

Requirements Document High-Level and Detailed

PROJECT INFORMATION	
Project Name:	Screening For Life/Health Care Connection/CDC Reporting
Contract #	#####
DOCUMENT INFORMATION	
Author:	DHSS
Version:	1.6
Last Updated:	12/23/2016



Requirements

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Requirements

Introduction

Purpose of Document

The Business Requirements Document will provide the means to explain both the current and desired business functionality, to record process-level requirements, and to provide technical requirements as needed to satisfy the desired state. It also will be used as a basis for test planning and scripting.

This document will be completed by a Business Analyst working in conjunction with a project team that will include the key players outlined in Section II. This document will be used to provide sufficient specific information as needed to develop the best application/system design to satisfy the specified requirements.

This document is to be used only for initiatives on which the total effort estimate exceeds 100 hours of DTI labor. Initiatives that are estimated below this threshold are to be documented via the DTI Maintenance Request system which compresses the documentation and sign-off requirements appropriate to the scope of the initiative.

About this Document

Each section contains brief instructions of what is required in that section. These instructions should be deleted when filling out the document so that a logical flow of information is provided in the final product. Please try to fill out as much information as possible, if information is not applicable to this project, please make note of it in the appropriate section. This template is intended to serve as a guideline for gathering all requirements of a system, business, functional, and technical in nature.

This document is to be used for documenting both High level and Detailed Requirements. High Level Requirements are captured by completing at least the following sections:

- I-A through I-H
- II-A through II-G
- VI-A through VI-D

Version Control (Pre-sign-off)

A description of the complete set of document revisions can be found in the “**Document Revision History**” appendix. All modifications to the document pre-signoff should be logged in the Document Revision History, and any modifications required after signoff must follow scope change procedures. Changes to the requirements after signoff are discouraged, but at times may be necessary.

Scope Change Procedures (Requirements Change Process)

Once initial sign-off is completed on the Detailed Requirements Document, changes to the requirements stated within this document must be approved by the key stakeholders in the project. Including but not limited to the Business Owner, the Executive Sponsor and the Project Manager. Changes must follow the Requirements Addendum Process and current Change Management procedures. Changes must be communicated to all impacted parties as follows:

- Identify and document the change and benefits of making the change
- Determine level of effort and impact of the change to the time/cost/quality and risk of the project.
- Discuss with appropriate parties whether the change will be included in current project or in a later release.
- Identify and date scope changes in the Requirements Change appendix.

Project Management

This document is not intended to duplicate information covered in Project Management (PMI) defined deliverables. If information overlaps, please only include it in one document, and provide reference in this document to where the information can be found. The Business Requirements document is a deliverable in the System Development Life Cycle. Issues and Risks are tracked in separate documents. Any issues or risks identified during the Requirements gathering process should be brought to the attention of the Project

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Manager and tracked in separate documents. The project manager will ensure all issues are addressed and will take over any unresolved issues at the end of the requirements phase.

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Requirements

I. Project Overview

A. Goals/Objectives

The Division of Public Health has decided to make enhancements to the Screening for Life program.

Title	Business Goal
1. Enhancement in or replacement of the Screening for Life Application	Business Options: <ol style="list-style-type: none"> a. Migrate the entire subject area into a new platform of third party vendor for example HP b. Procure third party vendor software that can be hosted offsite at the vendor location or onsite at our location c. Have our own in house solution built or built by a contractor
2. Current Business State	Capture current business processes to plan ahead for the enhancements and refinements to be made in the current system
3. Maximize automation	Increase automations between various business process flows to make the system more convenient and resourceful for the users
4. Decision Support	Solution to provide tools and capabilities to simplify and enhance the internal activities to support and streamline business processes
5. Scalable Dependable and Automated Process	Implement dependable process setup, claim setup, screening and diagnostics setup and automated enrollment based on the scalability of the system; can support
6. Follow CDC guidelines and maintain accuracy of data reporting elements	Provide CDC with data file reports including elements for colorectal, cervical and breast, be compliant with the Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Cancer Prevention and Control
7. Reduce Delivery Risk	Reduce delivery risk by leveraging existing business processes and avoiding customization for example providing the files to CDC
8. Growth of SFL program	Provide Delaware residents the opportunity to be treated more effectively if they detect early, and Screening for Life can help them get the tests they need at the recommended times

1. Description

SFL application enhancement project involves the efforts of The Division of Public Health that has developed a Comprehensive Cancer Control Program with funding by the Delaware Health Fund and the U.S. Centers for Disease Control and Prevention (CDC) to deal with Cancer in Delaware.

2. Benefits

This project involves the efforts of DHSS to improve the well-being of Delawareans by reducing the cancer burden by covering the medical costs for screening, and treatments for breast and Cervical cancer for women, prostate cancer for men, colorectal and lung cancer for men and women, to qualified Delaware adults. The program is a cooperative effort of the Delaware Division of Public Health and the U.S. Centers for Disease Control and Prevention (CDC). SFL project will provide a robust user experience to the State employees resulting in more efficient output, less manual work load and it will lead to the benefit of the state residents who enroll in the system.

3. Critical Success Factors

The critical success factors for the project rely on a commitment and capacity for reinvention and innovation. Some factors that are critical for the success of this project includes:

-Reinvention of customer (members, users, providers) experience that will include working with customers to reengineer core processes to leverage technologies and drive dramatically better engagement and experience.

-Financial management - ensuring funds are available and used in a cost effective manner to support finished initiative/project scope. The finished initiative/scope will include a financial plan to include implementation and out year costs.

-Integrated and leveraged support – Optimize available State and Federal resources to ensure that successful and repeatable processes and technologies are employed. Integrate with and align with the Program to ensure business needs are met and technical teams to ensure State approved technologies are utilized.

- **Governance** – All initiatives will be well documented and transparent. Documentation templates will be provided by the State IE: DTI Business Requirements Document, DHSS Traceability Matrix and DHSS Project Charter. DTI's Business Case system will be utilized, ensuring that State technical standards are met. All project deliverables will be divided into Payment point milestones with required State approvals.

-Embedded innovation- Embed in the organization a competency for creativity to continually innovate and rapidly execute innovation and change.

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B. Scope of Project

Enhancement of the SFL application by gathering business needs for new application or enhancing the current functionality of the application system. The scope of the project also includes the accuracy of reporting data elements not only in the record system database but also for reporting to CDC.

THE FOLLOWING ITEMS ARE WITHIN THE SCOPE OF THIS PROJECT

1. SFL application enhancement business requirements (Only Plan Phase)
 - A. Including all ten functional components that define and support its mission of early detection of breast, cervical, colorectal, and lung cancer in women and colorectal, lung, and prostate cancer in men
 - B. Maintaining the record and reporting of accurate clinical data compliant with the CDC guidelines and requirements

THE FOLLOWING ITEMS ARE OUTSIDE THE SCOPE OF THIS PROJECT

1. Design phase
 - a. Development of any kind of prototype
 - b. Testing
 - c. Deployment
 - d. Maintenance
2. Go-Live Dates

C. Assumptions

[Provide a list of assumptions that the customer as well as the project team assume must be true, in order to deliver a successful implementation of this change/enhancement. It is often useful to categorize your assumptions. Example categories may be Hardware availability, Software, Resources, Timeline, etc.]

Title	Description
Policy related manuals and guidelines	The services to be offered by the SFL program for all in-scope items will be determined by The Division of Public Health
Underwriting Process	System setup process will be BAU for Underwriting team
Actuarial	All underwriting Excel based models used for pricing will be updated by the Actuarial team based on the services provided
American Society for Colposcopy and Cervical Pathology (ASCCP) Algorithms	All the diagnostic services must be compliant with the ASCCP
CPT Codes and Reimbursement	CPT code list will be provided to each SFL provider on annual basis prior to July 1 st
Software Selection	Computer software will be chosen to meet the unique guidelines of the program for data management
Reporting Software Conversion	CDC Program Consultant and IMS Clinical Data Consultant will be notified of the plan and timeline related to the software conversion
Record Keeping	<ul style="list-style-type: none"> • Paper documents like client screening forms, enrollment forms, claim forms will continue to be filed in secure cabinets

Requirements

	<ul style="list-style-type: none"> Paper documents like client screening forms, enrollment forms, claim forms will also be stored electronically
Reimbursement Rates	All providers shall sign a contract between their facility/practice and the Delaware Department of Health and Social Services and agree to provide services to SFL clients at the agreed upon reimbursement rate.
Potential Client Enrollment	<p>Current methods to enroll a client will be followed in addition to the new Client facing portal and application system</p> <p>Current Methods include:</p> <ul style="list-style-type: none"> Mail (Office Location) Fax (Digital # 302-741-9041, Regular 302-739-2546) Email(dhss_dph_healthaccessde@state.de.us) Walk In
Provider Enrollment Agreement	Provider agreement will continue to be saved in a paper format
Provider Directory	Provider directory will be updated on annual basis
Vendor Response (If the application is designed, handled by outsourced vendor)	The vendor will respond to and resolve identified issues by providing standard issue resolution processes and procedures (e.g. production support model, SLAs. Etc.)
Subject Level Agreement (SLA)	Vendor to follow SLA agreed upon between DPH and the vendor

D. Constraints

- Funding and Capacity- Sufficient funding and resources will be required to deliver the scope for the project
- Computer Software Selection for data management and cost to attain the appropriate selection.

E. Risk Assessment

The above constraint can be a potential risk for the project.

F. Impact Assessment

This project will increase the efficiency of the overall SFL Application for more accurate and error free output with minimal supervision, this in turn benefit the users, providers and members associated with the SFL program.

G. Business Area

SFL application stands by to support all necessary cancer related screening, diagnostics for the eligible Delaware residents enrolled in the SFL program. This application involves various steps and procedures processed by different teams and departments within the subject area. For example, eligibility and enrollment, client services, case management & follow-up, etc. The program is a cooperative effort of the Delaware Division of Public Health and the U.S. Centers for Disease Control and Prevention (CDC). The

Requirements

Program helps to support Delaware's comprehensive cancer activities through policies and procedures to inform educate, empower and mobilize partnerships to link people to services.

H. High Level Process-level Requirements

Business Requirements by Process/Sub-Process

Note: Use CTRL+Click to follow the above link if you are documenting High Level Requirements!

This will take you to the Business Requirements by Process/Sub-Process table in section VI of this document. Here you will identify only **the high level process or function-related requirements** that are to be provided by this application. Processes defined at the High Level will be expanded to include sub-process requirements during the Detailed Requirements phase of the process. An example of a High Level Subject Area might be "Document Business Requirements", and the description might be "Interview the customer and document their business needs. Obtain appropriate sign-off") Note that descriptions should contain enough information for preparation of a reasonable estimate of the effort required to deliver the requirement. Validation criteria should be provided if deemed necessary to clarify the text of the description entry.

I. Data Classification

SFL data is 'secret' data

J. Disaster Recovery Criticality Classification

(Refer to the ??????? for category definitions and Disaster Recovery guidelines.)

Requirements

II. Stakeholders

A. Agency/Department/DDS

[What organization is the customer from? Who is requesting this project to be completed? State agency, school district, etc.]

NAME	ORGANIZATION
Public Health	Division of Public Health-State of Delaware

B. Areas of Impact

DEPARTMENT/ GROUP	DESCRIPTION OF IMPACT	CONTACT NAME
i. Screening for Life	This project will impact the SFL application and the back end systems when enhancements will be introduced to it.	Lisa Henry Jason Lawson, Joe Brenneman, Morad Sariaslani
ii. IRM		

C. Decision Makers

NAME	JOB TITLE/ROLE
Lisa Henry	Bureau Chief- Bureau of Chronic Disease
Katherine Hughes	Screening for Life Program Manager

D. Subject Matter Experts

NAME	JOB TITLE/ROLE
Jason Lawson	Information Systems Support Specialist
Susan Mitchell	Nurse Consultant
Jevonda Pauls	SFL Data Entry Technician -Claims
Robin Rummel	Sr. Social Worker/ Case Manager
Ratonya Bumbrey	Contractor/ Enrollment Specialist
Kimberly Jewells	Health Care Coordinator

E. Application Users (Primary Users)

NAME (OR GROUP NAME)	JOB TITLE/ROLE
SFL Program	SFL Program Staff
Jevonda Pauls	SFL Data Entry Technician –Claims
Robin Rummel	Sr. Social Worker/ Case Manager
Ratonya Bumbrey	Contractor/ Enrollment Specialist
HCC Coordinator	HCC Coordinators (Limited Access)
Providers	Federal Providers(Limited Access)

Requirements

F. Target Audience (Secondary Users)

USER(S)	TYPE/ROLE
SFL Users	Enrollment specialist, Case managers, Claims Specialist
Providers	Primary and Secondary providers enrolled in SFL/HCC program
Potential Clients	People enrolled in the SFL program for offered services

G. Interfaces

WHO/WHAT (NAME OF THE INTERFACE)	WHY (REASON FOR INTERFACE)	PRIMARY CONTACT NAME, PHONE #
SFL IRM CDC	Clinical Data reporting for Colorectal Cancer and Breast & Cervical Cancer	Lisa Henry 302-744-1040 Jason Lawson 302-744-4897 Joe Brenneman 302-255-9932

Detailed Requirements

III. Current State

A. As-Is Diagram(s)

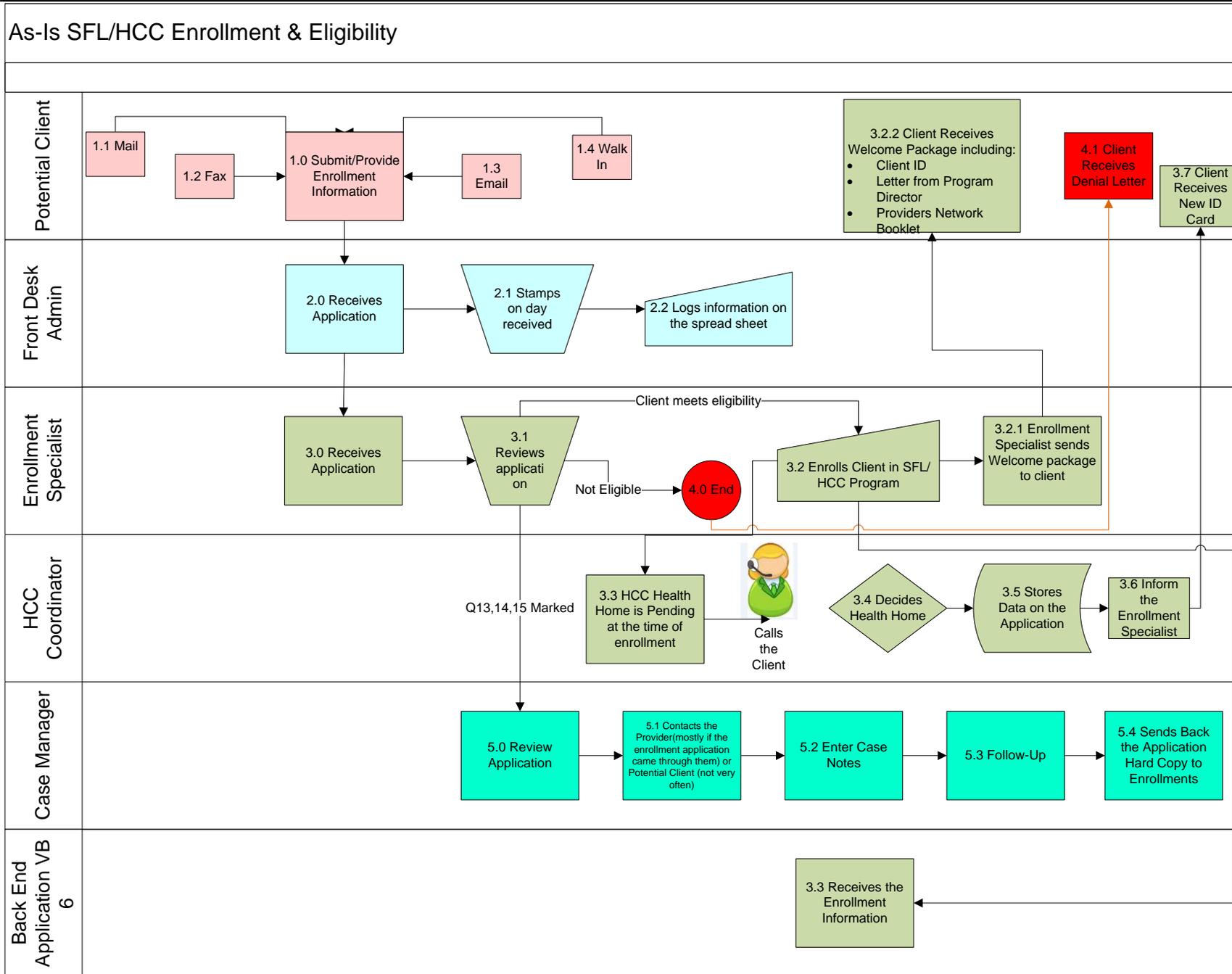
[Please provide a diagram of the overall process for the AS-IS, NOT the SHOULD-BE state; this will include references to sub-processes and illustrates the relationships among the sub-processes. Provide the “big picture” of how sub-processes all tie together.]

