# Modelling Data Flow in Blockchain-Based Smart Claim Processing System Using Time-Invariant Petri Net with Fixed Input Data

Anokye Acheampong Amponsah<sup>1†</sup>, Adebayo Felix Adekoya<sup>2††</sup> and Benjamin Asubam Weyori<sup>3†††</sup>

amponsah.acheampong@uenr.edu.ghAdebayo.adekoya@uenr.edu.ghBenjamin.weyori@uenr.edu.ghUniversity of Energy and Natural Resources, Department of Computer Science and Informatics,<br/>P. O. Box, 214, Sunyani, Ghana

#### Summary

The NHIS provides free or highly subsidized healthcare to all people by providing financial fortification. However, the financial sustainability of the scheme is threatened by numerous factors like the gargantuan expenditure of the claims, inaccurate data, slow reimbursement of providers, the existence of malicious persons in the NHIS claims processing lifecycle, etc. Therefore, this work provides a modeled Petri net solution to process claims intelligently using blockchain and smart contracts. The provided Petri net model demonstrated successful data flow among the various participants and successful processing of the supplied data. For efficiency, scalability, and performance, two main subsystems were modelled and integrated - data input and claims processing subsystems. We have provided a smart claims processing algorithm that has a simple and efficient error detection method. The complexity of the main algorithm is good but that of the error detection is excellent when compared to literature. Performance indicates that the model output is reachable from input and the token delivery rate is promising.

#### Keywords:

NHIS, Petri net, claim processing, reachability, data flow, Blockchain

#### 1. Introduction

The National Health Insurance Scheme (NHIS) is very beneficial to most people all over the world, especially to those in developing countries. Many African countries including Ghana, South Africa, Zimbabwe, Tanzania, Kenya, and Uganda are providing free and/or highly subsidized healthcare to their citizens and residents. According to [1-2], Ghana was a pioneer in the NHIS and has succeeded relatively in the provision of quality universal healthcare in fulfillment of the World Health Organization's requirements and the Sustainable Development Goals (SDG) of the United Nations [3-4]. Goal 3 of the Sustainable Development Goals (SDG 3) is to secure healthy lifestyles and promote the well-being of all people of all ages. The primary goal is to attain universal health coverage, which includes financial risk protection, access to high-quality essential healthcare services, and universal access to safe,

Manuscript revised February 20, 2022

https://doi.org/10.22937/IJCSNS.2022.22.2.53

effective, high-quality, and affordable necessary medications and vaccinations.

The WHO defines Universal Health Coverage (UHC) as guaranteeing that everyone can get the health care they require, regardless of time and location, without being impeded by money. It covers the entire spectrum of basic health services, from prevention to treatment, rehabilitation, and palliative care, [3, 5]. The UHC definition covers three broad objectives as follows – (i) Equity – accessibility available to all with no exception; (ii) quality healthcare – high-quality healthcare for all the healthcare recipients; (iii) financial bulwark – financial fortification covering all participants and not those who can afford. It is conspicuous enough to say that UHC theoretically provides for all categories of health care seekers without any boundary or impediments.

The ideal anticipations of SDG 3 and UHC as specified by the UN and the WHO respectively can be achieved practically if there exist enough finances to sustain the costs of seeking and delivering healthcare. However, it has been established by [6] that the NHIS, especially in Ghana, is faced with numerous challenges including financial and operational ones, and together with [7] suggest that taxes be introduced and/or increased to resolve the financial bottlenecks. The tax net involves charging the oil revenue, levying large and money-making companies, increasing Value Added Tax, improving the methods of revenue collection, introducing co-payments and capitation. Understandably, introducing new taxes or increasing old ones have a direct adverse effect on the poor households who are essentially seeking to be protected by the NHIS. According to [8], when revenue consumption is not taken into account, energy taxes may or may not have a disproportionate impact on low-income households, contrary to popular belief. Poor households are known to spend a big portion of their income on food [9], and they are also thought to spend a large portion of their budget on energy usage. The poor are also more likely to own

Manuscript received February 5, 2022

older models of energy-consuming durable items like refrigerators and automobiles, which are less energy efficient than the newer versions used by wealthy households. The Bureau of Labor Statistics' 2014 Consumer Expenditure Survey confirms the popular belief that general energy taxes in the United States are regressive. It is established [8] that the average household in the lowest annual expenditure decile spends over 15% of its budget on electricity, natural gas, gasoline, and other fuels, whereas the average household in the top expenditure decile only pays 5%. Most African countries impose Valued Added Tax and NHIS Levy on products and services which go a long way to overburden the poor. Consequently, introducing more taxes or increasing existing ones may not help the poor and it is believed that no amount of taxes or level of revenue generation will suffice the expenditure of the NHIS claims if systems that ensure transparency, accountability, auditability, and corruption-free operations are not instituted. Digitalization of the processes of the NHIS is key but it must be done in a manner that guarantees little or no human involvement.

