William Blair

AI INSIGHTS

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Healthcare Mosaic

The Growing Importance of AI in the Revenue Cycle Management Marketplace

Contents

Summary

In our quarterly *Healthcare Mosaic* report, we select a far-reaching topic of interest in the healthcare space and provide a variety of data points and analyses to offer a more complete picture of what it means for the broader healthcare marketplace—and both public and private investors in the space.

In this *Healthcare Mosaic* report (now our 39th in the quarterly series), we take a deeper dive into the growing importance of artificial intelligence (AI) in the healthcare provider revenue cycle management (RCM) market. In our view, AI has the potential to revolutionize myriad RCM functions, which could reshape market dynamics between insourced and outsourced RCM providers and drive massive share shifts over the coming years.

We also believe there is a growing number of use-cases for AI solutions that can help drive provider efficiencies, reduce waste, and enhance providers' overall RCM processes (and thus financial health). In turn, we expect AI-based innovations to accelerate RCM software sales over the coming years, creating strong end-market demand for these mission-critical offerings.

Accordingly, the purpose of this report is to help investors better understand this trend and the potential market implications related to the growing use of AI in RCM activities over the coming years (again, for this report we focus on provider RCM solutions, and will look to assess how payers are also using AI in future reports).

More specific, in this thematic report we analyze:

- How AI-enabled RCM solutions can help improve productivity, reduce waste, and improve providers' overall financial health;
- How RCM software providers are rapidly adding novel AI solutions to their existing product and service portfolios;
- Key areas of focus for AI adoption in the RCM lifecycle and which providers are best positioned to thrive in this market;
- Key risks considerations when adopting AI for RCM activities;
- Key market trends around M&A activity, partnerships, and financing activity in the AI RCM market;
- Why AI may begin to shift market share from outsourced RCM vendors to internal RCM teams; and
- How this market shift could impact industry growth rates for RCM software providers over the coming years.

Regarding our covered healthcare companies that we believe will be most impacted by these trends, our work is most relevant to **Waystar (WAY)**, **Phreesia (PHR)**, and, to a lesser extent, **Health Catalyst (HCAT).**

We also see a number of high-growth public and private entities in space that are set to benefit from these developments, including the operators we profile in detail at the conclusion of this report (and depicted in exhibit 1).

Exhibit 1
Healthcare AI RCM Mosaic Report
RCM Company Profile Map

Source: William Blair Equity Research

In tandem with this quarter's report, **we are hosting a fireside chat with Chris Schremser, chief technology officer and head of engineering for Waystar (WAY).**

Schremser is a tenured executive with the organization and played a key role in the formation of Waystar out of its predecessor companies, Navicure and Zirmed (where he served as CTO starting in 2002). In his current position, Schremser helps lead Waystar's overall product vision, strategy, and execution on platform development. He also has a leading role in AI development and the integration of Iodine Software.

During the fireside conversation, we plan to discuss Waystar's track record of AI innovation in RCM, key technology roadmap initiatives, and how the integration of Iodine can accelerate product development for the organization, among other items.

Please register for this live-only, virtual event, which will take place on December 9, 2025, at 12:00 p.m. Central time, via this link.

Introduction

Revenue cycle management (RCM) has long been considered one of the most complex and misunderstood segments of the healthcare industry. At its core, RCM encompasses the administrative and financial processes that track patient care episodes from registration and appointment scheduling all the way through the final payment of a balance. While this may sound straightforward, in practice it is anything but.

The system sits at the intersection of providers, payers, patients, and regulators, and requires constant navigation of complex (and ever-changing) coding rules, prior authorizations, denials, appeals, and compliance requirements, among other items. The result is a web of financial and operational touchpoints that can be as opaque as they are essential to the functioning of the broader healthcare economy. It is also an area ripe for disruption, in our view, as groups such as CAQH estimate **that more than $18.4 billion could be saved annually through greater automation** that reduces manual workflows and administrative processes in RCM (2024 CAQH Index Report – From Transactions to Trust: Building Better Care Through Healthcare Automation).

Despite its centrality to the healthcare sector, RCM has historically been underappreciated by outside observers, in our view. Investors, in particular, often misjudge the market, either dismissing it as back-office plumbing or underestimating the scale of the inefficiencies embedded in current RCM processes (which are often complex manual interventions run by large in-house teams). Yet the reality is that RCM represents billions of dollars in potential value, as even small improvements in accuracy, speed, and efficiency can directly impact the margins of both providers and payers.

Thus, **for health systems facing mounting financial pressure, the ability to capture revenue accurately and promptly is not just operational housekeeping—it is mission-critical. RCM is the financial circulatory system of healthcare, and when it slows or clogs, the entire system feels strain.**

RCM is also an area that is ripe for disruption, in our opinion, as many health systems employ massive in-house teams—teams that often rely on manual processes to complete RCM activities. As an example, when Sutter Health outsourced its RCM services to R1 RCM, it transitioned roughly **1,150 RCM employees** over to the company—a workforce that was roughly 10% the size of the

total physician base at the organization. Accordingly, RCM operations are often large expense line items that, while necessary, are not related to patient care and are therefore a constant focus area for providers with razor-thin margins.

What has shifted the landscape more recently is the entry of AI into the RCM equation. AI-enabled solutions promise to streamline coding, automate prior authorizations, proactively flag claims likely to be denied, and accelerate reimbursement cycles, among other things. We also believe AI-enabled solutions could shift market share from the larger RCM outsourcers to more software-based solutions that are used internally, thus presenting a material growth opportunity for RCM software vendors and creating a need for outsourcers to increasingly develop their own AI capabilities.

Moreover, this wave of innovation is transforming RCM from a back-office function into a strategic battleground. Payers are leveraging AI to scrutinize claims with greater precision, while providers are deploying similar tools to maximize reimbursement and reduce administrative overhead. The result is the beginnings of an AI arms race between payers and providers, which we believe will have myriad effects on the entire healthcare industry over the next several years.

Accordingly, we believe RCM is emerging as a key focus area for the healthcare industry, with implications that extend well beyond billing and collections. **For providers**, we believe success in RCM activities will increasingly determine their financial viability in an environment of tightening margins (due to headwinds such as Medicaid funding issues, ACA pressures, unfavorable longer-term demographic and payer mix shifts, and ongoing changes in the point-of-care delivery) and a move to value-based care delivery. **For payers,** advanced RCM strategies are integral to managing medical costs and ensuring sustainability of coverage. And **for investors,** RCM is no longer a sleepy, overlooked market—it is becoming one of the most dynamic arenas in healthcare, shaped by technology, regulation, and the competing incentives of industry stakeholders.

Therefore, we decided to dive deeper into the complex world of RCM for our fourth-quarter *Healthcare Mosaic*.

Set the Stage: A Detailed Review of Key Steps in the RCM Lifecycle (the Provider Perspective)

In our view, RCM is best understood when mapped against the patient care journey. From the moment a patient enters the system to the point of final payment, a series of interconnected processes determine whether providers are reimbursed quickly, accurately, and fully.

In our view, **these RCM processes can be grouped into three broad stages: 1) pre-procedure; 2) midcycle; and 3) post-encounter.** Below, we begin our report by reviewing some of the key functions in each stage. As mentioned in the title of this section, for this report we focus on the provider RCM marketplace (saving payer RCM functions such as payer integrity, claims adjudication, analytics, and network management for another *Healthcare Mosaic*).

1. Pre-procedure Stage

The pre-procedure stage focuses on setting the foundation for accurate billing and rapid reimbursement. Errors or oversights here often cascade into larger issues later in the lifecycle of a medical claim, making this phase critical to the start of the overall RCM process.
In our view, the following are key steps in the pre-procedure process.

Digital front door and patient engagement

The "digital front door" refers to the channels through which patients first engage with providers: online scheduling portals, call centers, mobile apps, and—increasingly—AI-enabled chatbots.

These tools are often the patient's first impression of a healthcare organization, and this market has experienced significant growth since the COVID-19 pandemic made the digital front door a table-stakes investment for most providers. In our view, key benefits of a functional digital front door include:

- A streamlined digital consumer experience, which can improve patient satisfaction and reduce no-show rates.
- Early collection of demographic, insurance, and clinical information, which allows providers to prepare accurate cost estimates and begin eligibility checks and patient registrations.
- Proactive communications (e.g., reminders, pre-visit instructions, digital registrations and signatures), which reduce administrative errors and set expectations for patient financial responsibility.

Insurance (eligibility) verification

Insurance eligibility and benefits verification ensures the provider knows in advance what services will be covered, under what conditions, and what portion the patient will owe. According to the aforementioned CAQH report, 96% of eligibility and benefit verifications are now completed electronically. Key functions include:

- Real-time, electronic eligibility checks, which can help reduce manual calls to payers and accelerate verification. Here, verification includes items such as checking coverage dates, deductible balances, co-insurance percentages, and copayment requirements.

It is estimated that 20% of more of denied claims are due to issues with eligibility, making this the top reason for initial denials (The Change Healthcare 2022 Revenue Cycle Denials Index). Thus, this is a critical initial step in the RCM process, but one that is complicated and constantly changing.

For example, patients may initially be eligible for Medicaid, but then via eligibility requirements or income increases, they may become ineligible during treatment. Or, alternatively, a payer may carve out certain networks (e.g., behavioral health) so that claims and eligibility determinations may need to be processed by a different entity than a patient's primary insurer. Therefore, this is another area where modern RCM platforms can markedly improve both the patient and provider experience, in our view.

Coverage discovery

Insurance discovery is a subprocess related to verification that is used by providers to uncover active insurance coverage that patients may not share or even realize they have at the time of service.

While standard eligibility verification confirms policies that are *already known*, discovery looks more broadly to identify undisclosed or overlooked coverage, reducing the reliance on self-pay arrangements and lowering uncompensated care.

To perform this, insurance discovery platforms bring together multiple data sources:

- Clearinghouse networks track eligibility and claims transactions across the country to flag payer activity;
- Connections to payer portals allow access to commercial and regional insurance coverage databases; and
- Government resources, such as Medicaid enrollment files or Medicare Beneficiary ID lookup tools, help identify other potential sources of coverage.

These platforms then link patient identities across these datasets to overcome issues like misspellings or outdated demographic information.

We believe **this solution will become more critical in the coming years as policy changes accelerate churn across payer lines of business.** Uncompensated care already accounts for roughly $40 billion in lost revenue for providers, but analysis indicates that as much as 30% of all self-pay accounts may actually have overlooked coverage.

And two drivers could exacerbate this issue in the near future: Medicaid work requirements and the potential (eventual) expiration of enhanced ACA tax subsidies, as both threaten to push large numbers of individuals in and out of different coverage types, creating instability for both patients and providers and driving demand for this offering.

Price estimates

Novel price transparency rules, the increasing mix of patients with high-deductible health plans, and rising overall out-of-pocket costs mean patients increasingly demand to know their financial obligations upfront. And while this might appear simple in other industries, healthcare providers must combine payer contract terms (often across dozens of different payers), fee schedules, and real-time patient benefit information to generate estimates.

While estimates are rarely exact, greater accuracy reduces surprises and markedly increases the likelihood of patient payment; it also increases patient satisfaction with the entire care journey. Data indicates that when patients receive cost estimates upfront, 60% are more likely to pay at the point of service.

Prior authorization

Prior authorization (PA) is often highlighted by providers as one of the most time-consuming and burdensome barriers in the pre-procedure cycle. Here, payers may require preapproval for advanced imaging, specialty drugs, elective surgeries, and other high-cost services as a cost management tactic. And providers must submit clinical documentation and written justification for the services, sometimes engaging in lengthy back-and-forth conversations with payers—conversations that both frustrate providers and delay care. However, the process is critical, **as failure to secure PA almost always results in nonpayment.**

Despite this critical function, only 35% of PAs are fully electronic, according to CAQH data, with 43% partly electronic (e.g., submitting data to a payer web portal) and 22% remaining fully manual (e.g., phone calls, faxes, and emails).

In our view, PA has become a popular topic in the healthcare industry over the past year or so, as physicians report submitting dozens of PAs each week. For example, in a 2023 AMA survey, physicians averaged 43 PA requests per week, and the process consumed substantial time, with the

same AMA survey indicating that providers spend roughly 12 hours per week on PA-related work. In fact, more than one-third of practices employ staff exclusively working on PAs. Therefore, we view this as an area ripe for AI innovation in the RCM lifecycle.

Collection of copayments (patient payments)

Collecting patient payments at the point of service is also critical because it improves provider cash flows and reduces downstream collection costs. Myriad reports also indicate that patients are significantly more likely to pay before or at the time of service than after they leave the office. For example, data from Change Healthcare indicates that **providers have about a 70% chance of collecting patient payment when done before or at the point of service, versus only about 30% when they attempt to bill after discharge.**

As part of this process, if patients appear unable to pay for procedures, providers can also introduce patient financing solutions into the picture; several companies offer credit programs like zero-interest loans, and AI-driven solutions offer personalized payment plan options.

Here, we believe CMS's recent establishment of the Advanced Explanation of Benefits (AEOB) could also improve the patient pay experience once the mandate is enforced. The final rule has been delayed, as it involves significant technical and operational complexity such as the establishment of data exchanges, coordination between providers and payers, and alignment of estimates with final adjudication. However, based on the document linked above, we believe the AEOB requirements could begin by late 2026 or early 2027 (following a proposed rule, public comments, and final revisions).

Regardless of timing, the AEOB is intended to mirror what an explanation of benefits (EOB) does *after* services, but *beforehand*—so patients can see estimates ahead of care. We believe this could become an invaluable RCM offering for providers and will eventually be a common offering in the marketplace.

2. Midcycle Stage

The midcycle is where clinical activity is translated into financial data for the RCM process. Proper execution here ensures providers capture the full value of the services rendered while also staying compliant with payer rules and regulations. Key areas include the following.

Documentation and coding

In our view, accurate documentation is a cornerstone of RCM. Providers must document every service delivered, from office visits to procedures, in the electronic medical record.

Coders then translate these clinical services into standardized billing codes, such as ICD-10 for diagnoses and CPT/HCPCS for procedures and services. This is an area of constant battle between providers and payers because undercoding can reduce revenues and margins, while overcoding exposes providers to audits, denials, and potential penalties.

AI and natural language processing (NLP) tools are being used to scan clinical notes and suggest codes, boosting speed and reducing errors. Moreover, ambient documentation tools, which listen to provider/patient visits and auto-populate the medical record with detailed data, are increasingly helping providers bill at higher codes (again, as the ambient solutions capture more clinical data and care delivery steps than providers often put in the record when manual data entry is required).

This is an area that several larger public payers have highlighted as driving increased medical costs throughout 2025, with some payers even implementing auto-downgrades of higher evaluation and management (E&M) codes to help offset this trend. In our view, this is an example where the AI arms race led to a blunt policy change from payers, as there was no technology solution to help fully control this issue.

Clinical intelligence (DRG validation) solutions

Another emerging area of midcycle RCM revolves around both fee-for-service (FFS) care delivery and the shift to value-based care models, where providers must accurately document patient diagnosis for proper risk-adjustment payments, to generate compliant documentation (such as HCCs and CPT-II codes), and to close care gaps. Here, providers are rapidly adopting software solutions that proactively identify potentially missing diagnoses (both net-new suspected diagnoses and previously undocumented conditions) and push these insights directly into provider workflows.

Charge capture

Charge capture ensures that all billable services, procedures, supplies, and medications are accurately recorded. Historically, charge capture errors have been a major source of revenue leakage for providers. Missed charges often stem from fragmented documentation; tracking patients' services across multiple care settings, even within the same facility; or manual entry errors. However, integrated charge capture tools within electronic health records (EHRs) now flag potential omissions in real time (e.g., indicating a service or supply commonly associated with a procedure), thus improving accuracy. We also believe the rapid adoption of ambient listening/documentation solutions is helping improve charge capture rates via more robust clinical narratives being captured in the EHR.

Claims submission

Claims submission is the final step of the midcycle RCM process. Claims must be formatted correctly, with accurate patient, provider, payer, and coding information. Clearinghouses serve as intermediaries here, scrubbing claims for errors before forwarding them to payers.

These clearinghouses also continuously update payer rules and edit engines, which helps healthcare providers submit claims that are accepted by payers on the first attempt—effectively leveraging a crowdsourcing approach, as finding an updated payer rule for one submission (and editing the claims engine in the cloud) can then be leveraged by the entire client network. The goal is a high "clean claims rate"—claims accepted and paid on first submission; for example, providers like Waystar report a first-pass claim rate of nearly 99%. **Roughly 98% of all claims are now submitted fully electronically.**

Another part of the claims submission process is attaching additional information submitted with a claim, for payment, appeal, or prior authorization. When providers submit a claim, they often include clinical documentation like lab results, imaging scans, or discharge notes to defend clinical decisions or levels of coding—again for prior authorizations, appeals, or initial payment requests.

These attachments are sent in various ways—including fax, mail, or email—and in different formats, because there is no federally mandated electronic standard. CAQH estimates that **only 32% of submission of additional attachments is completed electronically,** with the remaining 68% fully manual—highlighting another area for significant savings via automation.

3. Post-Encounter Cycle

The post-encounter cycle determines how much of the billed revenue is collected by the provider and how long it takes to receive full payments. This phase requires both analytical rigor to deal with payers and patient-facing solutions to collect final patient-pay responsibilities. Key areas in post-encounter RCM include the following.

Denial management and appeals

Denials are a fact of life in healthcare billing; common denial reasons include missing information, lack of medical necessity, or prior authorization failures. Thus, providers and software vendors must implement an effective denial management system that identifies not only individual denials, but also patterns by payer, provider, or service line, which can help prevent future denials and expedite cash collections.

Appeals are another time-consuming but necessary endeavor that create significant friction in the system (especially with providers that must constantly write appeal letters). However, AI tools are beginning to draft appeal letters (e.g., Doximity GPT) and suggest evidence to support bills, based on payer behaviors.

Payment posting and remittance advice

Once payers issue payments, providers must reconcile them against claims submitted. Importantly, when a claim is approved and payment is made, a remittance advice is sent to the provider. This explains the payment details, including the services covered, payment methods, and any payer adjustments.

Unfortunately for providers, payments rarely match claims exactly, as a result of contractual adjustments, patient responsibility portions, or underpayments. Monitoring underpayments is critical, as payers sometimes reimburse below contracted rates or simply pay at levels below what is appropriate (e.g., down-coding); catching these requires a careful audit process.

Patient collections

As patient financial responsibility grows with high-deductible health plans, providers increasingly function as direct billers to patients as well. This includes accurately determining a patient's ultimate financial responsibility for care delivered, communicating this to patients, and providing a payment platform to receive payments. Again, digital platforms that make payments easier are gaining traction over standard mailings (and payments via checks). Moreover, flexible options such as payment plans, autopay solutions, and digital wallets can reduce bad debt and enhance the patient experience, in our view.

