

ACCESS GUARDIAN

PART OF THE REVENUE CYCLE AUTOMATION SUITE

Your organization needs the ability to manage complex and critical tasks required for the successful payment of claims. It is crucial for your organization to monitor the accuracy of data collected during the patient access process to help prevent delays and denials, and identify missed revenue opportunities.

PNC HEALTHCARE DELIVERS

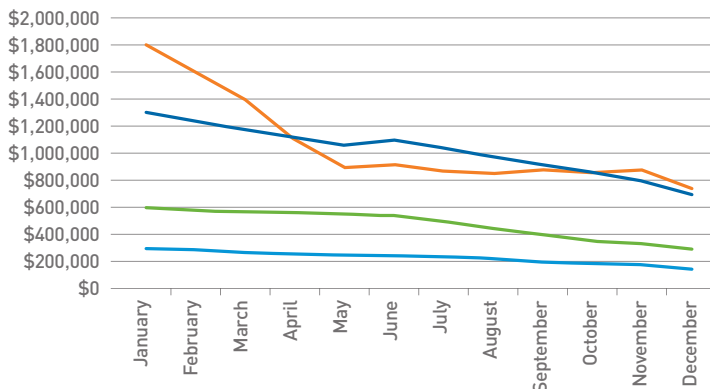
Access Guardian is a solution that applies technology and the power of real-time electronic data to deliver comprehensive capabilities to address the challenges of today's complex patient access management environments. This solution can help you reduce denied claims and the associated rework.

- Verify and analyze insurance eligibility and benefits based on service.
- Use predictive analytics and automated authorization transactions to confirm receipt of proper authorizations and referrals.
- Search for alternative payment sources, including Medicaid.
- Automatically distribute work via workflow capability.
- Create reports and allow management to review high-level data via interactive dashboards with drill-down capabilities.

PREVENTABLE DENIALS

Preventable denials fall into four main categories.

Patient Not Eligible | No Prior Authorization | Coordination of Benefits | Data Quality



Access Guardian provides the technology to:

- Screen patient access data in real time and alert users of errors.
- Automate patient access processes to help reduce human intervention.
- Assign a dollar value to exception-based alert notifications to assist in prioritizing outstanding patient registration issues.

WHAT IS PNC'S ACCESS GUARDIAN?

Access Guardian is a Software as a Service (SaaS)-based analytical and workflow application designed to help you reduce denials by augmenting your patient access and registration systems and processes.

Guardian's rules engine concurrently runs business rules on data collected throughout the patient access process. The system continuously analyzes and monitors pre-registration, registration, emergency, admission and discharge data.

- **Integration:** Access Guardian supports inbound and outbound patient registration (HL7) transactions for fast and reliable integration with existing registration and patient accounting systems. It can integrate with your existing processes, which may streamline processes and avoid re-work of denied claims.
- **Adaptability:** Access Guardian's easy-to-use configuration tools empower organizations to add business rules and actions to extend its analytical and automation capabilities to help meet your organization's current and future needs.

WHAT IS PNC'S ACCESS GUARDIAN? (cont.)

- **Valuable insight:** Access Guardian uses predictive analytics to establish the value of a patient's service and generates any associated exception-based alerts. This provides organizations with insight on how to prioritize the resolution of the most valuable issues related to patient access functions.
- **Accountability:** Access Guardian provides a full range of performance reporting to monitor the organization's effectiveness, including reports regarding:
 - Registration statistics by hospital service, department or user(s)
 - Registration errors/alerts by hospital service, department or user(s)

KEY FEATURES AND FUNCTIONALITY

Data quality assurance (QA) processes Quality Assurance (QA) edits related to HL7 registration data to confirm that all data is obtained and entered, which helps to prevent the occurrence of denials.

- Processes QA knowledge rules to validate correct registration data
- Displays real-time pop-up alerts on the user's desktop
- Generates user and departmental work lists with alerts

Automated eligibility management processes HL7 data messages, extracting all insurance and eligibility related fields, creating an eligibility "watch process" that controls the eligibility verification process for all available insurance associated with the visit. The rules engine applies various knowledge edits against the HL7 data and the payer eligibility (271) response, and raises appropriate alerts to a user. Automated eligibility management helps to:

- Verify insurance coverage and benefits.
- Display real-time pop-up alerts on the user's desktop.
- Generate user and departmental work lists for viewing alerts associated with the user, visit or department.

- Run eligibility not only at time of pre-registration, but at multiple steps prior to service date, as well as every day a patient remains in your facility (based on established preferences).
- Maintain complete audit trails of ALL eligibility transactions.
- Create reports illustrating staff, department, and facility error and performance rates.

Authorization management processes authorization-related HL7 data, including proprietary rules to analyze if authorizations are required for that particular service. The following functionalities of the automated authorization management help to streamline your process:

- Proprietary rules determine if pre-authorization is required for patient treatment or service.
- Knowledge rules validate registration data, including authorization information.
- Authorizations are verified with payer to make sure procedure and date ranges are accurate.
- If an authorization number fails validation, the application searches for valid authorization on file with payer.
- Real-time pop-up alerts are displayed on the user's desktop.
- Create user and departmental work lists with alerts.
- Monitor expiration dates of authorizations if a patient encounter is rescheduled.

Self-Pay Insurance Locator sends an eligibility check to the patient's designated payers, which accept the eligibility inquiry with only patient demographic information. This can include Medicaid, Medicare and other payers. When coverage is detected, the alert displays "Not Self Pay. Patient may have other coverage," and the user can then update the registration data with insurance information. The application routes information to appropriate staff, such as Financial Counseling, and monitors for completion.



READY TO HELP

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