Patient access: Modernize to maximize

Redefining the front end to optimize the complete revenue cycle

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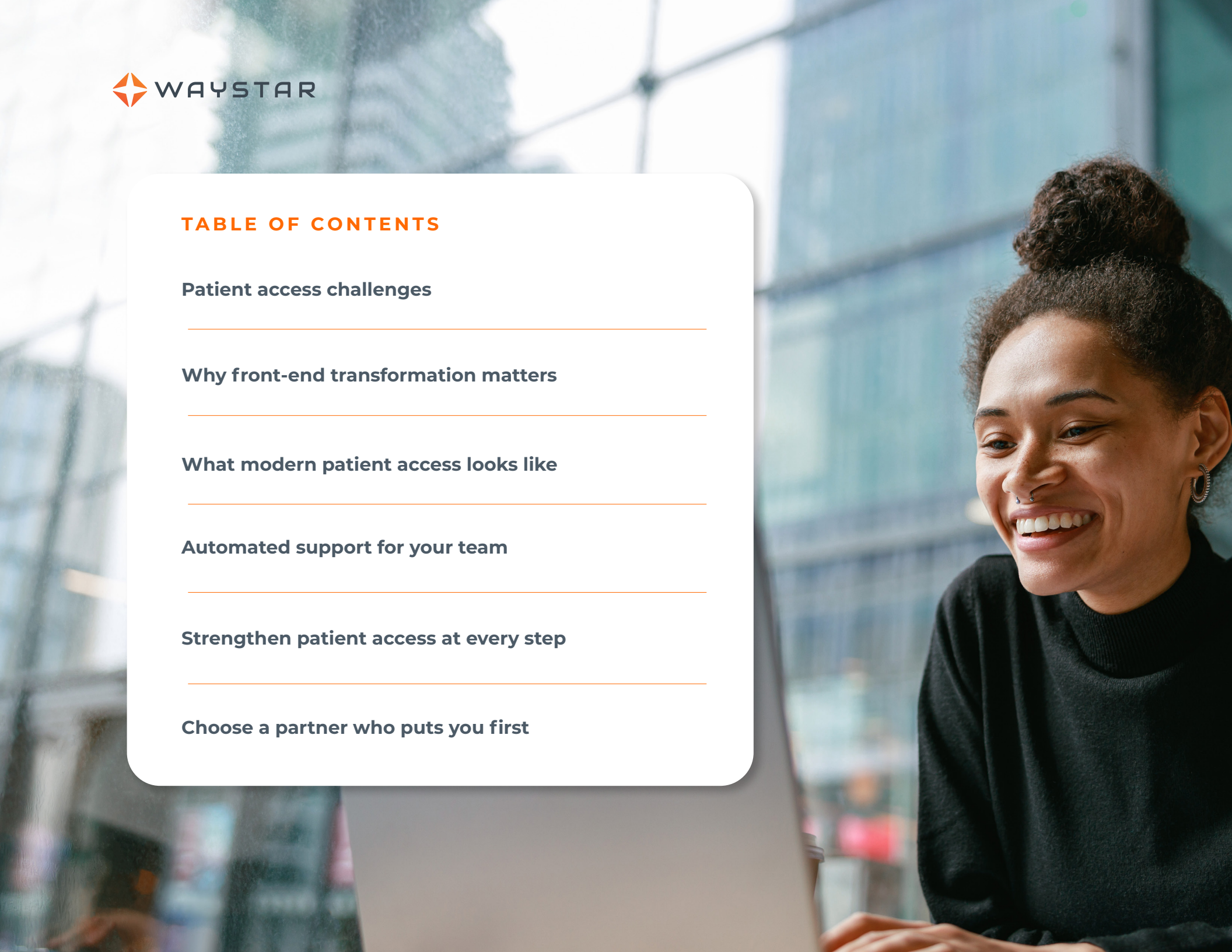

Patient access challenges

Today, patient access is under pressure yet full of potential.

Challenges continue to bubble up with eligibility and coverage thanks to regulatory changes and other industry forces. Front-end teams are under more strain, with limited capacity to manage added verification and compliance requirements.

