



AI-Powered RCM Services

Precision. Performance. Partnership.

From Complexity to Performance

The Cost of Revenue Fragmentation

Healthcare organizations today operate in an environment of payer volatility, regulatory complexity, and margin compression. Revenue leakage rarely appears as a single event.

It compounds silently across the lifecycle:

- First-pass denials exceeding 10%
- 15–25% reimbursement erosion due to under-coding
- Administrative overhead consuming 14–17% of collections
- 30% of denials caused by preventable eligibility errors

The Revenue Operating System

CureMD delivers the right combination of AI automation, payer intelligence, and specialty-trained billing expertise across every stage of the revenue lifecycle. From eligibility verification and prior authorization at intake, through coding accuracy and clean claim submission, to denial management, underpayment recovery, and patient collections. Every stage is monitored, validated, and optimized in a single continuous workflow. Automated systems handle the high-volume rules-based work, expert billing teams handle the judgment calls and performance analytics give finance leaders real-time visibility



Replace fragmentation with unified revenue orchestration.

Intelligence

CureMD embeds billing intelligence upfront, preventing losses before claims go out.

From real-time eligibility verification and rules-based claims scrubbing to automated denial prevention and payer-specific fee optimization, every step of the revenue cycle is monitored, validated, and optimized. The result: cleaner claims, faster reimbursements, and fewer denials.

Financial Analysis

Payer contract analysis, fee schedule optimization, and reimbursement alignment to maximize allowable revenue.

Prior Auth & Referrals

End-to-end prior auth tracking, approval workflows, denial escalation, and integrated referral management.

Benefits Verification

Automated real-time coverage checks, subscriber status, and prior authorization requirements before every encounter.

Claims Scrubbing

Rules-based claim validation, query edits against payer-specific edits, CCI rules, and coding logic verification.

Payment Reconciliation

Automated ERA processing, variance posting, secondary billing, and underpayment identification in one workflow.

Analytics

Unified revenue data warehouse with real-time KPIs, dashboards, predictive forecasting, benchmarking, and variance analysis.

AI Powered Automation

AI Coding

- Real-time coding with documentation optimization
- CPT/HCPCS & modifier accuracy
- Evidence-backed clinical rationale, explainable audit trail
- Live validation against NCDs, LCDs, MACs
- Automated specificity fixes, denial detection

Denial Prevention

- Pre-submission denial risk scoring
- Payer-specific rule validation
- Automated appeal generation
- Denial pattern intelligence
- Root cause analysis

Revenue Forecasting

- Real-time AR dashboards & aging analysis
- Revenue trends by payer and specialty
- Collection probability scoring
- Performance benchmarking
- Financial leakage analysis

Services

CureMD delivers comprehensive revenue cycle services designed to eliminate friction, protect margin, and accelerate cash flow across the entire revenue lifecycle.

From patient access to reimbursement recovery, we embed intelligence, automation, and performance oversight into every stage of revenue operations.

Eligibility & Benefits Verification

Real-time coverage validation, deductible visibility, and authorization rule checks ensure clean claims and reduce front-end denials.

Prior Authorization Management

End-to-end authorization tracking, renewals, payer follow-up, and appeals to prevent care delays and reimbursement disruption.

Provider Enrollment & Credentialing

Streamlined payer enrollment, contracting support, and credential management to ensure uninterrupted reimbursement.

Financial Responsibility & Patient Engagement

Transparent cost estimates, structured payment plans, and responsive billing support to improve collections and patient satisfaction.

E&M Optimization

Automated evaluation and management recommendations aligned with documentation to ensure compliant and accurate charge capture.

Concurrent CDI Reviews

Real-time documentation improvement to strengthen coding precision, reduce audit risk, and support full reimbursement.

Revenue Integrity Controls

Continuous validation of claims against payer policies, contract terms, and reimbursement logic to eliminate preventable leakage.

Quality & Incentive Program

Performance reporting and optimization aligned with value-based reimbursement programs to protect incentives and avoid penalties.

Claims Validation & Submission

Advanced scrubbing against payer edits, CCI rules, and contract logic before submission to reduce rework and denials.

Secondary Billing & Payment Posting

Automated secondary claims processing, ERA posting, reconciliation, and underpayment identification aligned with payer contracts.

Denial Management & Prevention

Root cause analysis, predictive denial identification, automated appeals, and continuous performance monitoring to improve resolution rates.

Payment Variance & Underpayment Recovery

Systematic identification of under-reimbursed claims and structured recovery workflows to ensure full contractual payment.

Fee Schedule & Contract Optimization

Comprehensive payer contract review, reimbursement modeling, and strategic alignment to maximize allowable revenue.

Strategic Pricing Analytics

Charge master evaluation, payer competitiveness analysis, and pricing scenario modeling aligned with long-term financial goals.

Enterprise Revenue Intelligence

CureMD services are powered by embedded analytics and AI-driven insights across clinical and financial data.

Self-Service
Patient Portal

Cost
Estimates

Payment
Plans & Advocacy

Patient Revenue
Acceleration

Query
Resolution

Optimization

CureMD combines AI automation with full-cycle revenue ownership to deliver measurable financial impact.

Revenue Recovery Engine

Automated appeals for aged and complex claims, identifying underpayments and recovering lost revenue.

Clinical Documentation Integrity

AI-audited coding ensures compliant documentation while maximizing reimbursement accuracy.

Regulatory Optimization

Capture government reimbursements and avoid penalties through compliance-first workflows.

