Hospital for Special Surgery

Cigna Appeals Submission

Process Definition Document

Purpose: The Process Definition Document (PDD) formalizes the final design of an automation solution. It functions as an approval artifact for automation and operations teams, enabling the transition from design to development once approved.

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I. AUTOMATION OVERVIEW

1.1 Objectives

The automation will achieve

- Gathering appeals letters and submitting them to the payer (Cigna)

1.2 Operational metrics

The automation will impact the following operational metrics

- Days to Submit Appeal
- Denial Rate Due to Untimely
- Denial Resolution Time
- Cash Acceleration (via faster denials closure)
- Touch Rate / Staff Productivity (Reduce effort on Appeals; increase capacity elsewhere)

1.3 Design Team

The following individuals contributed to the automation design, must be informed of changes, and agree to support the maintenance of this automation

Name	Role / Title	Contact
Agata Sacilowski	Operational Owner	sacilowskia@hss.edu
Jessica Mei	Operational SME	meij@hss.edu
Mollie Morelli	Project Sponsor	nolanm@hss.edu
Joe Sanda	Solution Architect	joe.sanda@tarponhealth.com
Martine Lynch	Developer	lynchma@hss.edu
Ashok Miriyala	Developer	ashok.miriyala@tarponhealth.com

II. AUTOMATION DETAILS

2.1 Automation Overview

Item	Description
Area / Department	HB & PB Billing/Follow-up
Automation Name	Cigna Appeals Submission
Automation Description	This automation gathers appeal letters and submits those appeals to the payer (Cigna)

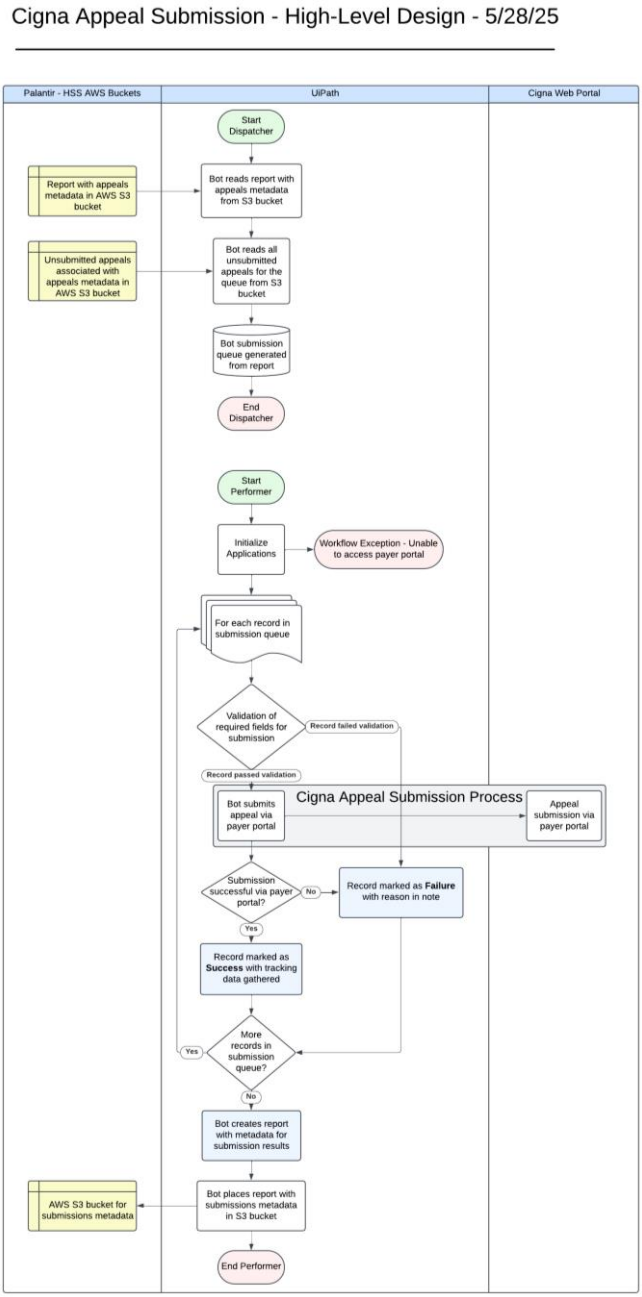
2.2 Applications

The table below lists the applications being utilized by the automation

Application	Comments / Access Needs
Cigna – Web Portal	Uses bot credentials to access web portal
Thycotic Secret Server	Uses HSS AD credentials to access
UiPath	UiPath Studio and Orchestrator

