Process Design Document / Solution Design Document

Process Name: IAH RM HB Prior Auth / ADR

Purpose of Document

This document serves as the technology policies and procedure for Intelligent Automation Hub at Geisinger

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TABLE OF CONTENTS

1. Document Control

Applies to:	All IAH RPA Operating Model
Classification:	Highly Confidential
Owner:	Intelligent Automation Hub Team

DOCUMENT HISTORY

Version	Date	Author	Approver	Reasons for Change
1.0	01/15/2024			Initial Draft

REVIEW/APPROVAL

Role	Name	Date
SME		
Process Owner		
Business Architect		
Lead Developer		
IAH Director		

STAKEHOLDERS

Role	Name	Email
Process Owner		
SME		
Business Architect		

IAH Director		
Lead Developer		

2. Document Details

2.1 PURPOSE OF THIS DOCUMENT

The Process Definition Document outlines the business process chosen for automation and the technology being utilized.

The document describes the sequence of actions performed as part of the business process, the conditions, and rules of the process prior to automation and how they are envisioned to work after automating it, partly or entirely. This specifications document serves as a base for developers, providing them with the details required for applying automation to the selected business process.

3. Current State Process Description

3.1 PROCESS SUMMARY

The automation will be utilized to review prior authorization claim denials captured in an Epic Claim Denial workqueue. If a prior authorization denial is received and there is no authorization documented in Epic, the automation will route the encounter to MyVisit for review. If a prior authorization denial is received and there is an authorization on file in Epic and it is for the service performed, the automation will submit a claim investigation. If a prior authorization denial is received, and MyVisit reviewed the account and returned a retro authorization, the automation will rebill the claim. If the denial does not meet one of the previous conditions, then it would be reported as a business exception and require manual review.

3.2 DATA FLOW & APPLICATIONS

3.2.1 INPUT

Input	Format	Location	Is it natively digital?	Is it structured?

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Epic Workqueue	Claim	Epic	Yes	Yes

3.2.2 OUTPUT

Output	Format	Location	Frequency	Comment
Epic Activity		Epic	Transaction Level	Route to MyVisit, Resubmit Claim, Send Claim Investigation
Email	Summary	Outlook	Each Run	Summary of Transactions Processed
Excel	XLS	Outlook/Email, Network Folder	Each Run	Transaction Details

3.2.3 APPLICATIONS

Application	Version	Interface	Req Key / Operation / URL	Comment
Epic	Resolute	Citrix	N/A	
Outlook	Enterprise	Local	N/A	
Excel	Enterprise	Local	N/A	
Availity	Web			

3.3 BUSINESS RULES

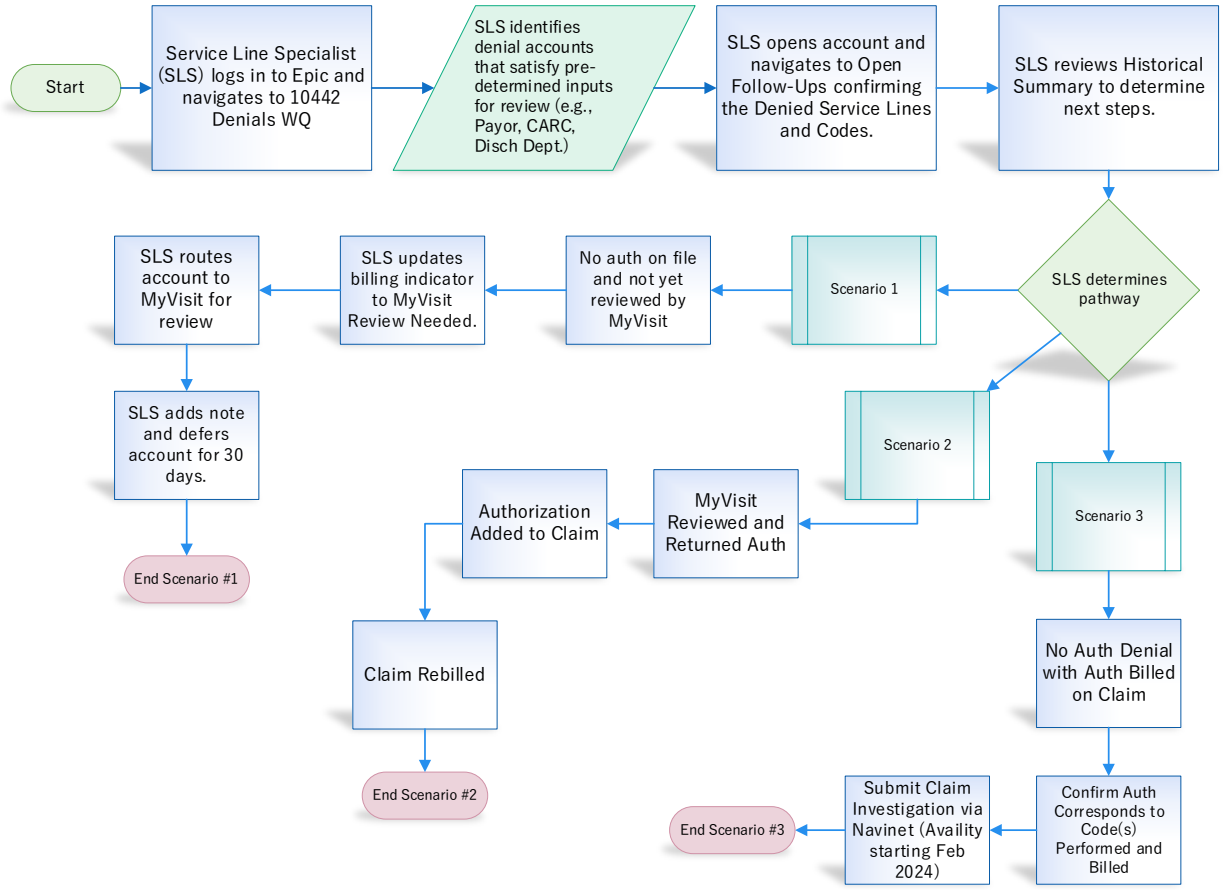
Rule	Detail
Automation frequency	Daily
Bot start time	TBD
Excluding Weekends and Holidays	TBD
SLAs	TBD

