



2026 EDITION

cedar

Patient Payments Playbook for *athenahealth* Practices

How top-performing physician groups turn
patient collections into a growth engine

FOR REVENUE CYCLE, FINANCE, AND PRACTICE LEADERS
12-MINUTE READ

INTRODUCTION

Patients are the fastest-growing payer — and the hardest to collect from

Physician groups have gotten good at collecting at the time of service. Copays and small balances are captured efficiently, often before the patient walks into the exam room.

But the moment a patient leaves with a residual balance for a deductible or coinsurance, the picture changes. Waiting until the next visit to collect it isn't a strategy. It's a deferral, and an uncomfortable one: asking staff to have difficult conversations about large dollar amounts in person is neither scalable nor sustainable.

Meanwhile, the structural forces making this harder aren't letting up. High-deductible health plans have shifted more financial responsibility onto patients than ever before. Coverage is increasingly volatile due to policy changes. And patients are often navigating a billing experience that was designed for a simpler time — one that assumes they have the clarity, the means, and the motivation to pay without much help.

The result: patients have become a larger and less predictable source of revenue, and the margin for error for managing that book of business is shrinking.

This playbook reflects Cedar's experience supporting more than 50 million patients — and the key drivers of patient financial performance we've seen across athenahealth practices.

Read this playbook if:

- You're often waiting until the next visit to collect outstanding patient balances
- You can't tell if your patient collection rate is improving or sliding
- Patients are juggling multiple statements and portal logins across your locations
- Payment plans require a phone call — and have high default rates
- A growing share of your AR is coming from difficult-to-collect patient cohorts

01

ESTABLISH YOUR
PATIENT COLLECTIONS
BASELINE

Better collections start with better measurement

Over the years, we've reviewed hundreds — if not thousands — of patient collection rates. There is significant variation in these numbers, and the methods used to calculate them often differ dramatically.

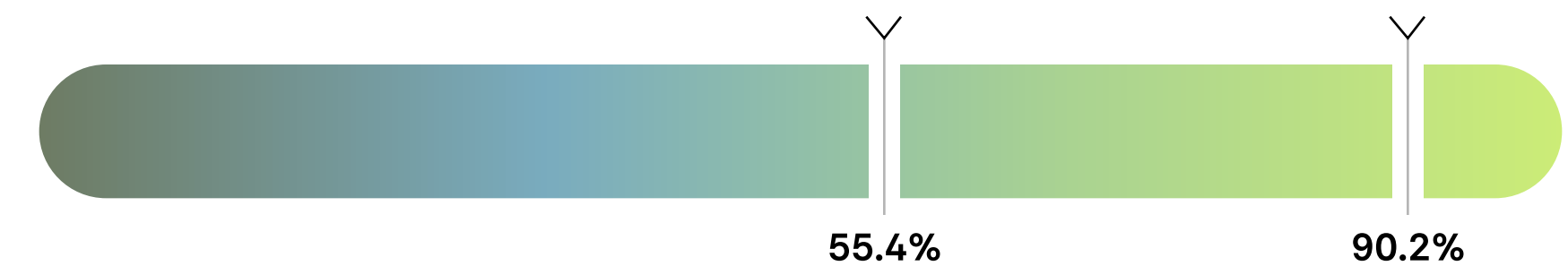
Even among providers with centralized business offices, standardized procedures, and apples-to-apples methodologies, we've seen more than 700% variability in collection rates between markets within the same organization.¹ That kind of spread makes external benchmarking nearly meaningless. The only comparison that actually tells you something is whether your own number is moving in the right direction.

Before you can answer that question, you need a reliable, consistent way to measure performance — one that holds up over time and across all practice locations.

