



## SPECIALIZING IN COMPLEX CLAIMS RECOVERY

Hidden within traditional revenue cycle, there is a disproportionate amount of overall revenue leakage that resides in complex Specialized RCM claims, most likely containing millions of dollars in unrealized revenue. This challenging and often ignored AR is simply too complicated, too time-consuming, and too costly to effectively and compliantly pursue – requiring highly focused third-party payer expertise combined with legal proficiency to effectively collect and resolve claims. Kemberton allows healthcare providers to concentrate on the less difficult and more viable facets of AR recovery, while our team of complex claim specialists confronts the most demanding SRCM receivables, to add cash and improve net patient revenue.



*Add MILLIONS of dollars in realized revenue by partnering with a premier Complex Claims solution provider*



### RESULTS ORIENTED – PERFORMANCE DRIVEN

At Kemberton, we are results-oriented backed with a team of specialized experts assisting patients through a labyrinth of coverage options, payers, and benefits to best resolve complex claim challenges. Knowing every claim and situation is unique, Kemberton is performance driven by staying the course to ensure an enhanced patient experience and increased revenue for providers.



### AN ADVOCACY APPROACH LIKE NO OTHER

Kemberton has always believed that genuine caring, compassion, and trusted relationships are key to delivering superior results. We are passionate about making a difference for both patients and healthcare providers alike.

- C**OMPASSION
- A**DVOCACY
- R**ESULTS
- E**XPERIENCE

## OUR STATS

*Kemberton vastly improves complex claims reimbursement by deploying a dedicated team of technology-enabled experts that advocate for every patient. We offer customized reporting with predictable, transparent, and trackable results that allows for real-time visibility into each patient account and outcome.*

**400+**  
HOSPITALS SERVED

**1M+**  
CLAIMS PROCESSED  
ANNUALLY

**\$500M+**  
PAYMENTS FACILITATED  
ANNUALLY

**3M+**  
PATIENTS SERVED



# OUR SERVICES



Kemberton provides personalized advocacy to help patients and healthcare providers navigate the complexities of specialized medical claims, with a primary goal of pursuing the correct payer of medical bills and to assist in reducing out-of-pocket costs. Kemberton's mission is to obtain pertinent accident, employer, and healthcare coverage information for full coordination of benefits that ensures medical claims are paid timely and accurately.

## ✧ MOTOR VEHICLE ACCIDENT CLAIMS

Sorting through a multitude of payers, attorneys, timely filing deadlines, and confusing CMS guidelines, Kemberton focuses on insurance discovery and coordination of benefits to maximize reimbursement on time-sensitive and complicated MVA claims. As advocates for both patients and providers, we employ dedicated teams of lawyers, paralegals, and MVA experts that are committed to thorough resolution every step of the way. **With third-party coverage identified in up to 70% of cases, patients incur materially less costs.**

## ✧ WORKERS' COMPENSATION CLAIMS

Tasked with the complexities and time-consuming requirements of workers' compensation claims, Kemberton's deep-rooted proficiency alleviates added burdens as an ideal extension of the revenue cycle. We have highly experienced teams of specialists and innovative technology to navigate state rules and dispute resolution processes (including USDOL) that vastly improves workers' compensation reimbursement in a more prompt and efficient manner. **Over 40% of patients do not know their Workers' Comp coverage information.**

## ✧ VETERANS ADMINISTRATION CLAIMS

Proper management of Veterans Administration claims is nothing short of challenging, with layers of uncertain administrative rules and bureaucracy that regularly cause unwarranted delays in owed reimbursement. By closely monitoring and facilitating all activities including appeals, denials, and rejections, we ensure accurate submission and successful claim adjudication throughout the rigorous VA process. **VA claims require meticulous coordination of medical services aligned with correlating authorizations to effectively submit all pertinent documents.**

## ✧ ENROLLMENT SERVICES

Kemberton has the required expertise to closely guide patients through overwhelming enrollment applications of various health insurance programs including, Medicaid, CHIP, FAMIS, Behavioral Health, and many others. We provide necessary assistance to best identify and screen eligible patients at any point of service to ensure comprehensive outreach efforts are fulfilled. **No stone goes unturned as we go beyond Medicaid to find all available payer sources to ensure maximum reimbursement.**

## ✧ DISABILITY ELIGIBILITY SERVICES

Kemberton helps the most vulnerable patient population receive the disability benefits they need and deserve, and as quickly as possible - our National Disability turnaround time is just 110 days. As experts understanding the strict requirements of Social Security Administration programs, we assist patients through the entire application process, including hearings and appeals. **80% of Kemberton's applications for Disability Claims are approved the first time without attending costly administrative hearings.**

## ✧ COMPLEX CLAIM DENIALS

Kemberton's impressive team of clinicians, attorneys, paralegals, and denials analysts specialize in complex denials, turning our customer's "non-collectible" dollars into actualized revenue. Armed to overturn Day-1, Aged, and Zero Balance Denials, we apply adept knowledge, stringent protocols, and a watchful eye to address and multi-level appeal even the most challenging denials. **Exclusively Specialized in Complex Claims Recovery - We Get Denied Claims Paid.**

## POWERED BY STATE-OF-THE-ART TECHNOLOGY

With Kemberton, we are not just an outsourced vendor, we are a Specialized RCM partner dedicated to pushing the envelope of what SRCM technology can really do to transform the landscape of healthcare. Kemberton provides a unique and innovative value proposition for healthcare organizations by bringing material automation and an all-inclusive solution to the challenges of specialized revenue cycle management. Our distinct combination of expert trained claims resolution advocates, advanced workflow automation technology, and proprietary payer search engine offers an impressive and comprehensive end-to-end model for success.