[10] acknowledge that the National Health Insurance Authority (NHIA) - the regulatory body of the NHIS has instituted numerous mechanisms to protect its purse and the cost of operations. However, there are still issues of overpayment of claims, fraud, and inefficiencies in the claims processing, and operations of the NHIA. As suggested by [6], the tax net can be expanded, and the existing ones increased to enlarge the financial base of the NHIA. However, if the operations are not protected from fraud and malicious personnel found in the NHIS claim processing lifecycle, corrupt practices will drain the monies into private accounts. In this light, the main objective of this work seeks to model a palpable solution to prevent fraud in the NHIS claims processing using a time-invariant Petri Net with fixed data input. The work models the data flow between and within the subsystems of the proposed model with the focus on the input subsystems and the claims processing subsystem. Descriptively, the model is designed to test the flow of data from input to output noticing the data delivery rate, conflicts, and any other issue. The benefits of this system include limiting the number of personnel involved in the NHIS claims processing lifecycle and demonstrating the transparent automation of the verification and approval of claims.

Petri net is known to develop workflow of simple and advanced business processes [11] and can even predict very important events [12]. It has been used in many domains from manufacturing systems [13], robotics, healthcare systems [14], personal lifestyle and safety [15], and system modelling and evaluation [16, 17, 18]. As much as known, no direct work has been done to provide a direct solution to the numerous NHIS claim processing-related problems. Existing literature identifies the problem and proposes policies to be formulated and implemented with no implementable solution. It has been established by Amponsah et al. (2021) and other researchers that Blockchain Technology provides efficient and long-lasting solutions in the insurance sector. Consequently, this work is undertaken to provide a theoretical and practical basis for the proposition of a palpable Blockchain-based solution by simulating Petri net models in the insurance sector, and the claims processing to be specific. Therefore this work provides a novel model solution that is very interesting to many groups in academia and industry.

The remainder of the paper is organized as follows; section 2 highlights the contribution of this work. Section 3 also discusses basic concepts and definitions of the methods utilized in this work. Section 4 describes the system. It concentrates on the architecture, intelligent claims processing algorithm, and the subsystems before and after integration. Performance modelling is discussed in section 5 and the performance results are presented and analysed in section 6. The work is concluded in section 7 and the recommendations and future work are in section 8

# 2. Contribution of the Work

We propose a conceptually working model which presumably will reduce the claims expenditure, save some finances and ensure Universal Health Coverage and Sustainable Development Goal 3 as the expectations of the WHO and UN respectively. The main aim of this work is to theoretically and practically design and test a simple Petri Net model to simulate the palpable implementation of smart claims processing in a Blockchain-based solution. By adopting Petri Net the proposed model is made more methodical and realistic. The local benefit of this implementation is the demonstration that little human involvement can be ensured in the current NHIS claims processing lifecycle, thereby eliminating or drastically reducing the rate and effect of fraud and corrupt practices. The patients whose claims are being filed are included in the lifecycle to verify the claims being submitted by their providers. This inclusion transparently checks and balances the providers

and other potentially malicious personnel in the scheme. Secondly, this work demonstrates that workflows can be used in place of smart contracts in blockchain, and as such this work provides the theoretical foundation for the development of a blockchain-based solution. Consequently, we model the NHIS insurance processes using time-invariant Petri Net. The findings of the work contribute to the findings of other researchers interested in the theories and applications of Petri nets. We propose a very simple and efficient error detection method to model a system with a finite set of places.

#### 3. Concepts and Definitions

#### 3.1 Basics of Petri Nets

Petri nets are a set of graphical and mathematical modelling tools for studying and describing information processing in systems that possess the characteristics of concurrency, asynchronicity, non-determinism, distributed, stochastic, and/or parallel.

A Petri net can essentially be described as a directed graph with an initial marking  $M_{0}$ . The fundamental graph N of a Petri net is a bipartite, weighted, directed graph that has only two types of nodes, identified as places and transitions where arcs either output from a transition to a place or a place to transition. From the graphical perspective as in figure 1, a place is noted as a circle and a transition is drawn as a bar, or rectangle (vertical or horizontal). An Arc is branded with weights of positive integers where a *c*-weighted arc can be interpreted as the set of *c* parallel arcs. A marking allocates a positive integer to each place.



Figure 1: Components of a Petri net (a) Place, (b) Transition, (c) Arc, (d) Place with 4 tokens

It can be discussed that a place p is marked with c tokens if a marking assigns a positive integer c to it. In figure 1(d), we assign c = 4 black dots (tokens) in the place p. A marking is denoted by M, an m-vector, where m is the over-all number of places. The number of tokens in place p is represented by the pth components of M, denoted by M(p).

