



ASSEMBLE INSURANCE TANZANIA LTD

Software Requirements Specification

SAS Provider Network & Accreditation Module

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<https://www.assemble.co.tz/>

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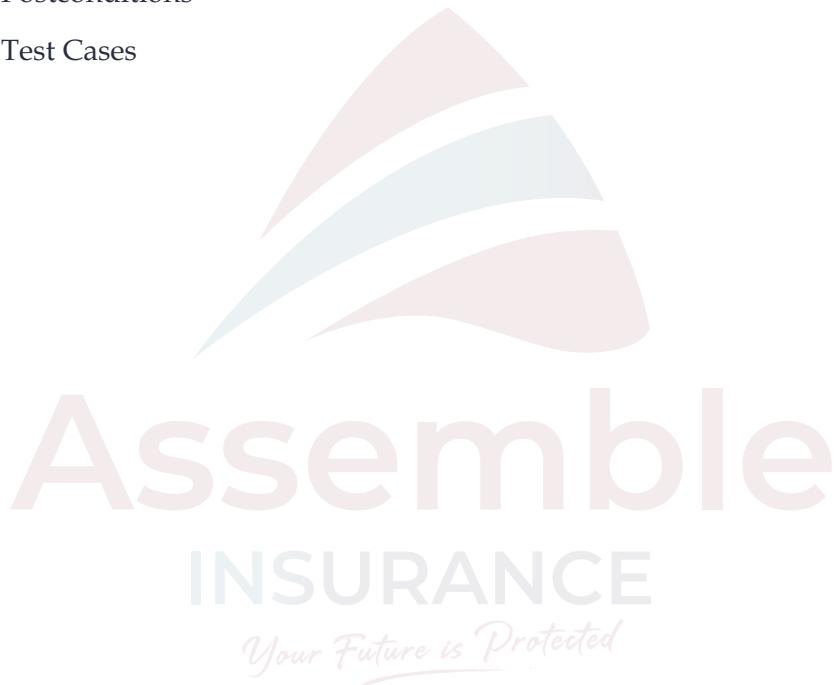
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1 Document Information

Field	Value
Project Name	SAS Provider Network & Accreditation Module
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Date	2025-10-17
Project Manager	TBD
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Platforms	['Web']
Document Status	Comprehensive Draft
Module Code	PROVIDER
Parent Project	SAS - Smart Assemble System



2 Project Overview

2.1 What Are We Building

2.1.1 System Function

Comprehensive provider network management system handling provider registration, accreditation, contract management, credential verification, fee schedule management, capitation, network categorization, provider portals, claims authorization, provider performance tracking, and provider payments

2.1.2 Users

- Provider Relations Officers (onboarding and accreditation)
- Network Managers (network strategy and optimization)
- Contracting Officers (contract negotiation and management)
- Finance Officers (fee schedules and capitation)
- Medical Directors (clinical quality oversight)
- Provider Relations Managers (provider performance)
- Providers (hospitals, clinics, doctors, pharmacies)
- Provider Portal Users (service delivery and claims)

2.1.3 Problem Solved

Manual provider onboarding, no credential verification, inconsistent fee schedules, delayed provider payments, lack of provider performance tracking, no self-service provider portal, manual authorization processes, limited network analytics

2.1.4 Key Success Metric

100% digital provider onboarding, automated credential verification, 95% provider satisfaction score, real-time authorization responses, automated capitation calculations, 50% provider portal adoption within 6 months, comprehensive provider performance dashboards

2.2 Scope

2.2.1 In Scope

- Provider registration and profiling (hospitals, clinics, doctors, pharmacies, labs, imaging centers)
- Accreditation workflow with document verification
- Contract management (negotiation, approval, renewal, termination)
- Credential verification (licensing, certifications, specializations)
- Network categorization (Tier 1/2/3, specialty networks)
- Fee schedule management (fee-for-service rates)
- Capitation management (per-member-per-month rates)
- Provider portal for service delivery and claims submission
- Authorization management (referrals, pre-authorizations)
- Provider performance tracking (utilization, quality, member satisfaction)
- Provider payment processing and reconciliation
- Geographic coverage mapping
- Panel management (assigned members per provider)
- Multi-currency support for cross-border providers
- Provider training and certification tracking
- Provider communication (notifications, bulletins)
- Audit trail for all provider interactions

2.2.2 Out Of Scope

- Provider clinical systems integration (EMR/EHR)
- Provider inventory management
- Provider HR and payroll systems
- Telemedicine platform (future phase)
- International provider networks outside East Africa
- Provider financing and loans

3 User Requirements

3.1 Provider Registration

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-REGISTRATION	Register new providers with comprehensive profile information	Build a complete provider network database	Must	Provider types: Hospital, Clinic, Doctor, Pharmacy, Lab, Imaging Center. Profile includes: name, type, contact, address, services offered, operating hours, capacity.
FT-PROV-CREDENTIAL-VERIFICATION	Verify provider credentials (licenses, certifications)	Ensure provider quality and compliance	Must	Verification of medical licenses, board certifications, DEA numbers, malpractice insurance. Integration with regulatory bodies (TMC, NCK).
FT-PROV-SPECIALIZATION	Capture provider specializations and sub-specialties	Match members with appropriate specialists	Must	Specialty taxonomy: primary care, cardiology, oncology, pediatrics, etc. Sub-specialty tracking. Board certification dates.

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-SERVICE-CATALOG	Define service catalog per provider	Know what services each provider offers	Must	Service catalog: outpatient, inpatient, emergency, lab, imaging, pharmacy, dental, optical. Service availability hours.
FT-PROV-FACILITY-INFO	Capture facility information (beds, equipment, accreditation)	Assess provider capacity and capability	Must	Facility details: bed capacity, ICU beds, emergency dept, operating theaters, medical equipment, facility accreditation (JCI, COHSASA).

3.2 Accreditation

INSURANCE

Assemble Insurance

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-ACCREDITATION-WORKFLOW	Manage provider accreditation workflow	Systematically approve providers for network	Must	Workflow stages: Application submitted -> Document review -> Site inspection -> Medical director review -> Contract negotiation -> Approved. Rejection

Feature Code	I Want To	So That I Can	Priority	Notes
				workflow with reasons.
FT-PROV-DOCUMENT-UPLOAD	Collect and verify provider documents	Maintain compliance documentation	Must	Document types: business license, medical license, insurance certificates, tax clearance, bank details. Document expiry tracking.
FT-PROV-SITE-INSPECTION	Schedule and record site inspection results	Verify provider facilities meet standards	Must	Inspection checklist: cleanliness, equipment, staff qualifications, emergency preparedness. Inspection report with photos. Pass/fail scoring.
FT-PROV-REACCREDITATION	Manage periodic provider reaccreditation	Ensure ongoing compliance with standards	Must	Reaccreditation cycle: every 2-3 years. Automated reminders 90 days before expiry. Simplified reaccreditation for good performers.
FT-PROV-SUSPENSION-TERMINATION	Suspend or terminate provider contracts	Remove non-compliant providers from network	Must	Suspension reasons: quality issues, fraud, non-compliance. Termination

Feature Code	I Want To	So That I Can	Priority	Notes
				workflow with notice period. Impact on active members and claims.