A/R management and optimization

Lastly, monitoring and managing accounts receivable (A/R) requires constant prioritization of which claims or accounts to pursue, based on value, age, and payer likelihood of payment.

AI and advanced analytics are being used to segment accounts (likely to pay, highest value, etc.), automate follow-ups, and predict which balances are most collectible. Moreover, optimization efforts often include outsourcing or using specialized vendors for the most challenging portions of A/R.

How AI Can Improve RCM Capabilities for Providers

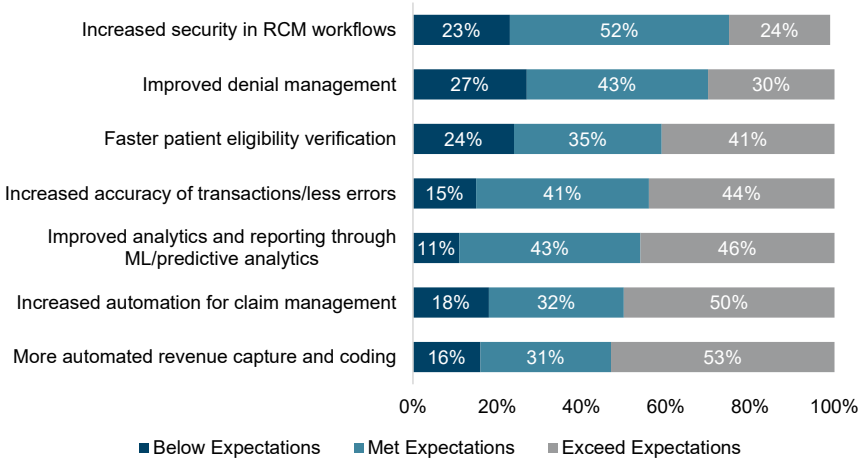
In our view, healthcare providers are rapidly embracing AI in RCM as financial and operational pressures mount. As discussed above, traditional RCM processes have long been labor-intensive, requiring large teams to handle tasks such as coding, prior authorization, claim submission, and denial management. However, AI is rapidly reshaping this equation by automating routine tasks, reducing dependence on manual labor (or outsourced providers), and enabling staff to focus on higher-value work.

The financial upside is equally compelling; AI-driven tools can accelerate time to payment, improve claims accuracy, and reduce costly denials—directly boosting provider cash flows. Equally important, these systems help ensure that providers are accurately reimbursed for the services they deliver, creating a fairer exchange between providers and payers.

As an example, a recent Black Book survey of 1,303 core decision-makers and technology leaders driving revenue cycle innovation (including CFOs, revenue cycle executives, AI specialists, and health IT strategists) indicated that 68% of executives believe that AI-powered solutions improved net collections, with 39% seeing an increase of more than 10% improvement in cash flow within six months. Moreover, 96% of respondents believe AI-enabled financial forecasting and predictive analytics significantly enhance long-term revenue cycle planning and reimbursement strategies.

And, based on data in Forrester's second quarter 2025 AI and RCM survey (of more than 316 healthcare technology leaders at health systems), it also appears that **providers' initial experience using AI in RCM has been overwhelmingly positive** (exhibit 2), especially relative to initial expectations.

Exhibit 2
Healthcare AI RCM Mosaic Report
AI Task Performance vs. Expectations



Source: Forrester's Q2 2025 Healthcare AI and RCM Survey

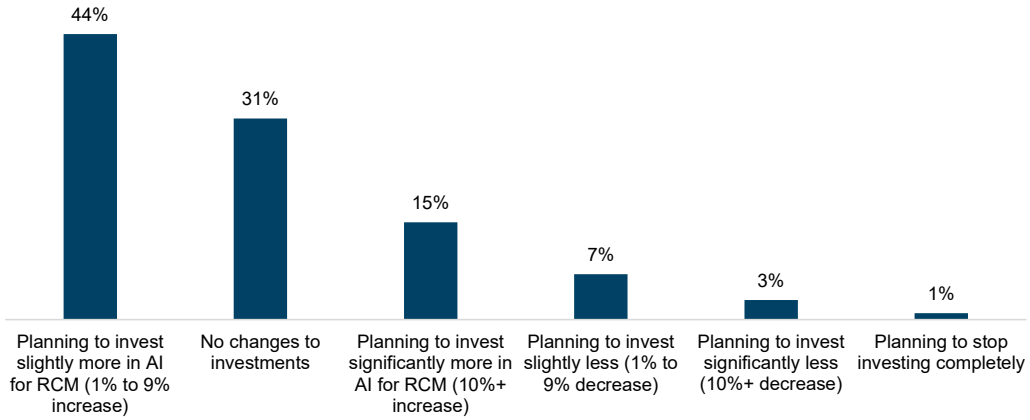
Survey data also notes that AI-based solutions are already being recognized as more accurate than human teams, with 19% of leaders indicating they are "significantly more accurate" than human teams, 41% indicating they are already "slightly more accurate," and only 8% finding the AI solutions to be less accurate—metrics we expect will improve markedly, and in short order, as AI solutions advance and more data is ingested in AI systems.

Regarding the key areas where AI is already impacting the RCM process, we note the following areas were highlighted in the Forrester report as experiencing the greatest improvement:

1. the patient financial experience and improved collections (37% improvement with AI);
2. workforce efficiency (36% average improvement);
3. improved denial prevention (27%);
4. increased visibility in reporting and analytics (23%);
5. improved cash flow (22%);
6. faster payments (21%);
7. improved payment accuracy (18%); and
8. streamlined claim follow-up (13%).

Given these dynamics, it should therefore come as no surprise that **healthcare executives expect to increase investments in AI RCM over the coming years**, with 70% of survey respondents indicating it is a "high" or "critical" priority and nearly 60% expecting an increase in AI RCM spend over the next one to two years (exhibit 3).

Exhibit 3
Healthcare AI RCM Mosaic Report
What are your organization's plans to make investments in AI for RCM over the next one to two years?



Source: Forrester's Q2 2025 Healthcare AI and RCM Survey

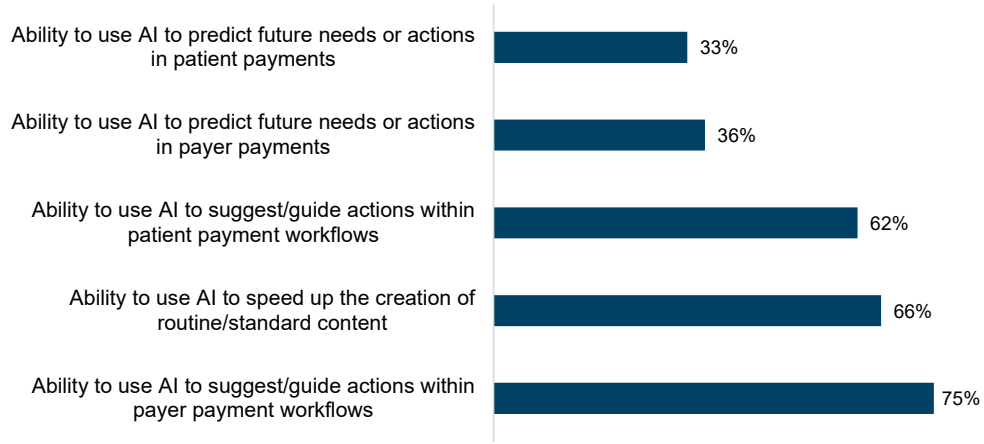
Lastly, we believe **AI RCM investments will focus mainly on agentic and GenAI-based solutions that can help guide (or fully automate) actions in the provider-payer workflow—particularly those that help automate areas related to data capture and submission.** We again note the responses from the Forrester survey, which highlight providers' current areas of focus for AI solutions (exhibit 4, on the following page).

We then continue to dive deeper into specific use-cases for AI RCM solutions over the following pages.

Exhibit 4

Healthcare AI RCM Mosaic Report

What AI abilities would you like to have to better support and improve RCM at your organization?



Source: Forrester's Q2 2025 Healthcare AI and RCM Survey

Key Focus Areas of AI Innovation in the Provider RCM Process

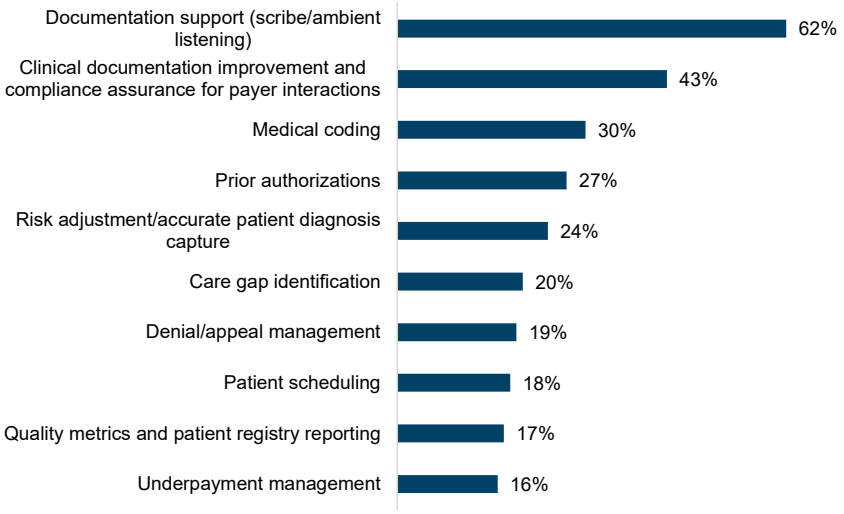
We believe AI is poised to transform every major function within providers' RCM processes over the coming years, driving greater precision, speed, and financial performance across the healthcare ecosystem. From claims submission and coding to denials prevention, eligibility verification, and patient financial engagement, AI has the potential to fundamentally reshape how providers manage revenue operations.

Moreover, we believe incumbent leaders in the RCM software and services market are well positioned to thrive in the AI era. Their extensive customer bases provide access to vast, high-quality datasets that can be used to train and refine AI models, giving them a structural advantage over newer entrants, in our view. In addition, their integrations with payers and providers create powerful network effects, as the more claims and transactions they process, the smarter and more efficient their systems become. Combined with deep client relationships and embedded workflows, these incumbents are uniquely equipped to deliver scalable, data-driven automation that smaller competitors may struggle to match.

Most importantly, several areas stand out where AI offers the greatest near-term impact—by directly addressing long-standing provider pain points, such as administrative burden, delayed reimbursements, and labor inefficiencies, while also streamlining systemic bottlenecks that impede revenue capture and payment accuracy.

We also point to an October 2025 study by Bain & Company (Healthcare IT Investment: AI Moves from Pilot to Production), which surveyed 230 health system executives about what RCM areas are currently seeing the most traction from AI-based solutions. As seen in exhibit 5, ambient listening is currently the most widely used AI solution in RCM, at present, with all other areas still below the 50% mark—in our view, indicating a large market opportunity ahead as other solutions experience broader adoption.

Exhibit 5
Healthcare AI RCM Mosaic Report
Percentage of Provider Respondents Citing AI Uses



Source: Bain 2025 Provider and Payer Healthcare IT Survey, n=228

In the pages that follow, we focus on several of the key—or most pressing—areas in which we believe AI will impact the provider RCM process over the next several years.

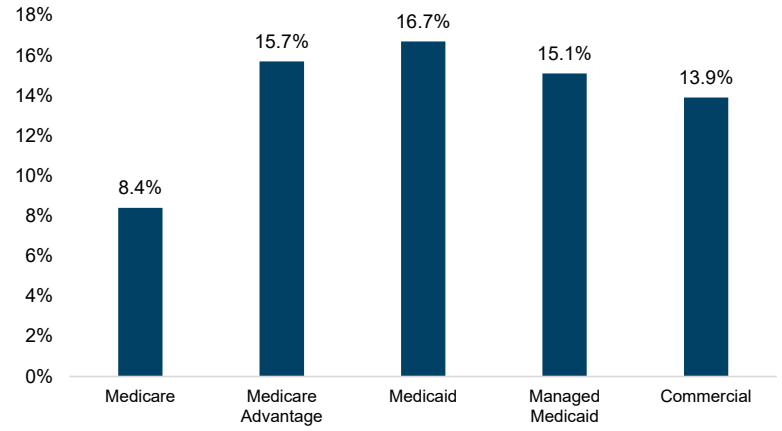
Claims Submission, Claims Denials, and Appeals Management

Denied claims remain a costly and persistent challenge in the revenue cycle. According to a recent study by Premier, more than 15% of all claims submitted to private payers are rejected at first pass, and this metric is even higher for MA and Medicaid plans (exhibit 6)—including a meaningful share of claims that had *already cleared* prior authorization.

Similarly, a 2024 "State of Claims" survey (downloadable here) of provider billing staff by Experian indicated that 49% of respondents experience denials for at least 10% to 15% of all claims, and a recent Optum Health report on denials (downloadable here), which analyzed 441 million claims at 1,500 hospitals for denials, indicated that 12% of all claims were denied in 2023 (up 300 basis points since 2016).

Optum's analysis noted that denials occurred at all stage of the RCM process, but that front-end denials (at 44%) were the largest issue (compared to 16% midcycle and 32% at the back end), which we believe relates to issues with registration and eligibility, medical necessity, and missing or incomplete prior authorizations—indicating these are key areas to target for AI-based improvement, in our view.

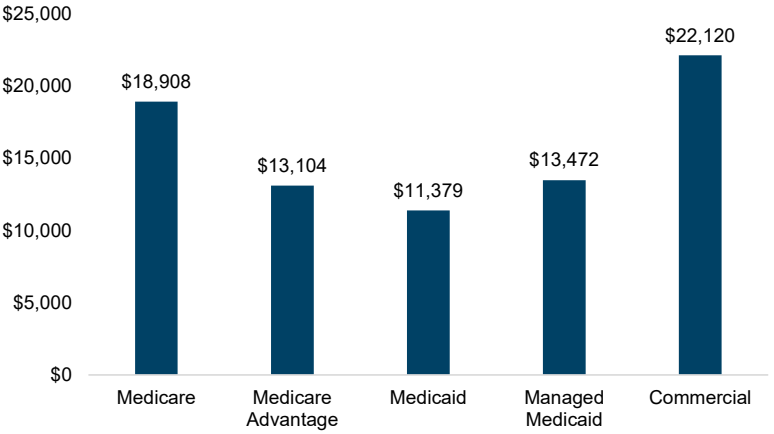
Exhibit 6
Healthcare AI RCM Mosaic Report
Percentage of Claims Initially Denied, by Payer Type



Source: Premier National Survey on Payment Delays and Denials

These denials are also disproportionately skewed to higher-cost services, with the average denied claim exceeding $14,000 in charges (exhibit 7), which ties up provider cash flows and extends systemwide days' sales outstanding.

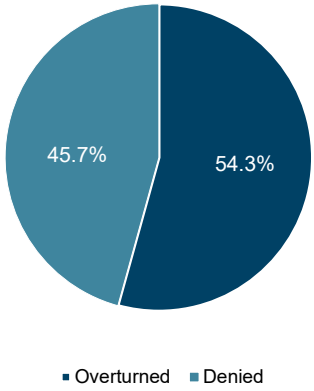
Exhibit 7
Healthcare AI RCM Mosaic Report
Average Dollar Threshold Above Which Denials Become More Prevalent, by Payer Type



Source: Premier National Survey on Payment Delays and Denials

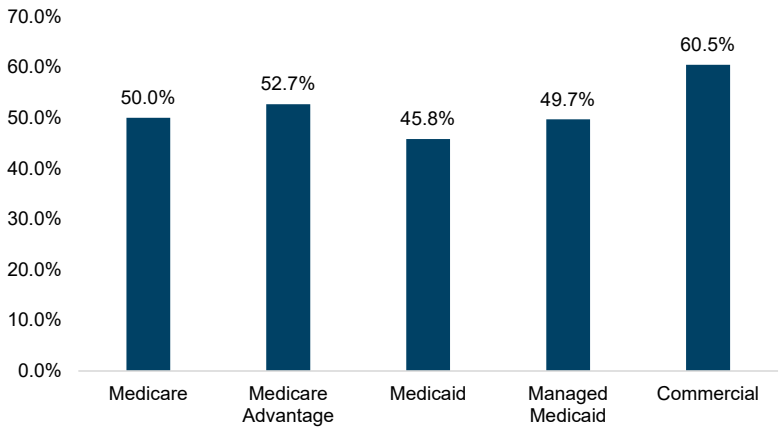
While more than half of denials by private payers are eventually overturned and paid (exhibit 8), this often requires repeated appeals that drive up administrative burdens for providers and RCM staff. And this is not unique to the private markets, as government payers also have high overturn rates for appealed claims (exhibit 9).

Exhibit 8
Healthcare AI RCM Mosaic Report
Percentage of Initial Denials by All Private Payers That Were Eventually Overturned



Source: Premier National Survey on Payment Delays and Denials

Exhibit 9
Healthcare AI RCM Mosaic Report
Percentage of Initial Denials Overturned, by Payer Type



Source: Premier National Survey on Payment Delays and Denials

On average, providers spend $43.84 per claim to contest denials (and up to $64 per commercial claim)—an expense that adds up to an estimated $19.7 billion in administrative waste annually across the industry.

This also creates significant losses for most providers. Research from The Healthcare Financial Management Association (HFMA) indicates that 22% of healthcare leaders surveyed stated that their organization loses at least $500,000 annually to denials, while 10% report losing more than $2 million annually.

Thus, it is no surprise surveys frequently indicate that **claims denials are often seen as the key RCM issue for providers.** For example, 59% of respondents to the aforementioned 2025 Experian survey plan to invest in more advanced denial reduction technology within six months.

Similarly, another survey conducted by Plutus Health (of healthcare organizations with annual revenue between $25 million and $5 billion and with RCM teams between 50 and 700 people) indicated that **claim denials were the top-ranked RCM challenge,** with more than half of respondents (58%) highlighting the issue.

Fortunately, AI is increasingly being applied to claims denial management, helping hospitals reduce both the frequency of denials and the cost of appealing them. For example, based on the Black Book survey, **83% of healthcare organizations reported that AI-driven automation reduced claim denials by 10% or more during the first six months of implementation.**

In our view, there are five primary ways AI can support providers in this part of the revenue cycle.

1. Denial prediction and prevention

Contract terms and claims scrubbing prior to submission. AI can use large language models (LLMs) to read text-based documents, identify relevant contract terms, and convert them into a machine-readable format. RCM software providers can then use this digitized contract data, along with historical claims data, to build AI-powered decision intelligence to help with claims submission.

