Requirements Document

MA COB Pilot



**Document Control:**

| Version | Status | Primary Author(s) | Description of Version | Date | Approved By |
| --- | --- | --- | --- | --- | --- |
| 1.0 | Draft | J Gedminas | Initial document | 6/21/18 |  |
| 1.1 | Update | J Gedminas | Updates after analytics review – included descriptive paragraph prior to process flow. Cleaned up extra lines in process flow. | 7/9/18 |  |
| 1.2 | Update | J Gedminas | Updated details for the revalidation process with the MSP team, per discussion with Alex. | 7/10/18 |  |

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# Introduction

## Purpose

The objective of Medicare Advantage COB is to identify instances where our client has paid claims as the primary insurer, when they were the secondary insurer, and recover those dollars.

## Background

With an estimated 360,000 MA members with MSP status, MA plans that do not accurately track member’ Medicare primacy will incorrectly pay claims. In 2017 there were $14.4 billion in improper payments to MA plans indicating a significant CMS error rate. While there are competitors performing portions of CMS Reconciliation, there are no known competitors focused on MSP Claims Primacy. However, there are no significant barriers to entry and there have been entrants to the MSP Part C premium market.

## Business Drivers

*Financial:*   
MA COB revenue calculated to be approximately \_\_\_\_\_.

*Operational:*   
Low operational resource requirements.  
Opens opportunity to become vendors in ESRD and hospice.

## Scope

Data needed to identify MA members whose claims should be reviewed.

Data needed to identify potentially recoverable claims of MA members identified.

Data needed to provide reporting to the client for approval of potentially recoverable claims

Ability to track which claims have been approved or denied (with a denied reason) for retraction

Data needed to provide reporting to the MSP team for re-validation of eligibility records.

Ability to track which eligibility records and claims have been reviewed.

## Overview

1. Leverage outcome of MSP Validation work to identify members who were correctly flagged as Secondary.
2. Based on validated eligibility data from MSP, the claims analyst will identify MA members for which claims should be reviewed for recovery.
3. Once claims are reviewed, analyst will recover incorrectly paid claims
4. Reconcile and report

## Definitions, Acronyms and Abbreviations

|  |  |
| --- | --- |
| Acronyms/ Abbreviations | Definition |
| MSP | Medicare Secondary Payer |
| COB | Coordination of Benefits |
| MA | Medicare Advantage |
|  |  |

Figure 1‑1: Definitions, Acronyms and Abbreviations

# Overall Description

## User Classes and Characteristics

Claims Analyst – expert in claims identification. Will determine claims meeting the specific criteria to be recovered.

MSP Analyst – performs the eligibility validation for the client’s MA members for which we have the ability to perform recoveries. The MSP Analyst is not a direct user of the MA COB application, rather the results of their validation is a key input to the MA COB recovery process.

Analytics analyst – pulls the requested data elements and provides data to the Claims Analyst for analysis.

### User Persona

### Buyer Persona

## Internal Users

## Pain Points

## Assumptions

The scope of this document covers the Pilot MA COB product.

Due to the short timeframe for claims recovery, and the eligibility revalidation process, this process must run on a daily basis.

## Constraints and Dependencies

This process is dependent on MSP validated eligibility data.

Eligibility transactions flagged for re-validation must go back to the MSP team for the re-validation to occur.

## Data Analysis

### Kinds

### Variability

### Quality

### Cadence

# Pilot Specifications

## Process Flow Diagram

## The process flow includes 2 transitional process requirements indicated by the gray parallelograms. These full extracts will be used by the claims analyst to confirm the associated filtered data is what is expected, by comparing the data sets. They will be used until the claims analyst indicates they are no longer needed.

