Simplifying healthcare for all
Smarter business decisions. Better bottom lines.
Stronger relationships with patients.
Simplifying healthcare for all

Healthcare is complex, but the power, depth and breadth of Experian data, combined with our technology solutions, can make it simpler. Thousands of providers count on Experian Health for revenue cycle management, identity management, patient engagement and care management solutions. We work across the healthcare journey to improve the patient experience, make providers more effective and efficient, and enhance and simplify the overall healthcare ecosystem.

It’s how we help that sets us apart

More than 60% of all U.S. hospitals — along with thousands of medical practices, labs, pharmacies and other risk-bearing entities — partner with Experian Health because they see efficiency gains in their operations, more dollars collected and an enhanced patient experience. They recognize that data-driven insights can drive results and care.
Why Experian Health?

- It starts with the data. It’s the combination and quality of our data — healthcare data, credit bureau data, marketing services data — where you see tremendous gains in intel and insights. And, of course, all of this data can be packaged up within your healthcare system’s workflow. Additionally, we can account for every data point so we understand the permissions and compliance restrictions.

- We have 25+ years of healthcare experience, as we are a culmination of industry leaders spanning across the healthcare technology spectrum to provide a comprehensive continuum for revenue cycle management, identity management, patient engagement and care management.

- Next, we pride ourselves on our long history — 40+ years of matching, managing and protecting identities and personal data. We offer a customized approach to healthcare and are well positioned to develop the industry standards needed to improve patient safety and outcomes by facilitating industry-wide adoption of universal patient identifiers through providers, pharmacies, payers and beyond.

- Finally, our patient-centered technology is addressing the needs of today’s patient-consumers, as they expect and demand more transparency around estimates and a smoother financial and administrative journey. We leverage our expertise in data and analytics to develop solutions that simplify patient tasks like preregistration and check-in procedures and understanding the costs of care.

At a high level, our solutions can be categorized into these solution buckets, always anchored and powered by our data and analytics foundation.
Solutions to simplify the journey

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.

Revenue Cycle Management

Create an optimal revenue cycle for payers and providers to help them get paid correctly and in a timely manner with the latest in automation.

Patient Engagement

Simplify patient tasks like scheduling, preregistration and check-in procedures, and provide more transparency around the cost of care in a new era of healthcare consumerism.

Identity Management

Safeguard the future of interoperable patient data at an industry level through identity resolution, proofing and enrichment.

Care Management

Tap into solutions and data that offer strategies to support and deliver the right care at the right time and in the right setting, to more effectively and efficiently manage patient health conditions.

An innovation leader

We address the challenges of today as well as anticipate future needs. Experian Health works closely with clients every step of the way — from onboarding to implementation to ongoing optimization and reporting. 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 deliver to you? A consistent user experience for better patient service. Real-time integrated workflows for faster processing and more transparency. Built-in data enrichment across the healthcare ecosystem for greater accuracy and results.

Hands-off processing

Experian Health’s integrated solutions feature our patented Touchless Processing™. 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.

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. 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.
We touch every aspect of the healthcare journey

We want to help you improve the patient experience, be more effective and efficient, and enhance and simplify the overall healthcare ecosystem, encompassing the entire journey from scheduling and registration, authorizations, treatment, discharge, pharmacy fulfillment to claims and collections.

We have products and solutions that cut across this journey — enhancing both the patient and provider experience.
### Helping you every step of the way on today’s healthcare journey

<table>
<thead>
<tr>
<th>1. Incident occurs, triggering need to seek healthcare</th>
<th>PROVIDER</th>
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<td>• Patient Estimates</td>
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<td>• PaymentSafe®</td>
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<td>• Identity Verification</td>
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<td>• Registration QA</td>
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<td>• Universal Identity Manager</td>
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<th>3. Registration and check-in</th>
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<td>• Medical Necessity</td>
<td>• Social Determinants of Health</td>
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<td>• Authorizations</td>
<td>• Social Determinants of Health</td>
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<td></td>
<td>• Notice of Admission</td>
<td>• Precise ID</td>
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<th>4. Ensure care is authorized by payer</th>
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<td>• Universal Identity Manager</td>
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<th>5. Receive treatment and discharge</th>
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<td>• Claim Scrubber</td>
<td>• Patient Statements</td>
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<td>• ClaimSource®</td>
<td>• Patient Financial Advisor</td>
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<td>• Enhanced Claim Status</td>
<td>• PatientSimple</td>
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<td>• Contract Manager</td>
<td>• Patient Simple</td>
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<td>• Denials Workflow Manager</td>
<td>• Patient Dial</td>
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<td>• Payer Alerts</td>
<td>• Patient Text</td>
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<th>6. Pharmacy fulfillment</th>
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<td>• Collections Optimization Manager</td>
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<td>• Coverage Discovery®</td>
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<th>7. Medical claims submitted</th>
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Revenue Cycle Management

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

Patient Access

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

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

Coverage Discovery
Find previously unidentified coverage at any point in the revenue cycle continuum to reduce bad debt write-offs.

