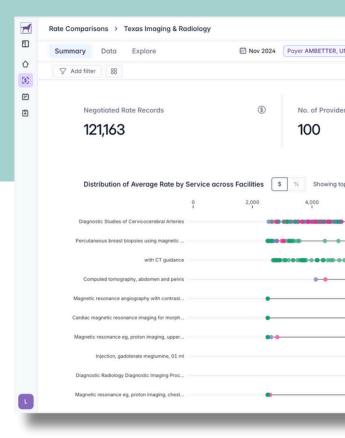


The Federal Price Transparency regulations have created a powerful new way for healthcare payers to gain market intelligence and improve their competitive positions, but achieving real business value from price transparency data or Machine-Readable Files (MRF) has proven a significant challenge.

PurpleLab's <u>Trusted Price Intelligence</u> solutions unlock the value of price transparency by integrating payer and hospital MRF data with longitudinal claims data, remittance data and industry-leading referential data sets — delivering a complete financial picture with real-world clinical insights.

- ✓ Benchmark your contracted rates against competing payers for market positioning
- ✓ Understand how procedures and services are coded and reimbursed on provider contracts with competing payers
- ✓ Assess and compare provider service line offerings, utilization, and pricing to understand if they are meeting member population needs
- ✓ Protect favorable reimbursement rates or support strategic rate adjustments
- ✓ Understand market rate positions to inform new market expansion strategies



RATE EXPLORER

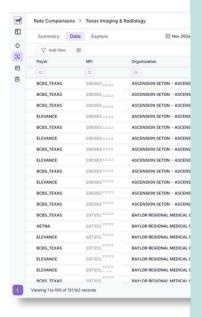
Insight readiness with real-time exploration



RATE EXPLORER

A self-service platform that offers real-time exploration into,

- Provider NPIs
- Place of Service
- Clinical Service Line Details
- Payers
- Plan Type
- Billing Details
- Negotiated Rates and Types
- Validated Reimbursement Rates
- Claims Volumes



NEED ACCESS TO THE UNDERLYING DATA?

Our Trusted Price Intelligence solution offers a query-ready source file option, providing validated payer reimbursement rates (allowed amounts), comprehensive negotiated rates, provider demographics, payer specifics, and procedure-level details.

UNLOCK THE VALUE OF TRANSPARENCY WITH PURPLELAB INSIGHTS

√ Claim Volume Metrics

- Negotiate contracts based on actual volume trends/insights
- Highlight and obtain fair rates for high-volume procedures or services that drive costs

✓ Provider Hierarchies

 View peers/competitors at the health system aggregate level – while capturing all individual care settings under their umbrella

√ Standardized Payer

 Enable direct comparisons of the same procedures/services across payers with accuracy from mastered payer and plan-level insights

√ Validated Reimbursements

- A full cycle understanding of charges related to actual paid amounts
- Real-world validation of self-reported negotiated rates

✓ Clinical Service Lines

- View aggregate categories and subcategories of procedures or services (e.g., oncology, cardiology)
- Focus on high-margin areas, rolled up to a macro level, and understand at what "grouping level" you need to negotiate

