing record, or add a record and complete the necessary fields.

NOTE: During implementation, you will import the eligible members from the final census. For more information, see [“Importing Census Information”](#) on page 99.

Enrolling Members in Group Policies

Group members who accept coverage are enrolled in the policy and are considered the primary member of the policy. End users use the Enrollment view to enroll eligible members, including the primary member and dependents, who accept coverage in the plan.

To enroll a member

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on the policy.
- 3 Click the Enrollment view tab.
- 4 In the Primary Members list, select the primary member to enroll and scroll down to the Member Products list.
 - a In the Member Products list, add a record and complete the necessary fields.
 - b Repeat [Step 4](#) for each product you would like to add for this primary member.All the products related to this primary member's enrollment are added.
- 5 Scroll down to the Insured Members list.
 - a In the Insured Members list, click New to enroll the primary member and the dependents.
 - b In the Last Name field, click the select button.
 - c In the Pick Contacts dialog box, select the primary member that you would like to associate with the selected product and click OK.

- d In the Insured Members list, complete the remaining fields.

NOTE: Add dependent members in the Pick Contacts dialog box by clicking on the New button and completing the fields.

- 6 Repeat Step 4 and Step 5 for each member you would like to enroll.

When you finish, all enrolled members, including the primary member, appear in the Insured Members list.

Adding Beneficiaries to Group Policies

Some group policies, such as group life insurance policies, require that members designate one or more policy beneficiaries. End users can use the Member Beneficiary view to add or make changes to group policy beneficiaries.

To add a beneficiary

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on the policy.
- 3 Click the Member Beneficiary view tab.
- 4 In the Member Life Products list, select a primary member record.
- 5 Scroll down to the Insured Members list and select a member for whom to add a beneficiary.
- 6 In the Beneficiary list, add a record and complete the necessary fields.

Setting Up Payment Plans for Group Policies

End users can set up payment plans, including details about payment methods, for group insurance policies.

To set up a payment plan for a group policy

- 1 Navigate to the Group Policies screen.
- 2 In the Policies/Quotes list, drill down on the policy.
- 3 Click the Payment Plans view tab.
- 4 In the Pay Plans list, add a record and complete the necessary fields.
- 5 Scroll down to the Payment Details form and update the statement information.
 - a In the Last Name field, click the select button.
 - b In the Pick Contact dialog box, select a name and click OK.

11 Members

The chapter explains the procedures necessary to administer and use the members functionality in Siebel Healthcare. It includes the following topics:

- [“About Members for Siebel Healthcare” on page 109](#)
- [“Scenario for Handling Insurance Agent and Member Inquiries” on page 109](#)
- [“Administrator Procedures for Members” on page 110](#)
- [“Adding Health Programs” on page 110](#)
- [“Configuring the Command Center for Common Member Services” on page 111](#)
- [“End-User Procedures for Members” on page 111](#)
- [“Editing the Layout of the Members Summary View” on page 111](#)
- [“Enrolling Members in Health Programs” on page 112](#)
- [“Example of Using the Command Center for Common Member Services” on page 112](#)
- [“Changing the Primary Network or IPA for Members” on page 115](#)
- [“Adding Additional Benefits Coverage for Members” on page 116](#)
- [“Setting the Member HIPAA Privacy Option” on page 116](#)

About Members for Siebel Healthcare

Members are individuals who are insured by an organization. In some cases, members are also known as policyholders, subscribers, or insureds.

The Members screen allows user to manage insurance policy members. It allows end users to add and track information about members with whom they do business, such as enrolling them in health programs; changing a member’s primary care provider, primary network, or independent practice association (IPA); or adding service requests or activities for members.

Scenario for Handling Insurance Agent and Member Inquiries

This scenario features sample tasks performed by a call center representative. Your company mightn’t follow a different workflow according to its business requirements.

In this scenario, a call center representative for a health plan or an insurance company is handling multiple calls each day from insurance agents and members.

Typically, members call to ask questions regarding their insurance coverage. The call center representative accesses this information in the Members screen, Summary view. To enroll members in a health program, she uses the Health Programs view. To handle a request for a change of primary care provider (PCP) or a primary network or independent practice association (IPA), she goes to the Benefits view.

NOTE: Do not add member records in the Members screen. Use the Group Policies screen or the Individual Health Policies screen to add member records. For more information, see [“Individual Health Policies” on page 85](#) or [“Managing Group Policies” on page 93](#).

Members often call to request information about providers. After the representative adds provider records in the Providers screen, she can view them in both the Providers and Contacts screens. She can view the member’s current provider in the Members Benefits view. She can also use this view to process requests to change a member’s primary care provider

NOTE: Use the Providers screen to add provider records. For more information, see [“Providers” on page 129](#).

In this scenario, end users are the call center representatives. They enter information to:

- Enroll a member in a health program
- Charge a PCP, primary network, or IPA for members
- Add additional benefits coverage

Administrator Procedures for Members

The following administrator procedure is described in this section:

- [“Adding Health Programs” on page 110](#)
- [“Configuring the Command Center for Common Member Services” on page 111](#)

NOTE: Only those with the required administrative responsibilities, such as Siebel administrators, can change entries in the Administration - Insurance screen.

