



Is the healthcare experience working for your patients? Is it working for you?

For many patients, the care they receive is outstanding, but the systems and processes of accessing and paying for that care are frustrating and confusing. For providers, being compensated for delivering that outstanding care can also be frustrating and confusing. Over and over, we ask ourselves, "Why does it have to be so complicated?"

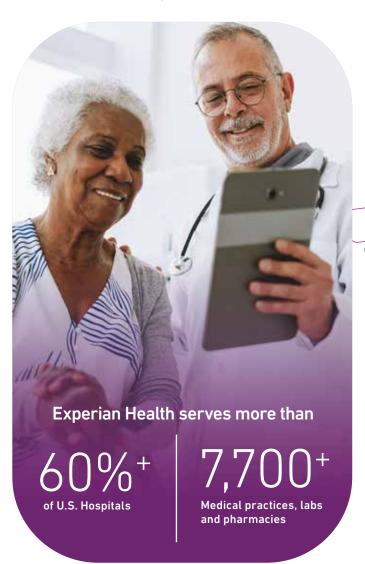
Simplifying this complexity is our purpose at Experian Health. It's more than a mission statement because we aren't just helping our clients — we're making healthcare better for ourselves, too. It's personal.

More than 60% of all U.S. hospitals — along with thousands of medical practices, labs, pharmacies and other healthcare providers — 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 deliver results and improve care..

Why Experian Health?

It starts with the data. The combination and quality of our data — healthcare data, credit bureau data, marketing services data — delivers significantly superior analytics and insights. All this data can be packaged within your healthcare system's workflow. Additionally, we understand permissions and compliance and we can account for every data point. Other reasons Experian Health is positioned to be a valued partner well into the future:

- We have 25+ years of healthcare experience, reflecting the best-in-class organizations we've acquired over that time. The result is a comprehensive solution continuum across revenue cycle management and patient engagement. Our recent acquisition of technology that resulted in the development of our Patient Access Curator™ solution is an excellent example.
- \bullet Experian® has a long history 40+ years of matching, managing and protecting identities and personal data.
- Our technology addresses the needs of today's patient and provider. Both value transparency around cost and a smoother financial and administrative journey. Our expertise in data and analytics enables us to develop solutions that simplify patient tasks like preregistration and check-in procedures while helping providers increase their speed and accuracy in using that data to improve the claims process and reduce denials.



Solutions to simplify the journey

Our clients have discovered how our revenue cycle management and patient engagement solutions empower their healthcare organizations' growth today and tomorrow.



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. Gather more patient data quickly and accurately via automation and AI and prevent denials at the beginning of the patient journey rather than managing denials later.



Revenue cycle management

Create an optimal revenue cycle through automation, facilitating correct payment in a timely manner. Increase accuracy with powerful eligibility, coverage, authorization verification and registration capabilities delivered quickly, with minimal friction.

Leading with innovation

Data &

Experian Health works closely with clients every step of the way — from onboarding to implementation to continual 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

A new era of automation

Experian Health's integrated solutions automate the manual processes that bog down healthcare operations, boosting efficiency and ensuring 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. Beyond eliminating tasks, Experian Health is developing Al solutions that learn, analyze and guide your teams to increased efficiency, better accuracy and ever-improving results, whether at patient intake or when submitting claims for reimbursement.

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

- 1. Incident occurs, triggering need to seek healthcare
- 2. Schedule visit and secure estimate
- 3. Registration and check-in
- 4. Ensure care is authorized by payer
- 5. Receive treatment and discharge
- 6. Medical claims submitted
- 7. Patient payment and collections







PROVIDER

- PaymentSafe®
- Eligibility
- Identity Verification
- Patient Access Curator
- Registration QA
- Identity Verification
- Patient Financial Clearance
- PaymentSafe
- Coverage Discovery
- Medical Necessity
- Authorizations
- Notice of Care



- ClaimSource®
- Al Advantage[™]
 - o Predictive Denials
- o Denial Triage
- Enhanced Claim Status
- Denial Workflow Manager
- Contract Manager
- Claim Scrubber
- Collections Optimization Manager
- Coverage Discovery®
- PaymentSafe

- **PATIENT**
- Patient Schedule
- Patient Financial Advisor
- PatientSimple™
- Precise ID®
- Self-Service Patient Estimates
- Registration Accelerator
- Precise ID
- Self-Service Patient **Financial Clearance**



- Patient Statements
- Patient Financial Advisor
- PatientSimple
- PatientDial
- PatientText

For a comprehensive list of Experian Health products, please reach out to your Experian health sales representative.