3.3 Contract Management

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-CONTRACT-NEGOTIATION	Manage contract negotiation process	Agree on terms with providers	Must	Contract terms: payment model (FFS, capitation, hybrid), fee schedules, service scope, performance targets, termination clauses.
FT-PROV-CONTRACT-APPROVAL	Implement contract approval workflow	Ensure proper authorization of contracts	Must	Approval hierarchy: Provider relations officer -> Network manager -> Finance manager -> Medical director -> CEO. Approval limits by contract value.
FT-PROV-CONTRACT-TEMPLATES	Use contract templates for different provider types	Standardize contract terms	Must	Templates: Hospital contract, Clinic contract, Doctor contract, Pharmacy contract.

Feature Code	I Want To	So That I Can	Priority	Notes
				Customizable clauses. Version control.
FT-PROV-CONTRACT-RENEWAL	Manage contract renewal process	Maintain provider relationships	Must	Renewal reminders 90 days before expiry. Renewal negotiation workflow. Rate adjustments. Auto-renewal option with notice.
FT-PROV-CONTRACT-AMENDMENTS	Process contract amendments and addendums	Update contract terms as needed	Must	Amendment types: rate changes, service additions, term extensions. Amendment approval workflow. Amendment history tracking.
FT-PROV-CONTRACT-REPOSITORY	Maintain digital contract repository	Access contracts easily	Must	Document management: signed contracts, amendments, correspondence. Search by provider, date, contract type. Expiry alerts.

3.4 Network Management

Feature Code	I Want To	So That I Can	Priority	Notes
			Must	Tiers: Tier 1 (preferred,

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-NETWORK-TIERS	Categorize providers into network tiers	Implement tiered benefit structures		lowest cost-share), Tier 2 (standard), Tier 3 (out-of-network). Tier assignment criteria: cost, quality, location.
FT-PROV-SPECIALTY-NETWORKS	Create specialty networks (e.g., oncology, cardiology)	Manage specialized care delivery	Should	Specialty networks: Center of Excellence designation. Minimum volume/quality requirements. Enhanced reimbursement for COEs.
FT-PROV-GEOGRAPHIC-COVERAGE	Map provider geographic coverage	Ensure adequate network access	Must	Geographic mapping: providers by region, city, district. Coverage gap analysis. Distance/time to care metrics. Service area definitions.
FT-PROV-PANEL-MANAGEMENT	Manage provider panels (assigned members)	Control provider capacity and access	Should	Panel capacity: max members per provider. Panel assignment rules. Panel open/closed status. Panel utilization tracking.

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-NETWORK-ADEQUACY	Analyze network adequacy	Identify and fill coverage gaps	Must	Adequacy metrics: provider-to-member ratios, geographic access, specialty availability. Regulatory compliance reporting (TIRA requirements).

3.5 Fee Schedules

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-FEE-SCHEDULE-SETUP	Create and manage fee schedules	Define reimbursement rates for services	Must	Fee schedule types: procedure codes (ICD-10, CPT), drug pricing (NLEM), lab tests, imaging. Multiple fee schedules per provider type.
FT-PROV-NEGOTIATED-RATES	Set negotiated rates per provider	Customize reimbursement by provider	Must	Rate types: percentage of charges, fixed fee, discounted fee schedule. Rate effective dates. Rate comparison reports.
FT-PROV-RATE-UPDATES	Manage fee schedule updates	Keep rates current	Must	Rate update workflow: proposal -> approval -> effective date.

Feature Code	I Want To	So That I Can	Priority	Notes
				Bulk rate updates. Historical rate tracking. Provider notification.
FT-PROV-BILLING-RULES	Configure billing rules and limits	Control reimbursement appropriately	Must	Billing rules: maximum allowable charge, bundling rules, frequency limits (1x per year), age/gender edits. Automated claims adjudication.

3.6 Capitation

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-CAPITATION-RATES	Set capitation rates (PMPM) per provider	Implement capitation payment model	Must	Capitation rates: per member per month (PMPM). Rate stratification by age, gender, product. Risk adjustment. Effective dates.
FT-PROV-CAPITATION-ROSTER	Maintain capitation rosters	Track which members are assigned to which providers	Must	Roster management: member assignments, effective dates, terminations. Monthly roster reconciliation. Roster changes

Feature Code	I Want To	So That I Can	Priority	Notes
				mid-month handling.
FT-PROV-CAPITATION-CALCULATION	Calculate monthly capitation payments	Pay providers accurately	Must	Calculation: member count × PMPM rate. Adjustments for mid-month changes. Capitation voucher generation. Integration with finance module.

3.7 Provider Portal



Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-PORTAL-DASHBOARD	Provide provider dashboard	Give providers overview of their activity	Must	Dashboard: active members, claims status, payments, authorizations pending, performance metrics. Real-time updates.
			Must	

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-MEMBER-VERIFICATION	Enable real-time member eligibility verification	Help providers verify coverage before service		Verification: member ID, policy status, benefit coverage, co-pay amounts, authorization requirements. QR code scanning. Biometric verification.
FT-PROV-CLAIMS-SUBMISSION	Allow providers to submit claims electronically	Streamline claims processing	Must	Claims submission: diagnosis codes, procedure codes, charges. Attachment upload (invoices, prescriptions). Real-time validation. Submission confirmation.
FT-PROV-AUTHORIZATION-REQUEST	Enable providers to request authorizations	Facilitate pre-authorization process	Must	Authorization request: service details, diagnosis, estimated cost, medical justification. Attachment support. Real-time approval/denial.
FT-PROV-PAYMENT-TRACKING	Show provider payment history and remittance	Give providers transparency on payments	Must	Payment tracking: payment date, amount, claim details, deductions.

Feature Code	I Want To	So That I Can	Priority	Notes
				Remittance advice download. Payment reconciliation tools.
FT-PROV-COMMUNICATION	Enable provider communication with insurer	Facilitate information exchange	Must	Communication: messaging system, claim inquiries, member issues, policy updates. Notification center. Bulletins and announcements.

3.8 Authorization

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-PREAUTH-WORKFLOW	Manage pre-authorization workflow	Control utilization of high-cost services	Must	Pre-auth required for: hospitalizations, surgeries, imaging, specialty care. Workflow: Request -> Medical review -> Approve/ Deny. Turnaround time: 24-48 hours.
FT-PROV-AUTO-AUTHORIZATION	Implement automated authorization rules	Expedite routine authorizations	Must	Auto-approval rules: routine procedures, in-network providers,

Feature Code	I Want To	So That I Can	Priority	Notes
				within benefit limits. Auto-denial rules: excluded services, benefit exhausted.
FT-PROV-REFERRAL-MANAGEMENT	Manage referrals between providers	Track care coordination	Must	Referral workflow: PCP creates referral -> Member visits specialist -> Referral closed. Referral validity period. Specialist network restrictions.

3.9 Provider Performance

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-UTILIZATION-TRACKING	Track provider utilization patterns	Identify high/low utilizers	Must	Utilization metrics: visits per member, cost per visit, admission rates, length of stay, referral rates. Benchmarking

Feature Code	I Want To	So That I Can	Priority	Notes
				against network averages.
FT-PROV-QUALITY-METRICS	Measure provider quality metrics	Assess provider quality	Must	Quality metrics: readmission rates, patient satisfaction scores, clinical outcomes, adherence to protocols. HEDIS measures.
FT-PROV-MEMBER-SATISFACTION	Collect member satisfaction feedback on providers	Monitor member experience	Must	Satisfaction surveys: post-visit surveys, ratings (1-5 stars), comments. Complaint tracking. Provider response to feedback.
FT-PROV-PERFORMANCE-SCORECARDS	Generate provider performance scorecards	Provide feedback to providers	Must	Scorecard: utilization, quality, satisfaction, compliance. Quarterly reports. Performance tiers (top, average, needs improvement). Incentive linkage.
FT-PROV-OUTLIER-DETECTION	Detect provider outliers	Identify potential fraud or quality issues	Must	Outlier detection: statistical analysis of

Feature Code	I Want To	So That I Can	Priority	Notes
				utilization and cost patterns. Alerts for investigation. Provider education and corrective action plans.