Historically, preventing denials at the point of claim submission focused on a variety of manual checks and rules-based solutions to identify simple coding issues. But these solutions often underperform as coding teams cannot incorporate novel payer policy updates in real time. With AI-driven denials management tools, however, providers can embed solutions into their RCM workflows that identify issues in real-time based on dynamic rules engines that constantly adapt to new payer policies.

Pattern recognition. AI models can also analyze millions of past claims to identify payer-specific denial trends (e.g., missing documentation, coding errors, medical necessity issues) and perform root-cause analysis to help identify why claims are denied (and thus automatically suggest fixes in the RCM workflow).

Real-time flagging. Based on this data, before a claim is submitted, AI can flag likely denial risks and suggest corrections—such as adding clinical documentation, fixing mismatched codes, or clarifying modifiers.

Prior authorization support. AI tools can also check if prior authorization is truly valid for a given payer/policy, reducing denials tied to preapproved but noncompliant claims.

2. Automated clinical documentation, clinical intelligence, and coding support

Pre-submission analytics. Many novel RCM solutions use natural language processing, or NLP, to read provider notes, discharge summaries, and lab results to ensure diagnosis and procedure codes are accurate and complete before submission. Moreover, tools can automatically extract relevant portions of the clinical documentation needed to support the claim at the point of submission.

We also believe *AI ambient scribes* play a key role here, as they help capture the entire clinical encounter in the EHR. This provides more robust data for coders (or AI tools) to use to populate claims submission and support higher coding levels. As mentioned earlier, this is an area that public payers have highlighted as driving increased medical costs throughout 2025.

Clinical intelligence. Healthcare providers also are increasingly relying on AI-based clinical intelligence tools to optimize coding and enhance revenue capture. These tools analyze patient records, physician notes, and diagnostic data in real time to identify missing or underdocumented

diagnoses, care gaps, and risk-adjustment opportunities. By automatically suggesting appropriate ICD-10 or CPT codes, providers can ensure their claims accurately reflect the complexity of care delivered, reducing denials and improving reimbursement.

Beyond coding, these AI systems can flag prospective high-risk patients, support quality reporting, and streamline compliance, allowing providers to both maximize revenue and maintain regulatory accuracy without adding administrative burden. As an example, ***Accuity*** notes that its Amplifi AI-enabled tool provides 15% additional incremental revenue lift for provider clients by ensuring the full clinical picture is captured for billing.

Charge capture optimization. AI can also spot overlooked billable items or incorrectly coded services that often trigger denials.

3. Appeals automation

Drafting appeal letters. Generative AI can create tailored, payer-specific appeal letters that reference medical policies, clinical guidelines, and relevant documentation.

Prioritization. AI can also help rank denials by likelihood of success (and value), helping staff focus resources where recovery is most probable and profitable.

EHR scrubbing (for clinical data). Many vendors also have AI-powered tools that leverage LLMs to extract specific terminology from medical records that are associated with clinical guidelines, relevant to the CPT code set included in a claim. The tools highlight the potential evidence directly within the medical record so reviewers can more quickly determine whether the medical record coding follows payer guidelines and automatically add this clinical data to the appeal.

Workflow automation. AI-driven RCM platforms can auto-route denials to the right teams, attach necessary clinical records, and track deadlines to avoid lost opportunities.

Appeal submission and payer portal navigation. Provider RCM teams are frequently required to manually submit data into payer portals, each with its own formatting and claims submission procedures. Moreover, to obtain updates on claims status, many payers require providers to log onto portals again, which can be time-consuming but is critical to see if new actions are required to advance a claim. By using AI, however, providers can let AI agents log onto portals and automatically submit, and then proactively monitor, for them.

CMS's Provider Access API mandate will also require payers to offer real-time insurance data via standardized FHIR endpoints by 2027, so we believe these agents will eventually be directly integrated into the appeals/claims process, thus driving further efficiencies and cost savings.

4. Remittance workflows

AI is also transforming remittance workflows by automating complex, error-prone tasks and improving payment accuracy across the revenue cycle. Here, machine learning models can interpret diverse Electronic Remittance Advice (ERA) formats from payers and normalize payer-specific variations, enabling seamless posting into provider EHRs or practice management systems so that providers can accurately apply payments, identify underpayments or denials, and reconcile balances efficiently.

Natural language processing (NLP) can also help extract context from unstructured payer notes or paper explanations of benefits (EOBs), allowing systems to auto-classify denials and underpayments.

Lastly, predictive algorithms can help flag anomalies—such as unexpected payment variances or recurring denial patterns—before they disrupt cash flows. And AI-driven reconciliation tools can automatically match deposits to remittance files, reducing manual intervention and speeding month-end close.

5. Continuous learning and feedback loops

Dynamic adaptation. As payers change policies or denial reasons, AI systems update automatically by constantly scrubbing payer rules, giving hospitals early warning of new denial risks. We believe this is a key advantage for larger vendors that work with myriad health systems and process claims for all payers (e.g., the larger clearinghouse providers).

Example solutions

Waystar's AltitudeAI/AltitudeCreate. This is Waystar's newer suite of AI-powered tools, aimed specifically at denial prevention and appeal automation. In announcements discussing the solutions, Waystar claims these capabilities allow providers to generate hundreds of appeal packages at once, dramatically reducing the time spent on appeals creation (from roughly 38 hours to only 2 hours in many cases). The tools also achieve higher overturn rates and reduce the hours needed for denial prevention.

As an example, Yuma Regional Healthcare Center adopted Waystar Charge Integrity (for capturing missed charges) and denial avoidance tools (which identify root causes of denials and prevent them) using predictive analytics and proactive workflows and achieved $17 million in "denial improvement" over 22 months. Similarly, Bayada Home Health Care leveraged Waystar's denial and appeal management tools and reported a 72% reduction in denial rate over a six-month period, $2.5 million in recoveries, and an average days-to-payer-receipt decline of roughly 51%.

MediStreams leverages AI to streamline remittance workflows by automating the extraction and posting of payment data from multiple payer formats. Its system can ingest ERAs, EOBs, and scanned paper documents, then uses AI to match payments to patient accounts and claims with high accuracy. According to the company, this allows over 95% of remittances to be posted automatically, often within 24 hours, significantly improving cash flow and freeing up staff for higher-value tasks. When discrepancies arise—like underpayments, denials, or partial payments—the AI flags these exceptions for follow-up, often suggesting the likely cause of denial based on historical patterns. This approach reduces manual effort, accelerates cash posting, and improves revenue recovery, while giving RCM teams actionable insights to optimize payer interactions and reduce delays.

Key Vendor Landscape

Exhibit 10 provides a brief overview of some of the key software providers in the AI denials management market.

Exhibit 10
Healthcare AI RCM Mosaic Report
AI Denials Management Market Landscape

Category	Buyer Priority	Example Vendors
Denials Prevention	Cutting first-pass denials rate inside the claim-build workflow	Anomaly, Charta Health, FinThrive Fusion, MDAudit, RapidClaims RapidScub, Sift Denials
Analytics and Payer Intelligence	Making denial/underpayment patterns transparent and actionable	Adonis Intelligence, Anomaly, MDClarity RevFind, Rivet Payer Performance
Appeals Automation Platforms	Generating, filing, and tracking appeals with minimal human intervention	Arrow, Cofactor AI, Crosby Health, Protego Health, SmarterDx SmarterDenials
AI Agent Solutions	Offloading phone calls, portal navigation, and other high-volume, low-judgment denial resolution tasks to 24/7 software "co-workers"	Adonis AIAgents, Amperos Health "Amanda", Thoughtful AI "DAN"
Full-Stack PRCM Suites With AI Denials Management Functionality	Using one vendor for claims, clearinghouse, and denials management	Availity, Experian, Optum, Solventum, Waystar
EHR-Native Solutions	Leveraging the billing and practice management capabilities embedded in the core EHR to prevent, work on, and analyze denials without adding another vendor	athenahealth, Epic, Oracle Cerner
AI-Enabled Complex Claim Resolution	Solutions using AI to automate/accelerate complex claim resolution	Knowtion, Aspirion, Revecore, EnableComp

Source: Elion AI Denials Management Market Landscape and William Blair Equity Research

Prior Authorization (PA)

While claims denials may be the largest aggregate RCM issue for health systems, we believe PA requirements are the largest burden for care providers. The largest managed care operators recently pledged to reduce the number of claims subject to PA in 2026 and, by 2027, these payers said they would standardize data and submission requirements for electronic PAs. However, compliance is voluntary, which in our mind raises questions about how impactful these pledges will be.

Moreover, in 2026, the Centers for Medicare and Medicaid Services (CMS) will expand PA in the Medicare fee-for-service (FFS) program through the Wasteful and Inappropriate Service Reduction (WISeR) model. While Medicare already uses PA in limited situations, WISeR is poised to expand this scope and, in our view, could increase demand for provider solutions to help address this model.

While PA is an important utilization management tool for payers to ensure high value and clinically appropriate care, it is increasingly seen as a key hurdle to care delivery by both patients and providers alike. For example, a recent AMA survey of 1,000 physicians (40% PCP/60% specialists) found that, on average, practices complete 39 PA requests per provider, per week. And these physicians and staff spend an average of 13 hours each week simply completing these requests, indicating a massive workforce burden.

Moreover, 89% of physicians said PA somewhat or significantly increases physician burnout. There is a negative impact on the patient care journey as well, as 93% of surveyed providers indicate that the PA process delays necessary care, while 83% noted that it sometimes leads to patients abandoning their recommended course of treatment.

Similarly, a October 2025 Cohere Health survey of 200 providers and office administrators (*Hidden Cost of Prior Authorization*, which can be downloaded via this link) indicated that 97% of office administrators and 93% of clinicians observed that PA delays may lead to avoidable hospitalization or emergency care. And 55% of clinicians and administrators have seen patients abandon treatment because of PA delays often, or even all the time.

A recent KFF analysis of CMS data also determined that 99% of Medicare Advantage patients are enrolled in a plan with PA for at least some services. Moreover, in assessing the burden on providers, the study noted that:

- Medicare Advantage insurers in 2023 had more than 50 million PA requests submitted;
- MA plans partly or fully denied 3.2 million of those requests;
- Among the denials, only 11.7% were appealed; but
- When appealed, 81.7% saw the initial PA denial fully or partly overturned.

The PA process has become so burdensome that the AMA has targeted it as one of its top legislation reform issues, even launching a dedicated website to discuss the issues with PA and its requests for change (fixpriorauth.org).

And legislators appear to have heard these cries for help, setting the stage for marked improvements to the PA process starting in 2026 and 2027, in our view. More specific, the CMS Interoperability & Prior Authorization Final Rule (CMS Fact Sheet) established a number of requirements for payers over the coming years—all of which should further augment the use of AI in the PA process, in our view. These include:

- First, it requires payers to implement and maintain a prior authorization API that is populated with its list of covered items and services, can identify documentation requirements for PA approval, and supports PA requests and responses. Moreover, these PA APIs must also communicate whether the payer approves the PA request (and the date or circumstance under which the authorization ends), denies the PA request (and provides a specific reason for the denial), or requests more information. This requirement must be implemented beginning January 1, 2027.
- Second, CMS will require impacted payers to send PA decisions within 72 hours for expedited requests and seven calendar days for standard (i.e., nonurgent) requests.
- Third, beginning in 2026, impacted payers must provide a specific reason for denied PA decisions, regardless of the method used to send the PA request. However, CMS noted that decisions may be communicated via portal, fax, email, mail, or phone—in our view missing an opportunity to digitize the process by eliminating antiquated communication solutions that add to provider workflow burdens (e.g., the fax).
- Fourth, CMS will require impacted payers to publicly report certain PA metrics annually by posting them on their website, with the PA policies starting January 1, 2026, and the initial set of metrics reported by March 31, 2026.

Again, we believe these mandates will help promote AI-based PA solutions by providing more data to providers in a timely manner. And, even with the ability for payers to still respond via fax, LLMs should be able to scan this data rapidly and then review thousands of pages of clinical documentation to uncover the necessary data (down to individual lab values or images) to respond to PA requests.

In our view, this is key as only 16% of office administrators and 24% of clinicians use electronic PA platforms for more than 40% of their submissions today, according to the Cohere survey. A primary reason for this is that according to 47% of surveyed administrators, health plans do not consistently accept electronic submissions. As a result, **nearly a quarter of PA requests are still submitted via phone or fax**, with clinicians reporting an average of 26% and office administrators 20%.

Still, 67% of clinicians and 65% of office administrators expressed a strong interest in a fully digital PA experience. And, perhaps more important, 65% of clinicians and 43% of office administrators believe AI should play a "substantial role" in PA; trust in AI is also surprisingly high, as 99% of clinicians and 96% of office administrators are already comfortable with AI assisting in PA decisions. We thus believe adoption of such solutions will be rapid among the healthcare market in the coming quarters.

AI agents can also determine if any data is missing and alert clinicians regarding the need for further documentation or provider attestation before the PA is submitted. AI agents also can rapidly curate data and assemble PA submission packets (evidence assembly) in minutes (a process that may take humans hours) and navigate multiple payer portals to quickly submit requests via any communication channel.

And, in the future, agentic AI may be able to leverage computer vision with LLMs to automatically review payer sites and identify any changes to PA procedures or submission guidelines (however, this likely will be limited to larger RCM software providers, as each payer portal will likely require significant configuration that will benefit from scale economies across larger client bases, in our view).

Regarding evidence assembly, we believe Waystar's recent acquisition of Iodine Software is an example of how this will evolve, as the company's RCM software and data (historically financial and administrative data) can now be combined with Iodine's clinical data to rapidly create submission packages. In our view, the ability to screen years of clinical data across the patient journey may be particularly powerful, as it will allow the entity to provide payers with the strongest supporting PA evidence at the point of care. The solutions should also be able to specifically curate packages that are specific to each payer, another benefit of scale economics for these solution sets, in our view.

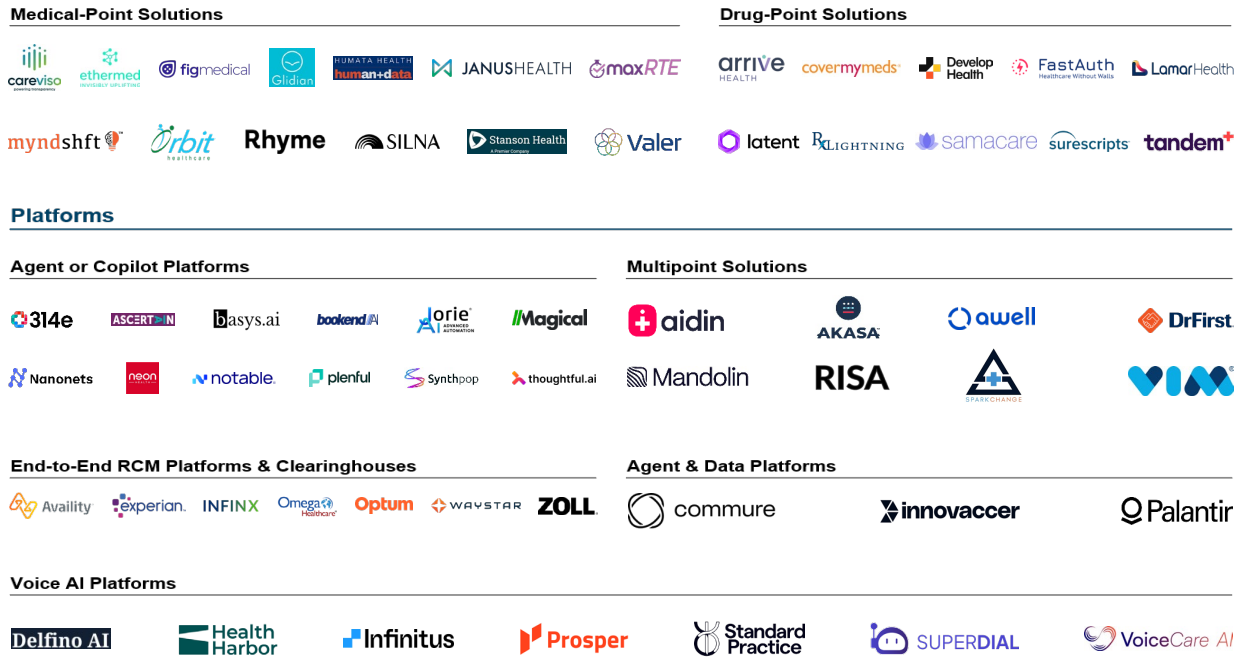
Example solution

Innovaccer's *Prior Authorization Agent (Flow)* is an AI-powered solution designed to automate the entire PA process for healthcare providers. It is fully integrated in Innovaccer's broader Flow platform, and Flow Auth uses AI agents to streamline tasks from eligibility detection to appeals, ensuring that authorization requests are submitted accurately and promptly.

Upon order entry in the electronic health record (EHR), including that of industry leader Epic, Flow Auth proactively identifies whether a PA is required by checking coverage and payer-specific criteria. The system then auto-populates and submits the necessary forms through various channels, including APIs, portals, or fax, based on payer submission requirements. Real-time status updates are monitored, and if a request is denied, Flow Auth can also help initiate appeals, leveraging medical necessity guidelines to support the case.

According to the company, this can automate up to 90% of administrative tasks associated with PAs. The platform's integration with EHRs and payer systems also ensures seamless workflow, and the company believes Flow Auth can reduce clinician time spent on PAs by 50%, allowing healthcare providers to reallocate resources to direct patient care.

Exhibit 11
Healthcare AI RCM Mosaic Report
RCM and Payment Technology Landscape



Source: Elion Research AI Prior Authorization Buyer's Guide and William Blair Equity Research

Patient Registration, Billing, and Collections

As previously discussed, the rise of high-deductible health plans over the past two decades has increased the need to focus on patients as a key part of the RCM process. In tandem with this, patients now expect a digital-first healthcare experience—one that offers more accurate upfront price estimates, the ability to digitally transact with providers throughout the care continuum, and more ease and convenience in scheduling and accessing care across the entire journey. Thus, to help meet these demands, providers are actively turning to AI-based solutions from both new and incumbent software providers. And a recent Black Book report (downloadable here) predicts that by 2028, roughly 70% of all patient engagements will be powered by AI platforms.

Polls indicate that 94% of Americans support healthcare price transparency, 88% would seek more routine care if they could get the price of care in advance, and nearly three in five consumers have put off medical care at some point because they did not know the cost. Therefore, providing pricing transparency is a key issue for providers not only to meet customer demands, but also to retain customer loyalty (and patient volumes) over the long term, in our view.

At the start of the patient care journey, providers are beginning to embed AI solutions that automate real-time eligibility checks across multiple payer systems, provide real-time price estimates to patients (based on their individual coverage and distinct care needs), predict insurance verification issues before patient arrival, and intelligently auto-fill forms based on prior records or scanned documents—making the registration and intake process effortless for patients.

