

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
1	Premium Collection	Eligibility	SEE REQUIREMENTS FOR ELIGIBILITY CHECKING	
2	Premium Collection	Inform of Premium Due and Payment Options	support algorithm to calculate premium based on benefits plan selected, number of beneficiaries and beneficiary demographics	
3	Premium Collection	Inform of Premium Due and Payment Options	display the current date	
4	Premium Collection	Inform of Premium Due and Payment Options	display current eligibility status	
5	Premium Collection	Inform of Premium Due and Payment Options	display the benefits plan active start date	
6	Premium Collection	Inform of Premium Due and Payment Options	display the benefits plan expire date	
7	Premium Collection	Inform of Premium Due and Payment Options	display the name of the employer	
8	Premium Collection	Inform of Premium Due and Payment Options	display history of premium payments	
9	Premium Collection	Inform of Premium Due and Payment Options	allow user to change, modify or add beneficiary demographics	i.e. name, ID #, address, birth date...
10	Premium Collection	Inform of Premium Due and Payment Options	display beneficiary demographics	
11	Premium Collection	Inform of Premium Due and Payment Options	display benefits plan details	i.e. policy number, treatment and procedures covered
12	Premium Collection	Inform of Premium Due and Payment Options	display payment due date	
13	Premium Collection	Inform of Premium Due and Payment Options	display list of beneficiaries currently covered on plan	
14	Premium Collection	Inform of Premium Due and Payment Options	display provider list/"contracting unit"	beneficiary may have to work with particular providers based on location
15	Premium Collection	Make Payment	support an online beneficiary portal to allow for viewing and payment of premiums	
16	Premium Collection	Make Payment	display beneficiary demographics	
17	Premium Collection	Make Payment	display benefits plan details	
18	Premium Collection	Make Payment	display history of premium payments	
19	Premium Collection	Make Payment	display subsequent due dates for upcoming payments	
20	Premium Collection	Make Payment	display the current date	
21	Premium Collection	Make Payment	display the benefit plan active start date	i.e. due date, amount due, date payment received, amount paid, late fees...
22	Premium Collection	Make Payment	display the benefit plan expire date	

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23	Premium Collection	Make Payment	display the name of the employer	i.e. name, ID #, address, birth date...
24	Premium Collection	Make Payment	display payment due date	
25	Premium Collection	Make Payment	display list of beneficiaries currently covered on plan	
26	Premium Collection	Make Payment	display payment options (cash, check, bank transfer, credit card, etc.)	
27	Premium Collection	Make Payment	allow user to select a payment option	
28	Premium Collection	Make Payment	allow user to designate their account information to be stored for future payments	
29	Premium Collection	Make Payment	allow user to input credit card or bank account information for payment	
30	Premium Collection	Make Payment	allow user to input payment amount	
31	Premium Collection	Make Payment	alert user if payment amount entered is less than the minimum amount due	
32	Premium Collection	Make Payment	alert user of eligibility impact for making payment less than the minimum amount due	
33	Premium Collection	Make Payment	display benefits plan active start and expire date for period that payment covers	
34	Premium Collection	Make Payment	allow beneficiary to make mobile payments	
35	Premium Collection	Make Payment	allow beneficiary to utilize vouchers to make payments	
36	Premium Collection	Receive Payment	automatically contact finance corporation or bank to obtain approval and authorization number for payment	
37	Premium Collection	Receive Payment	alert user if payment mechanism is declined	
38	Premium Collection	Receive Payment	alert user if payment mechanism is successful	
39	Premium Collection	Receive Payment	issue user a unique payment ID number for the completed transaction	
40	Premium Collection	Issue Payment Receipt	include the following information on the payment receipt: beneficiary demographics (i.e. name, address, phone number...) beneficiary plan details (i.e. policy number, beneficiary ID...) list of beneficiaries covered policy active start date and end date payment due date amount due date payment received amount paid payment method (i.e. check, bank transfer, credit card...) due date for next premium payment	
41	Premium Collection	Issue Payment Receipt	allow user to print payment receipt	
42	Premium Collection	Issue Payment Receipt	allow user to select option to send payment receipt via SMS or email	
43	Premium Collection	Issue Payment Receipt	record that receipt has been issued	
44	Premium Collection	Issue Payment Receipt	save receipt for X period of time	
45	Premium Collection	Receive Receipt	allow receipt to be sent by SMS or email	
46	Premium Collection	Receive Receipt	allow receipt to be printed	
47	Premium Collection	Transfer Funds to Account	allow transfer of received payments to designated bank account	

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48	Premium Collection	Transfer Funds to Account	log transfer of payment to designated bank account	
49	Premium Collection	Receive Fund Deposit Slip & Prepare Fund Transfer Receipt	Issue payment transfer deposit slip for total daily deposited amount	
50	Premium Collection	Receive Fund Transfer Receipt	log payment transfer deposit slip	
51	Premium Collection	Receive Fund Transfer Receipt	retain payment transfer deposit slip for X period of time	
52	Premium Collection	Record Beneficiary Payment & Update Account Status	update beneficiary eligibility status based on payment received	
53	Premium Collection	Record Beneficiary Payment & Update Account Status	alert beneficiary of account status after payment receipt	
54	Premium Collection	Record Beneficiary Payment & Update Account Status	alert beneficiary of account status if no payment is received by due date	