3.10 Provider Reporting

Feature Code	I Want To	So That I Can	Priority	Notes
FT-PROV-NETWORK-REPORTS	Generate network composition reports	Understand network makeup	Must	Reports: provider count by type, specialty, region. Network growth trends. Provider turnover. Contract expiration pipeline.
FT-PROV-UTILIZATION-REPORTS	Generate provider utilization reports	Analyze service utilization patterns	Must	Reports: claims volume by provider, service mix, cost trends. Top 10 providers by volume/cost. Utilization by specialty.
FT-PROV-PAYMENT-REPORTS	Generate provider payment reports	Track provider reimbursement	Must	Reports: payments by provider, payment method (FFS vs capitation), payment

Feature Code	I Want To	So That I Can	Priority	Notes
				timeliness. Outstanding payables. Payment accuracy.
FT-PROV- CREDENTIALING- REPORTS	Generate credentialing status reports	Monitor credential expiration	Must	Reports: providers with expiring credentials, pending reaccreditation, suspended providers. Compliance dashboard.



4 Detailed Feature Requirements

4.1 Ft Prov Registration

4.1.1 Priority

Must Have

4.1.2 User Story

As a provider relations officer, I want to register new providers with comprehensive profile information so that I can build a complete provider network database

4.1.3 Preconditions

Provider relations officer permissions granted, provider information available

4.1.4 Postconditions

Provider registered with complete profile, provider ID assigned, ready for accreditation workflow

4.1.5 Test Cases

Id	Description	Weight
REGISTRATION-TC-001	Verify provider can be registered with all required fields	High
REGISTRATION-TC-002	Verify provider type selection (Hospital, Clinic, Doctor, Pharmacy, Lab, Imaging)	High
REGISTRATION-TC-003	Verify contact information captured (phone, email, address)	High
REGISTRATION-TC-004	Verify services offered can be selected	High

Id	Description	Weight
REGISTRATION-TC-005	Verify operating hours captured	Medium
REGISTRATION-TC-006	Verify facility capacity information captured	High
REGISTRATION-TC-007	Verify unique provider ID generated	High

4.2 Ft Prov Credential Verification

4.2.1 Priority

Must Have

4.2.2 User Story

As a provider relations officer, I want to verify provider credentials so that I can ensure provider quality and compliance

4.2.3 Preconditions

Provider registered, credential documents uploaded

4.2.4 Postconditions

Credentials verified, verification status updated, expiry dates tracked

4.2.5 Test Cases

Id	Description	Weight
CREDENTIAL-VERIFICATION-TC-001	Verify medical license validation	High
CREDENTIAL-VERIFICATION-TC-002	Verify board certification validation	High
CREDENTIAL-VERIFICATION-TC-003	Verify malpractice insurance validation	High

Id	Description	Weight
CREDENTIAL-VERIFICATION-TC-004	Verify integration with regulatory bodies (TMC, NCK)	High
CREDENTIAL-VERIFICATION-TC-005	Verify credential expiry tracking	High
CREDENTIAL-VERIFICATION-TC-006	Verify alerts for expiring credentials (90 days)	High
CREDENTIAL-VERIFICATION-TC-007	Verify credential verification history maintained	Medium

4.3 Ft Prov Specialization

4.3.1 Priority

Must Have

4.3.2 User Story

As a provider relations officer, I want to capture provider specializations so that I can match members with appropriate specialists

4.3.3 Preconditions

Provider registered, specialty taxonomy configured

4.3.4 Postconditions

Specializations and sub-specialties captured, board certification dates recorded

4.3.5 Test Cases

Id	Description	Weight
SPECIALIZATION-TC-001	Verify primary specialty selection	High
SPECIALIZATION-TC-002	Verify sub-specialty selection	High

Id	Description	Weight
SPECIALIZATION-TC-003	Verify multiple specialties supported	High
SPECIALIZATION-TC-004	Verify board certification date captured	High
SPECIALIZATION-TC-005	Verify specialty taxonomy comprehensive (primary care, cardiology, oncology, etc.)	High
SPECIALIZATION-TC-006	Verify specialty search functionality	Medium

4.4 Ft Prov Service Catalog

4.4.1 Priority

Must Have

4.4.2 User Story

As a provider relations officer, I want to define service catalog per provider so that I can know what services each provider offers

4.4.3 Preconditions

Provider registered, service taxonomy configured

4.4.4 Postconditions

Service catalog defined, service availability hours set

4.4.5 Test Cases

Id	Description	Weight
SERVICE-CATALOG-TC-001	Verify outpatient services can be added	High
SERVICE-CATALOG-TC-002		High

Id	Description	Weight
	Verify inpatient services can be added	
SERVICE-CATALOG-TC-003	Verify emergency services can be added	High
SERVICE-CATALOG-TC-004	Verify lab/imaging/pharmacy services can be added	High
SERVICE-CATALOG-TC-005	Verify service availability hours captured	Medium
SERVICE-CATALOG-TC-006	Verify service catalog searchable	Medium

4.5 Ft Prov Facility Info

4.5.1 Priority

Must Have

4.5.2 User Story

As a provider relations officer, I want to capture facility information so that I can assess provider capacity and capability

4.5.3 Preconditions

Provider registered as facility (Hospital or Clinic)

4.5.4 Postconditions

Facility details captured including bed capacity, equipment, accreditation

4.5.5 Test Cases

Id	Description	Weight
FACILITY-INFO-TC-001	Verify bed capacity captured (total, ICU, maternity)	High

Id	Description	Weight
FACILITY-INFO-TC-002	Verify emergency department information captured	High
FACILITY-INFO-TC-003	Verify operating theater count captured	High
FACILITY-INFO-TC-004	Verify medical equipment inventory captured	Medium
FACILITY-INFO-TC-005	Verify facility accreditation (JCI, COHSASA) captured	High
FACILITY-INFO-TC-006	Verify facility accreditation expiry dates tracked	High

4.6 Ft Prov Accreditation Workflow

4.6.1 Priority

Must Have

4.6.2 User Story

As a provider relations officer, I want to manage provider accreditation workflow so that I can systematically approve providers for network

4.6.3 Preconditions

Provider registered with complete profile

4.6.4 Postconditions

Provider progresses through accreditation stages, final approval or rejection recorded

4.6.5 Test Cases

Id	Description	Weight
ACCREDITATION-WORKFLOW-TC-001	Verify workflow stages defined (Application -> Document review -> Site	High

Id	Description	Weight
	inspection -> Medical review -> Contract -> Approved)	
ACCREDITATION- WORKFLOW-TC-002	Verify stage transitions tracked with dates	High
ACCREDITATION- WORKFLOW-TC-003	Verify rejection workflow with reasons	High
ACCREDITATION- WORKFLOW-TC-004	Verify resubmission after rejection allowed	Medium
ACCREDITATION- WORKFLOW-TC-005	Verify workflow status visible to provider	High
ACCREDITATION- WORKFLOW-TC-006	Verify notifications sent at each stage	High
ACCREDITATION- WORKFLOW-TC-007	Verify audit trail maintained	High

4.7 Ft Prov Document Upload

4.7.1 Priority

Must Have



4.7.2 User Story

As a provider relations officer, I want to collect and verify provider documents so that I can maintain compliance documentation

