

Vandalia Health

Eligibility Alerts – Part 1

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 primary objective of this automation is the end-to-end resolution of in-scope eligibility alerts. Utilizing a Dispatcher/Performer architecture, the solution will automate data extraction from eCare, validate eligibility against predefined scope requirements, and perform necessary data enrichment. The process concludes with synchronized updates in Cerner and eCare, supported by a robust exception-handling framework to ensure operational transparency and data integrity.

1.2 Operational metrics

The automation is expected to impact the following operational metrics. Please note that specific targets are currently under review; however, the following represent baseline metrics for this initiative:

- **Operational Productivity:** Automating alert processing directly reduces manual effort, shifting the focus of FTEs toward complex, high-value tasks.
- **Capacity Reinvestment:** Reclaimed labor hours may be redeployed to address backlogs and support revenue-generating initiatives.

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
Jordan Coutu	Operational Owner	Jordan.Coutu@vandaliahealth.org
Dawn Crist	Operational Owner	Dawn.Crist@vandaliahealth.org
Megan Humphreys	Operational SME(s)	Megan.Humphreys@vandaliahealth.org
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Phil Breeden	Developer	Phil.Breeden@tarponhealth.com

II. AUTOMATION DETAILS

2.1 Automation Overview

Item	Description
Area / Department	Revenue Cycle
Automation Name	Eligibility Alerts – Part 1
Automation Description	Resolution of Eligibility Alerts for alert codes 1461, 24554, 28978 and 29156

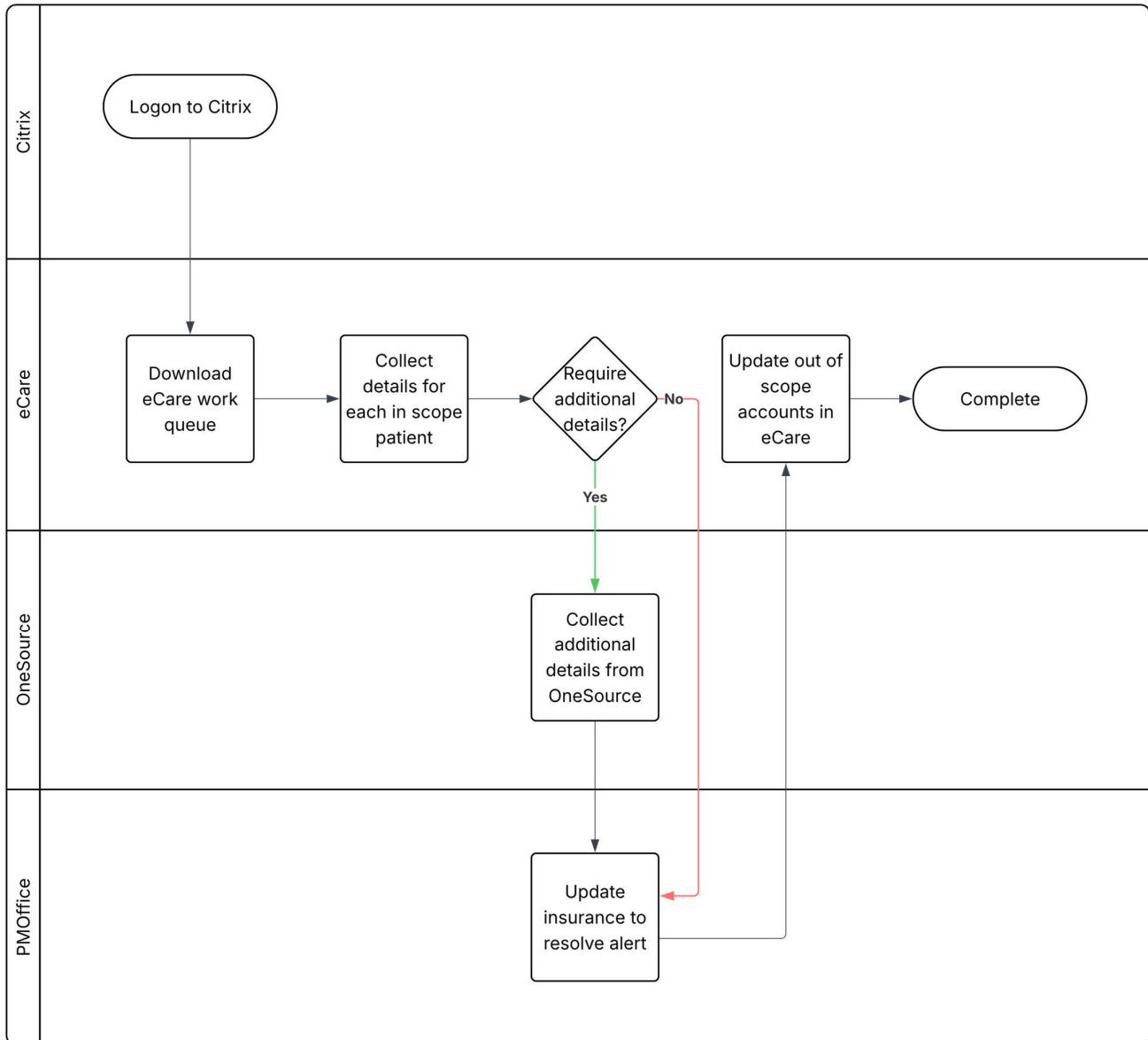
2.2 Applications

The table below lists the applications being utilized by the automation

Application	Comments / Access Needs
Citrix	Require permission to login to access applications required for workflow
Cerner – PM Office	Require permission to access patient accounts and post eligibility alert corrections via 'Modify Insurance' Conversation
ECare NEXT Work Queue (via Experian Nextbar)	Require permission to download in scope work queue(s) & search patients to read additional information
OneSource (via Experian Nextbar)	Require permission to search patients to read additional information

2.3 High-Level Process Map

The diagram below contains the high level steps the automation will take



2.4 Detailed Automation Steps

2.4.1 Assumptions

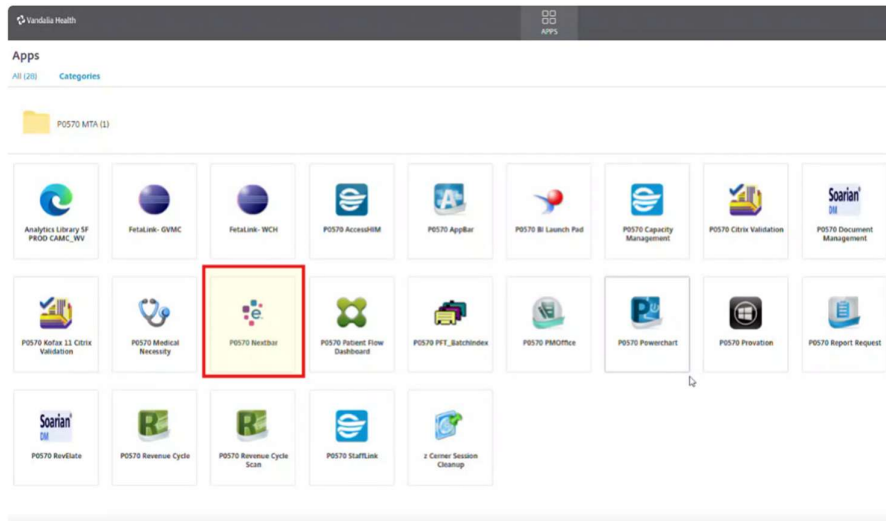
1. Process will leverage a Dispatcher/Performer architecture with multiple Performers
2. Process will be limited to in scope alerts
 - a. 24554 – “Subscriber name in registration does not match subscriber name in eligibility response”
 - b. 28978 – “Please Enter the Missing Group Number”
 - c. 29156 – “Please Enter the Missing Group Name”
 - d. 1461 – “Incorrect Plan Code '[current plan]' should be replaced with one of the following: [replacement plan]”
 - i. Some alert 1461 descriptions are out of scope, as outlined in the ‘OneSource Crosswalk’ tab of the Plan Toolkit
3. Process will be limited to in-scope Patient Types
 - a. See ‘Patient Type Scope’ tab of the Plan Toolkit for full list

