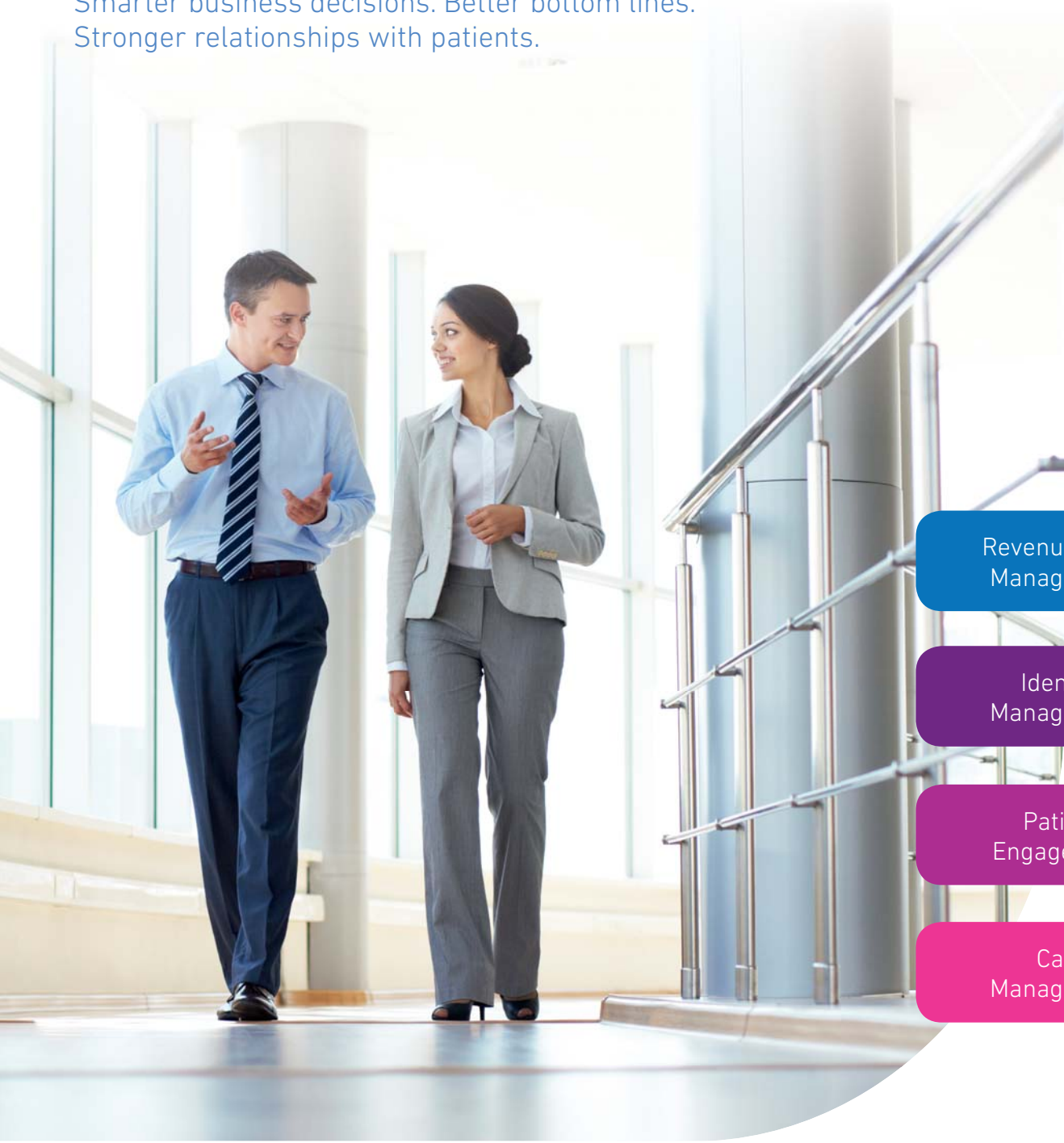


Leading the Way

Smarter business decisions. Better bottom lines.
Stronger relationships with patients.



Revenue Cycle Management

Identity Management

Patient Engagement

Care Management



Smarter business decisions. Better bottom lines.
Stronger relationships with patients.

