



MedAssist Selects Connance To Help Provide a Superior Customer Service Experience Through Improving Staff Productivity for Denial and Underpayment Follow Up

Leading provider of the only workflow platform powered by predictive analytics provides trackable productivity gains and consistency in denial follow up.

BOSTON – May 2, 2018 – Connance, a healthcare leader in predictive analytics to personalize the financial experience, today announced a new partnership with MedAssist, a company that hospital leaders rely on to simplify the financial experience for their patients and the people of their organizations. MedAssist will use Connance’s AR Management Platform and Denial and Underpayment Analytics to enhance their insurance follow up operations.

“Persisting layers of complexity in the healthcare financial environment continue feeding the explosive trend in denied claims. Denied claims create frustration and confusion for both patients and providers,” said Venkat Raman, President and Chief Executive Officer of MedAssist. “Yes, quick resolution is important, but prevention is paramount. To achieve a systemic model of prevention, we need tools that can support our strategic modeling at scale. We selected Connance because their tools help us accelerate the timeline in which our hospital customers will increase cash, reduce days in AR, and access insights that will improve their contracting leverage with payers.”

The Connance technology delivers guided, intelligent workflows powered by unique predictive analytics that assess and prioritize denied and underpaid claims by predicted cash value, instead of traditional age, balance and reason code variables. The technology activates both efficiency and increased productivity for MedAssist team members in their work to deliver a consistent, quality customer service experience.

“We are very excited to partner with MedAssist on this strategic initiative as they continue to create new value for their hospital customers in denial prevention and resolution.” said Steve Levin, Chief Executive Officer of Connance. “In today’s environment of shrinking reimbursements, with the rising cost to collect and constantly changing payer rules, managing denials has become a strategic imperative for survival. Partnering with forward-thinking organizations like MedAssist to streamline the denial and underpayment follow up is more important than ever.”

To learn more about the Connance Denial and Underpayment Analytica solution, visit our [website](#).

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About MedAssist

Insured or not, everything that goes into the non-clinical part of the patient experience is a complicated maze of financial traps and hoops... for both patients and hospitals. Hospital leaders can now simplify the financial experience for both patients and the people of their organization. Hospitals achieve a stronger financial foundation, while patients experience clarity and a path to peace of mind about how to pay for their care. For healthcare leaders who want to learn more about a peer experiencing prevention, visit www.medassist.com/prevent.

About Connance, Inc.

Connance is the healthcare industry’s leading provider of predictive analytics solutions that personalize the financial and clinical experience for patients. Transforming the revenue cycle and value-based care delivery, Connance leverages data science, integrated to workflow to drive enhanced performance. Connance delivers Patient Pay Optimization, Reimbursement Optimization and Value-Based Risk solutions that combine Connance data, hospital data and consumer data to stratify patients based on social determinants to predict behavior and provide actionable insights to improve net income and patient outcomes. Connance solutions connect more than 500 hospitals, thousands of physician practices and other clinical locations and more than 80 collection agencies nationwide creating the largest research database of its kind. For more information call (781) 577-5000 or visit our [website](#).