4. Out of scope alert handling
 - a. Any alert not outlined above is out of scope for this process
 - b. The bot may work any in-scope alert, regardless of additional out of scope alerts present on the same account &/or insurance tab
5. Bot schedule
 - a. To start we suggest running the nightly Dispatcher at a time when the least number of staff are likely to be working alerts.
 - b. The multiple performers will then run overnight to clear out as many alerts as possible before more staff sign on.
 - c. The automation can be updated to run multiple times per day once validated

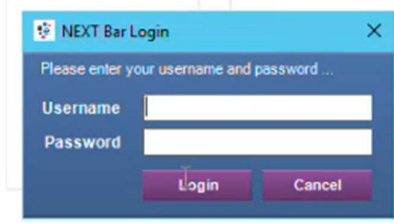
2.4.2 UiPath Dispatcher (export eCare work queue)

1. Login to Citrix via URL
 - a. URL path: <https://myaccess.camc.org/logon/LogonPoint/tminindex.html>
 - b. Complete multi factor authentication
 - c. Is login successful?
 - i. If successful, proceed to step 2
 - ii. If not successful, retry (max 3 attempts)
 1. If retry is not successful after 3 attempts, log system exception (SE1)
 - a. Reason: Citrix login failure
 - b. Post-Condition: Email notification to Operations team & terminate automation
To: RPA.Notifications@vandaliahealth.org
Subject: Eligibility Alert Bot – Cannot login to Citrix
Message: Please be informed that the Eligibility Alert bot was unable to login to Citrix after 3 attempts on [datetime stamp].
 - c. Transaction Status: Failed

2. Login to eCare by selecting the Nextbar tile in Citrix



Then enter credentials:



a. Is login successful?

i. If successful, proceed to step 3

ii. If not successful, retry (max 3 attempts)

1. If retry is not successful after 3 attempts, log system exception (SE2)

a. Reason: eCare login failure

b. Post-Condition: Email notification to Operations team & terminate automation

To: RPA.Notifications@vandaliahealth.org

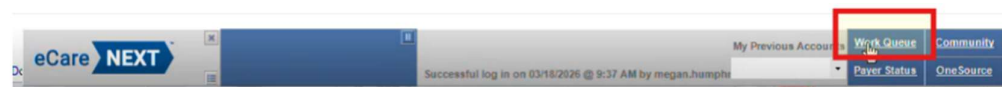
Subject: Eligibility Alert Bot – Cannot login to eCare

Message: Please be informed that the Eligibility Alert bot was unable to login to eCare after 3 attempts on [datetime stamp].

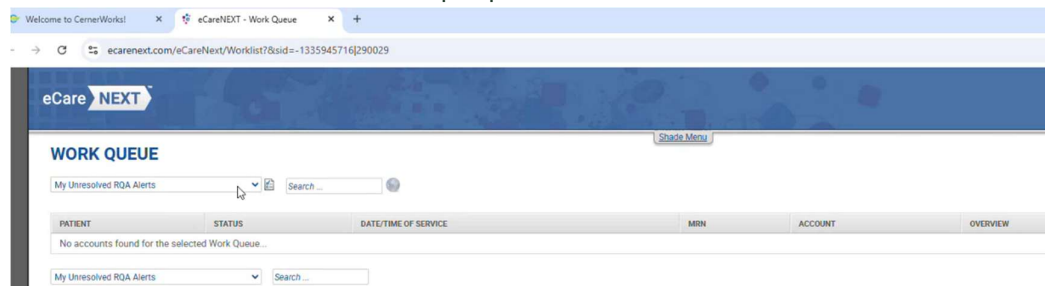
c. Transaction Status: Failed

3. Export work queue file from eCare

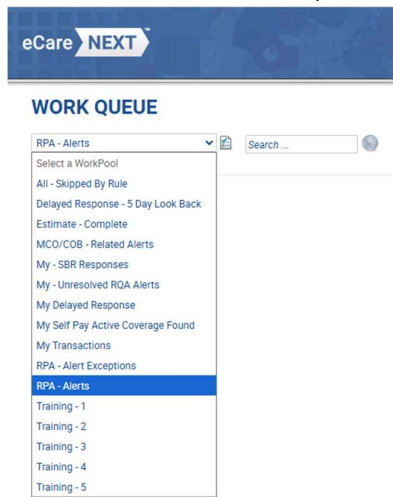
a. Click 'Work Queue' from NextBar



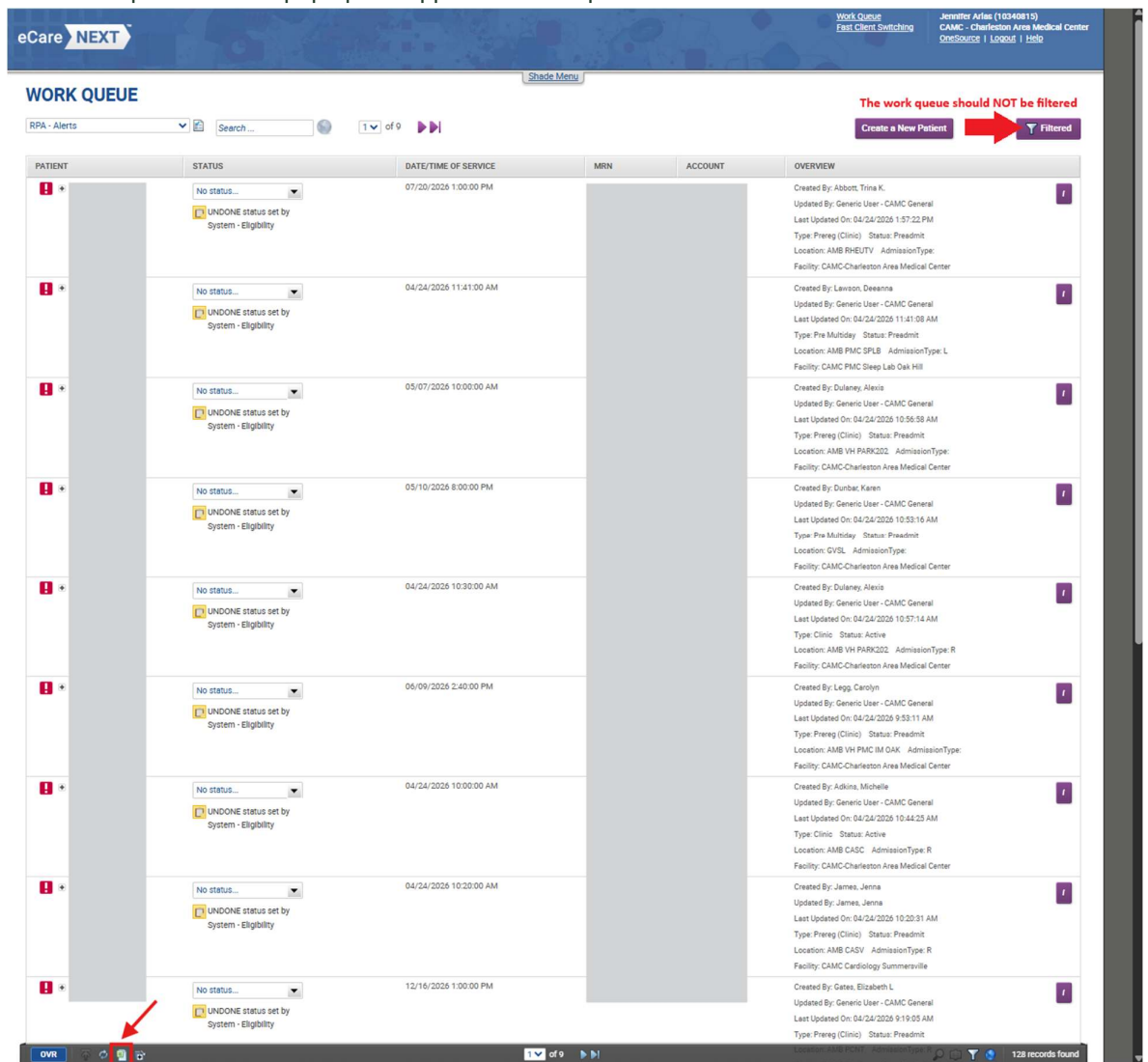
b. A new tab in the browser window will open per below



- c. Select 'RPA Alerts' from drop down



- d. Click the export button. A pop-up will appear called 'Export to Excel'.