End-to-End Financial Control

Full visibility into collections, denials, and cash flow via real-time dashboards.

Denial Root Cause Analysis

Drill-down reporting by payer, CPT, ICD-10, and denial category to identify systemic issues and recovery opportunities.

Payer Mix Insights

Real-time visibility into commercial, Medicare, Medicaid, and value-based reimbursement distribution.

Analytics

Lag and Throughput Monitoring

Charge lag, coding lag, and billing turnaround time tracking to identify operational bottlenecks.

Cash Flow Forecasting

Predictive modeling based on historical collections and payer behavior to improve financial planning.

Aging Distribution Analysis

Detailed A/R stratification by payer, provider, and balance size to prioritize collections strategy.

Productivity Tracking

User-level reporting on billing, collections, and denial resolution performance.

Contract Performance Monitoring

Comparison of payer reimbursement against contracted terms to support renegotiation strategy.

Best in KLAS Services

Recognized Excellence Backed by Provider Feedback

Trusted Partnership and High Touch Account Management

Providers consistently report that CureMD's account teams are highly responsive, proactive, and treat client revenue cycle outcomes as if they were their own. This level of service creates trust and long-term collaboration that directly impacts financial performance and operational confidence.

Transparency that Providers Appreciate

CureMD leads industry averages in transparency of billing operations. Clients consistently cite clear communication, workflow visibility, and honest reporting as differentiators.

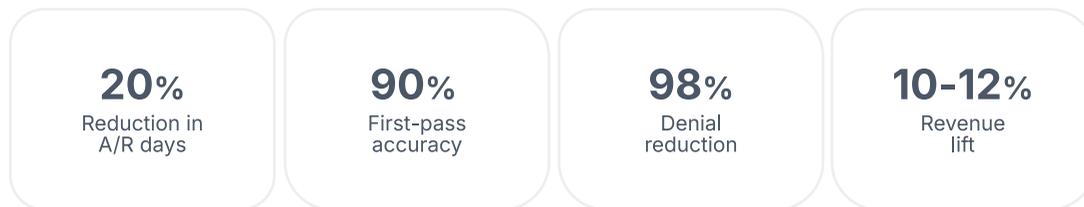
Exceptional Denial and Rejection Management

KLAS recognizes CureMD's ability to proactively identify, manage, and resolve denials, reducing administrative burden, improving cash flow, and ensuring that fewer claims fall through the cracks.

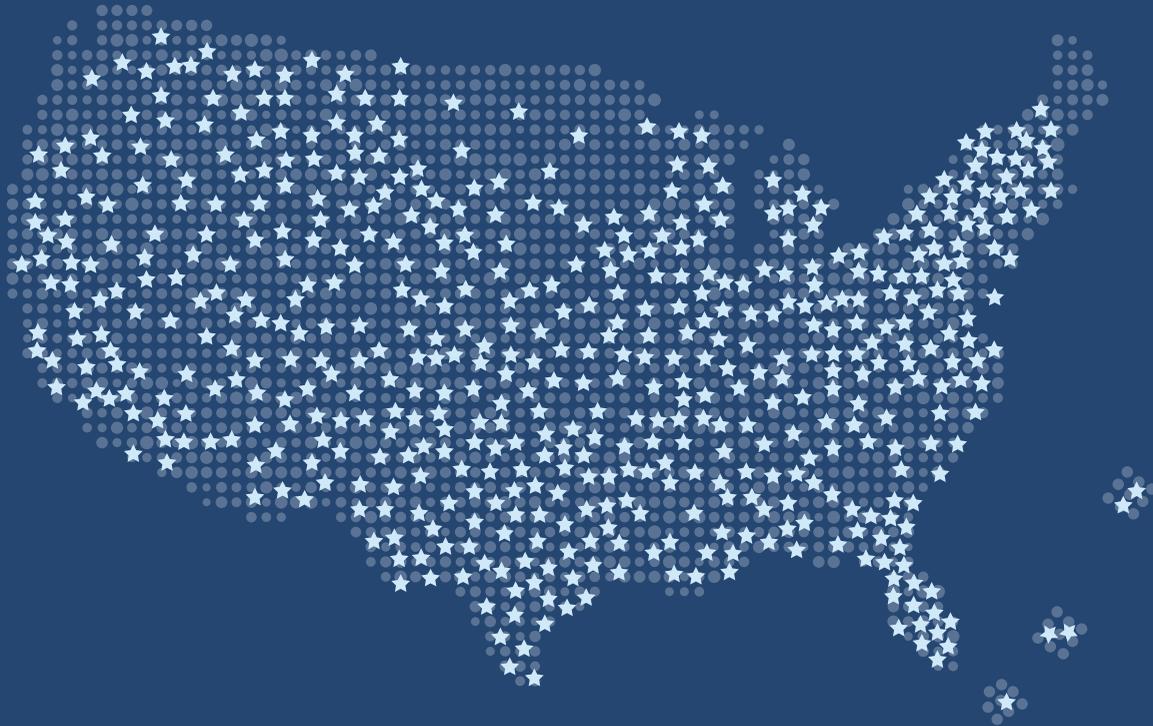
Outstanding Value for Investment

Among all vendors evaluated, CureMD has had the highest percentage of customers who said the service was worth the investment.

Advantages



AI-Powered EHR, PM, Patient Engagement & RCM Services



29

Years in Healthcare IT

55M

Patient Records Managed

40k

Active Providers

\$5B

Annual Revenue Processed

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