Note this pre-dates some NSA implementation regulation
Workflow Visuals

Business workflows the **industry may choose** to implement (All are combinations of: One or Many GFEs, One or Many AEOBs which FHIR Solution plans to support)

Note: the collection of GFE info is out of scope for Phase 1.

Special Thanks to Melanie Combs-Dyer, Mettle Solutions
Scenario 1
(Scheduling Provider Pulls All into One)

1. Patient encounter with practitioner
2. Scheduling Provider asks other providers if they have time to take the case, and if so, requests their GFE data elements
3. Other Providers send their GFE data elements to the Scheduling Provider
4. Scheduling Provider sends Full GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Facility's GFE Data Elements
- Request for GFE Components
- Anesthesiologist's GFE Data Elements

Out of Phase 1 Scope: collecting GFE information

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)
Scenario 2a
(All Providers Solo into single AEOB)

1. Patient encounter with practitioner
2. Scheduling Provider submits a Partial GFE to Payer
3. Provider #2 sends a Partial GFE to Payer
4. Provider #3 sends a Partial GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)

Out of Phase 1 Scope: collecting GFE information
Scenario 2b
(All Providers Solo; multiple AEOB)

1. Patient encounter with practitioner
2. Scheduling Provider submits a Partial GFE to Payer
3. Provider #2 sends a Partial GFE to Payer
4. Provider #3 sends a Partial GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)
Out of Phase 1 Scope: collecting GFE information
Scenario 2c
(All Providers Solo; multiple AEOB; together with summary)

1. Patient encounter with practitioner
2. Scheduling Provider submits a Partial GFE to Payer
3. Provider #2 sends a Partial GFE to Payer
4. Provider #3 sends a Partial GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)
Out of Phase 1 Scope: collecting GFE information
Scenario 2d
(All Providers Solo + Scheduling Provider Notifies Payer of Involved NPIs)

1. Patient encounter with practitioner
2. Scheduling Provider submits a Partial GFE to Payer
3. Provider #2 sends a Partial GFE to Payer
4. Provider #3 sends a Partial GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)

Out of Phase 1 Scope: collecting GFE information
Scenario 3
(Payer Orchestrates the Providers)

Patient encounter with practitioner
1

Scheduling Provider submits a Partial GFE to Payer
2

Provider #2 sends a Partial GFE to Payer
3

Provider #3 sends a Partial GFE to Payer
4

Payer sends AEOB to Patient with cc to providers
5

Out of Phase 1 Scope: collecting GFE information

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)
Scenario 4
(Payer Uses Data to calculate an estimated payment)

1. Patient encounter with practitioner
2. Scheduling Provider submits a Partial GFE to Payer
3. Provider #2 sends a Partial GFE to Payer
4. Provider #3 sends a Partial GFE to Payer
5. Payer sends AEOB to Patient with cc to providers

Open Question: Do we need to define these terms?

VC - Same as Scenario 1 in FHIR.

Out of Phase 1 Scope: collecting GFE information

Source: Mettle Solutions, (with input from SmileCRD, Point of Care Partners)
Advance EOB | Collection of Providers’ Services

**Pricing**
- Separates the collection by provider
- Applies the allowed amounts
- Each estimate can be priced in parallel

**Estimate A**
- Surgeon A $$

**Estimate B**
- Facility B $$$

**Estimate C**
- Anesthesia C $

**Estimate D**
- Imaging D $$

**Benefit Adjudication**
- Applies benefits to each component
- “Rolls” accumulator across components to calculate accurate deductibles, etc.
- Each estimate must be available and processed together

**Estimate A**
- Surgeon A $$  
  - Member Share 1

**Estimate B**
- Facility B $$$  
  - Member Share 2

**Estimate C**
- Anesthesia C $  
  - Member Share 3

**Estimate D**
- Imaging D $$  
  - Member Share 4

**Member**
- Plan packages the transactions, adds other content, and provides the member the Advance EOB

**FINAL ESTIMATE FOR REQUEST**
- Total Member Cost: $$$$  
  - Provider A $$  
  - Facility B $$$  
  - Provider C $  
  - Provider C $$

Provider enters provider info, billing codes, charges for all providers, creating a “Collection of the services” to be estimated.
Assumptions:
- Given the expected personalization of estimates, the same logic found in claims processing systems will be needed for both pricing and benefit adjudication.
- Since claims processing systems have logic to cover all payment scenarios today, this process will work with minimal adaptation for all services.