- i. Ensure that the work queue is not filtered. If it is, the below banner will appear:

Export to Excel

The current queue is filtered and will be exported as such.

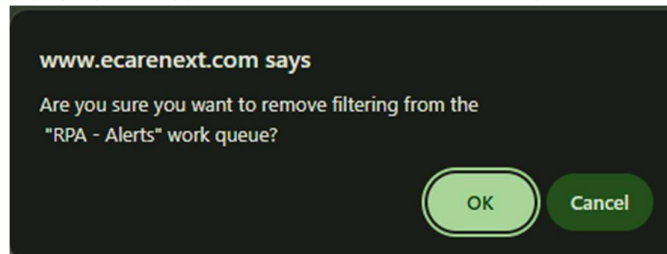
Exporter Filters
Select All Filters

Submit and View
Refresh

1. To remove filter, click the 'Filtered' button and wait (~20 seconds), then 'Remove Filter' and wait again (~20 seconds)

The screenshot shows the 'WORK QUEUE' interface. At the top right, there is a 'Filtered' button. Below the header, there are several filter sections: 'Patient' (Last Name, Type, Location, Status, WorkCenter, Accommodation, Event, Address, Facility, Department, Coverage, Primary Policy, User), 'Guarantor' (Last Name, First Name, Middle Name, Date of Birth, Gender, Address, City, State, Zip Code, Relationship), and 'Insurance' (Date of Service, Policy Number, Insurance Name, Insurance Memonetic, Coverage Status, Alert Code, Alert Trigger User, Alert Type, Alert Created Date, Self Pay). At the bottom right, there are buttons for 'Remove Filter' and 'Save As New Filter'.

2. A pop-up will appear. Click 'OK', then resume export



- e. Select the following fields:
 - i. 'Common' section:
 1. Account Number
 - ii. 'Patient' section:
 2. Last Name
 3. First Name
 4. Middle Name
 5. Gender
 6. Date of Birth
 7. Patient Type
 8. Service Date
 - iii. 'Guarantor' section:
 9. First Name
 10. Middle Name
 11. Last Name
 12. Date Of Birth
 13. Address 1
 14. Address 2
 15. City
 16. State
 17. Zip Code
 18. Relationship
 - iv. 'Insurance' section:
 14. Insurance Count (this indicates how many insurances are on file for the account)

15. Primary Insurance Mnemonic
16. Primary Insurance Policy Number
17. Primary Insurance Group Number
18. Secondary Insurance Mnemonic
19. Secondary Insurance Policy Number
20. Secondary Insurance Group Number
21. Tertiary Insurance Mnemonic
22. Tertiary Insurance Policy Number
23. Tertiary Insurance Group Number
24. Quaternary Insurance Mnemonic
25. Quaternary Insurance Policy Number
26. Quaternary Insurance Group Number
27. Quinary Insurance Mnemonic
28. Quinary Insurance Policy Number
29. Quinary Insurance Group Number

Export to Excel

Exporter Filters

Select All Filters

Common

☒ Account Number
 ☐ MRN
 ☐ Enterprise MRN
 ☐ Original Triggered User
 ☐ Triggered User
 ☐ Most Recent Run Date
 ☐ Event Reason Code
 ☐ Date Created
 ☐ Notice Of Admission
 ☐ Date Updated

Patient

☒ Last Name
 ☒ First Name
 ☒ Middle Name
 ☐ Name Suffix
 ☒ Gender
 ☒ Date of Birth
 ☐ Language
 ☐ Whole Name

Patient Demographics

☐ Address 1
 ☐ Address 2
 ☐ City
 ☐ State
 ☐ Zip Code
 ☐ Phone

Patient Visit Details

☐ Admission Type
 ☐ Appointment Status
 ☐ Patient Class
 ☐ Service Type
 ☐ Service Date
 ☐ Admission Date
 ☐ Follow-up Date
 ☐ Patient Module
 ☐ Patient Status
 ☒ Patient Type
 ☐ Visit Type ID
 ☐ Visit Type Description
 ☐ Expected Service
 ☐ Service Provider ID
 ☐ Service Provider Name
 ☐ Area
 ☐ Location
 ☐ Department
 ☐ Is Self Pay
 ☐ Precert Numbers
 ☐ PPE Amount
 ☐ Admission Reason
 ☐ Visit Time
 ☐ Discharge Date

Submit and View

Refresh

Create New Export

Notify by email? ☐ Yes ☒ No

Email Address

Description	Submitted	Available	Total Rows	Viewed	
RPA - Alerts	27/Apr/2026 09:43:02	27/Apr/2026 09:43:04	120	1	view delete

v. No selections should be made in the 'Alerts' section to ensure everything in the queue is exported.

Alerts

☐ None
 ☐ All
 ☐ Actionable
 ☐ Informational

1. If a radio button is selected in the Alerts section, click 'Select All Filters' at the top of the pop-up.
 - a. The button will update to say 'Unselect All Filters'. Then click that to remove all selections, then re-select only the intended items.
- f. Click 'Create New Export' button, then wait for file to load.
 - i. While the report loads, there will be a spinning wheel where the 'view' button will eventually appear (left of the 'delete' button)

Submit and View

Refresh

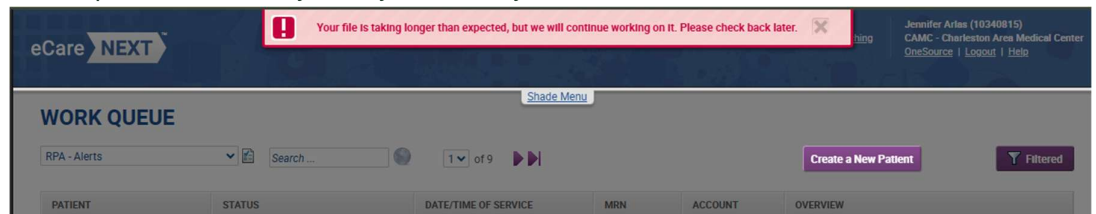
Create New Export

Notify by email? ☐ Yes ☒ No

Email Address

Description	Submitted	Available	Total Rows	Viewed	
RPA - Alerts	14/Apr/2026 13:23:51	31/Dec/0 22:07:02	0	0	delete

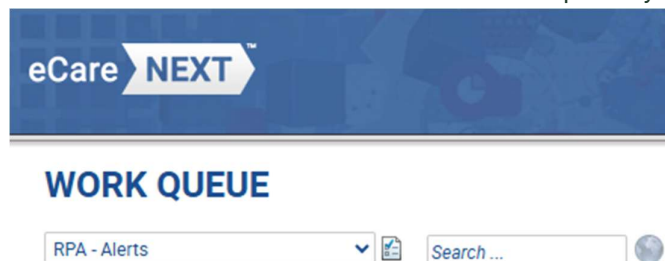
- ii. If the report takes a while you may additionally see the below alert



- g. Click 'view' button next to the newly generated report (top row, 'Viewed' value will be 0)
 - i. Clicking 'view' will export the data to the local, where it will be retrieved for the next step
- 4. Load export data into the Orchestrator Queue
 - a. See 'Export & Queue' tab of Plan Toolkit for more detail
- 5. For each row in the queue, run business validation: Is the patient_type in scope per the 'Patient Type Scope' tab in the Plan Toolkit?
 - a. If yes, proceed to next step
 - b. If no, log business exception (BE1)
 - i. Reason: Patient Type is out of scope.
 - ii. Post-Condition: Log BE for this account (will need to update eCare in Performer 4)

2.4.3 UiPath Performer 1 (read alerts from eCare)

1. Login to Citrix via URL (see step 2.4.2.1)
2. Login to eCare by selecting the Nextbar tile in Citrix (see step 2.4.2.2)
3. Retrieve data from Orchestrator Queue
 - a. > 0 pending items in Orchestrator Queue?
 - i. If yes, proceed to next step
 - ii. If no, end Performer 1
4. Read additional data from eCare
 - a. Search next 'Account Number' in the 'RPA Alerts' queue by entering it in the search bar



- i. If no results populate, log business exception (BE2)
 1. Reason: Account not found in eCare.
 2. Post-Condition: Log only (cannot update this account in Performer 4 if it cannot be found in eCare)
 3. Transaction Status: Failed

- b. If results populate, they will be in a drop down beneath the search bar. To select the result, click on it, or utilize keyboard down arrow, then [Enter].