NOA
Automate and integrate required notices of admission to avoid delayed and decreased reimbursement.

Authorizations
Automate 100% of prior authorization inquiries — and eliminate uncertainty.

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

Patient Estimates
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.

Registration QA
Automatically launch insurance eligibility in real time, store the information and identify registration inaccuracies at the earliest point in the revenue cycle, avoiding costly denials and rework.

Claim Scrubber
Start your claims process by scrubbing encounters from the start, eliminating undercharges and reducing denials by consistently submitting cleaner claims.

“"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 Systems

Contract Management

Contract Manager and Contract Analysis for hospitals and health systems
Audit payer contract performance to assure compliance — and maximize revenue.

Contract Manager and Contract Analysis for medical groups
Audit payer compliance against contract terms for maximum revenue.
Patient Estimates
Collect upfront 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 and segmented 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.

Denied 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 and segmented payer policy and procedure change notifications.

Collections

Collections Optimization Manager
Optimize collections and recovery rates on past-due accounts while decreasing the cost to collect.

Compliance Manager
Protect patients — and your organization’s reputation — by monitoring your collections agencies’ behavior.

Coverage Discovery
Find previously unidentified coverage at any point in the revenue cycle continuum to reduce bad debt write-offs.

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

“They help us think future versus just thinking about how to solve our issues right now.”
— Aurora Health Care

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, via mobile device or at point of service.

Return Mail
Reduce accounts receivable days through automatic correction of known bad addresses returned as undeliverable by the U.S. Postal Service®.
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 Schedule
Embrace an omnichannel scheduling platform that makes online appointment scheduling simple and convenient, providing guided search and scheduling for call centers, and streamlines referral coordination.

Schedule Outreach
Send automated outreach messages to patients with the ability to self-schedule via IVR or text.

Registration Accelerator
Simplify your patient intake process with this text-to-mobile experience that improves data accuracy, reduces administrative costs and facilitates collection of copays.

Patient Financial Advisor
Deliver to your patient a pre-service, estimated financial responsibility based on real-time benefit information and a personalized payment experience via their mobile devices.

Self-Service Patient Estimates
Help patients make informed decisions by generating accurate pricing for authorized services before or at point of service.

PatientSimple
Create the best financial engagement experience for your patients with this portal where patients can receive price estimates, pay bills on multiple accounts and view personalized payment options.

Patient Statements
Simplify and customize patient billing statements and include important updates and messages.

“\[If you’re not allowing your patient base to schedule online, then you’re behind the times. Almost immediately upon launching our first service lines with the online scheduling tool, patients began using it. We’ve been tracking it, and it’s been great to see how quickly it’s taken off and the great feedback we’ve had from patients.\]”
— Benefis Health System

PaymentSafe
Provide your patients with a secure method of submitting payments online, via phone, text message or at point of service.

ConsumerViewSM
Grow your patient base with consumer data approved for digital and traditional marketing outreach.
Identity Management

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

Precise ID
Protect healthcare identities during enrollment and at each login using multilayer portal security with identity and device intelligence.

Universal Identity Manager (UIM)
Use Experian reference data to enable matching and identity enrichment and facilitate the accurate exchange of information across the healthcare industry using a unique patient identification number.

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

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

Cost to health systems

The average hospital has 800,000 records with a duplicate record creation rate of 8 to 12% per year

Why Patient Matching Is a Challenge: Research on Master Patient Index (MPI) Data Discrepancies in Key Identifying Fields (AHIMA)

The estimated cost of remediation is $96 per duplicate pair, which is $3M to $4M to remediate per year

Hidden Costs of Duplicate Patient Records (HFMA)

100% of the U.S. population has a Universal Patient Identifier, powered by our Universal Identity Manager.
Care Management

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

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.

Social Determinants of Health
Identify and address individual patient needs relating to nonclinical barriers to health — including scores, justifications and data-driven patient engagement strategies.

Patient Schedule
Close gaps in care by increasing scheduling rates through member self-service or member engagement teams.

“We want to level the playing field by helping providers identify and solve for these socio-economic challenges that make it hard for some patients to get the care they need. SDOH has the ability to improve outcomes, lower costs and increase patient satisfaction, removing the socio-economic obstacles hindering healthcare.”

— Karly Rowe, VP, Patient Access, Identity, and Care Management Product, Experian Health