3.4 CURRENT STATE METRICS

Avg. Daily Transactions	# Batches Daily	Avg. Volume / Batch	Weekly Avg. Volume	Frequency
65	1	Backlog?	454	Daily

3.5 CURRENT STATE PROCESS FLOW

High Level Process Flow Diagram (Current state):



4. Future State Process Description

4.1 FUTURE STATE PROCESS FLOW

Bot Automation Process & Workflow Diagram (Future State):

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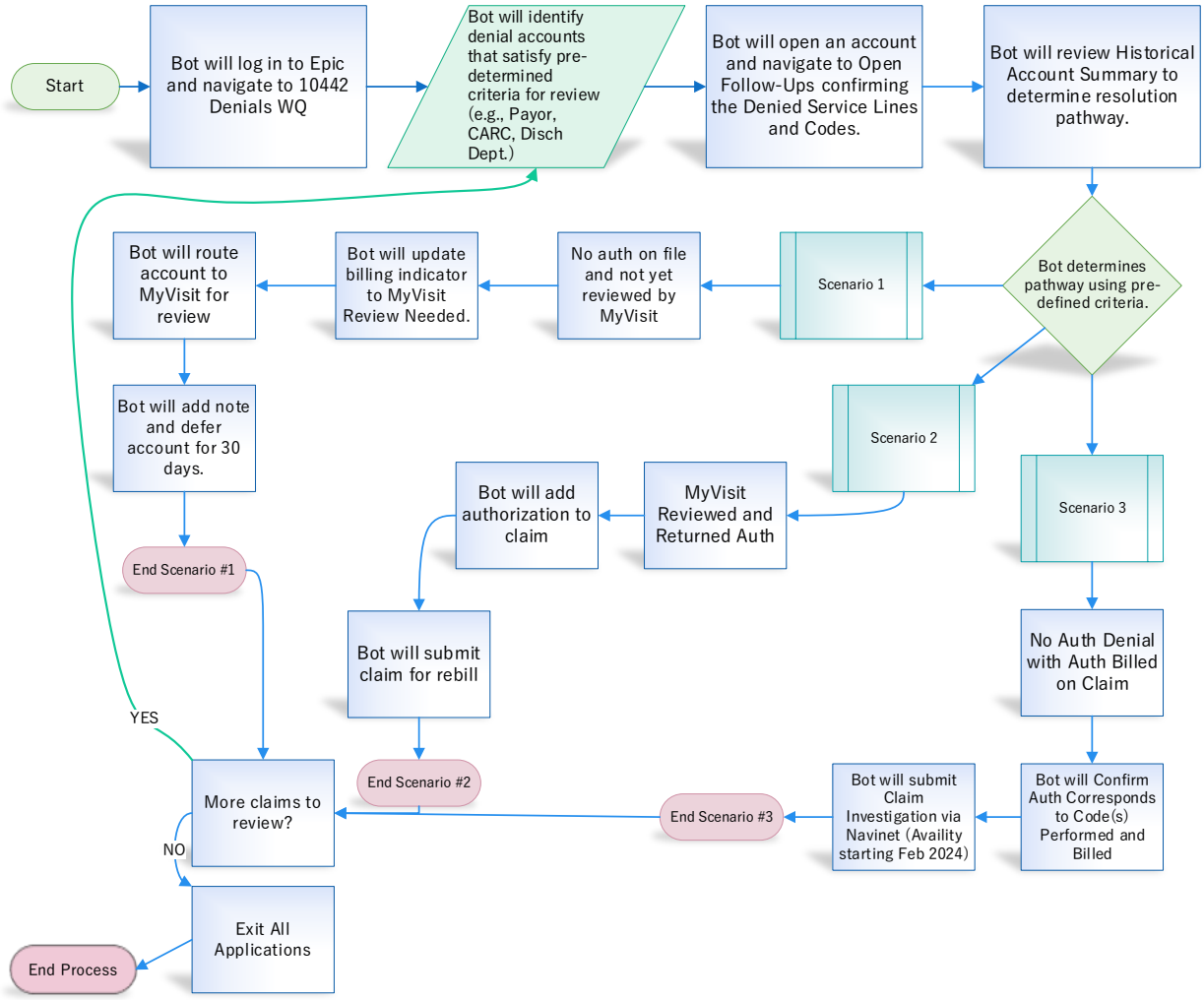