Revenue Cycle Management

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

Patient Access

Patient Access Curator

A bundled solution that combines Eligibility, Insurance Discovery, MBI, COB Primacy and Demographics that prevents claim denials — in seconds — by solving for bad data quality and real-time data correction.

Eligibility

Reduce financial risk, increase revenue and streamline staff workflow with real-time insurance eligibility verification.

Coverage Discovery®

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

MBI lookup service

Get timely and accurate Medicare reimbursements with our MBI lookup service, available as an add-on feature with Eligibility and Coverage Discovery.

Notice of Care

Automate and integrate required notices of admission, observation and discharge to avoid delayed and decreased reimbursement.

Authorizations

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

Medical Necessity

Streamline your medical necessity workflow to stay compliant with CMS regulations, prevent revenue loss and avoid regulatory fines.

Patient Estimates

Provide patients price estimates for authorized services before or at point-of-service.

Patient Financial Clearance

Guide patients to the right financial pathway, stay compliant with charity care regulations, promote health equity and increase collections by automating your financial assistance process.

Registration QA

Minimize denials and increase cash flow by driving accurate patient registration information.



Experian Health is ranked #1 in Best in KLAS for 2024 for our Contract Management and Analysis product.

Contract Management

Contract Manager

Continuously audit payer contract performance to validate reimbursements, recover underpayments, identify contract appeal opportunities and negotiate better contracts.

Contract Analysis

Model contract performance to determine how proposed payer contracts will affect your revenue — before you sign on the dotted line.

Claim Scrubber

Identify trends and take action to improve coding errors for cleaner claim submission. Correct identified errors while working in your native work queue.

Claims

ClaimSource®

Improve revenues through reduced denials. Manage claims, remits, denials — and prioritize high-impact accounts — for greater efficiency and a stronger bottom line..

Denial Workflow Manager

Efficiently manage denials — and analyze remittance details — to accelerate payer reimbursement.

Enhanced Claim Status

Improve cash flow by monitoring claim status early in adjudication, before ERAs and COBs are processed.

Al Advantage™

Tap into real-time intelligence and predictive modeling to prevent avoidable denials and prioritize resubmissions.

- Predictive Denials leverages client claims data to proactively identify claims with a likelihood of denial
 before claim submission — so that teams can take corrective action.
- **Denial Triage** identifies and segments denials by potential value so that teams can focus on remits that have the most impact to their bottom line.

Collections

Collections Optimization Manager

Accelerate your collections strategy with in-depth data and analytics available through Collections Optimization Manager.

PatientDial

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

PatientText

Engage patients with timely text messages to increase engagement and collections.

Return Mail

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

Identity Verification

Validate patient address, Social Security number, date of birth and more to reduce denials, expedite reimbursement and lower collection costs.



Experian Health is ranked #1 in Best in KLAS for 2024 for our ClaimSource® claims management system and Contract Management and Analysis product!



Patient Engagement

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

Patient Schedule

Coordinate bookings seamlessly between your physicians' calendars and your patients' needs via an online platform. Patient Schedule offers three solutions to optimize your scheduling capacity.

- **Self Scheduling** provides easy access for consumers to make online appointments in real time, find the right providers and meet your scheduling rules all at the same time with our sophisticated, guided-response technology.
- Call Center Scheduling improves the patient experience by enabling staff to schedule accurate appointments faster via the phone or onsite using our guided response technology. Staff can easily find the right providers and times based on your business rules and create appointments on behalf of the patient.
- **Outreach** helps close care gaps with automated messaging via text or calls to notify and guide patients to schedule their next appointment.

Registration Accelerator

Simplify your patient intake process — for your staff and patients — with this text-to-mobile experience. Improve your data accuracy upfront and reduce administrative paperwork while providing an easy, no app registration solution to your patients.

Patient Financial Advisor

Provide your patients a pre-service estimated financial responsibility based on real-time benefits 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.

Available with our Patient Estimates solution

Self-Service Patient Financial Clearance

Empower your patients to complete their financial assistance applications on their smartphones or computers, whenever and wherever it's most convenient for them. Available with our Patient Financial Clearance solution.

Precise ID®

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

PatientSimple®

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

Patient Statements

Simplify and customize consumer-friendly billing statements that fully disclose financial and insurance information as well as important updates and messages.

PaymentSafe®

Increase collections at point-of-service by providing your staff with a secure method of accepting payments, including payment plans, on a patient portal, at a kiosk or on a mobile app.

ConsumerViewSM

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