Adding Health Programs

Health programs are medical programs designed to maintain a member’s health or to prevent disease. Health programs include those that offer maternity care or infant care, diet and exercise programs, and chronic-illness management programs.

To add a health program

- 1 Navigate to Site Map, Administration - Insurance, then Health Programs.
- 2 In the Health Programs list, add a record and complete the necessary fields.

Configuring the Command Center for Common Member Services

Siebel Healthcare ships with the Command Center applet embedded in the Member Summary view. In order for the Command Center applet to work as described in [“Example of Using the Command Center for Common Member Services” on page 112](#), the applet needs to be configured as described in [“Example of Configuring the Command Center Action Applet” on page 25](#).

Also provided, is an alternate, preconfigured, common task applet. You can replace the Command Center applet with the common task applet using Siebel Tools.

To configure the common task applet

- 1 Log in to Siebel Tools or Web Tools as Administrator and create a new Workspace
- 2 In the Object Explorer, select View.
- 3 Query for FINS Member Summary View in the right-hand list.
- 4 Expand the View in the Object Explorer.
- 5 Select View Web Template and select the Base template.
- 6 Expand the Web Templates within the Object Explorer to expose the View Web Template Item.
- 7 On the right, replace the FINS Command Center Action Form Applet with the FINS Member Summary Common Task List Applet.
- 8 Deliver the changes to the Integration Branch. For more information, see *Using Siebel Tools*.

End-User Procedures for Members

The following end-user procedures are described in this section:

- [“Editing the Layout of the Members Summary View” on page 111](#)
- [“Enrolling Members in Health Programs” on page 112](#)
- [“Example of Using the Command Center for Common Member Services” on page 112](#)
- [“Changing the Primary Network or IPA for Members” on page 115](#)
- [“Adding Additional Benefits Coverage for Members” on page 116](#)
- [“Setting the Member HIPAA Privacy Option” on page 116](#)

Editing the Layout of the Members Summary View

The Members Summary view has an editable layout so end users can arrange the view information to meet their needs.

To edit the Members Summary view layout

- 1 Navigate to Members and then the Summary view.
- 2 Click Edit Layout.
- 3 In the Edit Layout form, make changes by clicking the different controls that appear on each list or form.
For more on edit layout controls, see *Fundamentals*.
- 4 Click Done to register the changes and return to the Members Summary view.

Enrolling Members in Health Programs

Health Programs are medical programs designed to maintain a member's health or to prevent disease. Health programs include those that offer maternity care or infant care, diet and exercise programs, and chronic-illness management programs. Once a member is added, they can be enrolled in a health program.

To enroll a member in a health program

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the last name of the member to be enrolled.
- 3 Click the Health Programs view tab.
- 4 In the Health Programs list, add a record and complete the necessary fields.

Example of Using the Command Center for Common Member Services

The Command Center is a quick launch point for several common member processes. Available on the Members Summary view, end users can use the drop-down menus to perform such member services tasks as:

- Order a new ID card
- Change the PCP
- View claims information
- Show a history of ID card orders and changes to PCP

On the Members Summary view, the Command Center is not preconfigured to perform these or any functions. It must be set up to run the member processes particular to your business. This section presents an example of how the Command Center could be used on the Members Summary view. The necessary configuration to set up the Command Center to run the processes shown in this example, appears in ["Example of Configuring the Command Center Action Applet"](#) on page 25.

For additional information about the Command Center feature, see ["About Command Center"](#) on page 20.

ID Card Requests

When a member requests a new ID card, the call center representative would typically first check for outstanding card requests and then place the new card order. The Command Center on the Members Summary view provides a convenient way to retrieve the order history and then place a new order.

To check the ID card order history

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the last name of the member.
- 3 Click the Summary view tab.
- 4 In the Command Center form, in the Area field drop-down list, select ID Card Requests.
- 5 In the Action field drop-down list, select Show History.
- 6 Click Go.

The Order ID History dialog box appears.

Placing a New ID Card Order

Use the following procedure to place a new ID card order.

To place a new ID card order

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the last name of the member.
- 3 Click the Summary view tab.
- 4 In the Command Center form, in the Area field drop-down list, select ID Card Requests.
- 5 In the Action field drop-down list, Order New ID Card.
- 6 Click Go.

The application navigates to the Members Benefits view.

- 7 In the Benefits list, select the policy for which to order the ID card.
- 8 Click Order ID.
- 9 Complete the fields in the service request form.
- 10 Click Submit to submit the service request for fulfillment.

NOTE: The fulfillment process can be implemented using Assignment Manager or Siebel business services.

PCP Requests

The Command Center on the Members Summary view provides a convenient way to retrieve primary care provider (PCP) history and update Siebel Healthcare with any changes.

To check the PCP change history

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the last name of the member.
- 3 Click the Summary view tab.
- 4 In the Command Center form, in the Area field drop-down list, select PCP Requests.
- 5 In the Action field drop-down list, select Show History.
- 6 Click Go.

The Change PCP History dialog box appears.

Changing the PCP

Use the following procedure to change the PCP.

To change the PCP

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the last name of the member.
- 3 Click the Summary view tab.
- 4 In the Command Center form, in the Area field drop-down list, select PCP Requests.
- 5 In the Action field drop-down list, Change PCP.
- 6 Click Go.