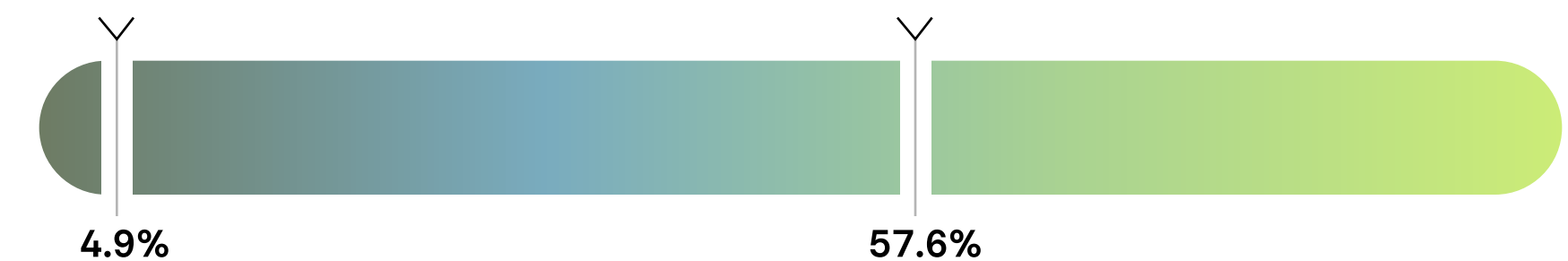
Patient financial performance varies more than you might think — driven by geography, demographics, and more

Post-visit collection rates across physician groups

BALANCE AFTER INSURANCE



TRUE SELF-PAY



Source: Cedar platform data; 2024²

How to measure patient collections the right way

Patient collection rate (%) =
posted post-visit payments
in month (\$) / first
statement amounts (\$)

> After evaluating numerous approaches across many practices, Cedar found this methodology provides the most reliable and actionable measurement.

Why this works best

- **Faster, cleaner measurement:** No maturity period means faster measurement, quicker issue detection, and immediate ability to act.
- **A reliable baseline for comparison:** First statement date as the anchor creates an apples-to-apples baseline for tracking performance over time.
- **No timing complications:** Eliminates variability from data pulls, dunning cycle completion, or the unpredictable gap between visit date and first bill.

Pro tips for getting it right

- **Aggregate posted payments over 12 months:** The numerator and denominator are not directly correlated, which can create swings following backlog reductions or due to seasonal fluctuations. A full year of data smooths everything out.
- **Be explicit about what's in or out:** Include post-visit patient payments — one-time and payment plan dollars, net of refunds and reversals. Exclude pre-visit and time-of-service collections, and bad debt agency cash.

02

UNIFY AND SIMPLIFY
PATIENT BILLING
ACROSS LOCATIONS

Get the bill right before anything else

Most patients want to pay their medical bills. The problem is many can't make sense of them.

A patient who doesn't think that their insurance was applied correctly won't pay. A patient who thinks they already paid — not realizing the procedure and pathology bills are separate — won't pay. Instead, they call your billing office or disengage entirely.

Across Cedar's platform, 94% of billing support calls stem from confusion, not an intent to pay.³ And that's assuming they call. Our research found that 41% don't reach out at all when bills are unclear, and these individuals are twice as likely to delay payment by six months or more.⁴

No digital billing experience, no matter how convenient, can overcome a bill that patients don't understand or trust. Getting the bill right isn't just a patient experience imperative — it's the prerequisite for everything in this playbook.

When patients find their medical bills confusing:

3x

more likely to **delay**
payment by 6+ months

1.5x

more likely to **miss a**
payment deadline

Source: Cedar 2026 Healthcare Financial Experience Study⁴

Three ways to reduce patient billing confusion

ATHENA PARTNER SPOTLIGHT



“Patient billing is now something I don’t worry about on a daily basis — that’s how I know it’s working.”

Lawanna Johnson, Director of Revenue Cycle at Unio Health Partners, worked with Cedar to consolidate the digital billing experience using the Enterprise Patient ID framework. Now 76% of collections are via digital self-service — patients feel confident about what they owe.⁵

1 Consolidate the digital billing experience

For multispecialty and multi-location groups on Athena, patients often manage multiple payment portal accounts and have no unified view of what they owe. Cedar’s solution is to use Athena’s Enterprise Patient ID as an anchor to consolidate all outstanding balances into a single digital billing experience: one login, one communication stream, one place to pay or set up a payment plan.

IMPLEMENTATION CONSIDERATIONS

- **Patient consent:** Ensure consent status is consistent across all provider groups before consolidating.
- **Payment posting:** Confirm your workflow routes digital payments back to the correct Local Patient ID.
- **Staff visibility:** Billing staff should have a single view across all provider groups without having to switch screens.