- i. If there are multiple results, select the one where the “Acct. #” in the drop down matches the Account Number from the original export

- c. Click ‘COVERAGE’ on left side panel

- d. Capture data **for each insurance tab** present. Tabs are in order of coverage (first tab = primary, etc.)

i. Capture coverage data

1. From 'Coverage Alerts', capture Insurance name, alert codes, & descriptions
2. From the 'Subscriber' box, capture MBI (if present)

e. Add 1 row for each alert to the Orchestrator Queue

- i. For each alert, log BE3 if it is out of scope (see section 2.4.1.2 for scope)
 1. Reason: Alert is not in scope.
 2. Post-Condition: Log BE for this account (will need to update eCare in Performer 4)
- ii. If any of the alerts captured from that tab are in scope, additionally capture any of the following 'Discrepancies' present: Group Name, GroupNumber, Policy Number, Subscriber Name
 1. Click 'Discrepancies'

2. A separate pop-up window will appear with any combination of discrepancies

Discrepancies [Print] [Close]

Data Submitted		Data Received	
Highmark Blue Cross Blue Shield of West Virginia (Highmark Blue Cross Blue Shield)			
Eligibility Status	[NOT SUPPLIED]	Eligible.	Eligibility Status
Group Name	[NOT SUPPLIED]	BLACKHAWK MINING LLC	Group Name
Group Number	[NOT SUPPLIED]	W29927M032	Group Number
Passport Reference Number	[NOT SUPPLIED]	20260414-51864515	Passport Reference Number

Discrepancies [Print] [Close]

Data Submitted		Data Received	
Highmark Blue Cross Blue Shield of West Virginia (Highmark Blue Cross Blue Shield)			
Eligibility Status	[NOT SUPPLIED]	Eligible.	Eligibility Status
Group Number	JNT204M201	JNT204M101	Group Number
Passport Reference Number	[NOT SUPPLIED]	20260414-54174405	Passport Reference Number
Policy Number	[NOT SUPPLIED]	A1234567890	Policy Number
Subscriber Name	BEAR, PAPA L	BEAR, MAMA J	Subscriber Name

- iii. If the alert is 1461, additionally scrape the NPI from the Full Responses tab

COVERAGE [Shade Menu] [View Alert Status]

☒ Medicare (Medicare)
 ☒ Medicaid West Virginia (Medicaid West Virginia)
 ☐ Home Health Medicare (HOMETOWN-HEALTH-MEDICARE)

CMS - Recipient is Eligible - Medicare Advantage

Medicare Advantage Available

CHECK ALL ALERTS

Copy All Print My Response Discrepancies Resubmit Change Payer Previous **Full Response**

My View Patient Plan Part A Part B Other Benefits

Medicare A and B Eligibility

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Member is Eligible for Medicare Advantage

SEARCH CRITERIA

NPI	1588373872
Medicare ID	
Last Name	
First Name	
Date of Birth	
Eligibility Coverage Type	
Beginning Plan Date	
Ending Plan Date	

SUBSCRIBER

Name	
Member ID Number	
Address	
Date of Birth	
Sex	
Eligibility Date(s)	

ACTIVE COVERAGE

Service Type	Insurance Type	Message	Plan Date

General Alerts

☒ No Alerts

Coverage Alerts

Code: 1461 **Medicare**
Alert - Incorrect Plan Code 'Medicare' should be replaced with one of the following: THE HEALTH PLAN MEDICARE ADVANTAGE

Code: 10 **Medicare**
Medicare replacement policy in effect - Review eligibility response for replacement policy information.

Code: 7 **MEDICARE-ELIG**
Passport Medicare HMO

- iv. Note: Below is what it will look like if there are no alerts at all

COVERAGE

✓ Highmark Blue Cross Blue Shield (Highmark Blue Cross Blue Shield)

HMWV - Eligible

Copy All Print My Response Discrepancies Resubmit Change Payer Previous Full Response

My View Patient Plan In Network Out of Network Unspecified Network

Subscriber Physician [IN]

General Alerts
✓ No Alerts

Coverage Alerts
✓ No Alerts

5. Update alert row(s) in Orchestrator Queue w/ additional info

2.4.5 UiPath Performer 2 (Read OneSource data, if required)

1. Login to Citrix storefront (see step 2.4.2.1)
2. Login to OneSource from Nextbar

eCare NEXT

My Previous Accounts Work Queue Community Payer Status **OneSource**

Successful log in on 04/24/2026 @ 1:42 PM by jennifer.arias@

OneSource® CAMC - Charleston Area Medical Center (117954) User Info Help Logout Friday, April 24 2026

Welcome Jennifer Arias (CAMC - Charleston Area Medical Center). Your User ID is 10340815

Eligibility Notice of Care Claim Status Address Info Financial Services COB

Patient Access Products

- ★ eCare Next
- ★ eCare Next Create Patient

Tools (customize)

- ★ CPT/HCPCS Search
- ★ ICD-10 Search
- ★ ICD-9/ICD-10 Translator
- ★ Inpatient Acute DRG Search
- ★ Long Term Care DRG Search
- ★ Available Payers (New)
- ★ Customer Community Portal
- ★ Free Healthlinks
- ★ Medicare Advantage Plan List
- ★ Payer Status
- ★ Provider Directories
- ★ SP Knowledge Base
- ★ Training Videos
- ★ OneSource Training

Transactions

- ★ My Transactions
- ★ Reference Number Search

Favorites

Medicaid

- ★ Absolute Total Care
- ★ Aetna Better Health (FL)
- ★ Aetna Better Health (IL)
- ★ Aetna Better Health (KS)
- ★ Aetna Better Health (KY)
- ★ Aetna Better Health (LA)
- ★ Aetna Better Health (MD)
- ★ Aetna Better Health (MI)
- ★ Aetna Better Health (NJ)
- ★ Aetna Better Health (NY)
- ★ Aetna Better Health (OH)
- ★ Aetna Better Health (OK)
- ★ Aetna Better Health (PA)
- ★ Aetna Better Health (TX) CHIP
- ★ Aetna Better Health (TX)
- ★ Aetna Better Health (VA)
- ★ Aetna Better Health (WV)
- ★ Alabama
- ★ Alaska
- ★ AlohaCare
- ★ Amerigroup
- ★ Amerigroup-Wellpoint Iowa
- ★ Amerigroup-Wellpoint New Jersey
- ★ Amerigroup-Wellpoint Tennessee
- ★ Amerigroup-Wellpoint Texas
- ★ Amerigroup-Wellpoint Washington
- ★ Amerigroup-Wellpoint West Virginia
- ★ AmeriHealth Caritas District of Columbia
- ★ AmeriHealth Caritas New Hampshire
- ★ AmeriHealth Caritas North Carolina
- ★ AmeriHealth Caritas Ohio
- ★ AmeriHealth Caritas Pennsylvania Community HealthChoices
- ★ AmeriHealth Caritas Pennsylvania
- ★ AmeriHealth Caritas Southwest
- ★ AmeriHealth Caritas VIP Care Plus
- ★ AmeriHealth Northeast PA
- ★ AmeriHealth PA New West
- ★ AmeriHealth VIP Care
- ★ Arizona
- ★ Arkansas
- ★ BCBS of Texas STAR/CHIP
- ★ Blue Cross Community Health Plans
- ★ Blue Cross Complete of Michigan
- ★ Bridgeway Arizona