The application navigates to the Members Benefits view.

- 7 In the Benefits list, select the policy for which to change the PCP.
- 8 Click Change PCP.
The Service Member Services and then the Change PCP view appears.
- 9 In the Service Request Change PCP view:
 - a Pick a reason code
 - b Select a new PCP
 - c Select a new primary network
- 10 (Optional) Use the Provider Locator functionality to select a new PCP:
 - a Click Provider Search button

- b** In the Provider Locator view, enter appropriate search criteria and click Go
 - c** In the list of providers returned, drill into the a provider name for more details
 - d** On the Provider Details view, click Select this Provider to continue with the Service Request
 - e** Alternatively, click Restart Search to perform search again using a new criteria
- 11** (Optional) To alert old/new provider and member on PCP change:
- a** Click Email Update
 - b** Select the appropriate party to whom you wish to send an email
 - c** (Optional) Make modifications to the content
 - d** Click Send to send the email
- 12** Click Submit to submit the service request for fulfillment.
- NOTE:** The fulfillment process can be implemented using Assignment Manager or Siebel business services.

Claims Inquiries

End users can use the Command Center on the Members Summary view to respond to claims inquires and quickly navigate to the Members Claims view.

To view claims information

- 1** Navigate to the Members screen.
- 2** In the Members list, drill down on the last name of the member.
- 3** Click the Summary view tab.
- 4** In the Command Center form, in the Area field drop-down list, select Claims Inquiries.
- 5** In the Action field drop-down list, select View Claims Info.
- 6** Click Go.

The Members Claims view appears.

Changing the Primary Network or IPA for Members

If a member changes primary network or independent practice association (IPA), end users can update Siebel Healthcare to reflect the change.

To make changes to member care information

- 1** Navigate to the Members screen.

- 2 In the Members list, drill down on the member's last name.
- 3 Click the Benefits view tab.
- 4 In the Benefits list, select the Primary Network/IPA field and enter the new information.

Adding Additional Benefits Coverage for Members

Additional benefits are called coordination of benefits. Two examples are:

- When the spouse of a member has the same coverage as the member.
- When a member has medicare as secondary coverage.

To add an additional benefits coverage

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the member's last name.
- 3 Click the Coordination of Benefits view tab.
- 4 In the Coordination of Benefits list, add a record.
- 5 In the Add Coordination of Benefits dialog box, perform the appropriate task:
 - Select a record and click OK.
 - Click New to add a new record.

Setting the Member HIPAA Privacy Option

United States law requires that medical institutions disclose their privacy policies regarding the sharing of non-public personal information with third parties and fair credit reporting that impacts the sharing of non-public personal information with affiliates. End users can specify a privacy level by making a selection from the HIPAA Option field.

The HIPAA Option field is for registering the privacy level requested by the contact; it does not impact record visibility in any way.

To record a member's HIPAA privacy choice

- 1 Navigate to the Members screen.
- 2 In the Members list, drill down on the member's last name.
- 3 In the Members form, specify a HIPAA choice in the HIPAA Option field, selecting one of the following:
 - **Opt-In.** Sharing of non-public personal information is allowed without restrictions.

- **Opt-Out - Affiliates.** Sharing of non-public personal information with affiliates is not allowed.
- **Opt-Out - Third Party.** Sharing of non-public personal information with third parties is not allowed.
- **Opt-Out - All Parties.** Sharing of non-public personal information with any affiliate or third party is not allowed.

12 Managing Partners and Agencies

This chapter describes how to manage partners and agencies. It includes the following topics:

- "About Partners and Agencies" on page 119
- "Scenario for Working with Partners and Agencies (Users)" on page 120
- "Process of Managing Partners and Agencies (Users)" on page 120
- "Adding New Partners" on page 121
- "Adding Agents" on page 121
- "Adding Information Associated with an Agent" on page 121

About Partners and Agencies

Siebel Healthcare allows you to manage partners and agencies.

- **Partners** include service providers, aggregators, and insurance agencies.
- **Agencies** are organizations that act on behalf of insurance companies to sell insurance policies. Agents and brokers are the licensed sales representatives who sell the insurance policies. For many insurance companies, agencies are often the most important type of partner.

Tracking partner information is important because for many healthcare companies, partners such as banks, agencies, and brokerages often function as a primary revenue channel.

NOTE: Adding partners on the Partners screen only allows you to track and monitor partner information. If you want to share data with a partner, the partner must be upgraded to a Siebel Organization. To perform this and other Partner administration tasks, you use the Administration - Partner screen. For more information, see *Siebel Partner Relationship Management Administration Guide*.

End users use the Agents screen for healthcare-related procedures such as:

- Adding agents
- Viewing agent information
- Creating service requests or activities for agents
- Tracking information about contracts, licenses, appointments, registration, errors and omissions, policies, and quotes

NOTE: Under the Party Model, where contacts include all persons, individuals added in the Agents business component are also members of the Contacts business component. Agents are a special subset of contacts who are engaged in the sales of Financial Services products.

Scenario for Working with Partners and Agencies (Users)

These scenarios feature sample tasks performed by a health plan company employees. Your company might follow a different workflow according to its business requirements.