## 

Figure 3‑1: MA-COB Process Flow Diagram

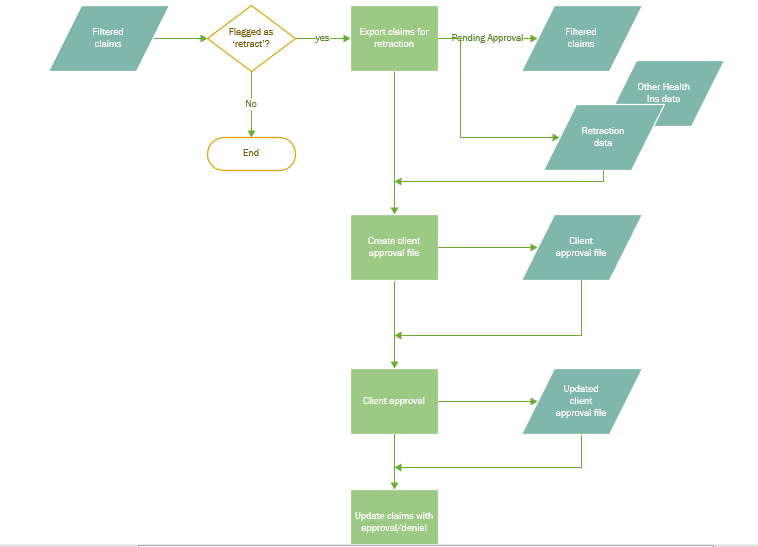


Figure 3‑2: Retraction Process Flow Diagram

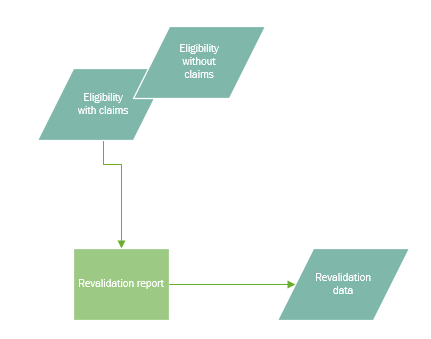


Figure 3‑3: Re-validation Process Flow Diagram

## Sub System Interfaces

[Name the sub system with which the software must interface.]

## Business Processes on the Data

[With business rules applied at each step]

## Pilot Requirements

### User Story – Pilot phase 1

|  |  |  |
| --- | --- | --- |
| Section/ Requirement ID | Requirement Definition | Comments |
| US-01 | As a claims analyst, I need to have validated eligibility information for MA members so that I can determine if they qualify for claims review. |  |
| US-02 | As a claims analyst, I need to have claims data for the MA members with validated eligibility information, so that I can determine which claims are recoverable. |  |
| US-03 | As a COB supervisor, I need to provide a report of retractable claims information to the client so they may review and approve or deny each claim. |  |
| US-04 | As a COB supervisor, I need to provide a report of eligibility records requiring revalidation to the validation team so they may revalidate the eligibility information.  MSP team is able to revalidate approximately 20 records per day. MA COB will send up to 75 revalidation records per week. | Updated 7/10/18 JMG |
| US-04 | As a COB supervisor, I need to provide a report of eligibility records requiring revalidation to the validation team so they may revalidate the eligibility information.  \*Need SLA with MSP team | Updated 7/10/18 JMG |
| US-05 | As a COB supervisor, I need to track claims that have been approved or denied by a client so that the information may be provided to other teams that need it. |  |
| US-06 | As a COB supervisor, I need to confirm that approved claims have been retracted so I can follow up with the client if needed. |  |

### Insight Derivation

### Presenting Insights for a Succession of Value-Creating Actions

### Pilot Requirements: Eligibility data – Pilot Phase 1

Two eligibility data sets will be requested to start. One ‘full’ eligibility data set will contain unfiltered eligibility records for the members for the client/contract IDs requested. This is a transitional requirement.

The second, ‘Primary’ eligibility data set, will contain only Primary status records, with additional filters.

The claims analyst will provide client number, for the eligibility records to be provided, and the format in which to provide the data.

