Hospital for Special Surgery

HB/PB Medical Records UHC [Phase 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 automation will achieve

- Gathering medical record packets and submitting them to the payer (UHC)

1.2 Operational metrics

The automation will impact the following operational metrics

- Days to Submit Documentation
- Denial Rate due to untimely/incomplete documentation
- Denial Resolution Time
- Cash Acceleration (via faster denials closure)
- Touch Rate / Staff Productivity (Reduce effort on ADRs; 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
Christine Franco	Operational SME(s)	francoch@hss.edu
Mollie Morelli	Project Sponsor	nolanm@hss.edu
Joe Sanda	Solution Architect	joe.sanda@tarponhealth.com
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	UHC Medical Records
Automation Description	This automation gathers medical record packets and uploads medical record packets to the payer (UHC)

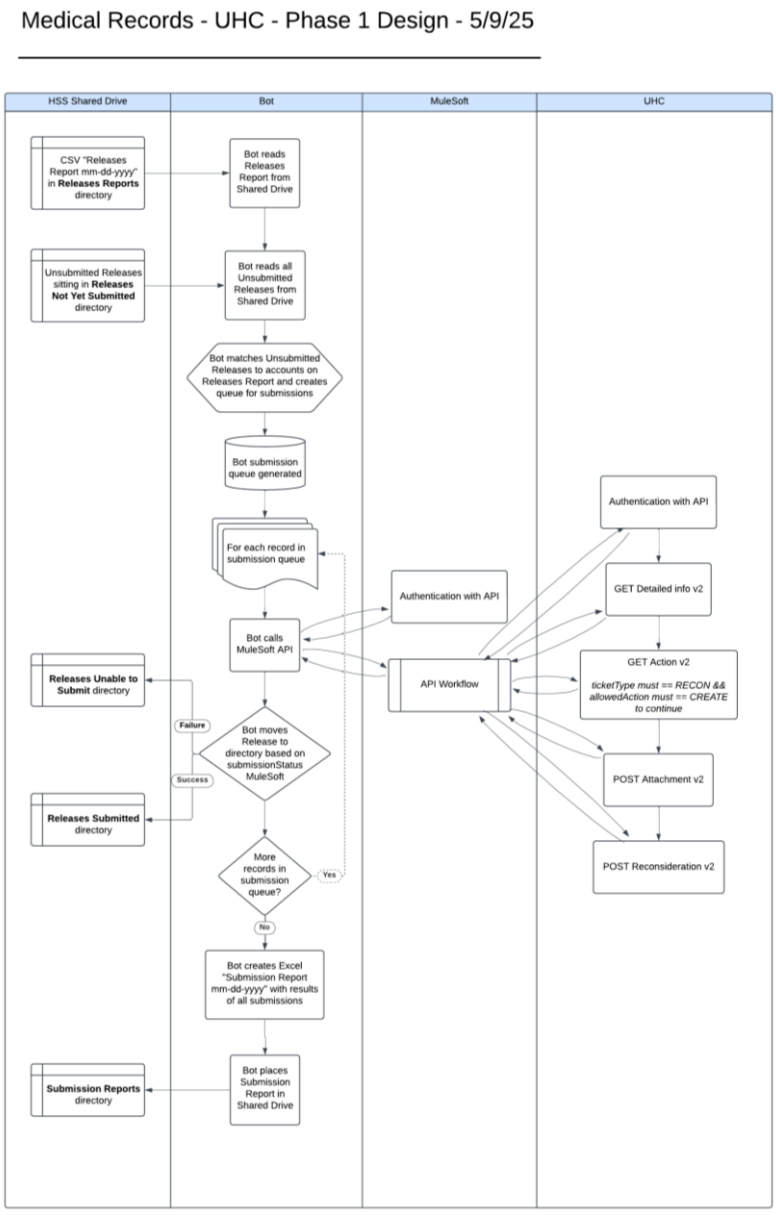
2.2 Applications

The table below lists the applications being utilized by the automation

Application	Comments / Access Needs
HSS's Internal MuleSoft API	Automation interfaces with MuleSoft endpoint – MuleSoft interfaces with the UHC Reconsideration API workflow
Thycotic Secret Server	Uses HSS AD credentials to access
UiPath	UiPath Studio and Orchestrator

2.3 Process Map

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



2.4 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
Tarpon Health - UHC Medical Records [Phase 1] - Plan Toolkit - 05.09.2025	Tarpon Health - UHC Medical Records [Phase 1] - Plan Toolkit - 05.09.2025	

2.5 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	Possibly in Scope for Phase 2
Payers NOT available through UHC API	Other payers have medical records submitted through other portals or methods than the UHC API	Allowed payer IDs are 87726, 03432, 96385, 95467, 86050, 86047, 95378, 06111, 37602.	
Account Identification / Correspondence Record Creation	Flagging the various sources of accounts needing MRs is functionality that can be accomplished within Epic		
Medical Record Packet Generation	Releasing and downloading records will either be accomplished with Epic built-in functionality, by Palantir, or manually by operations		
Accounts that do not flow through UHC Recons API workflow / utilizing other UHC API workflows	In phase 1, accounts will be attempted through the Recons workflow. More needs to be discovered about the Pended and Appeals workflows before use for ADR denials	Could change in phase 2 design where proper use and implications of the Pended and Appeals workflows is explored	Yes
Account Activity Update	Without the ability to use import files or attain Epic bot credentials, the phase 1 design will not update account activities in Epic	Could change in phase 2 design with options opening for automation	Yes

III. APPROVAL

3.1 Approval

Upon review and approval of this Process Definition Document (PDD), I, Agata Sacilowski, on 5/12/2025, 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

- Medical Record packets may change from being manually released by operations to being automatically released using Epic built-in functionality.
- Possible organizational approval of import files or Epic bot credentials could allow for automated Account Activity updates after Medical Record submission

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 francoch@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com ashok.miriyala@tarponhealth.com
Level 2 *Downtime = 2-7 days*	After 3 days with MR Requested activity, but no MR Submitted activity, account qualifies for manual follow-up WQ Start allocating workers to the follow-up WQ	sacilowskia@hss.edu francoch@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com 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 francoch@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com 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 francoch@hss.edu nolanm@hss.edu adele.brettschneider@tarponhealth.com joe.sanda@tarponhealth.com 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