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1	Premium Schedule Collection	Send Premium Collection Notification	allow system to automatically send notifications "X" number of days before premium payment due date	
2	Premium Schedule Collection	Send Premium Collection Notification	allow system to calculate number of days of lead time required for notification to arrived based on method of delivery	post then the letter may have to be generated and sent 10 days before the actual desired notification date.
3	Premium Schedule Collection	Send Premium Collection Notification	have ability to send notification to beneficiary based on selected communication preference (postal, email, sms, voicemail...)	
4	Premium Schedule Collection	Send Premium Collection Notification	include the following information in the notification: beneficiary demographics (i.e. name, address, phone number...) beneficiary plan details (i.e. policy number, beneficiary ID...) list of beneficiaries covered payment Due Date amount Due date benefits would no longer be attainable due to non-payment details of how and where payments can be made future installment payment dates and amounts due	
5	Premium Schedule Collection	Send Premium Collection Notification	automatically record notification date and message detail to beneficiary record	
6	Premium Schedule Collection	Send Premium Collection Notification	ability to send notification in a readable format	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
7	Premium Schedule Collection	Send Premium Collection Notification	ability to send notification to beneficiary based on non-payment of premium "X" days before due date	
8	Premium Schedule Collection	Send Premium Collection Notification	allow for read receipt acknowledgement if notification is sent by email	
9	Premium Schedule Collection	Send Premium Collection Notification	allow for read receipt acknowledgement to be recorded to beneficiary record	
10	Premium Schedule Collection	Receive Premium Collection Notification	allow for read receipt acknowledgement for notification is sent by email and SMS	e.g. SMS, text, etc.
11	Premium Schedule Collection	Receive Premium Collection Notification	allow for read receipt acknowledgement to be recorded to beneficiary record	
12	Premium Schedule Collection	Ready to Pay Now?	No System Requirements (beneficiary just determines if he/she will pay now or later)	
13	Premium Schedule Collection	Final Notice?	allow user to check if payment time has lapsed	
14	Premium Schedule Collection	Select Payment Method	display payment options (cash, check, bank transfer, credit card, etc.)	
15	Premium Schedule Collection	Select Payment Method	allow user to select a payment option	

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16	Premium Schedule Collection	Select Payment Method	alert user of effective payment date for each payment option	(for example: a bank draft may take 3 to 5 days to occur, which means that payment could be received by the insurer after the final due date, this would impact the beneficiary eligibility status)
17	Premium Schedule Collection	Make Payment	support an online beneficiary portal to allow for viewing and payment of premiums	
18	Premium Schedule Collection	Make Payment	display beneficiary demographics	
19	Premium Schedule Collection	Make Payment	display benefits plan details	
20	Premium Schedule Collection	Make Payment	display history of premium payments	
21	Premium Schedule Collection	Make Payment	display subsequent due dates for upcoming payments	
22	Premium Schedule Collection	Make Payment	display the current date	
23	Premium Schedule Collection	Make Payment	display the benefit plan active start date	
24	Premium Schedule Collection	Make Payment	display the benefit plan expire date	

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25	Premium Schedule Collection	Make Payment	display the name of the employer	
26	Premium Schedule Collection	Make Payment	display payment due date	
27	Premium Schedule Collection	Make Payment	display list of beneficiaries currently covered on plan	
28	Premium Schedule Collection	Make Payment	capture payer details (i.e. payer may be an employer or employee)	
29	Premium Schedule Collection	Make Payment	allow user to designate their account information to be stored for future payments	
30	Premium Schedule Collection	Make Payment	allow user to input credit card or bank account information for payment	
31	Premium Schedule Collection	Make Payment	allow user to input payment amount	
32	Premium Schedule Collection	Make Payment	alert user if payment amount entered is less than the minimum amount due	
33	Premium Schedule Collection	Make Payment	alert user of eligibility impact if payment date is greater than the due date	
34	Premium Schedule Collection	Make Payment	alert user of eligibility impact for making payment less than the minimum amount due	
35	Premium Schedule Collection	Make Payment	display benefits plan active start and expire date for period that payment covers	

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36	Premium Schedule Collection	Make Payment	automatically contact finance corporation or bank to gain approval and authorization number for payment	
37	Premium Schedule Collection	Make Payment	alert user if payment mechanism is declined	
38	Premium Schedule Collection	Make Payment	alert user if payment was successful	
39	Premium Schedule Collection	Make Payment	generate a unique payment ID number for each completed payment transaction	
40	Premium Schedule Collection	Accept Payment and Determine Impact of Eligibility	update beneficiary eligibility status based on payment date and amount paid	
41	Premium Schedule Collection	Accept Payment and Determine Impact of Eligibility	send notification to beneficiary of account status after payment is successfully received	including eligibly status
42	Premium Schedule Collection	Accept Payment and Determine Impact of Eligibility	send notification to beneficiary of account status if no payment is received by due date	
43	Premium Schedule Collection	Accept Payment and Determine Impact of Eligibility	record eligibility status for beneficiary account record	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
44	Premium Schedule Collection	Issue Payment Receipt	include the following information on the payment receipt: beneficiary demographics (i.e. name, address, phone number...) beneficiary plan details (i.e. policy number, beneficiary ID...) list of beneficiaries covered policy active start date and end date payment due date amount due date payment received amount paid payment method (i.e. check, bank transfer, credit card...) due date for next premium payment unique payment ID number	
45	Premium Schedule Collection	Issue Payment Receipt	allow user to print payment receipt	
46	Premium Schedule Collection	Issue Payment Receipt	allow user to select option to send payment receipt via SMS or email	
47	Premium Schedule Collection	Issue Payment Receipt	record that receipt has been issued	
48	Premium Schedule Collection	Issue Payment Receipt	save receipt to beneficiary record for X period of time	

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49	Premium Schedule Collection	Issue Payment Receipt	allow receipt to be sent by SMS or email	
50	Premium Schedule Collection	Issue Payment Receipt	allow receipt to be viewed in desired format (i.e. PDF) from beneficiary record	
51	Premium Schedule Collection	Apply Impact on Benefits Eligibility	allow for predetermined list of eligibility statuses to be saved, modified or deleted	
52	Premium Schedule Collection	Apply Impact on Benefits Eligibility	allow system to automatically determine eligibility status based on defined criteria	
53	Premium Schedule Collection	Apply Impact on Benefits Eligibility	allow for system to automatically select an eligibility status based on defined criteria	
54	Premium Schedule Collection	Apply Impact on Benefits Eligibility	update beneficiary eligibility status based on payment received	
55	Premium Schedule Collection	Apply Impact on Benefits Eligibility	display eligibility status on beneficiary account record	
56	Premium Schedule Collection	Apply Impact on Benefits Eligibility	allow for manual override of eligibility status	
57	Premium Schedule Collection	Update Account Status	update beneficiary eligibility status based on payment received	
58	Premium Schedule Collection	Update Account Status	update beneficiary eligibility status based on no payment received	

