# Business Requirements Document
Provider Operations Workflow Automation — Spring Health

Version 1.0 | February 2026 | Prepared by: Sai Tarun Reddy, Business Analyst

## 1. Executive Summary

This document outlines the business requirements for implementing an automated routing and triage system for provider operations workflows at Spring Health. The system will replace the current manual escalation process to reduce provider issue backlog, improve resolution times, and enhance provider CSAT and NPS scores.

## 2. Business Objectives

| Objective | Target Metric |
|---|---|
| Reduce average provider issue resolution time | 40% reduction |
| Achieve automated routing success rate | 85%+ |
| Decrease provider escalation rate | Below 15% |
| Improve provider CSAT scores | +20% improvement |
| Reduce repeat contacts / re-escalations | Below 10% |

## 3. Functional Requirements

**FR-001**  The system must automatically read the provider's region and specialty and assign the support ticket to the appropriate Provider Operations specialist within 5 minutes of submission.

**FR-002**  The system must categorize provider issues by type (Credentialing, Scheduling, Technical, Billing, Clinical Support) and route to the appropriate department queue.

**FR-003**  Routine provider requests (low complexity, no NPS risk flag) should bypass manual review and receive automated acknowledgment and resolution within 24 hours.

**FR-004**  High-risk provider issues (NPS score < 6, repeated escalation, or SLA breach risk) must be flagged for supervisor review before processing.

**FR-005**  The system must detect potential duplicate escalations within a 48-hour window and flag for review to avoid redundant outreach.

**FR-006**  Real-time KPI dashboard must display resolution times, routing success rates, CSAT scores, NPS trends, and escalation metrics for Provider Operations leadership.

## 4. Non-Functional Requirements

**NFR-001**  System must maintain 99.9% uptime during business hours across all provider-facing workflows.

**NFR-002**  All provider ticket assignments must complete within 5 minutes of submission.

**NFR-003**  System must handle up to 500 concurrent provider issue submissions without degradation.

| **NFR-004** | All provider data must be encrypted at rest and in transit per HIPAA requirements. |
|---|---|
| **NFR-005** | System must integrate with existing CRM, credentialing platform, and provider portal. |

## 5. Acceptance Criteria

• All UAT test scripts must pass with a 95% success rate prior to go-live.

• No Critical or High-severity defects open at time of launch.

• Provider Operations staff training completion rate of 100%.

• Parallel run period of 2 weeks with no data discrepancies or SLA breaches.

• Provider CSAT baseline established and dashboard reporting verified by leadership.

## 6. Use Cases

### UC-001: Routine Provider Request Auto-Resolution

**Actor:** Provider Support Specialist

**Precondition:** Provider has an active account and submitted a standard scheduling support request.

**Scenario:** A provider submits a request to adjust their availability window via the provider portal. The system flags it as low-complexity with no NPS risk. It bypasses manual review, auto-routes to the scheduling queue, and sends a confirmation to the provider within 2 hours.

**Expected Result:** Request is resolved automatically and provider receives confirmation notification.

### UC-002: Regional Specialist Assignment

**Actor:** Provider Operations Coordinator

**Precondition:** Provider calls in to report a credentialing issue.

**Scenario:** A Provider Operations Coordinator logs a new credentialing issue for a therapist in the Northeast region. The system identifies the appropriate credentialing specialist based on region and specialty, assigns the ticket within 5 minutes, and notifies both the specialist and the provider.

**Expected Result:** Ticket is assigned to the correct specialist and provider is notified of their point of contact.

### UC-003: High-Risk Provider Escalation

**Actor:** System / Provider Operations Supervisor

**Precondition:** Provider issue flagged with NPS risk score below 6 or repeated escalation history.

**Scenario:** A provider submits their third consecutive issue within 30 days, triggering an NPS risk flag. The system auto-escalates to the supervisor queue with an urgent priority tag. The supervisor receives an alert and the case appears in the priority dashboard for immediate review.

**Expected Result:** Case is escalated to supervisor and provider receives priority handling notification.