





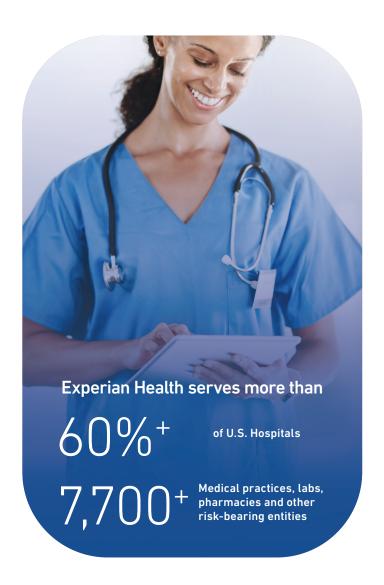
Healthcare is complex, but the power, depth and breadth of Experian® data, combined with our technology solutions, can make it simpler. Thousands of providers count on Experian Health for revenue cycle management and patient engagement solutions. We work across the healthcare journey to improve the patient 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 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 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're a culmination of industry leaders spanning across the healthcare technology spectrum to provide a comprehensive continuum for revenue cycle management and patient engagement.
- Next, we pride ourselves on our long history 40+ years of matching, managing and protecting identities and personal data.
- Finally, our patient-centered technology addresses the needs of today's patient. 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 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 and patient engagement solutions to empower their healthcare organizations today and tomorrow.

Revenue cycle management

Create an optimal revenue cycle via the latest in automation, facilitating correct payment in a timely manner. Make patient access more effective, efficient and accurate with powerful eligibility, coverage, authorization verification, and registration capabilities.

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.

Leading with innovation

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 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.

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**
- Patient Estimates
- PaymentSafe®
- Eligibility
- Identity Verification
- Registration QA
- Identity Verification
- Patient Financial Clearance
- PaymentSafe
- Coverage Discovery®
- eCare NEXT®
- Medical Necessity
- Authorizations
- Notice of Care

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

- PATIENT
- Patient Estimates
- Patient Schedule
- Patient Financial Advisor
- PatientSimple™
- Precise ID®
- Patient Schedule
- Registration Accelerator
- PatientSimple
- Precise ID

- 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

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 MBI lookup service.

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

Validate against commercial payers' medical policies and Medicare National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Correct Coding Initiative (CCI) edits.

Patient Estimates

Provide patients price estimates 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.

"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



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

Contract Management

Contract Manager and Contract Analysis Audit payer contract performance to assure compliance and maximize revenue.

Claims

ClaimSource®

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

Denial 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.

Al Advantage™

Real-time intelligence and predictive modeling to prevent avoidable denials and prioritize resubmissions.

- Predictive Denials leverages client claims data to proactively identify claims with high 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.

Claim Scrubber

Eliminate undercharges and reduce denials by consistently submitting cleaner claims.

- "We had no insight into whether we were performing value-added work when we followed up and worked denials. Now [with AI Advantage] we see those percentages."
 - Skylar Earley, Director of Patient Financial Services

"Through ClaimSource's automation and level of quality work, we have had to do less manual intervention"

— Loretta McLaughlin, Hattiesburg Clinic

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 decrease returned mail.



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 - Self Scheduling

A digital coordination platform to help patients access and schedule care.

- 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 decision support 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 prompting that guides patients in scheduling their next appointment online, reducing your call center volumes.

Registration Accelerator

Simplify your patient intake process with this text-tomobile 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.

"Experian's Patient Schedule helped us address the challenge of helping patients arrange for the care they need in the time that it's really needed. Over 35% of the time patients are scheduling overnight and on weekends."

— HCA Healthcare

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 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.

PaymentSafe

Provide your staff with a secure method of accepting payments via phone or at the point of service.

ConsumerViewSM

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