#### 3.2 Formal Definition of Petri Net

In this subsection, we present a universally recognized definition of a Petri net that exists in the literature as the structure N = (P, T, F, W) without any specific initial marking denoted by N. A Petri net with an indicated initial marking is denoted by  $(N, M_0)$ . Therefore, a Petri net is a 5-tuple,  $PN = (P, T, F, W, M_0)$  where:

 $P = \{p_1, p_2, p_3, \dots, p_n\}$  is a fixed set of places,

 $T = \{t_1, t_2, t_3, \dots, t_n\}$  is a fixed set of transitions,

 $F \subseteq (P \ge T) \cup (T \ge P)$  is a set of arcs (flow relation from source to destination),

 $W: F \rightarrow \{1, 2, 3 \dots\}$  is a weight function,

 $M_0: P \rightarrow \{0, 1, 2, 3, ...\}$  is the initial marking,

$$P \cap T = \emptyset$$
 and  $P \cup T \neq \emptyset$ 

Figures 2(a) and 2(b) show the state of the net before and after firing respectively. The transition  $t_l$  fires with the function in Eq. (1) changing the initial marking  $M_0 = \{2, 2, 0\}$  to another marking  $M_l = \{0, 1, 2\}$ .



Figure 2: A demonstration of a transition (firing) rule: (a) Initial marking before firing the transition  $T_{I.}$  (b) The resulting marking after firing  $T_{I}$ 

#### 3.3 Definition 1 (Petri Net)

We define three different Petri nets – (i) Data Input Subsystem, (ii) Claim Processing Subsystem and (iii) Integrated i and ii. The Data Input Subsystem Petri net is defined as PN = { $P, T, F, W, M_0$ } where; Place  $P = \{p_1, p_2, p_4, p_5, p_6\}$ . Out of these places, we have operation place = { $p_3$ }; control place = { $p_4, p_5$ }; resource place = { $p_1, p_6$ } and Transition T = { $t_1, t_2, t_3$ }.

The Claims Processing Subsystem Petri net is also defined as PN = {*P*, *T*, *F*, *W*, *M*<sub>0</sub>} where; Place *P* = {*p*<sub>17</sub>, *p*<sub>18</sub>, *p*<sub>19</sub>, *p*<sub>20</sub>, *p*<sub>21</sub>, *p*<sub>22</sub>, *p*<sub>23</sub>, *p*<sub>24</sub>, *p*<sub>25</sub>} with operation place = {*p*<sub>19</sub>, *p*<sub>22</sub>}; control place = {*p*<sub>18</sub>, *p*<sub>21</sub>, *p*<sub>24</sub>}; resource place = {*p*<sub>17</sub>, *p*<sub>20</sub>, *p*<sub>23</sub>, *p*<sub>25</sub>} and Transition T = {*t*<sub>10</sub>, *t*<sub>11</sub>, *t*<sub>12</sub>, *t*<sub>13</sub>, *t*<sub>14</sub>}.

In the integrated system there exist input places IP = { $p_{27}$ ,  $p_{28}$ ,  $p_{29}$ }, output places  $OP = {p_{26}}$  and subsystems = { $s_1$ ,  $s_2$ ,  $s_3$ ,  $s_4$ } where  $s_1$ ,  $s_2$ , and  $s_3$  represent the data input models for the provider, patient and director respectively, and  $s_4$  represent the claims processing model. Input places in PN feed the net with fixed user data. These data are acquired from the provider, patient, and director respectively. The operation place momentarily stores the processed tokens until all the input tokens needed to fire a transition as in the case of  $t_3$ ,  $t_6$ , and  $t_9$  are obtained.

For efficiency, scalability, and performance, the system was demarcated into two main subsystems – the data input and claim processing subsystems. Part of the load is handled by the input processing subsystem – update, correction, or deletion of claim data. The demarcation enhanced the performance of the claim processing subsystem and the error detection scheme.

#### 3.4 Basics of Blockchain Technology

Blockchain technology is a publicly verifiable, shared, immutable distributed ledger used for recording the history of transactions. As the name suggests, a blockchain is a chain of blocks that contains information inside a block, and each block is connected with a hash of its previous and subsequent blocks to create a chain. Blockchain technology consists of nodes where each node maintains its local copy of the chain and is connected with peer-to-peer connections. Every block contains a header, an ID of the previous and next blocks, a timestamp, and a series of transactions [22-24]. The following are the benefits of using blockchain technology [22].

Blockchain-based systems are secured as all transactions are immutable and transparently stored. Participants of a blockchain network are accountable for their actions and claim ownership of their assets. All transactions are authentic and verifiable with the hashed ID of the various participants.