These solutions can then be used to automatically bill patients at the point of care instead of after a service is provided, which has been shown to dramatically increase cash flows and overall collections. After a patient leaves the office, healthcare providers send an average of 3.3 billing

statements before receiving payment, and medical practices can expect to collect only 50% to 70% of the balance after a patient visit, compared with a collection rate of more than 70% at the point of care.

Moreover, the likelihood of collecting declines as medical bills age: during the first 90 days, healthcare practices have a 90% chance of collecting outstanding patient balances; after 90 days, this drops to about 50%, and by 180 days, the chance falls to 20%. Thus, it is imperative for providers to be able to provide cost estimates—and then offer digital payment solutions at the time of service.

After the visit, providers are also deploying AI solutions that develop personalized patient payment plans and financial messaging (based on likelihood to pay), launching AI chatbots for patient payment queries and automated follow-ups, and leveraging AI to predict which accounts are most at risk of default.

Example solutions

Phreesia recently launched an AI agent, *Phreesia VoiceAI,* which handles patient inbound calls related to myriad items (triage, prescription fills, bookings, clinical questions, and RCM capabilities). When asked about market demand for the offering, Phreesia's CEO stated, "The feedback we're getting from this product from the provider network is like nothing I've seen ever before."

Similarly, Cedar recently announced the launch of *Kora,* its AI voice agent, to automate patient billing calls. The solution was developed in collaboration with Twilio and was trained on Cedar's proprietary healthcare billing data. According to the company, the solution can autonomously resolve common billing inquiries on the first interaction, going beyond traditional IVR tools by clearly explaining charges, identifying payment options, and connecting patients with financial assistance. Kora also understands natural language, identifies underlying issues, and responds conversationally, like a human agent (Kora Demo).

Kora runs on Twilio's ConversationRelay service, which enables developers to create robust natural voice AI agents by seamlessly integrating real-time streaming, speech recognition, and interruption handling. Based on initial trials, Cedar projects that Kora will automate 30% of inbound calls by the end of 2025, helping providers lower costs while allowing skilled operators to focus on more complex interactions that require human intervention.

Exhibit 12
Healthcare AI RCM Mosaic Report
Patient Engagement and Solution Companies

Source: Elion Health's Patient Intake Market Map and William Blair Equity Research

Clinical Intelligence
We also believe the rapid adoption of value-based care models across the United States is driving a need for more advanced clinical intelligence solutions. These solutions not only help providers identify care gaps to proactively manage care delivery, but also ensure appropriate revenue capture via more effective coding, compliance documentation, and risk adjustment.

Here, software providers are leveraging AI to capture all of a patient's relevant diagnoses from diverse sources of clinical data (across the entire care continuum) to proactively identify missing diagnosis or net-new conditions. In turn, this allows providers to prioritize high-risk patients for engagement and intervention and ensures gap closure directly at the point of care (often by automatically flagging this data directly in the provider EHR).

Example solutions
Reveleer provides VBC operators with an AI-assisted point-of-care clinical intelligence solution that analyzes external data sources, integrates disparate data points, and generates highly relevant and accurate clinical insights into patient risk profiles (prospective risk adjustment). The solution also directly integrates into provider EHRs, and case studies indicate that engaging providers with highly accurate clinical insights can improve suspect HCC provider address rates by one-third.

Moreover, with these insights, providers can conduct more effective patient visits to uncover possible health risks and spend more time on care management activities, which, in turn, helps reduce high-cost care needs (e.g., hospital admissions, readmissions, and ED use).

Similarly, *Navina* offers an AI copilot that ingests data across disparate sources—including EHRs, health information exchanges (HIEs), insurance claims, and care gap files—creating a "patient portrait" that providers can use for care management and proactive interventions. The solution may find suspected chronic conditions for patients that have not been explicitly documented before by "analyzing clinical evidence—across structured and unstructured data—from notes, imaging, meds, labs, vitals, and more." Again, this not only improves the care delivery process, but also helps with risk adjustment to ensure appropriate reimbursement levels.

Challenges to AI Adoption in Providers' RCM Processes

Adopting AI in healthcare RCM offers major efficiency gains, but several challenges may remain a hurdle to widespread implementation.

One of the foremost concerns is the issue of **quality and accuracy.** Generative AI systems, while powerful, can occasionally produce "hallucinations"—defined as outputs that appear credible but are factually incorrect. In a financial or clinical context, even minor inaccuracies can result in billing errors, claim denials, or compliance violations, making many providers cautious about relying too heavily on AI without rigorous human oversight and validation mechanisms.

We believe larger RCM vendors have an advantage in addressing this issue, as large, diverse, and well-curated datasets provide AI models more context and examples to learn from, improving factual accuracy and generalization. In RCM, for instance, models trained on extensive, verified claims data; coding patterns; and payer rules are less likely to generate incorrect or implausible outputs when processing real-world billing scenarios. Thus, we believe incumbent providers with large transaction databases are set to thrive.

Still, while larger datasets are key, they are not a foolproof solution, as hallucinations can still occur because of the probabilistic nature of GenAI (the models predict the most likely next word or token, not necessarily the correct one). So, while data quality matters just as much as quantity, model training is key.

Data privacy and security risks also present a major barrier. Healthcare organizations handle vast amounts of protected health information (PHI), and the integration of AI tools introduces new potential points of vulnerability. For example, Smarter Technologies partnered with *Modern Healthcare* to survey healthcare leaders across the industry (116 responses were gathered from hospitals, health systems, medical groups, and payers), and more than half of respondents (51%) expressed concerns with data security and patient privacy (downloadable at this link). Thus, ensuring that AI systems comply with HIPAA and other data protection regulations requires robust encryption, access controls, and audit trails.

Compliance challenges may also complicate adoption, and 33% of respondents in the survey above cited regulatory and compliance issues as a key hurdle to AI RCM adoption. As regulators move to define how AI can be safely and ethically used in healthcare, organizations face uncertainty about evolving standards for transparency, model explainability, and accountability. Keeping AI-driven processes compliant with billing, coding, and reimbursement rules requires ongoing monitoring and frequent updates as both regulations and payer requirements change (a key reason we believe providers will likely purchase solutions as opposed to attempting to build their own).

Lastly, practical and technical barriers remain significant; **a lack of in-house talent with GenAI expertise is one of the most frequently cited obstacles,** with 80% of respondents in a recent Omega Healthcare report indicating this shortage is a key adoption hurdle. Many health systems also struggle with integrating AI solutions into existing EHR systems (which was noted as a key hurdle by 45% of respondents in the Smarter Technologies survey). Ensuring seamless interoperability between new AI-driven tools and legacy infrastructure can be time-consuming and resource-intensive, often requiring custom integrations or middleware solutions.

Recent Product Launches Indicate the Land Grab Is Afoot

We believe the steady stream of announcements and coverage surrounding new AI-enabled RCM solutions reflects more than just market activity—it signals a meaningful acceleration of innovation in the space. Across claims management, prior authorization, denials prevention, and patient financial engagement, healthcare organizations are increasingly leveraging AI to address long-standing inefficiencies and provider pain points.

In our view, this consistent product news flow also underscores both the growing confidence in AI's ability to enhance RCM workflows and the expanding recognition of its potential to improve operational performance.

Below we highlight some of the most notable such solution launches (or advancements).

In March, **R1** launched R37, "an AI lab to transform healthcare financial performance," in an exclusive partnership with **Palantir.** According to the company, "R37 will drive comprehensive automation in revenue cycle operations, reengineering labor-intensive processes such as coding, billing, and denials management to significantly improve efficiency, accuracy, and cash flow for healthcare organizations."

Also in March, **RevSpring,** a leading provider of healthcare engagement and payment solutions, announced SeatMate, a healthcare virtual agent harnessing AI to assist customer service representatives (CSRs). The guidance will be provided through the company's PersonaPay Patient Financial Engagement platform, so representatives receive the right talking points for each patient and can access needed information faster.

MediStreams, a leading healthcare payment and remittance automation solutions provider, also launched a new AI-powered payment reconciliation and correspondence platform in March. According to the company, an example of the impact of the MediStreams AI-powered platform is correspondence management, an area where healthcare organizations receive a high volume of critical documents from various sources, which require significant manual effort. However, the company's "AI-driven approach streamlines this process by intelligently extracting key data points, allowing organizations to quickly identify time-sensitive items and prioritize high-value tasks." The platform also prioritizes documents based on items such as revenue implications, allowing users to focus on the most value-added items first.

In April, **Cedar** launched its agentic AI solution, Kora, to autonomously handle routine phone inquiries (as discussed in detail above).

In June, ahead of the 2025 Healthcare Financial Management Association (HFMA) annual conference, **FinThrive** announced the expansion its suite of AI, machine learning (ML), GenAI, and robotic process automation (RPA) tools with the launch of agentic AI capabilities (FinThrive Fusion). The company noted that its agentic AI solutions would use intelligent digital agents capable of autonomous decision-making, dynamic workflow optimization, and complex task execution.

Also in June, **Janus Health** introduced JanusIQ, a purpose-built AI performance platform that empowers health systems through three intelligent performance engines: 1) *AccessIQ*, which streamlines front-end processes such as PA, referral management, and notice of admission; 2) *AccelerateIQ*, which delivers enriched claim status intelligence and Teleport, an advanced payer portal navigation tool, to prioritize claims and support faster reimbursements, appeals, and follow-up strategies; and 3) *AdaptiveIQ,* which provides visibility into team performance, process inefficiencies, and payer behavior by unifying data from the EHR and all approved tools teams use daily.

In July, **Omega Healthcare,** a leading provider of technology-enabled RCM services, announced an expanded collaboration with Microsoft to enhance its advanced AI capabilities across the revenue cycle. Through the integration of Microsoft Azure AI models and the company's Omega Digital Platform (ODP), Omega Healthcare launched more than 20 generative and agentic AI solutions related to revenue cycle operations.

Nabla and **Navina** also announced a strategic partnership in early July that will deliver real-time support across the clinical encounter. The integration combines Navina's clinician copilot (clinical intelligence solutions) with Nabla's in-visit ambient documentation, reconciling historical patient records with live patient dialogue, resulting in improved patient outcomes and RCM performance.

Also in July**, Inbox Health** launched an AI assistant to help answer patient questions. According to the company, the AI solution can cut response time to seconds and is fluent in 60 languages across phone, text, email, and live chat. It can also escalate a question to a human agent as needed. The AI agent also integrates its billing platform with practice management systems, so it can also handle back-office tasks like updating addresses, collecting insurance info, issuing paper statements, and more.

In August, EHR and RCM platform provider **athenahealth** announced it was rolling out a variety of new AI features for ambulatory providers as part of a broader upgrade to an "AI-native athenaOne platform." As an example, the company will use AI solutions to label clinical, imaging, and administrative documents and place them in the medical record, taking more than a billion pages of faxes the company still receives and automatically updating the medical record to ensure more accurate billing. The company also recently launched AI-based solutions to help providers accurately predict patient copays and help coders via AI-automated coding suggestions at the point of submission.

Also in August, **Inovalon** and **Google Cloud** announced a new deal to build a PA agentic AI system—leveraging Inovalon's massive claims and clinical databases (which include 92 billion medical events and 414 million unique lives) to help automatically generate PA paperwork for providers. The solution was previewed at the company's annual client summit, Empower, in November last year, and we expect it to go live shortly.

Abridge and Highmark Health also announced an innovative RCM pilot across 14 hospitals and hundreds of clinics, which will leverage ambient clinical documentation to augment RCM functions and perform PA solutions for any Highmark Health member seeing a clinician within the Allegheny Health Network (which is owned by Highmark). As part of the partnership, Abridge will also automate tasks such as completing forms, submitting and reviewing requests, tracking status, and determining when PA is needed. The solution will start modestly, focusing on only one procedure in one specialty, but is expected to rapidly expand if the technology generates favorable returns.

And during its August user event (Epic UGM 2025), EHR bellwether **Epic** announced its intent to also launch AI-based RCM solutions. The revenue cycle GenAI function, called Penny, will help with coding, denial appeals, and other revenue cycle tasks. According to participants at the event, the company did not provide launch dates for the new products but hinted at plans to have several on the market by late 2026 (in our view indicating somewhat limited breadth of product based on the initial announcements). The company highlighted: 1) an outpatient denial appeals AI assistant, 2) autonomous coding for emergency departments and radiology (two high-volume specialties where coding accuracy directly impacts revenue capture), and 3) AI-enabled automated claims follow-up.

In mid-September, at its 2025 Fall Innovation Showcase, **Waystar** unveiled several significant innovations on its AI-powered software platform.

First, management announced an AI-powered, end-to-end solution for denial appeals, Waystar AltitudeAI, which allows providers to "create hundreds of appeal packages simultaneously, more than 90% faster—cutting time from 38 hours to 2 and redeploying the equivalent of 13 full-time employees to higher-value work for a midsize health system. With Waystar AltitudeAI capabilities, early adopters are overturning 40% more denials."

Second, the company highlighted advancements in pre-service patient solutions, noting that early adopter clients were achieving significant improvements in pre-service patient payments, rising from 17% to 40% of total payments.

Third, the team highlighted Waystar AltitudeAI's "ability to cut denial-prevention-related work for a midsize health system from 133 hours to under 6—a 95% time savings that accelerates reimbursement." The solution uses historical payer and provider behavior insights to prevent errors before claim submission. The AI-powered payer behavior technology also surfaces risks in real time, such as identifying out-of-network coverage before care is delivered.

Also in September, **Oracle** built on its earlier announcements regarding its "next-gen, AI-first EHR platform" by announcing new AI-based RCM solutions that the company described as an "autonomous reimbursement system." The company will start the rollout with AI tools for PA and real-time claims management and then work to provide clients with AI capabilities for patient cost estimates, coding improvement, and denials management.

And at the end of the month, **CureMD** announced a major milestone in the evolution of its full-cycle AI Medical Billing Software, which now embeds AI, intelligent automation, deep data analytics, and advanced workflow orchestration across its RCM software portfolio.

In October 2025, **Ambience Healthcare** rolled out an ICD-10 clinical document integrity assistant for inpatient care, aiming to help hospitalists document more accurate clinical notes and reduce billing and coding issues downstream. Built on top of OpenAI GPT-5's advanced reasoning capabilities with Ambience's proprietary models, the platform was designed to address the gap between clinical complexity and clinical documentation integrity, according to Ambience executives.

Also in October, **Microsoft** announced that a free claims denial navigator, an AI-powered tool developed by Microsoft Partners and rural health leaders, from the company's Rural Health AI Innovation Lab (RHAIL), was available via GitHub. According to the company, "[The solution] offers recommendations for the most effective actions billing staff can take to resolve denied claims and learns from their actions and feedback to improve its recommendations over time."

This tool gives hospitals a powerful way to handle denied claims more efficiently—and receive appropriate reimbursement for their services. It is available now in GitHub for any healthcare provider, from small rural clinics to large urban health systems.

Microsoft also announced in mid-October that it is working closely with partners to make new AI innovations available to Dragon Copilot customers. In the press release discussing the solutions, it specifically highlighted streamlining revenue cycle management, with: "Access to applications that help streamline and automate critical revenue cycle processes such as revenue cycle intelligence with **Ensemble** and **Regard**, and prior authorization with **Cohere Health, Humata Health and Rhyme.**…"

Later in the month, Microsoft also announced that **Humata Health** will provide its prior authorization automation tool through Microsoft's generative artificial intelligence assistant, Dragon Copilot. The integration will enable clinicians to automate and complete prior authorizations within their workflows.

Oncology RCM provider **Oncentric,** a **CureMD** company, also announced in October the launch of its AI-Assisted Billing Services (ABS), an automation platform that simplifies and optimizes oncology revenue cycle management for community oncology practices. The platform leverages AI-driven charge creation and scrubbing to validate claims against CMS, LCD, NCCI, and MUE rules alongside practice-specific logic to guarantee clean submissions. Its autonomous denial prevention feature also uses preconfigured corrective logic to resolve denials quickly and resubmit claims, dramatically reducing the need for manual interventions.

AGS Health introduced agentic workflow solutions in mid-October to help providers manage denials. The mission here is to leverage AI agents to augment overburdened revenue cycle teams, bringing greater speed and accuracy to key workflows like eligibility verification, PA, and denials management. In discussing the offering, the company noted that it provides a "hybrid intelligence advantage" by pairing AI models that act autonomously to handle high-volume tasks while the company's RCM professionals handle exemptions and help train and refine the AI over time.

UnitedHealth Group's **Optum Insight** unit also launched a new RCM product in late October that it hopes will help reduce billing friction between payers and providers. The system, called Optum Real, uses AI to distill complex coverage rules into real-time alerts and information that doctors and billing staff can use to tell whether a claim is likely to be paid. It also identifies claims that need more documentation before they are submitted, further reducing the risk of denial. Of note, in discussing the product, the company indicated it has *10,000 AI engineers* and that it views Optum Real as the first of several technology platforms that can "perhaps transform or begin to transform healthcare as we had hoped in this AI-powered world."

Will AI Advancements Shift RCM Market Share From Outsourced Vendors to Software Providers?

In our view, a potential inflection point is emerging in the long-standing balance between outsourced RCM services and in-house operations, especially as more software solutions, like those discussed above, enter the market.

Historically, providers have leaned heavily on third-party RCM vendors, whose core value proposition has been RCM operational expertise, scale economies, and labor arbitrage—offshoring or centralizing RCM staff to reduce costs and improve key collection metrics; however, the rapid advancement of AI-driven RCM software has the potential to erode this advantage by automating large portions of the workflow once reliant on manual processing.

Beyond efficiency, AI solutions promise to create new sources of value that go well beyond cost savings, such as real-time denial prediction, automated PA, and continuous coverage discovery. While the outsourced RCM market remains far larger today, and will likely dominate in the near term, the dynamic could begin to shift.

More specific, hospitals are often tied to long-term vendor contracts (some that span as long as a decade), and trust in AI solutions will take time to build, requiring case studies and proven ROI before executives are comfortable repatriating RCM functions. Still, if AI-enabled tools consistently demonstrate higher returns than outsourced models, providers may gradually bring more of their RCM operations back in-house, in our view, thus accelerating the growth of RCM software and reshaping market share over the coming years.

As an example, we highlight a recent Black Book survey (AI Disrupts Traditional RCM Outsourcing as Health Systems Redefine Vendor Expectations) of 220 hospitals and health systems. The survey was conducted during the first quarter of 2025, thus providing what we view as a relatively real-time pulse on RCM purchasing decisions in the acute-care space.