Detailed Requirements

B. As-Is Process Flow(s)

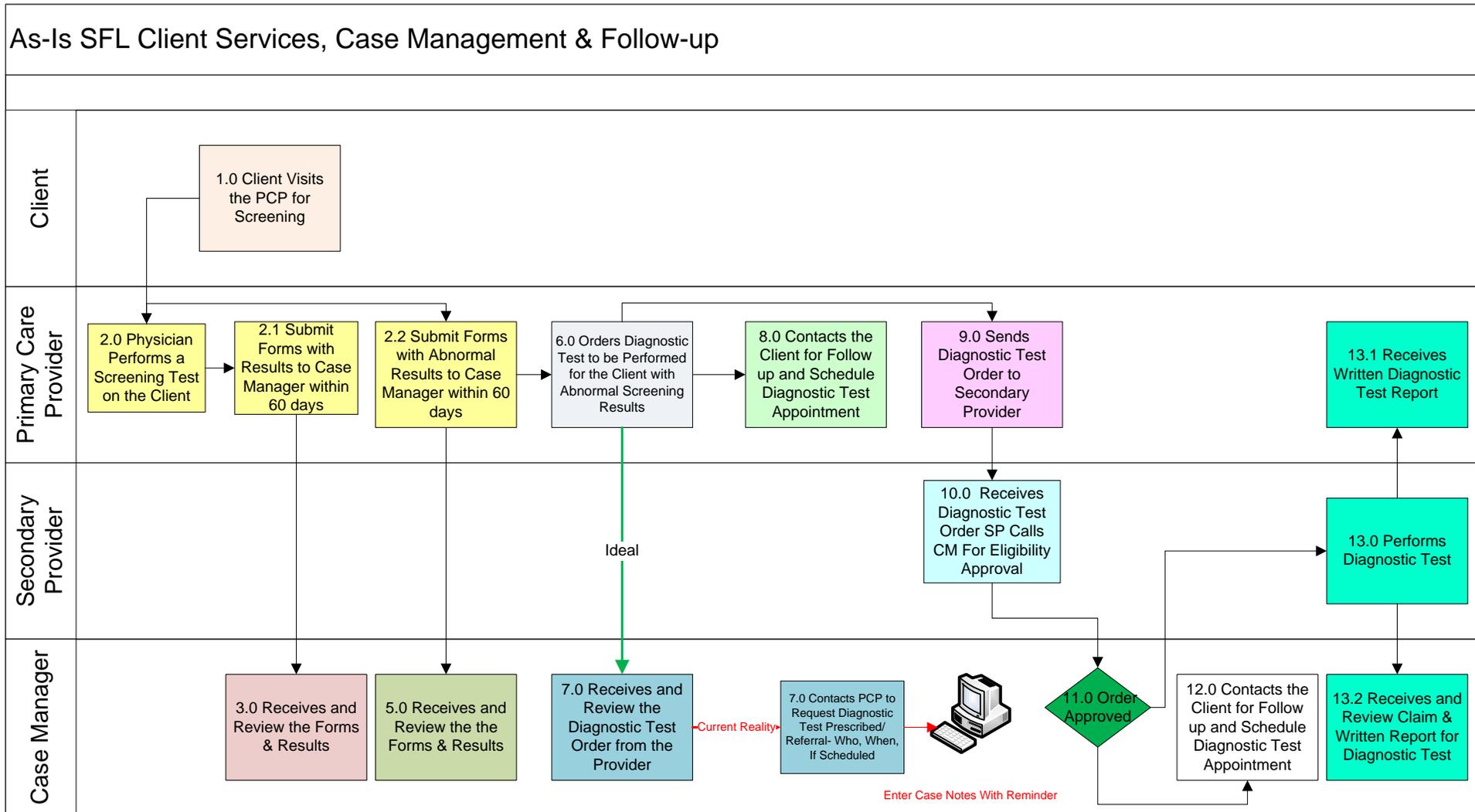
1.1 AS-IS SFL/HCC Enrollment & Eligibility

Detailed Requirements



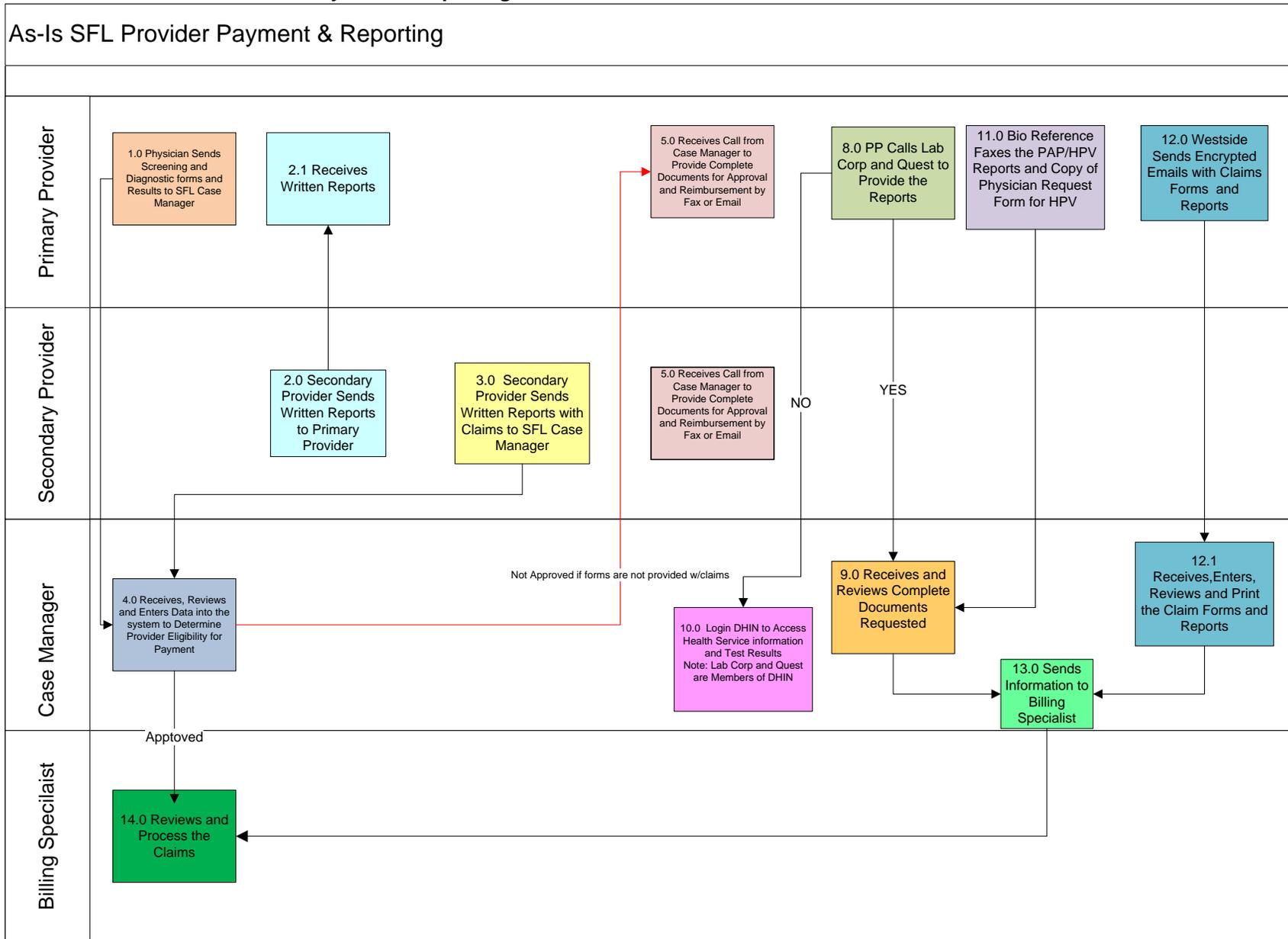
Detailed Requirements

1.2 AS-IS SFL Client Services, Case Management & Follow-up



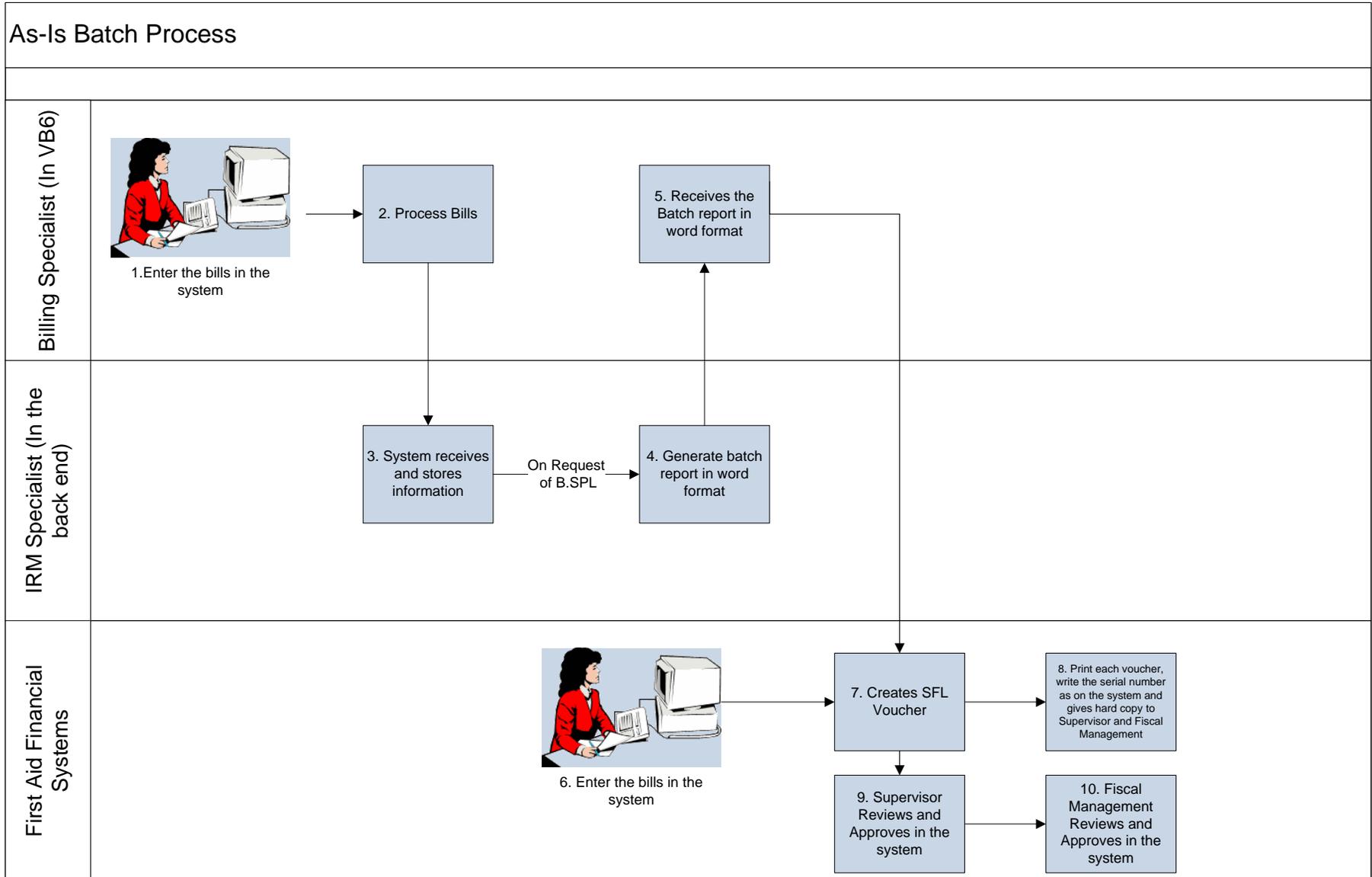
Detailed Requirements

1.3 AS-IS SFL Provider Payment & Reporting



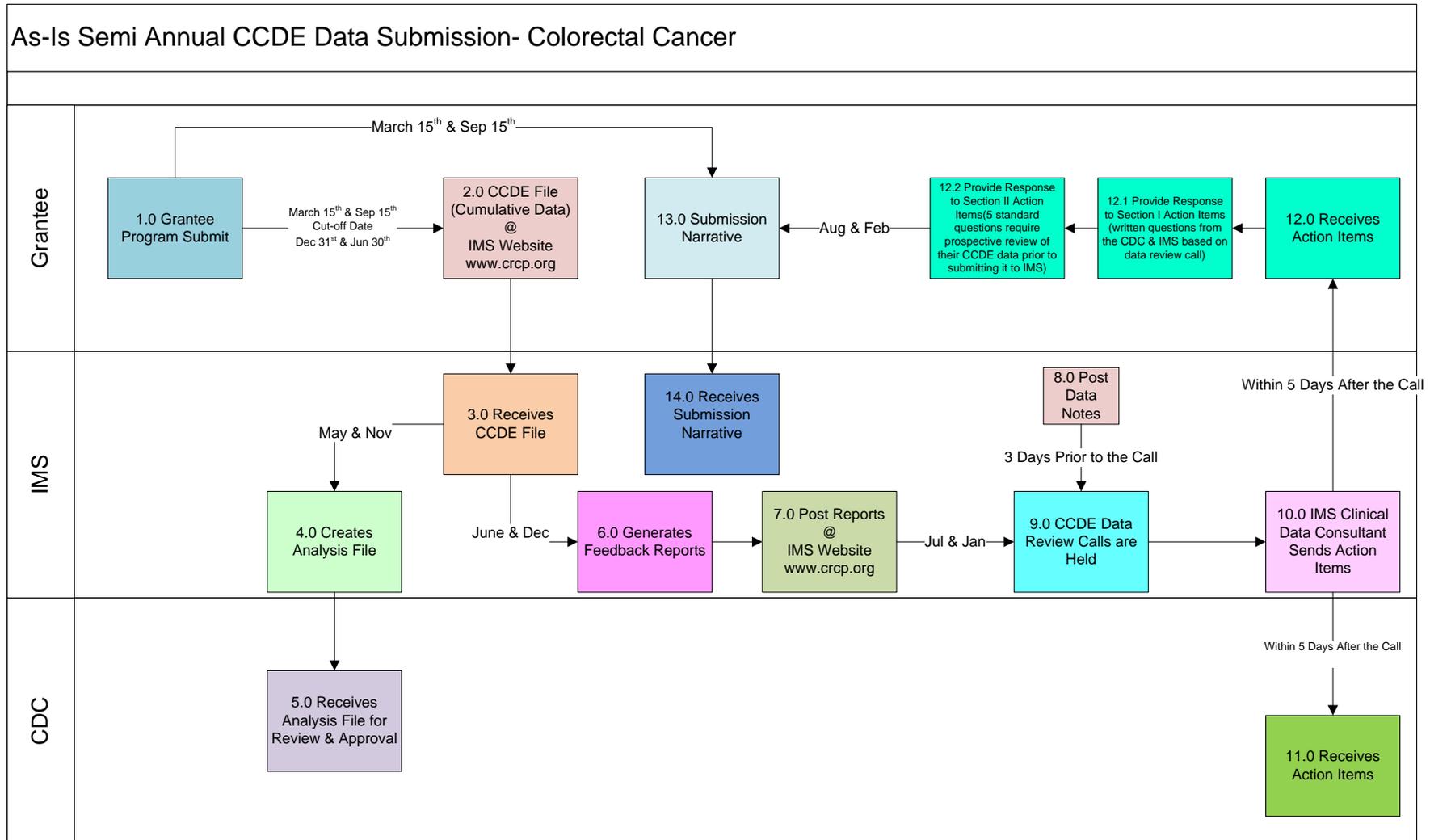
Detailed Requirements

1.4 AS-IS Batch Process



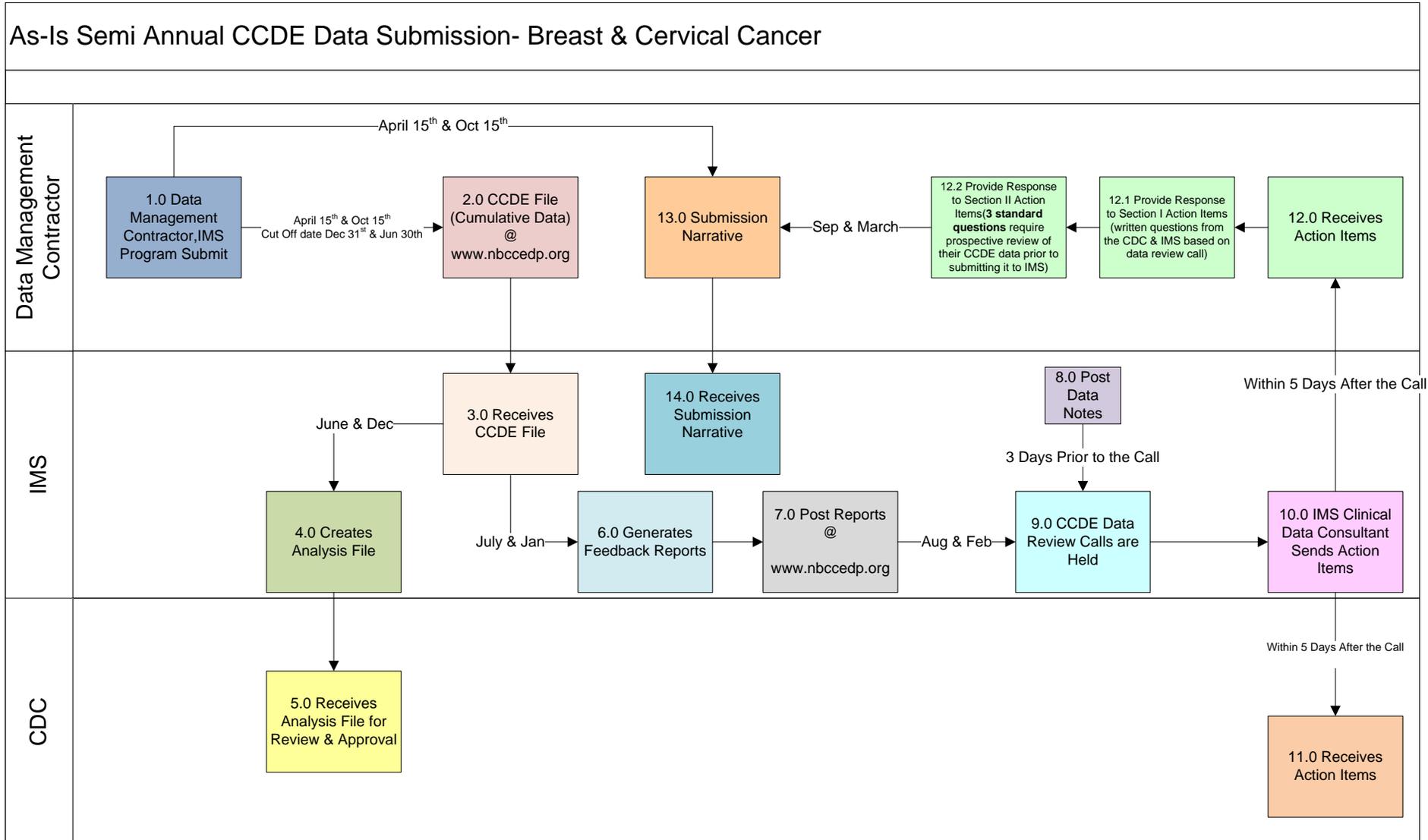
Detailed Requirements

1.5 AS-IS Semi Annual CCDE Data Submission- Colorectal Cancer



Detailed Requirements

1.6 AS-IS Semi Annual CCDE Data Submission-Breast & Cervical Cancer



Detailed Requirements

C. Use Cases

[Provide a diagram or table showing who will use what processes/components of the application. List or show each of the processes and sub-processes in the application and document or illustrate who uses them. These Use Cases should represent the AS-IS, not the SHOULD-BE.]