4.7.3 Preconditions

Provider in accreditation workflow

4.7.4 Postconditions

Documents uploaded, verified, expiry dates tracked

4.7.5 Test Cases

Id	Description	Weight
DOCUMENT-UPLOAD-TC-001	Verify business license can be uploaded	High
DOCUMENT-UPLOAD-TC-002	Verify medical license can be uploaded	High
DOCUMENT-UPLOAD-TC-003	Verify insurance certificates can be uploaded	High
DOCUMENT-UPLOAD-TC-004	Verify tax clearance can be uploaded	High
DOCUMENT-UPLOAD-TC-005	Verify bank details can be uploaded	High
DOCUMENT-UPLOAD-TC-006	Verify document expiry dates tracked	High
DOCUMENT-UPLOAD-TC-007	Verify alerts for expiring documents	High
DOCUMENT-UPLOAD-TC-008	Verify document versioning maintained	Medium

4.8 Ft Prov Site Inspection



4.8.1 Priority

Must Have

4.8.2 User Story

As a provider relations officer, I want to schedule and record site inspection results so that I can verify provider facilities meet standards

4.8.3 Preconditions

Provider documents verified, site inspection scheduled

4.8.4 Postconditions

Inspection completed, results recorded, pass/fail determination made

4.8.5 Test Cases

Id	Description	Weight
SITE-INSPECTION-TC-001	Verify site inspection can be scheduled	High
SITE-INSPECTION-TC-002	Verify inspection checklist available (cleanliness, equipment, staff, emergency prep)	High
SITE-INSPECTION-TC-003	Verify inspection findings can be recorded	High
SITE-INSPECTION-TC-004	Verify photos can be uploaded	Medium
SITE-INSPECTION-TC-005	Verify pass/fail scoring calculated	High
SITE-INSPECTION-TC-006	Verify inspection report generated	High
SITE-INSPECTION-TC-007	Verify re-inspection can be scheduled if failed	High

4.9 Ft Prov Reaccreditation

4.9.1 Priority

Must Have

4.9.2 User Story

As a provider relations officer, I want to manage periodic provider reaccreditation so that I can ensure ongoing compliance with standards

4.9.3 Preconditions

Provider accredited, reaccreditation due

4.9.4 Postconditions

Reaccreditation process completed, provider status updated

4.9.5 Test Cases

Id	Description	Weight
REACCREDITATION-TC-001	Verify reaccreditation cycle configured (every 2-3 years)	High
REACCREDITATION-TC-002	Verify automated reminders sent 90 days before expiry	High
REACCREDITATION-TC-003	Verify simplified reaccreditation for good performers	Medium
REACCREDITATION-TC-004	Verify full reaccreditation for poor performers	High
REACCREDITATION-TC-005	Verify reaccreditation status tracked	High
REACCREDITATION-TC-006	Verify expired accreditation suspends provider	High

4.10 Ft Prov Suspension Termination

Your Future is Protected

4.10.1 Priority

Must Have

4.10.2 User Story

As a network manager, I want to suspend or terminate provider contracts so that I can remove non-compliant providers from network

4.10.3 Preconditions

Provider in network, suspension/termination reasons documented

4.10.4 Postconditions

Provider suspended or terminated, member notifications sent, claims processing adjusted

4.10.5 Test Cases

Id	Description	Weight
SUSPENSION-TERMINATION-TC-001	Verify suspension reasons captured (quality issues, fraud, non-compliance)	High
SUSPENSION-TERMINATION-TC-002	Verify suspension workflow with approval	High
SUSPENSION-TERMINATION-TC-003	Verify termination workflow with notice period	High
SUSPENSION-TERMINATION-TC-004	Verify impact on active members assessed	High
SUSPENSION-TERMINATION-TC-005	Verify claims in process handled appropriately	High
SUSPENSION-TERMINATION-TC-006	Verify member notifications sent	High
SUSPENSION-TERMINATION-TC-007	Verify reinstatement process available for suspensions	Medium

4.11 Ft Prov Contract Negotiation

4.11.1 Priority

Must Have

4.11.2 User Story

As a contracting officer, I want to manage contract negotiation process so that I can agree on terms with providers

4.11.3 Preconditions

Provider accredited, ready for contracting

4.11.4 Postconditions

Contract terms negotiated, documented, ready for approval

4.11.5 Test Cases

Id	Description	Weight
CONTRACT-NEGOTIATION-TC-001	Verify payment model selection (FFS, capitation, hybrid)	High
CONTRACT-NEGOTIATION-TC-002	Verify fee schedules attached to contract	High
CONTRACT-NEGOTIATION-TC-003	Verify service scope defined	High
CONTRACT-NEGOTIATION-TC-004	Verify performance targets set	High
CONTRACT-NEGOTIATION-TC-005	Verify termination clauses included	High
CONTRACT-NEGOTIATION-TC-006	Verify negotiation history tracked	Medium

4.12 Ft Prov Contract Approval

4.12.1 Priority

Must Have

4.12.2 User Story

As a network manager, I want to implement contract approval workflow so that I can ensure proper authorization of contracts

4.12.3 Preconditions

Contract negotiation completed

4.12.4 Postconditions

Contract approved through hierarchy, ready for execution

4.12.5 Test Cases

Id	Description	Weight
CONTRACT-APPROVAL-TC-001	Verify approval hierarchy enforced (Officer -> Manager -> Finance -> Medical Director -> CEO)	High
CONTRACT-APPROVAL-TC-002	Verify approval limits by contract value	High
CONTRACT-APPROVAL-TC-003	Verify rejection with reasons supported	High
CONTRACT-APPROVAL-TC-004	Verify renegotiation after rejection	Medium
CONTRACT-APPROVAL-TC-005	Verify approval notifications sent	High
CONTRACT-APPROVAL-TC-006	Verify audit trail maintained	High

4.13 Ft Prov Contract Templates

4.13.1 Priority

Must Have

4.13.2 User Story

As a contracting officer, I want to use contract templates so that I can standardize contract terms

4.13.3 Preconditions

Contract templates configured in system

4.13.4 Postconditions

Contract generated from template, customized clauses added

4.13.5 Test Cases

Id	Description	Weight
CONTRACT-TEMPLATES-TC-001	Verify hospital contract template available	High
CONTRACT-TEMPLATES-TC-002	Verify clinic contract template available	High
CONTRACT-TEMPLATES-TC-003	Verify doctor contract template available	High
CONTRACT-TEMPLATES-TC-004	Verify pharmacy contract template available	High
CONTRACT-TEMPLATES-TC-005	Verify customizable clauses supported	High
CONTRACT-TEMPLATES-TC-006	Verify template version control maintained	Medium

4.14 Ft Prov Contract Renewal

4.14.1 Priority

Must Have

4.14.2 User Story

As a contracting officer, I want to manage contract renewal process so that I can maintain provider relationships

4.14.3 Preconditions

Contract approaching expiry

4.14.4 Postconditions

Contract renewed with updated terms or allowed to expire

4.14.5 Test Cases

Id	Description	Weight
CONTRACT-RENEWAL-TC-001	Verify renewal reminders sent 90 days before expiry	High
CONTRACT-RENEWAL-TC-002	Verify renewal negotiation workflow initiated	High
CONTRACT-RENEWAL-TC-003	Verify rate adjustments proposed	High
CONTRACT-RENEWAL-TC-004	Verify auto-renewal option with notice period	Medium
CONTRACT-RENEWAL-TC-005	Verify renewal approval workflow	High
CONTRACT-RENEWAL-TC-006	Verify expired contract handling	High