#### 4. System Description

#### 4.1 Model data Input Specification

The proposed model requires the same number of data inputs from the various participants using Eq. (2). For example, a maternity home  $P_{home}$  serves 200 clients and enters their claims data. The model requires these clients or their representatives to validate the claim

inputs from the provider which amounts to 200 inputs from the patients. Again the director needs to approve and authorize the payment of all the claims. In the end, the output from the equation must be a positive whole number. Any other value signifies the occurrence of deadlock or unprocessed claims.

$$\alpha = m_0 \stackrel{\iota_1}{\to} m_1 \tag{1}$$

$$\mathfrak{D} = \left(\sum_{i=1}^{n} p_i + \sum_{i=1}^{n} m_i + \sum_{i=1}^{n} d_i\right) / k \quad (2)$$

$$f(\mathfrak{D}) = \begin{cases} \text{conflict } x = x. y\\ \text{conflict} - \text{free, } x = W \end{cases}$$
(3)

#### 4.2 Smart Claim Processing Algorithm

We modified the original algorithm for smart claims processing to conform to the objective of this work. The modification was necessary because the aim was to test the data flow in the system. Therefore from algorithm 1 if the total quantity of tokens submitted by the provider is not the same as the total quantity of tokens submitted by the patient then the  $p_{19} \mod p_{20} \mid = 0$ and consequently the patient or the representative can be notified to verify the claim by submitting a token. Similarly, if the total quantity of tokens verified by the patients is not the same as the total quantity of tokens approved by the director then  $p_{22} \mod p_{23} \mid = 0$  then the director or representative is notified to submit the approval token. After checking these conditions, if a claim token is submitted by the provider, a verification token is submitted by the patient, and an approval token is submitted by the director as in line 5 of the algorithm, then the token is fired to the output place in line 6.

Table 1: Smart Claim Processing Algorithm

	Algorithm 1: Smart Claim Processing Algorithm
1	Procedure SmartClaimProcessing (p17, p20, p23)
	WHILE True (so long as there is a claim token)
	DO
2	If $p_{19} = \sum_{i=1}^{n} p_i \mod p_{20} = \sum_{i=1}^{n} m_i \models 0$ then
	flag pat;
3	If $p_{22} = \sum_{i=1}^{n} m_i \mod p_{23} = \sum_{i=1}^{n} d_i p_{23} \models 0$ then
	flag dir;
4	<b>FOR</b> (int i=p <sub>17</sub> ; i>0; i )
5	<b>IF</b> $p_i == m_i == d_i == TRUE$ Then
6	Send token to Output; // (add to
	Output Place)
7	END IF
8	END FOR
9	END WHILE

#### 4.3 Conceptualized Composition of the Petri Net Model

Figure 3 presents the architecture of the Petri net model depicting the system integration. There is an intentional delay in the firing of tokens from  $s_1$ ,  $s_2$ ,  $s_3$  to  $s_4$ . The implementation of the delay was purposeful to allow time for anomalies to be rectified before data are sent to  $s_4$  for processing. When claims are successfully submitted by the providers, duly verified by the patients, and approved by the director, they are sent to the processed claims output.



Fig 3: Conceptualized composition of the Petri net model

#### 4.4 Data Input Subsystem Model

The data input subsystem allows providers, patients, and directors to send their respective data in the claims processing subsystem via  $s_1$ ,  $s_2$ , and  $s_3$  respectively. Figure 4 shows the net for the provider. PTHRESH ( $p_3$ ) is implemented to accommodate a threshold which when attained will trigger  $t_3$  to fire into  $s_4$ . As indicated earlier,  $p_4$  and  $p_5$  are control places that enable the firing of  $t_1$ and  $t_2$ . The control places play a crucial role in ensuring flexibility in the management and programming of the Petri net.

#### 4.5 Claim Processing Subsystem Model

The claim processing subsystem  $(s_4)$  in figure 5 accepts inputs from the data input subsystems and processes them accordingly. *In1*, *In2*, and *In3* represent the input ports for the provider, patient, and the director respectively. *S4* processes the claims serially from the provider inputs through the patient to the director. The tokens are originally submitted by the provider after

which the patient and the director send validating and approval tokens. Algorithm 1 in section 4.2 plays a momentous role in this system. For example, if the output of line 2 is not equal to 0, then the output number of tokens remains in operation place  $(p_{19})$ . Similarly, if



Fig 4: Data Input Subsystem Model

the output of line 3 is not equal to 0, then the output number of tokens remains in operation place  $(p_{22})$ . This implementation ensures swift rectification by directing the participant involved to the exact location of the net.

However, if the output of both lines 2 and 3 are 0 then all input tokens are fired by the transitions  $t_{11}$ ,  $t_{13}$ , and  $t_{14}$  to the final sub destination (p<sub>25</sub>) and later forwarded through the output port *out1* to  $p_{26}$  (processed claims place). Figure 5 graphically demonstrates these processes.