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59	Premium Schedule Collection	Update Account Status	alert beneficiary of account status after payment receipt	
60	Premium Schedule Collection	Update Account Status	alert beneficiary of account status if no payment is received by due date	
61	Premium Schedule Collection	Update Account Status	display eligibility status on beneficiary account record	
62	Premium Schedule Collection	Update Account Status	allow for manual override of account status	
63	Premium Schedule Collection	Send Notification of Impact on Benefits Eligibility	ability to send notification to beneficiary based on selected communication preference (postal, email, sms, voicemail...)	
64	Premium Schedule Collection	Send Notification of Impact on Benefits Eligibility	notifications "X" number of days after non-payment and due date or after payment receipt	
65	Premium Schedule Collection	Send Notification of Impact on Benefits Eligibility	send notification to beneficiary of account status after payment receipt	
66	Premium Schedule Collection	Send Notification of Impact on Benefits Eligibility	send notification to beneficiary of account status if no payment is received by due date	
67	Premium Schedule Collection	Send Notification of Impact on Benefits Eligibility	allow system to calculate number of days of lead time required for notification to arrive based on method of delivery	
68	Premium Schedule Collection	Receive Notification of Impact on Benefits Eligibility	allow for read receipt acknowledgement if notification is sent by email	

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69	Premium Schedule Collection	Receive Notification of Impact on Benefits Eligibility	allow for read receipt acknowledgement to be recorded to beneficiary record	
70	Premium Schedule Collection	Receive Notification of Impact on Benefits Eligibility	automatically record notification date and message detail to beneficiary record	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
1	Co-Payment/Cost Sharing Payment to Provider	Arrive at Health Facility	NO SYSTEM REQUIREMENTS	
2	Co-Payment/Cost Sharing Payment to Provider	Eligibility	SEE REQUIREMENTS FOR ELIGIBILITY CHECKING	
3	Co-Payment/Cost Sharing Payment to Provider	Pre-Authorization Required?	NO SYSTEM REQUIREMENTS	
4	Co-Payment/Cost Sharing Payment to Provider	Pre-Authorization	SEE REQUIREMENTS FOR PRE-AUTHORIZATION	
5	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display the total amount of the patient bill	
6	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display beneficiary cost sharing payment due	
7	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display total amount covered by insurer	
8	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display itemized breakdown of benefits covered by insurer	
9	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display treatment cost	
10	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display procedure/package code rates	
11	Co-Payment/Cost Sharing Payment to Provider	Determine Cost of Payment	display amount preauthorized by insurer	
12	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display the cost exceeding the amount covered by the insurer	
13	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display co-payment due	(i.e. BPL)
14	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display beneficiary type	
15	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display hospital type	
16	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display previous hospitalization dates	
17	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Cost Sharing Payment Required?	display previous hospitalization costs	
18	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to select option to waive fee	
19	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to select option for full or partial fee waived	

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20	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to input amount of fee waived (only in event of partial waiver)	
21	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to edit, modify or delete the amount of fee waived	
22	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to automatically populate the amount waived for a total fee waiver (equal to total amount due)	
23	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to prompt user to confirm total fee waiver	
24	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to input contextual information in a free from note field	
25	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow user to select from predefined list of waiver reasons	
26	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to retain the original amount due	
27	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to display the original amount due	
28	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to display amount waived	
29	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to display updated amount due	
30	Co-Payment/Cost Sharing Payment to Provider	Waive Total Fee?	allow system to log the user id, date and time for all waiver transactions	
31	Co-Payment/Cost Sharing Payment to Provider	Pay Remaining Balance?	allow user to select option if beneficiary is unable to pay amount due	beneficiary determines if payment can be made
32	Co-Payment/Cost Sharing Payment to Provider	Pay Remaining Balance?	allow details about cost sharing amount due to be saved and modified at a later time	
33	Co-Payment/Cost Sharing Payment to Provider	Pay Remaining Balance?	allow top-out amount to be paid	
34	Co-Payment/Cost Sharing Payment to Provider	Make Payment	capture payer details (i.e. payer may be an employer or employee)	
35	Co-Payment/Cost Sharing Payment to Provider	Make Payment	allow user to designate their account information to be stored for future payments	
36	Co-Payment/Cost Sharing Payment to Provider	Make Payment	allow user to input credit card or bank account information for payment	
37	Co-Payment/Cost Sharing Payment to Provider	Make Payment	allow user to input payment amount	
38	Co-Payment/Cost Sharing Payment to Provider	Make Payment	alert user if payment amount entered is less than the minimum amount due	

