

CLAIMS SUBMISSION SERVICES: 837

ACHIEVE ADMINISTRATIVE COST SAVINGS

With ever-increasing healthcare costs, providers are constantly in search of ways to more efficiently utilize staff and support cost-effective initiatives.

PNC HEALTHCARE DELIVERS

PNC Healthcare Advantage Claims Submission Services enables providers to easily connect to thousands of payers for healthcare transactions. This service supplies providers with payer and provider-specific edits to help increase clean claim rates and to provide a streamlined solution.

WORKCENTER

PNC Healthcare Advantage's Workcenter allows users to streamline their management of claims and become more efficient through the use of filters called workgroups. Workgroups sort and assign claims to specific users based on preidentified criteria, which ensures that the correct people are working the appropriate claims, giving the provider more control.

REAL-TIME PROCESSING

Whether you have institutional or professional claims, PNC Healthcare is able to submit primary and secondary/tertiary claims through our Healthcare Advantage portal at the time of receipt or through overnight batch processing.

PROOF OF TIMELY FILING

Our service provides documentation for every claim submitted to the payer through a proof of timely filing, which can assist with the appeal for denials or zero dollar pay adjudications.

EASE OF USE

PNC Healthcare currently accepts claims from numerous practice management and electronic health systems, and provides access to its 5010 ready platform, offering providers the flexibility to run their business outside of normal working hours.

DIRECT-TO-PAYER SUBMISSION

Through our Claims Submission service, over 99% of all claims are submitted directly to their respective payer or intermediary, greatly reducing the chance for a disruption in process and delayed payments that can happen when using intermediaries.

PAYER RESPONSE TRANSLATIONS

PNC Healthcare is able to provide a simple, human readable explanation for claim rejection notifications. This functionality is provided through the mapping of thousands of complex payer rejections and creating a simplified message through the generalization of these rejections.

Our Healthcare Advantage platform offers the full suite of healthcare transactions:

- Claims Processing (837)
- Remittance Processing (835)
- Eligibility (270/271)
- Claims Status (276/277)

CLAIM CREATION

Our Claims Submission Services can accept patient, provider and payer-specific information from multiple sources or mediums and create a standard 837 transmission or print image depending on the payer's format.

ICD-10 READY

PNC Healthcare Claims Submission Services have prebuilt tables based on CMS GEMs that will provide recommendations for the appropriate up or down conversion. The provider can also create their own payer-specific tables, which will automatically up or down convert to the requested ICD-10/ICD-9 code.

PRODUCT IMPLEMENTATION

PNC Healthcare facilitates a smooth transition to our Claims Submission Services by assigning a project manager who coordinates all the stages of the implementation process.

PNC HEALTHCARE'S ON-BOARDING TEAM IS READY TO HELP

Our experienced healthcare team can assist with provider enrollment with your payers for 837 claim submissions by completing the required documentation for your review and signature.



READY TO HELP

At PNC, we combine a wider range of financial resources with a deeper understanding of your business to help you achieve your goals. To learn more about how we can bring ideas, insight and solutions to you, please contact your Treasury Management Officer or visit pnc.com/healthcare.

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CIB TM PDF 0716-0125-338401

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