Optimize for efficiency: Streamline patient payments to improve cash flow



Executive summary

The pressure is real – but so is the opportunity

Healthcare finance leaders are navigating a difficult environment. A complex reimbursement landscape, rising staff costs and sustained margin pressure are reshaping healthcare finance priorities. Payment efficiency – how quickly and reliably health systems collect what they are owed – remains one of the few levers CFOs can directly control.

Where the industry stands

The majority of health systems are still leaving money on the table. Fragmented systems, organizational silos and payer complexity are slowing progress. The cost of inaction is no longer just operational inefficiency, it is a strategic disadvantage.

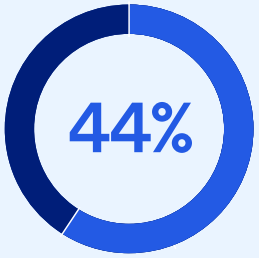
What good looks like

Health systems that consolidate fragmented payment infrastructure, shift from reactive to proactive claims management, and align treasury and revenue cycle teams are seeing the results: improved cash flow, more predictable revenue and finance teams freed to focus on growth rather than firefighting. The technology to get there exists, and the differentiator is the commitment to deploy it end to end.

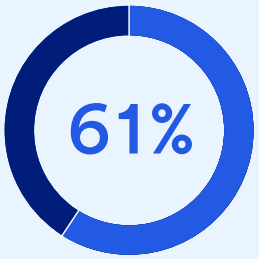
[1] 2026 U.S. Bank Healthcare Payments Insights Report

Security remains fundamentally critical

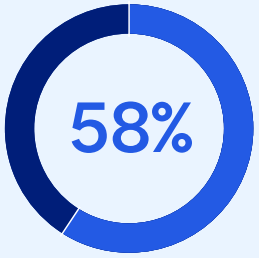
In an environment of rising cybersecurity risk and growing regulatory complexity, security and compliance are not only operational concerns for healthcare finance leaders, they are strategic priorities. Getting the foundations right has never mattered more.



44% of finance leaders cite organizational silos as a barrier to RCM excellence[1]



61% of finance leaders say delayed collections are a primary driver toward AI adoption[1]



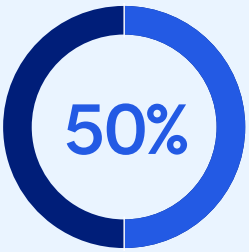
58% of finance leaders identify compliance concerns as a key obstacle to payment modernization[1]

Current state of healthcare payments

Pressure from both sides

While inflation has eased and patient volumes remain strong, margins remain under pressure. Medicare and Medicaid reimbursement rates continue to fall short of the actual cost of delivering care and staff costs remain elevated. These pressures are largely outside a health system's control and CFOs and treasurers are increasingly focused on what they can influence. Payment efficiency is one of these areas.

With reimbursement constrained, accelerating cash flow isn't just about covering operating costs, it's the foundation for strategic investment and growth. Our survey of 150 healthcare finance executives confirms this shift. Faster access to revenue tops the list of organizational priorities for 2026,[1] with reducing manual workflows and improving payment analytics close behind.



50% of organizations are only at the early stages of digitizing their finance function[1]

Signs of the gap

Digital transformation offers the opportunity to streamline payment processes and improve revenue cycle management (RCM), enable more robust performance reporting and analytics, support long-term planning and budgeting, and mitigate risk and compliance concerns.

> *"For many health systems, the biggest barrier to modernization isn't ambition. It's infrastructure."*

Yet many organizations are still in the early stages of transformation. The barriers are largely structural, including fragmented systems, organizational silos between finance and revenue cycle teams, and the sheer complexity of payer requirements.

For health systems that have grown through acquisition, a patchwork of EHR and patient accounting platforms that were never designed to work together is a significant hurdle. Until that integration challenge is addressed, the returns from automation and AI may be difficult to realize at scale.

[1] 2026 U.S. Bank Healthcare Payments Insights Report

Patient payment experience

A CFO priority, not just a patient one

Structural barriers don't just slow internal processes, they also impact the patient payment experience. 47% of healthcare finance leaders cite patient dissatisfaction with billing and payment experiences as a primary concern.[1] Improving this is now a top priority, both as a satisfaction measure and as a revenue driver.

Unclear billing statements, limited digital options and gaps in system integration all contribute to delayed or missed payments, which impacts both the bottom line and the patient experience.

[1] 2026 U.S. Bank Healthcare Payments Insights Report





Four levers to close the gap

Health systems can address this challenge and improve the patient payment experience through four interconnected payment optimization levers:

01

Flexible, omnichannel payment options. Patients expect to pay digitally, on their own terms. Portal payments, text-to-pay, digital wallets and payment plans, all integrated within the existing patient portal, reduce friction and accelerate collection.

02

Proactive, personalized communications. Timely notifications via patients' preferred channels significantly improve payment rates. Getting the right message to the right person at the right moment matters as much as the payment mechanism itself.

03

Upfront cost transparency. Patients who understand what they owe, and when, pay faster. Integrating billing and insurance verification to calculate patient responsibility earlier in the process removes a significant source of downstream delay.

04

Automated posting and refund processing. Optimizing the payment journey extends beyond receivables. Automating cash posting, reconciliation and patient refunds reduces administrative burden and protects trust at the final touchpoint.

The role of AI in payment optimization

From reactive to proactive

Automation is a central priority for healthcare finance transformation – and the shift from reactive to proactive is where the real value lies.

Many organizations continue to rely on individuals who carry institutional knowledge of the claims process, such as which codes get rejected by which payers and where the friction points are. Automating these processes improves accuracy so claims are submitted correctly the first time rather than corrected after rejection. Delayed collections and high exception volumes are the two areas most commonly driving organizations toward adopting automation.

