Consumer Era: Reimagining the Financial Experience

Reducing Friction. Increasing Transparency. Accelerating Upfront Collections.

Today's Agenda

50 minutes

Session duration

5 strategic sections

Key focus areas

Actionable takeaways

Practical insights

- Current-State Realities
- Future-State Vision
- Pre-Service Transformation
- Time-of-Service Optimization
- Post-Service & Digital Engagement
- Technology & AI Innovations
- Implementation Roadmap

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The New Healthcare Consumer

- Patients are carrying larger out-of-pocket responsibility
- Price transparency expectations continue increasing
- Digital convenience expectations now influence provider loyalty
- Financial experience is becoming a competitive differentiator

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The Experience Gap

- Financial conversations often remain fragmented and reactive
- Patients frequently navigate disconnected operational handoffs
- Administrative complexity increases confusion and disengagement
- Revenue cycle transformation largely depends on reducing avoidable friction

***Executive Insight**: Administrative simplification is becoming a major focus area across healthcare finance transformation discussions.*

Healthcare unintentionally built financial journeys around internal workflows, not patient navigation.

Patient Access Quietly Determines More Financial Outcomes Than Most Organizations Realize…

Administrative burden has become a hidden revenue cycle expense:

- Scheduling and registration processes influence downstream payer reimbursements and denials
- Financial clearance now begins before patient arrival
- Patient access increasingly supports revenue integrity
- Consumer expectations are reshaping access strategy

***Executive Insight**: Operational consistency increasingly impacts both patient experience and revenue performance.*

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Current-State Patient Journey Mapping

Traditional revenue cycle workflows create multiple failure points where patient engagement and revenue collection break down

Pre-Service

No price estimate, unclear insurance coverage, missed authorization

↓

Time-of-Service

Manual check-in, no collection attempt, registration errors

↓

Post-Service

Delayed billing, confusing statements, reactive collections

↓

Result

Low collections, high bad debt, patient dissatisfaction

- **Pre-service gaps:** Patients schedule without knowing financial responsibility, insurance verification happens too late, price estimates unavailable or inaccurate
- **Point-of-service failures:** Staff hesitate to ask for payment, patients arrive unprepared, registration errors create downstream billing problems
- **Post-service challenges:** Bills arrive weeks after service when memory fades, statements use confusing terminology, collection outreach is generic
- **Compounding effects:** Each failure point increases non-payment likelihood, making recovery progressively more expensive and less likely over time

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Future-State Vision: Three Principles

- **Easy to Understand:** Patients receive accurate price estimates before service in plain language, financial responsibility is explained clearly without insurance jargon, cost conversations happen proactively rather than reactively after care
- **Easy to Navigate:** Integrated workflows eliminate handoffs and redundant data entry, digital tools are available 24/7 with human support when needed, financial engagement feels like a natural extension of the clinical experience
- **Easy to Pay:** Multiple payment options meet diverse patient preferences and needs, flexible payment plans are available without lengthy approval processes, digital channels make paying as simple as shopping online
- **Implementation mindset:** Technology enables the vision but culture change and staff empowerment make it real in every patient interaction

Organizations leading this space are beginning to redesign around continuity instead of departmental boundaries.

Pre-Service Transformation Strategies

Scheduling:
The Front Door to Revenue

- Strategic scheduling captures complete demographics and insurance at first contact, verifies eligibility in real-time, identifies authorization requirements immediately, and sets financial expectations before confirmation

- Schedgistration model combines scheduling and registration into a single interaction, where centralized teams handle both functions to improve data quality and efficiency with standardized scripts

- 60% of organizations now attempt pre-payment when scheduling, typically reaching out 5 days before appointments with cost estimates and payment requests per HFMA best practices

- HFMA recommends achieving 3-5% of net patient revenue through point-of-service collections, requiring proactive pre-service engagement

Contact Centers are Becoming Financial Navigation Centers

***Executive Insight**: Organizations are evolving call centers into integrated patient navigation functions.*

Centralized Access Centers

- **Operational advantages:** Specialized staff become experts in verification and financial conversations, quality monitoring is easier, flexible staffing matches call volume
- **Technology enablement:** Centralized model justifies investment in sophisticated tools for verification and price estimation, integrated workflows eliminate information silos
- **Financial conversation training:** Intensive training in empathy-based communication, scripting for scenarios, de-escalation techniques, compliance with assistance policies
- **Performance consistency:** Standardized processes and quality monitoring ensure every patient receives high-quality financial engagement regardless of team member

Pre-Registration is the Earliest Opportunity to Reduce Financial Uncertainty

Organizations often underestimate how much downstream revenue cycle instability originates upstream in pre-registration due to delayed financial clearance. Patients are most receptive to estimates, payment planning, financial education, and expectation setting BEFORE services are rendered.