#### 4.6 The Overall Proposed System

 $s_1$ ,  $s_2$ , and  $s_3$  are the data input subsystem and  $s_4$  is the claims processing subsystem discussed in sections 4.4 and 4.5. Places  $p_{27}$ ,  $p_{28}$ , and  $p_{29}$  are the input consoles of the participants. Theoretically, these places are input places, however, they can be either the keyboard of a personal computer or mobile phone or input from SMS shortcode. During the system implementation and testing, the threshold for the input systems was set to 10 tokens, and the system was tested with different numbers of tokens as described in section 5.4. The design of the system after integration is presented in figure 6. The testing results are also presented in table 2.

# 5. Performance Modelling and Experimental Setup

We evaluated the Petri net marking vector components using reachability and conflict case



Figure 5: Claim Processing Subsystem Model



Figure 6: Unified Claim Processing system

characteristics. Unless otherwise stated, the experiments were done with the following Oscillogram options: GraphicDistance (30), GraphicHeight (50), NumbersPerSection (1), SectionWidth (25), ShowIndexes (False). The Response option had the following options: EndTime (1000). The following subsections explain the concepts and results.

#### 5.1 Reachability

It is the case that after a series of firing, the initial marking of the Petri net results in different markings. Consequently, a marking  $M_n$  is considered reachable from marking  $M_0$  if there exists a sequence of firings that transform  $M_0$  to  $M_n$ . A firing sequence is symbolized as  $\sigma = M_0 t_1 M_1 t_2 M_2 \dots t_n M_n$ . Hence  $M_n$  is reachable from  $M_0$  by  $\sigma$  and this can be simplified as  $M_0 [\sigma > M_n]$ . The set of possible markings reachable from  $M_0$  in a net  $(N, M_0)$  is denoted by  $R(N, M_0)$ . The set of all possible sequences

of firing from  $M_0$  in a net  $(N, M_0)$  is also denoted by  $L(N, M_0)$ . So the problem of reachability in Petri nets hinges on finding if  $M_n \in R(M_0)$  for a given marking  $M_n$  in an  $(N, M_0)$  net.

#### 5.2 Reachability Graphs

The reachability graph of the entire system was huge and for the sake of space, the graph focused on the claims processing subsystem and it was modelled to portray the system as the architecture in figure 5. Figure 7(a) and (b) show the state of the net before and after firing the transitions respectively. Figure 7 (c) is the reachability graph where the blue vertices represent the vanishing state and the red vertex represents the tangible or final state. 7 (d) is a tabular view showing the state markings from  $s_0$  to  $s_9$ . The reachability graph clearly shows that s9 (the final marking of the model) is reachable from  $s_0$ (initial marking of the model). Computations results show that the graph was generated in 0.032 seconds and it was constructed in 0.122 seconds. Approximately the entire process lasted a total time of 0.154 seconds. For simplicity, 2 input tokens were supplied to the model.

#### 5.3 Missing Data Error

According to [19-21], missing data errors if not checked and corrected can result in system exceptions and dangling. These authors define missing data error to happen when an originally uninitiated data element is being accessed and this can be likened to a variable being used without its definition or initialization in computer programming. In this line, we propose a simple and efficient method to resolve this missing data error in our work in Eq. (2). In finite-state systems as in the case of this work, our proposed algorithm first checks the summation of all inputs before submission into the claim processing subsystem made up of a finite set of places and transitions. As already indicated the summation of all summed inputs modulus constant results is an error or conflict if the output is greater than zero. This method points to the exact location of the system where the data is missing. The results of this algorithm are shown in section 5.4 and table 2 when the total number of inputs equals the total number of outputs.

#### 5.4 Token delivery Rate

In the context of this work, a token can be described as a single claim data submitted by a provider, verification and approval data submitted by the patient and director respectively. In this weight, the flow of tokens from a source to the destination nodes is in tandem with the concept of reachability. Consequently, the model was tested with diverse tokens (10, 100, and 1000) for the delivery or failure rate. Table 2 shows the number of input tokens and the number of output tokens for all the subsystems. Subsystems  $(s_1, s_2, s_3)$  are the input subsystems for the provider, patient, and director while the subsystem  $(s_4)$  is the claim processing subsystem. Output tokens refer to the provider tokens that are verified and approved by the patient and the director. The case where a token is not verified and/or approved by the respective participants has been described.

#### 5.4 Conflict Scenario

Conflict can occur when a claim remains unverified or unapproved. For example, a Poly Clinic provider (P1) serves twenty patients and files their claims resulting in twenty tokens. The tokens will be delivered into  $S_4$  and will be expecting twenty individual tokens from the patients after which twenty tokens will be expected from the director. In this case, Eq. (2) results in  $\mathfrak{D} = (20 + 20 + 20) / 3$  and  $\mathfrak{D} = 20$ . On the other hand, for example if two patients are unable to verify, = (20 + 18 + 18) / 3and  $\mathfrak{D} = 18.67$ . The output of decimal numbers or any other number greater than 0 results in conflict and essentially conflict is defined as there exist unprocessed claims in the S<sub>4</sub> – Claims Processing System.