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39	Co-Payment/Cost Sharing Payment to Provider	Receive Payment	automatically contact finance corporation or bank to obtain approval and authorization number for payment	
40	Co-Payment/Cost Sharing Payment to Provider	Receive Payment	alert user if payment mechanism is declined	
41	Co-Payment/Cost Sharing Payment to Provider	Receive Payment	alert user if payment mechanism is successful	
42	Co-Payment/Cost Sharing Payment to Provider	Receive Payment	generate a unique payment ID number for each completed payment transaction	
43	Co-Payment/Cost Sharing Payment to Provider	Payment Receipts Recorded on Beneficiary Record	update beneficiary record to include payment amount, date and time	
44	Co-Payment/Cost Sharing Payment to Provider	Payment Receipts Recorded on Beneficiary Record	retain beneficiary payment information for 'X' months	
45	Co-Payment/Cost Sharing Payment to Provider	Payment Receipts Recorded on Beneficiary Record	payment receipt to be saved from beneficiary record	
46	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Payment Details Received and Recorded	allow user to send upload of beneficiary cost sharing payments from provider to insurer	
47	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Payment Details Received and Recorded	update beneficiary cost sharing payment details on beneficiary record	
48	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Payment Details Received and Recorded	retain beneficiary cost sharing payment details for 'X' months	
49	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Payment Details Received and Recorded	update cost sharing counter to reflect the total amount beneficiary has paid for cost sharing over 'X' period	
50	Co-Payment/Cost Sharing Payment to Provider	Beneficiary Payment Details Received and Recorded	notify beneficiary of total annual cost sharing payments after payment receipt	
51	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	include the following information on the payment receipt: beneficiary demographics (i.e. name, address, phone number...) beneficiary ID Patient name amount due date payment received amount paid payment method (i.e. check, bank transfer, credit card...) unique payment ID number	
52	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	allow user to print payment receipt	
53	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	allow user to select option to send payment receipt via SMS or email	

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54	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	record that receipt has been issued	
55	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	save receipt to beneficiary record for X period of time	
56	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	allow receipt to be viewed in desired format (i.e. PDF) from beneficiary record	
57	Co-Payment/Cost Sharing Payment to Provider	Issue Payment Receipt	allow for read receipt acknowledgement if receipt is sent by email	
58	Co-Payment/Cost Sharing Payment to Provider	Receive Receipt	allow for read receipt acknowledgement to be recorded to beneficiary record	
59	Co-Payment/Cost Sharing Payment to Provider	Receive Receipt	allow receipt to be sent by SMS or email	
60	Co-Payment/Cost Sharing Payment to Provider	Receive Receipt	allow receipt to be sent in a printer friendly format	
61	Co-Payment/Cost Sharing Payment to Provider	Receive Receipt	allow user to print payment receipt	

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1	GENERAL REQUIREMENTS	General Characteristics	Provide a stable and highly available environment	
2	GENERAL REQUIREMENTS	General Characteristics	Provide a user friendly interface that is consistent throughout the system	
3	GENERAL REQUIREMENTS	Data Capture	Accept data from multiple input methods including; paper, online web forms, PC asynchronously, PC synchronously,	
4	GENERAL REQUIREMENTS	Data Capture	Enter the value desired directly or from a drop down table of valid values through standard mouse selection procedure	
5	GENERAL REQUIREMENTS	Data Capture	Require mandatory fields to be filled before the user can exit the screen	
6	GENERAL REQUIREMENTS	Data Capture	Support real time data entry auditing quality control	
7	GENERAL REQUIREMENTS	Data Capture	Support real time data entry feedback preventing data entry errors from being recorded	
8	GENERAL REQUIREMENTS	Data Capture	Provide appropriate calculations at time of data entry	
9	GENERAL REQUIREMENTS	Data Capture	Log transactions at time of data entry	
10	GENERAL REQUIREMENTS	Data Capture	Maintain transaction log history	
11	GENERAL REQUIREMENTS	Data Capture	Provide asynchronous and synchronous data synchronization	
12	GENERAL REQUIREMENTS	Integration	Ability to exchange data with other approved systems	
13	GENERAL REQUIREMENTS	Security	allow for secure data encryption	
14	GENERAL REQUIREMENTS	Security	Support definitions of unlimited roles and assigned levels of access, viewing, entry, editing and auditing	
15	GENERAL REQUIREMENTS	Security	Require each user to authenticate by role before gaining access to system	
16	GENERAL REQUIREMENTS	Security	Provide flexible password control to align to national policy and standard operating procedure	
17	GENERAL REQUIREMENTS	Security	Create and maintain individual user specific security tables containing user ID and password information that is accessed only by administrator level security	
18	GENERAL REQUIREMENTS	Security	Restrict user password revisions and force users to change their passwords at determined intervals	
19	GENERAL REQUIREMENTS	Security	Terminate log-on screen after determined number of unsuccessful tries by a user to log in	
20	GENERAL REQUIREMENTS	Security	Automatically log off idle workstations after a predetermined period of time	

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21	GENERAL REQUIREMENTS	Security	Prevent a user from being logged on to multiple workstations at the same time	
22	GENERAL REQUIREMENTS	Security	Create an audit trail of who, when, where and what functions were accessed by a specified user	
23	GENERAL REQUIREMENTS	Security	Create rights and privilege groups by type of user	
24	GENERAL REQUIREMENTS	Security	Create unique user rights based on functions and screen displays	
25	GENERAL REQUIREMENTS	Security	Control which users have the right to update specified data sets and track the data updated	
26	GENERAL REQUIREMENTS	Security	Store data centrally in a physically secure location	
27	GENERAL REQUIREMENTS	System Administration	Allow administrator(s) to maintain treatment plan master	
28	GENERAL REQUIREMENTS	System Administration	Allow system administration by local staff	
29	GENERAL REQUIREMENTS	Technical Design	Ability to choose data entry devices and form factors	
30	GENERAL REQUIREMENTS	Technical Design	Ability to access the system at all levels/stores	
31	GENERAL REQUIREMENTS	Technical Design	Software development life cycle should be well described and documented	
32	GENERAL REQUIREMENTS	System Access and Navigation	Access any allowed function from any workstation on the system	
33	GENERAL REQUIREMENTS	System Access and Navigation	Access various screens through the use of menus and appropriate icons on various screens	
34	GENERAL REQUIREMENTS	System Access and Navigation	Move easily from one screen to another utilizing screen appropriate icons or function keys	
35	GENERAL REQUIREMENTS	Miscellaneous	Generate unique record number(s)	
36	GENERAL REQUIREMENTS	Miscellaneous	Enable flexible search criteria for accessing transactions	
37	GENERAL REQUIREMENTS	Miscellaneous	Support multiple languages	
38	GENERAL REQUIREMENTS	Miscellaneous	Display content in language designated by user	
39	GENERAL REQUIREMENTS	Miscellaneous	Display retrieved date in language specified by user	
40	GENERAL REQUIREMENTS	Miscellaneous	Enable a test environment separate from operational applications	