These challenges have a trickle-down effect, negatively impacting downstream processes — leading to denials, dissatisfied patients, reimbursement delays, and bad debt. Healthcare leaders are scrambling for ways to do more with the same or fewer resources.

“ This is about the impact on your bottom line when you don’t get front-end workflow issues right,” says Staci Meredith, Director of Product Management at Waystar.[3] “All of these challenges show up as denials and uncompensated care.”

These mounting pressures make one thing clear: getting patient access right isn’t optional — it’s the critical lever for protecting revenue and improving performance across the entire revenue cycle.

16M

people are projected to lose coverage due to OBBBA/ACA changes[1]

59%

of employers will make cost-cutting changes to their plans, like higher deductibles[2]

Why front-end transformation matters

While there is plenty to be wary about, there's a valuable opportunity to strengthen not only patient access but the foundation of the entire revenue cycle. Organizations that prioritize front-end accuracy, speed, and transparency have the opportunity to positively impact downstream performance — ultimately reducing denials, creating a better patient financial experience, and bringing in fuller payments faster.

"Financial and operational success start with patient access," Meredith says. "It's a mindset shift — moving from reactive to proactive by getting the right information earlier in the workflow."

However, many organizations still rely on manual workflows, point-in-time status checks, and disconnected systems. The time is now to rethink front-end processes — and move toward proactive, advanced automation and AI-powered workflows that surface information at exactly the right time.

60% of healthcare organizations cite front-end processes as the greatest cause of claim denials[4]

Benefits of a modern front end

AI-powered patient access processes help healthcare professionals **work smarter and get results**, including:

1. Improved operational efficiency
2. Greater accuracy
3. Reduced errors
4. Faster prior authorizations
5. Increased transparency
6. Fewer denials and downstream rework
7. Faster, fuller payments

Automated support for your team

Modern patient access is a connected, dynamic set of workflows designed to help your organization maximize efficiency and keep pace with constant change. To perform at scale, front-end processes must be automated and proactive. The goal: information flowing seamlessly across the patient journey, reducing the strain on staff — and no surprises for patients. Advanced automation plays a critical role in modern patient access, acting as a force multiplier.

By handling high-volume, repeatable tasks (think eligibility checks, coverage searches, and prior authorization), advanced automation and AI reduce administrative burden. That frees up teams to focus on complex cases, patient conversations, and exceptions that require human judgment.

The result:

+ Higher accuracy
+ Less manual rework
+ More meaningful engagement with patients

"Beyond financial impact, there actually is a patient *experience* impact — and when patients don't understand their balance, or they receive a surprise bill, that trust really erodes, even if they have insurance and even if the care was exemplary," Meredith says.

"It's almost like we're gamifying paying. We're going to send you a text message — as we're right in front of you. You can click on it and pay your patient portion right there through the portal. That allows us to collect that patient portion at the time of service."

Genevieve Sagett, Chief Revenue Cycle Officer
SCA Health[5]

Watch their story

AltitudeAI™

Proactive patient access with Waystar

Traditional patient access models are built to react, addressing issues after something breaks. Modern patient access shifts that mindset.

Partner with Waystar for connected revenue cycle solutions made to detect and resolve patient access issues before they become denials, bad debt, or patient frustration. Powered by Waystar AltitudeAI™ — a comprehensive suite of AI capabilities combined with robust healthcare data — our solutions give organizations real-time insights, improve efficiency and accuracy, and move from reactive fixes to proactive front-end performance.

#1

agentic and generative AI RCM software by Black Book Research[6]

60%+

of U.S. patients in Waystar database[7]

"Everyone can use Waystar. It's embedded in our Epic EMR. It allows us to use all of the features from real-time eligibility to claims data. Having a one-stop shop — it's just the easy button for us."

