True Access

Position to Win Summary

Last updated: 3/30/2026

SOLUTION OVERVIEW

Product Description

True Access is RevSpring's patient access solution that helps patient access teams improve financial clearance *before* or *at* the point of service. It streamlines registration, eligibility/coverage checks, and medical-necessity workflows while producing more accurate estimates and enabling convenient preservice payments, so claims go out right the first time and patients know what to expect.

Product Features

- **Patient registration** workflows designed to reduce errors and rework
- **Work queues + automated workflows** (rules-based routing and task management)
- **Patient estimates + payment collection** (prepare patients for financial responsibility)
- **Medical necessity checks** (validate services pre-visit to prevent avoidable denials)
- **Address verification** (confirm and correct patient demographics at registration)
- **Coverage discovery** (identify missing or secondary insurance before billing)
- Integrates with existing access workflows and connects into a broader RevSpring pre-care suite (e.g., payments/portal)

Typical Buyer Persona

- Patient Access Director / VP Patient Access
- CRO / VP Revenue Cycle / Director Revenue Cycle
- CFO (economic buyer / ROI)
- CIO / IT Director (integration, security, governance)

End-User Persona

- Patient Access / Registration team leaders and staff
- Financial clearance team
- Authorization / eligibility specialists
- Front desk / check-in staff

Product dependencies

- EHR/PM integration: HL7, API, .csv - can integrate with any EHR

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VALUE AND POSITIONING

What problem we're solving

Providers lose time and money when access workflows are slow, manual, and error-prone. Preventable intake/eligibility errors contribute to claim denials and rebills. Cost confusion delays care and reduces pre-service collections. Staff time is consumed by rework, eligibility checks, and correcting bad data.

True Access reduces friction in access and financial clearance, helping providers prevent denials, accelerate reimbursement, and improve patient experience.

Value Prop for Provider

- **Reduce denials + rework:** Submit claims correctly the first time by improving registration accuracy and front-end verification.
- **Accelerate cash flow:** Improve estimates and collect more before service; reduce days in A/R.
- **Increase access-team efficiency:** Automated work queues and rules-based workflows reduce manual effort and variability.
- **Build patient trust:** Clear financial expectations and self-serve payment options improve experience.

Value Prop for Payers

True Access is primarily provider organizations.

Key Product Differentiation

- **Purpose-built for complete financial clearance and registration accuracy** (not just digital forms or check-in)
- **Automation via work queues + rules-driven workflows** (automates eligibility, medical necessity, estimates, forms, and task routing; surfaces exceptions only)
- **End-to-end pre-care synergy with RevSpring** (native alignment with payments, portal, communications, and broader pre-care suite)
- **Patient-ready outcomes** (clear estimates and payment options that reduce surprises and increase financial preparedness)
- **Designed to integrate into existing EHR/PM environments** by extending native capabilities most systems lack—adding rules-based orchestration, work queues, and end-to-end financial clearance without replacing current workflows or systems

Benefit Statements

- Decrease preventable denials and rebills by fixing access errors upstream.
- Improve financial performance by increasing upfront/preservice collection rates.
- Reduce days in A/R by accelerating clean claim submission.
- Improve operational efficiency with automated workflows and work queues.
- Enhance patient experience with transparency, options, and faster check-in.

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Discovery questions

Question: Where are your top denial drivers?

Listen for: Registration, eligibility, or medical necessity errors

Question: How much staff time is spent on rebills, corrections, and follow-up work each week?

Listen for: High administrative burden related to fixing errors/chasing denials tied to pre-care issues

Question: Walk me through your financial clearance process from scheduling to check-in—where does it rely on manual effort or individual staff judgment?

Listen for: Inconsistent execution, manual worklists, spreadsheets, rework at check-in or after service

Question: How do your EHR/PM systems handle eligibility, estimates, medical necessity, and coverage discovery today—and where do gaps exist?

Listen for: Disconnected tools, limited native automation, late or incomplete data, heavy IT workarounds

Question: How are patients prepared for out-of-pocket costs before the visit, and where does confusion or payment friction show up?

Listen for: Patient surprise, low preservice/POS collections, high call volume around estimates or payment options

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PROOF

KLAS Feedback:

“We are happy with RevSpring; they are very innovative in getting new stuff out. They are way ahead of another vendor we use. True Access provides way more information on even eligibility responses than we get from the EHR, and True Access does a lot of functionality that the EHR side doesn’t do. We are constantly adding CPT codes to our site book, and the vendor is very quick. I get a confirmation email within 5–10 minutes.” - Director, Patient Access

“True Access is super self-explanatory and easy to use.” Analyst/Operations, Patient Access

“There are some really strong parts of True Access, and those have a lot to do with it being embedded with RevSpring PersonaPay. We also use RevSpring PersonaPay with our early-out company, so it is really great to have those things integrated. The biggest new component is True QA. It is one of the most important pieces of a front-end digital intake solution.” Director, Patient Access

Sources & Proof (for this PTW)

Sources used - Battlecard PDF (True Access battlecard) — dated 5/19/2025 - Preservice Sales Training deck — dated 11/17/2025 - RevSpring Provider Solutions overview deck — dated 12/17