In these scenarios, the end users are company employees who manage information in the field. They enter information to:

- Create a partner
- Add a contact that represents an agency
- Add new agents
- View information about existing agents
- Track agent information about contracts, licenses, appointments, registration status, errors and omissions, policies, and quotes
- Create service requests or activities for agents

Employee Adds a New Agency

In this scenario, an insurance company uses independent agencies as one of the channels for distribution of its insurance products. An employee for this insurance company needs to add a newly appointed agency to represent his company's products to consumers.

His company has verified the qualifications of the agency, so he adds information about the agent. Then, he adds a new Partners record and adds information about the agency's errors and omissions coverage.

Next, he navigates to the Licenses & Appointments view to record information about the agency's license. Finally, he adds a contact with the agency.

Company Signs a New Agent

An healthcare company signs a new agent. A licensing and contracting coordinator for the company receives an interoffice mail containing the required paperwork. She enters the agent's contact, license, appointment, and contract information into Siebel Healthcare.

Six months later, the agent moves to a new office. He forwards his new address and phone number to the sales representative who is his main contact at the healthcare company. The sales representative locates the agent in Siebel Healthcare and updates his address and phone number.

Process of Managing Partners and Agencies (Users)

This section details sample tasks often performed by end-users when managing partners and agencies. Your company might follow a different process according to its business requirements.

The following list shows tasks end users typically perform when managing partners and agencies:

- [“Adding New Partners” on page 121](#)
- [“Adding Agents” on page 121](#)
- [“Adding Information Associated with an Agent” on page 121](#)

Adding New Partners

End users can create new partner records and make changes to existing service provider information.

To create a partner

- 1 Navigate to Partners, then the Partner List view.
- 2 In the Partners form, add a record, and complete the necessary fields.
- 3 In the Partner Type field, select the appropriate type; if this partner is a service provider, select Service Provider.

Adding Agents

Agents are the licensed sales representatives who sell insurance policies. Adding an agent is the first step in managing procedures related to the agent.

To add an agent

- 1 Navigate to the Agents screen.
- 2 In the Agents list, add a record and complete the necessary fields.
 - a In the Partner field, click the select button.
 - b In the Partners dialog box, select a record and click OK, or click New to add a new partner.
 - c If adding a new partner, complete the fields.

NOTE: To add or change the columns displayed in the list, click the list’s menu button and choose Columns Displayed.

Adding Information Associated with an Agent

Using the view tabs on the Agents screen, end users can track additional information related to agents including information about contracts, licenses and appointments, errors and omissions, National Association of Securities Dealers (NASD) registration, and policies and quotes.

To add additional information about an agent

- 1 Navigate to the Agents screen.
- 2 In the Agents list, drill down on the desired agent and click the appropriate view tab from the following list:
 - **Contracts.** To add information about the agent's contracts.
 - **Licenses and Appointments.** To add information about licenses the agent holds.
 - **Errors and Omissions.** To add information about the agent's errors and omissions.
 - **Registration.** To add information about the agent's registration status.
 - **Policies/Quotes.** To view policies and quotes for the agent.
- 3 In the selected view list, add a record and complete the necessary fields.

13 Referrals and Authorization

This chapter describes referrals and authorization. It includes the following topics:

- [“About Referrals and Authorization” on page 123](#)
- [“Scenario for Creating and Authorizing a Referral” on page 123](#)
- [“Administrator Procedures for Referrals and Authorizations” on page 124](#)
- [“End-User Procedures for Referrals and Authorizations” on page 124](#)
- [“Creating Referrals or Authorizations” on page 125](#)
- [“Associating Actions and Providers to Referral or Authorization Requests” on page 126](#)
- [“Recording Approval Decisions for Referrals or Authorizations” on page 126](#)

About Referrals and Authorization

Siebel Healthcare allows you to track referrals to other providers and authorizations of specific healthcare services. Service agents use the Referrals\Authorizations screen to collect the information required for referral and authorization approval, validate the fields, initiate workflow, and track the status on behalf of a provider, member, or other inquiring party. This information can then be integrated with back-office systems using a prebuilt referral and authorization ASI. For more information, see [Chapter 16, “Siebel Integration Messages.”](#)

Scenario for Creating and Authorizing a Referral

The following business scenario features sample tasks performed by a call center representative for health plan company. Your company might follow a different workflow according to its business requirements.

A healthcare provider calls a health plan’s call center in order to refer a patient to an orthopedic surgeon. A call center representative receives the call from the provider. The call center representative first authenticates the provider and then looks up the member on the Members screen. By looking at the Member Summary view, she verifies the member’s basic eligibility and coverages. She then navigates to the Referrals/Authorizations screen. She creates a new referral and completes the necessary fields. Once she finishes entering the necessary data, she changes the value in the Status field to Open and sets the Sub-status field to Submitted.

Administrator Procedures for Referrals and Authorizations

The following administrator procedures are described in this section:

- [To create an activity plan template](#)
- [To create activities for the template](#)

Activity Plan Templates allow you to create and manage activities related to referrals and authorizations. You define templates using the Administration - Data screen's Activity Templates and Activity Template Details views.