4.15 Ft Prov Contract Amendments

4.15.1 Priority

Must Have

4.15.2 User Story

As a contracting officer, I want to process contract amendments so that I can update contract terms as needed

4.15.3 Preconditions

Active contract in place, amendment requested

4.15.4 Postconditions

Amendment approved, contract updated, history maintained

4.15.5 Test Cases

Id	Description	Weight
CONTRACT-AMENDMENTS-TC-001	Verify rate change amendments supported	High
CONTRACT-AMENDMENTS-TC-002	Verify service addition amendments supported	High
CONTRACT-AMENDMENTS-TC-003	Verify term extension amendments supported	High
CONTRACT-AMENDMENTS-TC-004	Verify amendment approval workflow	High
CONTRACT-AMENDMENTS-TC-005	Verify amendment history tracked	High
CONTRACT-AMENDMENTS-TC-006	Verify amendment effective dates managed	High

4.16 Ft Prov Contract Repository

4.16.1 Priority

Must Have

4.16.2 User Story

As a contracting officer, I want to maintain digital contract repository so that I can access contracts easily

4.16.3 Preconditions

Contracts executed and signed

4.16.4 Postconditions

Contracts stored digitally, searchable, accessible

4.16.5 Test Cases

Id	Description	Weight
CONTRACT-REPOSITORY-TC-001	Verify signed contracts uploaded	High
CONTRACT-REPOSITORY-TC-002	Verify amendments stored with contract	High
CONTRACT-REPOSITORY-TC-003	Verify correspondence stored	Medium
CONTRACT-REPOSITORY-TC-004	Verify search by provider name	High
CONTRACT-REPOSITORY-TC-005	Verify search by contract date	High
CONTRACT-REPOSITORY-TC-006	Verify expiry alerts generated	High

4.17 Ft Prov Network Tiers

4.17.1 Priority

Must Have

4.17.2 User Story

As a network manager, I want to categorize providers into network tiers so that I can implement tiered benefit structures

4.17.3 Preconditions

Providers in network, tier criteria defined

4.17.4 Postconditions

Providers assigned to tiers, tier displayed in provider directory

4.17.5 Test Cases

Id	Description	Weight
NETWORK-TIERS-TC-001	Verify Tier 1 (preferred, lowest cost-share) defined	High
NETWORK-TIERS-TC-002	Verify Tier 2 (standard) defined	High
NETWORK-TIERS-TC-003	Verify Tier 3 (out-of-network) defined	High
NETWORK-TIERS-TC-004	Verify tier assignment criteria (cost, quality, location)	High
NETWORK-TIERS-TC-005	Verify tier changes tracked with effective dates	High
NETWORK-TIERS-TC-006	Verify tier displayed in provider search	High

4.18 Ft Prov Specialty Networks

4.18.1 Priority

Should Have



4.18.2 User Story

As a network manager, I want to create specialty networks so that I can manage specialized care delivery

4.18.3 Preconditions

Specialty network criteria defined

4.18.4 Postconditions

Specialty networks created, Centers of Excellence designated

4.18.5 Test Cases

Id	Description	Weight
SPECIALTY-NETWORKS-TC-001	Verify specialty network types defined (oncology, cardiology, etc.)	High
SPECIALTY-NETWORKS-TC-002	Verify Center of Excellence designation supported	High
SPECIALTY-NETWORKS-TC-003	Verify minimum volume requirements enforced	High
SPECIALTY-NETWORKS-TC-004	Verify quality requirements enforced	High
SPECIALTY-NETWORKS-TC-005	Verify enhanced reimbursement for COEs	High

4.19 Ft Prov Geographic Coverage

4.19.1 Priority

Must Have



4.19.2 User Story

As a network manager, I want to map provider geographic coverage so that I can ensure adequate network access

4.19.3 Preconditions

Provider locations captured

4.19.4 Postconditions

Geographic coverage mapped, gaps identified

4.19.5 Test Cases

Id	Description	Weight
GEOGRAPHIC-COVERAGE-TC-001	Verify providers mapped by region	High
GEOGRAPHIC-COVERAGE-TC-002	Verify providers mapped by city	High
GEOGRAPHIC-COVERAGE-TC-003	Verify providers mapped by district	High
GEOGRAPHIC-COVERAGE-TC-004	Verify coverage gap analysis performed	High
GEOGRAPHIC-COVERAGE-TC-005	Verify distance/time to care metrics calculated	High
GEOGRAPHIC-COVERAGE-TC-006	Verify service area definitions maintained	Medium

4.20 Ft Prov Panel Management

4.20.1 Priority

Should Have



4.20.2 User Story

As a network manager, I want to manage provider panels so that I can control provider capacity and access

4.20.3 Preconditions

Panel capacity defined per provider

4.20.4 Postconditions

Member assignments managed, panel status tracked

4.20.5 Test Cases

Id	Description	Weight
PANEL-MANAGEMENT-TC-001	Verify max members per provider configured	High
PANEL-MANAGEMENT-TC-002	Verify panel assignment rules defined	High
PANEL-MANAGEMENT-TC-003	Verify panel open/closed status maintained	High
PANEL-MANAGEMENT-TC-004	Verify panel utilization tracked	High
PANEL-MANAGEMENT-TC-005	Verify members cannot be assigned to closed panels	High

4.21 Ft Prov Network Adequacy

4.21.1 Priority

Must Have



4.21.2 User Story

As a network manager, I want to analyze network adequacy so that I can identify and fill coverage gaps

4.21.3 Preconditions

Provider network data available, member distribution known

4.21.4 Postconditions

Network adequacy analyzed, compliance reports generated

4.21.5 Test Cases

Id	Description	Weight
		High

Id	Description	Weight
NETWORK-ADEQUACY-TC-001	Verify provider-to-member ratios calculated	
NETWORK-ADEQUACY-TC-002	Verify geographic access analyzed	High
NETWORK-ADEQUACY-TC-003	Verify specialty availability analyzed	High
NETWORK-ADEQUACY-TC-004	Verify regulatory compliance reporting (TIRA)	High
NETWORK-ADEQUACY-TC-005	Verify gap analysis reports generated	High
NETWORK-ADEQUACY-TC-006	Verify recruitment recommendations provided	Medium

4.22 Ft Prov Fee Schedule Setup

4.22.1 Priority

Must Have



4.22.2 User Story

As a finance officer, I want to create and manage fee schedules so that I can define reimbursement rates for services

4.22.3 Preconditions

Service codes configured (ICD-10, CPT, NLEM)

4.22.4 Postconditions

Fee schedules created, rates assigned to services

4.22.5 Test Cases

Id	Description	Weight
FEE-SCHEDULE-SETUP-TC-001	Verify procedure code fee schedules (CPT)	High
FEE-SCHEDULE-SETUP-TC-002	Verify drug pricing (NLEM)	High
FEE-SCHEDULE-SETUP-TC-003	Verify lab test fee schedules	High
FEE-SCHEDULE-SETUP-TC-004	Verify imaging fee schedules	High
FEE-SCHEDULE-SETUP-TC-005	Verify multiple fee schedules per provider type	High
FEE-SCHEDULE-SETUP-TC-006	Verify fee schedule versioning	Medium

4.23 Ft Prov Negotiated Rates

4.23.1 Priority

Must Have

4.23.2 User Story

As a contracting officer, I want to set negotiated rates per provider so that I can customize reimbursement by provider