Traditional view historically focused on:

- Demographic verification
- Insurance entry
- Basic scheduling support
- Paperwork completion

Increasingly focused on:

- Financial clearance coordination
- Estimate delivery
- Authorization readiness checkpoint
- Digital engagement activation
- Patient financial navigation touchpoint

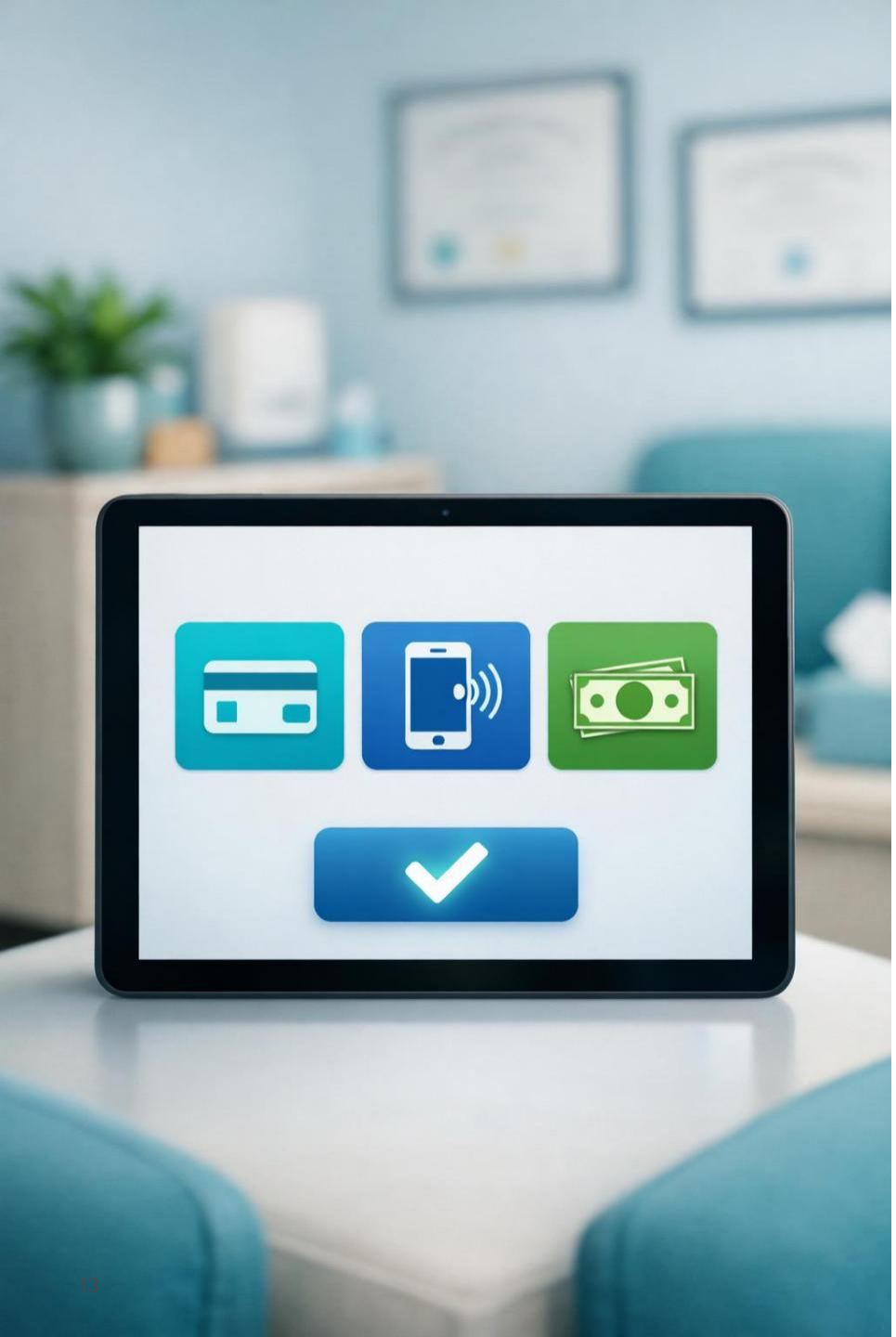
***Executive Insight**: NAHAM continues emphasizing financially cleared accounts, insurance verification accuracy, and proactive financial workflows as foundational patient access priorities.*