To create an activity plan template

- 1 Navigate to Site Map, Administration - Data, and then the Activity Templates.
- 2 In the Activity Templates list, add a record.
- 3 In the Name field, type a name for the template.
- 4 In the Type field, choose FINS Referrals Authorizations.
- 5 Complete the remaining necessary fields.

For more information on creating activity templates, see *Siebel Applications Administration Guide*.

Creating Activities for the Template

Use the following procedure to create activities for the template.

To create activities for the template

- 1 Navigate to Site Map, Administration - Data, and then the Activity Templates.
- 2 In the Activity Plan Templates list, select a template.
- 3 Click the Activity Template Details view tab.
- 4 In the Activity Template Details list, add a record.
- 5 Complete the necessary fields for each activity assigned to the template.

NOTE: Repeat [Step 2](#) through [Step 5](#) to add additional activities to the template.

End-User Procedures for Referrals and Authorizations

End users use the Referrals/Authorization view to record the necessary information for processing a referral or authorization. Using the Referrals/Authorization form and More Info view tab, users can verify they have recorded all the required information, check on member eligibility, and track the status of referrals and authorizations.

The following end-user procedures are described in this section:

- [“Creating Referrals or Authorizations” on page 125](#)
- [“Associating Actions and Providers to Referral or Authorization Requests” on page 126](#)
- [“Recording Approval Decisions for Referrals or Authorizations” on page 126](#)

Creating Referrals or Authorizations

End users can create referrals or authorizations from the Referrals/Authorization screen.

To create a referral or authorization

- 1 Navigate to the Referrals/Authorization screen.
- 2 Add a record and select the request type: Authorization or Referral.
- 3 Drill down on the Tracking #.
- 4 Click the More Info view tab and add additional information as necessary.

Some fields are described in the following table.

Field	Comments
Last Name	Last name of the member. The application automatically populates the First Name field. For more information on adding members, see “Adding Eligible Members to Group Policies” on page 106 .
Status	Status of this referral or authorization.
Requestor Last Name	Last name of provider. The application automatically populates the Requestor First Name field. For more information on adding providers, see “Adding Providers” on page 131 .
Diagnosis Codes	Diagnosis code for this referral or authorization. For more information on adding codes, see the discussion on modifying the List of Values (LOV) in <i>Siebel Applications Administration Guide</i> .
Procedure Codes	Procedure code for this referral or authorization. For more information on adding codes, see the discussion on modifying the List of Values (LOV) in <i>Siebel Applications Administration Guide</i> .
# of Visits Requested	For referral requests, the number of doctor visits requested for approval.
Maximum Benefit	The maximum dollar amount for the specified benefit.

Associating Actions and Providers to Referral or Authorization Requests

End users can use the Actions view tab to record activities related to a referral or authorization. For more information on creating activity plan templates, see [“To create an activity plan template” on page 124](#).

To associate an action or provider with a referral or authorization

- 1 Navigate to the Referrals/Authorization screen.
- 2 In the Referrals/Authorizations list, drill down on the tracking # of the desired request.
- 3 Click the Actions view tab.
- 4 In the Actions list, add a new record and select the desired activity template.
- 5 Save the record.

The activities associated with the activity template selected are automatically entered in the Activities list.

- 6 To add additional activities, add a new record in the Activities list and complete the necessary fields.

Recording Approval Decisions for Referrals or Authorizations

End users can use the Decision History view tab to record for each referral or authorization, the approved actions and physician and facility referrals. Actions include things such as a medical equipment and prescription drug supplies.

To record referral or authorization decisions

- 1 Navigate to the Referrals/Authorization screen.
- 2 In the Referrals/Authorizations list, drill down on the tracking # of the desired request.
- 3 Click the Decision History view tab.

- 4 In the Approved Actions form, add a record and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Type	The type of referral or authorization decision. Valid options include: <ul style="list-style-type: none"> ■ Lab - Lab referral or authorization. ■ Test - Medical test referral or authorization. ■ DME - Authorization for durable medical equipment, for example, wheelchair. ■ Rx - Specified drug treatment.
Description	Description of this referral or authorization.
Equipment #	Equipment identification number.
Rx Drug	The specific drug treatment requested by the provider. If the provider requests a unauthorized drug, then they must indicate the quantity, dosage, and expected treatment before submitting the request.
Rx Dosage	The specific dosage of the requested drug treatment. If the provider requests a unauthorized drug, then they must indicate the quantity, dosage, and expected treatment before submitting the request.

- 5 In the Approved Providers and Facilities list, add a record and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Provider Last Name	Last name of the provider. The application automatically populates the Provider First Name and ID#. For more information on adding providers, see “Adding Providers” on page 131 .
Facility	The facility where the treatment will be performed. The application automatically populates the remaining fields. For more information on adding facilities, see “Adding Facilities” on page 81 .

14 Providers

This chapter describes providers. It includes the following topics:

- [“About Providers” on page 129](#)
- [“Scenario for Adding and Managing a New Provider” on page 129](#)
- [“End-User Procedures for Providers” on page 130](#)
- [“Adding Providers” on page 131](#)
- [“Adding Addresses for the Provider Locator” on page 131](#)
- [“Associating Facilities with Providers” on page 132](#)
- [“Associating Specialties with Providers” on page 132](#)
- [“Adding Profile Information” on page 132](#)
- [“Adding Provider Contracts” on page 133](#)
- [“Viewing Provider Payments and Adding Payments Manually” on page 133](#)
- [“Adding Provider Claims” on page 134](#)
- [“Viewing and Printing a Provider Report” on page 134](#)

About Providers

Providers are healthcare professionals who are paid by, or file claims with, your health plan or health insurance company. Examples of providers are physicians, nurse practitioners, dentists, and pharmacists.