1. Bot will log in to Epic and navigate to the '10442 GS PA HB – Denials – BCBS – Billing' claim workqueue.
2. Bot will use pre-defined criteria to identify claims to review.
3. Bot will confirm details of Denied Services Lines (Rev Code(s) and CPT/HCPCS Code(s)).
4. Bot will review account historical summary to determine pathway using pre-defined criteria.
    a. Scenario 1 – Bot updates billing indicator and routes to MyVisit for review.
    b. Scenario 2 – Bot updates claim with authorization from MyVisit and submit rebill.
    c. Scenario 3 – Bot confirms auth on file corresponds to CPT/HCPCS Code(s) billed and submits claim investigation.
5. Once all qualifying claims are reconciled or the bot reaches the end of its runtime, the bot will exit all associated applications.

4.2 IN SCOPE FOR RPA

100% of current state process is in scope for RPA.

4.3 OUT OF SCOPE FOR RPA

The actions out of scope for RPA should be listed in the table below together with the reasoning.

Activity/Action	Reason for Out of Scope	Future State Solution	Measures to be taken for Future Automation
N/A	N/A	N/A	N/A

4.4 FUTURE STATE DETAILED STEPS

Step	Short Description of Key Process Steps	Screenshot for Reference
1.	Bot will launch Epic Production.	
2.	Bot will enter User ID.	
3.	Bot will enter Password.	
4.	Bot will click 'Log In'.	
5.	Bot will enter a department of 'Care Coordination [104720]'.	
6.	Bot will click 'Continue'.	

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7.	Bot will click Workqueue List Tab.	
8.	Bot will click on the Account tab.	
9.	Bot will review the list of workqueues to identify and locate '10442 GS PA HB – Denials – BCBS – Billing' on the workqueue list. *Note: SME illustrated favorited list of WQ's, bot may need to scroll if favorites not saved and enabled (i.e., 'Show All').*	
10.	Bot will double click on '10442 GS PA HB – Denials – BCBS – Billing' to open the claim denials workqueue. *Note: SME illustrated favorited list of WQ's, bot may need to scroll if favorites not saved and enabled (i.e., 'Show All').*	
11.	Bot will review WQ list to identify claims with a 'Reason Code(s) = 197 or 198' and an 'Acct Class = Outpatient'. *Note: Order of columns within WQ may vary.*	
12.	Once an in-scope claim is identified (i.e., both 'Reason Code' and 'Acct Class' criteria are met), bot will click on the row to highlight it.	
13.	Bot will scrape the Patient MRN of the highlighted row.	
14.	Bot will then select the 'Liability Buckets' tab.	

