

Solution Overview

WE DON'T MANAGE THE REVENUE CYCLE, WE MAKE THE REVENUE CYCLE SMARTER

Optimized revenue cycle management enabled by data science and predictive analytics

Sift Healthcare is revolutionizing medical billing. Using data science and predictive analytics, Sift helps improve visibility by optimizing the financial performance of the entire revenue cycle continuum. The platform includes advanced decision support solutions for managing today's increasingly complex healthcare reimbursement models. Fueled by the application of machine learning on claim and payment data, Sift normalizes 100% of the revenue cycle data stream allowing interoperability between systems, vendors and providers. Healthcare providers and revenue cycle vendors achieve data clarity and a higher level of visibility into the revenue cycle, along with actionable intelligence to enable improved operational efficiencies and increased collectability of both payer and patient payments. With increasing downward pressure on revenue, Sift is a sophisticated partner to help achieve both strategic goals and long-term business excellence.

With Sift, vendors gain a competitive advantage by offering more intelligent solutions built for today's revenue cycle challenges. And healthcare providers receive the insight to improve workflow efficiencies, increase patient payments and maximize payer reimbursements—all with their existing revenue cycle systems.

REVENUE CYCLE OPTIMIZATION

Most vendors offer analytics solutions based on a look at the previous 60 days and for a small sub-set of available data. Claims Workflow Intelligence incorporates time series analysis and predictive analytics on 100% of claims data to deliver comprehensive, actionable insights into claims workflow and patient financial interactions. The result? Fewer bad debt write-offs, increased staff efficiencies, and accelerated payer payments.

Revenue Cycle Optimization includes Claims Workflow Intelligence, Reimbursement Performance Intelligence

and Patient Financial Interaction Intelligence.

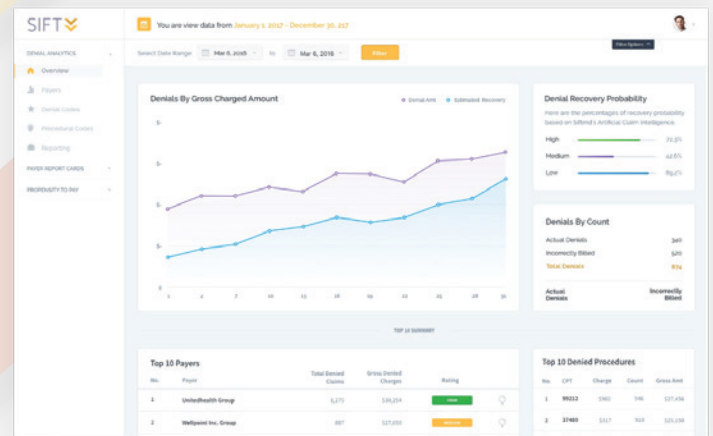


Claims Workflow Intelligence

Denied claims can impede cashflow, delay reimbursement, leave money on the table and require an army to resolve. Of those denials that are worked and reworked, most providers tackle the largest amounts first, then the oldest. Yet, each denial is different and not all have the same likelihood of a successful resolution. What if providers could find 96% of denial dollars in just 50% of denial volume and redeploy resources from working denials to more strategic efforts building the business. Knowing which denials can deliver the greatest return on rework requires an advanced level of insight. Sift Healthcare's Reimbursement Optimization solutions use predictive analytics and machine learning to perform root cause analysis on each denial to drive faster collection with less work.

Claims Workflow Intelligence includes:

- ✓ **Claims Scrubber Optimization** makes the provider's scrubber/editor smarter, enabling staff to identify recurring problems, and quickly correct and modify the process to avoid future denials on the front end by providing payer-specific recommendations.
- ✓ **Denial Management Optimization** uses predictive analytics to direct workflows so teams can focus on denials that are most likely to be resolved and ensures the right denials are worked by the right staff.
- ✓ **Coding Review Insights** drives coding efficiencies without doing audit review, revealing opportunities to modify processes to reduce future denials.





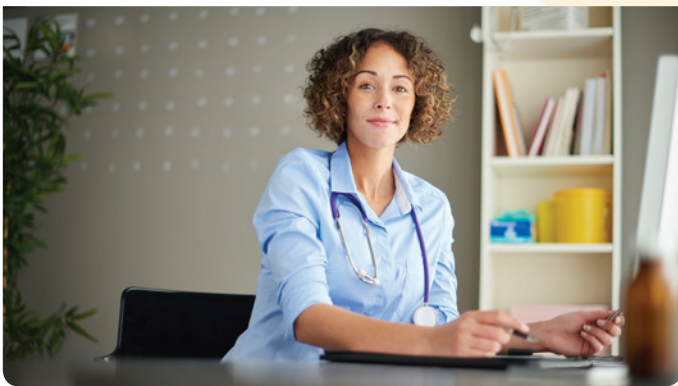
Reimbursement Performance Intelligence



Sift Healthcare looks at every transaction and applies sophisticated analytics to provide comprehensive payer scorecards to ensure that contractual agreements are met so issues can be rapidly addressed. These scorecards highlight historical patterns of denials by individual payer offering the information to proactively address changing reimbursement rules and benchmark payers with real data to help avoid underpayment.

Reimbursement Performance Intelligence includes:

- ✓ **Payer Alerts**, notify providers when payer policies change, reducing manual research and potential denials.
- ✓ **Contract Management** identifies procedural issues, overpayment, and underpayment so they can be addressed with the payer.
- ✓ Rather than sampling data, Sift Healthcare captures 100% of claims data to map to the fee schedule.
- ✓ Both contractual and non-contractual analytics and fee schedules are monitored to identify issues such as underpayments.
- ✓ Providers can identify what portion of their total net revenue actually comes from payers and what comes from patient payments.



Patient Financial Interaction Intelligence



The adoption of high-deductible health plans means patient payments now make up a growing portion of a provider's revenue stream. Providers need to understand how much will be the patient's responsibility as early in the process as possible, along with the best method for maximizing collections to ensure the highest return per patient - charity, send EOB only, or send to early out or third-party financing partners - by understanding which patients are most likely to incur a write-off before the collection process begins. Providers also need the ability to work by exception given the high volume of low-dollar patient payments. Sift Healthcare provides this insight through Hyper-Segmentation Analytics and Payment Plan Analytics, which enable providers to collect before, at, or after the time of service. The result is reduced collection costs, increased and accelerated patient payments, and a better patient experience.

What if you knew which 4% of your patients were going to be responsible for 44% of your write-off before you ever thought of sending a bill?

Patient Financial Interaction Intelligence includes:

Hyper-segmentation Analytics

- ✓ **Propensity to Pay** is determined by healthcare payment behavior, which is a better gauge than credit scores, creating a more comprehensive, insightful healthcare risk score.
- ✓ **Presumptive Charity** is more targeted and efficient as candidates can be identified earlier in the payment process.

Payment Plan Analytics

- ✓ **Patient Pay Estimation** enables providers to educate their patients on what they owe at or before the time of service, giving providers the data they need to determine the best payment plan for each patient.
- ✓ **Payment Plan Monitoring** informs providers when a patient's financial situation changes so that appropriate adjustments can be made to the payment plan, benefiting both the patient and the provider.

Sift Healthcare gives providers and the vendors who support them the analytics necessary to better understand and manage payer reimbursements and patient payments. This approach enables continuous improvement to the collections process, drives cost savings, maximizes revenue and improves the patient financial experience.