Table 2: Results of the data flow tests for S1, S2, S3, and S4 subsystems and the unified system

Subsystem	n token	Input Token	Output Token	Success Rate (%)
	10	10	10	100
$S_1, S_2, S_3$	100	100	100	100
	1000	1000	1000	100
	10	10	10	100
S4	100	100	100	100
	1000	1000	1000	100
	10	10	10	100
The Unified System	100	100	100	100
~,~	1000	1000	1000	100

# 6. Performance Results Analyses

This section presents the data flow results and resource utilization.

#### 6.1 Data Flow

Figure 9 shows the simulation results after testing the model with real tokens (n). For simplicity and ease in reporting, n = 10 tokens each is inputted in places  $p_{27}$ ,  $p_{28}$ , and  $p_{29}$ . These are input places and are engaged at 0 NumbersPerSection to feed the model with data (tokens). Transitions  $t_{19}$ ,  $t_{20}$ ,  $t_{21}$  fire a token each so long as the firing rules evaluate to true. The number of tokens decreased steadily and consistently to zilch and after the tenth firing, the line remains unperturbed. Another set of equally crucial places is  $p_3$ ,  $p_8$ ,  $p_{13}$  also known as PTHRESH, MTHRESH, and DTHRESH respectively. These places started firing their corresponding transitions to move tokens at 2 NumbersPerSection. The graph in figure 10 shows that these places under observation commenced receiving tokens from the input places discussed in figure 9 above. The places gained tokens steadily and consistently at number 12 and the places



Figure 7: Reachability Testing (a) architecture before firing (b) architecture after firing (c) the reachability graph (d) state markings

stopped receiving tokens resulting in a levelled and unperturbed line. The data flows into subsystems  $s_1$ ,  $s_2$ , and  $s_3$  respectively as shown in figure 6 which depicts the overview of the system after integration.

Figure 11 shows the operation of the control places. P4 - PC2 is the second control place for the provider and the figure shows that it did not activate during the testing period. Similarly, P9 – MC2 and P14 – DC2 are the second control places for the patient and the director respectively. The chart indicates that they did not fire during the testing period with the testing logic. However, P5 – PC1, P10 – MC1, and P15 – DC1 are the first control places for the provider, patient, and the director respectively. These three control places concurrently started from point 2 to point 12, indicating the flow of the 10 tokens from the input to the output places respectively.

Figure 12 depicts the data flow for places  $p_{17}$ ,  $p_{20}$ , and  $p_{23}$ . These places receive the claims data created by the providers, patients, and director in *s4*. In this phase, the

number of claims represents the number of tokens which is n (10). We assume that all claims are duly verified by the patients (members) and subsequently approved by the director resulting in n = 10 for all participants. In this manner, then all 10 claims are created, verified, and approved successfully. These places are augmented with control places  $\{p_{18}, p_{21}, p_{24}\}$  to manage the tokens in the case a token (claim) gets unverified and/or unapproved by their respective participants. Consequently, all the places received their tokens concurrently at number 13 in figure 12. However  $p_{17}$  dissipated the token immediately from 14, while p<sub>20</sub> started from number 15, and p<sub>23</sub> started from number 16. This is the case because the control place p<sub>18</sub> was programmed to release a token immediately after a token arrives in p<sub>17</sub> and once a token remains in there. A token from this step is fired by  $t_{11}$ into  $p_{19}$ .  $p_{19}$  requires tokens from  $p_{20}$  and  $p_{21}$  to fire  $t_{13}$ . Again, p<sub>21</sub> is a control place and it is programmed to release a token once the other tokens are available. In the case that other tokens  $(p_{20}, p_{21})$  are not available  $t_{10}$ ensures that the awaiting token(s) remains in p19 by looping. It makes it easy to locate the unprocessed claim



Figure 8: Data flow tests results (a) Data Input subsystems (b) Claim Processing subsystem (c) Integrated system

at the exact level – thus either patient or director for swift rectification. Places  $p_{22}$ ,  $p_{23}$  and  $p_{24}$  are to fire  $t_{14}$  once the firing rule evaluates to true. Similarly, in the case that a claim (token) is unapproved by the director, the token remains in a loop in  $p_{22}$  using  $t_{12}$ . In figure 5, In1, In2, and In3 are the input ports for the providers, patients, and the director respectively.

