

# 47% increase in pre-service collections

How estimate accuracy improved patient expectations and upfront collections at Avita Health System

## KPIs that matter:

▲ 47% increase in pre-service collections

▲ 169% increase in point-of-service collections

95% of scheduled patients with a pre-service estimate

93% estimate accuracy

## Summary

Avita Health System wanted to improve financial transparency and reduce billing surprises but lacked the tools to generate reliable patient estimates. They implemented Experian Health® Patient Estimates and Self-Service Patient Estimates to improve data accuracy and give patients more clarity about what they owe. Now, with 95% of scheduled patients receiving accurate upfront estimates, recovery isn't overshadowed by unexpected medical bills. Learn how Avita used Patient Estimates to achieve a 169% increase in point-of-service cash collections and a 47% increase in pre-service collections.

## The challenge

### Lack of estimates left patients guessing and put revenue at risk

Avita Health System is committed to helping patients understand their financial obligations, but it didn't always provide pre-service cost estimates. Patients felt frustrated when their bills arrived, and many said they would have made different choices had they known the cost in advance. Pre-service collections were inconsistent, averaging only

1.5% collected per estimate, which left revenue exposed as patient responsibility grew.

The core problem was the absence of a consistent process to generate estimates, coupled with gaps in data quality. Without a reliable way to figure out what patients were likely to owe, Avita couldn't protect patients from unwelcome surprises or safeguard their own revenue. They needed a partner to help improve data accuracy and deliver accurate estimates.

## The approach

### Accuracy first

Avita decided to work with Experian Health to solve the estimates problem because of its reputation as a trusted leader in revenue cycle solutions. Patient Estimates uses chargemaster data, payer contracts, claims history and real-time eligibility data to calculate patient responsibility accurately, giving Avita's staff a reliable estimate they could confidently explain.

The organization also implemented Self-Service Patient Estimates, which provides over 300 shoppable services. Because this uses the same contracts and chargemaster configuration as Patient Estimates, the tool fits easily into existing workflows.

When Avita later switched to a new electronic medical record (EMR) system, it could have adopted the built-in estimates tool. But those estimates were not accurate enough.

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“We weren’t willing to sacrifice accuracy.”

— Angela Murphy, Senior Revenue Cycle Coordinator, Avita

Most hospitals think of patient estimates as just another compliance checkbox, but regulatory fines aren’t the only risk. Inaccurate or hard-to-access estimates erode patient trust, drag down pre-service collections and leave staff drowning in manual work. With scrutiny from the Centers for Medicare and Medicaid Services (CMS) intensifying, organizations can’t afford to “hope it’s right” when every miscalculation could mean lost revenue and reputational damage.

Avita chose to stay with Experian Health because they trusted it to deliver the quality, consistency and reliability they needed.

### A proactive partnership with Experian Health

Murphy says that having direct access to Experian’s support team was a major benefit, especially in resolving accuracy issues.

For example, the team helps adjust the logic when payer rules change during high-impact periods such as the start of the year.

“By the time customer support receives and works on that case, many times Experian comes back to say that they have already addressed this with another client and here’s your new estimate,” says Angela Murphy, Senior Revenue Cycle Coordinator at Avita. “So, it’s great to see that Experian is looking at those as proactively as we are to see what has changed and what needs to be modified.”

### Striving for continuous improvement

Nathan Strome, Revenue Integrity Manager, says Experian Health’s responsiveness to feedback has been central to ongoing improvement.

“Experian Health is always willing to hear us out so that we can better understand where we can continue to improve what we’re doing,” he says.

Avita also uses Experian’s Power Reporting tool daily to review hospital-level performance, reconcile accounts and investigate coding mismatches. This helps identify root causes to prevent future errors and create a better patient experience. “We routinely review all that data to reconcile and see where the underlying problems are so we can get even better with our accuracy,” says Strome.

### Confident staff boosts collections

Staff received training on how to use Patient Estimates, including how to “recognize patient reactions and provide financial options proactively, which patients describe as a relief,” says Tami Garverick, Access Director. But the biggest gains came after focused training on pre- and point-of-service collections. Avita hired an outside vendor to provide scripting exercises, one-to-one mentoring and market awareness training. This extra support helped staff translate the accurate estimates into confident financial conversations and payment requests. Ongoing education and reporting efforts continue to be provided to registration staff, which Garverick says, “helps maintain awareness and fosters friendly team competition.”

As a result, pre-service collections are up 47% from \$2.9 million to \$4.28 million over a two-year period. Staff are also collecting a greater share of patient responsibility earlier, with a minimum of 11% collected upfront compared to 1.5% before training. Self-pay collections increased by 15%.

### The result

- 47% increase in pre-service collections realized.
- 169% increase in point-of-service cash collections attained.
- 95% of scheduled patients now receive a pre-service estimate.
- 93% accuracy is achieved in estimating what patients owe.

## Case study

# 47% increase in pre-service collections

### Financial clarity for patients

Now, 95% of scheduled patients and 80% of walk-in patients receive a clear estimate before care, which reduces billing surprises and enables more meaningful financial conversations.

“Patient Estimates breaks down costs at the benefit level, allowing our staff to clearly see what is covered by coinsurance or deductible and how much remains. They can confidently explain the estimate to patients in a way that’s easy to understand,” says Morgan Jones, Patient Services Manager.

“Without a clear understanding of their financial responsibility beforehand, even a successful surgery can be overshadowed by the stress of an unexpected bill,” Jones says. “By providing accurate estimates upfront, we help ensure that financial concerns don’t interfere with their recovery.”

### Next steps

For Avita, prioritizing data accuracy remains non-negotiable. “If estimates aren’t accurate, no amount of training and scripting will make a difference,” says Murphy. Maintaining that accuracy requires continuous auditing of templates and estimates, especially as CMS oversight leaves little room for error. “Don’t assume your build is perfect. Audit your work and don’t hesitate to request changes when needed.”

Learn more about Patient Estimates on our [website](#) or send us an [email](#).

## Case study

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## Avita Health System

Avita Health System is a community-based health system serving North Central Ohio. It operates three hospitals covering critical access, rehabilitation and acute care, generating \$341 million in net patient revenue. Its 226 physicians and 1,800 employees work hard to deliver extraordinary patient experience and maintain high patient satisfaction scores. As an independent local system, Avita provides more uncompensated care to patients in need than most state and national averages, while facing the same compliance and patient access challenges as larger organizations.

## About Experian Health

Experian Health serves more than 60 percent of US hospitals and more than 7,500 medical practices, labs, pharmacies and other healthcare providers. We help our clients simplify healthcare with data-driven platforms and insights to make smarter business decisions, deliver a better bottom line and establish strong patient relationships.

## Patient Estimates

Patient Estimates is a user-friendly, web-based pricing transparency tool that creates accurate estimates of authorized services for patients before or at the point of service. It combines data from the provider's chargemaster, claims history and payer contract terms and the patient's insurance benefits. Estimates incorporate financial assistance policies for self-pay patients, including prompt-pay discounts, state-mandated discounts and payment plans.

## Power Reporting

Power Reporting comes built into Patient Estimates to help you align estimates with actual costs, track collections and prove compliance. Reports include Accuracy Dashboard, Audit, Collections and Transactions.

## Self-Service Patient Estimates

Self-Service Patient Estimates is a self-service portal to deliver over 300+ estimates to patients pre-service.

