



Continuum Performance Solutions

Ensuring an efficient and accelerated revenue cycle, so you can reap your revenue.

Continuum Health's Revenue Cycle Management (RCM) Solution is designed to convert encounters to billable charges and get them submitted and paid as quickly as possible. Combining our deep understanding of payer rules and requirements with knowledge of provider needs drives our consultative approach to RCM. We act as a partner and advisor, providing advice on how to continuously improve processes and leverage new technology to stay on top of payment reforms. Continuum Health focuses on three key areas where we apply our proprietary process improvements to help practices capture every dollar they're owed:

- **Maximizing front-end process:** Our credentialing and provider management, insurance registration and verification, and coding audit experts play a vital role in ensuring that claims meet payer requirements *before* they are submitted.
- **Enhancing denial management:** By combining human intelligence with a forensic approach, we identify payment trends and implement real time adjustments to minimize preventable denials and make the most of every claim.
- **Strengthening the payer-provider relationship:** Continuum improves the lines of communication and understanding between payers and providers to help providers get paid faster and to the full value of their contracts.

RCM Excellence

Excellence in RCM is about more than operational software; it's about efficient and effective processes powered by intelligent people. We support your margin so you can focus on your mission. On average, claims generated using our solution spend 22 days in accounts receivable—two weeks less than the industry average of 38 days.

Driving high performance:

99%

clean claims rate

22 days

in accounts receivable

10-30%

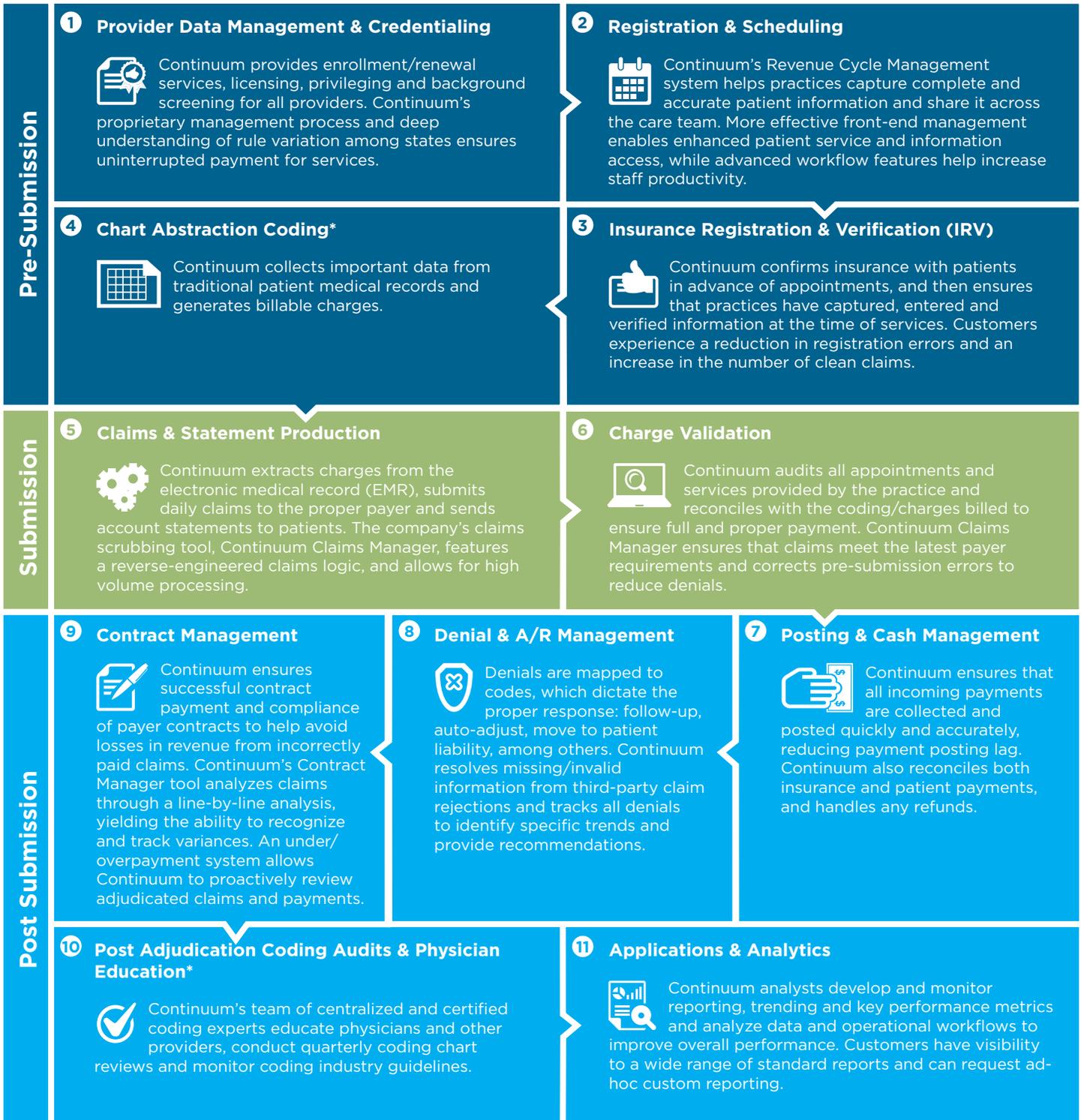
increase in profitability

Our capabilities & strengths include the following:

- Library of 4,380 claims rules
- Patient access improvement
- Collection efficiency
- Denial management
- Market and regulatory insight
- FFS to VBC transition support

OUR PROCESS

Continuum's three-phase, proven methodology enables effective reporting throughout the claims submission process:



*Optional Service

Supporting the process above, Continuum employs a **Customer & Patient Call Center**, where representatives are available to answer questions and resolve issues for practice staff, as well as assist patients inquiring about liability, account balances and general billing concerns.

Continuum Health helps practices improve cash flow and increase revenue through accurate coding audits, clean claims, increased recovery on denied claims, contract management, and bad-debt write-off reduction. Contact us to streamline your RCM and improve your revenue.