|  |  |  |
| --- | --- | --- |
| Section/ Requirement ID | Requirement Definition | Comments |
| US-01 | As a claims analyst, I need to have validated eligibility information for MA members so that I can determine if they qualify for claims review. |  |
| PR 01.0 | For a specified client, provide a full eligibility data set, containing each validated eligibility record not previously sent in a full eligibility data set or that has changed since the last export.  This will serve as a base set of data against which a filtered data set can be validated. This is a transitional requirement to be used until the filtered data set is validated. |  |
| PR 01.1 | Include the following data elements in the data set: |  |
| PR 01.1.1 | Client number  Contractor ID  Member ID  MBI  HICN  Member last name  Member first name  Primacy Status (payer order)  Plan Effective date  Plan Term Date  MA Effective Date  MA Term Date  Insurer Name  Policy Number  Date of Validation  COB Notes |  |
| PR 01.2 | A validated eligibility member is identified by:  A non-blank payer order  A non-blank Date of Validation |  |
| PR 01.3 | A member may have multiple eligibility records. |  |
| PR 01.4 | Provide a data set of Primary eligibility records, which have not been previously sent in a Primary data set, or that have changed since the last export, for members with a payer order of ‘Primary’. |  |
| PR 01.4.1 | Exclude records from the Primary eligibility data set where: |  |
| PR 01.4.1.1 | MA Effective and Term dates are outside of the client lookback period: |  |
| |  |  |  |  | | --- | --- | --- | --- | | Client lookback period | MA Effective and Term dates | Result | Include/Exclude | | 6/1/16 – current | 1/1/15 – 1/1/16 | Outside client lookback period. | Exclude | | 6/1/16 – current | 1/1/15 – 12/31/16 | Within client lookback period | Include | | 6/1/16 – current | 1/1/18 | Within client lookback period | Include | | | |
| PR 01.4.2 | Plan Effective and Term dates are outside of the client lookback period: |  |
| |  |  |  |  | | --- | --- | --- | --- | | Client lookback period | Plan Effective and Term dates | Result | Include/Exclude | | 6/1/16 – current | 1/1/15 – 1/1/16 | Outside client lookback period. | Exclude | | 6/1/16 – current | 1/1/15 – 12/31/16 | Within client lookback period | Include | | 6/1/16 – current | 1/1/18 - | Within client lookback period | Include | | 6/1/16 – current |  | If no dates, include anyway. | Include | | | |
| PR 01.4.3 | Eligibility records that are duplicates. Compare the following to determine duplicates:  member id, plan effective date, plan termination date, MSP effective date, MSP Termination Date, insurer name, and policy number |  |
| PR 01.5 | Flag the eligibility records as having been exported and the date exported. |  |
| PR 01.6 | Provide the data in the format requested format by the Claims Analyst. |  |

### Pilot Requirements: Claims – Pilot Phase 1

Two claims data sets will be requested to start. One ‘full’ claims data set will contain unfiltered claims for the entire *client* lookback period. This is a transitional requirement.

The second, ‘filtered’ claims data set, will contain claims within the *member* lookback period, with additional filters.

The claims analyst will provide the client lookback period for which claims may be retracted, and the format in which to provide the data. The client lookback period will be a start date and end date. The end date may be ‘current’.