4.23.3 Preconditions

Fee schedules configured, provider contracts in place

4.23.4 Postconditions

Negotiated rates assigned to providers, effective dates set

4.23.5 Test Cases

Id	Description	Weight
NEGOTIATED-RATES-TC-001	Verify percentage of charges rate type	High
NEGOTIATED-RATES-TC-002	Verify fixed fee rate type	High
NEGOTIATED-RATES-TC-003	Verify discounted fee schedule rate type	High
NEGOTIATED-RATES-TC-004	Verify rate effective dates managed	High
NEGOTIATED-RATES-TC-005	Verify rate comparison reports available	Medium
NEGOTIATED-RATES-TC-006	Verify provider-specific rates override default rates	High

4.24 Ft Prov Rate Updates

4.24.1 Priority

Must Have



4.24.2 User Story

As a finance officer, I want to manage fee schedule updates so that I can keep rates current

4.24.3 Preconditions

Fee schedules in use, rate changes approved

4.24.4 Postconditions

Rates updated, effective dates applied, providers notified

4.24.5 Test Cases

Id	Description	Weight
RATE-UPDATES-TC-001	Verify rate update proposal workflow	High
RATE-UPDATES-TC-002	Verify rate update approval workflow	High
RATE-UPDATES-TC-003	Verify effective dates for rate changes	High
RATE-UPDATES-TC-004	Verify bulk rate updates supported	High
RATE-UPDATES-TC-005	Verify historical rates tracked	High
RATE-UPDATES-TC-006	Verify provider notification of rate changes	High

4.25 Ft Prov Billing Rules

4.25.1 Priority

Must Have



4.25.2 User Story

As a finance officer, I want to configure billing rules so that I can control reimbursement appropriately

4.25.3 Preconditions

Fee schedules configured

4.25.4 Postconditions

Billing rules applied during claims adjudication

4.25.5 Test Cases

Id	Description	Weight
BILLING-RULES-TC-001	Verify maximum allowable charge rules	High
BILLING-RULES-TC-002	Verify bundling rules (procedure bundling)	High
BILLING-RULES-TC-003	Verify frequency limits (1x per year)	High
BILLING-RULES-TC-004	Verify age/gender edits	High
BILLING-RULES-TC-005	Verify automated claims adjudication applies rules	High
BILLING-RULES-TC-006	Verify rule violations flagged for review	High

4.26 Ft Prov Capitation Rates

4.26.1 Priority

Must Have



4.26.2 User Story

As a finance officer, I want to set capitation rates so that I can implement capitation payment model

4.26.3 Preconditions

Capitation model configured

4.26.4 Postconditions

PMPM rates set per provider, stratification applied

4.26.5 Test Cases

Id	Description	Weight
CAPITATION-RATES-TC-001	Verify PMPM rates can be set	High
CAPITATION-RATES-TC-002	Verify rate stratification by age	High
CAPITATION-RATES-TC-003	Verify rate stratification by gender	High
CAPITATION-RATES-TC-004	Verify rate stratification by product	High
CAPITATION-RATES-TC-005	Verify risk adjustment factors applied	Medium
CAPITATION-RATES-TC-006	Verify effective dates managed	High

4.27 Ft Prov Capitation Roster

4.27.1 Priority

Must Have



4.27.2 User Story

As a finance officer, I want to maintain capitation rosters so that I can track which members are assigned to which providers

4.27.3 Preconditions

Members assigned to capitated providers

4.27.4 Postconditions

Rosters maintained, changes tracked, monthly reconciliation completed

4.27.5 Test Cases

Id	Description	Weight
CAPITATION-ROSTER-TC-001	Verify member assignments to providers tracked	High
CAPITATION-ROSTER-TC-002	Verify effective dates for assignments	High
CAPITATION-ROSTER-TC-003	Verify termination dates tracked	High
CAPITATION-ROSTER-TC-004	Verify monthly roster reconciliation process	High
CAPITATION-ROSTER-TC-005	Verify mid-month changes handled pro-rata	High
CAPITATION-ROSTER-TC-006	Verify roster reports generated	High

4.28 Ft Prov Capitation Calculation

4.28.1 Priority

Must Have

4.28.2 User Story

As a finance officer, I want to calculate monthly capitation payments so that I can pay providers accurately

4.28.3 Preconditions

Capitation rosters finalized, PMPM rates configured

4.28.4 Postconditions

Capitation payments calculated, vouchers generated, integrated with finance

4.28.5 Test Cases

Id	Description	Weight
CAPITATION-CALCULATION-TC-001	Verify calculation formula (member count × PMPM rate)	High
CAPITATION-CALCULATION-TC-002	Verify adjustments for mid-month changes	High
CAPITATION-CALCULATION-TC-003	Verify capitation voucher generation	High
CAPITATION-CALCULATION-TC-004	Verify integration with finance module	High
CAPITATION-CALCULATION-TC-005	Verify calculation audit trail	High
CAPITATION-CALCULATION-TC-006	Verify provider notification of payment	High

4.29 Ft Prov Capitation Withholds

4.29.1 Priority

Should Have



4.29.2 User Story

As a finance officer, I want to manage capitation withhold so that I can incentivize quality and utilization management

4.29.3 Preconditions

Capitation model in use, withhold percentages defined

4.29.4 Postconditions

Withholds applied, performance tracked, annual reconciliation completed

4.29.5 Test Cases

Id	Description	Weight
CAPITATION-WITHHOLDS-TC-001	Verify withhold percentage configured	High
CAPITATION-WITHHOLDS-TC-002	Verify withhold applied to monthly payments	High
CAPITATION-WITHHOLDS-TC-003	Verify incentive criteria defined (quality, utilization)	High
CAPITATION-WITHHOLDS-TC-004	Verify annual reconciliation process	High
CAPITATION-WITHHOLDS-TC-005	Verify payout calculation based on performance	High

4.30 Ft Prov Portal Dashboard

4.30.1 Priority

Must Have



4.30.2 User Story

As a provider, I want to view a dashboard so that I have an overview of my activity

4.30.3 Preconditions

Provider portal access granted

4.30.4 Postconditions

Dashboard displays key metrics in real-time

4.30.5 Test Cases

Id	Description	Weight
		High

Id	Description	Weight
PORTAL-DASHBOARD-TC-001	Verify active members count displayed	
PORTAL-DASHBOARD-TC-002	Verify claims status summary displayed	High
PORTAL-DASHBOARD-TC-003	Verify payments summary displayed	High
PORTAL-DASHBOARD-TC-004	Verify authorizations pending displayed	High
PORTAL-DASHBOARD-TC-005	Verify performance metrics displayed	High
PORTAL-DASHBOARD-TC-006	Verify real-time updates	Medium

4.31 Ft Prov Member Verification

4.31.1 Priority

Must Have



4.31.2 User Story

As a provider, I want to verify member eligibility in real-time so that I can confirm coverage before service

4.31.3 Preconditions

Member registered, provider portal access

4.31.4 Postconditions

Eligibility verified, coverage details displayed

4.31.5 Test Cases

Id	Description	Weight
MEMBER-VERIFICATION-TC-001	Verify member ID lookup	High
MEMBER-VERIFICATION-TC-002	Verify policy status displayed (active/inactive)	High
MEMBER-VERIFICATION-TC-003	Verify benefit coverage displayed	High
MEMBER-VERIFICATION-TC-004	Verify co-pay amounts displayed	High
MEMBER-VERIFICATION-TC-005	Verify authorization requirements displayed	High
MEMBER-VERIFICATION-TC-006	Verify QR code scanning supported	High
MEMBER-VERIFICATION-TC-007	Verify biometric verification (fingerprint, facial recognition)	High

