



FOR IMMEDIATE RELEASE

July 23, 2014

Certive Solutions Inc. (CSE: CBP) Provides Description of Lines of Business

Scottsdale, Arizona - The Board of Directors of Certive Solutions Inc. (the "Company") wishes to provide shareholders with a description of its various lines of business in our continuing effort to distinguish and clarify the revenue cycle segments currently targeted. Our lines of business are defined below and may or may not be consistent with general industry nomenclature.

- a) **Zero Balance** is the highest margin business line for our Company and represents the auditing of claims to identify underpayments by comparing actual payments to contracted terms for such specific procedures on a revenue sharing basis with our customer. The process also tests billing performance to ensure that payments are equal to the services performed. Once a claim is identified, we generate an appeal letter which is submitted to the health plan and followed up for collection. We utilize certified professional coders to support this line of business. It is also where we will realize the most immediate benefit from our workflow technology and tools to capture and assign the claim.
- b) **Billing Support** is our highest volume business wherein we analyze claims to be submitted for payment prior to billing; on a cost plus basis. The goal objective is to ensure that there are no errors in the bills and to mitigate health plan rejection of an invoice. We collect data from within the hospital system, identify errors, correct or request corrections and provide the file back to our customer. We do not engage in a collections activity in this line of business and it is the activity least likely to benefit from automation technologies simply because the source data remains resident within the hospital.
- c) **Early-Out** is a revenue sharing business line where we intercept claims, audit and collect them before the expiration of the contractual period with the payer. If a claim is not paid before such expiry, it is generally written off by hospital and not paid by the payer. The process is similar to Zero Balance. We will gain immeasurable scale in this line of business, as we develop processes for the assignment of accounts to our collectors, and develop work cues to track files and anticipate delivery schedules.
- d) **Clinical Review** occurs where we review and audit any claim items that have been denied for clinical reasons. Generally these claims have been paid but a medical review determines that additional payments may be justified. Claims as part of a clinical review must be resolved before expiration of the contractual period. We are paid for on a revenue sharing basis. This process requires clinical professionals and involves a review of clinical records to determine the validity of an additional claim. Data capture technologies support will be a significant enhancement to our current business practices.
- e) **Special Projects** are defined as the many underserved niche market opportunities regularly presenting to our Company. A clear understanding of the regulatory environment that impacts payment to hospitals is a key to our success in the identification of these niches. Most are revenue sharing models.

While the descriptors and nomenclatures referenced above are not necessarily consistent with or identical to competitive descriptions of the revenue cycle market, these are definitions used by our Company for the past twelve years and they accurately reflect the core competencies of our staff and the types of services provided to our hospital customers.

As we introduce automation technologies and workflow management tools into our operations, we will experience growth in capacity, a highly focused collection effort with better overall results for our customers, and scalability that will support our long-term acquisition plans.

Investors seeking additional information are asked to contact Scott Thomas, Vice President, Market Functions at 480-922-5327.

ON BEHALF OF THE BOARD OF DIRECTORS OF CERTIVE SOLUTIONS INC.

Van Potter, President, CEO, Director

About Certive Solutions Inc.

Certive Solutions Inc. (Scottsdale, Arizona) provides cloud revenue cycle management solutions to U.S. hospitals, delivered collaboratively, utilizing proprietary workflow document management and analytics technologies tailored to health care business processes. Certive is currently focused on the denied claim segment of revenue cycle management. Certive's solutions enhance the efficiency and effectiveness of denied claims recovery in a revenue sharing relationship that improves hospital net operating results.

For more information please contact either Scott Thomas, Vice President, Market Functions directly at 480-228 -5881 or Brian Cameron, Chief Financial Officer of Certive Solutions Inc. at 480-922-5327 or by e-mail at bcameron@certive.com.

The forward-looking information contained in this press release is made as of the date of this press release and except as required by applicable law, the company does not undertake any obligation to update publicly or to revise any of the included forward-looking information, whether as a result of new information, future events or otherwise. By its very nature, such forward-looking information requires the company to make assumptions that may not materialize or that may not be accurate. This forward-looking information is subject to known and unknown risks and uncertainties and other factors, which may cause actual results, levels of activity and achievements to differ materially from those expressed or implied by such information. Neither the company nor the Canadian Securities Exchange accepts responsibility for the adequacy or accuracy of this release.