Detailed Requirements

IV. Desired State

A. Diagram(s)

*[The following diagram illustrates relationships among the sub-processes that comprise the [TYPE NAME OF THE OVERALL PROCESS HERE] process. It is important to note that the diagram does **NOT** indicate the **SEQUENCE** of events that occur within the process. The sub-processes identified within this diagram provide the framework for the majority of this requirements document. (The sub-processes are used as the section titles within the “**Detailed Business Needs by Process/Sub-process**” section in this document.)]*

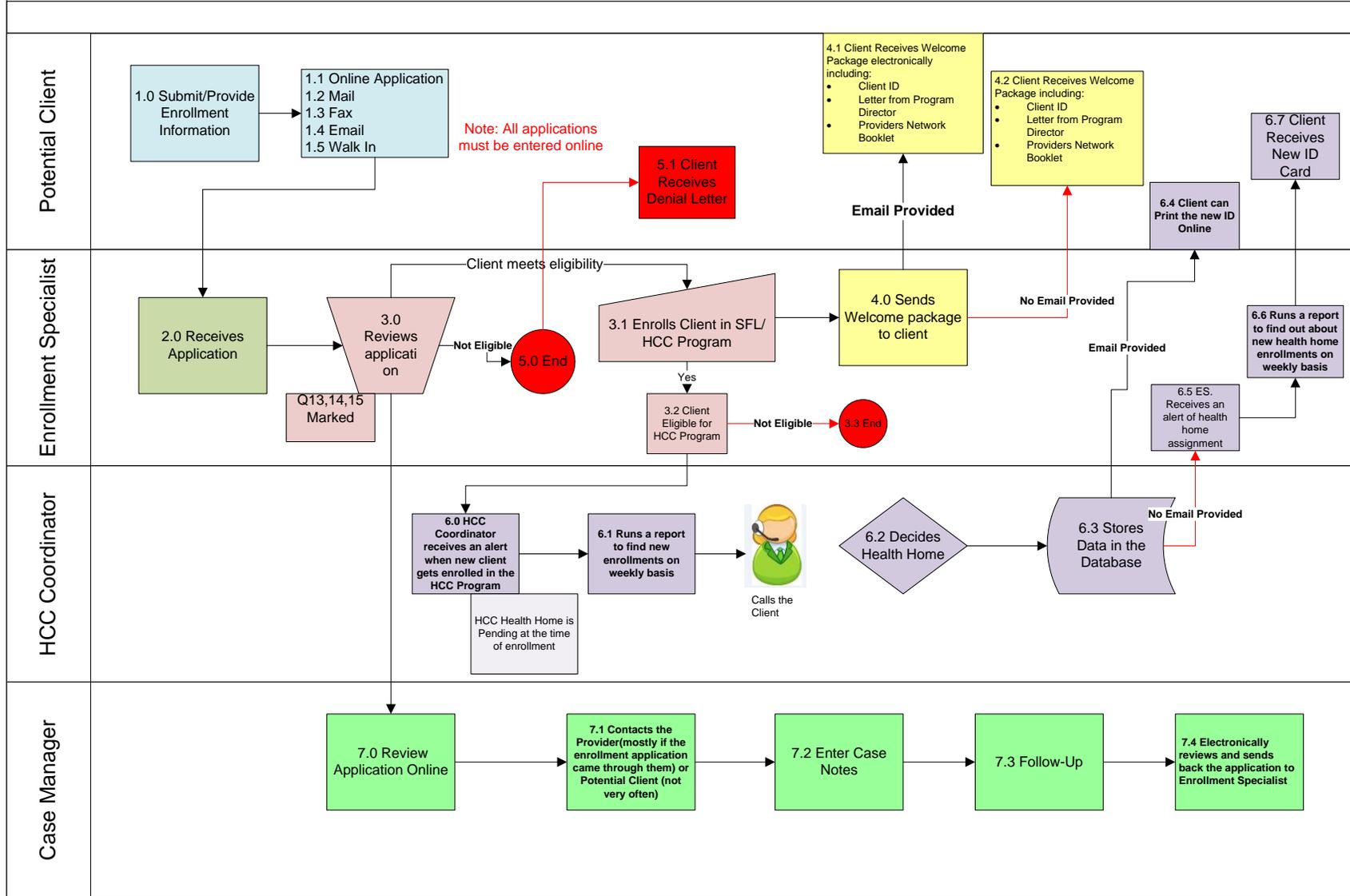
Detailed Requirements

B. TO-BE Process Flow(s)

1.1 TO-BE SFL/HCC Enrollment & Eligibility

Detailed Requirements

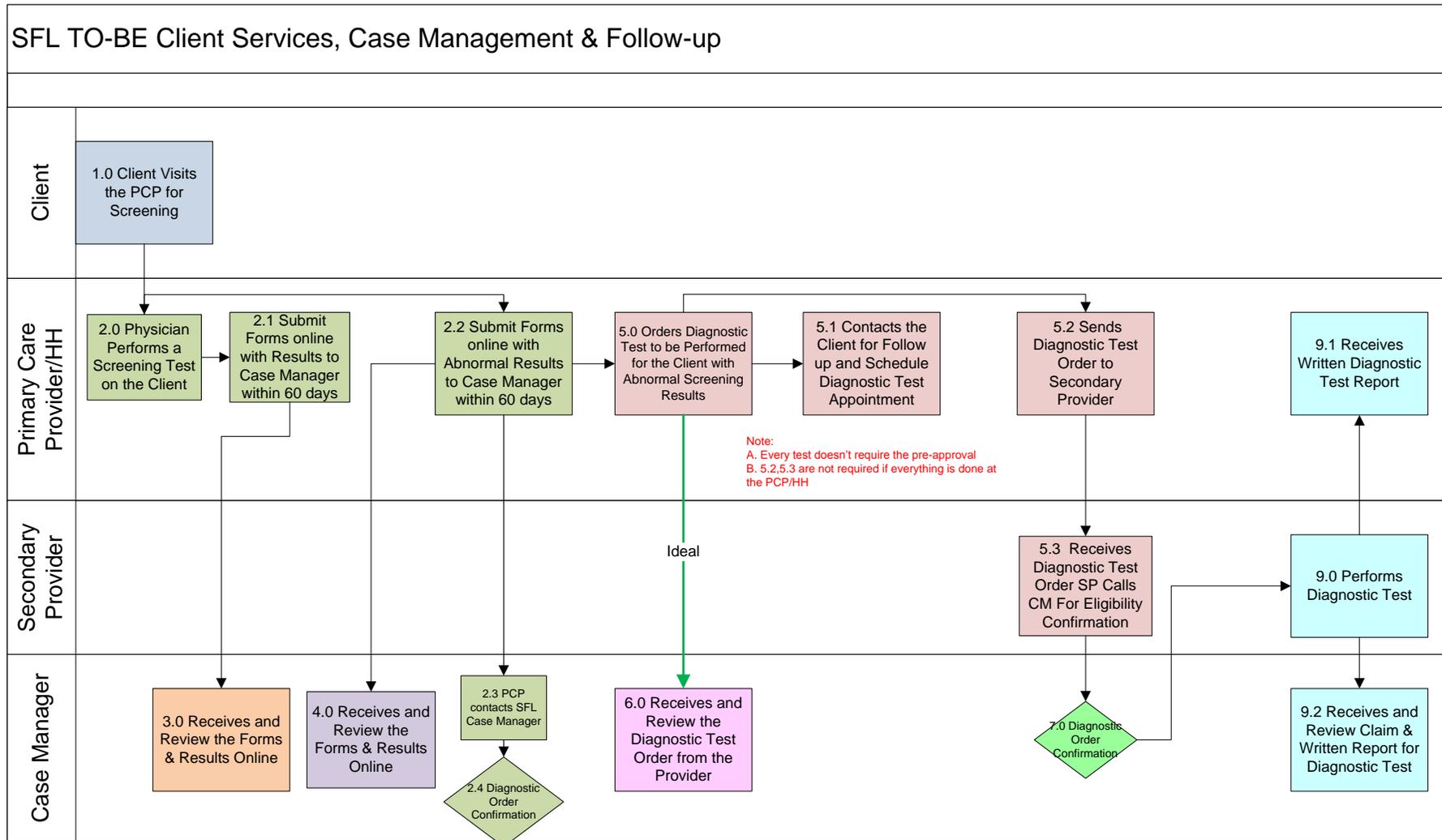
To- Be SFL/HCC Enrollment & Eligibility



Q13. What type of assistance, if any do you need in making or keeping medical appointments?
 Q14. In the past 6 months, have you had any health problems?
 Q15. Have you or any member of your family had cancer?