4.32 Ft Prov Claims Submission

4.32.1 Priority

Must Have

4.32.2 User Story

As a provider, I want to submit claims electronically so that I can streamline claims processing

4.32.3 Preconditions

Service delivered to member, provider portal access

4.32.4 Postconditions

Claim submitted, validation completed, confirmation received

4.32.5 Test Cases

Id	Description	Weight
CLAIMS-SUBMISSION-TC-001	Verify diagnosis codes (ICD-10) can be entered	High
CLAIMS-SUBMISSION-TC-002	Verify procedure codes (CPT) can be entered	High
CLAIMS-SUBMISSION-TC-003	Verify charges can be entered	High
CLAIMS-SUBMISSION-TC-004	Verify attachments can be uploaded (invoices, prescriptions)	High
CLAIMS-SUBMISSION-TC-005	Verify real-time validation performed	High
CLAIMS-SUBMISSION-TC-006	Verify submission confirmation provided	High
CLAIMS-SUBMISSION-TC-007	Verify claim tracking number assigned	High

4.33 Ft Prov Authorization Request

4.33.1 Priority

Must Have

4.33.2 User Story

As a provider, I want to request authorizations electronically so that I can facilitate pre-authorization process

4.33.3 Preconditions

Service requires authorization, provider portal access

4.33.4 Postconditions

Authorization request submitted, response received

4.33.5 Test Cases

Id	Description	Weight
AUTHORIZATION-REQUEST-TC-001	Verify service details can be entered	High
AUTHORIZATION-REQUEST-TC-002	Verify diagnosis can be entered	High
AUTHORIZATION-REQUEST-TC-003	Verify estimated cost can be entered	High
AUTHORIZATION-REQUEST-TC-004	Verify medical justification can be entered	High
AUTHORIZATION-REQUEST-TC-005	Verify attachments supported	High
AUTHORIZATION-REQUEST-TC-006	Verify real-time approval/denial response	High
AUTHORIZATION-REQUEST-TC-007	Verify authorization number provided upon approval	High

4.34 Ft Prov Payment Tracking

4.34.1 Priority

Must Have

4.34.2 User Story

As a provider, I want to view payment history so that I have transparency on payments

4.34.3 Preconditions

Claims processed and paid, provider portal access

4.34.4 Postconditions

Payment history displayed, remittance advice available

4.34.5 Test Cases

Id	Description	Weight
PAYMENT-TRACKING-TC-001	Verify payment date displayed	High
PAYMENT-TRACKING-TC-002	Verify payment amount displayed	High
PAYMENT-TRACKING-TC-003	Verify claim details displayed	High
PAYMENT-TRACKING-TC-004	Verify deductions displayed (withholds, adjustments)	High
PAYMENT-TRACKING-TC-005	Verify remittance advice downloadable	High
PAYMENT-TRACKING-TC-006	Verify payment reconciliation tools available	Medium

4.35 Ft Prov Communication

4.35.1 Priority

Must Have

4.35.2 User Story

As a provider, I want to communicate with the insurer so that I can exchange information efficiently

4.35.3 Preconditions

Provider portal access

4.35.4 Postconditions

Messages exchanged, notifications received

4.35.5 Test Cases

Id	Description	Weight
COMMUNICATION-TC-001	Verify messaging system available	High
COMMUNICATION-TC-002	Verify claim inquiries can be sent	High
COMMUNICATION-TC-003	Verify member issues can be reported	High
COMMUNICATION-TC-004	Verify policy updates received	High
COMMUNICATION-TC-005	Verify notification center available	High
COMMUNICATION-TC-006	Verify bulletins and announcements displayed	Medium

4.36 Ft Prov Preauth Workflow

4.36.1 Priority

Must Have



4.36.2 User Story

As a medical director, I want to manage pre-authorization workflow so that I can control utilization of high-cost services

4.36.3 Preconditions

Pre-auth rules configured, request received

4.36.4 Postconditions

Pre-auth reviewed, approved or denied, provider notified

4.36.5 Test Cases

Id	Description	Weight
PREAUTH-WORKFLOW-TC-001	Verify services requiring pre-auth configured (hospitalizations, surgeries, imaging, specialty care)	High
PREAUTH-WORKFLOW-TC-002	Verify workflow stages (Request -> Medical review -> Decision)	High
PREAUTH-WORKFLOW-TC-003	Verify turnaround time tracked (24-48 hours)	High
PREAUTH-WORKFLOW-TC-004	Verify medical review criteria applied	High
PREAUTH-WORKFLOW-TC-005	Verify approval/denial with reasons	High
PREAUTH-WORKFLOW-TC-006	Verify provider notification	High
PREAUTH-WORKFLOW-TC-007	Verify appeal process available	High

4.37 Ft Prov Auto Authorization

4.37.1 Priority

Must Have

4.37.2 User Story

As a medical director, I want to implement automated authorization rules so that I can expedite routine authorizations

4.37.3 Preconditions

Auto-approval rules configured

4.37.4 Postconditions

Routine authorizations auto-approved, exceptions flagged for review

4.37.5 Test Cases

Id	Description	Weight
AUTO-AUTHORIZATION-TC-001	Verify auto-approval rules for routine procedures	High
AUTO-AUTHORIZATION-TC-002	Verify auto-approval for in-network providers	High
AUTO-AUTHORIZATION-TC-003	Verify auto-approval for services within benefit limits	High
AUTO-AUTHORIZATION-TC-004	Verify auto-denial rules for excluded services	High
AUTO-AUTHORIZATION-TC-005	Verify auto-denial for benefit exhausted	High
AUTO-AUTHORIZATION-TC-006	Verify exceptions flagged for manual review	High

4.38 Ft Prov Referral Management

4.38.1 Priority

Must Have

4.38.2 User Story

As a provider, I want to manage referrals so that I can track care coordination

4.38.3 Preconditions

Referral network configured

4.38.4 Postconditions

Referrals tracked, care coordination documented

4.38.5 Test Cases

Id	Description	Weight
REFERRAL-MANAGEMENT-TC-001	Verify PCP can create referral	High
REFERRAL-MANAGEMENT-TC-002	Verify member notified of referral	High
REFERRAL-MANAGEMENT-TC-003	Verify specialist visit tracked	High
REFERRAL-MANAGEMENT-TC-004	Verify referral closed after visit	High
REFERRAL-MANAGEMENT-TC-005	Verify referral validity period enforced	High
REFERRAL-MANAGEMENT-TC-006	Verify specialist network restrictions applied	High

4.39 Ft Prov Emergency Auth

4.39.1 Priority

Must Have

4.39.2 User Story

As a claims processor, I want to handle emergency authorizations so that I can ensure timely emergency care

4.39.3 Preconditions

Emergency service definition configured

4.39.4 Postconditions

Emergency services auto-approved, retrospective review completed

4.39.5 Test Cases

Id	Description	Weight
EMERGENCY-AUTH-TC-001	Verify emergency services auto-approved	High
EMERGENCY-AUTH-TC-002	Verify notification within 24 hours required	High
EMERGENCY-AUTH-TC-003	Verify retrospective review process	High
EMERGENCY-AUTH-TC-004	Verify emergency definition criteria applied	High
EMERGENCY-AUTH-TC-005	Verify inappropriate emergency use flagged	Medium

4.40 Ft Prov Utilization Tracking

4.40.1 Priority

Must Have



4.40.2 User Story

As a network manager, I want to track provider utilization patterns so that I can identify high/low utilizers