Price Transparency and Automated Estimates

- Estimate communication matters as much as estimate accuracy
- Estimator tools integrate payer contracts, fee schedules, and benefits for real-time verification reflecting current deductibles and out-of-pocket status
- Patients increasingly expect personalized financial engagement
- Transparency reduces patient anxiety and improves trust

***Executive Insight**: HFMA price transparency discussions increasingly focus on consumer-centered engagement strategies.*

Patients don’t expect perfect estimates, they expect confidence and transparency.



Modernizing Financial Counseling

- **Identifying patients who need help**
  Predictive models flag patients likely to struggle based on service type, estimated charges, coverage, and payment history
- **Proactive outreach**
  Counselors contact high-risk patients before service when engagement is highest, preventing bad debt while maintaining positive relationships
- **Assistance navigation**
  Financial counselors guide patients through charity care applications, identify coverage options, and establish payment plans fitting circumstances
- **Technology support**
  Automated workflows route cases to counselors, integrated tools provide complete financial view, and self-service portals enable assistance applications

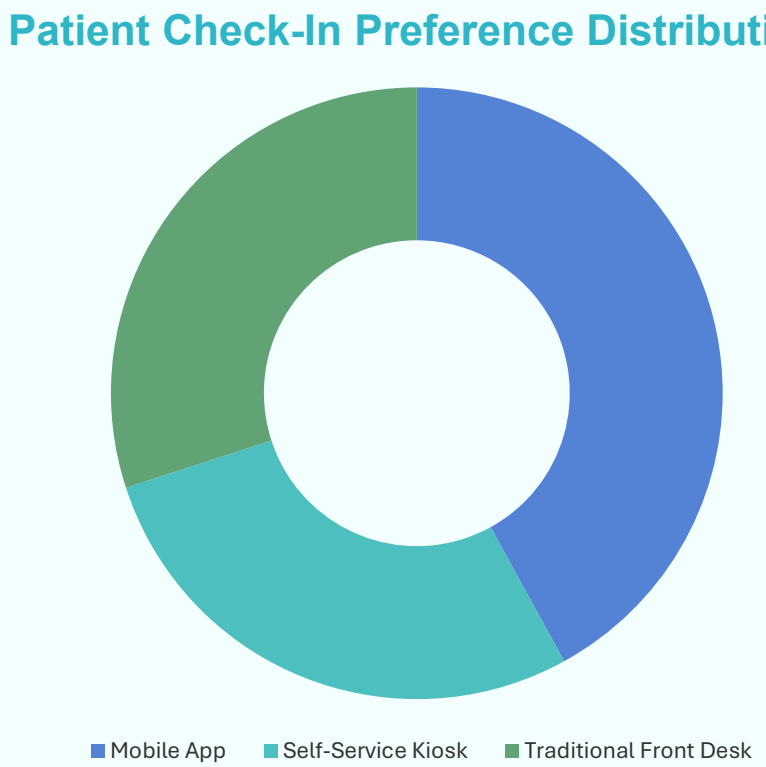
Time-of-Service Optimization

Registration Friction Creates Financial Friction

- Every avoidable intake touchpoint increases disengagement
- Delayed estimate & balance visibility weakens financial confidence
- Workflow variances impacts both staff and patients
- Operational fragmentation creates costly rework
- Manual workflows increase staffing pressure and avoidable errors

***Executive Insight**: HFMA discussions increasingly emphasize administrative burden reduction and workflow redesign.*

Mobile Check-In and Digital Intake



- **Mobile check-in:** Text notifications 24 hours prior enable digital forms, real-time eligibility verification, and financial responsibility confirmation before arrival
- **Kiosk functionality:** Self-service lobby stations with intuitive interfaces, integrated card readers for immediate payment, and bilingual support for accessibility
- **Data quality:** Digital intake reduces errors as patients verify their own information, automated validation ensures completeness, and integration eliminates duplicate entry
- **Staff productivity:** Registration teams freed from data entry can focus on financial counseling, reducing lobby congestion and improving patient satisfaction