Commercial

- ★ AARP
- ★ AblePay Health
- ★ Absolute Total Care
- ★ Administrative Concepts
- ★ Administrative Services Inc.
- ★ Adventist Health System West
- ★ Aetna Better Health (IL)
- ★ Aetna Better Health (KS)
- ★ Aetna Better Health (NJ)
- ★ Aetna Better Health (TX)
- ★ Aetna
- ★ Aetna Long Term Care
- ★ AHS Health Plans
- ★ Align Senior Care (California)
- ★ Align Senior Care (Florida)
- ★ Align Senior Care (Michigan)
- ★ All Savers
- ★ Allegiance
- ★ Alliant Health Plans
- ★ Allied Benefit Systems
- ★ Allina Health Aetna
- ★ AlohaCare
- ★ Alternative Insurance Resources, Inc.
- ★ Ambetter from Magnolia Health
- ★ Ambetter from Meridian
- ★ Ambetter from Sunshine Health
- ★ Ambetter from WellCare of Kentucky
- ★ Ambetter from WellCare of New Jersey
- ★ Ambetter of Alabama
- ★ Ambetter of Georgia
- ★ Ambetter of Illinois
- ★ Ambetter of Oklahoma
- ★ Ambetter of Tennessee
- ★ AmeriBen
- ★ American Family Insurance Group
- ★ American General Life and Accident
- ★ American Insurance Administrators
- ★ American National Insurance Company
- ★ American National Insurance Company of Texas
- ★ American Postal Workers Union
- ★ American Republic Insurance
- ★ AmeriHealth Administrators
- ★ AmeriHealth Caritas North Carolina Next
- ★ AmeriHealth

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- a. A browser tab will open
- b. Is login successful?
 - i. If successful, proceed to step 3
 - ii. If not successful, retry (max 3 attempts)

1. If retry is not successful after 3 attempts, log system exception (SE3)
 - a. Reason: OneSource login failure
 - b. Post-Condition: Email notification to Operations team & terminate automation
 - To: RPA.Notifications@vandaliahealth.org
 - Subject: Eligibility Alert Bot – Cannot login to OneSource
 - Message: Please be informed that the Eligibility Alert bot was unable to login to OneSource after 3 attempts on [datetime stamp].
 - c. Transaction Status: Failed

3. Retrieve data from Orchestrator Queue (1 row per alert)
 - a. Filter for rows that require OneSource per "OneSource Required?" column in the 'OneSource Crosswalk'
4. Search the insurance per OneSource Crosswalk
 - a. Filter for the "Alert Description" column & input the value from the "OneSource Insurance Name" column into OneSource. Then click the correct insurance (see below for an example of each distinct OneSource Insurance)

b. Aetna

The screenshot shows the OneSource interface with the search bar containing 'Aetna'. The left sidebar contains navigation menus for Patient Access Products, Tools (customize), and Transactions. The main content area displays search results under the 'Aetna' filter. The 'Medicaid' section lists various Aetna Better Health plans across different states (FL, IL, KS, KY, LA, MD, MI, NJ, NY, OH, OK, PA, TX, VA, WV). The 'Commercial' section lists Aetna Better Health (IL, KS, NJ, TX), Aetna, Aetna Long Term Care, and Allina Health Aetna. The 'Dental' section lists Aetna Dental and Aetna.

c. Humana

The screenshot shows the OneSource interface with the search bar containing 'Humana'. The left sidebar contains navigation menus for Patient Access Products, Tools (customize), and Transactions. The main content area displays search results under the 'Humana' filter. The 'Favorites' section lists Aetna and UnitedHealthcare. The 'Medicaid' section lists Humana CareSource (KY) and Humana Healthy Horizons. The 'Commercial' section lists Humana. The 'CHIP' section is empty. The 'Dental' section is empty.

d. The Health Plan

- i. Replacement Fin Class = Commercial or Medicare Advantage

The screenshot shows the OneSource interface with the search bar containing 'The Health Plan'. The left sidebar contains navigation menus for Patient Access Products, Tools (customize), and Transactions. The main content area displays search results under the 'The Health Plan' filter. The 'Favorites' section lists UnitedHealthcare and West Virginia. The 'Commercial' section lists The Health Plan and The Health Plan of West Virginia. The 'Dental' section is empty.

ii. Replacement Fin Class = Medicaid HMO

Search results for 'the health plan':

- Favorites:** Aetna, Humana, The Health Plan, UMR Wausau, UnitedHealthcare, West Virginia.
- Medicaid:** The Health Plan (highlighted with a red box).
- Commercial:** The Health Plan, The Health Plan of West Virginia.
- CHIP:**
- Dental:**

e. The Health Plan of West Virginia

Search results for 'The health plan of west virginia':

- Favorites:**
- Medicaid:**
- CHIP:**
- Medicare:**
- Commercial:** The Health Plan of West Virginia.
- Dental:**

f. UMR Wausau

Search results for 'UMR Wausau':

- Favorites:** Aetna, Humana, The Health Plan, UMR Wausau, UnitedHealthcare, West Virginia.
- Medicaid:**
- CHIP:**
- Commercial:** UMR Wausau (highlighted with a red box).
- Dental:**

g. UnitedHealthcare

Search results for 'UnitedHealthcard':

- Patient Access Products:** eCare Next, eCare Next Create Patient.
- Tools (customize):** CPT/HCPCS Search, ICD-10 Search, ICD-9/ICD-10 Translator, Inpatient Acute DRG Search, Long Term Care DRG Search, Available Payers (New), Customer Community Portal, Free Healthlinks, Medicare Advantage Plan List, Payer Status, Provider Directories.
- Favorites:** Aetna, West Virginia.
- Medicaid:** UnitedHealthcare Community Plan KS - Kancare.
- CHIP:**
- Commercial:** UnitedHealthcare (highlighted with a red box), UnitedHealthcare Life Insurance Company, UnitedHealthcare Neighborhood Health Partnership NHP (FL), UnitedHealthcare West.
- Dental:**

h. West Virginia

Search results for 'West Virginia':

- Eligibility:** Notice of Care, Claim Status, Address Info, Financial Services, COB.
- Patient Access Products:** eCare Next, eCare Next Create Patient.
- Tools (customize):** CPT/HCPCS Search, ICD-10 Search, ICD-9/ICD-10 Translator, Inpatient Acute DRG Search, Long Term Care DRG Search, Available Payers (New), Customer Community Portal, Free Healthlinks, Medicare Advantage Plan List, Payer Status, Provider Directories.
- Favorites:**
- Medicaid:** Amerigroup-Wallpoint West Virginia, Highmark-West Virginia, UnitedHealthcare Options West Virginia, West Virginia (highlighted with a red box).
- CHIP:**
- Commercial:** Highmark BCBS of West Virginia, The Health Plan of West Virginia.
- Dental:** Delta Dental of West Virginia.

- i. For each alert, log BE4 unable to find/select the proper insurance in OneSource
 - i. Reason: Unable to locate insurance in OneSource.
 - ii. Post-Condition: Log BE for this account (will need to update eCare in Performer 4)

5. Search for patient

- a. OneSource inputs

- i. **Search Options:** Input the value from the crosswalk from “OneSource 'Search Options'” (column K)
- ii. **NPI:** Input the value read from eCare
- iii. **Subscriber Name/Medicare HIC Number/Member ID/Medicare Number:** Input the policy_number exported from eCare
- iv. **Patient Name/Name:** Input the patient name exported from eCare
- v. **Subscriber DOB:** Input the guarantor DOB exported from eCare
- vi. **Patient DOB/DOB:** Input the patient DOB exported from eCare
- vii. **Eligibility Coverage Type:** “Hospital – Outpatient”
- viii. **Date of Service:** Input the patient Service Date exported from eCare
- ix. (see below for an example of each distinct OneSource set of 'Search Options')

b. Aetna

Immediate response available.

Aetna Eligibility

Search Options:

NPI:

Subscriber ID:

Patient Date of Birth:

Patient Relationship:

Eligibility Coverage Type:

Beginning Date of Service:

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

c. Humana

Immediate response available.

Humana Eligibility

Search Options:

NPI:

Medicare Number:

Group Number:

Date of Birth:

Eligibility Coverage Type:

Date of Service:

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

d. The Health Plan

i. Replacement Fin Class = Commercial or Medicare Advantage

Immediate response available.

The Health Plan Eligibility

Search Options:

NPI:

Member ID:

Last Name:

First Name:

Date of Birth:

Sex:

Date of Service:

Go

New Batch **My Batches** **My Singles**

Immediate response available.

The Health Plan Eligibility

Search Options:

NPI:

Medicare HIC Number:

Date of Service:

Go

New Batch **My Batches** **My Singles**

ii. Replacement Fin Class = Medicaid HMO

Immediate response available.

The Health Plan Medicaid Eligibility

Search Options:

NPI:

Member ID:

Last Name:

First Name:

Date of Birth:

Sex:

Date of Service:

Go

New Batch **My Batches** **My Singles**

Immediate response available.

