

Healthcare Domain Test Cases	Pre condition	Expected Result	Actual Result	Post condition	Pass/Fail	Test Owner
Verify that the provider system allows healthcare providers to create a new patient record with all necessary demographic data and contact information.						
Verify that the provider system allows healthcare providers to add and manage clinical notes for each patient and that these notes can be accessed and updated by authorized providers.						
Verify that the provider system allows healthcare providers to update patient information such as address, phone number, and insurance information.						
Verify that the provider system can accurately capture and store diagnosis codes and procedure codes for each patient encounter.						
Verify that the provider system allows healthcare providers to electronically prescribe medications and transmit these prescriptions to pharmacies.						
Verify that the provider system can generate and print patient encounter summaries, clinical notes, and other medical records as needed.						
Verify that the provider system allows healthcare providers to order lab tests and imaging studies and that the results of these tests are accurately captured and recorded in the patient record.						
Verify that the provider system can send and receive messages to other healthcare providers, including secure messaging for sensitive patient information.						
Verify that the provider system can create and manage schedules for patient appointments and that these schedules can be accessed by authorized providers.						
Verify that the provider system can generate reports on patient visits, diagnoses, and other key metrics as needed for compliance, quality improvement, and other purposes.						
Verify that the broker system allows brokers to create a new user account with all necessary demographic data and contact information.						
Verify that the broker system allows brokers to search and filter available healthcare plans based on different criteria, such as location, benefits, and costs.						
Verify that the broker system allows brokers to compare healthcare plans side-by-side and generate reports on key differences.						
Verify that the broker system allows brokers to enroll clients in healthcare plans and that the enrollment process is accurate and complete.						
Verify that the broker system can generate and print client summaries and enrollment confirmations as needed.						
Verify that the broker system allows brokers to manage client accounts, including adding and updating demographic and insurance information.						
Verify that the broker system can accurately capture and store eligibility and enrollment data for each client.						
Verify that the broker system can generate reports on client enrollment, plan utilization, and other key metrics as needed.						
Verify that the broker system allows brokers to send and receive messages to clients and other stakeholders, including secure messaging for sensitive information.						
Verify that the broker system can support multiple brokers and clients simultaneously without impacting system performance.						
Verify that the member system allows members to create a new account with all necessary demographic data and contact information.						
Verify that the member system allows members to view their healthcare plan benefits, including coverage, deductibles, and copays.						
Verify that the member system allows members to search for healthcare providers and facilities within their plan network.						
Verify that the member system allows members to schedule appointments with healthcare providers and facilities.						
Verify that the member system allows members to access their medical records, including lab results, imaging studies, and clinical notes.						
Verify that the member system allows members to request prescription refills and view their medication history.						
Verify that the member system can generate and print Explanation of Benefits (EOB) statements and other financial records as needed.						
Verify that the member system can accurately capture and store claims data for each medical encounter.						
Verify that the member system allows members to send and receive messages to healthcare providers, including secure messaging for sensitive information.						
Verify that the member system can support multiple users simultaneously without impacting system performance.						
Verify that the claims system can accurately process claims submitted by healthcare providers, including claims for medical services, prescriptions, and medical equipment.						
Verify that the claims system can accurately determine the eligible benefits and co-payments for each claim.						
Verify that the claims system can accurately adjudicate claims based on the member's coverage and policy rules.						
Verify that the claims system can handle different types of claims, such as inpatient, outpatient, emergency, and pharmacy claims.						
Verify that the claims system can accurately identify duplicate and potentially fraudulent claims.						
Verify that the claims system can accurately process claims for multiple procedures and services on a single claim.						
Verify that the claims system can handle claim adjustments and resubmissions as needed.						
Verify that the claims system can generate and send Explanation of Benefits (EOB) statements and other financial records to members and healthcare providers.						
Verify that the claims system can support claim appeals and disputes, including tracking and updating appeals status.						
Verify that the claims system can accurately capture and store claims data for reporting and analytics purposes.						
Verify that the finance system can accurately track and manage member premiums and other financial transactions.						
Verify that the finance system can accurately calculate and apply co-payments, deductibles, and other financial policies.						
Verify that the finance system can handle different payment methods, including credit/debit cards, electronic checks, and bank transfers.						
Verify that the finance system can accurately generate and send member invoices and statements.						
Verify that the finance system can support electronic funds transfer (EFT) and other payment automation features.						
Verify that the finance system can accurately handle different currency and exchange rate scenarios.						
Verify that the finance system can handle payment discrepancies and billing disputes.						
Verify that the finance system can accurately manage accounts receivable and accounts payable.						
Verify that the finance system can generate and send financial reports and analytics, including revenue, profit, and loss statements.						
Verify that the finance system can handle budgeting, forecasting, and financial planning scenarios.						
Verify that the system complies with HIPAA regulations for patient privacy and security.						
Verify that the system is in compliance with the Health Information Technology for Economic and Clinical Health (HITECH) Act.						
Verify that the system accurately tracks and manages drug inventory, in compliance with FDA regulations.						
Verify that the system complies with the Affordable Care Act (ACA) regulations for healthcare coverage.						

Verify that the system accurately captures and reports quality measures, in compliance with the Centers for Medicare & Medicaid Services (CMS) regulations.						
Verify that the system complies with the Electronic Prescribing of Controlled Substances (EPCS) regulations.						
Verify that the system complies with the Joint Commission standards for healthcare accreditation.						
Verify that the system complies with the Occupational Safety and Health Administration (OSHA) regulations for employee safety.						
Verify that the system complies with the American with Disabilities Act (ADA) regulations for accessibility.						
Verify that the system complies with the International Classification of Diseases (ICD) and Current Procedural Terminology (CPT) coding standards.						