|  |  |  |
| --- | --- | --- |
| Section/ Requirement ID | Requirement Definition | Comments |
| US-02 | As a claims analyst, I need to have claims data for the MA members with validated eligibility information, so that I can determine which claims are recoverable. |  |
| PR 02.0 | Provide a full data set of claims for:  the records in the Primary eligibility data set, AND for eligibility records previously sent in a Primary eligibility data set,  where the claim FDOS is within the client lookback period, AND which are not marked as ‘retract’, ‘pending approval’, ‘approved’ or ‘denied’.  This will be used as a base set of data against which a filtered data set can be validated. This is a transitional requirement to be used until the filtered data set is validated. |  |
| PR 02.0.1 | Within client lookback period = PRom client lookback start to end dates inclusive |  |
| PR 02.1 | Provide a filtered data set of claims for:  the records in the Primary eligibility data set, AND for eligibility records previously sent in a Primary eligibility data set,  where the claim FDOS is within the member lookback period, and which are not marked as ‘retract’, ‘pending approval’, ‘approved’ or ‘denied’. |  |
| PR 02.1.1 | Within member lookback period = from member lookback start to end dates inclusive |  |
| PR 02.1.2 | Determine the member lookback period for each eligibility record, in the Primary eligibility data set: |  |
| PR 02.1.3 | For each member, compare:  Client lookback start and end dates  MA Effective and Term dates  Plan Effective and Term dates |  |
| PR 02.1.4 | Take the latest of the effective/start dates, and the earliest of the Term/end dates, for the member lookback start and end dates. No end date means the member is still active (current). |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Member |  | Client lookback | MA | Plan | Member lookback | | 123456789A | Effective / Start Date | 6/1/16 | 7/1/16 | 12/1/15 | 7/1/16 | |  | Term / End Date |  |  |  |  | |  |  |  |  |  |  | | 234567890A | Effective / Start Date | 6/1/16 | 4/1/11 | 1/1/13 | 6/1/16 | |  | Term / End Date |  |  | 10/4/16 | 10/4/16 | |  |  |  |  |  |  | | 345678901A | Effective / Start Date | 6/1/16 | 2/12/16 | 2/12/16 | 6/1/16 | |  | Term / End Date |  | 8/15/16 | 8/15/16 | 8/15/16 | |  |  |  |  |  |  | | 541052444A | Effective / Start Date | 6/1/16 | 2/12/16 | 2/12/16 | 6/1/16 | |  | Term / End Date |  | 8/15/16 | 8/15/16 | 8/15/16 | |  |  |  |  |  |  | | 541052444A | Effective / Start Date | 6/1/16 | 8/29/16 | 8/29/16 | 8/29/16 | |  | Term / End Date |  |  |  |  | |  |  |  |  |  |  | | |  |
| PR 02.1.5 | Exclude claims from the member lookback period data set where: |  |
| PR 02.1.5.1 | Benefit amount on the claim header < $25 |  |
| PR 02.1.5.2 | Claim is a duplicate. Compare the following fields to determine a duplicate:  Member ID, Member first name, Member Last Name, FDOS, LDOS, claim number, charge amount |  |
| PR 02.1.5.3 | Emergency Room Flag = Y |  |
| PR 02.1.5.4 | MVA Flag = Y |  |
| PR 02.1.5.5 | Work Comp Flag = Y |  |
| PR 02.1.5.6 | Accident Flag = Y |  |
| PR 02.1.5.7 | COB Amount > $0 |  |
| PR 02.1.6 | If Date of Validation on the eligibility record is > (current date – 6 months) AND the group size for the Date of Validation year is not blank AND the MSP Code is not blank, flag the claim record as ‘retract’, with the current date. | Updated 7/10/18 JMG |
| PR 02.1.6 | If Date of Validation on the eligibility record is > (current date – 6 months), flag the claim record as ‘retract’, with the current date. | Updated 7/10/18 JMG |
| PR 02.1.6 | Include the following claim information in the claims data sets: (this list includes all fields tagged as level 1 and level 2 on the Solutions\_Master Data Spec claims)  Claim Number  Adjusted Claim  Claim Status  Claim Type  Check Number  Check Date  Subscriber ID  Covered Individual ID/Member ID (Patient)  Admit Date  Admit Type  Discharge Date  Account/Plan/Group ID  Type Of Bill  Claim Submitted Charge Amount  Denial Reason 1  Denial Reason 2  Denial Reason 3  Claim Paid Amount  ICD-10 Indicator  Principal Procedure Code  Principal Procedure Date  ICD Procedure Code2  ICD Procedure Date2  ICD Procedure Code3  ICD Procedure Date3  ICD Procedure Code4  ICD Procedure Date4  ICD Procedure Code5  ICD Procedure Date5  ICD Procedure Code6  ICD Procedure Date6  CPT Code 1  CPT 1 Date  CPT Code 2  CPT 2 Date  CPT Code 3  CPT 3 Date  CPT Code 4  CPT 4 Date  CPT Code 5  CPT 5 Date  Admitting DX Code  Primary DX Code  DX Code 2  DX Code 3  DX Code 4  DX Code 5  DX Code 6  DX Code 7  DX Code 8  DX Code 9  DX Code 10  DX Code 11  DX Code 12  DX Code 13  DX Code 14  DX Code 15  DX Code 16  DX Code 17  DX Code 18  DX Code 19  DX Code 20  DX Code 21  DX Code 22  DX Code 23  DX Code 24  DX Code 25  DX Code 26  DX Code 27  DX Code 28  DX Code 29 |  |
|  | DX Code 30  DX Code 31  DX Code 32  DX Code 33  DX Code 34  DX Code 35  DX Code 36  DX Code 37  DX Code 38  DX Code 39  DX Code 40  DRG Code  DRG Version  Emergency Room Flag  MVA Flag  Work Comp Flag  Accident Flag  In Network / Out of Network Indicator  Billing Provider Identifier  Provider Patient Account Number  Occurrence Code 1  Occurrence Code 1 Date  Occurrence Code 2  Occurrence Code 2 Date  Occurrence Code 3  Occurrence Code 3 Date  Occurrence Code 4  Occurrence Code 4 Date  Occurrence Span Code 1  Occurrence Span PRom Date 1  Occurrence Span to Date 1  Occurrence Span Code 2  Occurrence Span PRom Date 2  Occurrence Span to Date 2  Line Number  Procedure Code  Procedure Code Modifier 1 |  |
|  | Procedure Code Modifier 2  Procedure Code Modifier 3  Procedure Code Modifier 4  Revenue Code  First DOS  Last DOS  Charge Amount  Allowed Amount  Deductible Amount  Copay Amount  Coinsurance Amount  Benefit Amount  Place of Service  Type of Service  Rendering Provider Identifier  COB Indicator  COB Paid Amount  COB Payer  COB Date  Capitated Indicator  Claim Client Specific Field 1 (Provider Witholding Amount)  Claim Client Specific Field 2 (COB Allowed Amount)  HICN  MBI |  |
| PR 02.2 | Eligibility records must be validated to confirm the Date of Validation is within six months from current date AND group size for the Date of Validation year is not blank AND MSP Code is not blank. | Updated 7/10/18 JMG |
| PR 02.2.1 | If the eligibility record does not pass the above rules AND there are claims for the eligibility record, flag the eligibility record for re-validation with claims, and the reason for the revalidation. | Updated 7/10/18 JMG |
| PR 02.2.2 | If eligibility record does not pass the above rules AND no claims were found for the eligibility record, flag the eligibility record for re-validation without claims and the reason for the revalidation. | Updated 7/10/18 JMG |
| PR 02.3 | Revalidation reasons:   |  |  | | --- | --- | | The date of validation is more than 6 months old | ‘Validation date’ | | The group size is empty | ‘Group Size’ | | The MSP Code is empty | ‘MSP Code’ | | Added 7/10/18 JMG |
|  | If the record fails for multiple reasons, include each reason, comma separated, in the Revalidation reason. | Added 7/10/18 JMG |

