

Eligibility Verification Al Agent for Pennsylvania-Based Orthopedic Healthcare Provider

Transforming eligibility into efficient, scalable workflows. (Medent + SurgiScript)

Description

Managing eligibility in orthopedic practices can be highly manual and time-intensive, especially with large daily volumes, complex payer rules, and frequent plan variations. Staff often spend hours verifying coverage, updating plan details in Medent, and navigating multiple payer portals. This creates delays that impact scheduling, reimbursement, and overall patient flow.

To streamline operations, we implemented an Al-powered automation solution designed to handle routine eligibility validation tasks from start to finish. The Al agent reviews upcoming visit eligibility in Medent, applies intelligent validation rules, and updates coverage details automatically. The agent gathers clinical information from SurgiScript, determines payer requirements, submits requests, and manages documentation. Complex cases are routed to staff when needed, improving accuracy, speed, and operational efficiency.

Challenges

- High Eligibility Volume: The team managed 700–900 eligibility checks each day, with 7 FTEs manually reviewing "green" files, reentering plan data, and validating coverage details in Medent.
- Operational Strain Across Systems: Staff spent substantial time navigating Medent, SurgiScript, and payer portals to complete routine tasks, creating delays and inconsistencies in processing.
- Financial & Scalability Impact: Manual dependency increased the risk of errors, rework, and reimbursement delays. All while also limiting the organization's ability to scale or absorb staffing turnover.

Results

88%+ Workflow Automation

Automated the majority of eligibility volume across Medent, SurgiScript, and major payer portals, significantly reducing manual workload.

Reduced Administrative Hours

Freed the equivalent of 7 FTE hours per day, allowing staff to shift focus from repetitive tasks to complex cases, patient coordination, and higher-value work.

Faster Turnaround & Fewer Delays

Automated submission, validation, and documentation workflows led to faster decisions, smoother scheduling, and improved reimbursement timelines.

Higher ROI & Operational Stability

Decreased rework and data-entry errors, improved overall accuracy, and strengthened scalability. Delivering meaningful cost savings and more predictable operational performance as patient volumes grow.

Solution

- المجادة Implemented an Al-powered Eligibility Agent that automatically reviews upcoming visits, runs eligibility in Medent, and applies intelligent validation rules to update coverage and plan details.
- Integrated seamlessly with Medent and SurgiScript, enabling automated submission requests, clinical documentation uploads, and payer-specific workflows across major portals.
- Designed smart exception-handling logic so staff only engage with complex or ambiguous cases, allowing teams to focus on higher-value patient and clinical tasks.
- Established continuous monitoring, daily logs, and performance reporting to give leadership clear visibility into automation impact, accuracy, and efficiency gains.

Metrics

88%+ of Workflows Automated

Eligibility volume handled end-to-end by AI agents.

7 FTEs Hours Saved Daily

Significant reduction in manual review, data entry, and payer navigation.

900+ Eligibility Checks Supported Daily

High-volume processing with consistent accuracy and coverage validation.

Faster Prior Authorization Decisions

Quicker submissions and documentation handling improve scheduling and reimbursement.

Reduced Errors & Rework

Cleaner data across Medent, SurgiScript, and payer systems improves financial outcomes.

