kemberton
complex coverage :: personalized advocacy

Kemberton's Technology Advantage

Industry-Leading Proprietary Platform with an Eye on the Future

Technology within healthcare is constantly progressing. Although much of the focus of healthcare technology has been around patient-facing applications, providers that leverage back-end automation and an inventive approach to RCM, are better-positioned for long-term growth. With Kemberton, we are not just an outsourced vendor, we are a specialized RCM partner dedicated to pushing the envelope of what RCM 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 unique combination of expert trained claims resolution advocates and advanced workflow automation technology offers an impressive and comprehensive end-to-end specialized RCM model.

Why Automate RCM?

RCM automation offers a holistic solution to a better patient experience and a more robust functioning revenue cycle. By implementing an automated claims management process, healthcare providers will:

Reduce Costs and Time to Collect

Significantly reduce the processing time of claims while minimizing the risk and costs of human error that results in rework. With faster, more proficient, and more accurate processes, staff can redirect their focus to more meaningful tasks.

Drive Efficiency and Simplify Processes

Automation complements your employees by completing the tedious, repetitive functions that consume significant amounts of time. As more and more data is captured, our technology creates and hones defined structures that will make automated decisions for the future.

Maximize Reimbursement

With a reduced error rate, claims are submitted and cleared more expeditiously, while reimbursement rates are optimized - resulting in less waste, better financial performance, and a healthier bottom line.

Advocate 20/20: Claims Management Automation and Optimization

Our proprietary Advocate 20/20™ platform is a workflow management system that enables Kemberton to maximize the productivity of our advocates, identify and secure coverage for your patients, and deliver exceptional results for your organization. Customers can view status updates with each patient account in real-time, using intuitive dashboards that make tracking and predicting revenue flow as easy as a few clicks.

Modules within Advocate 20/20 Work Together to Streamline Complex Claims Management:

- **Kemberton eBill**
  Allows us to submit electronic billing transactions in an instant, with clear and precise information

- **Kemberton Payer Search**
  Leverages internal and external data sources to identify the best source of coverage, exhausting all avenues for reimbursement

- **Robotic Processing Automation (RPA)**
  High-volume, repetitive tasks such as acquiring content from your organization's system (e.g. medical records and billing forms) or updating claim statuses are completed automatically, minimizing errors and repurposing employees for higher-value work events

- **Patient Engagement Portal**
  Permits two-way communication with patients via SMS/texting capabilities, giving patients the ability to seamlessly collaborate and provide necessary information to properly adjudicate claims

- **Kemberton Business Intelligence**
  Gain complete visibility into the progress of each goal, as well as revenue predictions with an intuitive and personalized dashboard

Road to Predictive Analytics

The foundation of Kemberton's technology began with a large influx of data and the idea of how we could maximize this source of information with proper management. Healthcare systems have an ever-increasing amount of data that needs to be optimized in order to create meaningful utilization — Kemberton has added value to this data with technology that automates workflows using a knowledge-based engine that has progressed us towards the innovation of predictive analytics. As our technology systematically refines the aggregate set of structured data for claims that have been processed in the past, it will be able to predict requirements of new and future claims to enhance specialized RCM for healthcare providers like never before.

When you partner with Kemberton, you become part of a movement that's one step ahead of the industry. With predictive analytics, our technology continues to advance and as increasingly more data is collected, it provides greater value to healthcare organizations with each passing year. We are enthusiastic about the road ahead, as we actively convert our entire business into our enhanced platform that enables us to harness the data accumulated to best leverage predictive analytics, giving healthcare providers unprecedented efficiency within the specialized RCM space.

Why Kemberton?

90%+
average collections of pursuable charges

400+
hospitals served

1M+
claims processed annually

$500M+
payments facilitated annually

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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 distinctive 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.