Key data points from the report included the following:

- **79% of all survey respondents indicated they are actively restructuring or reviewing their outsourcing contracts in favor of technology-first solutions;**
- **72% plan to transition previously outsourced functions to AI-powered internal teams or software platforms within 24 months;**
- 91% of RCM leaders will require AI and automation capabilities to be included in all new or renewed outsourcing agreements;

- Nearly two-thirds of surveyed health systems have already reduced their dependency on business process outsourcing (BPO) vendors for at least one revenue cycle function;

- Moreover, roughly half of all respondents are assessing hybrid RCM operations, with external staff operating on the providers' own AI-native platforms; and

- 83% of respondents reported that AI solutions directly reduced claim denials by 10% or more within six months of implementation.

Again, while these BPOs may have had a labor-arbitrage advantage in the past, we believe AI is eliminating some of this advantage (by targeting the most mundane and routinized tasks that are currently handled by large numbers of personnel, often outside the U.S.) and pushing more RCM functions back to providers. However, we do not expect BPOs to cede share to software solutions, but rather to invest heavily in their own AI capabilities and internal software solutions.

In fact, we are already seeing the leading outsourced RCM vendors deploy capital toward developing their own proprietary AI-enabled technology stacks. As an example, **R1 RCM** has its development lab partnership with Palantir, focused on agentic solutions to automate manual revenue cycle workflows. And this follows the company's $4.1 billion acquisition of Cloudmed, which provided the company with a Best in KLAS solution (the CloudmedAI Platform) for revenue integrity/underpayment services and robotic process automation.

Similarly, we believe **Ensemble** is actively pursuing AI capabilities, having already deployed $100 million in capital and about 2 million development hours toward the company's "EIQ" AI platform. As a leading outsourced RCM vendor, Ensemble leverages its scale to draw on more than 800 terabytes of data across hundreds of health systems to inform AI capabilities, which we believe is a major advantage in training AI solutions. According to a 2024 report published by the company, Ensemble's EIQ platforms maps 25 billion healthcare transactions and incorporates more than 25,000 variables to informs its models. The company also has a partnership for AI-enabled autonomous coding with **Solventum**.

In our view, this could also accelerate M&A activity in the space (a thesis we already see playing out, as discussed in a later section of this report), as vendors look to broaden their technology offerings and invest in AI and as smaller providers—especially those with point solutions that do not span the full patient financial journey or have the requisite data needed to power AI-based solutions—struggle to gain traction.

Still, we believe that gaining share from outsourced providers appears to be a key expansion strategy for leading RCM software vendors. For example, at a recent investor conference, Waystar CEO Matthew Hawkins highlighted this potential, stating:

> **What we're really going after is all of the manual services work. The BPOs that serve healthcare today would say, that's $100 billion-plus market. So we start there and we say, for every AI application or capability that we can offer that eats into that service work, then we're expanding this massive addressable market opportunity. ...** But people like Conifer and Optum and Ensemble and R1 are names that you may recognize where we've had some form of coopetition with those type of entities.
>
> More often than not, as we go forward, with the way that we're deploying AI agentically, or even autonomously, to gather information and compress work and automate work, sometimes making it invisible to the end-user, so they don't even know what's going on. They're just seeing the end-result of that or reviewing appropriate data elements.

> **We think the long-term opportunity, again, is to eat into this much larger service market with great software. And we've seen that take place in other industries and other vertical markets as well.** But we believe that Waystar can be that AI-powered platform that helps providers succeed. [emphasis added]

Detailed Market Model

To assess how this shifting market dynamic could impact the RCM software market, we developed a market model based on overall healthcare spending, the portion of collections captured by RCM operators, and estimated share shifts over time.

Our analysis is predicated on the assumption that hospitals spend between 3% and 10% of net patient revenue on the cost to collect; we therefore apply a 5% spend rate for our analysis relative to the $2.5 trillion in annual revenue generated by health systems and physician offices.

We further believe the vast majority of RCM spend today—near 80%—is directed toward labor and BPO-related solutions versus software. This translates into a roughly $25 billion total addressable market (TAM) today for RCM software; as a proxy for comparison, we believe this is reasonably in line with Waystar management's $15 billion market size estimate, which the company believes reflects the market opportunity based on Waystar's current offerings.

From there, we assume total RCM spend grows in line with a midsingle-digit revenue growth outlook for overall U.S. healthcare expenditures over the coming years.

Again, we expect to see gradual mix shift from labor spend toward software over the coming years, as health systems seek operating efficiency by leveraging automation and AI capabilities. Here, we believe there are a range of outcomes regarding the pace at which health systems adopt software solutions; however, for illustrative purposes, if we assume 500 basis points of mix shift toward software spend by 2030, this would translate into a **9% compound annual growth rate for the RCM software market** over the same time frame, with **the software TAM increasing from roughly $25 billion in 2024 to $42 billion by 2030.**

Exhibit 13
Healthcare AI RCM Mosaic Report
Revenue Cycle Management Software Total Addressable Market Analysis
(in billions)

	2024	2025	2026	2027	2028	2029	2030
Total Provider Net Patient Revenue	$2,500	$2,625	$2,756	$2,894	$3,039	$3,191	$3,350
year-over-year growth		5%	5%	5%	5%	5%	5%
RCM Spend (i.e., Cost to Collect)	$125	$131	$138	$145	$152	$160	$168
% of revenue	*5%*	*5%*	*5%*	*5%*	*5%*	*5%*	*5%*
Software RCM Spend	$25	$28	$30	$33	$36	$40	$42
Share of RCM %	*20%*	*21%*	*22%*	*23%*	*24%*	*25%*	*25%*
year-over-year growth		10%	10%	10%	10%	9%	5%
					Five-Year CAGR		***9%***

Sources: CMS National Health Expenditures; KFF; William Blair Equity Research

Again, we believe this supports at least a double-digit organic growth algorithm for the RCM software space, in aggregate, with higher growth rates likely for emerging innovators.

Moreover, **even with this migration toward software solutions, it still indicates an enormous BPO market (roughly $125 billion versus an estimated $100 billion TAM today) will exit at the end of the decade,** indicating a strong long-term growth outlook for these providers as well.

As mentioned earlier, we also believe the largest RCM services providers are well positioned to thrive in the AI era. Here, their massive customer relationships (often with the largest health systems in the U.S.) provide access to datasets that can be used develop their own AI models, giving them a structural advantage over emerging software vendors, in our view. Combined with deep client relationships—with contracts that often span decades and involve thousands of rebadged employees—these operators will remain key RCM partners for leading systems in the future, in our view.

M&A and Funding Activity Also Point to a Dynamic Marketplace

The recent surge of investments, partnerships, and mergers and acquisitions across the AI-driven RCM landscape underscores what we view as a major growth inflection point for the industry.

Put simply, large amounts of capital are flowing to companies that can demonstrate measurable improvements in claims accuracy, denial prevention, and payment velocity through AI-powered automation. Established healthcare IT vendors are forming strategic alliances with AI start-ups to accelerate product integration and market adoption, and private equity and strategic buyers are acquiring firms with specialized GenAI and automation capabilities to strengthen their competitive positioning.

In our view, this heightened activity signals that investors and operators alike see significant untapped potential in applying AI to streamline complex financial workflows, reduce administrative overhead, and enhance revenue realization. Moreover, this wave of consolidation and innovation reflects a broader recognition that AI in RCM is shifting from experimental pilots to a core driver of operational efficiency and margin expansion across the healthcare ecosystem.

Recent Funding Transactions
Below we highlight some of the more notable transactions that have taken place over the past several quarters.

In December 2024, ***Omega Healthcare Management Services*** received an undisclosed amount of funding from Ontario Teachers' Pension Plan and additional capital from existing investor Goldman Sachs. The company anticipates using the capital to further expand the Omega Digital Platform (ODP) to help "customers benefit from the company's expertise in artificial intelligence (AI), generative AI, robotic process automation (RPA), bots, machine learning (ML), and natural language processing (NLP), to drive greater efficiency and accuracy."

In January 2025, ***Innovaccer*** landed $275 million in series F capital to fund investments in AI—with the company indicating its goal is "to become a one-stop-shop for healthcare AI solutions." The round was a combination of primary and secondary, and includes participation from B Capital Group, Banner Health, Danaher Ventures LLC, Generation Investment Management, Kaiser Permanente, and M12. The post-money valuation of the primary funding was estimated to be approximately $3.45 billion.

Also in January, ***Access Healthcare,*** a leading technology-enabled platform for RCM, announced a strategic investment from affiliates of New Mountain Capital (speculated to value the entity at roughly $2 billion). According to the press release announcing the deal, "the investment will support Access Healthcare's next phase of growth, focusing on advancing its capabilities in artificial intelligence, workflow automation, product development, and expanding into new markets."

In a third January transaction, ***KODE*** raised $27 million in series B funding led by Noro-Moseley Partners with participation from Mercury, FCA Venture Partners, Epsilon Innovation Fund, and 111 West Capital. The new funding will enable KODE to expand its network of certified coding professionals and further the development of AI-driven tools that enable hospitals and providers to better respond to workflow fluctuations and "manage their coding operations more efficiently and effectively."

In March, ***Naviana***—a leader in AI-powered clinical intelligence—secured $55 million in series C funding led by Growth Equity at Goldman Sachs Alternatives, with participation from existing investors, including Vertex Ventures Israel, Grove Ventures, and ALIVE.

In April 2025, ***RapidClaims***, a New York–based AI-driven RCM platform provider, raised $8 million in series A funding, bringing its total raised to $11 million. The company will use the funds to accelerate its market expansion and refine its AI-powered claim denial prevention technology.

Also in early April, ***Office Ally***, which provides a comprehensive suite of cloud-based clearinghouse and software solutions, announced a strategic growth investment from New Mountain Capital. As part of the transaction, Francisco Partners, which originally invested in Office Ally in 2021, also reinvested alongside management.

At the end of April, ***Persivia***, an AI-driven clinical intelligence and value-based care management software provider, announced the successful completion of a $107 million recapitalization with Aldrich Capital Partners. In a release discussing the transaction, the company also announced a newly granted patent related to the core AI capabilities behind CareSpace, Persivia's modular digital health platform, which uses an "AI engine to ingest, analyze, prioritize, and deliver actionable insights in real time."

In May 2025, ***Smarter Technologies*** was formed as part a three-way merger between Access Healthcare, SmarterDx, and Thoughtful.ai. Smarter Technologies is a portfolio company of private equity firm New Mountain Capital, which spearheaded the merger in May.

Also in May, ***R1 RCM*** received an (undisclosed) investment from venture capital firm Khosla Ventures to further its push into AI-powered healthcare revenue cycle transformation.

In June, ***Commure*** announced it has secured $200 million in growth financing from General Catalyst's Customer Value Fund (CVF). According to management, the funding will be used to "meet surging demand for Commure's full-stack Al platform, which spans revenue cycle management (RCM), Ambient Al clinical documentation and workflows, and practice management solutions."

Also in June, ***Charta Health***, which built an artificial-intelligence-powered platform to optimize medical billing and coding, raised $22 million in series A funding—with Bain Capital Ventures leading the round and Madrona, SV Angel, Refract Ventures, and South Park Commons also participating. The company has raised $30 million in 2025, including an $8.1 million seed round in March, also led by Bain Capital Ventures.

Also in June, ***Abridge***, which uses AI to build medical documents via ambient documentation, raised $300 million at a $5.3 billion valuation. The latest funding round was aimed at "improving revenue cycles and bridging the gap between clinicians and billing teams" and was led by Andreessen Horowitz with participation from Khosla Ventures. The company indicated that it would use the funding to scale its platform to: 1) embed revenue cycle intelligence earlier in the clinical conversation and 2) eliminate the need for manual, delayed coordination between clinicians and billing teams.

Shortly thereafter, ***Nabla*** also announced a $70 million series C funding round led by HV Capital, Highland Europe, DST Global, and existing investors Cathay Innovation and Tony Fadell's Build Collective. According to management, "Nabla is expanding beyond documentation into a more agentic model of

clinical AI. This next phase enhances clinical documentation integrity (CDI), initiates EHR actions, and adapts across care settings to support diverse clinical roles. By unifying ambient listening, dictation, coding, and command capabilities into a single extensible agentic platform, Nabla is building toward its long-term vision: a proactive assistant that intuitively streamlines existing workflows."

In July, Ambient AI platform ***Ambience Healthcare*** raised $243 million in series C funding, marking one of the largest health tech raises of the year. The funding boosted the company's valuation to an estimated $1.25 billion with Oak HC/FT and Andreessen Horowitz (a16z) leading the round. Existing investors, including the OpenAI Startup Fund, Kleiner Perkins, and Optum Ventures, also backed the series C, along with new investors Frist Cressey Ventures, Town Hall Ventures, Smash Capital, Georgian, and Founders Circle Capital.

In August, ***Arintra,*** an autonomous medical coding platform, announced it garnered $21 million in series A funding in a round led by Peak XV Partners, Y Combinator, Endeavor Health Ventures, Ten13, Spider Capital, Counterpart Ventures, and other strategic investors. Arintra offers a GenAI-powered platform for autonomous medical coding, from chart review to claim submission. The company says its platform analyzes patient charts and generates direct-to-billing charges and codes, including CPT, HCC, E/M levels, ICD-10, and HCPCS codes.

In September, ***PenguinAi*** announced that it secured $29.7 million in venture funding, including a $25 million series A led by Greycroft. Other participants in the financing included UPMC Enterprises, SemperVirens, Snowflake Ventures, Watershed Ventures, and Horizon Mutual Holdings, Inc. Its platform combines task-specific small language models (SLMs), digital workers, and agents with an AI platform to streamline healthcare administration processes such as PAs, claims processing, medical records summarization, and appeals management.

In October, ***Hyro,*** a leading AI platform for healthcare contact center operations, announced $45 million in new growth funding led by Healthier Capital, with participation from Norwest and Define Ventures, as well as other existing investors. The round also included new strategic investments from Bon Secours Mercy Health, a Hydro client, and ServiceNow Ventures, the investment arm of ServiceNow.

M&A Activity Heating Up as Well

Over the past 18 months, the market has also seen a variety of M&A transactions in the RCM space, ranging from take-private transactions of large BPO organizations to entities augmenting their AI RCM solutions (and talent—i.e., the "acqui-hire") through the purchase of smaller organizations with unique product offerings or proprietary datasets. We list some of the more notable deals in the section below.

In August 2024, Arsenal Capital Partners signed an agreement to acquire ***Knowtion Health,*** a leading provider of revenue cycle insurance claim resolution services supported by AI-enabled technologies; terms of the transaction were not disclosed.

Elevate Patient Financial Solutions also announced an investment from Audax Private Equity and Parthenon Capital in early August. Elevate has a diverse suite of front-end eligibility and enrollment, back-end complex claims, revenue integrity, and patient pay solutions. According to a press release announcing the deal, the company "will focus on continuing to strengthen existing front-end and back-end RCM technology and services, while adding new complementary solutions that can support operating performance of hospitals and health systems."

Also in August 2024, private equity firms TowerBrook Capital Partners and Clayton, Dubilier & Rice announced their $8.9 billion acquisition of ***R1 RCM.*** The company made good on its promise in short order to push deeper into AI RCM following the May 2025 capital raise, announcing an

acquisition of Phare Health in October 2025; Phare has developed AI-native solutions to support coding and improve clinical documentation. This deal builds on R1's 2022 acquisition of Cloudmed, which leverages AI and machine learning for RCM intelligence.

Similarly, Carlyle Group announced its intention in mid-August to acquire a major stake in RCM BPO ***Knack Global (now Knack RCM)***. The deal valued the RCM outsourcing firm at around $500 million.

Again, we expect to see more transactions of this variety, as legacy outsourced vendors (e.g., R1, Ensemble, Optum) look to enhance their internal technology stack with AI capabilities.

In mid-December, ***Aspirion***, a healthcare technology RCM provider for denials, payment variance, and complex claims, announced the acquisition of ***Boost Healthcare***. According to the company, "Boost Healthcare's expertise in zero-balance review, payment variance, denials management, and No Surprise Act compliance strengthens Aspirion's ability to transform healthcare financial operations."

In April, ***Reveleer***, a leading value-based care technology platform provider focused on clinical intelligence solutions, announced the acquisition of Novillus, a provider of insight-driven care gap management and provider engagement solutions. According to a press release announcing the deal, it "further augments Reveleer's comprehensive clinical intelligence and quality improvement solutions in value-based care, empowering health plans and providers to collaborate more effectively to improve patient outcomes, strengthen regulatory compliance, and bolster financial performance."

In May 2025, ***Infinx,*** a leading provider of AI-powered RCM solutions, announced it had acquired the healthcare RCM business of i3 Verticals, including its associated proprietary technology, for $96 million, subject to post-closing purchase price adjustments. According to the press release discussing the deal, the transaction strengthens Infinx's market presence in the healthcare RCM space and expands its footprint into new customer segments, including academic medical centers and large provider groups.

In June, ***Knowtion Health*** (which provides clinical intelligence solutions through its ClaimBRAIN AI platform) announced it would acquire ***Switch RCM***, a data- and technology-first company that uncovers and resolves overlooked reimbursement opportunities through intelligent automation and data-driven innovation. The financial terms of the transaction, which closed in August, were not disclosed.

Also in June, ***nimble solutions***, a leader in surgical revenue cycle management for ambulatory surgery centers (ASCs), surgical clinics, surgical hospitals, and anesthesia groups, announced its acquisition of ***Contego***, a specialized firm focused on revenue optimization for out-of-network surgeons, including ASCs and office-based surgical practices.

In July 2025, private equity firm Blackstone signed a $1.1 billion agreement to buy ***AGS Health,*** which employs a team of more than 12,000 RCM experts, operating from India, the Philippines, and the United States. The company has more than 150 clients and leverages a hybrid approach for RCM operations—using its AGS AI Platform with "human-in-the-loop (HITL) services to create a smarter, more connected revenue cycle."

Also in July, ***VisiQuate,*** a leader in AI-powered RCM, announced its acquisition of ***Etyon***, a healthcare technology company recognized for its deep RCM machine learning, domain-specific algorithms, and advanced data tokenization capabilities. According to the press release discussing the deal, "By integrating Etyon's proven predictive models, payment variance scoring, denial prevention algorithms, and tokenized data structures into VisiQuate's Ana Intelligence Suite—already known for powering intelligent workflows and actionable insight—clients will gain access to even more real-time, pushed intelligence that eliminates guesswork, streamline workflows, and drive higher financial yield."

In August, ***Machinify*** announced its intention to acquire ***Performant Healthcare***—a leading provider of payment integrity, eligibility, and analytics services for payers—for approximately $670 million in cash (a 139% premium to Performant's 90-day volume-weighted average share price). The company intends to integrate Performant's solutions into its AI operating system to further enhance its payment integrity solutions for payers. The acquisition was completed on October 21.