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41	GENERAL REQUIREMENTS	Miscellaneous	synchronize central repository in a timely manner	
42	GENERAL REQUIREMENTS	Miscellaneous	operate in online or offline mode	
43	GENERAL REQUIREMENTS	Miscellaneous	transmit updated data fields to central database	
44	GENERAL REQUIREMENTS	Miscellaneous	synch data fields with central database at designated frequency	
45	GENERAL REQUIREMENTS	Miscellaneous	request user to review and confirm entered data field prior to submitting updates to central database	
46	GENERAL REQUIREMENTS	Miscellaneous	display error messages on screen	
47	GENERAL REQUIREMENTS	Miscellaneous	ability to search other insurance scheme enrollment databases	
48	GENERAL REQUIREMENTS	Miscellaneous	operate and store records in online and offline mode	
49	GENERAL REQUIREMENTS	Miscellaneous	Prompt administrator for back up and/or timed archiving	
50	GENERAL REQUIREMENTS	Privacy	Adhere to national and local privacy policies	
51	GENERAL REQUIREMENTS	Reliability	Allow eligibility inquiry system to be available 99.9% of the time for any 24 hour period	
52	GENERAL REQUIREMENTS	Reliability	Provide query response time within designated tolerances	
53	GENERAL REQUIREMENTS	Recovery	System must be made available within a designated timeframe (i.e. 15 minutes) in the event of a system failure	
54	GENERAL REQUIREMENTS	Recovery	Must be restored to its condition of no more than 1 hour before corruption or system failure occurred	

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1	ENROLLMENT	Validate Identification	allow insurer to input national identification number	
2	ENROLLMENT	Validate Identification	allow insurer to check for valid identification number	
3	ENROLLMENT	Validate Identification	insurer to clearly notice error message if Identification number does not match national/state database or list	
4	ENROLLMENT	Validate Identification	allow insurer to search and verify if enrollee is already enrolled in a current benefits plan	
5	ENROLLMENT	Capture Personal Information	allow insurer to search database by name, identification number, etc. to see if beneficiary has existing enrollment record	prevention of duplicate records
6	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture biometric data	
7	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to verify identity based on biometric data	
8	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture or assign unique identification number for beneficiary	
9	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture surname/family name	
10	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture first name	
11	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture additional names for family (i.e. beyond surname)	
12	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture phone number(s)	
13	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture e-mail address	
14	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture occupation	
15	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture employer	
16	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture ethnic group	
17	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture financial information or proxy indicators	
18	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture disability information	
19	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture marital status	
20	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture socio-status or other special status	