2 Address subtle (yet critical) bill friction

Most physician groups have invested significant time into making their statements easier to read. Cedar's research uncovered a few friction points that tend to drive outsized confusion — easy to overlook, but high impact when addressed:

- **Align paper and digital statements:** Use the same terminology and balance breakdowns across channels so patients aren't reconciling two different versions of the same bill.
- **Make bill details easy to find:** Surface charge and coverage details prominently across all patient touchpoints, with clear calls to action — especially for large insured balances where confusion is highest.
- **Explain jargon in plain language:** Deductibles, coinsurance, adjustments — second nature to revenue cycle teams, opaque to most patients. Embed definitions and FAQs so patients understand not just what they owe, but why.

3 Leverage AI to proactively explain bills

Even a unified billing experience and well-crafted statements can leave patients with questions. With AI-generated bill summaries, physician groups can answer them before patients have to ask. Advanced tools offer the ability to surface common questions based on an individual's unique financial situation:

- Why is my bill higher than last visit?
- Why am I getting multiple bills for the same visit?
- What are my payment options?

Added benefit: Over time, the data on which explanations reduce friction and drive self-service resolution becomes its own asset — a feedback loop that keeps improving the patient experience.

03

MEET YOUR PATIENTS
WHERE THEY ARE
FINANCIALLY

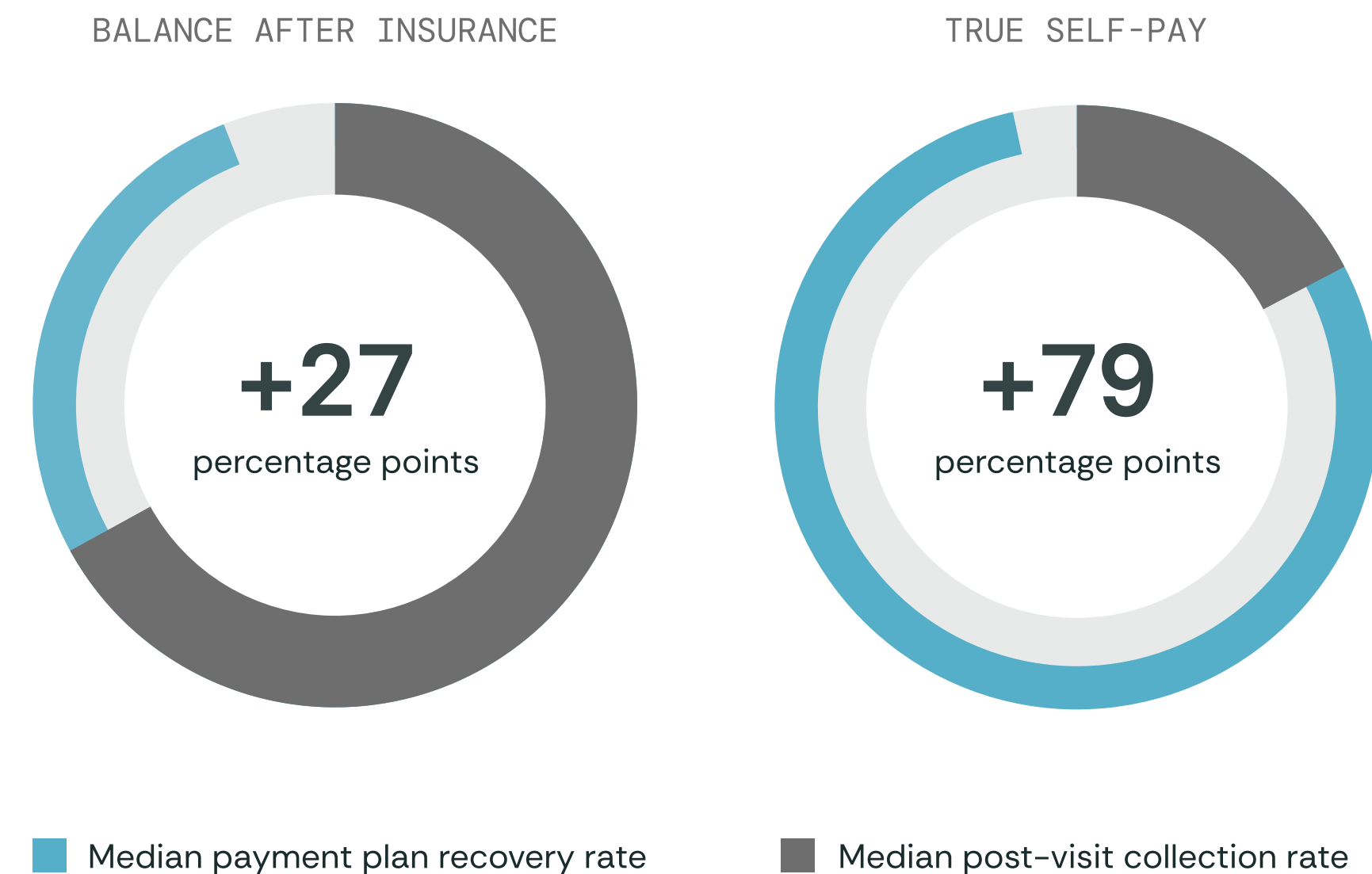
Payment plans as a collection strategy, not a fallback