### Pilot Requirements: Reporting Needs – Pilot Phase 1

Retraction reporting

Two data sets will be created and provided to the MA COB supervisor. One is the claims marked as ‘retract’ by the process. The other is the Other Insurance information for the members with claims on the recovery tab.

The format will be requested by the MA COB supervisor.

|  |  |
| --- | --- |
| Section/ Requirement ID | Requirement Definition |
| US-03 | As a COB supervisor, I need to provide a report of retractable claims information to the client for approval. |
| PR 03.0 | Provide a data set of claims flagged as ‘retract’ by the process, including the following information about the claims: |
| PR 03.0.1 | CI/Member ID – member ID  CI/Member Last Name  CI/Member First Name  CI/Member DOB  Claim number  Claim type  Claim FDOS  Claim LDOS  Billed Amt  Paid Amt  Retraction Amt –Paid Amt  Retraction Reason – determine the retraction reason based on the following options:   |  | | --- | | Actively working; Group size is 20 or more – AG  Using MSP file: MSP code = A | | Actively working; Group size is 100 or more – DG  Using MSP file: MSP code = G | | MA Policy Termed – MT  Using MSP file and claims data; if claim FDOS is after MA term date | | ESRD, Coordination Period is met – EP  Using MSP file: MSP code = B |   Discovery Identified Date –the date we extract this data |
| PR 03.0.2 | Flag each claim as ‘Pending Approval’. |
| PR 03.0.3 | The data set shall be in the format as requested by the MA COB supervisor. |
| PR 03.1 | Provide a data set of Other Health insurance information the unique set of eligibility records that have claims associated on the Recovery tab. |
| PR 03.1.0 | CI/Member ID –member ID  CI/Member Last Name  CI/Member First Name  CI/Member DOB  OI Subscriber Last Name – Policy holder last name  OI Subscriber First Name – Policy holder first name  OI Name  Patient Relationship code  OI Phone No. – found in notes field. JIRA PDK-874 for enhancement.  OI Policy ID  OI Group No.  OI Eff. Date  OI Term Date  Discovery Verified Date – Date of Validation |

Re-validation reporting

Eligibility records that have a Validation Date more than 6 months old or missing specific data fields, will be reported to the MSP team manager. The eligibility records for which claims have been identified will be flagged as having claims, and will be the priority for the revalidation.

A max of 75 records should be sent to the MSP team for re-validation (weekly), with the eligibility records with claims taking priority.

The SLA with the MSP team is to re-validate 20 records per day. Once validated, the eligibility extract process will pick up the newly updated records.