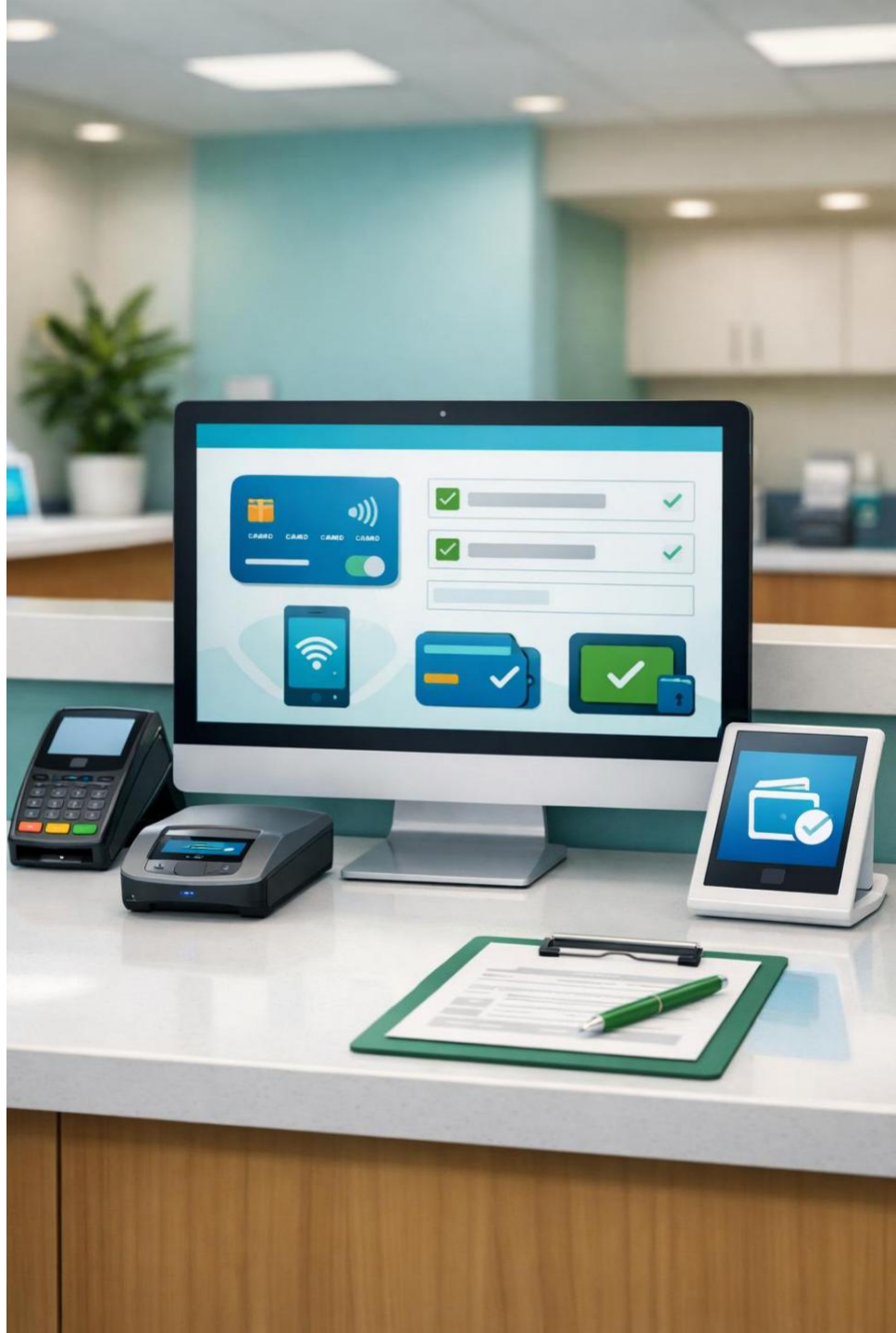
Point-of-Service Collection Excellence

- **Clear policies:** Define what to collect at point of service, establish minimum thresholds, create payment plans staff can execute without approval
- **Registrar empowerment:** Provide real-time access to patient financial information, equip workstations with card readers, develop scripts for different scenarios
- **Patient communication:** Pre-service calls set expectations, multiple payment options reduce barriers, receipts and documentation build trust