Helping a patient onto a payment plan is one of the highest-leverage moves in your revenue cycle. It's patient responsibility you're far more likely to collect, while easing the financial burden for patients who can't pay all at once.

But here's where many plans break down: they're rigid, inaccessible, and don't match what patients can afford. When setting up a plan requires a phone call or a staff member to configure it manually, many practices simply stop offering them consistently — and patients who would have enrolled never get the chance.

How a payment plan is structured and surfaced matters more than whether one exists at all. Get it right, and plans become a reliable source of cash flow.

Payment plans extend the paying population for physician groups



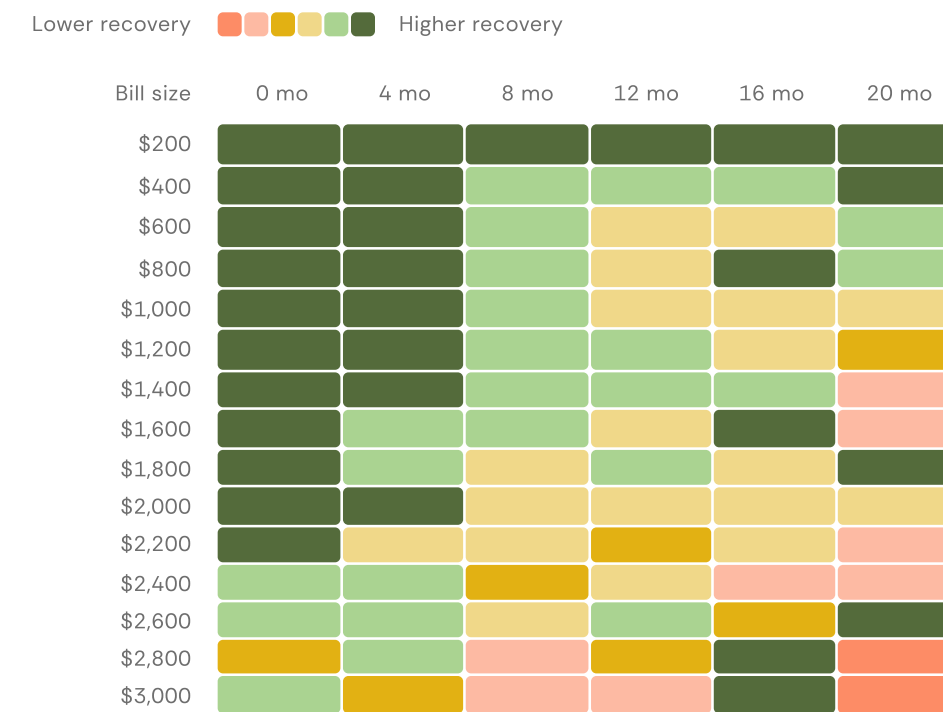
Source: Cedar platform data; 2024-2026*

What separates high-performing plans from the rest

Payment plan design principles

- **Always include a sub-\$200 installment option** — for any balance where that’s mathematically feasible.
- **Offer options in 3- to 6-month increments** — gives patients meaningful choice without overwhelming them; 10 options maximum.
- **Don’t make patients hunt for plans** — surface options prominently across touchpoints, especially at the moment a patient sees their balance.
- **Give staff more permissive options than patients** — staff handling hardship cases need more flexibility than the self-service flow.