Thousands of providers count on Experian Health and our revenue cycle management, identity management, patient engagement and care management solutions. Partnered together, we are leading the way for healthcare organizations and the patients they serve.



It's how we help that sets us apart

What's it take to better understand financial performance, improve efficiency and keep patients happy?

More than half of all U.S. hospitals — along with thousands of medical practices, labs, pharmacies and other risk-bearing entities — already know. Partnering with Experian Health positively impacts their operations, their balance sheet, and the patient experience.

Our clients rely on us to help answer today's tough healthcare management questions.

How do you ...

- Do more for patients — and the bottom line — with fewer resources to go around?
- Collect what's owed while being sensitive to patients' increasing financial burden?
- Provide the secure self-service tools patients want and need?
- Protect patient identities — and your organization's reputation — and maintain their trust?
- Ensure your patients follow post appointment care instructions to stay well for the long term?

Ask us how. We can help.

Top 5 priorities of healthcare leaders in recent HIMSS survey

87%

Improving Patient Satisfaction

83%

Improving Patient Care/
Quality of Care/
Outcomes

87%

Sustaining Financial Viability

69%

Improving Care Coordination

73%

Improving Operational Efficiency/
Lowering Costs



Unleashing the power of automation

Unlocking the power of data

Realizing the power of Experian Health

Experian Health is powered by the strong healthcare heritage of our legacy companies, plus the deep data, advanced analytics and power reporting capabilities of Experian. This unique combination positions us well to help you succeed.

56%

of U.S. Hospitals

500,000

Providers

7,000+

Medical Practices,
Labs, Pharmacies
and other Risk-
Bearing Entities

Experian named to Forbes World's Most Innovative Companies List, the definitive ranking of 100 new-idea creation firms

Solutions that are leading the way

Our clients have discovered the value of our revenue cycle management, identity management, patient engagement and care management solutions to empower their healthcare organizations today ... and tomorrow. We invite you to learn more about how we can help you. Visit www.experianhealth.com or call **1 888 661 5657**.



An innovation leader

Addressing challenges of today's value-based healthcare environment is essential. Anticipating future needs is just as important. Experian Health works closely with clients through our advisory board and through interactions at regional/national user conferences. We listen, observe and innovate accordingly, evolving our existing tools and delivering new solutions to help healthcare organizations thrive now, and in the years to come.

What does our well-rounded suite of industry-ranked offerings offer you? A consistent user experience for better patient service. Real-time integrated workflow for faster processing and more transparency. Built-in data enrichment across the healthcare ecosystem for greater accuracy and results.

Revenue Cycle Management

Collect every dollar due. Automate patient access, contract management, claims management and collections to improve efficiency and increase reimbursement.

Identity Management

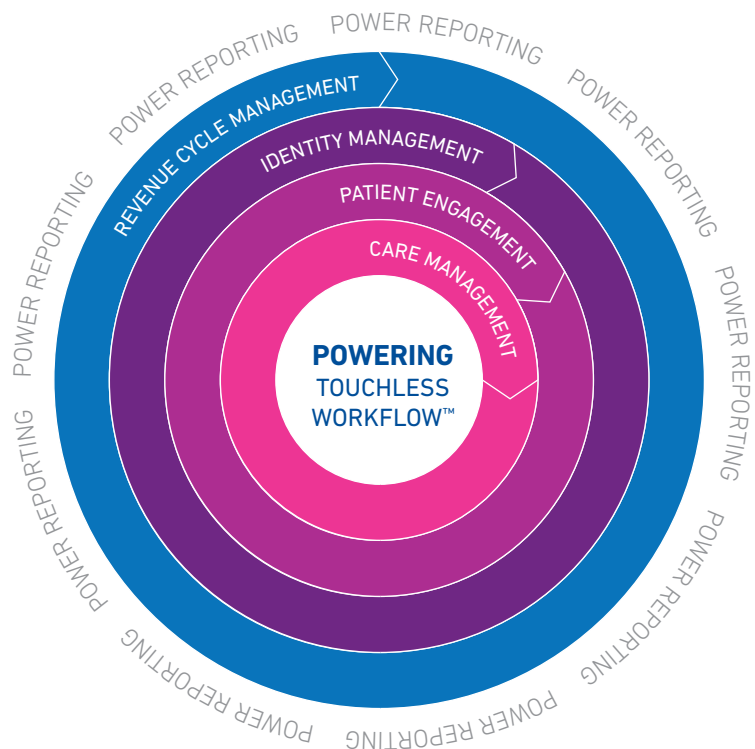
Confirm identity accuracy. Match, manage, and protect patient identities to safeguard medical information and reduce risk.