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21	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture level of education	
22	ENROLLMENT	Capture Personal Identifiable Information	generate time and date stamp for the record of captured personal information	
23	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture additional insurance coverage	coordination of benefits if covered by multiple schemes
24	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture chronic disease detail	
25	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture maternity status	
26	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to match and import beneficiary personal information from other databases (i.e. disease registries)	
27	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to visibility see error message if minimum number of data elements are not complete	
28	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture unique application number associated with beneficiary record	in the event that data is captured on a paper form and then keyed into the system. System should be able to capture the serialized application number from the paper form
29	ENROLLMENT	Capture Personal Identifiable Information	allow authorized users to review and modify personal information	
30	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to archive in-active records	
31	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture language preference	
32	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to assign member type (i.e. dependent, head of household)	
33	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to accommodate an enrollee when he/she has only one name (i.e. Family surname)	
34	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture biometric data	
35	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture unique identifier(s) for person	
36	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture date of birth and/or age	
37	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture an estimated date of birth	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
38	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture beneficiary photos with specified resolution (i.e. 256K)	
39	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture address and/or GIS data	
40	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to select location hierarchy(i.e. province, village)	
41	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to select gender	
42	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture personal information for 'X' number of dependents	
43	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to relate dependent personal information to primary member record	
44	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to select beneficiary language preference	
45	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to capture date of enrollment	
46	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to save captured demographic data to the enrollment database	
47	ENROLLMENT	Capture Personal Identifiable Information	perform validation on selected data fields	
48	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to save an incomplete record	
49	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to access and modify saved record	
50	ENROLLMENT	Capture Personal Identifiable Information	allow insurer to clearly notice prompts requesting data entry for more information	
51	ENROLLMENT	Capture Personal Identifiable Information	block continuation of process until the minimum data elements are collected as specified by scheme rules	
52	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	systemically compare personal information to eligibility rules to determine eligibility	
53	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	allow insurer to easily define and modify eligibility rules	
54	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	allow insurer to visibly see the eligibility decision	
55	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	automatically assign eligibility status indicator to record (i.e. eligible, ineligible, pending review, inactive, retracted, suspended)	
56	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	allow insurer to manually override eligibility status indicator	
57	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	allow insurer to visibly see the plans for which a beneficiary is eligible	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
58	ENROLLMENT	Compare Personal Identifiable Information to eligibility rules	allow insurer to visibly see if more information is required to make eligibility decision	
59	ENROLLMENT	Assign Benefit Plan	allow insurer to visibly see all records requiring manual intervention (i.e. need to select from multiple plans)	
60	ENROLLMENT	Assign Benefit Plan	automatically update eligibility status based on define criteria (i.e. change in age, maternal status, benefits plan expiration date)	
61	ENROLLMENT	Assign Benefit Plan	automatically assign appropriate benefits plan based on eligibility defined rules	
62	ENROLLMENT	Assign Benefit Plan	allow insurer to capture assign date of benefit plan activation and expiration	
63	ENROLLMENT	Assign Benefit Plan	allow insurer to assign provider (PCP) to beneficiary	Rostering process
64	ENROLLMENT	Assign Benefit Plan	allow insurer to select a benefits plan for an beneficiary	
65	ENROLLMENT	Authorize Enrollment	allow authorized person to authenticate identity of beneficiary	
66	ENROLLMENT	Authorize Enrollment	capture name and ID number of authorized person that authenticated beneficiary	
67	ENROLLMENT	Authorize Enrollment	allow insurer to verify premium is collected prior to issuing proof of coverage	collect premium process
68	ENROLLMENT	Authorize Enrollment	allow insurer to automatically or manually approve an enrollee for benefits	
69	ENROLLMENT	Authorize Enrollment	allow insurer to generate enrollment report for review by administrator (applications can be approved/denied)	
70	ENROLLMENT	Provide Proof of Coverage	allow authorized users to display benefit coverage details	
71	ENROLLMENT	Provide Proof of Coverage	allow authorized users to generate print out of proof of coverage	
72	ENROLLMENT	Provide Proof of Coverage	allow insurer to upload benefits detail to a portable device (i.e. smartcard, usb drive)	
73	ENROLLMENT	Report Enrollment Data	allow insurer to upload new enrollment information to central repository	
74	ENROLLMENT	Report Enrollment Data	allow insurer to generate reports based on specified criteria	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
1	ELIGIBILITY	Search insurance coverage	allow provider to search for beneficiary's coverage detail with alternate identifier (i.e. name, DOB.....)	
2	ELIGIBILITY	Search insurance coverage	allow provider to visibly see prompt for alternate identification method if ID presented is not valid	
3	ELIGIBILITY	Capture coverage detail	allow provider to capture identification detail	
4	ELIGIBILITY	Capture coverage detail	allow provider to capture proof of coverage detail	
5	ELIGIBILITY	Capture coverage detail	allow provider to capture biometric detail	
6	ELIGIBILITY	Capture coverage detail	allow provider to capture treatment referral details	
7	ELIGIBILITY	Confirm coverage	allow provider to validate identification including biometrics	
9	ELIGIBILITY	Confirm coverage	inform provider of benefits plan assigned to the beneficiary	
10	ELIGIBILITY	Confirm coverage	inform provider of beneficiary eligibility status	
12	ELIGIBILITY	Confirm coverage	inform provider of the beneficiary's benefits plan detail	
13	ELIGIBILITY	Confirm coverage	allow provider to receive evidence of eligibility response from insurer	
15	ELIGIBILITY	Confirm coverage	prompt provider with location information for beneficiary to seek care (alternate locations)	
16	ELIGIBILITY	Confirm coverage	ability to capture and view prior pre -authorization detail	
17	ELIGIBILITY	Confirm coverage	allow insurer to store eligibility transaction specifics log for a specific length of time.	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
1	PRE-AUTHORIZATION	Gather needed info for approval	Inform provider of clinical guidelines or desired protocol for a diagnosis	
2	PRE-AUTHORIZATION	Gather needed info for approval	identify the requirements for service authorization (business policy visible to provider and/or insured)	
3	PRE-AUTHORIZATION	Gather needed info for approval	Capture demographic data	
4	PRE-AUTHORIZATION	Gather needed info for approval	Link unique ID to admission	
5	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to capture patient historical diseases	
6	PRE-AUTHORIZATION	Gather needed info for approval	allow Insurer to create a list of beneficiaries available to the provider	
7	PRE-AUTHORIZATION	Gather needed info for approval	Inform/notify provider that proposed treatment requires pre-authorization	
8	PRE-AUTHORIZATION	Gather needed info for approval	display enrollment and eligibility information as part of submission	
9	PRE-AUTHORIZATION	Gather needed info for approval	should allow provider to enter diagnostic test results	
10	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to enter clinical notes and appropriate patient history	
11	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to select or enter initial medical diagnosis	
12	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to capture and store file attachments	
13	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to view prior pre-authorization services of the individual in order to know if certain limited services have been performed for the individual (i.e. is there quota left for the individual)	
14	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to select a treatment package	
15	PRE-AUTHORIZATION	Gather needed info for approval	allow provider to check their facility quota for specific services that have been arranged for the facility before the provider submits pre-authorization for another patient.	
16	PRE-AUTHORIZATION	Submit to insurer	provide ability to check preauthorization form for veracity and minimum required fields are completed	
17	PRE-AUTHORIZATION	Submit to insurer	allow provider to modify pre-authorization request prior to submission	
18	PRE-AUTHORIZATION	Submit to insurer	allow submitter to visibly see prompts for missing data	
19	PRE-AUTHORIZATION	Submit to insurer	allow assignment of a case number for each preauthorization request	
20	PRE-AUTHORIZATION	Submit to insurer	must assign date and time stamp to a submitted preauthorization forms	