15.	Bot will click the red hyperlink 'Outstanding' to view the claim denial details.	
16.	On the Overview tab, under the section 'Open Follow-Ups', bot will click the hyperlink to access the open CO197 or CO198 prior auth denial. *If no open follow-ups are listed, bot will record it as a business exception. Bot will then return to the WQ to move on to next patient.*	
17.	Bot will scrape the denied 'Rev Code' (e.g., 0614) and CPT/HCPCS code (e.g., C8908) from the Denied Service Lines section. *Note: There may be multiple rows of denial data within this section.* *Bot will compare denied CPT/HCPCS code to a list of codes, or range of codes, provided by business. If denied CPT/HCPCS is on the list, indicating it is handled by MyVisit, process continues. If the denied CPT/HCPCS is not on the list, or does not fall within the specified range, bot will mark the account as a business exception, return to the WQ, and move on to the next eligible transaction.*	
18.	Bot will click the tab 'Hosp Tx Inquiry'.	
19.	Bot will select the box corresponding to the denied Rev Code(s) previously identified and scraped in Step 17. Note: Possibility exists for multiple denied revenue and CPT/HCPCS codes.	
20.	Once the appropriate box(es) is/are selected, bot will click the 'History' tab.	
21.	Bot will use the History tab 'Summary' to verify its path forward.	

	The bot will scan for key words and phrases "Precert Approved" and "MyVisit Review Completed [202]" to confirm next steps.	
22.	Scenarios:	• If "Precert Approved" and "MyVisit Review Completed [202]" are both absent from the historical summary, then the bot will follow steps detailed in '**Route to MyVisit for Review'**. • If "Precert Approved" is absent from the historical summary, but "MyVisit Review Completed" is present, then the bot will follow the detailed steps outlined in '**Resubmit Claim with Authorization'**. • If "Precert Approved" is present in the historical summary, but "MyVisit Review Completed [202]" is absent, then the bot will follow the detailed steps outlined '**Submit Claim Investigation**'.

Route to MyVisit for Review *Both "Precert Approved" and "MyVisit Review Completed [202]" are absent from the History tab 'Summary'*		
Step	**Short Description of Key Process Steps**	**Screenshot for Reference**
1.	Bot will click 'Review'. *Note: 'Review' can appear in various locations along Epic toolbar.*	
2.	The active account will appear on the screen, bot will click the patient listed under 'Currently Open'. *Note: Bot will confirm Patient listed under 'Currently Open' is the same patient as entered from the WQ by comparing the Currently Open MRN with the Patient MRN scraped in Step 13 of the base sequence.* *If MRNs do not match, bot will close pop-up, close active account tab, and record it as a business exception. Bot will then return to the WQ to move on to next patient.*	

3.	Bot will click on 'Chart Review' tab to ensure it is the active tab.	
4.	Bot will click on the 'Referrals' tab.	
5.	Bot will select the referral that corresponds to the denied CPT/HCPCS code(s) scraped in Step 17 of the base sequence. *Bot will require crosswalk or mapping table to match and translate CPT/HCPCS code(s) to Procedure name/description.*	
6.	Upon clicking on the corresponding referral, a sidebar window will open. The bot will scroll down the sidebar window to look for the '**Referral Notes**' section listing the prior authorization number. *If 'Referral Notes' section is unexpectedly present, bot will record it as a business exception. Bot will then return to the WQ to move on to next patient.*	
7.	Once confirmed 'Referral Notes' are absent, bot will click "x" to exit chart review returning to the hospital account.	
8.	Bot will verify the active tab reads 'Account WQ – 10442'.	
9.	Bot will click the tab 'Liability Buckets'.	
10.	Bot will click the  button. *Is this step necessary?*	
11.	Bot will click 'Account Activities'	

12.	On the right-hand sidebar, bot will select 'Modify Billing Indicator [299]'. *Note: SME illustrated selection from 'Recent' list. Bot may need to manually search for this activity during initial run.*	
13.	In right-hand sidebar, under 'Update Billing Indicators', bot will click in search bar, type "228", and click magnifying glass or press 'Enter' on keyboard.	
14.	Bot will select 'MyVisit Review Needed' from menu.	
15.	Bot will click '+Add'.	
16.	Bot will click in the text field under 'Add Note'.	
17.	Bot will document the following note, "Added BI on account for MyVisit review to determine if retro authorization can be obtained for CPT Code _____". Bot will use the CPT/HCPCS Code scraped in Step 17 of base sequence.	
18.	Under 'Account Workqueue Action', bot will click in search bar.	
19.	Bot will type '98002' and select magnifying glass or press enter on keyboard.	

20.	Bot will select 'Other' listing from pop-up menu.	
21.	Under 'Account Workqueue Action' bot will select 'Defer'.	
22.	Under 'Account Workqueue Action', bot will select '30d'	
23.	Under 'Account Workqueue Action', bot will click in comment field and enter note 'Pending MyVisit Review'.	
24.	Bot will click 'Accept'.	
25.	Bot will click 'x' to close Epic account of active patient. *Patient Name will be present on tab to be closed but is blurred in this example.*	
26.	Bot will click 'Workqueue' tab to return to the 10442 WQ. Bot will resume process from Step 11 of base sequence.	

