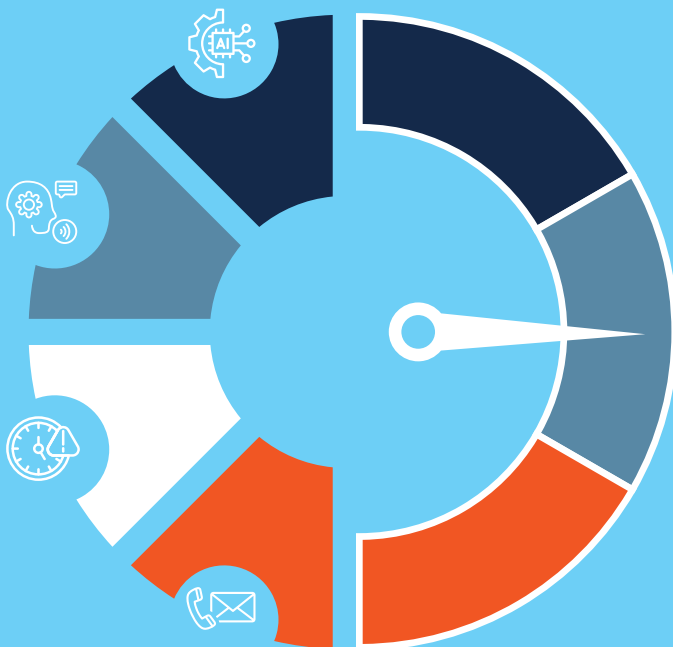




A 4-STEP GUIDE TO CLOSE OPERATIONAL GAPS BEFORE THE FIRST STATEMENT

Improving the Transition From
Insurance Recovery to Early Out



Includes a
Self-Evaluation
Assessment!

→ IN THIS GUIDE



Identify four of the greatest operational gaps created by this disconnect



Provide clear action steps to close those gaps



Offer a scorecard to identify how well your teams are working together today

These tools can help your organization create a financial care continuum that ensures an exceptional patient experience and faster cash recovery.

CREATING AN EFFECTIVE FINANCIAL CARE CONTINUUM

Health systems and the revenue cycle industry treat insurance revenue recovery and self-pay as separate workflows. Patients don't. The patient who has insurance also receives an unexpected bill. That's one experience, not two departments.

Today's patient balances are more complicated than ever. Many stem from insurance denials, underpayments, delayed adjudication, affordability concerns or confusion.

Creating continuity matters. Establishing one financial experience across the patient journey does more than accelerate cash. It creates patient trust and establishes continuity of care from clinical to financial that supports healthier communities.

By siloing patient access and registration, insurance management, and patient financial services teams, significant gaps are created within the revenue cycle that lead to a disconnected patient experience, and often result in lower self-pay recovery and higher bad debt.

THE REVENUE CYCLE GAPS HIDING IN PLAIN SIGHT

By siloing patient access and registration, insurance management, and patient financial services teams, significant gaps are created within the revenue cycle that lead to a disconnected patient experience, and often result in lower self-pay recovery and higher bad debt. Here are some examples:

ACCOUNTS NEVER CONTACTED SUCCESSFULLY

01

Before you can explain a balance, offer a payment plan, or help resolve a dispute, you must first make contact. When patient information is outdated or accounts are duplicated, that first connection may never happen.

CLAIM DENIALS AND ADJUDICATION DELAYS IMPACT PATIENT ENGAGEMENT

02

When claims are delayed or denied, statements can be delayed weeks or months. By the time the bill arrives, patients are likely to be less financially prepared, or even remember the details of their visit, making them much less likely to engage.

AUTOMATED EARLY FOLLOW-UP LEAVES SOME PATIENTS BEHIND

03

Automated statements and text reminders are a powerful tool for patients who understand their balance and are prepared to pay. But the process also needs to include an opportunity for human connection for those who need assistance.

OPPORTUNITIES TO SEGMENT PATIENT ACCOUNTS BASED ON LIKLIHOOD TO PAY ARE MISSED

04

AI-based scoring models and agents create an opportunity to segment accounts and prioritize outreach based on likelihood of payment.