> *"AI's impact on the revenue cycle extends well beyond claims."*

Broader automation gains

Beyond claims, automation is delivering measurable impact across eligibility verification, fraud detection, patient communications and payment posting. As manual processes give way to automated ones, staff can be redeployed toward higher-value work – identifying trends, strengthening forecasting and addressing root causes rather than symptoms. Automated workflows can also reduce security risk, strengthening HIPAA and PCI DSS compliance and enabling faster responses when vulnerabilities emerge.



The right technology for optimizing payments

ROI across the full revenue cycle

Automation offers the potential to deliver ROI throughout the revenue cycle. It starts at the front end, with digital check-in options that pre-fill patient information to ensure accuracy and save time. It extends beyond basic insurance verification to determining patient responsibility upfront and offering payment options before patients leave the facility. It provides real-time coding and pricing information – a matter of both patient convenience and compliance with increasingly stringent price transparency requirements.

What automated systems can do

Further along the revenue cycle, automated systems can:

- Create patient bills and insurance claims using data extracted from integrated EHRs
- Notify patients when payments are due and when electronic payments have been processed
- Submit prior-authorization requests for prescriptions or procedures
- Dispute claims rejected for administrative reasons such as incorrect billing codes
- Identify potential fraud, including improper use of billing codes or illegitimate payment methods
- Reconcile accounts and flag errors or discrepancies requiring correction

Moving away from paper also unlocks better, faster payment data – enabling finance leaders to extract meaningful insights for forecasting and risk management and freeing staff to focus on higher-value work like denials management and appeals.





The partner question

Technology capability matters but so does who stands behind it. As a partner, banks bring a level of regulatory accountability and security infrastructure that standalone fintechs cannot easily replicate. Importantly, when banks vet and integrate technology partners into their own platforms, that scrutiny extends to the solution as a whole.

With the cybersecurity risk exposed by events like the Change Healthcare outage,[2] the resilience and regulatory standing of a solutions partner is increasingly under scrutiny. And rightly so. Nearly two-thirds of finance leaders in our survey said strong security, compliance and risk management capabilities were the most important quality they look for when evaluating a partner.[1]

> *"Banks bring a level of regulatory accountability and security infrastructure to payment solutions that standalone fintechs cannot easily replicate."*

[1] 2026 U.S. Bank Healthcare Payments Insights Report
[2] Change Healthcare Cyberattack

Enterprise benefits of optimizing payments

Why progress is slow – and what it costs

The advantages of technology in optimizing payments are understood, but turning intent into action is where many organizations stall. Investing in enterprise-grade technology to modernize payment processes can bring benefits that extend beyond improving a standalone process to help healthcare organizations push beyond the early stages of digital transformation.



Five ways payment optimization delivers enterprise value

Advancing payment optimization helps ensure long-term financial stability and ROI in five important ways:

01

Consolidates technology

With an optimized payment solution, health systems have fewer point solutions to manage and are better equipped to implement streamlined, automated workflows. Staff training is easier, onboarding time is shortened and there is a single point of contact for implementation and support.

02

Brings predictability to RCM

More on-time payments from patients, fewer denials from insurers and faster acceptance of payments. Digitization enables finance leaders to spot trends, make more informed planning decisions and improve ROI across the revenue cycle.

03

Reduces security and fraud risks

Optimizing payments closes clear security gaps in manual billing processes. Digital payments eliminate the risk of misdirected paper bills causing a data breach and payment technology requires identity and payment method verification to reduce fraud.

04

Creates a better work experience

Process automation means clinical and administrative staff spend less time on low-level manual processing and face fewer inbound billing queries. This frees time for higher-level work, helps reduce burnout and improves job satisfaction.

05

Improves treasury and revenue cycle alignment

Cash flow gains from faster settlement and better denial management translate into enterprise-wide value if treasury is positioned to deploy that capital effectively. Closing the gap between finance, treasury and revenue cycle teams is key to realizing these gains.

Outlook and recommendations

The strategic imperative

Health systems continue to face tight margins and cannot afford inefficiency in their revenue cycle. The organizations that build lasting financial resilience will be those that treat payment modernization as a core priority – not a back-office project.



What to look for in a solutions partner

In evaluating partners and solutions, health systems should look for:

- **EHR system integration** – payments embedded in clinical workflows with direct system connectivity to improve accuracy and reduce manual handoffs.
- **End-to-end RCM support** – technology integrating into the full cycle, from eligibility and prior authorization through to patient billing, claims management and cash posting.
- **Embedded reporting and analytics** – real-time visibility into payment performance to support forecasting, trend identification and long-term planning.
- **Support for HIPAA and PCI DSS compliance** – partners with the infrastructure, certifications and governance frameworks to meet and exceed regulatory requirements.
- **Proven security and trust** – the resilience and regulatory standing of a solutions partner is now a business-critical consideration, not just a procurement checklist item.

Your partner for what's next

U.S. Bank brings together the payment infrastructure, security standards and healthcare-specific expertise to support health systems at every stage – from foundational integration through to advanced automation and analytics.

With more than 900 healthcare facilities trusting U.S. Bank as their payment solutions partner, we understand what it takes to modernize payments at scale, without disrupting the operations that depend on them.

To find out more, contact us today.



Your partner for healthcare payment solutions

Wherever you are on the journey to optimizing patient payment processes, our healthcare-specific solutions help drive automation so you can realize your revenue cycle optimization goals, confidently and securely. Alongside this, our technical and implementation teams have extensive experience working in revenue cycle and healthcare analytics to ensure seamless integration and performance.

Learn more about U.S. Bank healthcare capabilities.

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