The Providers screen allows end users to manage information about providers. Specifically, it allows end users to add and track information about providers and contracts, locate providers, associate facilities with a provider, indicate a provider’s specialties, add profile information (such as provider skills, background, and business locations and hours), add some provider claims (such as, an out-of-service-area claim), view payment information, and print a Provider report.

Scenario for Adding and Managing a New Provider

This scenario features sample tasks performed by a contracting specialist, a provider relations representative, and a member service representative. Your company might follow a different workflow according to its business requirements.

In this scenario, a contracting specialist for a health plan is responsible for managing information about the healthcare providers with which her company does business. She just established a contract with a single provider.

She adds the new provider and then adds information about the provider's area of specialization. Next, she adds information about the provider's primary location (for example, a medical group or pharmacy), affiliations (such as hospitals or health networks), and whether or not hospital affiliations include admitting privileges. After that, she adds information about the provider's skills, background, and clinic locations and hours. Then she adds information about contracts the provider holds with her company and adds the provider's payment preferences.

A provider relations representative provides service for the provider. He uses the:

- Encounters view and the Claims view to refer to reports regarding patient visits and claims
- Payments view to refer to payments made to the provider
- Service Requests view to add service requests such as referral inquiries
- Alerts view to add important notes about this provider

A member service representative uses Siebel Healthcare to answer questions about contracted providers. Using the Provider Locator, she searches for providers by city, state, or ZIP Code. She views and prints Provider reports based on the product and speciality. Also, she can view some of the information the contracting specialist adds in the Providers screen and the Products screen. For example, the Products screen displays information about providers in the Primary Providers view and the Contracted Providers view.

In this scenario, end users are health plan contracting specialists, provider relations representatives, and member service representatives. They use Siebel Healthcare to:

- Add a new providers and provider addresses
- Associate a facility with a provider
- Associate a specialty with a provider and add profile information
- Add a provider contract
- View provider payments
- Add a provider claim
- View and print provider reports

End-User Procedures for Providers

The following end-user procedures are described in this section:

- ["Adding Providers" on page 131](#)
- ["Adding Addresses for the Provider Locator" on page 131](#)
- ["Associating Facilities with Providers" on page 132](#)
- ["Associating Specialties with Providers" on page 132](#)
- ["Adding Profile Information" on page 132](#)

- “Adding Provider Contracts” on page 133
- “Viewing Provider Payments and Adding Payments Manually” on page 133
- “Adding Provider Claims” on page 134
- “Viewing and Printing a Provider Report” on page 134

Adding Providers

End users use the Providers screen to add or make changes to healthcare provider records. After they add provider records in the Providers screen, users can view them in the Providers and the Contacts screen. In the Contacts screen, a check mark appears in the Provider field of the record, indicating that the contact is a provider.

NOTE: End users can add healthcare provider records in the Contacts screen. However, they will not appear in the Providers screen unless they check the Providers check box on the More Info view tab.

To add a provider

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, add a record and complete the necessary fields.

Adding Addresses for the Provider Locator

Users must add provider addresses if they want to use the Provider Locator feature.

To add a provider address

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Addresses view tab.
- 4 In the Addresses list, add a record.
- 5 In the Add Address dialog box, perform the appropriate task:
 - To choose an existing record, select a record and click OK.
 - To add a new record, click New and complete the fields.
- 6 In the Addresses list, click Update Geo Code.

NOTE: The latitude and longitude values will not generate if any one value in the City, State, Zip Code, or Country fields is incorrect. For example, if the ZIP Code is incorrect, you will receive an error message. To correct this problem, navigate to the Application Administration, ZIP Code Administration view and make sure the Geo values for that city, state, and ZIP Code combination has been loaded. For more information, see *Siebel Self Service Administration Guide*.

Associating Facilities with Providers

A provider might be affiliated with one or more facilities. For example, a provider might work at both a clinic and a hospital. End users can use the Affiliations view to associate facilities, such as clinics, hospitals, or pharmacies, with providers.

To associate a facility with a provider

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Affiliations view tab.
- 4 In the Affiliations list, add a new record.
- 5 In the Facilities dialog box, perform the appropriate task:
 - To choose an existing record, select a record and click OK.
 - To add a new record, click New and complete the fields.

Associating Specialties with Providers

Many providers have an area of medical specialization. End users can use the Specialties view to indicate a provider's area of medical specialization by associating specialties with the provider.

To associate a specialty with a provider

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Specialties view tab.
- 4 In the Specialties list, add a record and complete the necessary fields.

NOTE: To add a new Specialty, you must add a new value to the List of Values (LOV) by specifying the Type as FINS_AGDESG_HLTHSPEC_MLOV. For more information, see *Siebel Applications Administration Guide*.