Lisa Griffin, Chief Consumer Officer
University Hospitals[8]

Watch their story

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WAYSTAR PATIENT ACCESS SOLUTIONS

Eligibility Verification

- Alerts staff to potential issues like inactive coverage, subscriber mismatch, or benefit exclusions
- Initiates requests to the payer without manual intervention
- Minimizes interruptions and delays using reattempt and secondary connectivity

12min time savings per digital versus manual eligibility transaction[9]

Coverage Detection

- Identifies active, billable coverage
- Automatically initiates search when Eligibility returns inactive coverage or subscriber not found
- Delivers real-time responses in 30 seconds or less

30s average Auto Coverage Detection response time[7]

55% average Auto Coverage Detection hit rate[7]

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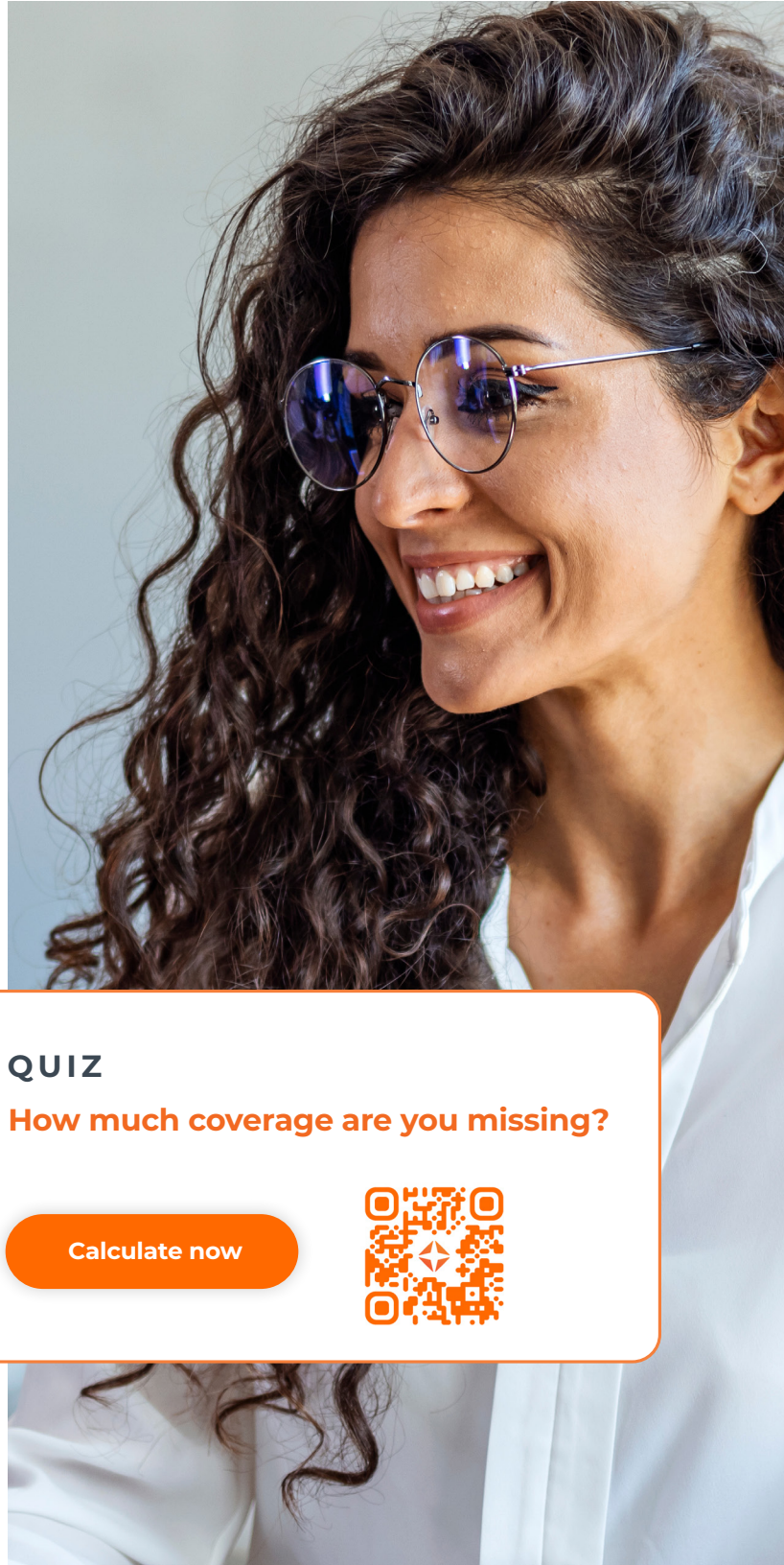

QUIZ

How much coverage are you missing?

