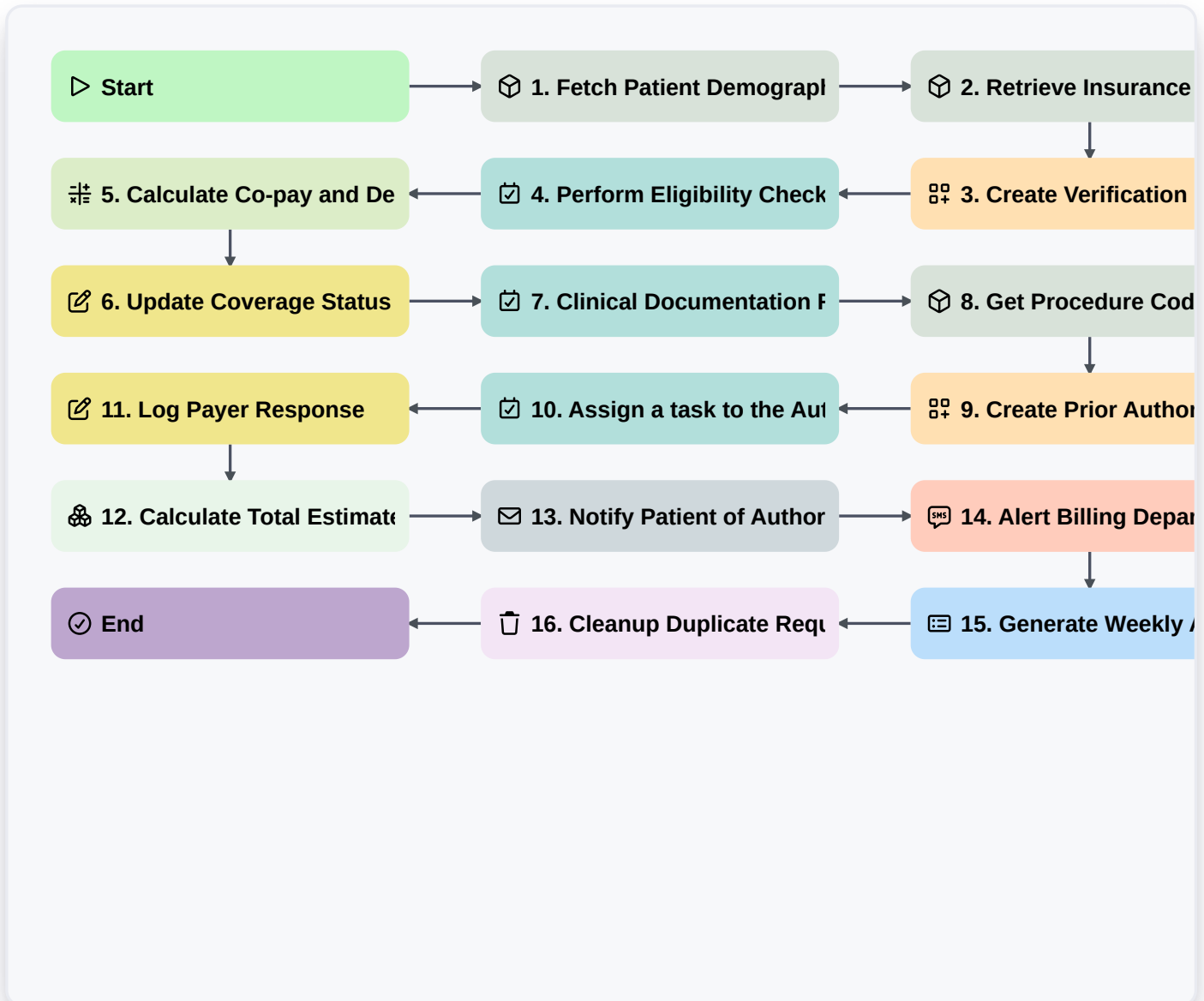


Insurance Verification And Authorization Process



▶ Start

Start of the Workflow/Process.

📦 1. Fetch Patient Demographics

Retrieve patient information from the Patient Data Model to verify identity and coverage details.

📦 2. Retrieve Insurance Policy Details

Fetch active insurance plan details and coverage limits from the Policy Data Model.

📦 3. Create Verification Request

Generate a new 'Verification Request' entry in the Authorization Data Model to track the start of the process.

📦 4. Perform Eligibility Check

Assign a task to the Billing Specialist to verify if the insurance policy is active and covers the specific procedure.

📦 5. Calculate Co-pay and Deductible

Calculate the patient's out-of-pocket responsibility based on the retrieved deductible and co-insurance percentages.



6. Update Coverage Status

Update the Verification Request entry with the results of the eligibility check (Active/Inactive).

7. Clinical Documentation Review

Assign a task to the Medical Coder to ensure the clinical notes support the necessity of the requested procedure.

8. Get Procedure Codes

Retrieve the specific CPT/HCPCS codes requested for authorization from the Service Request Data Model.

9. Create Prior Authorization Submission

Create a new entry in the 'Auth Submissions' model to track the formal request sent to the payer.



10. Assign a task to the Authorization Coordinator to call the insurance company if no response is received within 48 hours.

Assign a task to the Authorization Coordinator to follow up with the payer if no response is received within the SLA.

11. Log Payer Response

Update the Authorization entry with the decision (Approved, Denied, or Pending) and the Auth Reference Number.

12. Calculate Total Estimated Revenue

Aggregate the estimated costs of all approved procedures in the current verification batch.

13. Notify Patient of Authorization Status

Send an automated email to the patient informing them whether their procedure has been approved or if more information is needed.

14. Alert Billing Department

Send an SMS notification to the Billing Manager when a high-value authorization is denied.

15. Generate Weekly Auth Denial Report

Generate a report summarizing all denied authorizations, reasons for denial, and payer trends for the week.

16. Cleanup Duplicate Requests

Delete any duplicate verification entries created by mistake during the intake process.

End

End of the Workflow/Process.