Adding Profile Information

End users can use the Profile view to add profile information for providers. Profile information includes provider skills, background, business hours, and business locations.

To add profile information

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.

- 3 Click the Profile view tab.
- 4 In the Skills and Background form, complete the necessary fields.
- 5 Scroll down to the Hours & Locations list.
- 6 In the Hours & Locations list, add a record and complete the necessary fields.

Adding Provider Contracts

A company might have one or more contracts with each provider with whom they do business. Each contract might have different terms, payment preferences, and payment methods. End users can use the Contracts view to add contracts with providers.

End users can set up different payment arrangements and methods for each provider contract.

To add a provider contract

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Contracts view tab.
- 4 In the Contracts list, add a record and complete the necessary fields.
- 5 Scroll down to the Payment Preferences form.
- 6 In the Payment Preferences form, from the drop-down list, select one of the following:
 - **Payment Preferences - Check.** To pay using a check.
 - **Payment Preferences - EFT.** To pay using an electronic funds transfer.
- 7 In the selected Payment Preferences form, complete the necessary fields.

Viewing Provider Payments and Adding Payments Manually

End users can use the Payments view to review information about payments their company makes to providers. Payment information can include payment amount, payment date, payment adjustments, and reason for payment.

To view a provider payment

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Payments view tab.

Adding Payments Manually

Provider payments are usually imported from an external billing system. You can add payments manually in the Providers list.

To add payments manually

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Payments view tab.
- 4 In the Payments list, add a record and complete the necessary fields.

NOTE: You can scroll down to the Payment Details form to see additional fields.

Adding Provider Claims

A contract with a provider might specify that the provider is paid for each member visit or service. If so, providers or members might contact your company to initiate claims for payment. End users can use the Claims view to add claims for providers.

To add a provider claim

- 1 Navigate to the Providers and then the Providers List view.
- 2 In the Providers list, drill down on the desired provider.
- 3 Click the Claims view tab.
- 4 In the Claims list, add a record.
- 5 In the Add Claims dialog box, perform the appropriate task:
 - To choose an existing record, select a record and click OK.
 - To add a new record, click New and complete the fields.

NOTE: You can scroll down to the Claims form and complete additional fields.

Viewing and Printing a Provider Report

Provider reports can be viewed and printed by product and speciality.

To view a report of My Providers

- 1 Navigate to the Providers screen.
- 2 From the Show drop-down list, select My Providers.

NOTE: Only the providers listed in the Providers list will appear in the report.

- 3 Click the Reports Icon on the application tool bar.

- 4 Select a report from the drop-down list:
 - **Provider by Speciality.** Lists all the providers and their general information, sorted by their specialities (such as dermatology and pediatrics)
 - **Provider by Product.** Lists all the providers with general information in the order of products (such as HMO Plus and PPO) with which they are contracted.

The Provider report appears in the Siebel Report Viewer.

- 5 To print the report, in the Siebel Report Viewer window, click the print button.
- 6 To return to the Providers list, close the Siebel Report Viewer.

15 Managing Billing Accounts

This chapter describes how to manage billing accounts. It includes the following topics:

- [“About Billing Accounts” on page 137](#)
- [“Scenario for Billing Accounts” on page 137](#)
- [“Process of Managing Billing Accounts” on page 138](#)
- [“Creating Billing Account Records” on page 138](#)
- [“Associating Billing Accounts with Other Records” on page 139](#)

About Billing Accounts

To handle the payment of policy premiums, insurance companies use something called a billing account. A *billing account* is a construct that is used to handle the billing and payment activities associated with one or many insurance policies. The policy premiums are billed and collected through the billing account. This allows insurance companies to give users the flexibility to pay their premiums through a single bill, even though they might have several policies.

Siebel Healthcare provides flexibility for companies to handle billing-oriented transactions in various ways. Although billing accounts are a popular method within the industry, many companies handle billing on a single policy basis and many use a blend of billing account and single policy billing.

Using the procedures given in this chapter, end users will be able to use the Billing Accounts screen to add a billing account, associate a billing account with a policy, contact, or company, and add a service request to a billing account.

Scenario for Billing Accounts

This scenario features sample tasks performed by an insurance agent. Your company might follow a different workflow according to its business requirements.

An insurance agent creates a new billing account to manage the various policies held by one of her customers. First, she associates the policies and certain contacts with the billing account. In this context, a *contact* can be someone who is responsible for paying the bills associated with an account or someone associated with the billing account, such as the secondary insured on a policy.

Later, the insurance agent receives a call from one of her contacts. The contact has a problem with his latest bill. The insurance agent logs a service request against the customer’s billing account.

Process of Managing Billing Accounts

This section details sample tasks often performed by end-users when managing billing accounts. Your company might follow a different process according to its business requirements.

End-User Procedures

The following list shows tasks end users typically perform when managing billing accounts:

- [“Creating Billing Account Records” on page 138](#)
- [“Associating Billing Accounts with Other Records” on page 139](#)

Creating Billing Account Records

End users can add a new billing account record from any Billing Accounts view, including the Contacts screen, the Companies screen, the Service Requests screen, or the Billing Accounts screen.

To add a billing account

- 1 Navigate to the Billing Accounts screen.
- 2 Add a new record and complete the necessary fields.