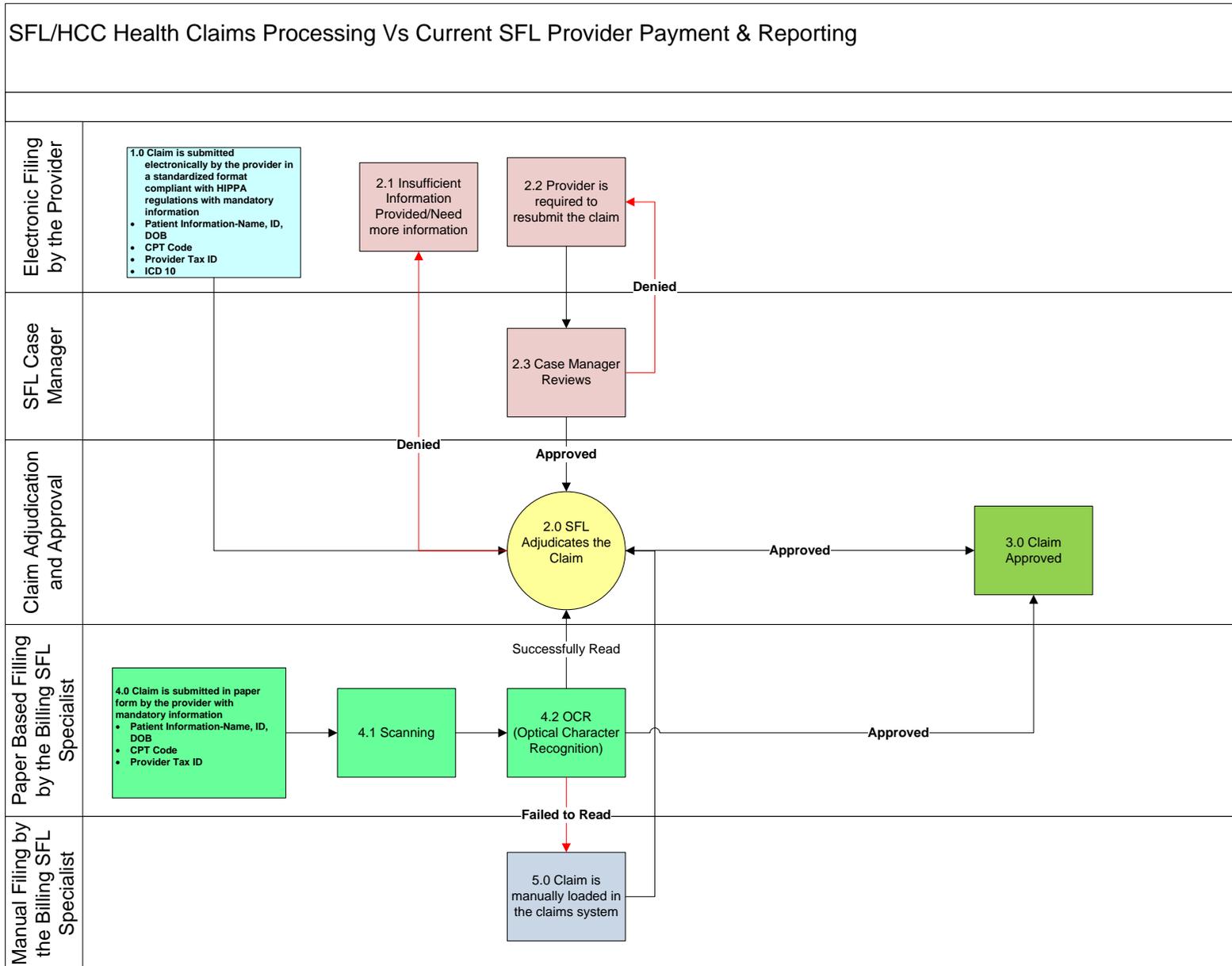
Detailed Requirements

1.2 TO-BE Client Services, Case Management & Follow-up



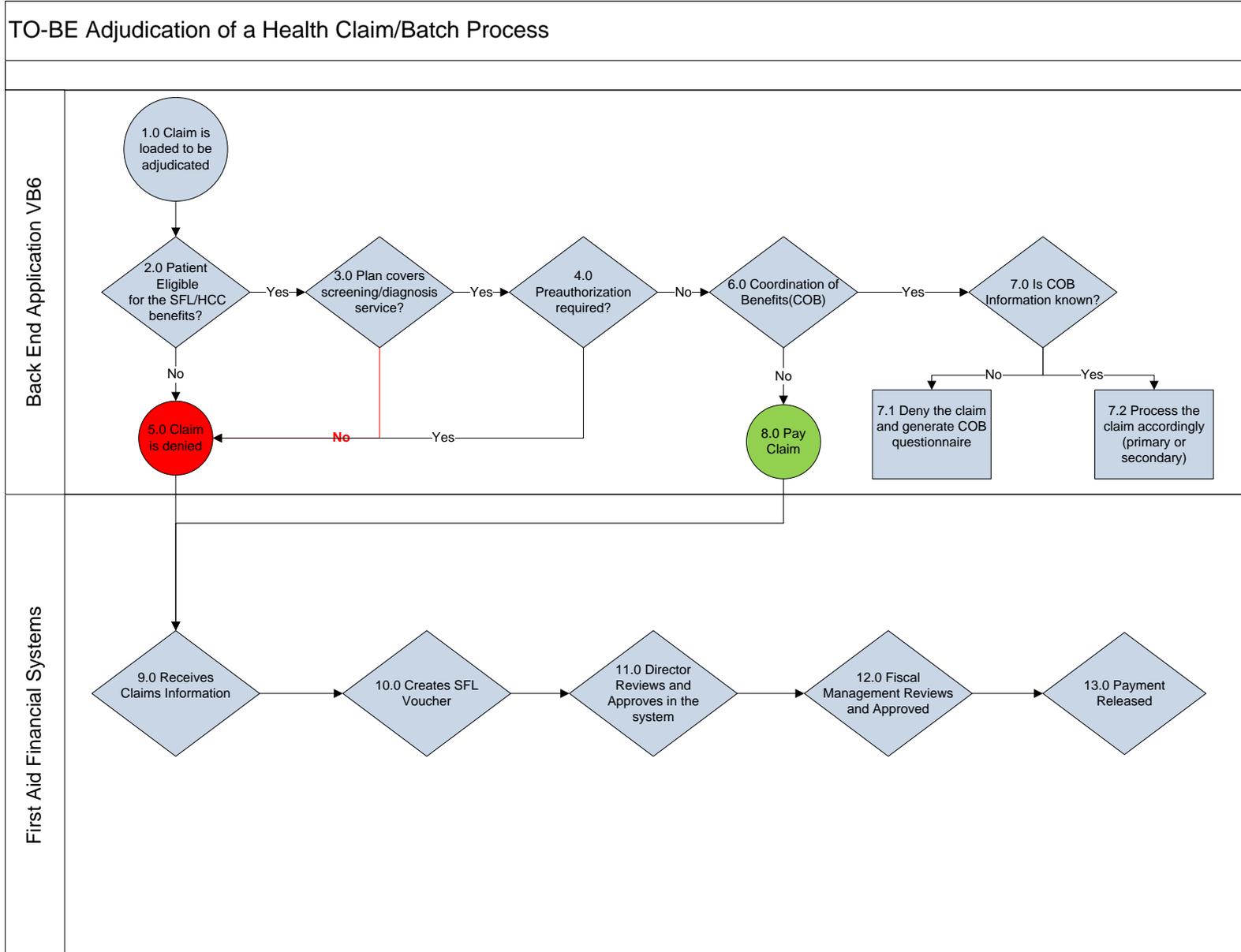
Detailed Requirements

1.3 TO-BE SFL/HCC Health Claims Process



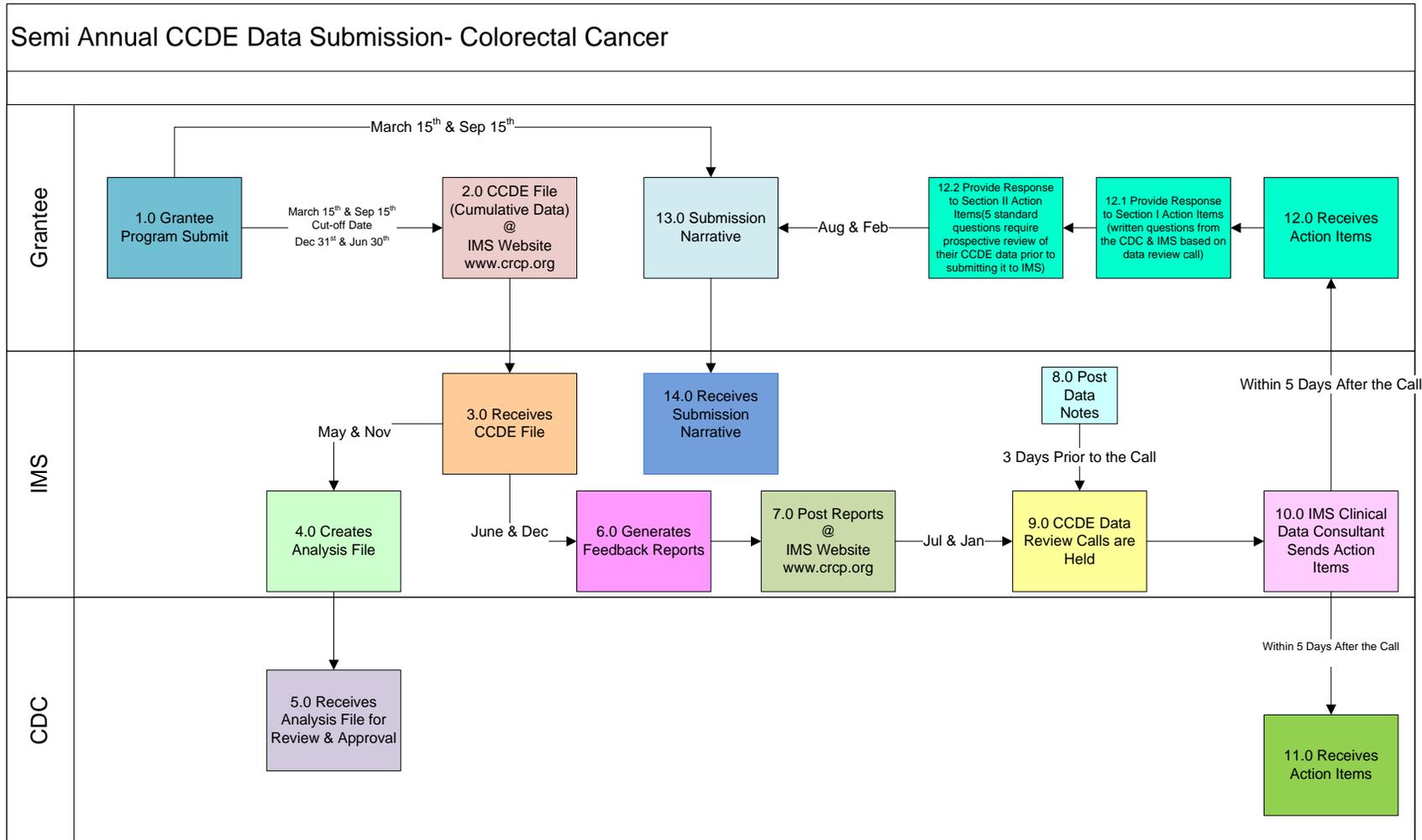
Detailed Requirements

1.4 TO-BE Adjudication of a Health Claim



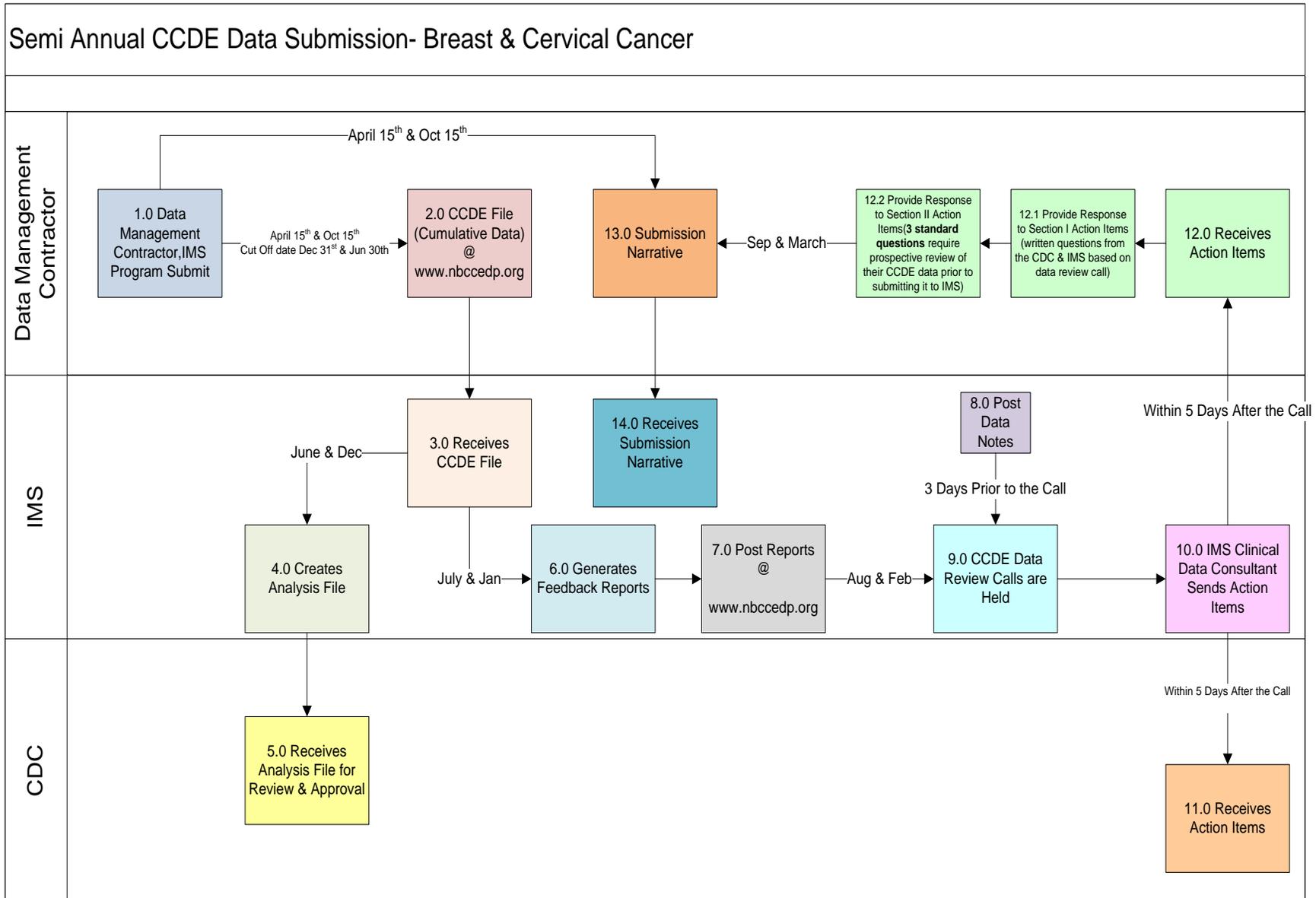
Detailed Requirements

1.5 TO-BE Semi Annual CCDE Data Submission- Colorectal Cancer



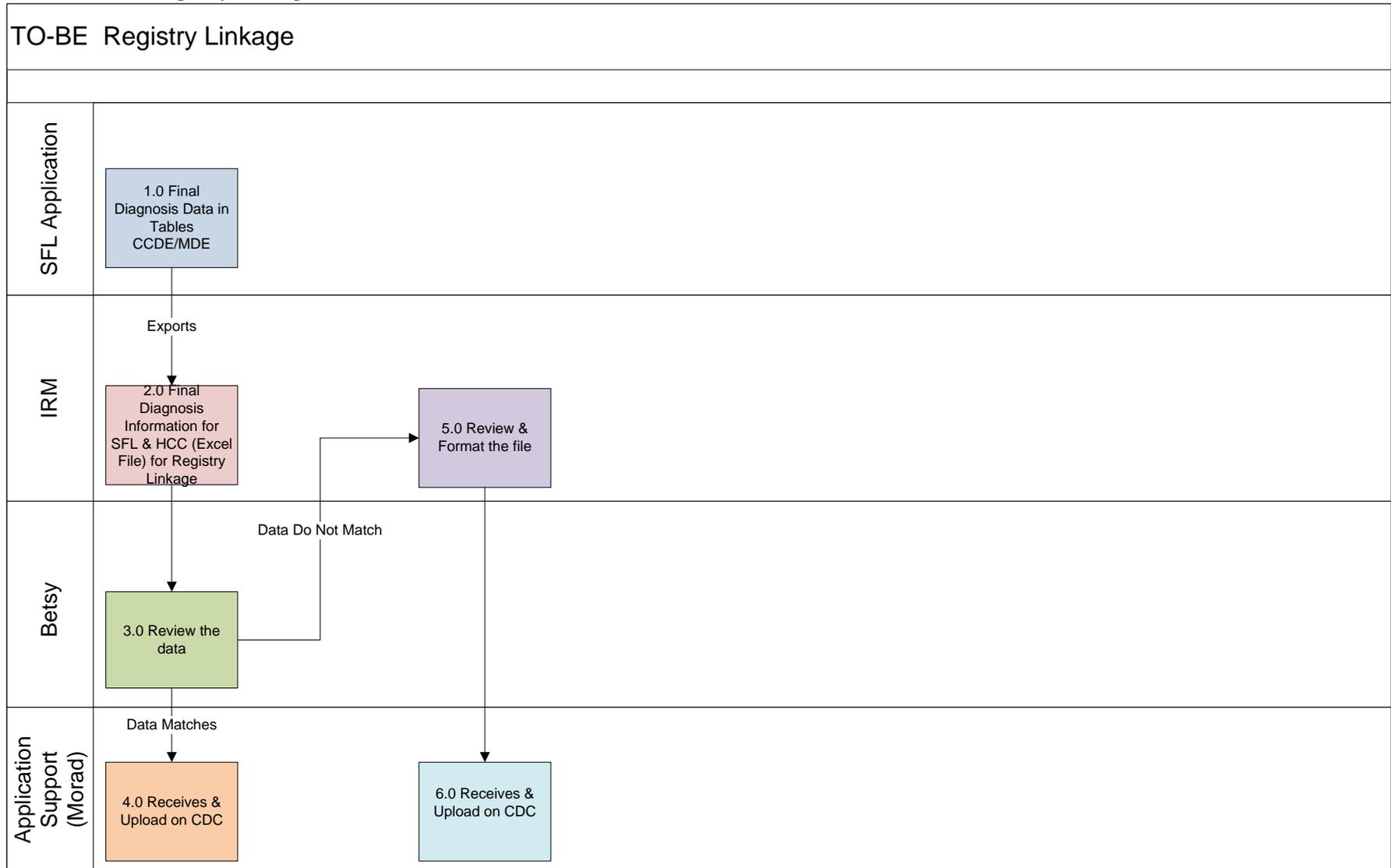
Detailed Requirements

1.6 TO-BE Semi Annual CCDE Data Submission-Breast & Cervical Cancer



Detailed Requirements

1.7 TO-BE Registry Linkage



Detailed Requirements

C. Use Cases

[Provide a diagram or table showing who will use what processes/components of the application. List or show each of the processes and sub-processes in the application and document or illustrate who uses them. These Use Cases should represent the SHOULD-BE, not the AS-IS.]

Detailed Requirements

V. Gap Analysis

[Provide a list of gaps between the Desired State and the Current State as it pertains to Processes, Applications, Policies and Procedures; include WHAT changes/enhancements will be needed to close these gaps.]

No.	GAP – CURRENT STATE	GAP RESOLUTION – DESIRED TO-BE STATE
1.	SFL Application is client based	SFL Application will be web based in future and will be more client facing for the potential clients and providers
2.	Record Keeping- Paper documents like client screening forms, enrollment forms, claim forms are filed in secure cabinets	Paper documents like client screening forms, enrollment forms, and claim forms will also be stored electronically along with the paper documents in secured cabinets.
Client Eligibility And Enrollment		
3.	Potential Client Enrollment-clients are enrolled in the program by mail, walk-in, email and fax	Clients will be enrolled via new client facing portal and application system (current methods will exist too)
4.	Enrollment Supporting documents are mailed, faxed, emailed and dropped in by the Client	Clients will be able to upload the documents online along with the existing methods
5.	Enrollment application is received by a front desk administrator	The front desk administrator will not receive the application for enrollments.
6.	Clients receives the welcome package from the SFL program after enrollment by mail	Clients will receive the welcome package electronically if they provide the email address
7.	Clients cannot print the ID's Online	Clients can print the ID's online
8.	Case Manager reviews the enrollment application form hard copy and sends the hard copy back to the enrollment specialist	Case Manager will be able to review the enrollment application online and send back the copy electronically
Case Management & Follow-up		
9.	System does not calculate and track the 45 days Interval between diagnosis and treatment for non- invasive cervical intraepithelial neoplasm	System will calculate and track the 45 days interval time period and create and report an alert if it exceeds the time limit
10.	System does not calculate and track the 90 days Intervals between diagnosis and treatment for non- invasive cervical intraepithelial neoplasm	System will calculate and track the 90 days' time period and create an report alert if it exceeds the time limit
11.	System does not create any alerts/reminders for the Case Managers to follow up	System will generate the alert/reminders automatically for the Case Managers to follow up
12.	System does not store the Lost to Follow-Up Clients data electronically	System will store the Lost to Follow-Up Clients data electronically
13.	System does not calculate the 30 days period assigned to the providers to submit clinical reports indicating abnormal findings	System will calculate the 30 days period assigned to the providers to submit clinical reports indicating abnormal findings
14.	System does not calculate the 60 days period assigned to	System will calculate the 60 days period assigned to the providers to

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	the providers to submit clinical reports indicating abnormal findings	submit clinical reports indicating abnormal findings
15.	System does not create an alert if the provider submits any reports online	System will create an alert when the provider will submit the reports online
16.	System does not create an alert if the provider do not submit any reports online	System will create an alert if the provider do not submit any reports to follow up
17.	System does not let the Providers to submit completed diagnostic forms online indicating diagnosis	System will let the Providers to submit completed diagnostic forms online indicating diagnosis
18.	System does not allow the providers to submit the screening test results online	System will let the providers submit the screening test results online
19.	System does not create an alert for the case manager when the provider submits the screening results online	System will create an alert for the case manager when the provider submits the screening results online
20.	System does not create an alert for the case manager if the provider fails to submit the screening results within 30 days	System will create an alert for the case manager if the provider fails to submit the screening results within 30 days
21.	System does not create an alert for the case manager if the provider fails to submit the screening results within 60 days	System will create an alert for the case manager if the provider fails to submit the screening results within 60 days
	Provider Network Management	
22.	Provider Enrollment into SFL program- System do not provide the ability to the providers to enroll in the program online	System will provide the ability to the providers to enroll in the program online
23.	System does not provide the ability to the providers to upload supporting enrollment documents online	System will provide the ability to the providers to upload supporting enrollment documents online
24.	System does not provide the ability to the provider to electronically sign the application	System will provide the ability to the provider to electronically sign the application
25.	System does not provide the ability to the provider to submit the application online	System will provide the ability to the provider to submit the application online
26.	System does not provide the ability to the SFL admin/user to review provider enrollment information online to enroll the provider	System will provide the ability to the SFL admin/user to review provider enrollment information online to enroll the provider
27.	System does not track the validity end period of the enrolled providers in the SFL program	System will track the validity end period of the enrolled providers in the SFL program
28.	System does not provide the ability to the SFL users to track the active providers in the system	System will provide the ability to the SFL users to track the active providers in the system
29.	System does not provide the ability to the SFL users to track the inactive providers in the system	System will provide the ability to the SFL users to track the inactive providers in the system
30.	System does not provide the ability to the user to select the provider based on service required by the patient in specific county and zip code	System will provide the ability to the user to select the provider based on service required by the patient in specific county and zip code
31.	System does not provide the ability to the providers to submit claims for reimbursement online	System will provide the ability to the providers to submit claims for reimbursement online

Detailed Requirements

32.	System does not provide the ability to the providers to submit reports along with the claim forms online	System will provide the ability to the providers to submit reports along with the claim forms online
33.	System does not provide the ability to the providers to upload supporting documents online	System will provide the ability to the providers to upload supporting documents online
34.	System does not provide the ability to support provider qualification criterion for enrollment into SFL program	System will provide the ability to support provider qualification criterion for enrollment into SFL program
Provider Payment and Reporting		
35.	System does not calculate the submission due days for the reports from the providers automatically	System will calculate the submission due days for the reports from the providers automatically
36.	System does not create an alert for the SFL Case Manager if the provider fails to submit reports within 60 days to follow-up	System will create an alert for the SFL Case Manager if the provider fails to submit reports within 60 days to follow-up
37.	System does not notify the Case Manager if the provider enters any note on the application	System will notify the Case Manager if the provider enters any note on the application
38.	Claims and written reports are submitted in the paper format by fax and encrypted emails from the providers	Providers will be able to submit Claims and written reports electronically
39.	Claims with incomplete information are put on hold by the billing specialist	Electronic adjudication process will deny the claims with incomplete information and the provider will be notified to provide the complete information and resubmit the information
40.	Claims are manually entered into the system by a billing specialist	Paper based claims will be uploaded electronically by the billing specialist
41.	System does not have an Optical Character Recognition (OCR) tool to read the scanned bill	System will have an Optical Character Recognition (OCR) tool to read the scanned bill
Batch Process		
42.	Billing specialist process the claims and request batch report from the IRM specialist	The bills will be processed by claim adjudication and approval process and auto fed to the First Aid Financial Systems
Fiscal Management		
43.	System does not calculate the unit reimbursement for anesthesia procedures automatically based on pre-approved units it is calculated by the billing specialist	System will calculate the unit reimbursement for anesthesia procedures automatically based on pre-approved units
44.	System does not calculate the unit reimbursement for pathology procedures automatically based on pre-approved units it is calculated by the billing specialist	System will calculate the unit reimbursement for pathology procedures automatically based on pre-approved units
45.	System does not automatically reject ineligible claims from non-participating providers	System will automatically reject ineligible claims from non-participating providers
Registry Linkage Reporting		
46.	System does not extract the final diagnosis information for SFL/HCC in single excel file	System will extract the final diagnosis information for SFL/HCC in single excel file
Ad Hoc Reporting		
47.	System do not generate the queries	System will generate the queries
48.	System does not search the queries	System will search for queries

Requirements

VI. Requirements

A. Business Process/Sub Process Requirements

Client Eligibility And Enrollment			
This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
A01.00	High	System shall be able to support program eligibility as defined by the Federal and State programs that SFL supports	System supports program eligibility as defined by the Federal and State programs that SFL supports
A02.00	High	System shall provide the ability to capture standard client enrollment information by the user <u>SFL/HCC Enrollment Form</u> Note: Email address field shall be added on the enrollment form	System supports to capture standard client enrollment information by the user
A02.01	High	System shall indicate the mandatory information required on the SFL application screen <u>Enrollment Application Mandatory Information</u>	System indicates the mandatory information required on the SFL application screen
A02.02	High	System shall provide the ability to the SFL enrollment specialist to locate MCI# for the existing clients	System supports the SFL enrollment specialist to locate MCI# for the existing clients
A02.03	High	System shall create MCI# for the new client	System creates the MCI# for the new client
A02.03.1	High	System shall indicate mandatory information required to obtain MCI# <ul style="list-style-type: none"> • Name • Gender • Race • DOB • Address 	System indicates mandatory information required to obtain MCI# <ul style="list-style-type: none"> • Name • Gender • Race • DOB • Address
A02.03.2	High	System shall display a pop up message if any of the above mandatory information is not filled	A pop up message is successfully displayed when any of the above information is not filled
A02.03.3	High	Once the MCI# is assigned system shall indicate to check the client consent read and client agrees box	System indicates to check the client consent read and client agrees box after MCI# is assigned
A03.00	High	System shall provide the ability to verify enrollment eligibility based on below criterions	System supports in verifying enrollment eligibility on the basis of below criterions
A03.01	High	Income	Proof of income is successfully

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		<u>Proof of Income</u>	verified
A03.01.1	High	Household income between 138%-250% of the federal poverty level for SFL/HCC program http://aspe.hhs.gov/poverty/ <u>SFL_HCC Poverty Guidelines</u>	Household income between 138%-250% of the federal poverty level for SFL program is successfully verified
A03.01.2	High	Household income between 138%-200% of the federal poverty level for HCC program http://aspe.hhs.gov/poverty/ <u>SFL_HCC Poverty Guidelines</u>	Household income between 138%-200% of the federal poverty level for HCC program is successfully verified
A03.02	High	Insurance	Proof of insurance is successfully verified
A03.02.1	High	Medically Uninsured <ul style="list-style-type: none"> Client has no medical insurance. Client is not enrolled and is eligible for Medicaid as primary health coverage. Client is not eligible for or a beneficiary of Medicare. 	Proof of medically uninsured is successfully verified <ul style="list-style-type: none"> Client has no medical insurance. Client is not enrolled and is eligible for Medicaid as primary health coverage. Client is not eligible for or a beneficiary of Medicare.
A03.02.2	High	Medically Underinsured <ul style="list-style-type: none"> Client has insurance but breast, cervical, colorectal, lung and/or prostate screening are not covered. Client has insurance with a deductible that is equal to or more than 15% of their income. 	Proof of medically underinsured is successfully verified <ul style="list-style-type: none"> Client has insurance but breast, cervical, colorectal, lung and/or prostate screening are not covered. Client has insurance with a deductible that is equal to or more than 15% of their income.
A03.03	High	Gender	Gender is successfully displayed
A03.03.1	High	Male	Male is successfully displayed
A03.03.2	High	Female	Female is successfully displayed
A03.03.3	High	Transgender women (male-to-female), who have taken or taking hormones	Proof of Transgender woman is successfully verified
A03.04	High	Residency	Proof of residency is verified
A03.04.1	High	Applicant must be a permanent resident of Delaware and shall provide below documents as proof of residency, but are not limited to: <ul style="list-style-type: none"> Valid Delaware State Driver's License 	Proof of permanent resident of Delaware is successfully verified <ul style="list-style-type: none"> Valid Delaware State Driver's License Delaware State Identification Card (Issued