Resubmit Claim with Authorization *"MyVisit Review Completed [202]" is present on the History tab 'Summary', but "Precert Approved" is absent.*		
Step	**Short Description of Key Process Steps**	**Screenshot for Reference**
1.	Bot will click on the line-item 'MyVisit Review Completed [202]' to expand note.	

2.	Bot will scan for word 'approved' and scrape the authorization number. *NOTE: Highmark auths typically begin with 'A' followed by nine (9) consecutive digits = (e.g., "A123456789") but is that axiomatic?* **Need examples of each authorization that can be received.** *If MyVisit responds with anything other than an authorization # (e.g., note stating auth not required, unable to obtain retro, or anything that's not identifiable as an authorization #, the bot will document the account as a business exception and return to WQ to move on to the next patient.*	
3.	Bot will highlight and copy the authorization number (#).	
4.	Bot will click 'Claim Info' tab.	
5.	Under the section 'Claim Override', bot will click into 'Authorization #' field and paste authorization # copied from history summary.	
6.	Bot will click 'Liability Buckets' tab.	
7.	Bot will click 'Follow-up Activities'	
8.	In right-hand sidebar, bot will click in the search bar under 'Denial Activity', type '50', and press the keyboard Enter key.	
9.	'Update Denial/Remark [50]' Activity will open in sidebar.	

	Under ‘Update Denial’, bot will click into ‘Status’ bar.	
10.	Bot will type ‘90’ and click the magnifying glass or press enter on the keyboard.	
11.	The bot will select ‘Completed 90’ form the pick list.	
12.	Bot will then click in the ‘Resolution Category’ search bar.	
13.	Bot will type ‘3’ and click the magnifying glass or press enter on the keyboard.	
14.	The bot will select ‘Claim Resubmitted’ from pop-up menu.	
15.	Bot will click ‘Accept’ in the lower, right corner of the screen.	
16.	Bot will select the ‘Back’ button.	
17.	Under the ‘Insurance’ heading, bot will click on the #1 icon (gray square) to the left of the status ‘Outstanding’.	
18.	In right-hand sidebar, bot will click in the search bar under ‘Bucket Activity’	
19.	The bot will type ‘93203’ and press the keyboard enter key.	
20.	Bot will select ‘Resubmit Claim [93203]’ from the pop-up menu.	

21.	In right-hand sidebar, Resubmit Claim activity window opens. Bot will click in text box beneath 'Override UB Type of Bill'.	
22.	Bot will type '137' into this field.	
23.	Bot will click 'Accept' in the lower-right corner.	
24.	Bot will click 'Outstanding' hyperlink.	
25.	Bot will click the Invoice # hyperlink. *Is it possible for the Invoice # to NOT be a hyperlink?*	
26.	From pop-up menu, bot will select 'View Claim'.	
27.	Bot will look at Recent History to confirm a status of 'Resubmitted' is listed under 'Today'.	
28.	Bot will confirm there are no claim errors by looking for 'No active errors. Claim is accepted.'	
29.	Bot will click 'x' on the tab titled 'Claim Edit' to close the claim viewer.	
30.	Bot will click 'History' tab.	
31.	Bot will select 'Add Insurance Follow-up Account Note [352]'. *Note: SME illustrated selection from Recent list. Bot may need to manually search for this activity during initial run.*	

32.	If ‘Add Insurance Follow-up Account Note [352]’ isn’t listed on Favorites or Recent list on right-hand sidebar, bot will click into ‘Search for an activity’ field under ‘Hospital Account Activity’.	
33.	Bot will type ‘352’ in search field, click magnifying glass or press enter key.	
34.	Bot will select ‘Add Insurance Follow-up Account Note [352]’ from list.	
35.	In right-hand sidebar, bot will click in ‘Add Note’ field.	
36.	The bot will enter a predefined note (e.g., “Submitted rebill. Added auth A123456789.” Bot will document the authorization # scraped in Step 17 of the base sequence.	
37.	Under the ‘Account Workqueue Action’ heading, bot will click ‘Complete’.	
38.	Bot will click ‘Accept’ in lower-right corner.	
39.	Bot will click ‘x’ to close Epic medical record of active patient. Patient Name will be listed/visible on this tab but has been blurred for privacy.	
40.	On ‘Account WQ – 10442’ tab, bot will click ‘Workqueue’ to return to 10442 WQ and identify the next account to be reviewed.	