Now, close the gaps with these steps





FRONT END ERRORS CREATE DOWNSTREAM CHALLENGES

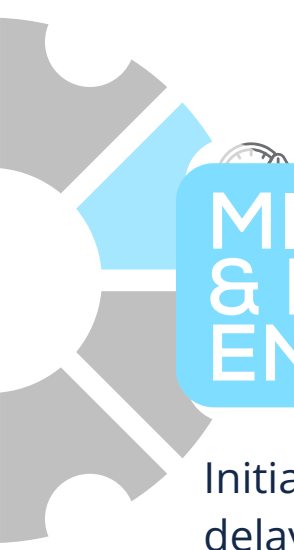
A portion of self-pay accounts never receive a valid, meaningful patient touch, despite being actively worked in early out queues.

COMMON CAUSES	IMPACT TO REVENUE CYCLE
Inaccurate or outdated patient contact data	No successful outreach → zero opportunity for payment
Overreliance on phone-only outreach	Missed patients who prefer/respond to digital channels
Weak right-party contact (RPC) validation	False sense of performance despite low actual engagement
Limited retry logic (time/channel)	Reduced contact rates → accelerated aging into bad debt

TAKE ACTION

- ☐ Validate patient contact data at account onboarding (not post-fact)
- ☐ Require multi-channel outreach within first 3–5 days (SMS + email + phone)
- ☐ Track and report RPC rate separately from total call attempts
- ☐ Implement retry logic across varied times/days (not single-pass dialing)
- ☐ Flag “no-contact” accounts within 7 days for escalation or data remediation





MISSED FOLLOW-UP WINDOWS & DENIALS IMPACT PATIENT ENGAGEMENT

Initial contact occurs, but follow-up timing is inconsistent or delayed, leading to loss of patient intent and payment momentum.

COMMON CAUSES	IMPACT TO REVENUE CYCLE
No standardized follow-up cadence	Drop-off in patient intent after initial contact
Manual, agent-dependent follow-up	Inconsistent engagement → uneven recovery outcomes
Delayed second/third attempts	Lower conversion rates within optimal payment window
No automated workflow triggers	Accounts stall and age without continued engagement

TAKE ACTION

- ☐ Standardize outreach cadence (Day 1, 3, 7, 14 minimum structure)
- ☐ Automate follow-up triggers instead of manual assignment
- ☐ Require second contact attempt within 48–72 hours of first touch
- ☐ Monitor drop-off rates between first and second contact
- ☐ Escalate accounts with “no response after 3 touches” to priority queue





UNDERUTILIZED PAYMENT PLANS SLOW RECOVERY & INCREASE BAD DEBT

Patients capable of paying over time are not consistently transitioned into structured payment plans.

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POOR SEGMENTATION ACCOUNTS LEADS TO POOR ROI OF TEAM EFFORT

Accounts are treated uniformly instead of being prioritized based on likelihood to pay.

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EARLY OUT SELF-PAY PERFORMANCE SCORECARD



A practical self-assessment for
healthcare revenue cycle leaders



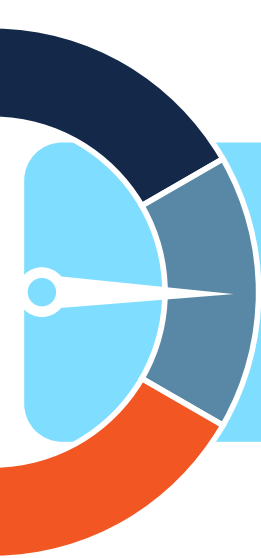
HOW TO USE THIS GUIDE

Use this scorecard to quickly surface underperformance, align internal stakeholders, and support more informed conversations with leadership around resource allocation, vendor performance, and process optimization.

Rate each section based on the scorecard criteria listed below. Then, calculate your average score to determine overall maturity of your operations.