21	PRE-AUTHORIZATION	Submit to insurer	allow submitter to save pre-authorization request if not yet ready to submit	
22	PRE-AUTHORIZATION	Submit to insurer	allow provider to easily locate and modify saved pre-authorization request	
23	PRE-AUTHORIZATION	Submit to insurer	allow insurer to view the submitted preauthorization request	
24	PRE-AUTHORIZATION	Approve	display a dashboard of all pre-authorization requests in process	
25	PRE-AUTHORIZATION	Approve	allow insurer to designate a predefined list of authorized treatments	
26	PRE-AUTHORIZATION	Approve	allow insurer to set payment rate for each treatment package	
27	PRE-AUTHORIZATION	Approve	allow insurer to modify treatment packages and payment rates	
28	PRE-AUTHORIZATION	Approve	allow insurer to create a decision tree for authorization based on policy	
29	PRE-AUTHORIZATION	Approve	allow insurer to approve/deny/override pre-authorization request	
30	PRE-AUTHORIZATION	Approve	allow insurer to store information associated with authorization	
31	PRE-AUTHORIZATION	Approve	allow insurer to provide approval/disapproval number and associate with member/provider	
32	PRE-AUTHORIZATION	Approve	allow insurer to receive information required for authorization (phone/fax, etc.)	
33	PRE-AUTHORIZATION	Approve	allow insurer to create approval associated with appropriate info services/\$s/units, etc. and associate with member or provider	
34	PRE-AUTHORIZATION	Approve	allow update of accounting module with projected liabilities from approved pre-authorizations	
35	PRE-AUTHORIZATION	Approve	allow provider to visibly see pre-authorization status	
36	PRE-AUTHORIZATION	Approve	allow insurer to visibly see full history of claims and preauthorization requests for a beneficiary	
37	PRE-AUTHORIZATION	Approve	allow insurer to check account balance or insurance limits for a beneficiary	
38	PRE-AUTHORIZATION	Approve	allow insurer to set multiple levels of approvals for a preauthorization request	
39	PRE-AUTHORIZATION	Approve	allow insurer to visibly see prompt for preauthorization decision to be made from insurer within a predetermined time period (link with dashboard)	
40	PRE-AUTHORIZATION	Approve	allow insurer to provide telephonic override approval	
41	PRE-AUTHORIZATION	Approve	allow insurer to select reason code for rejection	
42	PRE-AUTHORIZATION	Approve	allow insurer to designate a list of rejection codes and explanations	
43	PRE-AUTHORIZATION	Approve	allow insurer to add/modify/update/delete rejection codes and explanations	
44	PRE-AUTHORIZATION	Approve	prompt insurer that pre-auth request is waiting	
45	PRE-AUTHORIZATION	Approve	prompt insurer if decision has not been made within time limits set by business rules	

