



C3

REVENUE CYCLE SOLUTIONS

We take the complexity
out of complex care.

THIS PRESENTATION
WAS EXCLUSIVELY CREATED FOR:

AGENDA



Our Story
Complex & Outsourced Financial Clearance
Process Improvement and Design Consulting
Denial Trending, Recovery and Prevention
Payor Audits
Zero Balance Account Review
Why Choose Us?
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Our Story

C3 was founded by two hospital revenue cycle leaders to remedy issues they faced while working in healthcare systems throughout the United States. They experienced the disruptive nature of breakthrough technology and the growing pains associated with process improvement and centralization.

It's a 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.



Complex & Outsourced Financial Clearance

C3 staff will serve as an extension of your financial clearance unit and conduct the “5 pillars” of financial clearance.

- Verify that patient has active insurance coverage.
- Validate that service is a Covered Benefit.
- Obtain any authorizations and/or referrals.
- Calculate out-of-pocket responsibility.
- Have a financial conversation with the patient or family.

Outsourcing Financial Services Gets Results!

- Increase overall reimbursement
- Increase patient satisfaction
- Increase patient volumes
- Reduce disruption to operations
- Reduce administrative burden



Process Design and Technology Consulting

Our seasoned professionals and highly skilled associates work collaboratively with your teams to design and implement the right solutions for your unique challenges and needs.

We are willing and capable of taking on small projects like updating policies and procedures, as well as large projects like enterprise-wide software implementation or CBO/Pre-Services consolidation.

Our team of IT associates leverage their system-specific experience and certifications (e.g., EPIC, Cerner, Meditech, etc.) to enhance and build workflow.

We can develop an hourly or project-based pricing structure to suit the needs of your organization.

We understand the resource constraints you have at your organization and will keep all stakeholders informed of project status without overburdening you with meetings.



Denials Trending, Recovery & Prevention



We create a customized solution to enhance an organization's denials management program. We trend denials to find areas of opportunity and collaborate with the departments to design and implement a denials prevention strategy. When necessary, we also act as an extension of the hospital's staff to focus on collection and resolution of problematic or denied third-party accounts.

- Proprietary technology solutions identify and deliver recoveries other vendors or in-house solutions cannot
- Flexible offerings that can be implemented quickly to supplement provider teams
- Lightweight implementation program that can deliver recoveries in under 30 days from go-live
- Virtual extension of your business office for seamless coordination with existing process
- End to end services with underpayments managed until recovery
- No risk contingency-based fee model building true partnership with provider

Payor Audits

Payor audits can be an extremely time consuming and financial burden to hospitals and health systems. C3 takes on this burden for the provider by doing this work for them and communicating directly with the payor or third-party auditor. Our highly skilled and seasoned team members will work payor audits remotely to prepare defense and will even come onsite to meet with the payor and provider if necessary.

C3 Process:

- Review audit letter and obtain or create record to track cases
- Categorize each audit to report trends
- Review each case (clinical documentation, coding, industry standards, etc.) and determine next steps
- Prepare audit summary and present findings
- Submit audit response for presentation to payor
- If required, perform audit exit with provider and payor
- Reach agreement on audit and protect provider from inappropriate payment recoupments



Zero Balance Account Review

We collect lost revenue associated with closed accounts by identifying and rebilling contractual underpayments or denials.

- Our proprietary software provides a comprehensive analysis of contractual terms and ensures that payers are complying with established agreements.
- As issues are identified in the audit process, proactive follow-up, payer communication, and settlement arrangements are completed to resolve issues and collect lost revenue.
- In addition to collecting lost revenue, recommendations are provided to streamline contracts and mitigate future processing issues.



Why choose us?

- We are a small, boutique firm that focuses solely on healthcare. We have the bandwidth to give you the attention you expect and deserve.
- Our professionals have served in leadership roles at various hospitals and healthcare systems and understand your specific complexities and cultures.
- Our flexible and contingency-based pricing structure allows for a customized solution to fit within your budget.
- Our implementation team provides documentation and process flows to ensure all parties understand the hand-offs and areas of responsibility.
- We provide actionable feedback and reports to your leadership and teams to help you improve processes and focus additional resources.

Our Philosophy



Service

Our goal is to achieve superior customer satisfaction by conducting business with integrity and by insisting on excellence in all that we do.



Relationships

The cornerstone of our service philosophy is our desire to develop and maintain positive, long-term relationships with our clients and by being a good business partner and advisor.



Commitment

We don't seek transactions, we seek relationships - ones that last, continue to grow, strengthen and improve over time.

We're here to help!

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