The Health Plan Medicaid Eligibility

Search Options:

NPI:

Medicare HIC Number:

Date of Service:

Go

New Batch **My Batches** **My Singles**

e. The Health Plan of West Virginia

Immediate response available.

The Health Plan of West Virginia Eligibility

NPI:

Subscriber ID:

Last Name:

First Name:

Date of Birth:

Go

New Batch **My Batches** **My Singles**

f. UMR Wausau

Immediate response available.

UMR Wausau Eligibility

Search Options: Patient Name, Patient DOB ▼

NPI: Please make a selection ▼

Patient Last Name:

Patient First Name:

Patient Date of Birth: 

Relationship to Subscriber: Please make a selection ▼

Eligibility Coverage Type: Please make a selection ▼

Date of Service: 04/27/2026 

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

g. UnitedHealthcare

Immediate response available.

UnitedHealthcare

Search Options: Patient Name, Patient DOB ▼

NPI: Please make a selection ▼

Patient Last Name:

Patient First Name:

Patient Date of Birth: 

Group Number:

Relationship to Subscriber: Please make a selection ▼

Eligibility Coverage Type: ▼

You must choose from either the Eligibility Coverage Type dropdown or the Coverage Type Grouping dropdown. Multiple Transactions will be billed by choosing a Coverage Type Grouping. Please see details by clicking the information symbol next to the dropdown below.

Coverage Type Grouping: ▼

Beginning Date of Service: 04/24/2026 

Ending Date of Service: 04/24/2026 

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

h. West Virginia

Immediate response available.

West Virginia Medicaid Eligibility

Search Options:

NPI:

Last Name:

First Name:

Date of Birth:

Beginning Date of Service:

Ending Date of Service:

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

- i. For each alert, log BE5 if no results are returned for the patient in OneSource
 - i. Reason: Unable to locate patient in OneSource.
 - ii. Post-Condition: Log BE for this account (will need to update eCare in Performer 4)

6. Read additional data from OneSource

HUMANA

Eligible

★ My View

Patient
Plan
In Network
Out of Network
Unspecified Network

Subscriber

Demographics

Member ID Code

Name

Sex

Date of Birth

Address

MBI

Dates

Service **06/26/2026**

Group

Group ID

Group Name

Smart Tools

Posting

[Suggestions](#)

Do you have suggestions for new ways to use Smart Tools? We value your input; let us know what you think.

Patient

Demographics

Member ID Code

Relationship

Name

Sex

Date of Birth

Address

MBI

Dates

Service **06/26/2026**

Group

Group ID

Group Name

General Benefits [IN]

Health Benefit Plan Coverage

Deductible

Individual \$283.00 Year to Date

\$0.00 Remaining

Limitations \$251.75 Year to Date

Coverage Individual

Time Period Year to Date

Limitations \$9,999,748.24 Remaining

Coverage Individual

Time Period Year to Date

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Experian Health Reference #: 20260506-85803595

Transaction run on 5/6/2026 4:42:12 PM CT by Jennifer Arlas (CAMC - Charleston Area Medical Center)

Click this icon to copy the entire 'Patient' pane

- a. Member ID Code
- b. MBI (if present)
- c. Group ID
- d. Group Name

7. Update alert row(s) in Orchestrator Queue w/ the additional information

```
## Example model for the performer's unique unit of work (1 row per alert code)
TransactionItem:
    """Represents a single transaction row after the eCare scrape."""
    # 1. Patient Information/Subscriber Information (Repeated for every alert)
    account_number: str
    patient_last_name: str
    patient_first_name: str
    patient_gender: Optional[str]
    patient_dob: date
    patient_type: str
    service_date: date
    guarantor_last_name: str
    guarantor_first_name: str
    guarantor_middle_name: Optional[str]
    guarantor_dob: date
    guarantor_address1: Optional[str]
    guarantor_address2: Optional[str]
    guarantor_city: Optional[str]
    guarantor_state: Optional[str]
    guarantor_zip: Optional[str]
    guarantor_relationship: str

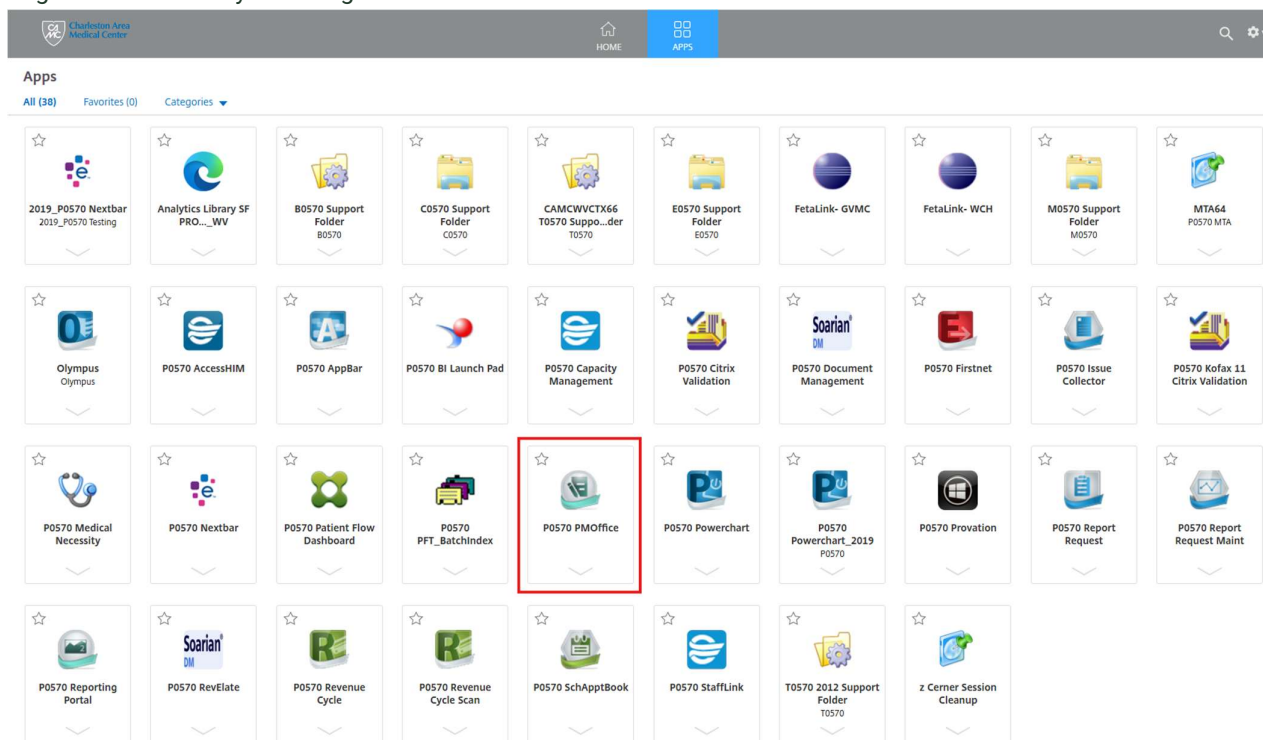
    # 2. Coverage Information (Specific to the alert, transformed from the eCare work queue export insurance fields)
    insurance_priority: int # 1=Primary, 2=Secondary, 3=Tertiary, 4=Quaternary, 5=Quinary
    insurance_mnemonic: str
    policy_number: str
    group_number: Optional[str]

    # 3. Alert Information (The 'Primary Key' of this row, scraped from eCare)
    alert_code: str
    alert_description: str
    npi: Optional[str] # only required when OneSource is required to resolve alert 1461 per OneSource Crosswalk in Plan Toolkit

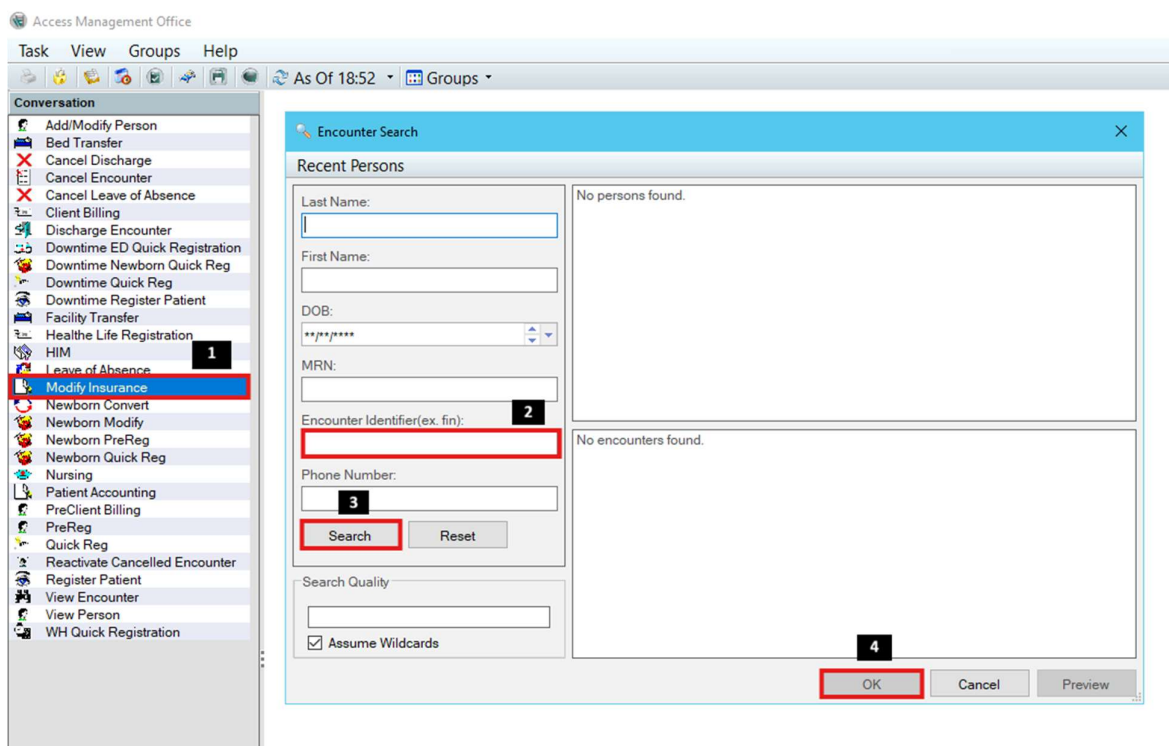
    # 4. Discrepancy Information (Specific to the alert, scraped from eCare)
    discrepancies_group_name: Optional[str]
    discrepancies_group_number: Optional[str]
    discrepancies_policy_number: Optional[str]
    discrepancies_subscriber_name: Optional[str]
```