2.3 High-Level Process Map

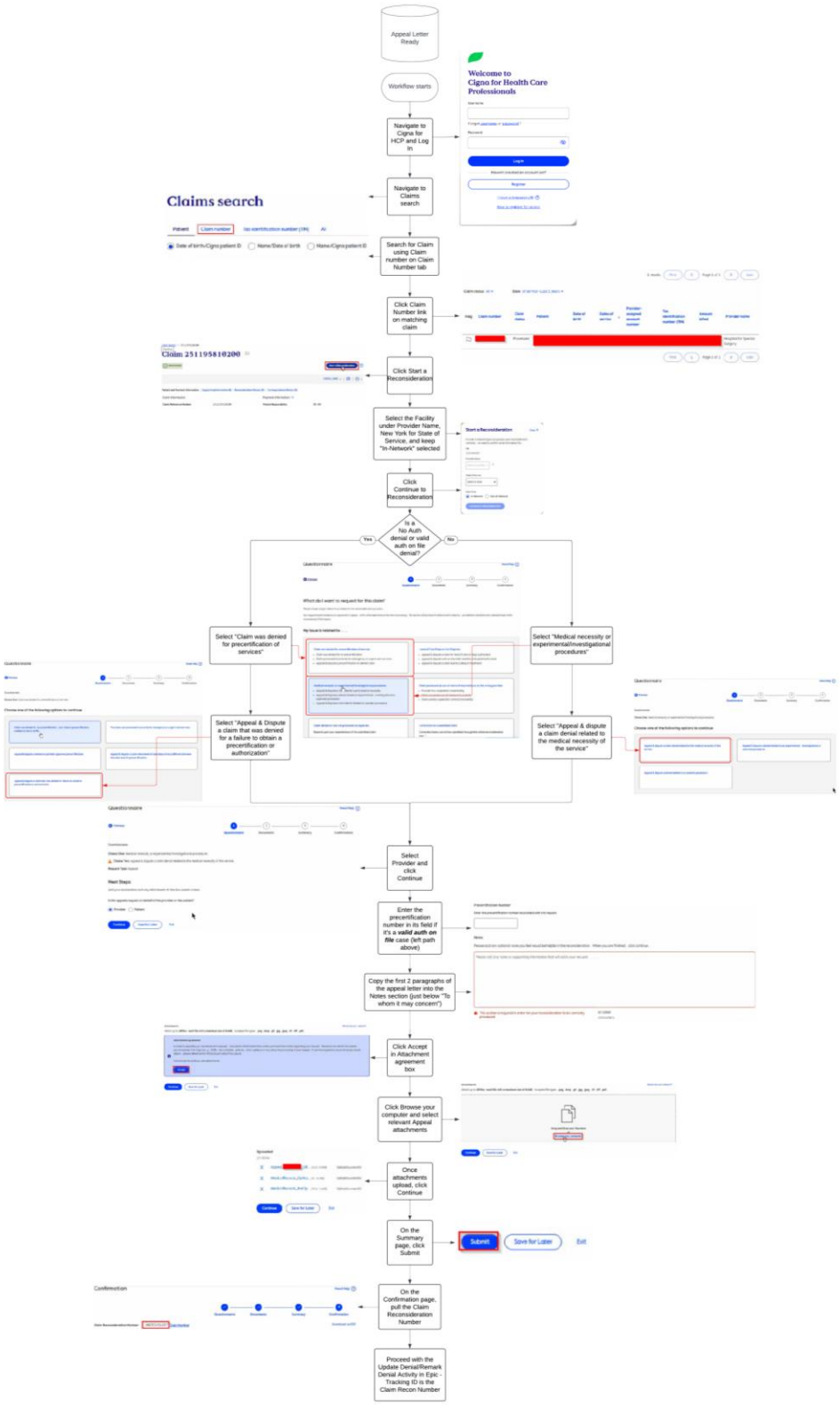
The diagram below contains the steps the automation will take (the ‘to-be’ process map)