#### 6.2 Resource utilization

The experiment was set up to end the simulation after 1000 discretization intervals using the same number of tokens as in the data flow experiment. Table 2 and figure 13 show the results of the resource utilization. 10 tokens yielded the maximum usage of the resources with a minimum value of 989 and a maximum value of 999 representing 98.9 percent and 99.9 percent respectively. This is followed by n=100 with minimum and maximum values of 900 and 991 representing 90 and 99.1 percent respectively. The last experiment n=1000 yielded very interesting results indicating the least resource utilization in the Petri net model. The highest value is 901 representing 90.1 percent and the least value is 1 representing 0.1 percent. On average, places  $p_6$ ,  $p_{11}$ , and p<sub>16</sub> were utilized the most by the Petri net with average percentages of 93.3, 96.4, and 96.4. Figures 13 (a) and (b) throws more light on the poor resource utilization when

the number of tokens was 1000 by comparing the interresource and intra-resource consumption statistics. This work has shown that it is possible to predict resource consumption using Petri net models as agreed by [12].

#### 6.3 Complexity of the Algorithm

In this section, we compare the algorithm complexity of our conflict resolution method to that of [19]. It is shown in figure 14 that our method with O(1) performs better than that of [19] with  $O(n^2)$ . Although the overall complexity of our proposed Smart Claims Processing System is  $O(n^2)$ , it is relatively better as it is the complexity of the overall system.

#### Table 3: Integrated model resource utilization

Res.										
/ No. of										
Tokens	P <sub>1</sub>	P <sub>6</sub>	<b>P</b> <sub>7</sub>	P11	P <sub>12</sub>	P <sub>16</sub>	P <sub>17</sub>	P <sub>20</sub>	P <sub>23</sub>	P <sub>25</sub>
10	99	99.9	99	99.9	99	99.9	99	98.9	98.8	98.9
100	90	99	90	99.1	90	99.1	90	91	90.9	90.9
1000	0.1	90.1	0.1	90.1	0.1	90.1	1.3	1.3	1.3	1.5
Avg	63	93.3	63	96.4	63	96.4	63.4	63.7	63.6	63.8



Figure 9: Data outflow results from P27, p28, p29



Figure 10: Data inflow results to P<sub>3</sub>, p<sub>8</sub>, p<sub>13</sub>







Figure 12: Claim being processed during the testing phase







(b)

Figure 13: Integrated Model Resource Utilization Results (a) Inter-Resource Comparison (b) Intra-Resource Comparison



Figure 14: Algorithm Complexity

### 7. Conclusion

The main objective of this work was to model the flow of data within the smart claim processing system. The relevance of the work hinges on the palpable solution provided to solve the concerns of fraud and corrupt operation in the NHIS claims processing lifecycle. In this work, data are received from three different participants – provider, patient, and director. These participants are modelled with three different input subsystems which

fire tokens into the main claims processing subsystem. The reachability of the integrated system was extremely huge to generate therefore, the main system was modelled according to its components or subsystems and the reachability graph was presented. Similarly, the delivery rates of all the tokens were modelled as a crucial aspect of the system. Consequently, Eqs. (2), and (3) were produced to detect and prevent conflict cases. It was discovered that in a case that all claims are successfully created, verified, and approved by the various participants, all the claims get processed and stored in the output system. With the proposed equations in operation, the exact locations of conflicts are identified and solved with ease and swiftness. Descriptively, conflicts can occur at transitions  $t_{10}$  and  $t_{12}$ and places  $p_{19}$ , and  $p_{22}$ . This happens when the number of claims submitted by the provider is more than the verifications done by the patients and/or the verifications are not equal to the approvals done by the director. The conflict case in the system is not fatal but easily resolvable by verifying or approving the unverified/ unapproved claim(s). The system utilized the resources in the system interestingly. Simply put, the higher the number of claims, the lower the rate of resource utilization. Table 3 and figure 13 show the interesting resource utilization results which are expected as the tokens from the various participants are threshed before being submitted into the main claims processing system. Consequently, the higher the number of tokens, the higher the resources in the claims processing system gets utilized. It must be emphasized that disparity in the results poses no operational threats to the system. It can be concluded that it has been shown that a Petri net model can be used to simulate the NHIS claims processing. The results obtained in this work are very promising.

#### References

- Dixon, J., Tenkorang, E. Y., and Luginaah, I.: Ghana's National Health Insurance Scheme: a national level investigation of members' perceptions of service provision. BMC International Health and Human Rights, 13(1), 1-10 (2013).
- [2] Preker, A. S., Lindner, M. E., Chernichovsky, D., and Schellekens, O. P.: Scaling up affordable health insurance: staying the course. World Bank Publications, (Eds.) p 24 (2013).
- [3] Dake, F. A.: Examining equity in health insurance coverage: an analysis of Ghana's National Health Insurance Scheme. 10 (2018).
- [4] United Nations.: Full Report of the Open Working Group of the General on Sustainable Development Goals. Document number: A/68/970. 2014. http://undocs.org/A/68/970. Accessed 2 November 2021.
- [5] The World Health Organization.: Universal Health Coverage. 2021. https://www.who.int/health-topics/universal-health-coverage#tab=tab\_1 accessed 2 November 2021.

