

# DENIAL CHALLENGER

## PART OF THE REVENUE CYCLE AUTOMATION SUITE

Hospitals are faced with major environmental changes that have a direct impact on the bottom line, including an increase in the number of days that revenue is delayed throughout the accounts receivable process. Denials and other cash-flow delays can also decrease a healthcare provider's receivables by a significant percentage. Your organization needs to effectively manage post-submission claims, denials and the settlement of patient accounts.

### PNC HEALTHCARE DELIVERS

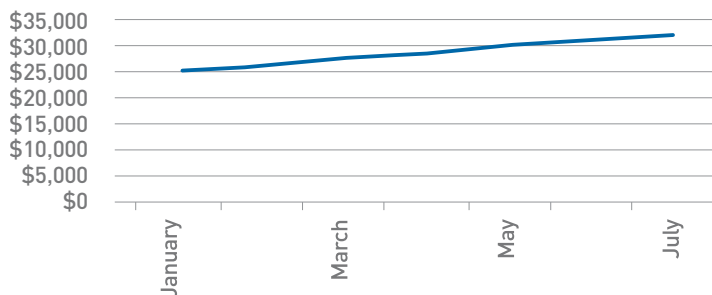
Denial Challenger provides a rules-based workflow platform that helps you automate follow-up on active receivables and claim denials. Dynamic prioritization and escalation rules drive the workflow, which can help your staff perform timely follow-up and help you resolve your active receivables and claim denials.

#### Challenger provides:

- Customer-specific business rules to provide a customized workflow
- An increased level of automation for managing post-submission claims and payer responses
- Real-time collection and analysis of data streams throughout a claim's life cycle
- Workflows that move a claim to the next level with less human intervention
- Alerts regarding issues that cannot be resolved through automation

#### STAFF PRODUCTIVITY REPORTS (Accounts Worked)

Challenger provides staff productivity reports at user, supervisor and team level.



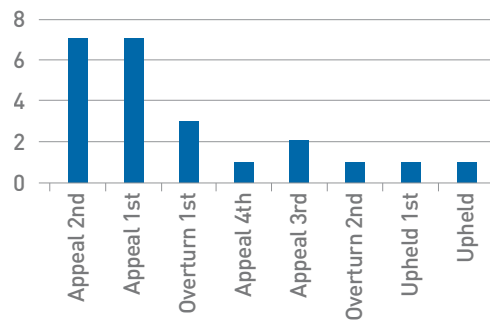
### WHAT IS PNC'S DENIAL CHALLENGER?

Denial Challenger is a Software as a Service (SaaS)-based analytical and workflow application that provides a unique level of automation in managing post-submission claims and payer responses. The rules engine leverages all data sources, including standard claim submission (837), remittance data (835), and claim status transactions (276, 277), to proactively evaluate issues. Whenever possible, the process automates actions required to move the denied claim forward to the next level, without human intervention. The goal is to accelerate collection of your accounts receivable by using automated processes to address key areas of post-submission claim management.

- **Integration:** Denial Challenger can be integrated with PNC's Access Guardian patient access solution as a complementary solution, or is available as a stand-alone solution.
- **Reports:** Performance reports empower your organization to manage the productivity of the staff based on payer-specific denial/reject reasons.

#### APPEAL PERFORMANCE REPORT

Challenger reports help you manage staff productivity by detailing payer-specific denial reject reasons.



## WHAT IS PNC'S DENIAL CHALLENGER? (cont.)

- **Cost-effective results:** Denial Challenger can help you improve your cash collections, reduce write-offs, increase employee productivity, and minimize the need for third-party collection agencies. Denial Challenger helps you identify denial trends so that you can identify opportunities for claim workflow process redesign.
- **Adaptability:** Denial Challenger's easy-to-use configuration tools allow your organization to add rules to extend automation capabilities to meet your organization's current and future needs.

## KEY FEATURES AND FUNCTIONALITY

**Denial Challenger eligibility** — Denial Challenger sends and receives eligibility (270/271) transactions to assist you with follow-up on Eligibility and Coordination of Benefits denials. The Challenger rules engine uses the information received in the claim submission (837) and claim remittance (835) transactions to identify when to create an eligibility (270) request. This works in conjunction with the claim management feature.

**Denial Challenger pre-adjudication claim status** — Denial Challenger helps you manage the life cycle of claims sent to a payer from the time Challenger receives a claim submission (837) transaction until the claim remittance (835) is received by Challenger. For each general acknowledgment (999) and payer claim status (277) transaction, it analyzes the data and generates specific alerts and routes such alerts to users' dashboards. Basic functionality includes:

- Loading and processing of 999 and unsolicited 277 claim status transactions
- Issuing a request for claim status (276) transaction and processing the resulting 277; continually checking on the claim status over specified time frames until the claim remittance is received
- Enabling users to view the claim status for claims and produce reports on performance, productivity and reason for denial

**Denial Challenger claim management** — Denial Challenger helps you manage the life cycle of payer rejections to a submitted claim (837) in the event that a full payer remittance (835) rejection transaction is received or if a payment and adjustment with a rejection code (manual transactions) is received. It provides a standard set of dispositions for the user to track the steps and progress of rejected claims up to final resolution of the claim. Key features include:

- Provides a consolidated view of accounts and claims.
- Enables users to resolve alerts and move to the next step of the specific claim follow-up process.
- Allows you to assign and/or escalate alerts to other users and work queues.
- Allows you to send tasks to other departments (e.g., medical records requests).
- Automated Work Distributor (AWD) provides logical queue and the intelligent distribution of alerts to users, based on priority.
- Provides trend monitoring of payer and user performance and reasons for denials.
- Analyzes claims via the rules engine to identify patterns and initiates alerts to recommend follow-up on identified issues.
- Enables users to create an inventory of claims and payer and user performance reports.



### 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](http://pnc.com/healthcare).

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