Submit Claim Investigation *"Precert Approved" is present on the History tab 'Summary', but "MyVisit Review Completed [202]" is absent.*		
Step	**Short Description of Key Process Steps**	**Screenshot for Reference**
1.	Bot will click Precert Approved line-item(s) to expand the note.	
2.	Bot will scrape the documented **procedure name(s)** and **authorization #(s)** following 'Precert Approved'. Note: Multiple 'Precert Approved' entries may be present. Bot will need to scrape and crosswalk each to confirm whether applicable to current transaction. CPT/HCPCS (Step 10) vs Procedure Name Crosswalk/Mapping table to be housed and maintained by business on their SharePoint site. *If bot is unable to confirm authorization # listed correlates to denied service codes, bot will record it as a business exception. Bot will then close the Epic medical record tab and return to the WQ to move on to next patient.*	
3.	Bot will use crosswalk or mapping table to associate approved 'Procedure Name(s)' with corresponding CPT/HCPCS code(s).	

4.	Once bot maps procedure name to CPT/HCPCS code(s), it will validate the mapped codes to the CPT/HCPCS codes scraped in Step 17 of the base sequence. If the approved codes match the codes denied, bot will click 'Liability Buckets' and proceed to Step 5. *If the codes approved and codes denied do not match, bot will report a business exception, close Epic medical record, and return to the WQ to process the next account.*	
5.	Bot will click on the Invoice # hyperlink.	
6.	Bot will select 'View Claim' on the pop-up list.	
7.	Bot will click 'Paper Image'.	
8.	In section 44 of the Claim Form (Sequence #1), the bot will compare authorized CPT/HCPCS code(s) scraped in Step 2 of this scenario and mapped in Step 3 to the invoice ensuring the approved CPT/HCPCS codes appear on the claim. Bot will also confirm Authorization # listed in field 63 (Sequence #2) is a 1:1 match to the authorization # scraped from Step 2 of this scenario. If the approved CPT/HCPCS code(s) from Step 2 of this scenario appear on claim ***AND*** the authorization # listed on the invoice is a match, the bot will then scrape the Service Date (Sequence #3) in field 45, NPI (Sequence #4) in field 56, and Insured ID (Sequence #5) in field 60, Insured's First and Last Name (Field 58 (grayed out)), and proceed to Step 9. *If the approved CPT/HCPCS codes from Step 2 do not appear on the invoice, or the authorization # on the invoice does not match the authorization scraped from the History tab Summary, the bot will list as a Business Exception for manual review.*	

	Alternatively, if it is discovered form field 63 is blank (there is no authorization # not listed on the claim, bot will close the 'Claim Edit' tab and pivot to the 'Resubmit Claim with Authorization' scenario. Cannot submit invest for claim billed without an authorization.	
9.	Bot will click 'x' on the 'Claim Edit' tab to close the claim viewer.	
10.	Bot will open web browser and type 'Availity Login' into search engine.	At this stage, this scenario entails logging in to an external website (Availity).
11.	Bot will click link for Availity Log In website. *Edge*	
12.	Bot will enter User ID.	
13.	Bot will enter Password.	
14.	Bot will click Log In. *Note: Vendor note on landing page about upgraded home page forthcoming. Also required to use 2FA.*	
15.	Bot will click on 'Claim Status'.	
16.	Bot will click on the facility name to open the Organization drop-down menu.	
17.	Bot will select the appropriate facility (NPI scraped in Step 8 of this scenario from claim field 56). *NPI-Facility crosswalk needed using Availity facility nomenclature. Business to supply.*	

18.	Bot will click on 'Select' under Payer to open the Payer drop-down menu.	
19.	Bot will always select 'Highmark Blue Cross Blue Shield'.	
20.	Bot will select 'HIPAA Standard'.	
21.	Under 'Provider NPI', bot will enter NPI scraped from claim field 56 in Step 8 of this scenario.	
22.	Bot will enter Member ID scraped in Step 8 of this scenario from claim field 60.	
23.	Bot will enter Patient's Last Name (scraped from claim in step 8 of this scenario (form field 58).	
24.	Bot will enter Patient's First Name (scraped from claim in step 8 of this scenario (form field 58).	
25.	Bot will enter the Patient's Date of Birth in the following format: "MM/DD/YYYY". NEED TO EXTRACT THIS PIECE OF DATA FROM EPIC.	
26.	Bot will click in the 'From Date' field and enter the Service Date scraped in Step 8 of this scenario from claim field 45 a 'MM/DD/YYYY' format.	
27.	Bot will click in the 'To Date' field and enter the Service Date scraped in Step 8 of this scenario from claim field 45 a 'MM/DD/YYYY' format. *Note: Both the service start date and end date should match since we are considering a single DOS.*	
28.	Bot will click 'Submit'.	