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		<ul style="list-style-type: none"> Delaware State Identification Card (Issued by Dept. of Motor Vehicle or any other official City or County Agency) Recent Pay Stub Current Lease and/or Rental Agreement 3rd Party Statement of Residency <ul style="list-style-type: none"> If residing with a family member or other party and unable to provide proof of residency, a letter or statement for the individual verifying your physical address <p>Note:</p> <ul style="list-style-type: none"> If applicant's mailing address is a P.O. Box, individual must provide proof of physical address. Additional documentation may be requested at the discretion of the Enrollment Specialist or Health Promotion Advocate 	<p>by Dept. of Motor Vehicle or any other official City or County Agency)</p> <ul style="list-style-type: none"> Recent Pay Stub Current Lease and/or Rental Agreement 3rd Party Statement of Residency <ul style="list-style-type: none"> If residing with a family member or other party and unable to provide proof of residency, a letter or statement for the individual verifying your physical address <p>Note:</p> <ul style="list-style-type: none"> If applicant's mailing address is a P.O. Box, individual must provide proof of physical address. <p>Additional documentation may be requested at the discretion of the Enrollment Specialist or Health Promotion Advocate</p>
A03.05	High	Age/Risk	Proof of age/risk is successfully verified
A03.05.1	High	System shall provide the ability to enroll clients 65 years of age and older who are not eligible for Medicare into SFL program	System enroll the client's 65 years of age and older who are not eligible for Medicare into SFL program successfully
A03.05.2	High	System shall provide the ability to the user to manually override the age for eligible clients between 18-49 years of age	The user manually overrides the age for eligible clients between 18-49 years of age
A03.05.3	High	System shall provide the ability to determine clients eligibility to enroll at 'average risk' <u>Please refer to section 3.1 on pg. 3-3 of policy manual</u>	Proof of eligibility of the clients at average risk is successfully verified
A03.05.4	High	System shall provide the ability to determine clients eligibility to enroll at 'increased risk' <u>Please refer to section 3.1 on pg. 3-4 of policy manual</u>	Proof of eligibility of the clients at increased risk is successfully verified
A03.05.5	High	System shall provide the ability to determine clients eligibility to enroll	Proof of eligibility of the clients at high risk is successfully verified

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		at 'high risk' <u>Please refer to section 3.1 on pg. 3-5_3-6 of policy manual</u>	
A03.05.6	High	System shall allow the user to upload supporting documents online	System supports the user to upload supporting documents online
A03.06	High	System shall provide the ability to the Enrollment Specialist to enroll the client in SFL Program who has a primary care provider, part of SFL program	System supports the Enrollment Specialist to enroll the client in SFL program who has a primary care provider, part of SFL program
A03.07	High	System shall provide the ability to the Enrollment Specialist to update the provider site information based on client selection for SFL	System supports the Enrollment Specialist to update the provider site information based on client selection for SFL
A03.08	High	System shall provide the ability to HCC coordinator to enter health home for the client	System supports the HCC coordinator to enter health home for the client
A03.09	High	System shall store all the medical record electronically	System stores all the medical records electronically
A03.010	High	System shall allow the user to enter case notes	System supports the user to enter case notes
A03.011	High	System shall allow the user to save case notes	System supports the user to save case notes
A03.012	High	System shall have a built in tickler (reminder) system	System supports the built in tickler(reminder) system
Client Services			
<i>This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
B02.00	High	System shall be able to support Covered Services by SFL program	System supports covered services by SFL program
B02.01	High	System shall be able to support initial screening services <u>Please refer to section 4.2 on pg. 4-1_4-2 of policy manual</u>	System supports initial screening services
B02.02	High	System shall be able to support re-screening services at a predetermined interval periods <u>Please refer to section 4.3 on pg. 4-2_4-3 of policy manual</u>	System supports re-screening services at a predetermined interval periods
B02.02.1	High	System shall provide the ability to the user to pre-allow(or authorize) below re-screening protocols	System supports the user to pre-allow(or authorize) re-screening protocols

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B02.02.1.1	High	Breast Cancer	System supports the user to allow(or authorize) re-screening protocols for breast cancer
B02.02.1.2	High	Cervical Cancer	System supports the user to allow(or authorize) re-screening protocols for cervical cancer
B02.02.1.3	High	Colorectal Cancer	System supports the user to allow(or authorize) re-screening protocols for colorectal cancer
B02.02.1.4	High	Prostate	System supports the user to allow(or authorize) re-screening protocols for prostate cancer
B02.02.1.5	High	Lung	System supports the user to allow(or authorize) re-screening protocols for lung cancer
B02.03	High	System shall be able to support diagnostic services <u>Please refer to section 4.4 on pg. 4-3 4-4 of policy manual</u>	System supports diagnostic services
B02.03.1	High	System shall provide the ability to calculate abnormal screening period for case managers	System supports to calculate the abnormal screening period for case managers
B02.03.2	High	System shall provide the ability to the clinician to choose the frequency and type of services based on current standards of practice and algorithms for SFL: <ul style="list-style-type: none"> • Breast • Cervical • Colorectal • Lung • Prostate 	System supports the clinician to choose the frequency and type of services based on current standards of practice and algorithms for SFL: <ul style="list-style-type: none"> • Breast • Cervical • Colorectal • Lung • Prostate
B02.03.3	High	System shall display all the diagnostic services	System displays all the diagnostic services
B02.03.4	High	System shall display all the diagnostic tests	System displays all the diagnostic tests
B02.03.5	High	System shall provide the ability to determine payment eligibility for diagnostic services after abnormal screening <u>Please refer to section 4.4 on pg. 4-3 4-4 of policy manual</u>	System supports to determine payment eligibility for diagnostic services after abnormal screening
B02.03.6	High	System shall provide the ability to the Nurse Consultant enter age	System supports the Nurse Consultant to enter age overrides for all diagnostic

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		overrides for all diagnostic services	services
B02.03.7	High	System shall provide the ability to follow Surveillance guidelines with Screening History Tab	System supports to follow surveillance guidelines with screening history tab
B02.03.8	High	System shall not allow payment for screening procedures not listed or specified by the SFL program <u>Please refer to section 4.6 on pg. 4-4 4-5 of policy manual</u>	System do not allow payment for screening procedures not listed or specified by the SFL program
Case management & Follow- up			
<i>This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
C03.00	High	System shall provide the ability to the case manager to address the needs of the enrolled clients	System supports the case manager to address the needs of the enrolled clients
C03.01	High	System shall be able to support the case management based on the interval rules	System supports the case management based on the interval rules
C03.01.1	High	System shall provide the ability to calculate 90 days Interval between screening and diagnosis twice as below: <ul style="list-style-type: none"> First alert shall be generated on 45th day Second alert shall be generated on 90th day <u>Please refer to section 5.2 on pg. 5-1 of policy manual</u>	System supports to calculate 90 days Interval between screening and diagnosis twice as below: <ul style="list-style-type: none"> First alert generates on 45th day Second alert generates on 90th day
C03.01.1.1	High	System shall provide the ability to calculate 60 days Intervals between diagnosis and treatment for invasive cancer(see below)- twice at 30 days interval <ul style="list-style-type: none"> Breast Cervical Colorectal Prostate Note: System shall be able to support the 80-20 % treatment rule.	System supports to calculate 60 days Intervals between diagnosis and treatment for invasive cancer (see below)- twice at 30 days interval <ul style="list-style-type: none"> Breast Cervical Colorectal Prostate
C03.01.1.2	High	System shall provide the ability to	System supports to calculate 90 days

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		<p>calculate 90 days Intervals between diagnosis and treatment for non- invasive cervical intraepithelial neoplasm twice as below:</p> <ul style="list-style-type: none"> • First alert shall be generated on 45th day • Second alert shall be generated on 90th day <p>Note: System shall be able to support the 80-20 % treatment rule.</p>	<p>Intervals between diagnosis and treatment for non- invasive cervical intraepithelial neoplasm twice as below:</p> <ul style="list-style-type: none"> • First alert generates on 45th day • Second alert generates on 90th day
C03.01.1.3	High	System shall provide the ability to report the interval period exceeded its time limit	System supports to report the interval period exceeded its time limit
C03.01.2	High	System shall provide the ability to create reminder for the case manager to follow up	System supports to create reminder for the case manager to follow up
C03.01.3		System shall provide the ability to the case manager to snooze the alert	System supports the case manager to snooze the alert
C03.01.4		System shall provide the ability to the case manager to add a customized reminder	System supports the case manager to add a customized reminder
C03.01.5	High	<p>System shall be able to support two levels of case management</p> <p><u>Please refer to section 5.3 on pg. 5-2 of policy manual</u></p>	System supports two levels of case management
C03.02	High	Program and system perspective	System supports program and system perspective
C03.02.1	High	Individual client	System supports individual client
C03.02.2	High	System shall record normal screening results provided by the health provider	System records normal screening results provided by the health provider
C03.03	High	System shall record abnormal screening results provided by the health provider	System records abnormal screening results provided by the health provider
C03.04	High	<p>System shall allow the Case Manager to follow-up with the client for abnormal findings by one or both options, three times:</p> <ul style="list-style-type: none"> • First – class or certified letters • One first class letter and one phone call 	<p>System supports the Case Manager to follow-up with the client for abnormal findings by one or both options, three times:</p> <ul style="list-style-type: none"> • First – class or certified letters • One first class letter and one phone call
C03.05	High	System shall allow the Provider to follow-up with the client for abnormal findings by one or both options, three times:	System supports the Provider to follow-up with the client for abnormal findings by one or both options, three times:

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		<ul style="list-style-type: none"> • First – class or certified letters • One first class letter and one phone call 	<ul style="list-style-type: none"> • First – class or certified letters • One first class letter and one phone call
C03.06	High	<ul style="list-style-type: none"> • System shall provide the ability to the above users to mark client as “lost to follow-up” 	<ul style="list-style-type: none"> • System supports the users to mark client as “lost to follow-up”
C03.06.1	High	System shall provide the ability to save the ‘Lost to Follow- Up’ Client in the database	System supports to save the ‘lost to follow- up’ client in the database
C03.06.2	High	System shall be able to provide the ability to re-enroll “Lost to Follow- Up’ clients	System supports to re-enroll “lost to follow- up’ clients
C03.06.3	High	System shall allow the case managers to follow-up with providers for screening results	System supports the case managers to follow-up with providers for screening results
C03.07	High	Providers shall report clinical follow-up of abnormal findings to SFL program	System supports providers to report clinical follow-up of abnormal findings to SFL program
C03.07.1		System shall provide the ability to create a status alert for the case manager when the Provider submits the reports online	System supports to create a status alert for the case manager when the provider submits the reports online
C03.07.2	High	Providers shall report clinical follow-up outcome of abnormal findings to SFL program within 60 days	System supports the providers to report clinical follow-up outcome of abnormal findings to SFL program within 60 days
C03.07.3	High	System shall provide the ability to create reminder for the case manager to follow up with the provider beyond 60 days allowed limit	System supports to create reminder for the case manager to follow up with the provider beyond 60 days allowed limit
C03.08	High	<p>System shall be able to end follow-up with the client for each screening cycle if either applicable:</p> <ul style="list-style-type: none"> • Receives treatment • Refuses treatment with a voiced understanding of the seriousness of the findings. • Cannot be located despite documented attempts by the provider and SFL follow-up staff. <p>Is no longer eligible for the SFL program, client is then referred to a cancer screening nurse navigator in the community for follow up.</p>	<p>System supports to end follow-up with the client for each screening cycle if either applicable:</p> <ul style="list-style-type: none"> • Receives treatment • Refuses treatment with a voiced understanding of the seriousness of the findings. • Cannot be located despite documented attempts by the provider and SFL follow-up staff. <p>Is no longer eligible for the SFL program, client is then referred to a Cancer Screening Nurse Navigator in the community for follow up.</p>
C03.09	High	System shall be able to track	System supports to track follow-up

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		<p>follow-up results of SFL clients received abnormal results and mark as 'Lost to follow-up' when any of the following occurs:</p> <ul style="list-style-type: none"> • No Diagnosis is declared. • Client has moved out of state. • Client obtains private insurance. • Client is deceased. • No response is received after attempts to inform the client of an abnormal screening via any combination of the following: telephone calls, mail, or certified letters. 	<p>results of SFL clients received abnormal results and mark as 'Lost to follow-up' when any of the following occurs:</p> <ul style="list-style-type: none"> • No Diagnosis is declared. • Client has moved out of state. • Client obtains private insurance. • Client is deceased. • No response is received after attempts to inform the client of an abnormal screening via any combination of the following: telephone calls, mail, or certified letters.
C03.010	High	<ul style="list-style-type: none"> • System shall provide the ability to save the 'lost to follow- up' client in the database 	<ul style="list-style-type: none"> • System supports to save the 'Lost to Follow- Up' Client in the database
C03.011	High	System shall be able to provide the ability to re-enroll "Lost to Follow- Up' clients	System supports to re-enroll "Lost to Follow- Up' clients
C03.012	High	<p>System shall provide the ability to the primary provider to submit completed diagnostic forms 'ONLINE' indicating a diagnosis pre-cancer or cancer for:-</p> <ul style="list-style-type: none"> • Breast • Cervical • Colorectal • Prostate <p><u>Diagnostic forms</u></p>	<p>System supports the primary provider to submit completed diagnostic forms 'ONLINE' indicating a diagnosis pre-cancer or cancer for:-</p> <ul style="list-style-type: none"> • Breast • Cervical • Colorectal • Prostate
C03.013	High	System shall provide the ability to the user to contact the client for referral to the applicable program for cancer treatment financial assistance.	System supports the user to contact the client for referral to the applicable program for cancer treatment financial assistance.
C03.014	High	System shall be able to support the tracking	System supports the tracking
C03.015	High	System shall provide the ability to create an alert pop up for the user as a tracker	System supports to create an alert pop up for the user as a tracker
C03.015.1	High	System shall be able to support the reminder system	System supports support the reminder system
C03.016	High	System shall provide the ability to create an alert pop up for the user as a reminder	System supports to create an alert pop up for the user as a reminder
C03.016.1	High	System shall provide the ability to create an alert pop up for the	System supports to create an alert pop up for the user as a reminder

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		user as a reminder	
Provider Network Manager			
This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
D04.00	High	System shall be able to support the provider recruitment and retention plan for SFL program	System supports the provider recruitment and retention plan for SFL program
D04.01	High	System shall provide the ability to the Provider to fill enrollment application online	System supports the Provider to fill enrollment application online
D04.02	High	System shall provide the ability to the Provider to upload supporting documents like (but not limited to) <ul style="list-style-type: none"> Practice License Facility service list Registration Tax ID 	System supports the Provider to upload supporting documents like (but not limited to) <ul style="list-style-type: none"> Practice License Facility service list Registration Tax ID
D04.01.1	High	System shall provide the ability to the Provider to electronically sign the application	<ul style="list-style-type: none"> System supports the Provider to electronically sign the application
D04.01.2	High	System shall provide the ability to the Provider to submit the application online	System supports the Provider to submit the application online
D04.01.3	High	System shall provide the ability to the SFL user to verify the provider information before enrolling into the program	System supports the SFL user to verify the provider information before enrolling into the program
D04.03	High	System shall provide the ability to track the validity end date of the enrolled provider	System supports to track the validity end date of the enrolled provider
D04.04	High	System shall provide the ability to the SFL user to track the active providers in the system	System supports the SFL user to track the active providers in the system
D04.05	High	System shall provide the ability to the SFL user to track the in-active providers in the system	System supports the SFL user to track the in-active providers in the system
D04.06	High	System shall be able to support provider networks based on service selection by county and zip code	System supports provider networks based on service selection by county and zip code
D04.07	High	System shall provide the ability to the user to select the provider based on service required by the patient in specific county and zip code	System supports the user to select the provider based on service required by the patient in specific county and zip code
D04.06.1	High	System shall be able to support claim submissions for reimbursement	System supports claim submissions for reimbursement

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D04.08	High	System shall provide the ability to the providers to submit reports online	System supports the providers to submit reports online
D04.07.1	High	System shall provide the ability to the providers to upload supporting documents online	System supports the providers to upload supporting documents online
D04.07.2	High	System shall be able to support the guidelines outlined for primary providers to be eligible, to offer services to the SFL clients Please refer to section 6.3 on pg. 6-2 of policy manual	System supports the guidelines outlined for primary providers to be eligible, to offer services to the SFL clients
D04.09	High	System shall be able to support the 'Provider Qualification' criterion to enroll into SFL program	System supports the 'Provider Qualification' criterion to enroll into SFL program
D04.08.1	High	System shall be able to collect the data from primary providers within 60 days	System supports to collect the data from primary providers within 60 days
D04.08.2	High	System shall create an alert for the SFL case manager beyond 60 days	System supports to create an alert for the SFL case manager beyond 60 days
D04.08.2.1	High	System shall be able to support the guidelines outlined for client services by primary providers Please refer to section 6.3 on pg. 6-2 of policy manual	System supports to support the guidelines outlined for client services by primary providers
D04.08.3	High	System shall be able to support the guidelines outlined for mammography service provider Please refer to section 6.4 on pg. 6-3 of policy manual	System supports the guidelines outlined for mammography service provider
D04.010	High	System shall be able to support the guidelines outlined for laboratory service provider Please refer to section 6.5 on pg. 6-3 6-4 of policy manual	System supports the guidelines outlined for laboratory service provider
D04.011	High	System shall be able to support the guidelines outlined for lung cancer service providers Please refer to section 6.6 on pg. 6-5 of policy manual	System supports the guidelines outlined for lung cancer service providers
D04.012	High	System shall be able to support the guidelines outlined for all	System supports the guidelines outlined for all other service providers

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		<p>other service providers</p> <p>Please refer to section 6.7 on pg. 6-5 of policy manual</p>	
Provider Payment and Reporting			
<p><i>This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.</i></p>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
E05.00	High	<p>System shall be able to support the guidelines outlined for provider reimbursement by 'Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354, the National Breast and Cervical Cancer Early Detection and Prevention Colorectal Cancer Programs, and the Delaware Cancer Consortium Early Detection and Prevention Committee'.</p>	<p>System supports the guidelines outlined for provider reimbursement by 'Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354, the National Breast and Cervical Cancer Early Detection and Prevention Colorectal Cancer Programs, and the Delaware Cancer Consortium Early Detection and Prevention Committee'.</p>
E05.01	High	<p>System shall be able to support identify if providers meet the conditions and requirements for reimbursement</p> <p>Please refer to section 7.1 on pg. 7-1 of policy manual</p>	<p>System supports to identify if providers meet the conditions and requirements for reimbursement</p>
E05.01	High	<p>System shall be able to support collection and submission of client information form by the provider within 60 days of the date of service</p>	<p>System supports collection and submission of client information form by the provider within 60 days of the date of service</p>
E05.02	High	<p>System shall be able to support collection and submission of client billing information form by the provider within 60 days of the date of service</p>	<p>System supports collection and submission of client billing information form by the provider within 60 days of the date of service</p>
E05.03	High	<p>System shall create an alert for the SFL case manager beyond 60 days period</p>	<p>System supports to create an alert for the SFL case manager beyond 60 days period</p>
E05.04	High	<p>System shall be able to support the submission of required forms for initial screening, reimbursement by the provider</p> <p>Screening Forms</p>	<p>System supports the submission of required forms for initial screening, reimbursement by the provider</p>
E05.05	High	<p>System shall be able to support the submission of required forms for diagnostic service, reimbursement by the provider</p>	<p>System supports the submission of required forms for diagnostic service, reimbursement by the provider</p>