2.4.5 UiPath Performer 3 (Write updates into PMOffice)

1. Login to Citrix storefront (see step 2.4.2.1)
2. Login to PM Office by selecting the tile in Citrix



3. Retrieve the next pending Transaction Item from the Orchestrator Queue
4. Search next FIN



- 4.1. Double click 'Modify Insurance' in the 'Conversation' sidebar
- 4.2. Enter FIN (i.e. "Account Number") into 'Encounter Identifier' field
- 4.3. Keyboard [enter] -OR- click 'Search', wait for result to populate where it says 'No encounters found' in screenshot above
- 4.4. Keyboard [enter] -OR- click 'OK'
- 4.5. Results will open in a new window
 - i. If no encounter is returned, log BE6
 1. Reason: FIN not found in PMOOffice
 2. Post-Condition: Log BE for this account (will need to update eCare in Performer 4)
 - ii. If a popup occurs
 1. AND it is accounted for in the 'PMOOffice Exceptions' tab in the Plan Toolkit, handle per 'Bot action(s)' (column E)
 2. AND it is NOT account for, log SE5
 - a. Reason: Unhandled popup after FIN search in PMOOffice
 - b. Post-Condition: Log SE for this account (will need to update eCare in Performer 4)

5. Update PMOOffice based on alert code

5.1. Alert 29156: Missing Group Name

- i. Select the corresponding insurance tab

The screenshot shows the 'Access Management Office' (AMO) interface. On the left is a 'Conversation' sidebar with a list of actions. The main area displays the 'Modify Insurance' form. The 'Insurance Primary' tab is selected and highlighted with a red box. The form includes fields for patient information (Last Name, First Name, Middle Name, Previous Last Name, Preferred First Name, Pronouns, Date of Birth, Age, Medical Record Number) and insurance details (Financial Number, Estimated Patient Responsibility, Financial Risk, PrefReg Status, Arrival Alert). The 'Insurance Summary' section is visible at the bottom, showing 'Clinical Trial #' and 'Clinical Trial Name'.

- ii. Scroll to the 'Plan Information' section

iii. Input the 'Group Name' from eCare

The screenshot shows the 'Modify Insurance' window with the 'Plan Information' tab active. A red arrow points to the 'Search for Health Plan' button. The 'Group Name' field is highlighted with a red box and a red '2'. The 'Group Number' field is highlighted with a red box and a red '1'. The 'Complete' button is highlighted with a red box and a red '3'. The status bar at the bottom shows 'JARLAS | P0570 | 5/6/2026 | 19:59'.

5.2. Alert 28978: Missing Group Number

i. Follow the same steps as 5.1, except update the Group Number for step iii

The screenshot shows the 'Modify Insurance' window with the 'Plan Information' tab active. A red arrow points to the 'Search for Health Plan' button. The 'Group Number' field is highlighted with a red box and a red '2'. The 'Group Name' field is highlighted with a red box and a red '1'. The 'Complete' button is highlighted with a red box and a red '3'. The status bar at the bottom shows 'JARLAS | P0570 | 5/6/2026 | 19:59'.

5.3. Alert 24554: Name mismatch

- Select the corresponding insurance tab (see 5.1.i for visual)
- Scroll to the 'Patient Details...' section
- Parse the 'Subscriber Name' read from the Discrepancies in eCare and input into the 'Last Name', 'First Name', & 'Middle Name' fields in PM Office

Modify Insurance

Images: Pt Agreement:

Address Verification

* Last Name: * First Name: Middle Name: Previous Last Name: Preferred First Name: Pronouns: Pronouns Other:

Suffix: Administrative Sex: * Social Security Number: Reason For No SSN: * Date of Birth: Age: Medical Record Number:

Financial Number: Estimated Patient Responsibility: Financial Risk: PreReg Status: Arrival Alert:

Insurance Summary Appointment Information Additional Contacts Insurance Primary Insurance Secondary Insurance Tertiary MSP Liability Patient Information Encounter Information Guarantor Information Worklist Management

Plan Information

Search for Health Plan

Health Plan Financial Class: Health Plan Type: Health Plan Name: Street Address: Street Address 2: Country: Zipcode:

City: State: Phone Number: Extension: Contact: * Subscriber Member Number: Group Name:

Group Number: Begin Effective Date:

Patient Details on File with Payer (Subscriber details on file with payer if other than "Self" relationship is selected)

* Last Name: * First Name: Middle Name:

SIMPSON HOMER

Discrepancies

Print Close

Date Submitted	Date Received
Highmark Blue Cross Blue Shield of West Virginia (Highmark Blue Cross Blue Shield)	
Eligibility Status	[NOT SUPPLIED] Eligible.
Group Name	[NOT SUPPLIED] COMPLETE BLUE PPO DISTINCT (PPO) LIS
GroupNumber	[NOT SUPPLIED] 12345678
Passport Reference Number	[NOT SUPPLIED] 20260506-85933552
Subscriber Name	SIMPSON, HOMER J

5.4. Alert 1461: Incorrect plan

- Select the corresponding insurance tab (see 5.1.i for visual)
- Scroll to the 'Plan Information' section and click 'Search for Health Plan' (or utilize keyboard shortcut ALT + H)

Modify Insurance

Images: Pt Agreement: Pt Agreement Date:

Address Verification

* Last Name: * First Name: Middle Name: Previous Last Name: Preferred First Name: Pronouns: Pronouns Other:

Suffix: Administrative Sex: * Social Security Number: Reason For No SSN: * Date of Birth: Age: Medical Record Number:

Financial Number: Estimated Patient Responsibility: Financial Risk: PreReg Status: Arrival Alert:

Insurance Summary Appointment Information Additional Contacts Insurance Primary Insurance Secondary Insurance Tertiary MSP Liability Patient Information Encounter Information Guarantor Information Worklist Management

Plan Information

Search for Health Plan

Health Plan Financial Class: Health Plan Type: Health Plan Name: Street Address: Street Address 2: Country: Zipcode:

City: State: Phone Number: Extension: Contact: * Subscriber Member Number: * Medicare MBI:

Group Name: Group Number: Begin Effective Date:

Patient Details on File with Payer (Subscriber details on file with payer if other than "Self" relationship is selected)

* Last Name: * First Name: Middle Name:

Complete **Cancel**

- This will open up a separate window
- Click 'By Plan Name' tab
- Paste the value from the 'Replacement Plan' column in the OneSource Crosswalk of the row with the corresponding 'Alert Description'
- Enter

- vi. Click 'OK' or Enter again

The 'Health Plan Search' window displays search results for 'HUMANA MEDICARE PEIA'. The 'By Plan Name' tab is selected. The search results show 'Humana Medicare PEIA -- Humana'. Below the search results, the 'Humana Medicare PEIA Contact Information' table is visible, showing the address 'PO Box 14601, Lexington, KY' and phone number '(800)783-4599'. The 'OK' button is highlighted.