Score	Performance Level
5	Leading Practice (optimized, proactive, measurable impact)
3	Needs Improvement (inconsistent, partially optimized)
1	At Risk (significant gaps impacting performance)





PATIENT CONTACT RATE BY CHANNEL

What to evaluate:

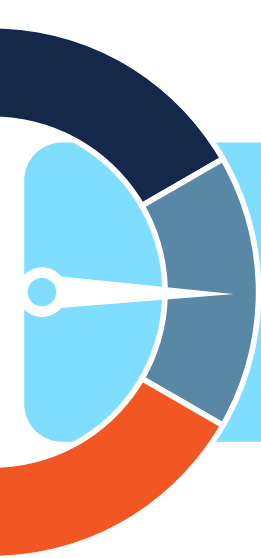
- Successful contact/engagement rate by channel
- Channel effectiveness and patient preference
- Contact strategy and optimization

Score	Performance Level	Criteria
5	Leading Practice	Contact performance is measured by individual channel, with clear definitions for attempted vs. delivered vs. successfully engaged. Patient communication preferences/consents are incorporated into outreach. Results are routinely analyzed by channel, timing and patient segment, and the strategy is adjusted based on performance. Contact data can be connected to account resolution/payment outcomes.
3	Needs Improvement	Contact rates are measured, but reporting is inconsistent or only partially segmented by channel. Some digital and patient-preference data is available but not consistently incorporated into outreach. Performance is reviewed periodically, but there is limited evidence that results are being used to optimize the contact strategy or connect engagement to resolution.
1	At Risk	Organization primarily measures outreach attempts rather than successful patient engagement. Limited visibility exists into performance by channel. Patient communication preferences may not consistently drive outreach, and there is little systematic analysis of which channels successfully reach patients or lead to account resolution.

YOUR SCORE:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5





TIME TO FIRST TOUCH

What to evaluate:

- Speed from account placement to initial outreach
- Consistency across the inventory
- Effectiveness of the first-touch strategy

Score	Performance Level	Criteria
5	Leading Practice	First outreach occurs within 24–48 hours of account availability/placement for the majority of eligible accounts. Performance is consistently monitored against an established Service Level Agreement (SLA), with exceptions identified and addressed. First-touch strategy incorporates patient preference/contact data and appropriate digital channels to promote early engagement.
3	Needs Improvement	First outreach generally occurs within 3–5 days, but timing is inconsistent across accounts or populations. An expected timeframe may exist, but SLA performance and exceptions are not routinely monitored. Opportunities exist to improve automation, channel selection or workflow prioritization.
1	At Risk	First outreach frequently occurs more than 5 days after account availability/placement, or the organization cannot reliably measure time to first touch. Accounts may remain untouched because of file processing delays, workflow backlogs or unclear ownership, resulting in lost days within the collection window.

YOUR SCORE:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5





CALL CENTER VS. DIGITAL ENGAGEMENT MIX

What to evaluate:

- Balanced channel strategy
- Patient preference and behavior
- Channel effectiveness and conversion

Score	Performance Level	Criteria
5	Leading Practice	The call center and digital channels work together as one patient communication strategy rather than operating separately. Channel selection is informed by patient preference, consent, response behavior, and account characteristics. Patients can easily transition from digital engagement to live assistance. Performance and resolution by channel are routinely measured and used to optimize the outreach mix.
3	Needs Improvement	Both call center and digital channels are available, but they operate with limited coordination or personalization. Outreach may follow standardized sequences regardless of patient preference or behavior. Channel-level performance is measured to some degree, but results are not consistently used to modify outreach strategies or determine the most effective channel mix.
1	At Risk	Outreach is heavily dependent on a single channel or traditional outbound calling, with limited digital capability or integration. Patient preferences and response behaviors have little influence on channel selection. Digital-to-live escalation is difficult or unavailable, and there is limited visibility into engagement, conversion or account resolution by channel.

YOUR SCORE:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5





SCORING

Add your scores and divide by 3:

Score	Performance Interpretation
4 - 5	High Performing Your early out strategy is optimized, with opportunities for incremental gains.
2.5 - 3.9	Moderate Performance Gaps exist that are likely impacting recovery and increasing downstream bad debt.
2.5 ↓	At Risk Significant breakdowns are limiting performance and contributing to avoidable revenue loss.

Let's evaluate your results together

Revco helps healthcare organizations optimize Early Out Self-Pay performance with data-driven strategies, patient-first engagement, and measurable financial outcomes.



CONNECT THE GAPS. RECOVER MORE REVENUE.

Early Out is no longer simply an extension of patient financial services. It has become the point where insurance complexity, care affordability, technology, and human connection all intersect.

Revco combines revenue cycle expertise with experienced patient financial advocates to resolve the gaps in your revenue cycle, protect your brand, and recover more revenue before accounts become bad debt



Scan this QR code
to learn more!

Make Every Early Out
Opportunity Count