	Note: Claim results appear lower on same page. Bot to scroll to see results of inquiry submission.	
29.	If single result returned, bot would select claim. If multiple claim responses returned, bot will match 'Billed Amount' with Total Charges from claim. *If no claim returned, bot would mark as business exception, click the 'x' to close the Availity window, return to Epic, close the Epic medical record tab, and return to the WQ to process the next transaction.*	
30.	Bot will click 'Message Payer'.	
31.	Bot will click on drop-down under 'Reason for message:' and always select 'Claim Denied No Auth or Referral'	
32.	Bot will click into 'Message' field.	
33.	Bot will enter the message "*Please advise why claim denied for no auth as auth # [insert auth from claim] was billed on claim and denied. Thank you.*" Note: Bot will insert auth # scraped in Step 8 (field 63) of this scenario.	
34.	Bot will click 'Send'.	
35.	Bot will select 'Close Window'.	
36.	Bot will return to Epic and select the tab 'Liability Buckets'.	
37.	Bot will select 'Account Activities.'	

38.	Bot will select 'Add Insurance Follow-up Account Note [352]'. *Note: SME illustrated selection from Recent list. Bot may need to manually search for this activity during initial run.*	
39.	If 'Add Insurance Follow-up Account Note [352]' isn't listed on Favorites or Recent list in the right-hand sidebar, bot will click in 'Search for an activity' field under 'Hospital Account Activity'.	
40.	Bot will type '352' in search field, click magnifying glass or press enter key.	
41.	Bot will select 'Add Insurance Follow-up Account Note [352]' from list.	
42.	Bot will click in the text field under 'Add Note'.	
43.	Bot will document the following note, "Sent invest to question why claim denied for no auth as auth # [insert auth # scraped in step 8 of this scenario here] was billed on the claim."	
44.	Under 'Account Workqueue Action', bot will click 'Defer'	
45.	Bot will click in 'reason' field and type '98002' and select magnifying glass or press enter on keyboard.	
46.	Bot will select 'Other' listing from pop-up menu.	

47.	Under ‘Account Workqueue Action’, bot will select ‘30d’	
48.	Under ‘Account Workqueue Action’, bot will click in comment field and enter note ‘Sent Invest’.	
49.	Bot will click ‘Accept’.	
50.	If present, bot will click ‘x’ to close Epic medical record of active patient.	
38.	On ‘Account WQ – 10442’ tab, bot will click ‘Workqueue’ to return to 10442 WQ and identify the next account to be reviewed (Step 11 of the base sequence).	
39.	Once all qualifying accounts have been addressed OR the bot reaches the end of its runtime, bot will click the ‘x’ to close the ‘Account WQ – 10442’ tab and click logout.	
40.	Bot will click ‘x’	
41.	Bot will email daily Excel file of accounts processed to business distribution list and post to SharePoint.	

4.5 EXCEPTIONS IN THE PROCESS FLOW

Exception	Trigger	Actions	Comment

No Authorization Returned from MyVisit	MyVisit Review completed and response documented in history without authorization number.	Send for education / writeoff / appeal (situational) – not demonstrated during walkthrough	Documented as business exception.
CPT Mismatch	Approved CPT/HCPCS code(s) do not appear on claim	Report as business exception, send for manual review	Documented as business exception.
Authorization Mismatch	Authorization documented in Epic does not match Auth # billed on invoice.	Report as business exception, send for manual review	Documented as business exception.
Crosswalk Error	Unable to locate 1:1 match of procedure description to CPT/HCPCS crosswalk.	Report as business exception, send for manual review	Documented as business exception.