At the start of September, Bain Capital announced the completion of a merger between software companies ***HealthEdge*** and ***UST HealthProof.*** Bain purchased HealthEdge for $2.6 billion plus debts in 2024 and has now purchased UST—combining the two companies under the HealthEdge name. According to a release announcing the deal, the new organization will offer a "single, end-to-end platform" for claims, payments, and care utilization management using AI.

Also in September, ***Phreesia*** announced its intention to acquire ***AccessOne*** for $160 million. AccessOne is a market leader in providing financing solutions for healthcare receivables, working with some of the largest health systems in the United States. In our view, Phreesia will likely leverage AI solutions to identify patients in need of financing options for healthcare expenses and provide these individuals with compelling payment options, including solutions that offer payment plans with zero to low-interest rates.

In late September, ***Smarter Technologies*** completed its first transaction, buying AI vendor ***Pieces Technologies,*** which has an AI-based clinical note generation solution. As part of the announcement, the company noted it was launching SmarterNotes "to integrate Pieces' clinical AI note-taking and enhance the revenue cycle functions it offers providers such as reducing denials and revenue reconciliation."

Also at the end of September, ***RevSpring*** announced its intent to acquire ***Kryuus Health,*** one of the largest care access platform providers in the U.S. The companies cited several strategic benefits to the acquisition. With Kyruus's data management capabilities, RevSpring can unify provider, plan, and patient data to deliver more personalized communications and guidance. Further, a unified platform will reduce integration lift across access, intake, communications, and payments to simplify operations.

On October 1, ***Waystar*** closed on its $1.25 billion acquisition of ***Iodine Software*** (deal announced in late July). According to management, Waystar intends to develop new automation throughout its platform, "leveraging Iodine's industry-leading AI capabilities in clinical documentation integrity, utilization management, and prebill revenue leakage identification to further streamline cumbersome tasks for providers."

In discussing the deal, management also noted, "Integrating Iodine's unique clinical data assets with Waystar's expansive data network is expected to enhance the impact and reach of Waystar AltitudeAI™. Waystar expects to create opportunities that quickly expand GenAI applications in prior authorizations, claims management and processing, denial prevention, and appeals. Iodine's proprietary clinical AI engine, IodineIQ, continuously trains on millions of patient encounters and billions of clinical data points to deliver relevant insights."

Again, we believe the wave of funding and M&A activity in the AI RCM space is another clear sign of both momentum in the sector and investor enthusiasm for the long-term investment potential of the space.

To complete our analysis, we therefore provide a list of many of the leading AI RCM providers that we believe are well positioned to benefit from this trend.

Company Profiles

In the section that follows, we provide brief company profiles of each of the operators highlighted in this report (either mentioned in the text or those in the exhibits above). For more detailed analyses on our covered (public) companies, see our research reports or contact the author of this report at rdaniels@williamblair.com.

ABILITY

Headquarters: Minneapolis, MN
Year Founded: 2000
Leadership: Now part of Inovalon
Website: https://www.inovalon.com/
Financial Partner(s): Acquired by Inovalon (2018)

ABILITY (owned by Inovalon) is a healthcare IT company that provides clinical and administrative software solutions to simplify tasks for payers and providers. Its tools cover areas like revenue cycle, quality, compliance, workforce management, and care coordination. Prior to the acquisition, the company was recognized for its ability to assist home health agencies and hospice organizations in filing claims and checking payer status.

Abridge

Headquarters: San Francisco, CA
Year Founded: 2018
Leadership: CEO Shiv Rao, M.D.
Website: https://www.abridge.com/
Financial Partner(s): Andreessen Horowitz, Khosla Ventures, Lightspeed Venture Partners, Spark Capital, and Bessemer Venture Partners, and many more

Abridge provides generative AI solutions designed to automatically capture, summarize, and structure patient-clinician conversations into clinically accurate, billable documentation. Built by physicians and trained specifically for healthcare, Abridge's ambient listening technology integrates directly with major EHR systems, enabling a seamless transfer of AI-generated notes into standard clinical workflows. According to the company, Abridge's AI has reduced clinician cognitive load by up to 61%, cut after-hours documentation by over 70%, and increases professional fulfillment by more than 50%.

Accuity Healthcare

Headquarters: Mount Laurel, NJ
Year Founded: 2001
Leadership: CEO Todd Van Meter; CFO Robert Jones
Website: https://accurityhealthcare.com/
Financial Partner(s): Frazier Healthcare Partners, 22C Capital, and Adams Street Partners

Accuity Healthcare delivers clinical documentation integrity and revenue cycle solutions to more than 50 health systems, covering 400 hospital sites across the United States. Using a proprietary AI-enabled platform called Amplifi, Accuity combines the technology and clinical expertise of nearly 200 multi-specialty physicians and CDI specialists to review patient charts and drive accurate coding and DRG assignment. Accuity had more than $600 million in total annualized net new cash benefit generated in 2024 alone.

Adonis

Headquarters: New York, NY
Year Founded: 2022
Leadership: Cofounder and CEO Akash Magoon
Website: https://www.adonis.io/
Financial Partner(s): General Catalyst, Point72 Ventures, Kin Ventures, Bling Capital, and Max Ventures

Adonis provides an AI-driven revenue cycle management platform that automates complex billing workflows and delivers predictive analytics to maximize revenue recovery. The platform integrates in real-time with EHRs, practice management and billing systems, and patient portals to unify revenue data and eliminate silos. Early adopters, including large specialty practice groups, report saving over 1,000 hours per month and achieving a 4.5 times return on investment through increased AR velocity and denial reduction.

AGS Health

Headquarters: Washington, D.C.
Year Founded: 2011
Leadership: CEO Patrice Wolfe; CFO Ashish Mohan
Website: https://www.agshealth.com/
Financial Partner(s): EQT Partners, Advent International, WindRose Health Investors,

AGS Health specializes in end-to-end revenue cycle management and HIM services for hospitals, health systems, and payers globally. The company supports more than 1,000 clients across 15 countries with services spanning medical coding, clinical documentation improvement (CDI), billing, and denials management. AGS's advanced automation and AI tools improve claims accuracy, reduce days in accounts receivable by up to 25%.

Ambience Healthcare

Headquarters: San Francisco, CA
Year Founded: 2020
Leadership: CEO Nikhil Buduma
Website: https://www.ambiencehealthcare.com/
Financial Partner(s): Maverick Ventures, Yosemite, Oncology Ventures, OpenAI Startup Fund, Oak HC/FT, Kleiner Perkins, Frist Cressey Ventures, and many more.

Ambience Healthcare, a generative AI platform automates clinical documentation and coding for over 100 ambulatory subspecialties, emergency departments, and inpatient specialties, producing structured, compliant notes directly within EHR workflows at health systems like Cleveland Clinic, UCSF Health, and Houston Methodist. Ambience consistently achieves 80% provider utilization rates and reduces charting time by an average of 45%, with KLAS customer satisfaction scores above 97. Third-party studies show Ambience users report a 43.5% reduction in time spent on documentation after visits.

Amenities Health

Headquarters: Dallas, TX
Year Founded: 2021
Leadership: CEO Aasim Saeed, M.D.
Website: https://www.amenitieshealth.com/
Financial Partner(s): EPIC Ventures and Memorial Care Innovation Fund

Amenities Health offers cloud-based patient engagement tools focused on environmental comfort optimization and workflow automation for ambulatory clinics. Its solution improves patient satisfaction scores by up to 15% by streamlining check-ins, reducing wait times, and delivering personalized in-office experiences.

Amperos Health

Headquarters: New York, NY
Year Founded: 2023
Leadership: Cofounder and CEO Michal Miernowski
Website: https://www.amperoshealth.com/
Financial Partner(s): Uncork Capital, Neo, and Nebula

Amperos Health provides an AI-driven revenue cycle management platform led by Amanda, the first multi-modal AI biller for healthcare denials and collections. The company automates insurance follow-ups, payer portal inquiries, and denial workflows, helping healthcare providers recover more than $120 million annually and increase account receivables speed by two to five times. Amperos technology integrates seamlessly with existing billing systems, reducing manual billing overhead and improving collection accuracy across complex claim landscapes.

Anomaly

Headquarters: New York, NY
Year Founded: 2020
Leadership: CEO Mike Desjadon; CFO Jacob Shiff
Website: https://www.findanomaly.com/
Financial Partner(s): RRE Ventures, Link Ventures, Madrona Venture Group, Declaration Partners, and Redesign Health

Anomaly offers an AI-powered healthcare payment platform that predicts and prevents billing and payment errors before claims reach insurers. The company's product, Smart Response, delivers over 99% precision in identifying potential claim denials and automates denials prediction and assisted claims correction, reducing administrative costs and accelerating accurate payments. Anomaly works with large healthcare providers and payers, addressing over $300 billion annually in unnecessary payment errors and improving revenue cycle efficiency through real-time AI insights embedded in existing workflows.

Aptarro

Headquarters: Tallahassee, FL
Year Founded: 1979
Leadership: CEO Ashley Womack
Website: https://www.aptarro.com/
Financial Partner(s): TA Associates, WestView Capital Partners, and Abacus Finance

Aptarro is a leading healthcare revenue cycle management software company dedicated to simplifying billing, coding, and compliance complexities to help providers get paid accurately and on time. Aptarro's solutions, including its RevCycle Engine and ClaimStaker platforms, integrate seamlessly with EHRs and practice management systems, reducing denials and improving staff productivity.

Arrow

Headquarters: New York, NY
Year Founded: 2020
Leadership: Founder and CEO Roshan Patel
Website: https://arrowhq.com/
Financial Partner(s): Company Ventures, Banana Capital, Muse Capital, Newark Ventures, Afore Capital, CityRock Ventures, AngelList, Weekend Fund, Goodwater Capital, 2048 Ventures, and many more

Arrow is a healthcare technology company with a platform that automates claim adjudication, denial management, and payment integrity processes, enabling providers to reduce manual workloads and accelerate revenue collections. The company supports real-time clinical data exchange to facilitate value-based care models and offers automated money movement for health plans.

Aspirion

Headquarters: Columbus, GA
Year Founded: 2006
Leadership: CEO Nick Giannasi
Website: https://www.aspirion.com/
Financial Partner(s): Linden Capital Partners

Aspirion is a leading revenue cycle management company that helps healthcare providers recover complex and denied claims through a combination of AI-driven automation and specialized expertise. Its proprietary Compass platform integrates artificial intelligence, legal and clinical insight, and advanced automation to optimize reimbursements, reduce denials, and accelerate cash flow. Aspirion serves over 1,000 clients nationwide and has recovered more than $6 billion in revenue for its partners.

Assembly Health

Headquarters: Chicago, IL
Year Founded: 1971
Leadership: CEO Kevin Offel; CFO Michael Murphy
Website: https://assembly.health/
Financial Partner(s): Shore Capital

Assembly Health is a healthcare services and revenue cycle management company that provides technology-enabled back-office and financial performance solutions for physician groups, post-acute care providers, and long-term care communities. The company supports more than 4,000 long-term care facilities and 200 physician practices across, offering services such as revenue cycle acceleration, compliance management, consultative operations, and ancillary care optimization.

athenahealth

Headquarters: Boston, MA
Year Founded: 1997
Leadership: CEO Bob Segert; CFO Tom Cowhey
Website: https://www.athenahealth.com/
Financial Partner(s): Bain Capital, Hellman & Friedman, Veritas Capital, Evergreen Coast Capital, GIC, Abu Dhabi Investment Authority

Athenahealth is one of the largest cloud-based healthcare technology providers in the U.S., serving more than 160,000 providers across 72 million patient records through its flagship platform, athenaOne, a unified suite that integrates electronic health records, practice management, and patient engagement tools. The athenaOne platform automates and streamlines revenue cycle operations with a 98.4% clean claims rate, leading to 32% faster payment processing and up to 6% higher collection rates for practices compared to the industry average. Its advanced interoperability also enables seamless integration with over 800 third-party marketplace solutions.

Availity

Headquarters: Jacksonville, FL
Year Founded: 2001
Leadership: CEO Russ Thomas; COO Sean Keneally
Website: https://www.availity.com/
Financial Partner(s): Anthem, Humana, GuideWell, HCSC, Anthem, Novo Holdings, Zelis, and RevSpring

Availity is a health information network that connects payers, providers, and technology partners to exchange clinical, financial, and administrative data. It supports a network used to process medical claims, conduct eligibility checks, facilitate prior authorizations, and enable interoperability workflows. Availity aims to reduce administrative friction in U.S. healthcare by providing real-time, intelligent connectivity across stakeholders.

Calvient

Headquarters: Oklahoma City, OK
Year Founded: 2021
Leadership: CEO Jonathan Minson, COO Devon Mobley
Website: https://www.calvient.com/
Financial Partner(s): American Express, Amerindo Investment Advisors, Anschutz Investment, and Bantam Group

Calvient builds AI and automation tools for healthcare providers with the goal of reducing administrative burden and improving efficiency in revenue cycle workflows. Its solutions include automating document flows from fax or document inbox into EHRs, patient engagement and practice intelligence tools to streamline billing, patient access, and case management. Its solution reduces claim denials caused by patient identity mismatches by up to 30% and accelerates front-end verification workflows.

Cedar

Headquarters: New York, NY
Year Founded: 2016
Leadership: CEO Florian Otto, M.D.; CFO Scott Stockberger
Website: https://www.cedar.com/
Financial Partner(s): Tiger Global, Andreessen Horowitz, Thrive Capital, Concord Health Partners, and many more

Cedar offers a data-driven platform for patient engagement and billing that enhances the healthcare payment experience by incorporating AI, analytics, and personalized communication. Its Cedar Pay solution boosts median digital payment rates from 48% to 73%, leading to faster and more complete collections for healthcare providers. With advanced integrations, Cedar connects patients to real-time health savings account balances, tracks deductibles across over 250 payers, and provides clear explanations of insurance benefits, making bills transparent and actionable before patients even need to call in.

Change Healthcare/Optum Health

Headquarters: Nashville, TN
Year Founded: 2005
Leadership: A part of Optum
Website: https://business.optum.com/en/
Financial Partner(s): Acquired by Optum (2017)

Change Healthcare, now part of Optum, offers data, analytics, network, and software solutions throughout the healthcare ecosystem. Its services include claims processing, payment and revenue cycle management, analytics, clinical decision support, and connectivity among providers, payers, and pharmacies. As part of Optum, Change Healthcare's platforms are integrated to enhance UnitedHealth's overall healthcare operations.

Charta Health

Headquarters: San Francisco, CA
Year Founded: 2023
Leadership: Cofounder and CEO Justin Liu
Website: https://www.chartahealth.com/
Financial Partner(s): Bain Capital Ventures, Madrona Venture Group, Refract Ventures, SpringRock Ventures, South Park Commons, and SV Angel

Charta Health offers AI-driven chart review software for hospitals and healthcare organizations, specializing in automated coding audits, revenue opportunity identification, and regulatory compliance. The company has a generative AI platform that reviews 100% of clinical charts, providing revenue cycle and quality improvement insights that reduce operational costs by up to 98% and enable healthcare teams to oversee up to 50% more patient volume. Its solution integrates medical and coding, allowing organizations to deploy physician resources where they're most needed while uncovering and preventing missed or denied revenue.

Clarify Health

Headquarters: San Francisco, CA
Year Founded: 2015
Leadership: CEO Steve Pease; Cofounder and President Todd Gottula
Website: https://clarifyhealth.com/
Financial Partner(s): SoftBank Vision Fund 2, BlackRock, Memorial Hermann Health System, Insight Partners, Spark Capital, KKR, Aspenwood Ventures, Rivas Capital, Sigmas Group, and many more

Clarify Health is a healthcare technology company specializing in AI-powered analytics for providers, payers, and life sciences organizations. Its Clarify Atlas Platform processes data on over 300 million lives, delivering insights that help healthcare organizations optimize care delivery, reduce costs, and improve value-based payment outcomes. Clarify has unlocked $2.6 billion in ROI for customers, including $285 million in clinical cost savings and $500 million in new Medicare Advantage revenue in one year.

Clarion Health

Headquarters: New York, NY
Year Founded: 2024
Leadership: Cofounder and CEO Ryan Gallagher, M.D., Cofounder and CTO Jeffrey Lamothe
Website: https://www.clarionhealth.com/
Clarion Health provides population health management and risk adjustment analytics to payers and provider organizations. Its platform enables accurate risk stratification and coding compliance, leading to improved performance under value-based care contracts. Clients report a 10% to 15% increase in risk score accuracy and up to 8% improved revenue capture through Clarion's analytics-driven approach.

Cofactor AI

Headquarters: Chicago, IL
Year Founded: 2023
Leadership: Cofounder and CEO Adi Tantravahi
Website: https://www.cofactorai.com/
Financial Partner(s): Drive Capital

Cofactor AI offers an AI-powered denials management platform for hospitals and healthcare organizations, automating the identification, classification, and appeal of insurance claim denials. Its generative AI analyzes clinical documentation, payer contracts, coding guidelines, and local policies to generate customized, data-backed appeal letters and predicted payment outcomes, reducing the manual workload of denial management by up to 90%. The platform reviews 100% of denied claims, streamlines tracking and trend analysis, and integrates directly with EHRs.

Cohere Health

Headquarters: Boston, MA
Year Founded: 2019
Leadership: CEO and Cofounder Siva Namasivayam; COO and Cofounder Duncan Reece
Website: https://www.coherehealth.com/
Financial Partner(s): Temasek, Deerfield Management, Define Ventures, Flare Capital Partners, Longitude Capital, and Polaris Partners

Cohere Health offers an AI-driven clinical intelligence platform focused on improving prior authorization and utilization management processes. Its platform, Cohere Unify, facilitates collaboration between providers and payers, accelerates approvals, reduces administrative burden, and improves transparency in clinical decisioning. In 2024, it processed over 5 million prior authorization requests across specialties.

Commure

Headquarters: San Francisco, CA
Year Founded: 2017
Leadership: CEO and Cofounder Tanay Tandonw; Executive Chair and Cofounder Hemant Tneja
Website: https://www.commure.com/
Financial Partner(s): General Catalyst, Greenoaks, Human Capital, Lux Capital, and Toba Capital

Commure offers a cloud-based, modular healthcare software platform designed to unify clinical, operational, and financial data across the healthcare enterprise. While not a traditional RCM vendor, Commure plays a critical enabling role in revenue cycle modernization by providing interoperability infrastructure that connects disparate systems involved in billing, documentation, and care delivery. Its platform supports real-time data exchange, workflow automation, and EHR integration, helping health systems reduce claims denials, improve documentation accuracy, and support compliance.

