EngageIQ™ Pre-Care

Position to Win Summary

REVSPRING

SOLUTION OVERVIEW

Product Description

EngageIQ™ Pre-Care is RevSpring's connected access, intake, and financial clearance solution that helps organizations **capture demand, prepare patients for care, and improve upfront financial outcomes.**

By combining **patient acquisition, scheduling, digital intake, and preservice payments** into one unified workflow, EngageIQ Pre-Care increases appointment volume, reduces denials, and accelerates revenue before the visit even occurs.

Solution Capabilities

Patient Acquisition & Access

- Digital search, discovery, and self-scheduling
- Real-time availability + EHR integration

Digital Intake & Registration

- OCR capture (ID + insurance), e-signatures, forms
- Automated data capture + EHR integration

Financial Clearance & Transparency

- Eligibility, estimates, and authorization support
- Clear patient responsibility before the visit

Preservice Payments

- Collect co-pays and estimated balances upfront
- Embedded into scheduling, reminders, and intake

Data Accuracy & Denial Prevention

- Automated QA workflows
- AI-powered OCR reduces manual entry errors

Typical Buyer Persona

Provider Personas

Persona	What They Care About	What They're Responsible For
CFO	Cash flow, upfront collections, cost-to-collect, reducing bad debt	Financial performance, ROI, margin improvement
Revenue Cycle Leader	Denials, front-end accuracy, preservice collections, efficiency	End-to-end revenue cycle performance, reducing denials, improving collections
Patient Access Leader	Appointment volume, scheduling efficiency, intake accuracy, reducing leakage	Access strategy, scheduling, registration, financial clearance

CIO / Digital Leader	Integration, scalability, vendor consolidation	Technology strategy, system integration, digital transformation

VALUE AND POSITIONING

What problem we're solving

When access and intake aren't connected, healthcare organizations lose revenue before care even begins.

Patients face fragmented scheduling and intake experiences, staff rely on manual, error-prone processes, and financial clearance happens too late. The result:

- Patient leakage and lost appointments
- Inaccurate or incomplete data leading to preventable denials
- Low upfront collections and increased bad debt
- Inefficient, labor-intensive workflows

When access and intake are connected, organizations can capture accurate information earlier, streamline the patient experience, and clear patients financially before care—resulting in higher collections, fewer denials, and more efficient operations.

Value Proposition for Providers

EngageIQ Pre-Care helps providers **bring more patients in and get them financially prepared before the visit.**

- **Increase appointments** through digital access and scheduling
- **Reduce denials** with accurate intake and automated QA
- **Accelerate cash flow** with preservice payments
- **Improve efficiency** by reducing manual work and data errors

Key Product Differentiation

Integrated acquisition, access, and intake
One connected solution vs. siloed tools
→ Creates a seamless patient journey that reduces leakage, improves conversion, and captures accurate data from the start

Growth + financial clearance in one workflow
Capture demand and prepare patients financially before care
→ Increases scheduled visits while improving upfront collections and reducing downstream revenue risk

Preservice payment integration
Embedded into access and intake (not bolted on)
→ Drives higher point-of-service collections by making payment a natural part of the patient experience

Automated QA + AI-powered OCR
Improves data accuracy and reduces denials at the source
→ Minimizes manual errors, prevents rework, and accelerates clean claim submission

EHR-integrated, workflow-aligned design
Fits into existing registrar and access workflows
→ Speeds adoption, reduces staff burden, and improves operational efficiency without disruption

Benefit Statements

- Increase appointment volume and reduce patient leakage
- Improve upfront collections and accelerate cash flow
- Reduce denials with more accurate intake and financial clearance
- Decrease manual work and staff burden
- Improve patient experience with seamless access and intake
- Capture clean, complete data from the start

Discovery questions

1. Patient Acquisition & Access

Q: How are patients finding and scheduling care today?

Listen for:

- Limited online scheduling
- Call center dependency
- Missed appointments / leakage

2. Intake & Data Accuracy

Q: How much of your intake process is still manual?

Listen for:

- Paper forms
- Manual data entry
- Registration errors / rework

3. Financial Clearance

Q: How confident are you in eligibility, estimates, and authorization before the visit?

Listen for:

- Missing or inaccurate insurance info
- Patients surprised by costs
- Issues resolved after the visit

4. Preservice Payments

Q: How are you collecting payments before the visit?

Listen for:

- Low preservice collections
- No consistent process
- Reliance on post-care billing

5. Denials & Front-End Impact

Q: What percentage of denials are tied to registration or intake errors?

Listen for:

- "A lot of denials start at the front end"
- "We fix issues after submission"
- "We don't have visibility"

PROOF

- **35% increase in organic "find-a-provider" traffic**
  - Demonstrates strong growth from digital access and search (Large Non-Profit Health System)
- **38% of appointments booked after hours**
  - Captures demand outside of call center constraints (Large Non-Profit Health System)
- **High % of appointments from new patients**
  - Drives net-new patient acquisition and growth
- **5% increase in preservice collections**
  - Improves upfront cash flow before the visit
- **26% fewer denials with registration quality assurance**
  - Reduces rework and revenue leakage
- **2/3 reduction in front desk workload**
  - Improves operational efficiency and reduces staff burden