4.6 SYSTEM ERRORS

Error	Action	Comment
Application crash	Recover and retry 3 times	
Epic Downtime	Pause bot if during run time	
Epic Upgrade	Review with business and determine what/if any action is necessary	

4.7 PROCESS CONTINUITY

Prevention: Establishing and defining what redundancies and protocols are in place to prevent failures in the process and maintain business continuity **Detection:** Defining what protocols are in place for monitoring the process to detect bugs and stop incorrect actions at all points **post go-live and escalated monitoring during massive systems changes**

Recovery Assessing the level of risk, define strategic stakeholders to be alerted in need of a recovery and outlining the recovery plan to get back to operational state.			
Scenario	**Prevention**	**Detection**	**Recovery**
Epic WQ volume severely reduced or absent.	Business keeps claim WQ functioning without issue and proactively addresses technical issues that arise within the workqueue.	Bot scans Epic claim workqueue.	• Bot sends notification email to those who are on the distribution list and IAH Prod support team. • Business to resolve the issue and notify IAH regarding next steps. • IAH team to reschedule bot run based on bot's availability.
Epic WQ change due to change in process or Epic upgrade.	Business to notify IAH regarding upcoming changes. IAH and Business work together to prepare and follow change management process.	Bot fails to complete the process due to unexpected changes in process.	• Bot sends notification email to those who are on the distribution list and IAH Prod support team. • Business and IAH work together prepare and follows change management process.
Bot not completing as outlined in PDD.	N/A: What was not known was not preventable.	Hypercare Phase: Daily auditing is performed and process logs are monitored.	• IAH team adjusts bot design to improve business exceptions.
Higher than expected system exceptions.	N/A: What was not known was not preventable.	Insight Dashboards created for long term monitoring and trending of volume and exception changes.	• Alert/pulses identified and notifications sent to IAH Comm Support. • Business and IAH work together if additional phase is needed. • ServiceNOW incident reported and escalated as needed.

Output file errors (timing, format, info, reporting).	N/A: What was not known was not preventable.	Hypercare Phase: Daily auditing is performed and process logs are monitored. Insight Dashboards created for long term monitoring and trending of volume and exception changes.	• Business and IAH team adjusts bot design to identify output file errors. • Business and IAH work together if additional phase is needed.
Unknown reasons - If the bot fails, how will it continue and resolve issue?	N/A: What was not known was not preventable.	Bot is unable to complete the automated process.	• Bot sends notification email to the distribution list and IAH Prod support team. • The Bot Controller will then be responsible to triage the bot disruption, fix the issue(s), and either schedule ad hoc processing or resume the bot processing.

5. Technical Details

Item	Description	Comment
Robot Type	Unattended	
Orchestrator Used?	Yes	
UiPath Version Used	Cloud	

6. Reporting

Report Type	Update Frequency	Details	Distribution List

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Process Report	Daily	Report status of processed transactions via email: Attach Output File • Subject: *Outlined in process steps* • Body: *Outlined in process steps*	@geisinger.edu Additional information re distribution to be gathered from business.
Error Logs	At Time of Error	Report of process errors Subject: Body:	@geisinger.edu

7. Environment Details

Application	Development Stage	Environment	Access Type	Access Key/Credential
Epic	Development	<Epic_Dev>	Username and password And Log in dept	Username: <USER ID> Password: <PASSWORD> Login Department: <DEPARTMENT>
	Test	<Epic_Test>	Username and password And Log in dept	Username: <USER ID> Password: <PASSWORD> Login Department: <DEPARTMENT>
	Prod	<Epic_Prod>	Username and password And	Username: <USER ID>

			Log in dept	Password: <PASSWORD> Login Department: <DEPARTMENT>
Outlook	Development /Test/UAT/Prod	<Environment Name>	Email account and password	Email: TBD@geisinger.edu Password: <password1>
Availity	Development /Test/UAT/Prod		Username and Password with 2FA (via text)	Username: <USER ID> Password: <PASSWORD>

8. Assumptions

Assumption	Impact
The entire process is automated end to end with no manual intervention.	
The distribution list, email addresses, and/or shared mailbox listed in the PDD for the purpose of process notification through email are to be maintained solely by the line of business.	

9. ADDITIONAL SOURCES OF PROCESS DOCUMENTATION

Type	Name	Link	Comments
Assessment	RM HB Prior Auth ADR Discovery Assessment	RM HB Prior Auth ADR Discovery Assessment	IAH Teams Folder
Step Recording (video)	N/A	Not Captured	IAH Teams Folder

Task Capture	RM HB Prior Auth ADR Task Capture	RM HB Prior Auth ADR Task Capture	IAH Teams Folder
UAT Recording (video)			IAH Teams Folder
Executive Summary			IAH Teams Folder

10. Appendix

10.1 GLOSSARY

Acronym/Term	Meaning
PDD	Process Design Document – document that contains information about the process in scope for automation and about the agreed technical solution
RPA	Robotic Process Automation
MRN	Medical Record Number
IAH	Intelligent Automation Hub
CARC	Claim Adjustment Reason Code
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System
C-Code	Temporary HCPCS code created by the Centers for Medicare & Medicaid Services (CMS)

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