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		<u>Diagnostic Forms</u>	
E05.06	High	System shall be able to support the submission of mammography results by the American college of radiology, breast imaging reporting and data system (BIRADS)	System supports the submission of mammography results by the American College of Radiology, Breast Imaging Reporting and Data System (BIRADS)
E05.07	High	System shall be able to support the submission of PAP smear results by 2001 Bethesda System	System supports the submission of PAP smear results by 2001 Bethesda System
E05.08	High	System shall be able to support the submission of CMS-1500 OR UB-04/CMS1450 forms in addition to screening and diagnostic service, reimbursement by the provider <u>SAMPLE CLAIMS FORM</u>	System supports the submission of CMS-1500 OR UB-04/CMS1450 forms in addition to screening and diagnostic service, reimbursement by the provider
E05.09	High	System shall be able to support the submission of reports for reimbursement by secondary providers.	System supports the submission of reports for reimbursement by secondary providers.
E05.010	High	System shall provide the ability to the users to verify claims screening and/or diagnostic data for reimbursement to the provider	System supports the users to verify claims screening and/or diagnostic data for reimbursement to the provider
E05.011	High	System shall provide the ability to the users to follow up with the providers in case of pending claims on biweekly basis	System supports the users to follow up with the providers in case of pending claims on biweekly basis
E05.011.1	High	System shall be able to support the submission of any of medical complications experienced by SFL client by the provider to SFL staff <u>Please refer to section 7.7 on pg. 7-3 of policy manual</u>	System supports the submission of any of medical complications experienced by SFL client by the provider to SFL staff
E05.012	High	System shall provide the ability to the provider to enter case notes in the system	System supports the provider to enter case notes in the system
E05.013	High	System shall be able to generate an alert message for the SFL user to review the note entered by the provider	System supports to generate an alert message for the SFL user to review the note entered by the provider

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Fiscal Management			
This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
F06.00	High	System shall be able to support the guidelines outlined for spending State monies for cancer detection by <i>'The National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program, Delaware Cancer Consortium Early Detection and Prevention Committee'</i> <u>Please refer to section 8.1 on pg. 8-1 of policy manual</u>	System supports the guidelines outlined for spending State monies for cancer detection by <i>'The National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program, Delaware Cancer Consortium Early Detection and Prevention Committee'</i>
F06.01	High	System shall be able to support the National Breast and Cervical Cancer Early Detection Program funded under/by <i>'Breast and Cervical Cancer Mortality Prevention Act of 1190, Public Law 101-354'</i>	System supports the National Breast and Cervical Cancer Early Detection Program funded under/by <i>'Breast and Cervical Cancer Mortality Prevention Act of 1190, Public Law 101-354'</i>
F06.02	High	System shall provide the ability to the program to ensure every women receives regular screening tests and prompt follow-up for breast and cervical cancer authorized by CDC	System supports the program to ensure every women receives regular screening tests and prompt follow-up for breast and cervical cancer authorized by CDC
F06.01.1	High	System shall be able to support the Colorectal Cancer Control Program funded by <i>'CDC's colorectal cancer control program'</i>	System supports the Colorectal Cancer Control Program funded by <i>'CDC's Colorectal Cancer Control Program'</i>
F06.03	High	System shall provide the ability to the program to ensure increase in colorectal screening rates among persons age 50-75 years	System supports the program to ensure increase in colorectal screening rates among persons age 50-75 years
F06.02.1	High	System shall be able to support the funding activities of the SFL program funded by State <u>CM Claim review guidelines age gender</u>	System supports the funding activities of the SFL program funded by State
F06.04	High	System shall be able to reimburse the providers for below screening services:- <ul style="list-style-type: none"> • Breast • Cervical • Colorectal 	System supports to reimburse the providers for below screening services:- <ul style="list-style-type: none"> • Breast • Cervical • Colorectal

Requirements

		<ul style="list-style-type: none"> Lung Prostate 	<ul style="list-style-type: none"> Lung Prostate
F06.03.1	High	System shall be able to support data extraction activities from the SFL database for reimbursement of claims to service providers	System supports data extraction activities from the SFL database for reimbursement of claims to service providers
F06.05	High	System shall provide the ability to the program to reimburse the providers for their services based on approved reimbursable procedure codes and rates <u>CPT code list</u>	System supports the program to reimburse the providers for their services based on approved reimbursable procedure codes and rates
F06.06	High	System shall provide the ability to calculate the unit reimbursement for anesthesia procedures automatically based on pre-approved units	System supports to calculate the unit reimbursement for anesthesia procedures automatically based on pre-approved units
F06.07	High	System shall provide the ability to calculate the unit reimbursement for pathology procedures automatically based on pre-approved units	System supports to calculate the unit reimbursement for pathology procedures automatically based on pre-approved units
F06.08	High	System shall provide the ability to automatically reject ineligible claims from non-participating providers	System supports to automatically reject ineligible claims from non-participating providers
F06.09	High	System shall be able to support the SFL program for the management of contracts (service providers)	System supports the sfl program for the management of contracts (service providers)
F06.010	High	System shall provide the ability to the program to offer treatment benefits to the eligible clients <u>Please refer to section 8.8 on pg. 8-3 of policy manual</u>	System supports the program to offer treatment benefits to the eligible clients
Data Management & Surveillance			
This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
G07.00	High	System shall be able to support the submission of data elements to CDC	System supports the submission of data elements to CDC
G07.01	High	System shall be able to support the submission of NBCCEDP - Minimum Data Elements	System supports the submission of NBCCEDP - Minimum Data Elements
G07.02	High	System shall provide the ability to the user to enter MDE's into SFL program database	System supports the user to enter MDE's into SFL program database
G07.01.1	High	System shall be able to receive	System supports to receive MDE

Requirements

		MDE data reporting elements from the provider. <u>Please refer to section 9.1 on pg. 9-1 of policy manual</u>	data reporting elements from the provider.
G07.01.2	High	System shall be able to support the submission of CRCCP- Clinical Data Elements from the provider <u>Please refer to section 9.4 on pg. 9-2 of policy manual</u>	System supports the submission of CRCCP- Clinical Data Elements from the provider
G07.03	High	System shall provide the ability to the user to enter CCDE's into SFL program database	System supports the user to enter CCDE's into SFL program database
G07.02.1	High	System shall be able to support the data quality <u>PLEASE REFER TO SECTION 9.5 ON PG. 9-2 9-18 OF POLICY MANUAL</u>	System supports the data quality
G07.04	High	System shall be able to support the SFL program to report program reimbursement data(PRD)	System supports the SFL program to report Program Reimbursement Data(PRD)
G07.05	High	System shall be able to support the SFL program to manage the data <u>Please refer to section 9.8 on pg. 9-18 9-19 of policy manual</u>	System supports the SFL program to manage the data
G07.06	High	System shall be able to support to manage screening data via submitted forms	System supports to manage screening data via submitted forms
G07.05.1	High	System shall be able to support to manage diagnostic data via submitted forms	System supports to manage diagnostic data via submitted forms
G07.05.2	High	System shall be able to support the SFL file retention policy <u>Please refer to section 9.9 on pg. 9-19 of policy manual</u>	System supports the SFL file retention policy
G07.07	High	System shall be able to support the ability for automated user password reset.	System supports automated user password reset
G07.08	High	System shall be able to support parameter management (frequently changed variables).	System supports parameter management
Quality Assurance and Quality Improvement			
This table contains the textual business requirement for a process (and/or sub-process – during Detail Requirements phase). These requirements ultimately tie back to processes depicted in the Desired State Process Flow diagram.			

Requirements

LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
H08.00	High	System shall be able to support Quality Assurance for all the users including consumer, payer and provider <u>Please refer to section 10.1 on pg. 10-1_10-2 of policy manual</u>	System supports Quality Assurance for all the users including consumer, payer and provider
H08.01	High	System shall be able to support chart reviews	System supports chart reviews
H08.02	High	System shall be able to support site visits record	System supports site visits record
H08.03	High	System shall provide the ability to the user(provider and client) to complete satisfaction surveys annually	System supports the user(provider and client) to complete satisfaction surveys annually
H08.04	High	System shall be able to support the recommended measures by the 'medical advisory board'	System supports the recommended measures by the 'Medical Advisory Board'

Requirements

B. Overall Business Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT01.00	CSF	CDC FILE REPORTING System shall be able to generate a report with accurate data elements	System supports to generate a report with accurate data elements
RPT01.01	CSF	CCDE Submission Shall Include	System includes CCDE submission
RPT01.01.1	CSF	Cumulative Data shall contain records on all client: <ul style="list-style-type: none"> Enrolled in the CRCCP Received services paid for using CDC funds Determined to be eligible and scheduled for screening procedures 	Cumulative Data contains records on all client: <ul style="list-style-type: none"> Enrolled in the CRCCP Received services paid for using CDC funds Determined to be eligible and scheduled for screening procedures
RPT01.01.2	CSF	Screening Cut-Off date is 2.5 months prior to the submission due date <u>Please refer to Chapter 2 on pg. 41 of CCDE user manual</u>	Screening Cut-Off date is 2.5 months prior to the submission due date
RPT01.02	CSF	System shall submit the CCDE data semi- annually to IMS <u>Please refer to Chapter 1 on pg. 1 of CCDE user manual</u>	System submits the CCDE data semi- annually to IMS
RPT01.03	CSF	System shall extract the data from client database	System supports to extract the data from client database
RPT01.04	CSF	System shall put the data in standardized format CCDE format (fixed length records in an ASCII file format)	System supports the data in standardized format CCDE format (fixed length records in an ASCII file format)
RPT01.05	CSF	System shall provide the ability to make updates and corrections <u>Please refer to Chapter 1 on pg. 2 of CCDE user manual</u>	System supports the ability to make updates and corrections

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT01.05.1	CSF	CCDE Edit Program	System supports CCDE Edit Program
RPT01.05.2	CSF	Submission Narrative	System supports Submission Narrative
Structure of the CCDEs -CCDE Field Descriptions			
RPT02.00	CSF	System shall be able to support twelve sections of CCDEs	System supports twelve sections of CCDEs
RPT02.01	CSF	Client and Record Identification <u>Please refer to Chapter 2 on pg. 19-23 of CCDE user manual</u>	System supports Client and Record Identification
RPT02.01.1	CSF	Program	System supports program
RPT02.01.2	CSF	Client Identifier	System supports client identifier
RPT02.01.3	CSF	Record Identifier	System supports record identifier
RPT02.02	CSF	Demographic Information <u>Please refer to Chapter 2 on pg. 25-34 of CCDE user manual</u>	System supports demographic information
RPT02.02.1	CSF	Date of Birth	System supports date of birth
RPT02.02.2	CSF	Gender	System supports gender
RPT02.02.3	CSF	Hispanic or Latino Origin	System supports Hispanic or Latino Origin
RPT02.02.4	CSF	Race 1	System supports race1
RPT02.02.5	CSF	Race 2	System supports race 2
RPT02.02.6	CSF	Race 3	System supports race 3
RPT02.02.7	CSF	Race 4	System supports race 4
RPT02.02.8	CSF	Race 5	System supports race 5
RPT02.02.9	CSF	State of Residence	System supports State of Residence
RPT02.02.10	CSF	County of Residence	System supports Country of Residence
RPT02.03	CSF	Screening History <u>Please refer to Chapter 2 on pg. 35 of CCDE user manual</u>	System supports Screening History
RPT02.03.1	CSF	Has client ever had a colorectal screening test	System supports screening history of the client who had colorectal screening test

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT02.04	CSF	Assessed Risk <u>Please refer to Chapter 2 on pg. 36-40 of CCDE user manual</u>	System supports assessed risk
RPT02.04.1	CSF	Personal History of CRC(colorectal cancer) Or Precancerous polyps	System supports Personal History of CRC(colorectal cancer) Or Precancerous polyps
RPT02.04.2	CSF	Family history of CRC	System supports Family history of CRC
RPT02.04.3	CSF	Currently experiencing CRC symptoms	System supports currently experiencing CRC symptoms
RPT02.05	CSF	Screening Adherence <u>Please refer to Chapter 2 on pg. 41-43 of CCDE user manual</u>	System supports Screening Adherence
RPT02.05.1	CSF	Initial test appointment date, or date fecal kit distributed	System supports Initial test appointment date, or date fecal kit distributed
RPT02.05.2	CSF	Screening Adherence	System supports Screening Adherence
RPT02.06	CSF	Screening and Diagnostic Tests Performed <u>Please refer to Chapter 2 on pg. 44-100 of CCDE user manual</u>	System supports Screening and Diagnostic Tests Performed
RPT02.06.1	CSF	Indication for test 1	System supports Indication for test 1
RPT02.06.1.1	CSF	Test 1 performed	System supports test 1 performed
RPT02.06.1.2	CSF	Test 1 performed- Other specify	System supports Test 1 performed- Other specify
RPT02.06.1.3	CSF	Date of test 1	System supports Date of test 1
RPT02.06.1.4	CSF	Provider specialty	System supports Provider specialty
RPT02.06.1.5	CSF	Result of test 1	System supports Result of test 1
RPT02.06.1.6	CSF	Was a biopsy/polypectomy performed during the endoscopy	System supports was a biopsy/polypectomy performed during the endoscopy
RPT02.06.1.7	CSF	Was the bowel preparation considered adequate by the	System supports was the bowel preparation considered

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
		clinician performing the endoscopy or DCBE	adequate by the clinician performing the endoscopy or DCBE
RPT02.06.1.8	CSF	Was the cecum reached during the colonoscopy	System supports was the cecum reached during the colonoscopy
RPT02.06.1.9	CSF	Test 1 outcome	System supports Test 1 outcome
RPT02.06.1.10	CSF	Recommended next follow-up procedure within this cycle	System supports Recommended next follow-up procedure within this cycle
RPT02.06.1.11	CSF	Other recommended test, specify	System supports Other recommended test, specify
RPT02.06.2	CSF	Test 2 performed	System supports Test 2 performed
RPT02.06.2.1	CSF	Test 2 performed- Other specify	System supports Test 2 performed- Other specify
RPT02.06.2.2	CSF	Date of Test 2	System supports Date of Test 2
RPT02.06.2.3	CSF	Provider Specialty	System supports Provider Specialty
RPT02.06.2.4	CSF	Result of Test 2	System supports Result of Test 2
RPT02.06.2.5	CSF	Was a biopsy/polypectomy preformed during the endoscopy	System supports Was a biopsy/polypectomy preformed during the endoscopy
RPT02.06.2.6	CSF	Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE	System supports Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE
RPT02.06.2.7	CSF	Was the cecum reached during the colonoscopy	System supports Was the cecum reached during the colonoscopy
RPT02.06.2.8	CSF	Test 2 outcome	System supports Test 2 outcome
RPT02.06.2.9	CSF	Recommended next follow-up procedure within this cycle after test 2	System supports Recommended next follow-up procedure within this cycle after test 2
RPT02.06.2.10	CSF	Other recommended test, specify	System supports Other recommended test, specify
RPT02.06.3	CSF	Test 3 performed	System supports Test 3 performed
RPT02.06.3.1	CSF	Test 3 performed- Other specify	System supports Test 3 performed- Other specify
RPT02.06.3.2	CSF	Date of Test 3	System supports Date of Test 3

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT02.06.3.3	CSF	Provider Specialty	System supports Provider Specialty
RPT02.06.3.4	CSF	Result of Test 3	System supports Result of Test 3
RPT02.06.3.5	CSF	Was a biopsy/polypectomy performed during the endoscopy	System supports Was a biopsy/polypectomy performed during the endoscopy
RPT02.06.3.6	CSF	Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE	System supports Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE
RPT02.06.3.7	CSF	Was the cecum reached during the colonoscopy	System supports Was the cecum reached during the colonoscopy
RPT02.06.3.8	CSF	Test 3 outcome	System supports Test 3 outcome
RPT02.06.3.9	CSF	Recommended next follow-up procedure within this cycle after test 3	System supports Recommended next follow-up procedure within this cycle after test 3
RPT02.06.3.10	CSF	Other recommended test, specify	System supports Other recommended test, specify
RPT02.06.4	CSF	Test 4 performed	System supports Test 4 performed
RPT02.06.4.1	CSF	Test 4 performed- Other specify	System supports Test 4 performed- Other specify
RPT02.06.4.2	CSF	Date of Test 4	System supports Date of Test 4
RPT02.06.4.3	CSF	Provider Specialty	System supports Provider Specialty
RPT02.06.4.4	CSF	Result of Test 4	System supports Result of Test 4
RPT02.06.4.5	CSF	Was a biopsy/polypectomy performed during the endoscopy	System supports Was a biopsy/polypectomy performed during the endoscopy
RPT02.06.4.6	CSF	Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE	System supports Was the bowel preparation considered adequate by the clinician performing the endoscopy or DCBE
RPT02.06.4.7	CSF	Was the cecum reached during the colonoscopy	System supports Was the cecum reached during the colonoscopy
RPT02.06.4.8	CSF	Test 4 outcome	System supports Test 4 outcome
RPT02.06.4.9	CSF	Recommended next follow-up	System supports Recommended next follow-up

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
		procedure within this cycle after test 4	procedure within this cycle after test 4
RPT02.07	CSF	Pathology from all Endoscopy Tests Performed Please refer to Chapter 2 on pg. 101_107 of CCDE user manual	System supports Pathology from all Endoscopy Tests Performed
RPT02.07.1	CSF	Histology of the most severe polyp or lesion	System supports Histology of the most severe polyp or lesion
RPT02.07.2	CSF	Total number of adenomatous polyps/lesions	System supports Total number of adenomatous polyps/lesions
RPT02.07.3	CSF	Size of largest adenomatous polyp/lesion	System supports Size of largest adenomatous polyp/lesion
RPT02.08	CSF	Diagnosis Information for Surgeries Performed to Complete Diagnosis Please refer to Chapter 2 on pg. 108_110 of CCDE user manual	System supports Size of largest adenomatous polyp/lesion
RPT02.08.1	CSF	Histology from surgical resection	System supports Histology from surgical resection
RPT02.08.2	CSF	Date surgery performed	System supports Date surgery performed
RPT02.09	CSF	Final Diagnosis Please refer to Chapter 2 on pg. 111_124 of CCDE user manual	System supports Final Diagnosis
RPT02.09.1	CSF	Status of final diagnosis	System supports Status of final diagnosis
RPT02.09.2	CSF	Final Diagnosis	System supports Final Diagnosis
RPT02.09.3	CSF	Date of final diagnosis	System supports Date of final diagnosis
RPT02.09.4	CSF	Recommended screening or surveillance test for next cycle	System supports Recommended screening or surveillance test for next cycle
RPT02.09.5	CSF	Indication for screening for surveillance test for next cycle	System supports Indication for screening for surveillance test for next cycle
RPT02.09.6	CSF	Number of months before screening or surveillance test for next cycle	System supports Number of months before screening or surveillance test for next cycle
RPT02.09.7	CSF	Complications (1) of endoscopy or DCBE requiring observation or	System supports Complications (1) of

