

Sample deliverable: Workflow automation

Automation design: prior-authorization intake

Fernmoor Physical Therapy. A three-clinic physical therapy practice handling about 180 insurance pre-approvals a month by hand.

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Sample deliverable prepared for a fictional client. Names, figures, and findings are illustrative.

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1 Summary

Fernmoor Physical Therapy needs insurer pre-approval (prior authorization) before most new patients can start treatment. Today two front-desk staff handle about 180 requests a month by hand, across faxes, the health-records system, and payer websites. A decision takes 6 business days on average, and patients wait.

We propose an automation that reads incoming referrals, builds the request from data already in the health-records system, submits it to the insurer electronically, and tracks the response. Staff review only the cases the automation can't finish on its own.

180

Requests per month

**6 to 2
days**

Average time to a
decision

90 to 25

Staff hours per month

85%

Requests with no
manual typing

2 How it works today

Current process, per request		
Step	Who	Time
Referral arrives by fax	Front desk	2 min
Patient and order typed into the health-records system	Front desk	6 min
Insurer rules looked up on the payer website	Front desk	5 min
Request filled in on the payer website or faxed	Front desk	8 min
Follow-up calls until a decision arrives	Front desk	6 min
Decision recorded and scheduler told	Front desk	3 min

That is about 30 minutes of staff time per request, roughly 90 hours a month, spread across days of waiting between steps.

3 The automated flow

- Referral received**
Fax or electronic referral lands in a secure intake folder
- Referral read**
Patient, diagnosis, and order details extracted; unclear fields go to a staff review queue
- Health record matched**
Patient and order created or updated through the health-records system (HL7 and FHIR)
- Insurer rules checked**
Payer rules table decides whether a request is needed and what to attach
- Request submitted**
X12 278 request sent through the practice's clearinghouse
- Decision tracked**
X12 278 response read; approval recorded and the scheduler notified

Integration map

System	Connection	What moves
Health-records system	HL7 v2 messages in, FHIR API for lookups and updates	Patient details, referral orders, authorization status
Clearinghouse	X12 278 request and response over SFTP	Authorization requests and decisions
Fax service	Secure fax API	Incoming referral documents
Staff alerts	Internal email	Notices to review a case (no patient details in the message)

4 Controls

The automation is designed for HIPAA requirements and runs inside Fernmoor's own cloud account, reachable only over the practice's VPN.

Control	How it works
Audit log	Every view, change, and submission is recorded with who, what, and when, and kept 6 years
Access	Staff sign in with individual accounts; each role sees only what it needs
Encryption	All data encrypted in transit and at rest
Minimum necessary	Requests include only the fields the insurer requires
Vendors	Business associate agreements in place with every vendor that touches patient data

5 Expected results

Today

- About 30 minutes of staff time per request
- 6 business days to a decision on average
- Status lives in staff memory and sticky notes
- Missed follow-ups delay treatment

With the automation

- Staff handle only exceptions, about 1 in 7 requests
- About 2 business days to a decision
- Every request has a visible status and history
- Overdue requests are flagged automatically

Estimated staff time drops from about 90 to about 25 hours a month, which frees the front desk for patients at the counter and on the phone.

6 Rollout and support

Phase	Length	What happens
Shadow mode	2 weeks	Automation runs alongside staff at one clinic; results compared, nothing submitted
First clinic live	2 weeks	Automation submits requests at one clinic; staff review every exception
All clinics	2 weeks	Rolled out to the remaining two clinics

After launch, optional monthly support covers monitoring for failed submissions, updates when insurers change their rules, and fixes.

Not in healthcare? The everyday version

The same approach works for any business tools. For a landscaping company: when an estimate is signed in the CRM, the automation creates the invoice in QuickBooks, books the crew on the schedule, and emails the customer a confirmation. That saves about 12 hours of office work a month and stops jobs from slipping through the cracks.