49%

Organizations have POS policies [5]

***Executive Insight:** Leading organizations increasingly emphasize compassionate financial engagement models.*



Reducing Registration Friction

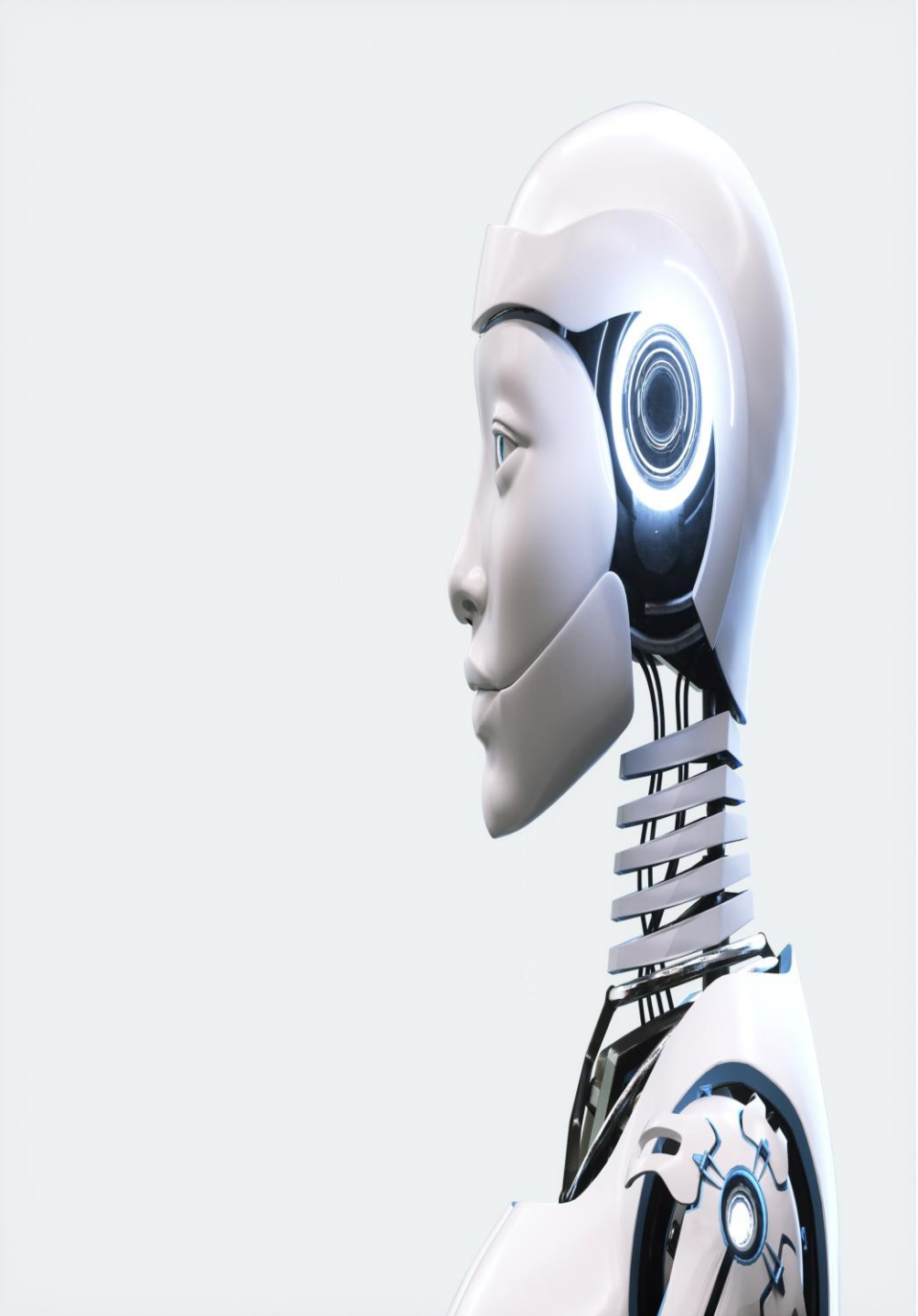
Minutes saved per encounter

Reduction in duplicate accounts

Improvement in data accuracy

- **System integration:** Patient portal information flows automatically to registration systems, previous visit data pre-populates forms requiring only confirmation of changes, insurance card scanning with optical character recognition eliminates manual entry, master patient index prevents duplicate account creation
- **Single-collection principle:** Patients provide each piece of information once and have it flow to all systems that need it, clinical systems access demographics from registration systems, billing systems inherit patient information without re-entry, prior authorization systems pull clinical documentation automatically
- **Staff workflow optimization:** Role-based access ensures staff see only information relevant to their function, intelligent routing assigns patients to appropriate queues based on service type and complexity, exception handling processes escalate only unusual situations to supervisors