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
		treatment	endoscopy or DCBE requiring observation or treatment
RPT02.09.8	CSF	Complications (2) of endoscopy or DCBE requiring observation or treatment	System supports Complications (2) of endoscopy or DCBE requiring observation or treatment
RPT02.09.9	CSF	Complications of endoscopy or DCBE- Other specify	System supports Complications of endoscopy or DCBE- Other specify
RPT02.09.10	CSF	CRCCP funds used for any screening/diagnostic test	System supports CRCCP funds used for any screening/diagnostic test
RPT02.010	CSF	Treatment Information Please refer to Chapter 2 on pg. 125-129 of CCDE user manual	System supports Treatment Information
RPT02.010.1	CSF	Recurrent cancers	System supports Recurrent cancers
RPT02.010.2	CSF	Status of treatment	System supports Status of treatment
RPT02.010.3	CSF	Date of treatment	System supports Date of treatment
RPT02.011	CSF	Registry Information for Cancer/High Grade Dysplasia Please refer to Chapter 2 on pg. 130-140 of CCDE user manual	System supports Registry Information for Cancer/High Grade Dysplasia
RPT02.011.1	CSF	Registry linkage status	System supports Registry linkage status
RPT02.011.2	CSF	Registry Date of Diagnosis	System supports Registry Date of Diagnosis
RPT02.011.3	CSF	Registry Histologic Type	System supports Registry Histologic Type
RPT02.011.4	CSF	Registry Behavior	System supports Registry Behavior
RPT02.011.5	CSF	Registry primary site	System supports Registry primary site
RPT02.011.6	CSF	Registry CS- derived SS2000	System supports Registry CS-derived SS2000
RPT02.011.7	CSF	Registry CS- derived AJCC stage group	System supports Registry CS-derived AJCC stage group
RPT02.011.8	CSF	Registry CS extension	System supports Registry CS extension
RPT02.011.9	CSF	Registry CS lymph nodes	System supports Registry CS lymph nodes
RPT02.011.10	CSF	Registry CS mets at diagnosis	System supports Registry CS mets at diagnosis

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT02.011.11	CSF	Registry Collaborative Stage (CS)- Tumor Size	System supports Registry Collaborative Stage (CS)- Tumor Size
RPT02.012	CSF	Record Information Please refer to Chapter 2 on pg. 141 of CCDE user manual	System supports Record Information
RPT02.012.1	CSF	CCDE version	System supports CCDE version
Data Conventions			
RPT03.00	CSF	System shall be able to support data conventions applies to CCDEs	System supports data conventions applies to CCDEs
RPT03.01	CSF	Dates	System supports Dates
RPT03.02	CSF	Alphanumeric Fields	System supports Alphanumeric Fields
RPT03.03	CSF	Numeric Fields	System supports Numeric Fields
RPT03.04	CSF	Blank Filled Fields	System supports Blank Filled Fields
B. National Breast and Cervical Cancer Early Detection Program			
RPT04.00	CSF	CDC FILE REPORTING System shall be able to generate a report with accurate data elements 1	System supports to generate a report with accurate data elements 1
RPT04.01	CSF	MDE Submission Shall Include	System supports MDE Submission
RPT04.01.1	CSF	Cumulative Data	System supports MDE Submission including Cumulative Data
RPT04.01.2	CSF	Screening Cut-Off date is 3.5 months prior to the submission due date Please refer to Chapter 1 on pg. 1-2 of NBCCEDP user manual	System supports Screening Cut-Off date i.e.; 3.5 months prior to the submission due date
RPT04.01.3	CSF	Diagnostic Cut-Off date is 9.5 months prior the submission date occurs Please refer to Chapter 1 on pg. 1-1 of NBCCEDP user manual	System supports Diagnostic Cut-Off date i.e. 9.5 months prior the submission date occurs

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT04.02	CSF	System shall submit the MDE data semi- annually to IMS	System supports to submit the MDE data semi- annually to IMS
RPT04.03	CSF	System shall extract the data from client database	System supports to extract the data from client database
RPT04.04	CSF	System shall put the data in standardized format MDE format (fixed length records in an ASCII file format)	System supports to put the data in standardized format MDE format (fixed length records in an ASCII file format)
RPT04.05	CSF	System shall provide the ability to make updates and corrections <u>Please refer to Chapter 1 on pg. 1-3. of NBCCEDP user manual</u>	System supports ability to make updates and corrections
RPT04.05.1	CSF	MDE Edit Program	System supports MDE Edit Program
RPT04.05.2	CSF	Submission Narrative	System supports Submission Narrative
Structure of the MDEs -MDE Field Descriptions			
RPT05.00	CSF	System shall be able to support four sections of MDEs	System supports four sections of MDEs
RPT05.01	CSF	All Patients Section	System supports All Patients Section
RPT05.01.1	CSF	Screening Location <u>Please refer to Chapter 2 on pg. 2-1 2-4 of NBCCEDP user manual</u>	System supports Screening Location
RPT05.01.1.1	CSF	State, Territorial or Tribal Program of Screening	System supports State, Territorial or Tribal Program of Screening
RPT05.01.1.2	CSF	County of Screening	System supports County of Screening
RPT05.01.1.3	CSF	Enrollment Site	System supports Enrollment Site
RPT05.01.2	CSF	Patient and Record Identification <u>Please refer to Chapter 2 on pg. 2-5 2-6 of NBCCEDP user manual</u>	System supports Patient and Record Identification

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT05.01.2.1	CSF	Patient ID Number	System supports Patient ID Number
RPT05.01.2.2	CSF	Record Identifier	System supports Record Identifier
RPT05.01.3	CSF	Patient Demographic Information Please refer to Chapter 2 on pg. 2-7 2-17 of NBCCEDP user manual	System supports Patient Demographic Information
RPT05.01.3.1	CSF	County of Residence	System supports County of Residence
RPT05.01.3.2	CSF	State or Territory of Residence	System supports State or Territory of Residence
RPT05.01.3.3	CSF	Zip Code of Residence	System supports Zip Code of Residence
RPT05.01.3.4	CSF	Date of Birth	System supports Date of Birth
RPT05.01.3.5	CSF	Hispanic or Latino Origin	System supports Hispanic or Latino Origin
RPT05.01.3.5.1	CSF	Race 1	System supports Race 1
RPT05.01.3.5.2	CSF	Race 2	System supports Race 2
RPT05.01.3.5.3	CSF	Race 3	System supports Race 3
RPT05.01.3.5.4	CSF	Race 4	System supports Race 4
RPT05.01.3.5.5	CSF	Race 5	System supports Race 5
RPT05.01.4	CSF	CBE Screening Information Please refer to Chapter 2 on pg. 2-18 2-24 of NBCCEDP user manual	System supports CBE Screening Information
RPT05.01.4.1	CSF	Breast Symptoms	System supports Breast Symptoms
RPT05.01.4.2	CSF	Clinical Breast Exam	System supports Clinical Breast Exam
RPT05.01.4.3	CSF	Date of Clinical Breast Exam (CBE)	System supports Date of Clinical Breast Exam (CBE)
RPT05.01.4.4	CSF	Clinical Breast Exam Paid by NBCCEDP Funds	System supports Clinical Breast Exam Paid by NBCCEDP Funds
RPT05.01.5	CSF	Pap Test Screening Information Please refer to Chapter 2 on pg. 2-25 2-50 of NBCCEDP user manual	System supports Pap Test Screening Information

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
		manual	
RPT05.01.5.1	CSF	Previous Pap Test	System supports Previous Pap Test
RPT05.01.5.2	CSF	Date of Previous Pap Test	System supports Date of Previous Pap Test
RPT05.01.5.3	CSF	Indication for Pap Test	System supports
RPT05.01.5.4	CSF	Cervical Diagnostic Referral Date	System supports Indication for Pap Test
RPT05.01.5.5	CSF	Bethesda System Used	System supports Bethesda System Used
RPT05.01.5.6	CSF	Specimen Adequacy of Screening Pap Test	System supports Specimen Adequacy of Screening Pap Test
RPT05.01.5.7	CSF	Specimen Type for Pap Test	System supports Specimen Type for Pap Test
RPT05.01.5.8	CSF	Result of Screening Pap Test (Bethesda 1991)	System supports Result of Screening Pap Test (Bethesda 1991)
RPT05.01.5.9	CSF	Results of Screening Pap Test (Bethesda 2001)	System supports Results of Screening Pap Test (Bethesda 2001)
RPT05.01.5.10	CSF	Other Screening Pap Test Results	System supports Other Screening Pap Test Results
RPT05.01.5.11	CSF	Date of Screening Pap Test	System supports Date of Screening Pap Test
RPT05.01.5.12	CSF	Screening Pap Test Paid by NBCCEDP Funds	System supports Screening Pap Test Paid by NBCCEDP Funds
RPT05.01.5.13	CSF	HPV Test Results	System supports HPV Test Results
RPT05.01.5.14	CSF	Date of HPV Test	System supports Date of HPV Test
RPT05.01.5.15	CSF	HPV Test Paid by NBCCEDP Funds	System supports HPV Test Paid by NBCCEDP Funds
RPT05.01.5.16	CSF	Diagnostic Work-up Planned for Cervical Dysplasia or Cancer	System supports Diagnostic Work-up Planned for Cervical Dysplasia or Cancer
RPT05.01.6	CSF	Initial Mammography Information Please refer to Chapter 2 on pg. 2-51 2-64 of NBCCEDP user manual	System supports Initial Mammography Information
RPT05.01.6.1	CSF	Previous Mammogram	System supports Previous Mammogram
RPT05.01.6.2	CSF	Date of Previous Mammogram	System supports Date of

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
			Previous Mammogram
RPT05.01.6.3	CSF	Indication for Initial Mammogram	System supports Indication for Initial Mammogram
RPT05.01.6.4	CSF	Breast Diagnostic Referral Date	System supports Breast Diagnostic Referral Date
RPT05.01.6.5	CSF	Initial Mammography Test Result	System supports Initial Mammography Test Result
RPT05.01.6.6	CSF	Date of Initial Mammogram	System supports Date of Initial Mammogram
RPT05.01.6.7	CSF	Initial Mammogram Paid by NBCCEDP Funds	System supports Initial Mammogram Paid by NBCCEDP Funds
RPT05.01.6.8	CSF	Additional Procedures Needed to Complete Breast Cycle	System supports Additional Procedures Needed to Complete Breast Cycle
RPT05.01.6.9	CSF	MDE Version Number	System supports MDE Version Number
RPT05.02	CSF	Additional Cervical Procedures Section	System supports Additional Cervical Procedures Section
RPT05.02.1	CSF	Cervical Diagnostic Procedures Paid by NBCCEDP Please refer to Chapter 2 on pg. 2-66 2-75 of NBCCEDP user manual	System supports Cervical Diagnostic Procedures Paid by NBCCEDP
RPT05.02.1.1	CSF	Colposcopy without Biopsy	System supports Colposcopy without Biopsy
RPT05.02.1.2	CSF	Colposcopy with Biopsy and/or ECC	System supports Colposcopy with Biopsy and/or ECC
RPT05.02.1.3	CSF	Loop Electrosurgical Excision Procedure (LEEP)	System supports Loop Electrosurgical Excision Procedure (LEEP)
RPT05.02.1.4	CSF	Cold Knife Cone (CKC)	System supports Cold Knife Cone (CKC)
RPT05.02.1.5	CSF	Endocervical Curettage alone (ECC)	System supports Endocervical Curettage alone (ECC)
RPT05.02.1.6	CSF	Other Cervical Procedures Performed	System supports Other Cervical Procedures Performed
RPT05.02.1.7	CSF	Description of Other Cervical Procedures Performed	System supports Description of Other Cervical Procedures Performed
RPT05.02.1.8	CSF	Cervical Diagnostic Procedures Paid by NBCCEDP	System supports Cervical Diagnostic Procedures Paid by NBCCEDP

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT05.02.2	CSF	Cervical Diagnosis Information Please refer to Chapter 2 on pg. 2-76 2-85 of NBCCEDP user manual	System supports Cervical Diagnosis Information
RPT05.02.2.1	CSF	Status of Final Diagnosis	System supports Status of Final Diagnosis
RPT05.02.2.2	CSF	Final Diagnosis	System supports Final Diagnosis
RPT05.02.2.3	CSF	Final Diagnosis- Other	System supports Final Diagnosis- Other
RPT05.02.2.4	CSF	Date of Final Diagnosis	System supports Date of Final Diagnosis
RPT05.02.2.5	CSF	Stage at Diagnosis	System supports Stage at Diagnosis
RPT05.02.3	CSF	Cervical Cancer Treatment Information Please refer to Chapter 2 on pg. 2-86 2-91 of NBCCEDP user manual	System supports Cervical Cancer Treatment Information
RPT05.02.3.1	CSF	Status of Treatment	System supports Status of Treatment
RPT05.02.3.2	CSF	Date of Treatment Status	System supports Date of Treatment Status
RPT05.03	CSF	Additional Breast Procedures Section Please refer to Chapter 2 on pg. 2-93 2-98 of NBCCEDP user manual	System supports Additional Breast Procedures Section
RPT05.03.1	CSF	Breast Imaging Procedures	System supports Breast Imaging Procedures
RPT05.03.1.1	CSF	Additional Mammographic Views	System supports Additional Mammographic Views
RPT05.03.1.2	CSF	Ultrasound	System supports Ultrasound
RPT05.03.1.3	CSF	Film Comparison to evaluate an Assessment Incomplete	System supports Film Comparison to evaluate an Assessment Incomplete
RPT05.03.1.4	CSF	Final Imaging Outcome	System supports Final Imaging Outcome

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT05.03.1.5	CSF	Date of Final Imaging Outcome	System supports Date of Final Imaging Outcome
RPT05.03.2	CSF	Breast Diagnostic Procedures Please refer to Chapter 2 on pg. 2-99 2-106 of NBCCEDP user manual	System supports Breast Diagnostic Procedures
RPT05.03.2.1	CSF	Repeat Breast Exam /Surgical Consultation	System supports Repeat Breast Exam /Surgical Consultation
RPT05.03.2.2	CSF	Biopsy/Lumpectomy	System supports Biopsy/Lumpectomy
RPT05.03.2.3	CSF	Fine Needle/Cyst Aspiration	System supports Fine Needle/Cyst Aspiration
RPT05.03.2.4	CSF	Other Breast Procedures Performed	System supports Other Breast Procedures Performed
RPT05.03.2.5	CSF	Description of Other Breast Procedures Performed	System supports Description of Other Breast Procedures Performed
RPT05.03.2.6	CSF	Additional Breast Procedures Paid by NBCCEDP Funds	System supports Additional Breast Procedures Paid by NBCCEDP Funds
RPT05.03.3	CSF	Breast Final Diagnosis Information Please refer to Chapter 2 on pg. 2-107 2-118 of NBCCEDP user manual	System supports Breast Final Diagnosis Information
RPT05.03.3.1	CSF	Status of Final Diagnosis/Imaging	System supports Status of Final Diagnosis/Imaging
RPT05.03.3.2	CSF	Final Diagnosis	System supports Final Diagnosis
RPT05.03.3.3	CSF	Date of Final Diagnosis/Imaging	System supports Date of Final Diagnosis/Imaging
RPT05.03.3.4	CSF	Stage of Diagnosis	System supports Stage of Diagnosis
RPT05.03.3.5	CSF	Tumor Size	System supports Tumor Size
RPT05.03.3.6	CSF	Status of Treatment	System supports Status of Treatment
RPT05.03.4	CSF	Breast Cancer Treatment Information Please refer to Chapter 2 on pg. 2-119 2-124 of NBCCEDP user manual	System supports Breast Cancer Treatment Information

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT05.03.4.1	CSF	Status of Treatment	
RPT05.03.4.2	CSF	Date of Treatment Status	System supports Date of Treatment Status
RPT05.04	CSF	Cancer Registry Data Please refer to Chapter 2 on pg. 2-125 of NBCCEDP user manual	System supports Cancer Registry Data
RPT05.04.1	CSF	Cervical Cancer Registry Data Please refer to Chapter 2 on pg. 2-125_ 2-136 of NBCCEDP user manual	System supports Cervical Cancer Registry Data
RPT05.04.1.1	CSF	Registry Linkage Status	System supports Registry Linkage Status
RPT05.04.1.2	CSF	Registry Date of Diagnosis	System supports Registry Date of Diagnosis
RPT05.04.1.3	CSF	Registry Histologic Type	System supports Registry Histologic Type
RPT05.04.1.4	CSF	Registry Behavior	System supports Registry Behavior
RPT05.04.1.5	CSF	Registry Summary Stage	System supports Registry Summary Stage
RPT05.04.1.6	CSF	Registry Collaborative Stage (CS)- Derived AJCC Stage Group	System supports Registry Collaborative Stage (CS)- Derived AJCC Stage Group
RPT05.04.1.7	CSF	Registry Collaborative Stage (CS)- Tumor Size	System supports Registry Collaborative Stage (CS)- Tumor Size
RPT05.04.1.8	CSF	Registry Collaborative Stage (CS)- Extension	System supports Registry Collaborative Stage (CS)- Extension
RPT05.04.1.9	CSF	Registry Collaborative Stage (CS)- Lymph Nodes	System supports Registry Collaborative Stage (CS)- Lymph Nodes
RPT05.04.1.10	CSF	Registry Collaborative Stage (CS)- Mets at Diagnosis	System supports Registry Collaborative Stage (CS)- Mets at Diagnosis
RPT05.04.1.11	CSF	Registry Primary Site	System supports Registry Primary Site
RPT05.04.2	CSF	Breast Cancer Registry Data Please refer to Chapter 2 on pg. 2-139_ 2-150 of NBCCEDP user manual	System supports Breast Cancer Registry Data
RPT05.04.2.1	CSF	Registry Linkage Status	System supports Registry Linkage Status
RPT05.04.2.2	CSF	Registry Date of Diagnosis	System supports Registry Date of Diagnosis