Payment plan recovery rate by bill size and plan length across physician groups

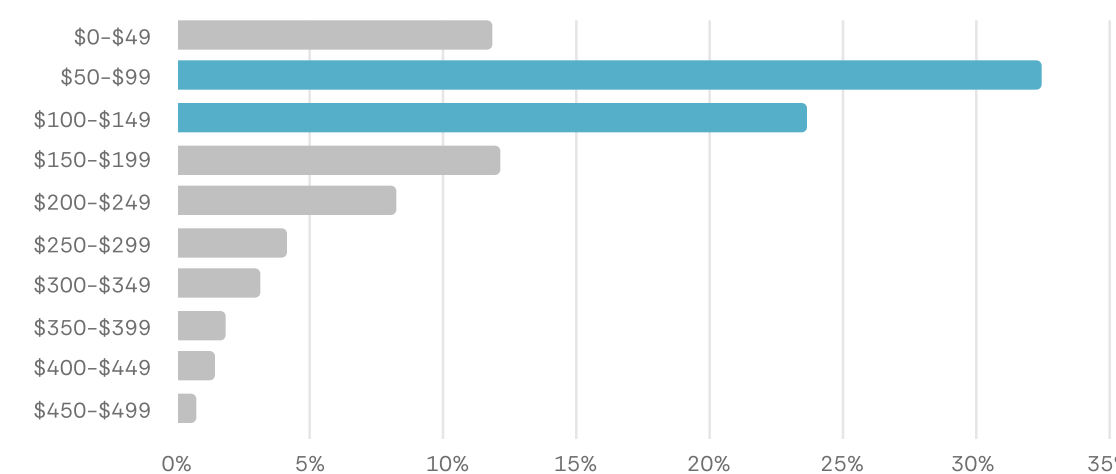


Source: Cedar platform data; 2024-2026*

Design plans patients can complete

The two variables that drive payment plan recovery more than any other are bill size and plan length.⁷ For smaller balances, shorter plans recover reliably. For larger balances, offering longer durations can unlock enrollment that wouldn’t happen otherwise. But beyond a certain threshold, plan length stops being the lever. The balance itself is the problem, and the best intervention may be reducing it through discounts or assistance before a plan is ever offered.

Payment plan enrollment (\$) by installment amount across physician groups



Source: Cedar platform data; 2024-2026*

Offer plans patients can afford

When patients choose their own installment amount, the preference is consistent: the \$50–\$150 monthly range accounts for the majority of payment plan volume on Cedar’s platform.⁸ Your guardrails need to make it easy to land in that range across bill sizes. If the most affordable plan on an \$1,800 balance requires a \$300 monthly installment, patients are less likely to enroll — and if they do, they’re more likely to default.

04+

PERSONALIZE EVERY
PATIENT FINANCIAL
INTERACTION

Cohort your patient AR before you work it

Across Cedar’s platform, roughly 70% of patient dollars owed to physician groups fall into difficult-to-collect categories.⁹ These are balances tied to underinsured patients managing high deductibles, uninsured patients, those with complex or chronic conditions, and patients who have disengaged from the billing process entirely. And this share is growing.

This isn’t a reason for pessimism — it’s a reason for precision. A one-size-fits-all collections approach was never ideal, but in a patient population this fragmented, it’s no longer viable. The Athena practices closing the gap aren’t doing more of the same. They’re building the capability to treat different patients differently.