Conifer

Headquarters: Frisco, TX
Year Founded: 2008
Leadership: Apart of Tenent Healthcare
Website: https://coniferhealth.com/
Financial Partner(s): Subsidiary of Tenet Healthcare (2022)

Conifer Health Solutions, a part of Tenent Healthcare, is a full-service revenue cycle management and value-based care company that provides end-to-end financial and administrative solutions to hospitals, health systems, physician groups, and other healthcare providers. Its core RCM offerings include patient access management, eligibility verification, coding and clinical documentation improvement, claims processing, accounts receivable management, and denial prevention and resolution.

CorroHealth

Headquarters: Plano, TX
Year Founded: 2020
Leadership: CEO Pat Leonard; CFO Scott Tudor
Website: https://corrohealth.com/
Financial Partner(s): Patient Square Capital, Carlyle Group, TT Capital Partners, Sanaka Group, Cannae Holdings, TripleTree holdings, and Housatonic Partners

CorroHealth is a revenue cycle management provider that is clinically led and utilizes advanced analytics, artificial intelligence, and extensive clinical expertise. The company offers comprehensive RCM solutions, including coding automation with an accuracy rate of up to 97%, clinical documentation improvement, denials management, and accounts receivable recovery, effectively resolving 92% of small-balance accounts within a year. CorroHealth's platform integrates seamlessly with all major electronic health record and practice management systems, allowing for quick onboarding and high scalability for hospitals, health systems, and physician groups.

Cotiviti

Headquarters: South Jordan, UT
Year Founded: 1979
Leadership: CEO Emad Rizk, M.D.
Website: https://www.cotiviti.com/
Financial Partner(s): KKR and Veritas Capital, which jointly recapitalized the company in 2024

Cotiviti is a healthcare analytics and data solutions company that provides services to health plans and retailers. It helps health plans with payment accuracy, risk adjustment, quality improvement, and consumer engagement, while providing retailers with audit and recovery services. Its platform supports claims editing, audit recovery, risk adjustment, quality measurement, and analytic oversight to ensure that claims are accurate and appropriately reimbursed.

Crosby Health

Headquarters: New York, NY
Year Founded: 2022
Leadership: CEO Rishi Gowda; Cofounder and CTO Louis Ciano
Website: https://www.crosbyhealth.com/
Financial Partner(s): Amplo and NOMO Ventures

Crosby Health offers an AI-powered platform for hospitals and health systems to automate clinical denials and appeals management. Its proprietary clinical large language model reviews unstructured clinical documentation, generates and submits appeal letters, and supports medical coding and chart auditing with 91.8% accuracy on medical licensing exams. Providers using Crosby Health's platform appeal denials up to 300% faster and recover more lost revenue while reducing manual administrative workload.

CureMD

Headquarters: New York, NY
Year Founded: 1997
Leadership: Cofounder and CEO Bilal Hashmat
Website: https://www.curemd.com/

CureMD offers a comprehensive, cloud-based healthcare management platform designed for ambulatory practices of all sizes. Its integrated system combines an electronic health record, practice management, and medical billing capabilities to streamline clinic operations. CureMD's platform features real-time AI-powered medical scribing that records patient visits, generates accurate clinical notes, and auto-codes encounters with 99% accuracy.

DentalXChange

Headquarters: Irvine, CA
Year Founded: 1989
Leadership: CEO Paul Kaiser; CFO Kevin Doldan
Website: https://www.dentalxchange.com/
Financial Partner(s): KKR

DentalXChange is a dental revenue cycle management company, serving over 80,000 dental healthcare offices with technology that streamlines claims processing, eligibility verification, and payment acceleration. The company processes more than 230 million electronic data interchange transactions annually, including over 60 million dental claims, supporting nearly 1,400 payer plans. DentalXChange's platform simplifies the dental RCM ecosystem, reducing administrative burden and ensuring dental providers get paid quickly and accurately.

EnableComp

Headquarters: Franklin, TN
Year Founded: 2000
Leadership: CEO Frank Forte
Website: https://enablecomp.com/
Financial Partner(s): Welsh, Carson, Anderson & Stowe and Primus Capital

EnableComp is a specialty revenue cycle management company that helps healthcare providers maximize reimbursement on complex claims such as Workers' Compensation, Veterans Administration, Motor Vehicle Accident, and Out-of-State Medicaid. Through its intelligent automation platform, E360™, the company processes over 10 million claims annually and has recovered more than $5 billion in revenue for over 1,000 healthcare partners nationwide.

Ensemble Health Partners

Headquarters: Blue Ash, OH
Year Founded: 2014
Leadership: Founder and CEO Judson Ivy; COO Shannon White
Website: https://www.ensemblehp.com/
Financial Partner(s): Golden Gate Capital, Berkshire Partners, Warburg Pincus, and Bon Secours Mercy Health

Ensemble Health Partners is a technology-enabled revenue cycle management company that provides end-to-end financial services to healthcare organizations. It uses a combination of certified operators and AI-driven technology to help providers improve financial performance, reduce claim denials, and increase revenue, allowing them to focus on patient care. The company uses its proprietary Revenue Cycle Intelligence engine to identify and prevent revenue loss by analyzing claims for anomalies before they are submitted.

Experian

Headquarters: Dublin, Ireland
Year Founded: 1996
Leadership: CEO Brian Cassin; CFO Lloyd Pitchford
Website: https://www.experianplc.com/
Ticker: Listed on the London Stock Exchange as EXPN

Experian has a suite of products and services designed to help healthcare organizations manage the financial processes of patient care, from registration to final payment. These solutions use AI and data-driven insights to increase cash flow, automate administrative tasks, and reduce claim denials. Experian has had 2,700 payer connections. $4.9 billion in annual collections facilitated, and 175 million annual claims processed.

Fabric

Headquarters: Washington, D.C.
Year Founded: 2021
Leadership: Founder and CEO Aniq Rahman
Website: https://fabric.inc/
Financial Partner(s): Thrive Capital, Google Ventures, Salesforce Ventures, Vast Ventures, Box Group, and Atento Capital

Fabric builds intelligent automation tools for payers and providers focusing on benefit eligibility, prior authorization, and claims adjudication. Its platform automates over 85% of prior authorization workflows, reducing average turnaround times from days to hours and cutting administrative costs significantly. The company offers a Care Access Platform that includes tools like AI-assistant, symptom checkers, triage and routing, and conversational AI.

FinThrive

Headquarters: Plano, TX
Year Founded: Rebranded to FinThrive in 2022 (formerly nThrive)
Leadership: CEO Hemant Goel
Website: https://finthrive.com/
Financial Partner(s): Clearlake Capital Group

FinThrive offers a revenue cycle management platform combining billing, claims, contract modeling, reimbursement analytics, insurance discovery, and automation. Its platform integrates with existing systems like EHRs to automate and improve processes such as claims management, insurance verification, and payment collection, with the goal of reducing costs, improving profitability.

FirstHx

Headquarters: Toronto, Canada
Year Founded: 2017
Leadership: CEO Chris O'Connor M.D.
Website: https://firsthx.com/
Financial Partner(s): Center for Aging and Brain Health Innovation

FirstHx specializes in provider credentialing automation and digital licensing management. Its cloud platform accelerates credentialing by up to 50%, reducing manual errors and supporting compliance with payer and regulatory requirements. The company offers an AI-guided patient intake platform, and collects structured, evidence-based medical histories from patients before clinical encounters

Health Catalyst

Headquarters: South Jordan, UT
Year Founded: 2008
Leadership: CFO Jason Alger
Website: https://www.healthcatalyst.com/
Ticker: HCAT

Health Catalyst leverages advanced analytics and an enterprise data warehouse platform to deliver real-time revenue cycle management insights that improve financial performance across healthcare organizations. Its solutions have helped clients reduce accounts receivable days by up to 15-20%, decrease business intelligence reporting backlogs by 30%, and save hundreds of thousands of dollars through operational efficiencies.

HealthEdge

Headquarters: Burlington, MA
Year Founded: 2005
Leadership: CEO Stephen Krupa; CFO Matt McLaughlin
Website: https://healthedge.com/
Financial Partner(s): Bain Capital

HealthEdge is a SaaS platform that connects health plans, providers, and patients through a comprehensive suite of digital solutions aimed at automating operations, reducing administrative costs, and improving overall health outcomes. Currently, HealthEdge serves over 115 health plans covering more than 110 million members across the U.S. The company's top-tier solutions and administrative processing systems have consistently earned recognition from leading market analysts.

Health Note

Headquarters: San Francisco, CA
Year Founded: 2018
Leadership: Founder and CEO Joshua Reischer M.D.
Website: https://www.healthnote.com/
Financial Partner(s): SignalFire, Northwell Holdings, UnityPoint Health Ventures, and Cedars-Sinai Health Ventures

Health Note provides clinical documentation and scribing solutions powered by AI. Its platform reduces clinician documentation time by up to 50%, increases documentation accuracy, and supports over 200 healthcare organizations across the U.S., improving provider satisfaction and optimizing billing revenue capture. By integrating with existing electronic health record systems, Health Note facilitates seamless data flow, enhancing the efficiency of clinical workflows.

Inbox Health

Headquarters: New Haven, CT
Year Founded: 2014
Leadership: CEO Blake Walker; CFO Patrick Block
Website: https://www.inboxhealth.com/
Financial Partner(s): CT Innovations, Commerce Ventures, Fairview Capital, I2BF, Ten Coves Capital, Healthy Ventures, and Vertical Venture Partners.

Inbox Health offers a patient billing and communication platform designed to automate and modernize the entire patient accounts receivable process for medical practices and billing teams. The platform personalizes patient outreach by sending clear, easy-to-understand medical bills immediately after service via the patient's preferred communication channel. Inbox Health helps billing teams improve cash flow with reported 60% faster collection speeds within the first 60 days of implementation and serving more than 3,500 healthcare practices and 2.8 million patients annually.

Infinx

Headquarters: Cupertino, CA
Year Founded: 2012
Leadership: CEO Jaideep Tandon; CFO Ninad Chavda
Website: https://www.infinx.com/
Financial Partner(s): KKR and Norwest Venture Partners

Infinx provides a comprehensive approach to patient access and revenue cycle management by combining advanced automation, AI-powered workflows, and experienced specialists. Its solutions are designed to address the unique challenges of RCM. Infinx serves over 4,000 facilities and 5 million patients with more than $8 billion in revenue collected.

Innovaccer

Headquarters: San Francisco, CA
Year Founded: 2014
Leadership: Cofounder and CEO Abhinav Shashank; Cofounder and COO Sandeep Gupta
Website: https://innovaccer.com/
Financial Partner(s): B Capital Group, Banner Health, Danaher Ventures, Generation Investment Management, Kaiser Permanente, and many more

Innovaccer uses a unified data platform and AI to optimize revenue cycle operations. Its Denial Prevention and Recovery Accelerator helps providers proactively catch denials, missed charge capture, and documentation gaps by harmonizing data across EHRs, billing, authorizations, and payer systems. In RCM, Innovaccer helps reduce revenue leakage, improve claims accuracy, and accelerate cash flow by applying AI to key points in the cycle.

Inovalon

Headquarters: Bowie, MD
Year Founded: 1998
Leadership: CEO Adam Kansler; President and COO John Barneson
Website: https://www.inovalon.com/
Financial Partner(s): Nordic Capital, Insight Partners, and 22C Capital

Inovalon is a cloud-based healthcare technology company that partners with other entities to provide revenue cycle management. The Inovalon ONE Platform brings together national-scale connectivity, the nation's largest real-time primary source healthcare dataset, and advanced analytics to enable improved clinical outcomes and economics across the healthcare ecosystem. Its analytics and capabilities are used by over 50,000 active licensed customers and are informed by the primary source data of more than 92 billion medical events across 1.1 million physicians, 704,000 clinical settings, and 415 million unique lives.

Insight Health

Headquarters: Lake Forest, CA
Year Founded: 2023
Leadership: Cofounder and CEO Jaimal Soni; Cofounder and CTO Saran Siva
Website: https://www.insighthealth.ai/
Financial Partner(s): Kindred Ventures, 43, Invariantes Fund, MKT1, RTP Global, and Karman Ventures

Insight Health provides virtual care assistant AI solutions to augment clinical workflows and patient engagement. Its conversational agents handle up to 50% of inbound patient inquiries in outpatient settings, improving throughput and reducing provider burnout. Its tools reduce clinician documentation burden saving over 2 hours daily in many cases, allow providers to see more patients per week, improve patient throughput, and ensure more complete records and coding.

IntakeQ

Headquarters: Ontario, Canada
Year Founded: 2017
Leadership: CEO Robert Patrick
Website: https://forms.intakeq.com/
Financial Partner(s): HB Investment, CJ Investment, WOORI Venture Partners, KBD Capital, J-Curve Investment, and Wonik Investment Partners

IntakeQ offers a cloud-based digital intake and patient form management platform that helps clinics streamline the registration process, reduce paper workflows, and collect structured patient data prior to the visit. The platform has processed over 20 million forms and reduces clinic check-in times by 40% with fully customizable, HIPAA-compliant workflows.

Iodine Software

Headquarters: Austin, TX
Year Founded: 2010
Leadership: CEO William Chan; CFO Michael Lovell
Website: https://iodinesoftware.com/
Financial Partner(s): Acquired by Waystar (2025)

Iodine Software, recently acquired by Waystar, offers AI-driven clinical documentation and revenue integrity solutions that analyze hospital data to identify missed revenue opportunities and coding gaps. Serving over 300 hospitals nationwide, Iodine's platform delivers insights supporting a 5% to 7% lift in net revenue recovery and a 15% reduction in denials through improved documentation and coding precision.

Janus Health

Headquarters: Chicago, IL
Year Founded: 2020
Leadership: CEO Todd Doze
Website: https://www.janus-ai.com/
Financial Partner(s): Enhanced Healthcare Partners

Janus Health is a technology company transforming healthcare revenue cycle management through its AI-powered automation and operational intelligence platform, JanusIQ. The platform leverages machine learning, process mining, and advanced analytics to streamline workflows, improve payer performance, and reduce the cost-to-collect for hospitals and health systems. Janus studies end-user behavior to offer real-time guidance and automates routine RCM tasks, increasing yield and accelerating receivables.

Klara

Headquarters: New York, NY
Year Founded: 2020
Leadership: Founder and CEO Simon Bolz
Website: https://www.klara.com/
Financial Partner(s): BlackRock, Sequoia Capital, Gradient Ventures, Firstmark Capital, Project A Ventures, Lerer Hippeau, and Stage 2 Capital

Klara offers a patient communication platform for healthcare providers focusing on secure messaging, telehealth, and digital intake. Serving over 15,000 providers nationwide, Klara reduces no-show rates by 12% and accelerates patient responses with integrated AI-enabled messaging. Its platform improves front-end capture, reduces administrative burden, and helps accelerate revenue by enabling cleaner claims submission, and fewer cancellation.

Knack RCM

Headquarters: Woodbridge, NJ
Year Founded: 2007
Leadership: CEO Arvind Ramakrishnan; CFO Tom Kaylor
Website: https://knackrcm.com/
Financial Partner(s): Carlyle Group, LKCM Headwater Investments, and Weave Growth

Knack RCM delivers tech-enabled, end-to-end revenue cycle management solutions for independent practices, multispecialty physician groups, ambulatory surgery centers, anesthesia providers, durable medical equipment suppliers, and hospital systems. Knack supports over 700 locations across 18 states and provides tailored RCM services from patient registration and insurance verification to coding, billing, AR management, and provider credentialing.

Knowtion Health

Headquarters: Boca Raton, FL
Year Founded: 2008
Leadership: President and CEO Erica Tingley
Website: https://www.knowtionhealth.com/
Financial Partner(s): Acquired by Arsenal Capital Partners (2024)

Knowtion Health is a leading provider of technology-enabled revenue cycle management services, serving more than 550 hospitals nationwide and managing over $4.5 billion in outstanding accounts annually. The company leverages advanced AI-driven analytics and deep domain expertise to reduce denials, optimize medical necessity appeals, and recover complex and low-balance claims with increased accuracy and speed.

Kyruus Health

Headquarters: Boston, MA
Year Founded: 2010
Leadership: CEO Graham Gardner, M.D.; CFO Scott Andrews
Website: https://kyruushealth.com/
Financial Partner(s): Francisco Partners, Highland Capital Partners, Venrock, McKesson and Salesforce Ventures

Kyruus Health, which RevSpring recently acquired, leads in patient access and provider search solutions designed to optimize referral management and match patients with the right providers. Kyruus Health platform integrates provider directories, scheduling, and patient preference data to improve access and reduce leakage, which serves over 500 health systems and health systems using its platform realized a 30% increase in appropriate referrals and a 15% reduction in referral leakage, improving revenue capture and patient satisfaction.

LTC Ally

Headquarters: Lakewood, NJ
Year Founded: 2006
Leadership: Founder and CEO Michael Bauman
Website: https://ltcally.com/
Financial Partner(s): Clearview Capital and PNC Erieview Capital

LTC Ally is a revenue cycle management, financial, and office management services specifically tailored to long-term care and skilled nursing facilities across the United States. LTC Ally leverages proprietary systems, advanced technologies, and extensive industry expertise to manage billing, collections, payables, and contracts for hundreds of facilities, helping optimize cash flow and reduce unnecessary financial burdens.

Luma Health

Headquarters: Palo Alto, CA
Year Founded: 2015
Leadership: CEO Adnan Iqbal, CFO Jennifer De Leon
Website: https://www.lumahealth.io/
Financial Partner(s): FTV Capital, USVP, and PeakSpan

Luma Health offers a patient success platform that combines digital intake, appointment scheduling, automated outreach, remote patient monitoring, and conversational messaging tools. Its platform integrates tightly with multiple EHR systems enabling bidirectional workflows that reduce manual work and accelerate patient access. Also, the company includes generative AI-powered tools that automate fax processing and other administrative tasks.

Lyric

Headquarters: Newtown Square, PA
Year Founded: 1989
Leadership: CEO Raj Ronanki
Website: https://www.lyric.ai/
Financial Partner(s): Insight Partners, Primary venture Partners, Permanent Capital Ventures, VMG Partners

Lyric, formerly known as ClaimsXten, is a healthcare technology company that specializes in AI-powered payment accuracy solutions. It helps health plan payers reduce inaccurate payments and waste in the healthcare system by providing services for claims processing, auditing, and other administrative functions.

Machinify

Headquarters: Palo Alto, CA
Year Founded: 2016
Leadership: CEO David Pierre; CFO TG Ganeshan
Website: https://www.machinify.com/
Financial Partner(s): New Mountain Capital (2025)

Machinify is a healthcare intelligence company that utilizes AI and data models throughout the claim's lifecycle, from prior authorization to payment integrity and auditing. Machinify assists payers and providers in reducing administrative friction, detecting billing and coding anomalies, enforcing payment policies, and automating the claim adjudication process. Its modular AI engines are designed to enhance first-pass accuracy, minimize manual rework, and improve payment yield.