Requirements

Reporting Requirements			
A. Colorectal Cancer Control Program			
B. National Breast and Cervical Cancer Early Detection Program			
<i>This table should be used to document what type of reporting is required to support the processes outlined within this document, as well as frequency and intended audience for each report.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
RPT05.04.2.3	CSF	Registry Histologic Type	System supports Registry Histologic Type
RPT05.04.2.4	CSF	Registry Behavior	System supports Registry Behavior
RPT05.04.2.5	CSF	Registry Summary Stage	System supports Registry Summary Stage
RPT05.04.2.6	CSF	Registry Collaborative Stage (CS)- Derived AJCC Stage Group	System supports Registry Collaborative Stage (CS)- Derived AJCC Stage Group
RPT05.04.2.7	CSF	Registry Collaborative Stage (CS)- Tumor Size	System supports Registry Collaborative Stage (CS)- Tumor Size
RPT05.04.2.8	CSF	Registry Collaborative Stage (CS)- Extension	System supports Registry Collaborative Stage (CS)- Extension
RPT05.04.2.9	CSF	Registry Collaborative Stage (CS)- Lymph Nodes	System supports Registry Collaborative Stage (CS)- Lymph Nodes
RPT05.04.2.10	CSF	Registry Collaborative Stage (CS)- Mets at Diagnosis	System supports Registry Collaborative Stage (CS)- Mets at Diagnosis
RPT05.04.2.11	CSF	Registry Primary Site	System supports Registry Primary Site
Registry Linkage Reporting			
RPT06.00	High	System shall provide the ability to extract the Final Diagnosis information for SFL/HCC in single excel file and import a single excel file from the Cancer Registry	System supports ability to extract the Final Diagnosis information for SFL/HCC in single excel file and import a single excel file from the Cancer Registry
Ad Hoc Reporting			
RPT07.00	High	System shall provide the ability to create user generated queries	System supports to create user generated queries

Documentation Related Needs		
<i>This table contains the requirements for what type of documentation needs to be generated for this solution.</i>		
LABEL	PRIORITY	DESCRIPTION
DOC01.00		NAME/SUBJECT OF DOCUMENT Description of the purpose and content of the document.
<i>DOC01.01</i>		<i>NAME/SUBJECT OF LOWER-LEVEL NEED</i> SUB-CATEGORY

Requirements

Documentation Related Needs		
<i>This table contains the requirements for what type of documentation needs to be generated for this solution.</i>		
LABEL	PRIORITY	DESCRIPTION
		<ul style="list-style-type: none"> Sub-category item

Training Related Needs		
<i>This table documents what type of training is required for this solution. Indicate whether end user training is required and for what duration the training course needs to be executed.</i>		
LABEL	PRIORITY	DESCRIPTION
TR01.00		NAME/SUBJECT Description of requirement.
TR01.01		<i>NAME/SUBJECT OF LOWER-LEVEL NEED</i> SUB-CATEGORY <ul style="list-style-type: none"> Sub-category item

C. System Requirements

System Related Requirements			
<i>This table documents general system related requirements.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
SYS01.00		OUTPUT REQUIREMENTS Will the solution generate any output (hardcopy, tape media, special forms, etc.)? If so, what will be the purpose for each type of output?	
SYS02.00		ANALYSIS Is there a need to do log or system analysis, monitor web activity, track hit counts, perform market analysis, or any other type of analysis?	
SYS03.00		SCALABILITY/GROWTH DRIVERS Document how the customer anticipates usage of the system to grow. Will there be an increasing number of new users and/or will there be an increasing number of new applications or features on this system. Indicate estimated time frames for the system's growth.	
SYS04.00		BATCH REQUIREMENTS Will the solution require batch jobs to be scheduled and executed? Does the system need to be updated real-time, or can it be updated via a scheduled batch process?	
SYS05.00		MONITORING REQUIREMENTS	

Requirements

System Related Requirements			
<i>This table documents general system related requirements.</i>			
LABEL	PRIORITY	DESCRIPTION	VALIDATION CRITERIA
		Will the solution require monitoring services to detect operability or availability? Which solution environments should be monitored?	
SYS06.00		HELP DESK REQUIREMENTS Will the DTI Service Desk provide technical help desk support for the solution? Will there be a functional help desk established or utilized? Will the functional help desk be the direct interface to solution customers?	
SYS07.00			

Availability Related Requirements																															
<i>This table documents requirements associated with the availability of the application. This information may be used to derive what additional measures may need to be put into place to insure the system is available when needed.</i>																															
LABEL	PRIORITY	DESCRIPTION																													
AVL01.00		AVAILABILITY / HOURS OF OPERATION What is the desired level of availability for this application? The following are the current hours of operation during which the process (es) described within this document are run. Unless otherwise noted, all times listed are in Eastern Standard Time (E.S.T.). The design team will work with the customer during Analysis and Design to determine if the times listed below must be modified given the design of the solution to best support the customer's needs. <table border="1" data-bbox="487 1102 1469 1249"> <thead> <tr> <th>PROCESS NAME</th> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td>Name of Process/Sub-process</td> <td>OFF</td> <td>8:30am – 7:30pm</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						PROCESS NAME	SUN	MON	TUE	WED	THU	FRI	SAT	Name of Process/Sub-process	OFF	8:30am – 7:30pm													
PROCESS NAME	SUN	MON	TUE	WED	THU	FRI	SAT																								
Name of Process/Sub-process	OFF	8:30am – 7:30pm																													
AVL02.00		24/7 AVAILABILITY Does the system need to be up 24/7 – If so, why?																													
AVL03.00		OUTAGE – SERVICE IMPACT What services will be impacted if the system is ever down?																													
AVL04.00		ACCEPTABLE DOWN TIME Is it acceptable for the system to go down for a couple of hours? What is an acceptable level of down time?																													
AVL05.00		CRITICALITY How critical is the information in this application? Rate using the scale 5-Minimal, 4-Limited, 3-Moderate, 2-Significant, 1-Critical.																													
AVL06.00		RECURRING BUSINESS ACTIVITY/CYCLE What business cycle drives the usage of this application ((i.e., monthly, semi-monthly or quarterly billing)?																													
AVL07.00																															

Volume/Performance Related Needs

Requirements

Describe the client's estimate of the number of users and/or transactions that the system must support at its peak usage. Describe the hours of the day and days of the week when the system will be used the most frequently.]

LABEL	PRIORITY	DESCRIPTION
VOL01.00		DATA Amount of data transferred per transaction.
VOL02.00		TRANSACTIONS Volume of transactions
VOL03.00		TRANSFER FREQUENCY How often data transferred
VOL04.00		

Performance Related Needs

Describe the client's estimate of the number of users and/or transactions that the system must support at its peak usage. Describe the hours of the day and days of the week when the system will be used the most frequently.]

LABEL	PRIORITY	DESCRIPTION																
PERF01.00		<p>APPLICATION USAGE STATISTICS</p> <p>Please provide information on how much the application is used. Indicate the expected number of users and transactions during the times listed below.</p> <table border="1"> <thead> <tr> <th></th> <th>Usage Time (Day and time of the week, month, etc.)</th> <th># of Users</th> <th># Transactions</th> </tr> </thead> <tbody> <tr> <td>Peak Usage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Minimum Usage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Average Usage</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Usage Time (Day and time of the week, month, etc.)	# of Users	# Transactions	Peak Usage				Minimum Usage				Average Usage			
	Usage Time (Day and time of the week, month, etc.)	# of Users	# Transactions															
Peak Usage																		
Minimum Usage																		
Average Usage																		

Data Related Requirements

This table documents requirements specific to the data contained in the application.

LABEL	PRIORITY	DESCRIPTION
DATA01.00		DATA MIGRATION Is the new solution replacing an existing one? If so, will the data need to be migrated to the new solution?
DATA02.00		DATA RETENTION How much data needs to be kept active in the system? How often should the data be purged from the system?
DATA03.00		ARCHIVE How long does the purged data need to be kept?

Detailed Requirements

Data

Please provide as much information as possible about the data contained in this system. The Data Classification must align with the categories in the State Standard. The information listed here should correspond to relevant information in the process diagrams. Sources referenced here should be listed in the Interfaces/Data Sources table.

NAME	DESCRIPTION	TYPE	CLASSIFICATION	CRITICALITY	SOURCES	FORMAT
Short name or description of the data group or element.	Provide a general description of what this data is, what it is used for.	Is this Customer information, Financial, Health, Environmental	How sensitive is this data? Public, Confidential, Secret, Top Secret	What is the criticality of this data? Vital, reference only?	What is the source of this data (from Interfaces table)	Is this data in Oracle, DB2, SQL Server, Access DB

Usage

Please provide as much information as possible about who will be using the data and how they will be using it. Data referred to here should be listed in the Data Table.

WHO NEEDS ACCESS	DATA	HOW OFTEN	REASON	ACCESSED FROM
Who needs access to the data? This can refer to a specific group of people. Specific names not required.	What data do they need access to? (From Data table)	How frequently do they need to access the data?	Why do they need access to the data, How will the data be used?	Where will they access the data from?

Interfaces/Data Sources

Will the application need to communicate or interface with any external systems? Please indicate who and/or what the interface is. It may be outside of the state, outside of the application, outside of the organization or inside the state/application/organization. Indicate what the purpose of the interface is, i.e., to send data for reporting, or to retrieve data. Sources referenced in the data table should correspond to the interfaces listed here. Data referenced in this table should be listed in the Data table.

APPLICATION NAME	DESCRIPTION	INBOUND/ OUTBOUND	TYPE (BATCH/ONLINE)	DATA ELEMENT(S)	VOLUME	FREQUENCY (HOURLY, DAILY, ETC.)	TECHNOLOGY
What is the name of the interface?	Short description of the interface.	Will data come in to or go out of the application through this interface?	Is this a batch interface, or real time?	What data is sent or received in this interface?	Approximately how much data will go through this interface?	How often will data be sent through this interface?	Language, Tool, API used for the interface.

Detailed Requirements

D. Disaster Recovery Requirements

[The following requirements are needed for the Disaster Recovery Coordinator, who should be involved in these discussions.]

Impact of Non-availability	
Use the following category definitions to rate the impact of non-availability for each of the functions in the timeframes listed below.	
Category	Definition
5	MINIMAL-Loss of business function does not have a direct impact on the department's ability to do business
4	LIMITED-Loss of business function is limited to only the person or department using the application. Loss of this business function has little or no effect on the state's ability to carry on business
3	MODERATE-Loss of business function affects multiple state agencies/school districts and their ability to operate. Loss of business function has a negative citizen impact
2	SIGNIFICANT-Loss of these business functions significantly reduces the effectiveness of the state's operations. Loss of business function has a negative citizen impact and affects the financial well-being of the state
1	CRITICAL-Loss of this business function threatens the ability for the state to operate. Loss of business function disrupts the security and well-being of the state.

Business Functions and Application Dependencies			Impact of Non-Availability			
<i>Identify Main Business Function and Major Activities of each</i>	<i>Identify all application dependencies for every activity</i>	<i>Impact on user base</i>	<i>Quantify consequence of loss by using impact categories for each time period.</i>			
Function	Supporting Application	Number of Users	2 days	1 week	1 month	3 months

VII. References

A. SFL Policy Manual November 2015



SFL policy manual
November 2015.pdf

Detailed Requirements

B. SFL/HCC Enrollment Form



sfl-hcc_enrollform.pdf

C. Enrollment Application Mandatory Information



Enrollment
Application Mandatory

D. Proof of Income



Proof of Income.pdf

E. SFL_HCC Poverty Guidelines



SFL_HCC Poverty
Guidelines.pdf

F. Average Risk Eligibility



Average Risk
Eligibility.pdf

G. Diagnostic Forms



Breast Diagnostic
Form.pdf



Cervical Diagnostic
Form.pdf



Colorectal Diagnostic
form.pdf



Prostate Screening &
Diagnostic Form.pdf

H. Screening Forms



Breast Screening
Form.pdf



Cervical Screening
Form.pdf



Colorectal
Screening Form.pdf & Diagnostic Form.pdf



Prostate Screening
Form.pdf

Sample Claims Form

Detailed Requirements



SampleClaimForms.pdf

I. CM Claim review guidelines age gender



CM Claim review
guidelines age gender

J. CPT Code List



CPT Code List.pdf

K. CCDE User Manual



CCDE-Users-Manual.pdf

L. NBCCEDP User Manual



MDE_Data User's
Manual-V6.pdf

Detailed Requirements

M. Glossary

ACR	American College of Radiology
ASCCP	American Society for Colonoscopy and Cervical Pathology
BI-RADS	Breast Imaging Reporting and Data System
BSE	Breast self-exam
CBE	Clinical Breast Exam
CCDE	Colorectal Cancer Clinical Data Elements
CDC	Centers for Disease Control
CLIA	Clinical Laboratories Improvement Act
Clients	*People enrolled in the SFL program to obtain services offered by the program and providers *Providers who enroll in SFL program
Contracts	Service Providers
CRCCP	Colorectal Cancer Control Program
DCTP	Delaware Cancer Treatment Program
DRE	Digital Rectal Exam
gFOBT	Guaiac Fecal Occult Blood Test
Household	Individual, spouse and dependent children under 18 years.
iFOBT or FIT	immunochemical Fecal Occult Blood Test
LDCT	Low Dose Computed Tomography
MDEs	Minimum Data Elements
MDT	Multidisciplinary Lung Cancer Screening Team
MQSA	Mammography Quality Standards Act
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
PRD	Program Reimbursement Data
PSA	Prostate Specific Antigen
SFL	Screening For Life
Term	Definition
User- NC, CSSA,ES,CM,BS, SFL Director, Admin	NC: Nurse Consultant , CSSA: Chief Social Services Administrator, ES: Enrollment Specialist CM: Case Manager BS: Billing Specialist

Detailed Requirements

Appendix A: Requirements Acceptance/Sign-off

SECTION 1: HIGH LEVEL BUSINESS REQUIREMENTS

PRIMARY CLIENT APPROVAL

Signatures below indicate that the signers believe this document accurately reflects the needs of the business as they are known today related to the process(es) described herein. Signing does NOT indicate acceptance of system design(s), Interface design(s) [screen layout and navigation functionality], Information Services Costs, or any Functional components related to the process(es) described in this document, nor does it indicate that the Business Needs will not change in the future. Acceptance of System's Functional and Design Specifications will be based on tracing the Functional Specifications to the mutually agreed upon Business Needs presented in this document.

Accepted: _____
(Name of Signer – Executive Sponsor) Date _____

Accepted: _____
(Name of Signer – Business Sponsor, Business Area Represented) Date _____

Accepted: _____
(Name of Signer – Project Manager) Date _____

Accepted: _____
(Name of Signer – Business Project Manager) Date _____

Accepted: _____
(Name of Signer – Role and Business Area Represented) Date _____

Accepted: _____
(Name of Signer – Role and Business Area Represented) Date _____

STAKEHOLDER ACCEPTANCE

Signatures below indicate that the signers believe that the needs included in this document will not adversely affect their operations, or will affect their departments, but the affect is acceptable to the department(s). NOTE: For smaller projects, the Statkeholder Acceptance section may not be necessary as all of the affected parties may be Primary Clients.

Accepted: _____
(Name of Signer – Role and Business Area Represented) Date _____

Accepted: _____
(Name of Signer – Role and Business Area Represented) Date _____

Accepted: _____
(Name of Signer – Role and Business Area Represented) Date _____

Detailed Requirements

SECTION 2: DETAILED BUSINESS REQUIREMENTS

PRIMARY CLIENT APPROVAL

Signatures below indicate that the signers believe this document accurately reflects the needs of the business as they are known today related to the process(es) described herein. Signing does NOT indicate acceptance of system design(s), Interface design(s) [screen layout and navigation functionality], Information Services Costs, or any Functional components related to the process(es) described in this document, nor does it indicate that the Business Needs will not change in the future. Acceptance of System's Functional and Design Specifications will be based on tracing the Functional Specifications to the mutually agreed upon Business Needs presented in this document.

Accepted: _____
(Name of Signer – Executive Sponsor) _____ Date

Accepted: _____
(Name of Signer – Business Sponsor, Business Area Represented) _____ Date

Accepted: _____
(Name of Signer – Project Manager) _____ Date

Accepted: _____
(Name of Signer – Business Project Manager) _____ Date

Accepted: _____
(Name of Signer – Role and Business Area Represented) _____ Date

Accepted: _____
(Name of Signer – Role and Business Area Represented) _____ Date

STAKEHOLDER ACCEPTANCE

Signatures below indicate that the signers believe that the needs included in this document will not adversely affect their operations, or will affect their departments, but the affect is acceptable to the department(s). NOTE: For smaller projects, the Statkeholder Acceptance section may not be necessary as all of the affected parties may be Primary Clients.

Accepted: _____
(Name of Signer – Role and Business Area Represented) _____ Date

Accepted: _____
(Name of Signer – Role and Business Area Represented) _____ Date

Accepted: _____
(Name of Signer – Role and Business Area Represented) _____ Date

Detailed Requirements

Appendix B: Document Revision History

Changes to this document will be tracked via the revision number that is maintained on the cover page. The revision number will be incremented each time the document is modified. Whole numbers are reserved for revisions that have been distributed, decimal increments identify minor changes.

Date Changed	Revisions	Changed By	Revision #
4/22/2016	Project Overview	Shveta Aggarwal	Version 1.0
4/29/2016	High Level requirements	Shveta Aggarwal	Version 1.1
5/12/2016	High Level requirements SFL and Stakeholders	Shveta Aggarwal	Version 1.1
5/20/2016	Detailed As-Is Requirements	Shveta Aggarwal	Version 1.2
5/30/2016	Inserted References	Shveta Aggarwal	Version 1.2
6/03/2016	Inserted AS-IS Flow Diagrams, Updated Reporting Requirements	Shveta Aggarwal	Version 1.3
6/23/2016	Updated detailed requirements, assumptions, added As-Is and To-Be process flows, added updated Glossary	Shveta Aggarwal	Version 1.4
6/30/2016	Added Registry Linkage & Ad Hoc draft requirements, Flow Chart	Shveta Aggarwal	Version 1.4
7/18/2016	Updated Process flows, added Registry Linkage Process flow, Made updates in requirements	Shveta Aggarwal	Version 1.5
7/25/2016	Added Validation Criteria in the BRD	Shveta Aggarwal	Version 1.5
8/3/2016	Updated BRD after Final Review	Shveta Aggarwal	Version 1.5

Detailed Requirements

Appendix C: Business Areas

Administrative Management
Community and Social Services
Controls and Oversight
Correctional Activities
Credit and Insurance
Defense and State Security
Direct Services for Citizens
Disaster Management
Economic Development
Education
Energy
Environmental Management
Financial Management
General Government
General Science and Innovation
Health
Homeland Security
Human Resource Management
Income Security
Information and Technology Management
Intelligence Operations
Internal Risk Management and Mitigation
International Affairs and Commerce
Knowledge Creation and Management
Law Enforcement
Legislative Relations
Litigation and Judicial Activities
Natural Resources
Planning and Resource Allocation
Public Affairs
Public Goods Creation and Management
Regulatory Compliance and Enforcement
Regulatory Development
Revenue Collections
State Financial Assistance
Supply Chain Management
Transfers to States and Local Governments
Transportation
Workforce Management

Detailed Requirements

Appendix D: Related Links

[Risk Assessment Module](#)