Patient Engagement

Meet demand for self-service. Connect patients with personalized portals and mobile options to generate price estimates, apply for charity care, set up payment plans, combine payments and schedule appointments.

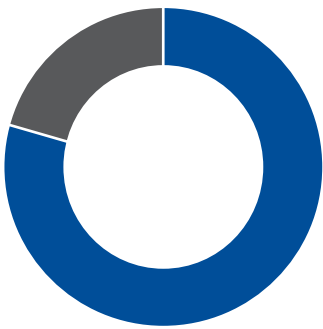
Care Management

Keep patients well. Organize and enable sharing of post-acute patient care information to help you succeed in the new era of value-based care reimbursement.



Hands-off processing

Experian Health's integrated solutions feature our patented Touchless Workflow™. We automate the manual processes that bog down your healthcare operations to boost efficiency and ensure accuracy. With advanced data insights built in, there's minimal need for manual intervention, so your staff is more productive, and your patients better served.



Automates 80%
of manual processes



Visibility = Insight

Experian Health's Power Reporting capability, delivered via a secure, self-service portal at no extra cost, leverages the power of Experian data and advanced analytics. So you can see — in real-time — just how productive your staff is, how efficient your workflows are, and what kinds of results you're achieving. Power Reporting gives you the insights you need to pinpoint issues, fine-tune processes — and dramatically improve operations.



Leading Revenue Cycle Management

Collect every dollar due. Automate patient access, contract management, claims, and collections to improve efficiency and increase reimbursement.

Patient Access

Coverage Discovery®

Find previously unidentified coverage to reduce bad debt write-offs

Identity Verification

Validate patient address, Social Security number, date of birth and more to reduce denials, expedite reimbursement and decrease returned mail

Order Manager

Send, receive and integrate electronic orders; connect physician offices with hospitals, clinics, labs and other ancillaries

Passport Authorizations

Automate 100% of prior authorization inquiries — and eliminate uncertainty

Passport Eligibility

Streamline the insurance verification process using sophisticated search functionality and data intelligence — for fewer denials and a better patient experience

Passport Medical Necessity

Validate orders against payer rules for medical necessity, frequency limitations and duplicate orders (CCI), for consistently clean claims

Passport NOA

Automate and integrate required Notice of Admission to avoid delayed and decreased reimbursement

Patient Estimates

Collect up-front and help patients make informed decisions by generating accurate pricing for authorized services before or at point-of-service

Patient Financial Clearance

Assess and assign patients to the appropriate financial pathway based on likelihood to pay and their qualification for assistance — to boost collections and satisfaction

PatientTrack

Paperless sign-in that relieves registration congestion while tracking wait times and documenting where the patient is sent after registration

Registration QA

Automatically launches insurance eligibility real-time, stores the information and identifies registration inaccuracies at the earliest point in the revenue cycle, avoiding costly denials and rework

Powerful workflow coordination via eCare NEXT®

63%

Primary Care Providers Dissatisfied with Manual Orders Processes¹

We have confidence and trust in the company to know they're providing us with cutting-edge tools to help us care for patients throughout the revenue cycle.