- **Patient experience:** Shorter wait times from efficient check-in processes, fewer repeated questions across multiple departments, confidence that information is accurate and secure, perception of organization as modern and patient-centered

Technology & AI Innovation



Technology Along Will Not Fix Fragmented Financial Journeys

- Poor workflows automate bad experiences faster
- Decentralized governance reduces ROI
- Inconsistent policies undermine transparency
- Operational ownership matters as much as technology

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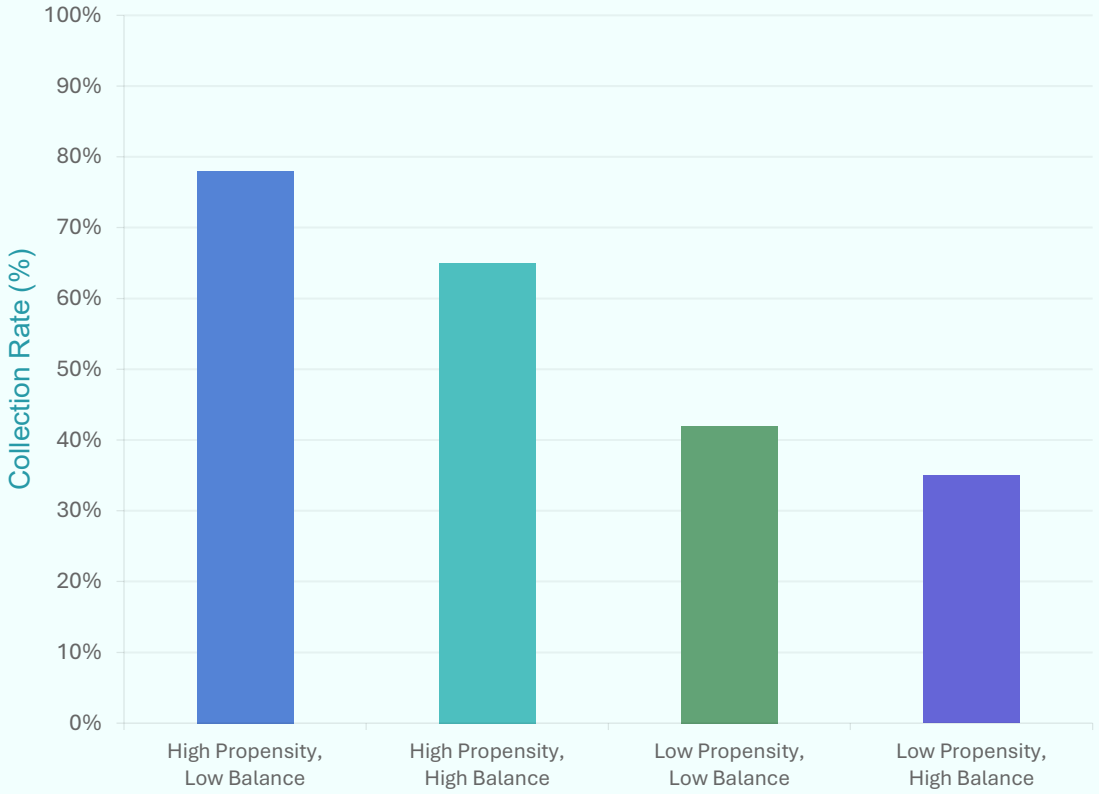
Collection Strategy by Patient Segment



Behavioral Segmentation and Intelligent Collections

- **Propensity-to-pay modeling:** Machine learning predicts payment likelihood based on demographics, history, and coverage, determining strategy intensity.
- **Segment-based strategies:** High propensity receives digital-only outreach; low propensity routes to counseling; very low moves to early-out vendors.
- **Communication personalization:** Message tone, payment options, and timing optimized based on patient segment and predicted financial capacity.
- **Continuous optimization:** Models improve over time as outcomes inform predictions; A/B testing identifies most effective approaches.

