

How mature is your revenue cycle really?

Most specialty care organizations are at stage two, but they think they're at stage three. This maturity model provides operators, CFOs, and RevOps teams a practical framework to assess where you are today, and what it takes to improve your revenue cycle's operational maturity.

4 STAGES



WHY THIS MATTERS FOR SPECIALTY HEALTHCARE

Behavioral health operates under an entirely different set of billing pressures than any other specialty.

85% higher denial rates [SOURCE](#)

Higher denial rate for behavioral health vs. comparable medical and surgical claims, despite the federal Mental Health Parity and Addiction Equity Act, which explicitly prohibits this disparity.

#1 authorization burden [SOURCE](#)

Psychiatric or behavioral health ranked highest for prior authorization burden on patients seeking care. 42% of patients reported prior authorization negatively impacted their ability to seek treatment, the highest of any specialty studied.

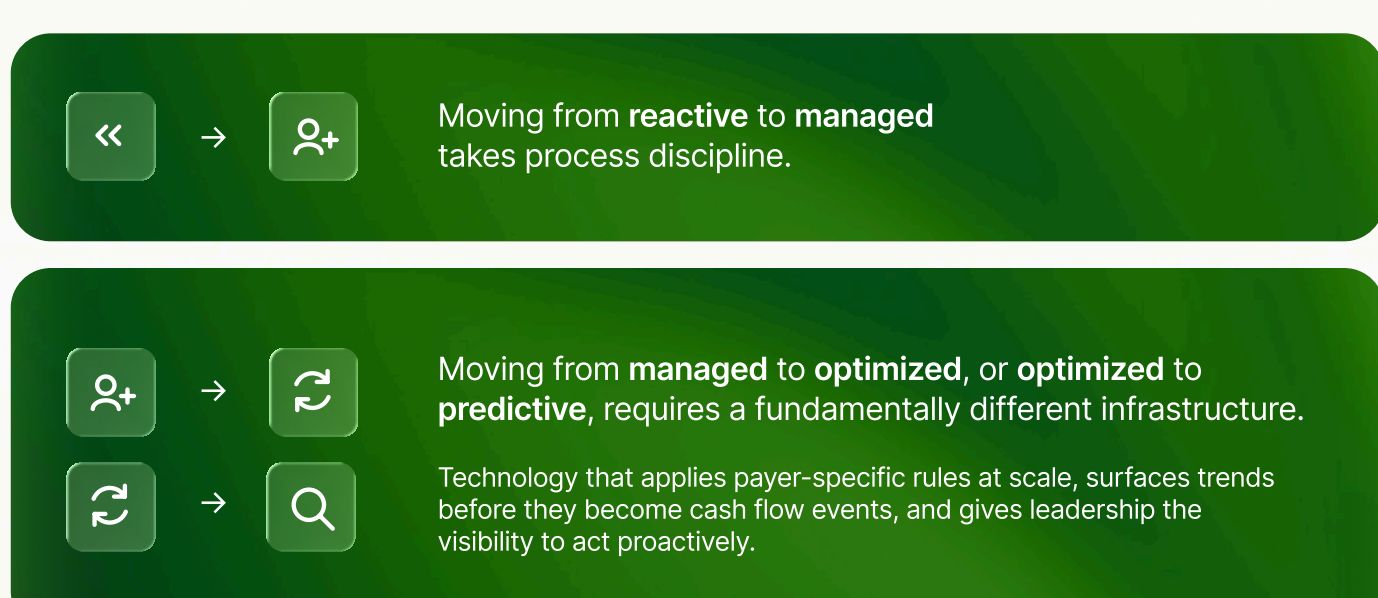
1 in 8 Medicaid MCO prior auth requests denied [SOURCE](#)

Medicaid is the dominant payer for ABA therapy in the U.S. A denial rate more than double the rate of Medicare Advantage shows that, for ABA providers, prior auth friction is a structural operating condition.

WHAT SEPARATES EACH STAGE OF REVENUE CYCLE MATURITY

	Reactive	Managed	Optimized	Predictive
Claim submission	Manual, batched weekly or less	Weekly cadence, consistent	Daily, automated	Daily, pre-validated by a rules engine
Denial Handling	Discovered late, worked reactively	Tracked after the fact	Rules engine prevents most	Predicted before submission
Auth management	Tracked manually, gaps in routine	Managed in EHR, expiries missed	Live KPI dashboard	Predictive, issues surfaced weeks ahead
Visibility	None in real-time	Monthly reporting only	Live KPI dashboard	Predictive and payer-level
Scalability	Breaks under growth	Fragile, dependent on key people	Scales with tech	Portfolio-wide, no headcount add
Days in A/R	Unpredictable, often 60+ days	Stable but slow. 45-60 days	Reduced by 7-14 days vs. stage 2	Optimized and forecasted

YOU DO NOT OUTGROW REVENUE CYCLE PROBLEMS BY ADDING MORE PEOPLE



PINPOINT WHERE YOUR REVENUE CYCLE SITS AND WHAT TO PRIORITIZE NEXT

Camber is an RCM partner purpose-built for ABA and behavioral health.

We combine AI technology and deep specialty expertise to help specialty healthcare organizations collect faster and more reliably.

Camber automates 80–90% of the claims lifecycle, targets a 93%+ first-pass paid rate, and provides enterprise-grade reporting to clinics of all sizes.



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Camber works with specialty care organizations across ABA, pediatric therapy, and behavioral health to assess revenue cycle maturity and identify the highest-leverage opportunities to move up the curve. The conversation starts with your current state, not a pitch.

Book a conversation with our specialty healthcare RCM experts to identify the high-leverage opportunities to move up the RCM maturity curve. Receive a full current-state diagnostic in 72 hours.

Start the conversation