Calculate now

WAYSTAR PATIENT ACCESS SOLUTIONS

Authorization Manager

+ Automates the authorization process from start to finish
+ Expedites authorization approval in real-time
+ Leverages robust authorization rules for an accelerated process

8-day increase in average lead time for starting authorizations[10]

50%+ reduction in average authorization initiate time[10]

"The Waystar automation tool allows me to prioritize the body of work and focus on the more intricate work that needs to be done. Auth automation submission to the payer website — that entire body of work — doesn't even come across my team's desk. It cuts down on the manual intervention that has to take place."

Jacqueline Nelms, Administrator, Financial Clearance
Lehigh Valley Health Network[11]

Watch now

WAYSTAR PATIENT ACCESS SOLUTIONS

Patient Estimation + Patient Payments

- Gives patients visibility prior to receiving care
- Makes it easier to collect at the time of service
- Offers seamless, self-service payment options

60-80% average self-service pay rate[7]

ARTICLE

The psychology of patient payments: How to improve collections + patient satisfaction

Imagine a physician asking a patient to decipher a complex medical diagnosis and develop their own treatment plan. It sounds absurd, doesn't it?

Yet patients are often expected to decode multi-page, jargon-filled bills — and unquestionably "pay upon receipt."

What if unpacking the psychology behind patient payment obstacles could help organizations achieve better outcomes — for both patient satisfaction and collections?

Read article

Choose a partner who puts you first

Waystar's team of revenue cycle experts will partner with you to help implement patient access solutions that get results for your organization, your team, and your patients. We're responsive and we're here to help now — long after implementation is over.

96%
same-day support case resolution[7]

11s
average time to reach U.S.-based live support[7]

74+
client NPS[12]

"I've worked for large institutions in three different states. I've had my fair share of working with vendors. What I can say sets Waystar apart is the people, the support, and the communication we have on a regular basis."

Jacqueline Nelms, Administrator, Financial Clearance
Lehigh Valley Health Network[11]

The way to simplify healthcare payments

Access everything you need to simplify patient access — and the complete revenue cycle — within one platform.

Request a demo

EXPLORE THE WAYSTAR SOFTWARE PLATFORM

Financial Clearance
Learn more

Patient Financial Care
Learn more

Clinical Integrity + Revenue Capture
Learn more

Claim + Payer Payment Management
Learn more

Denial Recovery
Learn more

Analytics + Reporting
Learn more

Discover the way forward

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1 KFF. How will the One Big Beautiful Bill Act affect the ACA, Medicaid, and the Uninsured Rate? Jun 18, 2025.

2 Mercer. Employers are bracing for the highest health benefit cost increase in 15 years, a projected 6.5% increase in 2026, according to Mercer. September 4, 2025.

3 Waystar. Webinar. Fixing the front end: Modernizing patient access for regulatory success. 2026.

4 Waystar + HFMA. Outsmart denials with purpose-built technology: The future of denial prevention + automation is here. 2023.

5 Waystar. Video: Maximize convenience + collections with Waystar Patient Payments. May 8, 2025.

6 Black Book Research. Independent study: Revenue cycle management agentic & generative AI benchmark: Qualitative KPI performance, governance, and outcomes. February 20, 2026.

7 Waystar data.

8 Waystar. Video: Success story: University Hospitals' way forward. September 2, 20'

9 CAQH Index Report. From transactions to trust: Building better care through healthcare automation. 2024.

10 Waystar. Success story: Atlantic Health System's way forward. 2024.

11 Waystar. Video: Lehigh Valley Health Network's way forward. October 22, 2024.

12 Third party provider satisfaction survey. September 2023.