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Intelligent Financial Navigation

- **Denial prediction:** AI analyzes historical claims data to identify patterns, flags high-risk claims before submission, and continuously learns from outcomes.
- **Payment propensity scoring:** Models predict payment probability based on patient characteristics, guiding collection strategy and identifying accounts needing financial assistance.
- **Optimization algorithms:** Determine optimal timing and channel for collection communications, predicting which payment arrangements will succeed for specific patient situations.
- **Real-time decision support:** AI recommendations surface during patient interactions to guide staff, with automated workflows executing strategies for routine accounts.

The future of predictive modeling is to identify how organizations can intervene earlier, more clearly, and more compassionately.

***Executive Insight:** Healthcare finance discussions increasingly focus on using predictive analytics to personalize engagement and improve financial navigation earlier in the patient journey.*

AI-Assisted Scheduling and Conversational Agents

- **Conversational AI capabilities:** Natural language processing understands patient questions and intent, enabling booking through chat and instant answers to common billing questions
- **Scheduling automation:** AI assistants available 24/7 via chat and mobile app with intelligent routing, automated reminders, and integrated insurance verification
- **Billing support:** Agents answer payment questions, guide financial assistance applications, and process secure payments through integrated gateway

Improved access & patient satisfaction

24/7 Support

Lower staff pressure & improved productivity

Reduced wait times & no-show rates

The Consumerization of Healthcare Payments… Is *Accelerating*

The most valuable AI opportunities are often administrative, not patient-facing:

- Workflow routing and work queue intelligence
- Authorization prioritization
- Estimate creation and operational support
- Automation should simplify navigation, not replace empathy

Digital patient payment engagement options:

- Text-to-pay and mobile-first payment experiences
- Digital statements and self-service payment plans
- Unified balances and simplified payment pathways
- Digital-first, human-supported engagement

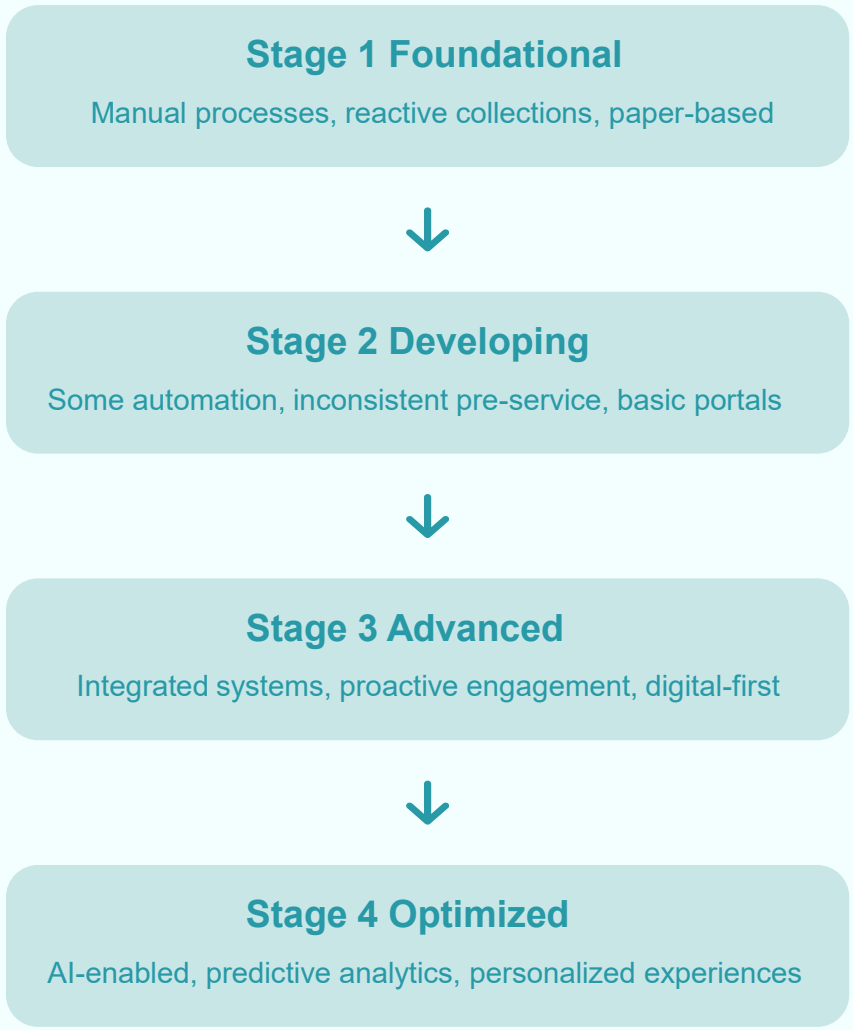
***Executive Insight**: Healthcare finance leaders continue prioritizing payment modernization and digital engagement.*