Some fields are described in the following table.

Field	Comments
Account #	Automatically generated by the application. You can configure Siebel Healthcare to assign a billing account number based on your company’s standards and conventions.
Effective Date	Set to the current date.
Status	Set to New.
Type	The type of billing account. Select: <ul style="list-style-type: none"> ■ Single Policy if you will associate only one policy with the billing account. ■ Multiple Policy if you will associate more than one policy with the billing account.

Associating Billing Accounts with Other Records

Billing accounts can be associated with policies, contacts, companies, service requests, and households. End users can make the associations directly from the Billing Accounts screen, the Contacts Billing Accounts view, or the Companies Billing Accounts views.

Billing accounts can only be associated with households through an implicit relationship with a contact. That is, a billing account must be associated with a contact who is a member of a household in order for the billing account to be associated with the household. This relationship is then visible in the Households Billing Accounts view.

To associate a billing account with a policy

- 1 Navigate to the Billing Accounts screen.
- 2 In the Billing Account list, drill down on the billing account for which to associate a policy.
- 3 Click the Policies view tab.
- 4 In the Policies list, add a record.

The Add Policy dialog box appears.

- 5 Do one of the following:
 - If the policy already exists, select the policy in the Add Policy dialog box.
 - If the policy does not yet exist, click New to create a new policy.

The Add Policy dialog box closes and a record is added to the Policies list.

- 6 Complete the necessary fields.

The policy is now associated with the billing account.

NOTE: The billing account type determines how many policies must be associated. If the type is Single Policy, then only one policy must be associated.

Associating a Billing Account with a Contract or a Company

Use the following procedure to associate a billing account with a contract or a company.

To associate a billing account with a contact or a company

- 1 Navigate to the Billing Accounts screen.
- 2 In the Billing Account list, drill down on the billing account with which to associate a contact or a company.
- 3 Click the Contacts view tab.
- 4 Do one of the following:

- In the Contacts list, click New and either select or add a contact in the Add Contact dialog box.
- In the Organizations list, click New and either select or add a company in the Add Companies dialog box.

The selected contact or company is now associated with the billing account.

Adding a Service Request to a Billing Account

Use the following procedure to add a service request to a billing account.

To add a service request to a billing account

- 1 Navigate to the Billing Accounts screen.
- 2 In the Billing Account list, drill down on the billing account to associate with a service request.
- 3 Click the Service Requests view tab.
- 4 In the Service Requests list, add a record and complete the necessary fields.

16 Siebel Integration Messages

This chapter describes Siebel integration messages. It includes the following topics:

- [“About the Siebel Financial Services Business Platform” on page 141](#)
- [“Siebel Healthcare Integration Messages” on page 142](#)

About the Siebel Financial Services Business Platform

The Siebel Financial Services Business platform combines a set of tools, technologies, and prebuilt functional integration components to facilitate application integration. This set of products is referred to as Siebel Financial Services Business Application Integration (EAI). Siebel Financial Services EAI is an EAI solution built on top of Siebel EAI offered by Oracle. Siebel Financial Services EAI provides an integration solution using industry XML standards. These standards have been adopted by the industry and extended by middleware companies such as IBM MQSFSE.

Siebel Financial Services EAI is designed as a set of interfaces that interact with each other and with other components within the Siebel application. These interfaces:

- Allow configurable messages within Siebel Tools for exchanging information using the various industry XML standards.
- Expose internal Siebel Objects to external applications.
- Take advantage of prebuilt adapters and enterprise connectors, and are compatible with third-party adapters and connectors.
- Allow prebuilt XML connectors for Siebel applications.
- Allow for comprehensive data transformation.
- Allow extension for customized XML connectors by providing the Siebel Industry XML Connector Factory API.

For more information on Siebel EAI, see *Siebel Financial Services Enterprise Application Integration Guide* and *Overview: Siebel Enterprise Application Integration*.

Siebel Healthcare Integration Messages

Siebel Healthcare includes a number of integration messages designed to support key business processes for the healthcare industry. [Table 4](#) describes these messages by defining the message type, the message purpose, the target application, and where you can find more information about it.

Table 4. Siebel Healthcare Integration Messages

Type	Message	Target Application	Description
ASI	Request Add/Cancel Group Policy Member	Policy Administration System	A message to add or cancel a group policy member. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Response Add/Cancel Individual Policy Member	Policy Administration System	A message to add or cancel an individual policy member. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Request Authorization	Referrals and Authorizations System	A message to search for appropriate providers. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Request Benefit Detail	Benefits System	A message to submit information required for determining eligibility. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Request Member Details Update	Membership System	A message to update demographic and contact details for a member. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Request Preliminary Rating	Rating Engine	A message to request a preliminary rate based on census and plan information. For information, see <i>Siebel Application Services Interface Reference</i> .

Table 4. Siebel Healthcare Integration Messages

Type	Message	Target Application	Description
ASI	Request Providers	Provider System	A message requesting benefit detail. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Request Referral	Referrals and Authorizations System	A message to submit authorization request. For information, see <i>Siebel Application Services Interface Reference</i> .
ASI	Update Provider Details	Provider System	A message to update the demographic and contact details for a provider. For information, see <i>Siebel Application Services Interface Reference</i> .

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