70% of patient collections across physician groups require specialized strategies

LOW BILL SIZE, LONGER TO COLLECT

11.1%

of total AR

BAI: 91.6% | Self-Pay: 8.4%

HIGH BILL SIZE, LONGEST TO COLLECT

28.0%

of total AR

BAI: 69.9% | Self-Pay: 34.1%

LOW BILL SIZE, FASTEST TO COLLECT

30.1%

of total AR

BAI: 96.0% | Self-Pay: 4.0%

HIGH BILL SIZE, LESS TIME TO COLLECT

30.7%

of total AR

BAI: 79.3% | Self-Pay: 20.7%

Source: Cedar platform data; 2026⁹

What precision engagement looks like

Move beyond one-size-fits-all collections

The difficult-to-collect cohort isn't a monolithic group, and treating it as such means underserving every patient within it. The right intervention depends on the patient: an underinsured patient who has disengaged entirely needs something different than an uninsured patient who is engaged but hasn't been offered a feasible payment path.

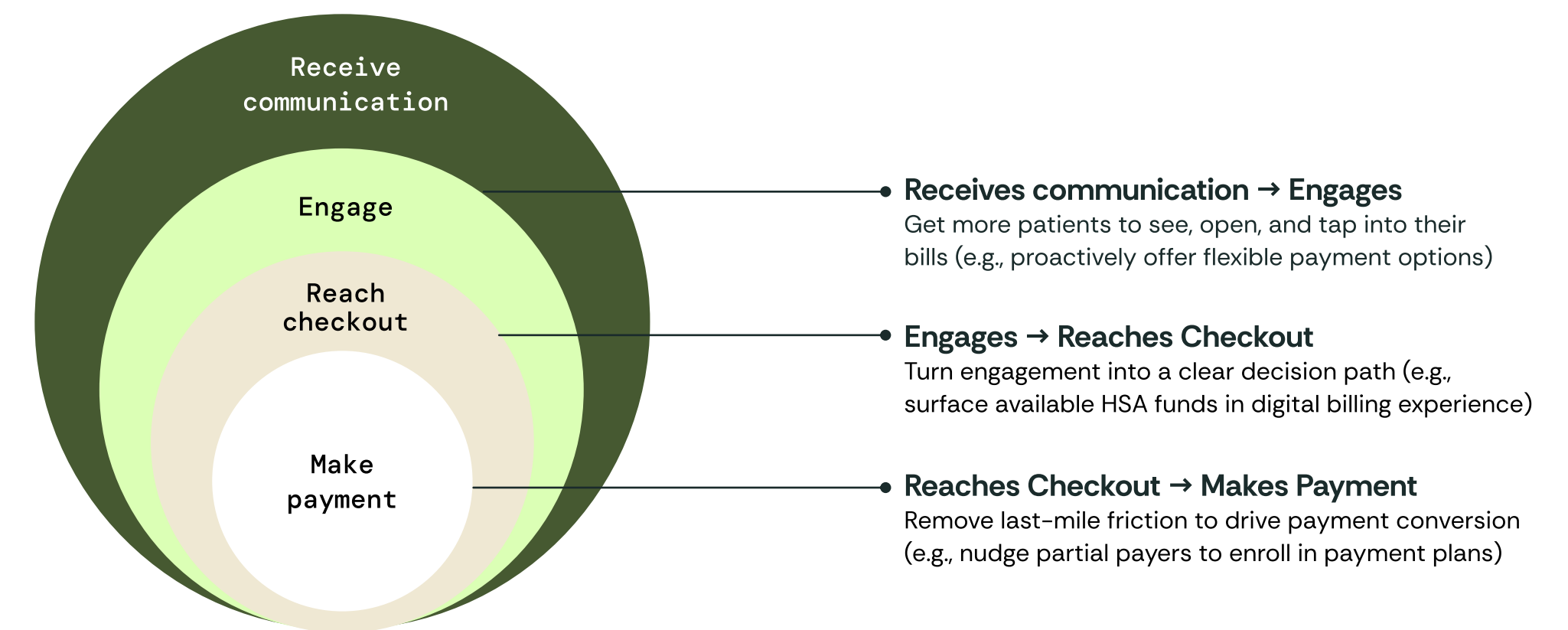
PRECISION ENGAGEMENT IN ACTION

ApolloMD, an emergency medicine practice on athenaOne, uses Cedar's AI-driven discount model to identify uninsured patients with balances between \$400 and \$5,000. By offering an optimized discount to patients in this cohort, **they drove a 9% lift in collections** compared to patients who received no discount.¹⁰

Treat every patient interaction as a decision point

To consistently move more patients from first contact to resolution, you need visibility into where they're dropping off and why. That means understanding engagement at each stage of the billing experience: whether a patient opened the initial notification, whether they clicked through to the payment portal, whether they made it to the checkout page and completed a payment or abandoned it.