46	PRE-AUTHORIZATION	Provider receives decision	allow insurer to submit pre-authorization decision to provider	
47	PRE-AUTHORIZATION	Provider receives decision	allow provider to visibly see approval or rejection for a pre-authorization request	
48	PRE-AUTHORIZATION	Provider receives decision	allow provider and insurer to communicate on package pricing negotiations	
49	PRE-AUTHORIZATION	Provider receives decision	allow provider and to visibly see amount approved for preauthorization	
50	PRE-AUTHORIZATION	Provider receives decision	allow provider to see services approved	
51	PRE-AUTHORIZATION	Provider receives decision	allow provider to display/view detail each type of pre-authorization and information needed (pre-condition/post-condition)	
52	PRE-AUTHORIZATION	Provider receives decision	allow provider to follow up decision of their pre-authorization submission	
53	PRE-AUTHORIZATION	Provider receives decision	allow provider to appeal the "denied" pre-authorization and update/submit more information for re-approval	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
1	CLAIMS PROCESSING	Generate Claim	System should capture patient identification and encounter information (i.e. date of service, time of service provider ID, preauthorization number, provider type, location, type of service, diagnosis, procedure, Patient ID, pharmaceuticals, o-payment, Hospital #, ICD codes, DRG grouper, treatment package number)	
2	CLAIMS PROCESSING	Generate Claim	allow provider to upload supporting documentation (i.e. photos, videos, diagnostic test results...)	
3	CLAIMS PROCESSING	Generate Claim	allow provider to match pre-authorization approval to a claim	
4	CLAIMS PROCESSING	Generate Claim	allow provider to save a claim in process before it is submitted	
5	CLAIMS PROCESSING	Generate Claim	allow provider to easily locate and modify saved claims	
6	CLAIMS PROCESSING	Generate Claim	allow provider access saved claim and modify claim until it is submitted	
7	CLAIMS PROCESSING	Generate Claim	allow provider to view a submitted claim	
8	CLAIMS PROCESSING	Generate Claim	allow provider to create claims by extracting key information from the provider's medical record system	
9	CLAIMS PROCESSING	Generate Claim	allow insurer to upload, scan and/or manually input paper claims	
10	CLAIMS PROCESSING	Generate Claim	allow provider to link claim to hospital admission number	
11	CLAIMS PROCESSING	Claim Data Complete	validate data field entry for reasonableness	
12	CLAIMS PROCESSING	Claim Data Complete	allow provider to visibly see errors and prompts for additional information	
13	CLAIMS PROCESSING	Claim Data Complete	Validate for correct data field entry	
14	CLAIMS PROCESSING	Update Claim Data	allow provider to visibly see that claim cannot be submitted until errors are corrected	
15	CLAIMS PROCESSING	Update Claim Data	allow provider to visibly see prompts for correction of errors	
16	CLAIMS PROCESSING	Update Claim Data	allow provider to access auto fill functionality for designated fields (i.e. provider number, date, hospital number, etc.)	
17	CLAIMS PROCESSING	Update Claim Data	allow provider to make overrides to auto fill populated fields	
18	CLAIMS PROCESSING	Submit Claim	allow insurer to capture time and date stamp at point of claims submission	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
19	CLAIMS PROCESSING	Submit Claim	allow insurer to easily track manually, scanned and or uploaded claims	
20	CLAIMS PROCESSING	Submit Claim	allow provider to resubmit a rejected claim	
21	CLAIMS PROCESSING	Submit Claim	allow tracking of multiple submission of the same claim	"versioning" of resubmitted claim
22	CLAIMS PROCESSING	Submit Claim	allow individual or batch claim submission	
23	CLAIMS PROCESSING	Submit Claim	allow provider to submit claims when all error validations have been met	
24	CLAIMS PROCESSING	Submit Claim	allow provider to submit claims directly to insurer	
25	CLAIMS PROCESSING	Submit Claim	allow provider to release claims when certain criteria has been met (i.e. time or number of claims)	
26	CLAIMS PROCESSING	Submit Claim	allow provider to submit claims for out of region beneficiaries (i.e. insurer for beneficiary is in one region but received care in another region"	
27	CLAIMS PROCESSING	Submit Claim	allow insurer to send acknowledgement of receipt of batch or individual claim with time/date stamp	
28	CLAIMS PROCESSING	Submit Claim	allow insurer to notify provider of successful transmission and return key batch information	
29	CLAIMS PROCESSING	Aggregate and Batch Claim	assign claim and/or batch number to submitted claims	
30	CLAIMS PROCESSING	Aggregate and Batch Claim	allow provider to visibly see claim/and or batch numbers for submitted claims	
31	CLAIMS PROCESSING	Aggregate and Batch Claim	allow insurer to set claim batch scheduling	
32	CLAIMS PROCESSING	Aggregate and Batch Claim	allow insurer to aggregate claims before claims batching begins	
33	CLAIMS PROCESSING	Claim data validation	allow insurer to perform basic data validation checks on submitted claims	
34	CLAIMS PROCESSING	Claim data validation	allow for insurer to examine that all claim documents have been submitted	
35	CLAIMS PROCESSING	Claim data validation	allow for insurer to flag missing supporting claim documentation	
36	CLAIMS PROCESSING	Claim data validation	allow insurer to visibly see when claims do not meet the basic validation checks	
37	CLAIMS PROCESSING	Generate Errors and Send to Provider	allow provider to visibly see errors generated from submitted claims	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
38	CLAIMS PROCESSING	Update Claim and Resubmit	allow provider to view claim flagged due to missing or incomplete information	
39	CLAIMS PROCESSING	Update Claim and Resubmit	allow provider to modify claim flagged due to missing or incomplete information	
40	CLAIMS PROCESSING	Update Claim and Resubmit	allow provider to submit modified claim	
41	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to view adjudication rules in non technical language	
42	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to easily deactivate, modify and/or reinstate adjudication rules	
43	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to assign validity dates to adjudication rules (i.e. applicable for a specific year)	
44	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to override adjudication rules	
45	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to easily follow results of automated rules: follow rules to understand why a claim was rejected or approved and how claims payment amount was calculated, track results of each adjudication rule for each claim	
46	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to integrate the use of historical claims within the adjudication rules	
47	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to automatically and manually assign a claims status indicator to a claim (i.e. approved ,pending review, rejected)	
48	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to automatically route claims with a particular status indicator to designated role	
49	CLAIMS PROCESSING	Apply Adjudication Rules	delink patient and personal data from name for privacy purposes during adjudication	
50	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to check if drugs used in submitted claim are within clinical guidelines for the benefits plan	
51	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to link multiple claims as one episode of care (i.e. beneficiary may have to receive multiple chemo treatments as per clinical guidelines and it is paid as one total package price)	
52	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to compare claims to benefit plan rules	
53	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to automate claim logic checks (i.e. man cannot be pregnant)	
54	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to manually re-code a claim (reclassification)	
55	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to set rules that determine claims payment when beneficiary has multiple scheme coverage (i.e. coordination of benefits)	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
56	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to mark claims for review and approval by designated user	
57	CLAIMS PROCESSING	Apply Adjudication Rules	allow insurer to log all manual and system changes for each claim	
58	CLAIMS PROCESSING	Apply Adjudication Rules	store details of all adjudicated claims in a data repository	
59	CLAIMS PROCESSING	Determine Claim Amount	allow insurer to apply pricing rules based on service rendered and provider contract	
60	CLAIMS PROCESSING	Determine Claim Amount	allow insurer to manually enter a price for a claim	
61	CLAIMS PROCESSING	Determine Claim Amount	allow insurer to determine cost of final payment based on benefit plan	
62	CLAIMS PROCESSING	Determine Claim Amount	update beneficiary benefit plan accumulators with claim amount	
63	CLAIMS PROCESSING	Determine Claim Amount	update provider accumulators with claim amount procedure count (i.e. provider # of a particular treatment may be capped)	
64	CLAIMS PROCESSING	Determine Claim Amount	allow insurer to designate claim payment amount for beneficiary and/or provider	
65	CLAIMS PROCESSING	Determine Claim Amount	allow insurer to generate payment data for import to other applications (i.e. accounting system)	
66	CLAIMS PROCESSING	Claim Approved	allow insurer to set multiple levels of review and approval for designated users	
67	CLAIMS PROCESSING	Investigate Claim	allow tracking of audit result	
68	CLAIMS PROCESSING	Investigate Claim	allow insurer to send communication to beneficiary to confirm that claimed services were rendered	
69	CLAIMS PROCESSING	Investigate Claim	allow insurer to receive communication from beneficiary confirming claimed services were rendered	
70	CLAIMS PROCESSING	Mark Claim to be paid	allow insurer to mark a claim to be paid	
71	CLAIMS PROCESSING	Mark Claim to be paid	allow a specific currency amount for a beneficiary to be reserved	
72	CLAIMS PROCESSING	Mark Claim to be paid	allow insurer to prompt billing system for payment difference	
73	CLAIMS PROCESSING	Mark Claim to be paid	allow insurer to remove reserve of a specific currency amount for a beneficiary	
74	CLAIMS PROCESSING	Reject and Apply Reason Code	allow insurer to track reason for rejection of historical claims for a beneficiary	
75	CLAIMS PROCESSING	Reject and Assign Reason Code	allow insurer to assign one or multiple codes to a rejected claim based on adjudication rules that were violated	

ID	BUSINESS PROCESS	ACTIVITY	REQUIREMENT (The system must or should...)	COMMENTS
76	CLAIMS PROCESSING	Reject and Assign Reason Code	allow insurer to create designated rejection codes and explanations	
77	CLAIMS PROCESSING	Reject and Assign Reason Code	allow insurer to modify designated rejection codes and explanations	
78	CLAIMS PROCESSING	Reject and Assign Reason Code	allow insurer to manually reject a claim and assign a reason code	
79	CLAIMS PROCESSING	Generate Claim Statement	allow insurer to generate statement for client, provider and or other appropriate authority	statement to include amount covered and remaining balances available for benefit plan period