|  |  |  |
| --- | --- | --- |
| Section/ Requirement ID | Requirement Definition | Comments |
| US-04 | As a COB supervisor, I need to provide a report of eligibility records requiring revalidation to the validation team so they may revalidate the eligibility information.  MSP team is able to revalidate approximately 20 records per day. MA COB will send up to 75 revalidation records per week. | Updated 7/10/18 JMG |
| US-04 | As a COB supervisor, I need to provide a report of eligibility records requiring re-validation, to the validation team. | Updated 7/10/18 JMG |
| PR 04.1 | On a weekly basis, provide a data set of eligibility records flagged as ‘re-validation’ by the process, which have not already been provided. | Updated 7/10/18 JMG |
| PR 04.1 | Provide a data set of eligibility records flagged as ‘re-validation’ by the process. | Updated 7/10/18 JMG |
| PR 04.1.1 | Provide a max of 75 records in a data set. | Added 7/10/18 JMG |
| PR 04.1.2 | Include eligibility records flagged as having claims first, then fill the remaining available records with the eligibility records having no claims. | Added 7/10/18 JMG |
| PR 04.2 | Include the following eligibility fields: |  |
| PR 04.2.1 | Client number  Contractor ID  Member ID  MBI / HICN – If there is an MBI, then MBI, else HICN  Member last name  Member first name  Primacy Status (payer order)  Plan Effective date  Plan Term Date  MA Effective Date  MA Term Date  Insurer Name  Policy Number  Date of Validation  Claims found? – if the eligibility record is flagged for revalidation with claims, then ‘Y’, else ‘N’.  Revalidation reasons | Updated 7/10/18 JMG – added Revalidation reasons |
| PR 04.3 | Flag the selected records as ‘re-validation requested’ and the date. |  |
|  | The next requirements may be included in a later phase of the process. | Added 7/10/18 JMG |
| PR 04.4 | Provide the ability to automatically flag the eligibility records to be revalidated, in the MSP tool. | Added 7/10/18 JMG |
| PR 04.4.1 | Records included in this process will be assigned to a specific MBI Owner as configured and defined by the MSP team. | Added 7/10/18 JMG |

### Pilot Requirements: Retraction tracking needs – Pilot Phase 1

|  |  |
| --- | --- |
| Section/ Requirement ID | Requirement Definition |
| US-05 | As a COB supervisor, I need to track claims that have been approved or denied by a client. |
| PR 05.0 | Provide a method of accepting the claim approvals and denials for the retracted claims on the Recovery (output to client) tab. |
| PR 05.1 | Flag each claim as ‘Approved’ or ‘Denied’ and the current date |
| PR 05.2 | For claims ‘Denied’, flag the claim with the denial code. |
| PR 05.3 | The approvals, denials and denial codes will be provided in the updated retraction report received back from the client. |
| PR 05.3.1 | The last 2 fields on the report (after Discovery Identified Date) are Client Approval (Y/N) and Denied Reason. |
| US | The columns on the report are:  CI/Member ID  CI/Member Last Name  CI/Member First Name  CI/Member DOB  Claim number  Claim type  Claim FDOS  Claim LDOS  Billed Amt  Paid Amt  Retraction Amt  Retraction Reason  Discovery Identified Date  Client approval (Y/N) – allowed entries are Y, N  Denied Reason – allowed entries are:   |  |  | | --- | --- | | CA - Claim already adjusted | CA | | CI - Claim investigated (internal) | CI | | CV - Claim Investigated (vendor) | CV | | PA - Claim previously approved | PA | | ME - Member eligibility discrepancy | ME | | GS - Employer Group Size discrepancy | GS | |

### Pilot Requirements: Reconciliation needs – Pilot Phase 1

|  |  |
| --- | --- |
| Section/ Requirement ID | Requirement Definition |
| US-06 | Define a reconciliation process. Identify any claims that are approved and not retracted. |
| PR 06.0 | When new batch of claims is received, compare any denied retraction claims to the claim data received. If an adjustment has been received in the claims batch, the claim has been retracted. If no adjustment has been received in the claims batch, log the claim number onto a report for review by the COB Supervisor. |

# Non-Pilot Requirements

## Security

|  |  |
| --- | --- |
| Section/ Requirement ID | Requirement Definition |
| BR ?.? |  |
| PR ?.1 |  |
| PR ?.2 |  |
| PR?.2.1 |  |
| PR?.2.2 |  |
| PR ?.2 |  |

## Performance

[If there are performance requirements then describe them here]

# Acceptance Criteria

# Appendix Section

**Document Control: Note changes to the template**

| Version | Status | Primary Author(s) | Description of Version | Date | Approved By |
| --- | --- | --- | --- | --- | --- |
| 1.0 |  |  | Initial Business and Pilot Requirements document |  |  |
| 1.1 |  | J. Gedminas | Addition of screen standardization requirements section |  |  |
| 2.0 |  | D. Clarke | Addition of specific requirements sections for Activities, Error Message, reports, etc. |  |  |
| 2.2 |  | J. Gedminas | Addition of Entity framework function definition section under Security section | 2/26/16 |  |