2.4 Portal Process Map

The diagram below contains the steps the automation will take (the ‘to-be’ process map)

Cigna Appeal Submission - 5/22/25



2.5 Toolkit documentation

The table below provides a list of toolkits and links to the completed ROI, planning toolkits, and any additional design documentation

Toolkit	Link to documentation	Comments
Plan Toolkit	Tarpon Health - Cigna Appeals - Plan Toolkit - 05.29.2025	

2.6 Out of scope

The table below provides a list of automation scenarios or account populations that are out of scope or unobtainable

Scenario / Population	Rationale	Comments
Payers NOT available via the Cigna portal	Other payers have appeals submitted through other portals or methods than the Cigna portal	Palantir holds the business logic to do payer mapping, including the Cigna/Evicore split
Account Scoping and Selection	Selecting accounts needing appeals is a main functionality of Palantir	
Appeal Letter Creation	Generating appeal letters is a main functionality of Palantir	
Accounts with other denial categories that do not flow through pre-defined pathways on Cigna	Scoped pathways were: (1) “No Auth” denial OR “Valid Auth on File” denial, and (2) All other denials given are assumed to follow “Medical Necessity” denial pathway	Additional denial categories requiring appeals via Cigna would require an assessment conversation and potentially a formal change request process
Account Activity Update	Account Activity updates or any other UI interaction with Epic is part of another automation opportunity	The output scoped for this automation is a metadata report posted to an AWS S3 bucket

III. APPROVAL

3.1 Approval

Upon review and approval of this Process Definition Document (PDD), I, Agata Sacilowski, on June 26, 2025, hereby approve this plan for development.

I acknowledge that while this automation will experience downtime, the ultimate responsibility for the process remains with my department. I commit to collaborating with the automation team to maintain the automation and meet our uptime goal. This commitment extends to ongoing responsibilities, including but not limited to: testing, implementing enhancements, handling break-fix scenarios, managing application upgrades, and supporting process changes or improvements as required.

3.2 Future Initiatives

Below is a list of future operational, technical, or known application changes that may impact the automation

- No future initiatives are currently known at this time.

3.3 Downtime Plans

Below are the actions the operational team will take in the event of automation downtime

Scenario	Action (taken by operations)	Contact
Level 1 *Downtime = 1-2 days*	Automation can catch up before accounts begin routing to follow up WQs.	sacilowskia@hss.edu meij@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com lynchma@hss.edu ashok.miriyala@tarponhealth.com
Level 2 *Downtime = 2-7 days*	After 3 days without appeal submitted, account qualifies for manual follow-up WQ. Start allocating workers to the follow-up WQ.	sacilowskia@hss.edu meij@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com lynchma@hss.edu ashok.miriyala@tarponhealth.com wolfd@hss.edu
Level 3 *Downtime = 7-14 days*	Further escalation takes place: Loop in any internal (IT, etc.) or external (Payer, Vendors) that could help resolve the issue.	sacilowskia@hss.edu meij@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com lynchma@hss.edu ashok.miriyala@tarponhealth.com wolfd@hss.edu taylorme@hss.edu
Level 4 *Downtime = Indefinitely*	Discuss as an operations and automation team what adjustments need to be made to resume operations as they were pre-automation. Documentation is reviewed for Epic changes that were made during the implementation.	sacilowskia@hss.edu meij@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com lynchma@hss.edu ashok.miriyala@tarponhealth.com wolfd@hss.edu taylorme@hss.edu Mollie to choose any additional parties

3.4 Revisions

Complete the table below for any document revisions

Rev. #	Date	Section/page	Revision summary	Author