

Session Lifecycle & Status Tracking Workflow

From Appointment to Payment | FSC Portal

■ Complete Session Lifecycle

Status	Description	Who Does What	Alert If...	Next Step
1. SCHEDULED	Appointment booked in EHR	Provider/Admin books	N/A	Session occurs
2. COMPLETED	Session finished, appears in CSV	Provider delivers service	>3 days no note	Add clinical note
3. DOCUMENTED	Clinical note submitted	Provider completes note	>5 days after session	Verify billing info
4. READY TO BILL	All info verified, ready to submit	Billing Staff reviews	>7 days in this status	Submit to insurance
5. SUBMITTED	Claim sent to insurance portal	Billing Staff submits	>14 days no response	Check claim status
6. PENDING	Insurance processing claim	Insurance reviews	>30 days no update	Follow up with payer
7. APPROVED	Claim approved, payment pending	Insurance approves	>45 days no payment	Call insurance
8. PAID	Payment received & posted	Billing Staff posts payment	Payment < expected	Review & close
9. DENIED	Claim rejected by insurance	Insurance denies	Immediately	Review reason, appeal
10. APPEALING	Denial being contested	Billing Staff files appeal	>60 days no resolution	Escalate appeal

■ Automated Alert Triggers

Alert Type	Condition	Action Required	Assigned To
Missing Documentation	Completed session >3 days, no note	Follow up with provider	Director
Billing Delay	Ready to Bill >7 days	Submit claim immediately	Billing Staff
Slow Payer	Submitted >30 days, no update	Check portal, call if needed	Billing Staff
Payment Overdue	Approved >45 days, not paid	Escalate to insurance rep	Admin
Denial	Any claim denied	Review reason, plan appeal	Billing Staff + Director
Underpayment	Paid amount < expected	Research contract rate, appeal	Billing Staff
Aging Claim	Any status >90 days	Investigate, escalate	Admin

High Denial Rate	Provider >10% denial rate	Training/pattern review	Director
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■ Valid Status Transitions

Normal Flow: Scheduled → Completed → Documented → Ready to Bill → Submitted → Pending → Approved → Paid

Denial Path: Any status → Denied → Appealing → (back to Submitted or Paid)

Can Skip: Completed can jump to Ready to Bill if note submitted same day

Cannot Go Backward: Once Paid, status is locked (except corrections)

■ Weekly Responsibilities by Role

Role	Monday	Wednesday	Friday
Provider	Complete notes for last week	Review pending notes	Submit all outstanding notes
Billing Staff	Upload CSV, flag issues	Submit ready claims	Check status on 14+ day claims
Director	Review alert dashboard	Follow up on provider delays	Review aging report
Admin	Review metrics dashboard	Check cash flow forecast	Process payments received

■ Insurance Portal Tracking

For Each Claim Submission, Log:

- Portal name (e.g., "Aetna NaviNet", "Horizon Provider Portal")
- Date/time submitted
- Claim reference number
- Staff member who submitted
- Sessions included in submission

Why This Matters: Enables you to quickly answer "Did we bill this?" and "Which portal has it?"