4.40.3 Preconditions

Claims data available

4.40.4 Postconditions

Utilization patterns analyzed, outliers identified

4.40.5 Test Cases

Id	Description	Weight
UTILIZATION-TRACKING-TC-001	Verify visits per member tracked	High
UTILIZATION-TRACKING-TC-002	Verify cost per visit tracked	High
UTILIZATION-TRACKING-TC-003	Verify admission rates tracked	High
UTILIZATION-TRACKING-TC-004	Verify length of stay tracked	High
UTILIZATION-TRACKING-TC-005	Verify referral rates tracked	High
UTILIZATION-TRACKING-TC-006	Verify benchmarking against network averages	High

4.41 Ft Prov Quality Metrics

4.41.1 Priority

Must Have

4.41.2 User Story

As a medical director, I want to measure provider quality metrics so that I can assess provider quality

4.41.3 Preconditions

Quality data collected

4.41.4 Postconditions

Quality metrics calculated, providers scored



4.41.5 Test Cases

Id	Description	Weight
QUALITY-METRICS-TC-001	Verify readmission rates tracked	High
QUALITY-METRICS-TC-002	Verify patient satisfaction scores tracked	High
QUALITY-METRICS-TC-003	Verify clinical outcomes tracked	High
QUALITY-METRICS-TC-004	Verify adherence to protocols tracked	High
QUALITY-METRICS-TC-005	Verify HEDIS measures calculated	Medium

4.42 Ft Prov Member Satisfaction

4.42.1 Priority

Must Have



4.42.2 User Story

As a provider relations officer, I want to collect member satisfaction feedback so that I can monitor member experience

4.42.3 Preconditions

Member visited provider

4.42.4 Postconditions

Satisfaction feedback collected, aggregated by provider

4.42.5 Test Cases

Id	Description	Weight
MEMBER-SATISFACTION-TC-001	Verify post-visit surveys sent	High
MEMBER-SATISFACTION-TC-002	Verify ratings (1-5 stars) collected	High
MEMBER-SATISFACTION-TC-003	Verify comments captured	High
MEMBER-SATISFACTION-TC-004	Verify complaint tracking	High
MEMBER-SATISFACTION-TC-005	Verify provider response to feedback tracked	Medium
MEMBER-SATISFACTION-TC-006	Verify satisfaction scores aggregated	High

4.43 Ft Prov Performance Scorecards

4.43.1 Priority

Must Have

4.43.2 User Story

As a network manager, I want to generate provider performance scorecards so that I can provide feedback to providers

4.43.3 Preconditions

Performance data collected (utilization, quality, satisfaction)

4.43.4 Postconditions

Scorecards generated, providers notified

4.43.5 Test Cases

Id	Description	Weight
PERFORMANCE-SCORECARDS-TC-001	Verify scorecard includes utilization metrics	High
PERFORMANCE-SCORECARDS-TC-002	Verify scorecard includes quality metrics	High
PERFORMANCE-SCORECARDS-TC-003	Verify scorecard includes satisfaction metrics	High
PERFORMANCE-SCORECARDS-TC-004	Verify scorecard includes compliance metrics	High
PERFORMANCE-SCORECARDS-TC-005	Verify quarterly reports generated	High
PERFORMANCE-SCORECARDS-TC-006	Verify performance tiers (top, average, needs improvement)	High
PERFORMANCE-SCORECARDS-TC-007	Verify incentive linkage	Medium

4.44 Ft Prov Outlier Detection

4.44.1 Priority

Must Have

4.44.2 User Story

As a network manager, I want to detect provider outliers so that I can identify potential fraud or quality issues

4.44.3 Preconditions

Utilization and cost data available

4.44.4 Postconditions

Outliers detected, flagged for investigation

4.44.5 Test Cases

Id	Description	Weight
OUTLIER-DETECTION-TC-001	Verify statistical analysis of utilization patterns	High
OUTLIER-DETECTION-TC-002	Verify statistical analysis of cost patterns	High
OUTLIER-DETECTION-TC-003	Verify alerts generated for investigation	High
OUTLIER-DETECTION-TC-004	Verify investigation workflow	High
OUTLIER-DETECTION-TC-005	Verify provider education initiated	Medium
OUTLIER-DETECTION-TC-006	Verify corrective action plans tracked	High

4.45 Ft Prov Network Reports

4.45.1 Priority

Must Have

4.45.2 User Story

As a network manager, I want to generate network composition reports so that I can understand network makeup

4.45.3 Preconditions

Provider network data available

4.45.4 Postconditions

Network reports generated showing composition and trends

4.45.5 Test Cases

Id	Description	Weight
NETWORK-REPORTS-TC-001	Verify provider count by type	High
NETWORK-REPORTS-TC-002	Verify provider count by specialty	High
NETWORK-REPORTS-TC-003	Verify provider count by region	High
NETWORK-REPORTS-TC-004	Verify network growth trends	High
NETWORK-REPORTS-TC-005	Verify provider turnover tracked	Medium
NETWORK-REPORTS-TC-006	Verify contract expiration pipeline	High

4.46 Ft Prov Utilization Reports

4.46.1 Priority

Must Have

4.46.2 User Story

As a network manager, I want to generate provider utilization reports so that I can analyze service utilization patterns

4.46.3 Preconditions

Claims data available

4.46.4 Postconditions

Utilization reports generated showing patterns and trends

4.46.5 Test Cases

Id	Description	Weight
UTILIZATION-REPORTS-TC-001	Verify claims volume by provider	High
UTILIZATION-REPORTS-TC-002	Verify service mix by provider	High

Id	Description	Weight
UTILIZATION-REPORTS-TC-003	Verify cost trends	High
UTILIZATION-REPORTS-TC-004	Verify top 10 providers by volume	High
UTILIZATION-REPORTS-TC-005	Verify top 10 providers by cost	High
UTILIZATION-REPORTS-TC-006	Verify utilization by specialty	High

4.47 Ft Prov Payment Reports

4.47.1 Priority

Must Have

4.47.2 User Story

As a finance officer, I want to generate provider payment reports so that I can track provider reimbursement

4.47.3 Preconditions

Payment data available

4.47.4 Postconditions

Payment reports generated showing payment patterns *Your Data is Protected*

4.47.5 Test Cases

Id	Description	Weight
PAYMENT-REPORTS-TC-001	Verify payments by provider	High
PAYMENT-REPORTS-TC-002	Verify payment method breakdown (FFS vs capitation)	High
PAYMENT-REPORTS-TC-003	Verify payment timeliness tracked	High
PAYMENT-REPORTS-TC-004	Verify outstanding payables shown	High

Id	Description	Weight
PAYMENT-REPORTS-TC-005	Verify payment accuracy metrics	Medium

4.48 Ft Prov Credentialing Reports

4.48.1 Priority

Must Have

4.48.2 User Story

As a provider relations officer, I want to generate credentialing status reports so that I can monitor credential expiration

4.48.3 Preconditions

Credential data maintained

4.48.4 Postconditions

Credentialing reports generated showing status and expirations

4.48.5 Test Cases

Id	Description	Weight
CREDENTIALING-REPORTS-TC-001	Verify providers with expiring credentials listed	High
CREDENTIALING-REPORTS-TC-002	Verify pending reaccreditation listed	High
CREDENTIALING-REPORTS-TC-003	Verify suspended providers listed	High
CREDENTIALING-REPORTS-TC-004	Verify compliance dashboard available	High
CREDENTIALING-REPORTS-TC-005	Verify regulatory reporting supported	Medium