Each step is an optimization opportunity:



ATHENA PARTNER SPOTLIGHT



“When you change your outward behavior, patients change theirs. We’re seeing it in engagement, satisfaction, and the comments patients are leaving.”

Tennille Lizarraga, Chief Revenue Cycle Officer of ApolloMD, on personalizing the patient financial experience. After partnering with Cedar, ApolloMD lifted collections by 42% in the first year.¹¹ What followed was four straight years of cash growth — culminating in \$48.2 million collected in 2024, a record and a 14% increase year-over-year.¹²

ATHENA PARTNER SPOTLIGHT



“Most billing tools either over-communicate, overwhelming patients, or under-communicate, leaving them confused. AI helps you find the sweet spot.”

Trish Donohue, VP of Shared Services at U.S. Anesthesia Partners, had built sophisticated revenue cycle processes and analytics but needed a partner to push patient collections further. After evaluating more than 25 vendors, USAP chose Cedar for its AI capabilities. Patient financial performance now runs 20% above the industry average.

FINAL THOUGHT

Modernize your patient financial experience — in as little as eight weeks

Athena is a strong operational foundation. It's purpose-built for clinical and practice management workflows, and deeply embedded in your team's work. But like any EHR, it has limits when it comes to the patient financial experience.

Building out new capabilities in-house takes time, IT resources, and ongoing maintenance that most physician groups simply don't have. And in an environment where patient responsibility is a fast-growing piece of the overall financial picture, waiting isn't an option.

Cedar is designed for exactly this constraint. Rather than replacing what's working, Cedar sits within Athena as a patient-facing billing and payment layer — connecting via Athena's global API with no rip-and-replace, no new systems to learn, and no workflows to change. Athena remains the system of record for EHR, practice management, claims, and remittance. Cedar transforms how patients experience and pay for their bills.

Physician groups, including [Unio Health Partners](#), [ApolloMD](#), and [U.S. Anesthesia Partners](#) are increasingly turning to Cedar to modernize their patient financial experience.

Learn more: <https://explore.cedar.com/athenahealth/>

3x

return on investment

87%patient satisfaction
with billing**81%**collections vis digital
self-service

“Rather than dedicating internal resources to build out new capabilities, we made a strategic decision to accelerate our progress with Cedar's proven platform.”

Michael Osmundson, MD

Chief Executive Officer, Unio Health Partners

References

¹ Cedar; comparison between patient collection rates across two states at a Cedar health system Cedar client in 2022.

² Cedar; patient collection rates across Cedar physician group clients in 2024 (based on net billed amounts, excludes scheduled payment plan payments).

³ Cedar; based on the analysis of 6,000 patient billing calls across three Cedar clients, identifying primary reasons for patient inquiries.

⁴ Cedar; 2026 Healthcare Financial Experience Study; based on survey of 4,150 adults nationwide: December 2025.

⁵ Cedar; based on percentage of patient collections via digital self-service channels between April and November 2025 at Unio Health Partners.

⁶ Cedar; based on a comparison between 2024 patient collection rates and payment plan recovery rates across Cedar physician group clients.

⁷ Cedar; based on an analysis of payment plan recovery rates across Cedar physician group clients for plans created within the last 24 months as of April 2026.

⁸ Cedar; based on an analysis of patient AR enrolled in payment plans across Cedar physician group clients for plans created over the last 24 months as of April 2026.

⁹ Cedar; based on an analysis of 2026 patient AR across Cedar physician group clients.

¹⁰ Cedar; relative lift in collection rate for the best-performing discount arm (15%) vs. no-discount arm at ApolloMD; October 2024 - June 2025.

¹¹ Cedar; first-year patient collection rate lift over historical baseline at ApolloMD (2021).

¹² Cedar; comparison between patient collections in 2023 and 2024 at ApolloMD.

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