- [6] Alhassan, R. K., Nketiah-Amponsah, E., and Arhinful, D. K.: A review of the National Health Insurance Scheme in Ghana: what are the sustainability threats and prospects? PloS one, 11(11) (2016), e0165151.
- [7] Abiiro, G. A. and McIntyre, D.: Universal financial protection through National Health Insurance: a stakeholder analysis of the proposed onetime premium payment policy in Ghana. Health policy and planning, 28(3), 263-278 (2013).
- [8] Pizer, W. A., and Sexton, S.: *The distributional impacts of energy taxes*. Review of Environmental Economics and Policy, volume 13, issue 1, pp. 104–123 (2020). doi: 10.1093/reep/rey021
- [9] Williams III, R. C., Gordon, H., Burtraw, D., Carbone, J. C., and Morgenstern, R. D.: *The initial incidence of a carbon tax across income* groups. National Tax Journal, 68(1), 195-213 (2015).
- [10] Wang, H., Otoo, N., and Dsane-Selby, L.: Ghana National Health Insurance Scheme: improving financial sustainability based on expenditure review. The World Bank (2017)..
- [11] Du, S., Wu, P., Wu, G., Yao, C., and Zhang, L.: The collaborative system workflow management of industrial design based on hierarchical colored petri-net. IEEE Access, 6, 27383-27391 (2018).
- [12] Teixeira, M., Lima, R., Oliveira, C., and Maciel, P.: Performance evaluation of service-oriented architecture through stochastic petri nets. In 2009 IEEE International Conference on Systems, Man and Cybernetics, pp. 2831-2836 (2009). IEEE.
- [13] Kaid, H., Al-Ahmari, A., Nasr, E. A., Al-Shayea, A., Kamrani, A. K., Noman, M. A., and Mahmoud, H. A.: Petri net model based on neural network for deadlock control and fault detection and treatment in automated manufacturing systems. IEEE Access, 8, 103219-103235(2020).
- [14] Hsieh, F. S.: A hybrid and scalable multi-agent approach for patient scheduling based on Petri net models. Applied Intelligence, 47(4), 1068-1086 (2017).
- [15] Santana, J. A. D., Orozco, J. L., Lantigua, D. F., Furka, D., Furka, S., and Cruz, A. G.: Using integrated Bayesian-Petri Net method for individual impact assessment of domino effect accidents. Journal of Cleaner Production, 294, 126236 (2021).
- [16] Shailesh, T., Nayak, A., and Prasad, D.: An UML based performance evaluation of real-time systems using timed Petri net. Computers, 9(4), 94 (2020).
- [17] Babu, K. R., and Samuel, P.: Petri net model for resource scheduling with auto scaling in elastic cloud. International Journal of Networking and Virtual Organisations, 22(4), 462-477 (2020).
- [18] Li, X. Y., Liu, Y., Lin, Y. H., Xiao, L. H., Zio, E., and Kang, R.: A generalized petri net-based modeling framework for service reliability evaluation and management of cloud data centers. Reliability Engineering & System Safety, 207, 107381 (2021).
- [19] Liu, C., Zeng, Q., Duan, H., Wang, L., Tan, J., Ren, C., and Yu, W.: Petri net based data-flow error detection and correction strategy for business processes. IEEE Access, 8, 43265-43276 (2020).
- [20] Ling, S., and Schmidt, H.: *Time Petri nets for workflow modelling and analysis*. In Smc 2000 conference proceedings. 2000 ieee international conference on systems, man and cybernetics.'cybernetics evolving to systems, humans, organizations, and their complex interactions'(cat. no. 0 (Vol. 4, pp. 3039-3044) (2000). IEEE.
- [21] Li, J., Fan, Y., and Zhou, M.: *Timing constraint workflow nets for workflow analysis*. IEEE Transactions on Systems, Man, and Cybernetics-Part A: Systems and Humans, 33(2), 179-193 (2003).
- [22] Amponsah, A. A., Adekoya, F. A., Weyori, B. A.: Blockchain in Insurance: Exploratory Analysis of Prospects and Threats. (IJACSA) International Journal of Advanced Computer Science and Applications, Vol. 12, No. 1, 2021
- [23] Valtanen, K., Backman, J., & Yrjölä, S.: Blockchain-powered value creation in the 5G and smart grid use cases. IEEE Access, 7, 25690-25707 (2019).
- [24] Meskini, F. Z., & Aboulaich, R.: A New Cooperative Insurance Based On Blockchain Technology: Six Simulations To Evaluate The Model. In 2020 International Conference on Intelligent Systems and Computer Vision (ISCV) (pp. 1-7). IEEE (2020).