—Blessing Health System



Contract Management

Claim Scrubber

Eliminate undercharges and reduce denials by consistently submitting cleaner claims

Contract Manager & Contract Analysis for Hospitals & Health Systems

Audit payer contract performance to assure compliance — and maximize revenue

Contract Manager & Contract Analysis for Medical Groups

Audit payer compliance against contract terms for maximum revenue

Patient Estimates

Collect up-front and help patients make informed decisions by generating accurate pricing for authorized services before or at point-of-service

Payer Alerts

Avoid payment delays and lost revenue with automated payer policy and procedure change notifications

Claims

Claim Scrubber

Eliminate undercharges and reduce denials by consistently submitting cleaner claims

ClaimSource®

Manage claims, payments, denials — and prioritize high-impact accounts — for better efficiency and more revenue

Denials Workflow Manager

Efficiently manage denials — and analyze remittance detail—to maximize payer reimbursement

Enhanced Claim Status

Improve cash flow by monitoring claims status early in the adjudication process

Payer Alerts

Avoid payment delays and lost revenue with automated payer policy and procedure change notifications

Collections

Collections Optimization Manager

Segment and prioritize past due patient accounts — and optimize collections

Compliance Manager

Protect patients — and your organization's reputation — by monitoring your collections agencies' behavior

Coverage Discovery®

Find previously unidentified coverage to reduce bad debt

Identity Verification

Validate patient address, Social Security number, date of birth and more to reduce denials, expedite reimbursement and decrease returned mail

PatientDial

Increase collections with our cloud-based dialing platform that offers both inbound and outbound communication options

Patient Financial Clearance

Assess and assign patients to the appropriate financial pathway based on likelihood to pay and their qualification for assistance — to boost collections and satisfaction

PaymentSafe®

Provide your patients with a secure method of submitting payments online

Return Mail

Reduce accounts receivable days through automatic correction of known bad addresses returned as undeliverable by the U.S. Postal Service® (USPS)

We increased our patient satisfaction scores by almost 10% the first year.

—Cincinnati Children's Hospital

\$42.8B

Value of Uncompensated Care Provided in 2014²

In the last fiscal year we've recouped over \$3.5 million.

—UCLA Medical Center



Leading Identity Management

Confirm identity accuracy. Match, manage, and protect patient identities to safeguard personal information and reduce risk.

Precise ID® with Digital Risk Score

Protect healthcare identities during enrollment and at each login using multi-layer portal security with identity and device intelligence

Return Mail

Reduce accounts receivable days through automatic correction of known bad addresses returned as undeliverable by the U.S. Postal Service® (USPS)

Universal Identity Manager (UIM)

Enables the accurate exchange of information across the healthcare industry and within organizations using a unique patient identification number

Healthcare Identity Theft Growing

21.7%

Per Year³

100M

Compromised Medical Records Last Year⁴



Leading Patient Engagement

Meet demand for self-service. Connect patients with personalized portals to generate price estimates, apply for charity care, set-up payment plans, combine payments and schedule appointments.

Patient Estimates

Collect up-front and help patients make informed decisions by generating accurate pricing for authorized services before or at point-of-service

Patient Self-Service

An online portal that enables patients to receive payment estimates, securely make payments and schedule appointments from their desktop or mobile device

Our relationship boils down to more of a partnership.

—Arkansas Health Group

Patient Gifting

Help patients raise money through online crowdsourcing to pay their medical bills from your hospital

Patient Statements

Simplify and customize patient billing statements and include important updates and messages

90%

Patients Who Want to Self-Manage Healthcare Using Technology⁵

Patient Schedule

Provide a simple, convenient way for patients to schedule appointments online

PaymentSafe®

Provide your patients with a secure method of submitting payments online



Leading Care Management

Keep patients well. Organize and enable sharing of post-acute patient care information to help you coordinate care, and succeed in the new era of value-based care reimbursement.

Care Coordination Manager

Facilitate and integrate care transitions by tracking progress through the entire episode of care — to ensure effective cost management

MemberMatch®

Actively alert your ACO care managers to a member's admission, discharge or ER visit, in real time — and better manage high-cost clinical episodes

They help us think future versus just thinking about how to solve our issues right now.

—Aurora Health Care

Clinical Data Clearinghouse

Automate the exchange of clinical information with payers for faster reimbursement

¹ US National Library of Medicine—National Institutes of Health

² American Hospital Association

³ Medical Identity Fraud Alliance/Ponemon Institute

⁴ Department of Health and Human Services

⁵ Accenture

