TransUnion Healthcare Solutions Overview
Thank you for your interest in TransUnion Healthcare.

We invite you to use this booklet as a quick reference guide. Included is a brief overview of TransUnion Healthcare’s patient access, collections and reimbursement solutions, as well as important contact information.

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LEARN MORE
Learn more at www.transunionhealthcare.com.
About TransUnion Healthcare

Who we are
A trusted provider of revenue cycle management solutions for maximizing reimbursement, driven by a belief that information can help advance our industry, improve patient engagement, and ultimately increase the effectiveness of the healthcare system.

What we do
In short, we’re changing the way healthcare is delivered in the United States.

Powered by industry-leading data, analytics and revenue cycle technologies, our solutions provide deep insights into patients’ financial behavior, reduce uncompensated care—and create a better, more transparent financial experience for patients.

Patient Access Solutions
TransUnion Healthcare’s Patient Access Solutions help providers make smarter decisions at the point of service to improve the accuracy and effectiveness of their registration process.

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<thead>
<tr>
<th>TRANSMISSION HEALTHCARE SOLUTION FEATURES AND BENEFITS</th>
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<tbody>
<tr>
<td><strong>ClearIQ SmartQM</strong></td>
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<tr>
<td>Improves staff efficiency with exception-based, user-defined work queues</td>
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<td>Manages staff workload with auto-assignment of tasks</td>
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<tr>
<td>Provides added intelligence into patient access processes with customizable dashboard reporting</td>
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<td><strong>Identity Verification</strong></td>
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<tr>
<td>Verifies patient self-reported information against multiple credit and non-credit sources</td>
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<td>Matching technology ensures that patient’s name matches correct address</td>
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<td>Highlights discrepancies for easy correction</td>
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<td>Prevents medical identity theft with Red Flag alerts</td>
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<tr>
<td><strong>Insurance Eligibility</strong></td>
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<tr>
<td>Provides electronic verification for third-party coverage</td>
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<td>Offers payer connectivity to more than 98% of insured lives</td>
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<tr>
<td>Maximizes coverage discovery with customized business rules</td>
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<tr>
<td>Provides an easy-to-read eligibility viewer</td>
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“The tool [ClearIQ] is unique in that it presents a clear picture of a patient’s identity and financial situation. So in addition to generating an accurate estimate of what the patient owes, it also allows registrars to determine presumptive charity care and likelihood of payment right at the point of service.

This allows them to tailor their message to the individual patient when asking for payment.”

- Karen Guida, Director, Riverside Health System
## Patient Access Solutions (continued)

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<tr>
<th>TRANSUNION HEALTHCARE SOLUTION FEATURES AND BENEFITS</th>
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<tr>
<td><strong>Patient Payment Estimation</strong></td>
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<tr>
<td>Contracts-based estimation system and ClearCode Auto Add technology produce a defensible estimate</td>
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<td>Easy to use for non-clinical users</td>
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<tr>
<td>Increases price transparency with separate summaries for hospital and professional charges</td>
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<tr>
<td>Improves point-of-service collections and patient satisfaction</td>
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<tr>
<td><strong>Financial Aid</strong></td>
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<tr>
<td>Determines patients’ likelihood to qualify for financial assistance based on metrics such as percent of Federal Poverty Level, and then triages those accounts into the appropriate workflows</td>
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<tr>
<td>Eliminates the barriers that prevent many patients from applying for financial assistance</td>
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<tr>
<td>Helps comply with IRS 501(r) reporting requirements</td>
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<tr>
<td><strong>Propensity to Pay</strong></td>
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<tr>
<td>Makes objective ability-to-pay decisions for self-pay and balance-after-insurance patients</td>
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<tr>
<td>Provides easy-to-read summary of patient financial metrics</td>
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<tr>
<td>Calculates financial estimates using credit and non-credit data sources</td>
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<tr>
<td>Increases cash collections through the accurate classification of accounts into the optimal payment workflow</td>
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<tr>
<td><strong>Charity Wizard</strong></td>
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<tr>
<td>Step-by-step patient interview process streamlines financial counseling</td>
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<tr>
<td>Matches patients to the appropriate funding sources</td>
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<tr>
<td>Qualifies patients faster with an automated process that pre-populates program-specific applications</td>
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<tr>
<td>Tracks, stores and provides audit-ready documentation for charity care</td>
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"From day one, TransUnion Healthcare was willing to work with us to create a customized solution to increase our eligibility hit rates with our payers. The TransUnion staff is knowledgeable, professional and timely in responding to our concerns and business needs."