Balancing Automation with Human Empathy

- **What to automate:** Routine tasks including eligibility verification, appointment reminders, standard payment plans, billing questions, and claim status updates
- **What to keep human:** Financial hardship conversations, complex insurance appeals, empathy-critical situations, policy exceptions, and trust-building with patients
- **Staff development:** Reskilling programs transition staff from transactional to consultative roles with empathy training and new career pathways
- **Patient choice:** Always provide human support options, design warm automated experiences, maintain transparency, and measure satisfaction across channels

***Executive Insight*: HFMA AI discussions increasingly focus on reducing administrative burden and workflow complexity.**

Implementation Roadmap & Key Takeaways



Transformation Maturity Model

Assess your current state and chart a realistic path to future-state patient financial engagement

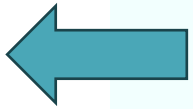
- **Stage 1** - Foundational: Manual registration processes, reactive post-service collections, paper statements with phone-only payment, minimal transparency or counseling
- **Stage 2** - Developing: Workflow automation for routine tasks, inconsistent pre-service attempts, basic patient portal, limited estimates, select counseling
- **Stage 3** - Advanced: Integrated real-time systems, proactive pre-service engagement, digital-first billing, accurate price transparency, systematic counseling
- **Stage 4** - Optimized: AI-enabled automation, predictive analytics, seamless omnichannel experience, real-time support, continuous optimization

Governance & Change Management

- **Executive sponsorship:** Organizational leaders jointly champion patient financial experience as strategic priority with regular executive review and resource alignment
- **Cross-functional collaboration:** Revenue cycle, patient access, IT, and clinical operations work as integrated team with physician engagement
- **Staff engagement:** Frontline staff involved in workflow design with pilot programs and recognition celebrating patient-centered approaches
- **Change management discipline:** Structured training, stakeholder resistance mitigation, readiness assessments, and post-implementation support maintain momentum

KPI Dashboards and Success Metrics

- HFMA MAP Keys track point-of-service collections (3-5% target), pre-registration rates, and clean claims above 95%
- Financial metrics include bad debt percentage, cost to collect, cash collection rate, and patient billing satisfaction
- Operational metrics monitor denial rates, authorization completion, price estimate accuracy, and self-service digital adoption
- Leading indicators predict future performance while lagging indicators show past results; balanced dashboards enable proactive management



What Revenue Cycle Leaders Should Be Measuring in 2026

Executive Insight: ***NAHAM AccessKeys continues emphasizing KPI standardization across patient access operations.***

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Patients Should Not Need to Become Healthcare Finance Experts to Receive Care

Organizations leading the next era of revenue cycle transformation are beginning to recognize something important: Patients do not experience scheduling, authorization, registration, estimates, billing, and collections as separate functions.

They experience one continuous financial journey that increasingly influences:

- Trust
- Loyalty
- Engagement
- Payment Behavior
- Long-term Organizational Sustainability

Reducing financial friction is no longer simply a revenue cycle initiative. It is becoming a defining measure of organizational trust.

Questions?

Thank you!

Contact

For more information about transforming your patient financial journey, contact:

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Forvis Mazars Healthcare Performance Improvement

Selected Industry References

- HFMA Patient Experience Resources
- HFMA Price Transparency Guidance
- HFMA Artificial Intelligence Resources
- NAHAM Patient Access & Revenue Cycle Resources
- NAHAM AccessKeys Operational Metrics

Executive Insight: Sources selected for healthcare finance and patient access operational credibility.