

## SOLUTION OVERVIEW

### Product Description

RevSpring Analytics is the intelligence layer behind personalized patient financial engagement. Using proprietary, non-credit-based predictive models (built on demographic + behavioral signals), Analytics scores and segments each patient to prescribe the next-best action, channel, message, and payment option, then enables performance visibility through dashboards and reporting.

### Product Features

- **Predictive scoring (no credit data):**
  - *Propensity to Pay* indicates the patient's likelihood to engage
  - *Capacity to Pay* allows us to understand the patients ability to pay in relationship to their balance and the customers collection policy of time/duration.
  - *Digital Aptitude* allows us to convert to digital delivery without suffering yield
  - *Financial Assistance* allows us to indicate if a patient qualifies under the clients policy
- **Clustering + segmentation** to tailor workflows to patient population (EngageIQ)
- **Actionable workflow recommendations** (not just a “score”) that drive personalized engagement across touchpoints (EngageIQ)
- **Dashboards + performance visibility** to monitor near real-time results and optimize strategies
- **Statement design + composition insights**

### Typical Buyer Persona

#### Provider Personas

|                           |                                                                                                                                                                                              |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CFO                       | Yield, cash flow, cost-to-collect, compliance<br><br>Analytics improves payment yield and predictability while reducing unnecessary outreach, write-offs, and compliance risk.               |
| CRO                       | Patient loyalty, consistency, digital-first experience<br><br>Analytics improves payment yield and predictability while reducing unnecessary outreach, write-offs, and compliance risk.      |
| Customer Service Director | CSR efficiency, consistency, PCI compliance<br><br>Analytics guides CSRs to the right action for each patient, reducing call time, standardizing conversations, and minimizing PCI exposure. |

## Payer Personas

|                                                           |                                                                                                                                                                                                                                      |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chief Revenue Officer / VP Revenue Cycle                  | <p>Cares about: Member payment yield, bad debt, administrative cost, forecasting accuracy</p> <p>Why Analytics resonates: Improves member payment performance, reduces avoidable write-offs, supports more predictable cash flow</p> |
| Chief Patient Experience / Digital Transformation Officer | <p>Cares about: Premium payments, member responsibility collections, end-to-end revenue performance</p> <p>Why Analytics resonates: Prescriptive segmentation improves payment outcomes without increasing service costs</p>         |
| VP/Head of Member Financial ops or Member Experience      | <p>Cares about: Member billing, affordability programs, payment plans, delinquency reduction</p> <p>Cares about: Member satisfaction, retention, complaint reduction, digital engagement</p>                                         |

## End-User Persona

- Patient Financial Services
- Rev Cycle Operations managers & supervisors
- Call center / CSR leadership (for scripting + consistent offers)
- Digital engagement / patient communications owners

## Product dependencies

Analytics can operate as a **standalone intelligence layer** using **secure file-based data exchange**, without requiring EngageIQ, PersonaPay, or other RevSpring execution tools.

- **Standalone Analytics = insight only**
- **Analytics + RevSpring products = insight + action + measurement**

## VALUE AND POSITIONING

### What problem we're solving

- Providers are using boilerplate billing + outreach strategies that don't adapt to individual patient needs—leaving money on the table.
- Revenue cycle teams have data, but not actionable intelligence. Patient engagement workflows aren't personalized.
- Many analytics/scoring models are credit-based, excluding “credit invisible” / unbanked populations and creating equity + coverage gaps in segmentation.
- Scoring often stops at prediction; teams still have to figure out what to do next without embedded actions and measurement.

### Value Prop for Provider

RevSpring Analytics turns patient data into prescriptive action—so providers collect more, reduce cost-to-collect, and improve the patient financial experience. Using proprietary, non-credit-based predictive models, it identifies each patient's likelihood to pay, capacity to pay, digital readiness, and financial assistance eligibility, then activates those insights directly in outreach, payment, and CSR workflows. The result is smarter segmentation, more effective digital-first engagement, and more equitable payment options—optimized continuously with near real-time visibility and performance tracking.

### Value Prop for Payers

RevSpring Analytics helps health plans turn member data into prescriptive action—so you increase payment engagement, reduce service friction, and protect member experience. Using proprietary, non-credit-based predictive models, it identifies each member's propensity to pay, affordability, digital readiness, and likelihood to qualify for assistance, then activates those insights in omnichannel outreach and payment workflows. The result is more equitable, member-friendly payment options, fewer avoidable calls, and better performance tracking to continuously optimize outcomes.

### Key Product Differentiation

- **Non-credit-based scoring** (demographic + behavioral signals) → ability to score more people with a more inclusive approach (vs. credit-only approaches); avoids soft-credit impacts
- **Actionable intelligence**: scores drive workflows + next-best actions across engagement and payments (not just a score/report).
- **Adaptive clustering** calibrated to a provider's policies and population
- **Built-in visibility**: dashboards and monitoring enable ongoing optimization

### Benefit Statements

- Personalize patient financial engagement at scale
- Increase self-service and reduce call center burden by steering to the best resolution path
- Improve equity/inclusivity of segmentation vs credit-only scoring
- Reduce waste by aligning outreach investment to likely response
- Give leaders near real-time insight to adjust strategies faster

**Discovery questions**

**Q: How are you segmenting patients today (if at all) for billing outreach and payment offers?**

**Listen for:**

- “Everyone gets the same statement/workflow”
- “Basic rules by balance or insurance”
- “Manual lists or staff judgment”
- “We don’t really segment today”

**Q: What KPIs matter most: yield/pay rate, days to pay, self-service %, call volume, postage spend?**

**Listen for:**

- “We track it, but can’t influence it”
- “KPIs move slowly”
- “We don’t know what’s driving the numbers”
- “Hard to tie results back to strategy”

**Scoring & Inclusivity**

**Q: Do you use a scoring vendor today? If yes: is it credit-based, and what % of your population is ‘unscorable’ or credit-invisible?**

**Listen for:**

- “It’s credit-based”
- “Large chunk comes back unscored”
- “We have scores, but don’t fully trust them”

**Q: How do you identify financial assistance candidates today—and how late in the cycle does that happen?**

**Listen for:**

- “Only after non-payment”
- “Patients have to ask”
- “Late-stage charity write-offs”
- “Manual or inconsistent process”

**Execution**

- **What channels are you actively using (print, email, text, IVR), and how do you decide which patient gets what?**

**Listen for:**

- “Same channel for everyone”
- “Channel based on preference only”
- “Print first, digital later”
- “No real logic—just defaults”

## PROOF

Although proof is highly dependent on product mix we can use the proof points for our EngageIQ deployment. Scoring, and segmentation is driving results seen below:

- 3-7% Lift in yield, on average
- Up to 20% increase in self-service
- Organizations have seen 30% reduction in postage costs

### Digital-first outcomes (provider)

- Clients using digital-first outreach (text/email ahead of print) have experienced:
  - 90% digital reach
  - Payments received ~6.5 days faster (avg.)
  - ~1% opt-out rate per touchpoint
  - Up to 30% reduced postage costs

### Patient preference / engagement signal

- 57% of patients prefer to complete forms digitally (RevSpring Voice of the Patient Survey, 2023).
- 70%+ of patients say they'd pay sooner if presented with the best payment option (pay in full, plan, financing, assistance) (RevSpring Voice of the Patient Survey, 2023).