

# Your hospital needs additional financial clearance staffing. Stat.

**M**any hospitals are short-staffed and are unable to fill vacancies. Because of this shortage, employees aren't fully reviewing benefits, out-of-network status or obtaining authorizations on all accounts. This leads to increased denials and costly write-offs. In the past, payors would issue retro-authorizations for services that were medically necessary even though they were already rendered. Now, many payors will not issue retro-authorizations and will not pay claims without proper authorizations. This leads to increased denials, write-offs and patient's complaints about high out-of-pocket expenses.

C3 can fill-in your staffing shortfalls. You can choose to outsource a specific service line, your entire department or have us fill-in any staffing vacancies. We offer unique solutions to partner with your organization in the areas you need assistance the most. Our Financial Clearance solution can assist you through staffing shortfalls, help resolve your A/R or find additional cash.

## Outsourced Financial Clearance

We will serve as an extension of your financial clearance unit and conduct the "5 Pillars" of financial clearance:

- 1) *Verify patient has active insurance coverage*
- 2) *Validate service is a Covered Benefit*
- 3) *Obtain any authorizations and or referrals*
- 4) *Calculate out-of-pocket responsibility*
- 5) *Have a financial conversation with the patient or family*

*"Our solutions work. We increased overall reimbursement for one prominent health system by \$4M while increasing their volumes by 30%."*

**Chris Olander, CEO**

*"Our Denials Management and Payment Validation solutions have successfully recovered over \$10M."*

**Christine Benn, COO**



## Our Expertise

C3 has specialized knowledge of insurance benefits, coverage limitations and out-of-network health plans. Our training and testing programs ensure the staff working your accounts are adequately equipped to obtain authorizations and to have financial discussions with patients, families, physicians and payor representatives. Our robust implementation plan allows us to review your processes, document all hand-offs and implement the solutions that solve your specific needs. We work your accounts using our quality assurance system that focuses on accuracy, professionalism and patient satisfaction.

## Outsourcing Financial Services Gets Results

Our proven innovative approach:

- *Increases overall reimbursement*
- *Increases patient satisfaction*
- *Increases patient volumes*
- *Reduces disruption to operations*
- *Reduces administrative burden*

## Our Services

We provide comprehensive patient access services to supplement, backfill or outsource your financial clearance process. We deploy highly skilled staff who work within your system to manage scheduling and pre-registration (including authorizations and certifications). Additionally, we leverage our payor and revenue cycle expertise to provide denial management, payor audit defense, reimbursement audits and specialized consulting services.

### Additional Services Available

- Financial Counseling
- Utilization Review & Management
- Denial Management & Process Design
- Payor Audit Defense
- Scheduling Support
- Revenue Cycle Consulting
- Interim Leadership
- EHR Optimization & Process Improvement
- Customer Service Support & Training
- Payment Validation

## Who We Are

C3 was founded by two hospital revenue cycle leaders determined to remedy issues they faced while working in healthcare systems throughout the United States. They experienced the disruptive nature of breakthrough solutions and the growing pains associated with process improvement and centralization. We understand the delicate balance to handle the day-to-day operations and push forward to optimize processes.

Our mission is to become a true partner and extension of your hospitals' operations team to help grow your department and improve the patient experience.

Give us a call today at **888-908-1660** or email us at **C3Team@C3rcs.com** for more information on how we can help your organization maximize efficiencies and provide a clear the path to revenue!



### ADVOCACY

Proprietary software solution to advocate, on behalf of our clients, to secure coverage for high risk, complex care. We ensure all complex, high dollar care is appropriately covered and reimbursed.



### NEGOTIATE

We leverage our payor relationships to ensure coverage and optimal reimbursement for our clients. We work directly with payors and patients or families as a financial concierge, patient and client advocate.



### ENHANCE REVENUE

We work with patients and their families to individualize coverage options that maximize revenue. We take on the burden of working with out-of-state payors and government programs.



**C3**  
REVENUE CYCLE SOLUTIONS

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