

Revenue Cycle Automation Service

PNC's Revenue Cycle Automation Services enable the customer to automate workflows, by providing tools that improve transparency and management of data quality problems, at registration and throughout the entire revenue cycle. The Revenue Cycle Automation Services provide real-time alerts about patient demographic, insurance and claims transactional data errors. This Service consists of three separate, optional modules described in more detail below:

- Access Guardian is a dynamic, rules-based workflow solution that gives the customer real-time visibility into the current registration system to streamline patient access management functions, including registration and eligibility quality assurance, by identifying missing, incomplete or incorrect data. Prior authorizations also can be managed, including the need for an authorization and verification of authorization validity.
- Patient Estimator allows the customer to give patients an estimate of the customer's expected out-of-pocket responsibility.
- Denial Challenger is an analytical and workflow application that uses automation to manage post-submission denied claims and payer responses.

PNC Obligations:

Depending on the module selected:

- Send and receive EDI transactions for purposes of performing the Services.
- Work with the customer to identify and set up business rules that apply to data collected from the customer's front and back-end activities.
- Provide a rules-based workflow platform by augmenting the customer's Patient Access and Registration systems and processes. This module processes HL7 data messages by first extracting all insurance and eligibility related fields, and then uses an eligibility "watch process" to verify the eligibility for all insurance coverage associated with the visit for all payers set up within the Service. This module also processes authorization-related HL7 data, to determine if authorizations are required by the relevant payer.
- Provide an estimate of the expected out of pocket patient financial responsibility for charges, deductibles and coinsurance. The rules engine uses various data sources including historical claim submissions (837), claim remittance (835) data and real time analytical processing of HL7 data and 271 responses. This module also extracts the copay amount from the 271 response.
- Provide an analytical and workflow application that uses automation to manage post-submission claims and payer responses. The rules engine uses various data sources including standard claim submission (837), remittance data (835) and claim status transactions (276/277), to proactively evaluate issues that arise regarding specific claims.
- Manage the life cycle of payer rejections to a submitted claim (837) in the event that a full payer remittance (835) denial transaction is received or if a payment and adjustment with a rejection code (manual transactions) is received. Provide a standard set of claim disposition codes so that the user can track the steps and progress of rejected claims up to final resolution of each claim.
- PNC makes no representation or warranty about the validity of any information submitted to PNC or generated by PNC using such information.

Customer Obligations:

Depending on the module selected:

- Grant PNC access to the customer's active Admit, Discharge and Transfer ("ADT") Health Level 7 International ("HL7") interface.
- Send PNC the 835 Remittance and 837 Claim EDI transactions, as well as other manually-posted payment, denial and adjustment transaction data in a mutually agreed upon format.

- Understand and agree that the customer is solely responsible for any action that the customer takes or does not take based on the alerts, estimates, reports, authorization information, work lists and workflows generated using the Service(s), and PNC will not be held liable for such actions.
- Understand and agree that the customer is responsible for the original established business rules and subsequently created business rules, and any modifications, additions or deletions of these business rules, and PNC will not be held liable for any damages the customer incurs as a result of these modifications, additions or deletions.
- Understand and agree that the estimates provided when using the Patient Estimator module are an estimate of the patient's expected out of pocket responsibility after payment by the insurance carrier; PNC does not guarantee the accuracy of such estimates. The customer agrees and understands that the patient responsibility amount ultimately reflected on the 835 from the payer may be different from the estimate.
- In addition to the customer's other indemnification obligations under this Agreement, the customer agrees to indemnify PNC from any loss or liability related to any claim resulting from any inaccurate or incomplete data provided by the customer or the relevant payer to PNC.
- If the customer terminates this Service, (or one of the modules listed above), or the Service Agreement before the end of thirty-six (36) months from when the customer begins to use the Service, for any reason other than PNC's failure to reasonably perform PNC's obligations hereunder, then the customer agrees to pay PNC, as liquidated damages and not as a penalty, an amount equal to the remainder of the thirty-six (36) month subscription fee for this Service (or the relevant module(s) thereof).