1. Information is automatically updated and the 'Health Plan Search' window should disappear

- vii. Update the 'Subscriber Member Number', 'Medicare MBI', 'Group Name', & 'Group Number' with the Subscriber information scraped from eCare or obtained from OneSource

The 'Modify Insurance' window displays subscriber information and plan details. The 'Subscriber Member Number' and 'Medicare MBI' fields are highlighted in red. The 'Plan Information' section shows details for 'Humana Medicare Advantage'.

- viii. Scroll to 'Verify Status' and select "Verified" from the drop down
 ix. In the 'Verify Source' field, select "Automated" from the drop down

The 'Verify Status' and 'Verify Source' fields are highlighted in red. The 'Verify Status' field is set to 'Required' and the 'Verify Source' field is set to 'Automated'. The 'Verify Date' field is set to '05/06/2026'.

5.5. Save Changes + pop up handling

- i. Click 'Complete'
 1. Popup identified as a BE in the 'PMOffice Exceptions' tab in the Plan Toolkit, handle per 'Bot action(s)' (column E)
 - a. UiPath Result: Failure (log exception details)
 2. Popup identified in the 'PMOffice Exceptions' tab in the Plan Toolkit & is NOT a BE, handle per 'Bot action(s)' (column E)
 - a. UiPath Result: Success
 3. If a popup occurs and it NOT is accounted for in the 'PMOffice Exceptions' tab in the Plan Toolkit, log SE6
 - a. Reason: Unhandled popup after attempting to save in PMOffice
 - b. Post-Condition: Log SE for this account (will need to update eCare in Performer 4)
- ii. **Known items to follow up on during development:**
 1. There are several exceptions not yet completely outlined in the Plant Toolkit. Those details will be added as test cases are created and outstanding questions are answered.
 2. Follow up questions on the scenario where a clock icon appears in the 'Insurance Summary' tab indicating an expired plan that needs to be removed.

6. Update alert in Orchestrator queue

2.4.6 UiPath Performer 4 (Update eCare status, if required)

1. Login to Citrix via URL (see step 2.4.2.1)
2. Login to eCare by selecting the Nextbar tile in Citrix (see step 2.4.2.2)
3. Export work queue file from eCare (see step 2.4.2.3)
4. Load export data into **new** eCare status Orchestrator Queue (1 row per account #)
5. Retrieve data from **original** Orchestrator Queue (1 row per alert)
6. Identify exception accounts from original queue also present in the new queue
 - a. **If:** The **original** queue identified that the account number requires an eCare status update per column G in the 'Exception Handling' tab of the Plan Toolkit
-AND-
The account number is present in the **new** queue export (i.e. still in the eCare RPA work queue)
 - i. **Then:** Proceed to next step
 - b. **If:** The **original** queue identified that the account number requires an eCare status update per column G in the 'Exception Handling' tab of the Plan Toolkit
-AND-
The account number is **NOT** present in the **new** queue export (i.e. no longer in the eCare RPA work queue)
 - i. **Then:** Skip & update logs to indicate the account no longer requires an eCare status update to 'RPA Exception'
 - c. **Else:** Skip, no action or logging

7. Search 'Account Number' in the 'RPA Alerts' queue by entering it in the search bar

- a. If no results populate, log business exception (BE2)
 - i. Reason: Account not found in eCare.
 - ii. Post-Condition: Log only (cannot update this account if it cannot be found in eCare)
 - b. If results populate, they will be in a drop down beneath the search bar. To select the result, click on it, or utilize keyboard down arrow, then [Enter].
 - i. If there are multiple results, select the one where the "Acct. #" in the drop down matches the Account Number from the original export
8. Read alerts to confirm the alert tied to the exception is still present (see step 2.4.3.4.d for steps to read alerts)
 - a. If the alert that raised the exception is still present, proceed to next step
 - b. If the alert that raise the exception is no longer present, skip & update logs to indicate the account no longer requires an eCare status update to 'RPA Exception'

9. Update status to 'RPA Exception'

10. Update the Orchestrator Queue to indicate that the eCare status was updated to 'RPA Exception' for all successful updates

- a. Note that if an account number is updated for 1 alert, it does not need to be updated for other alerts on that same account number BUT it should be logged for all relevant exceptions that also require an eCare status update
- b. Example: Account 123456789 has 3 alerts with BE1.
 - i. BE1 requires an update in eCare per the Plan Toolkit 'Exception Handling' tab
 - ii. The bot only needs to update the eCare status for account 123456789 once (because the account will fall off the work queue after that is done for the alert in row #1). So, the performer does not need to take those steps again in eCare for rows 2 & 3.
 - iii. The log for rows 2 & 3 should still be updated to indicate that the performer action did occur for that account though

Row #	Account Number	Alert Code	Orchestrator Status	Performer 4 Action	Update Log
1	123456789	28978	BE1: Patient Type is out of scope	Update status to 'RPA Exception'	BE1: Patient Type is out of scope (Updated status to 'RPA Exception')
2	123456789	29156	BE1: Patient Type is out of scope	None (already updated)	BE1: Patient Type is out of scope (Updated status to 'RPA Exception')

3	123456789	24554	BE1: Patient Type is out of scope	None (already updated)	BE1: Patient Type is out of scope (Updated status to 'RPA Exception')
4	987654321	28978	Success	None (Success)	n/a

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	Vandalia Eligibility Alerts_Plan Toolkit.xlsx	Detailed description of input and output fields, exception handling, OneSource Crosswalk, list of in scope Patient Types, handling for Cerner pop ups

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
Patient Type must be a specific value (outlined in Plan Toolkit)	The Patient Type values in scope for this automation allow insurance updates via 'Modify Insurance' in PMOffice
The alert description for alert 1461 must be listed in the 'OneSource Crosswalk' of the Plan Toolkit	The resolution of this alert requires logic to reference that crosswalk
Pop ups that are not specifically identified in the 'PMOffice Exceptions' tab of the Plan Toolkit are not in scope	Build handling for high volume pop ups and allow low volume popups to cause system exceptions. We can add handling if volume supports it.

III. APPROVAL

3.1 Approval

Upon review and approval of this Process Definition Document (PDD), I, _____ 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

- Alerts can exist in multiple work queues at once, so staff members may work alerts that are in scope for RPA

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 <i>Downtime = 1-2 days</i>		
Level 2 <i>Downtime = 2-7 days</i>		
Level 3 <i>Downtime = 7-14 days</i>		
Level 4 <i>Downtime = Indefinitely</i>		

3.4 Revisions

Complete the table below for any document revisions

Rev. #	Date	Section/page	Revision summary	Author
1	3/18/2026	All	Added detailed prose	Michael Bordador
	3/20/2026	All	Sent to Vandalia for review	Michael Bordador
2	3/30/2026	All	Adjusted formatting	Jenn Arlas
3	4/16/2026	II. Automation Details	Added more detail + Updated to reflect REFramework / updated design & logging	Jenn Arlas
4	Regular edits through 5/6/2026	All	Added steps for new alert 1461, revised step by step, various updates in other sections as needed	Jenn Arlas
5	5/7/2026	2.4.6	Updated performer 4 to include steps to download export a 2 nd time for comparison to original export, as well as read alerts again (before making the status change in eCare).	Jenn Arlas
	5/7/2026		Sent to Vandalia for review	Jenn Arlas