—Bob Reed, Vice President of Patient Access and Patient Financial Services, Parkland Health & Hospital System
Collections and Reimbursement Solutions

TransUnion Healthcare’s Collections and Reimbursement solutions help providers make smarter back-end decisions that optimize resources and increase reimbursement.

| TRANSUNION HEALTHCARE SOLUTION FEATURES AND BENEFITS |
|-----------------|---------------------------------------------------------------------------------------------------|
| **Propensity to Pay (batch)** | Ranks self-pay accounts by ability and likelihood of payment  
Reviews accounts against credit and non-credit data sources  
Improves staff productivity by having collectors focus on the most collectible accounts  
Helps comply with 501(r) reporting requirements by enabling collectors to identify which self-pay accounts can be segmented for collections and which accounts can be presumptively qualified for charity care |
| **eScan Insurance Discovery** | Finds 1–5% more insurance coverage for uncompensated care accounts that standard eligibility services miss  
Requires no process change and integrates with all hospital and 3rd party systems  
No financial obligation until you receive payment from the payer |
| **eScan Reimbursement Reports** | Optimizes 3rd party reimbursements with custom reports:  
• Dual eligible bad debt  
• DSH Days  
• IME/GME  
Provides a 1–2% increase in net Medicaid payments  
No financial obligation until you receive payment from the payer |
| **Financial Aid (batch)** | Discerns true charity care from bad debt  
Calculates financial estimates using credit and non-credit data sources  
Helps comply with IRS 501(r) reporting requirements  
Allows hospitals to balance their community benefit and make necessary adjustments throughout the year |

“We’ve seen a cash flow increase of over a million dollars. It’s been a painless process. [eScan] proved themselves up front and they continue to prove their abilities every day.

From the leadership of my departments to the front line billing staff, everybody here will tell you how great it is to work with eScan.”

—Kempton Smith, Baptist Healthcare, Pensacola, FL
Sample workflow for providers

PRE-REGISTRATION/REGISTRATION

- Verify patient ID, address, insurance
  - TU Solution: Identity Verification
  - TU Solution: Insurance Eligibility

POINT-OF-SERVICE COLLECTIONS

- Determine likelihood to qualify for financial assistance
  - UNINSURED
    - Verify medical necessity requirements & generate an accurate estimate of what the patient owes
      - TU Solution: Financial Aid Pre-Screen
    - Determine likelihood to qualify for financial assistance
      - TU Solution: Propensity to Pay

FINANCIAL COUNSELING

- Screen for Medicaid, charity care or other financial assistance
  - HIGH
  - STRONG
  - BORDERLINE
  - LOW
- Determine patient ability to pay
  - TU Solution: Propensity to Pay
- What is the out-of-pocket responsibility?
  - LOW
  - COLLECT AT POS
- Are they eligible?
  - YES
  - Complete application
  - NO
  - Pursue payment arrangement
- UNINSURED
  - TU Solution: Charity Wizard
  - TU Solution: Financial Aid: Final Screen (batch)

BACK OFFICE

- UNINSURED
  - Search for missed insurance coverage
    - TU Solution: eScan Insurance Discovery
  - Discern charity care from bad debt
    - TU Solution: eScan Reimbursement Reports
  - SELF PAY ACCOUNT
    - HIGH
    - LOW
    - STRONG
    - BORDERLINE
    - LOW
  - Are they eligible?
    - YES
    - Complete application
    - NO
    - Pursue payment arrangement
  - OPTIMIZE REIMBURSEMENTS
    - TU Solution: eScan Reimbursement Reports
    - DISCERN CHARITY CARE FROM BAD DEBT
      - TU Solution: Financial Aid: Final Screen (batch)

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Project manager
Your project manager will walk you through the entire implementation and training process.

Project manager contact information

NAME______________________________________________________________________________________________________

PHONE_____________________________________________________________________________________________________

CELL______________________________________________________________________________________________________

EMAIL______________________________________________________________________________________________________

Client manager
In addition to a project manager, you'll work with a client manager. After the project manager has facilitated the implementation process, the client manager takes over as your primary resource.

Client manager contact information

NAME______________________________________________________________________________________________________

PHONE_____________________________________________________________________________________________________

CELL______________________________________________________________________________________________________

EMAIL______________________________________________________________________________________________________

LEARN MORE
To learn more, contact us at 888-791-3088 or hcsolutions@transunion.com, or visit our website at www.transunionhealthcare.com.