MCG Health

Headquarters: Seattle, WA
Year Founded: 1988
Leadership: President and CEO Jon Shreve
Website: https://www.mcg.com/
Financial Partner(s): Acquired by Hearst Health (2012)

MCS Health, part of Hearst Health, develops evidence-based guidelines and AI solutions that are the source of truth for clinical decision-making. Its evidence-based rules help guard revenue integrity and streamline payer-provider workflow. MCG's tools help payers and providers ensure that services billed are clinically justified, reduce unnecessary denials, support appeals, and align treatments to standard of care.

MD Clarity

Headquarters: Seattle, WA
Year Founded: 2010
Leadership: CEO Dan Freeman
Website: https://www.mdclarity.com/
Financial Partner(s): Search Fund Partners and Hunter Search Capital

MD Clarity provides a cloud-based revenue cycle management platform focused on financial transparency, price estimation, payer underpayment detection, and contract optimization for healthcare providers. Its software automates patient cost estimates, identifies and appeals underpayments, and manages benefits workflows serving provider organizations handling hundreds of thousands of annual patient visits. MD Clarity helps clinics, specialty practices, and MSOs proactively reduce revenue leakage.

MDaudit

Headquarters: Wellesley, MA
Year Founded: 1993
Leadership: CEO Ritesh Ramesh; CFO Nick Barnes
Website: https://www.mdaudit.com/
Financial Partner(s): Primus Capital and Bregal Sagemount

MDaudit offers an AI-powered, cloud-based platform focused on billing compliance, revenue integrity, and audit automation for hospitals, health systems, and provider groups. The platform supports over 70 of the top 100 U.S. health systems and serves a network of more than 3,000 revenue integrity and compliance specialists, collectively monitoring more than $5 billion in annual claims. MDaudit provides advanced risk analytics, workflow automation, coding and billing audits, charge capture analysis, and benchmarking.

MediStreams

Headquarters: Roswell, GA
Year Founded: 2009
Leadership: CEO James Coyle; President and CFO Joe Maher
Website: https://www.medistreams.com/
Financial Partner(s): No Financial Partners Found

MediStreams is a healthcare payments and remittance automation provider that streamlines inefficient revenue cycle management processes for health systems, hospitals, clinics, and physician groups. The company automates the conversion of paper Explanation of Benefits into electronic formats and accelerates payment posting with high accuracy, reducing administrative costs and manual errors. It serves diverse clients, including large health systems generating over $1 billion in net patient revenue and numerous ambulatory and specialty practices.

Nabla

Headquarters: Paris, France
Year Founded: 2018
Leadership: Cofounder and CEO Alexandre Lebrun, Cofounder and COO Delphine Groll
Website: https://www.nabla.com/
Financial Partner(s): Cathay Innovation, ZEBOX Ventures, HV Capital and DST Global

Nabla develops AI-powered healthcare communication tools that support personalized, multilingual patient messaging and virtual care workflows. Its AI chatbot can automate up to 60% of routine patient inquiries and assist care teams in pre-visit data collection and post-visit follow-ups. Nabla's technology has been adopted by over 100 healthcare providers across primary care and specialty practices in North America and Europe, showing a 25% reduction in call center volumes and better patient engagement metrics.

Navina

Headquarters: New York, NY
Year Founded: 2018
Leadership: Cofounder and CEO Ronen Lavi; Cofounder and CTO Shay Perera
Website: https://www.navina.ai/
Financial Partner(s): Growth Equity at Goldman Sachs, Vertex Ventures Israel, Grove Ventures, ALIVE, and many more

Navina is a healthcare AI technology company that delivers an AI platform designed for clinicians and health systems. The platform consolidates complex patient data from EHRs, claims, labs, and ambient documentation into actionable clinical insights at the point of care. Navina's clinician-first AI copilot enhances clinical decision-making, documentation accuracy, and proactive intervention, improving risk adjustment and quality management. Navina serves about 10,000 clinicians across 1,300 clinics, and its AI engine leverages over 600 proprietary AI algorithms.

NexHealth

Headquarters: San Francisco, CA
Year Founded: 2017
Leadership: Cofounder and CEO Alamin Uddin; CFO Vikram Rao
Website: https://www.nexhealth.com/
Financial Partner(s): Buckley Ventures, Point Nine, Rubicon Venture Capital, iSeed Ventures, Mantis VC, Lattice Ventures, and Spearhead

NexHealth provides a patient experience platform with scheduling, reminders, payments, and online forms, improving patient acquisition and retention. Serving over 10,000 providers, NexHealth clients report a 40% decrease in no-show rates and increased patient satisfaction through seamless digital engagement. The company helps lower front-end errors, improve patient registration accuracy, accelerate revenue capture via online payments, reduce days in AR, and improve overall claims readiness through cleaner data.

nimble solutions

Headquarters: St. Louis, MO
Year Founded: 2003
Leadership: CEO Kelley Blair
Website: https://nimblercm.com/
Financial Partner(s): Aquiline Capital Partners

Nimble solutions is a leading provider of revenue cycle management services tailored specifically for ambulatory surgery centers, surgical clinics, surgical hospitals, and anesthesia groups. The company serves over 1,100 surgical organizations nationwide and has managed over $10 billion in net collections. Nimble combines advanced technology with deep industry expertise to optimize coding, billing, and payer contract management, helping clients maximize revenue and reduce administrative burdens.

Office Ally

Headquarters: Vancouver, WA
Year Founded: 2000
Leadership: CEO Chris Hart; CFO James Oliff
Website: https://cms.officeally.com/
Financial Partner(s): New Mountain Capital and Francisco Partners

Office Ally is a healthcare technology company offering a range of cloud-based solutions designed to support medical practices with their administrative and billing needs. Its services include a robust practice management system called Practice Mate, a comprehensive electronic health record platform named EHR 24/7, and a claims clearinghouse known as Service Center for efficient submission and payment management.

Omega Healthcare

Headquarters: Boca Raton, FL
Year Founded: 2003
Leadership: CEO Anurag Mehta; CFO Robert Stephenson
Website: https://www.omegahms.com/
Financial Partner(s): Ontario Teachers' Pension Plan and Goldman Sachs Asset Management

Omega Healthcare specializes in comprehensive, technology-enabled revenue cycle management services that span the entire patient financial journey from patient access and insurance verification to claims management and collections. The company serves more than 350 healthcare organizations, and their RCM platform, Omega Digital, integrates advanced automation and AI-powered tools, including partnerships with UiPath for intelligent document processing, to reduce manual administrative workload, achieving up to 30% reduction in accounts receivable days, a 7 to 10% decrease in documentation errors, and a greater than 10% reduction in eligibility denials.

OpenDoctor

Headquarters: New York, NY
Year Founded: 2012
Leadership: CEO Joseph Marino; CFO Christy Schwartz
Website: https://opendr.com/
Financial Partner(s): StartUp Health and Montague Street Private Partners

OpenDoctor specializes in cloud-based patient engagement and appointment scheduling solutions tailored primarily for radiology and imaging practices. Its platform integrates with imaging IT systems to streamline complex patient and referring provider scheduling workflows. OpenDoctor's tools offer real-time online scheduling, automated appointment reminders, digital registration, and payment processing, enhancing patient access and reducing no-shows.

Penguin AI

Headquarters: Palo Alto, CA
Year Founded: 2024
Leadership: Cofounder and CEO Fawad Butt; Cofounder and Chief AI Officer Kishore Ayyadevara
Website: https://www.penguinai.co/
Financial Partners: Greycroft, UPMC Enterprises, Snowflake Ventures, SemperVirens, Watershed Ventures, and many more

Penguin AI is a healthcare-native AI and analytics company that develops purpose-built solutions to optimize administrative, clinical, and financial workflows across the healthcare ecosystem. Penguin AI leverages its proprietary platform to address complex revenue cycle challenges using advanced machine learning models and governance infrastructure. The company mentions its solutions can drive ROI within 90 days, helping clients automate claims processes, reduce denials, and streamline reimbursement.

Persivia

Headquarters: Marlborough, MA
Year Founded: 2005
Leadership: CEO Mansoor Khan Sc.D.; CMO Fauzia Khan M.D.
Website: https://persivia.com/
Financial Partners: Aldrich Capital Partners and Petrichor Healthcare Capital Management

Persivia is a healthcare technology company dedicated to facilitating the transition to value-based care through its AI-driven platform, CareSpace. This platform consolidates data from various sources, including claims, electronic health records, social determinants of health, and medical devices, creating a comprehensive longitudinal record for over 20 million patients. Persivia's AI engine, Soliton, analyzes data in real time to provide personalized alerts, care management, risk adjustment, quality improvement, and population health insights right at the point of care. The company supports over 200 hospitals and more than 12,000 users, enhancing clinical decision-making and outcomes through AI-powered workflow tools.

Phreesia

Headquarters: Wilmington, DE
Year Founded: 2005
Leadership: CEO Channing Ways
Website: https://www.phreesia.com/
Ticker: PHR

Phreesia provides a patient intake management platform that automates registration, payment collection, and consent capture both onsite and remotely. With a reach of over 120 million patients annually in more than 9,000 healthcare organizations, Phreesia streamlines front-office workflows, reduces errors, enhances patient engagement, and accelerates revenue cycle processes through faster point-of-service collections and payer eligibility verification.

Protego Health

Headquarters: New York, NY
Year Founded: 2023
Leadership: Cofounder and CEO Corey Feldman; CTO Tal Shulman
Website: https://www.protegohealth.ai/
Financial Partners: Lightspeed Venture Partners, Vida Ventures, and MPM Capital

Protego Health offers an AI-powered denials management platform that automates the prevention and appeal of denied medical claims for hospitals and healthcare organizations. By integrating payer policies, local coverage determinations, and clinical documentation, Protego identifies at-risk claims before submission, flags coding or policy errors in real time, and accelerates insurance appeals by up to 91%. Its platform enables RCM staff to focus on high-value claims, generate evidence-based appeals, and recover previously abandoned revenue.

R1 RCM

Headquarters: Murray, UT
Year Founded: 2003
Leadership: CEO Joseph Flanagan; President John Sparby
Website: https://www.r1rcm.com/
Financial Partner(s): Flare Capital Partners, Hospital for Special Surgery, Frist Cressey Ventures, Greycroft

R1 RCM is a full-cycle revenue cycle management firm serving hospitals, health systems, and physician groups. R1 offers end-to-end services, including patient access, charge capture, coding and clinical documentation improvement, claims submission, and denials. The company highlights that it partners with providers to reduce cost to collect by up to 15%, drive revenue improvement of 1% to 3%. Also, has a full technology suite with the usage of AI from Palantir to optimize reimbursement and complex claim workflows.

RapidClaims

Headquarters: Austin, TX
Year Founded: 2023
Leadership: CEO Dushyant Mishra; CFO Luke Rockenbach
Website: https://www.rapidclaims.ai/
Financial Partner(s): Better Capital, Peercheque, Neon Fund, DeVC, Day Zero Ventures, and many more

RapidClaims operates a marketplace and technology platform that streamlines the submission, tracking, and resolution of insurance claims and appeals on behalf of providers and payers. RapidClaims cloud-based solution automates claims performance analytics and accelerates appeal workflows, resulting in a 40% faster average appeal resolution time and a 15% improvement in claim approval rates.

Relatient

Headquarters: Atlanta, GA
Year Founded: 2012
Leadership: CEO Jeff Gartland; CFO Abby Weatherby
Website: https://www.relatient.com/
Financial Partner(s): Elsewhere Partners and Brighton Park Capital

Relatient specializes in patient engagement and communication solutions designed to improve financial outcomes, reduce administrative burden, and optimize revenue cycle performance. Its cloud-based platform supports over 3,000 healthcare organizations with automated appointment reminders, digital registration, billing notifications, and mobile-friendly payment requests through email, text, and voice channels. By leveraging real-time EHR and PM system integration, Relatient enables personalized, timely outreach that reduces no-show rates by 25%, boosts upfront collections, and improves data accuracy prior to billing.

Revecore

Headquarters: Franklin, TN
Year Founded: 1996
Leadership: CEO Noah Breslow
Website: https://revecore.com/
Financial Partner(s): GrowthCurve Capital, Riverside Partners, FCA Venture Partners, and Northleaf

Revecore is a premier healthcare revenue integrity company specializing in complex claims management, underpayment recovery, and denial prevention for hospitals and health systems nationwide. The company partners with over 1,200 hospitals across 45 states, leveraging proprietary automation, advanced analytics, and clinical expertise to recover accurate reimbursements and maximize revenue. Revecore handles intricate claims such as Motor Vehicle Accident, Workers Compensation, and Veterans Affairs reimbursements, processing billions in recoveries annually.

Reveleer

Headquarters: Glendale, CA
Year Founded: 2009
Leadership: CEO and President Jay Ackerman; CMO Alan Tam
Website: https://www.reveleer.com/
Financial Partner(s): Oak HC/FT, Boston Millennia Partners, Hercules Capital, Redhills Ventures, and more

Reveleer is a healthcare technology company specializing in value-based care enablement for health plans and risk-bearing providers. Founded with a focus on AI and natural language processing, Reveleer offers a unified platform that integrates data retrieval, clinical intelligence, risk adjustment, quality improvement, and member management to streamline healthcare workflows. The company processes millions of pages of medical records with high accuracy, enabling providers to improve care quality and optimize value-based contracts.

RevSpring

Headquarters: Nashville, TN
Year Founded: 1981
Leadership: CEO Scott MacKenzie; CFO Crista Harwood
Website: https://revspringinc.com/
Financial Partner(s): Acquired by Frazier Healthcare Partners (2024)

RevSpring is one of the leaders in the healthcare engagement and payment technology market with its Engage IQ connected patient engagement suite. The platform unifies patient interactions from pre-care through post-care and payment, using advanced analytics and behavioral intelligence to personalize communication and optimize outcomes. RevSpring's innovative technologies include AI-powered virtual assistants like Let's Talk, a virtual voice agent handling up to 70% of patient billing inquiries without human intervention, freeing staff and improving call-handling rates.

Rhinogram

Headquarters: Chattanooga, TN
Year Founded: 2015
Leadership: Founder and CEO Keith Dressler M.D.
Website: https://www.rhinogram.com/

Rhinogram provides a HIPAA-compliant patient communication platform that streamlines administrative workflows, enhances engagement, and supports revenue cycle performance across healthcare organizations. The platform enables two-way, real-time messaging via text, video, and images, eliminating phone tag and reducing front-office workload while maintaining secure communication. By integrating with EHR and PM systems, Rhinogram automates patient intake, consent collection, appointment reminders, and billing notifications, and decreases no-show rates by up to 22%.

Rhyme

Headquarters: Columbus, OH
Year Founded: 2014 and rebranded as Rhyme in 2022
Leadership: CEO Joe Anstine; COO Jay Sandhaus
Website: https://www.getrhyme.com/
Financial Partners: Insight Partners, BIP Capital, NCT Ventures, Detroit Venture Partners, Panoramic Ventures, Health 204, and Rev1 Ventures

Rhyme, formerly known as PriorAuthNow, builds automation for the prior authorization process. Rhyme's platform makes prior authorizations touchless by eliminating manual steps between payers and providers. Its tools include shared dashboards, analytics for waiving unnecessary prior authorizations, and improved process visibility to reduce friction, minimize denials, and speed up time to care. The company handles more than 4 million prior authorizations annually for more than 83 major health systems and supports more than 300 payers across all procedure types.

Rivet Health

Headquarters: Salt Lake City, UT
Year Founded: 2018
Leadership: Cofounder and CEO Ted Ferrin
Website: https://www.rivethealth.com/
Financial Partner(s): Lux Capital, Menlo Ventures, Pelion Venture Partners, Ankona Capital, and Catalyst Investors

Rivet Health offers a cloud-based revenue cycle management platform designed to optimize financial health visibility, payer contract management, denial prevention, and patient cost estimation for providers and health systems. The Rivet Payer Performance platform centralizes payer contracts, automates modeling and variance recovery for payer contract negotiations and renewals, and enables rapid identification and recovery of unpaid claims through benchmarking and analytics.

ScribeRunner

Headquarters: Miami, FL
Year Founded: 2023
Leadership: CEO Jhon Smith
Website: https://scriberunner.com/
Financial Partner(s): Attack Capital LLC, Y Combinator, Global Founders Capital, and Soma Ventures

ScribeRunner provides a HIPAA-compliant virtual scribe and documentation support platform that helps healthcare providers streamline clinical documentation workflows. It enhances revenue cycle performance by enabling more timely and accurate charting, which supports faster claims submission, fewer denials due to documentation errors, and improved compliance.

Sift Healthcare

Headquarters: Milwaukee, WI
Year Founded: 2017
Leadership: CEO Eric Flaningam
Website: https://www.sifthealthcare.com/
Financial Partner(s): Allos Ventures, First Trust Capital Partners, Rock River Capital, B Capital, and IKS Health

Sift Healthcare provides an advanced AI-powered revenue cycle management platform, specializing in payment analytics and denials intelligence for hospitals and healthcare organizations. The Sift denials tools leverage machine learning to prevent denials, optimize claims workflows, and automate denials management across clinical documentation, coding, and utilization review processes. Its platform utilizes predictive analytics to deliver actionable recommendations, helping revenue cycle teams prioritize high-impact claims, accelerate insurance payment collections, and reduce overall denials rates.

Smarter Technologies

Headquarters: Dallas, TX
Year Founded: 2025
Leadership: CEO Jeremy Delinsky
Website: https://www.smarter-technologies.com/
Financial Partner(s): New Mountain Capital

Smarter Technologies delivers patient engagement, scheduling, and payment solutions. Its platform boasts a 65% patient self-service uptake, resulting in reduced front-desk workload and improved patient satisfaction. Its payment processing suite supports multiple integrated payer workflows and has achieved up to 25% acceleration in revenue cycle collections.

SOAP Health

Headquarters: Boca Raton, FL
Year Founded: 2019
Leadership: Founder CEO Steven Charlap, M.D., President and COO Paul Battle
Website: https://soap.health/
Financial Partner(s): Ambit Health Ventures and Mayo Clinic Platform

SOAP Health delivers an AI-powered, EHR-integrated conversational medical interviewer and clinical decision-assist platform for healthcare providers. The solution features an animated digital human with a 100% voice-based interface that collects more accurate, comprehensive patient data to drive thorough risk assessments and clinical documentation. SOAP Health automates patient intake, streamlines risk predictions, and generates precision patient profiles to improve diagnostic accuracy, coding, and billing productivity.

Solventum

Headquarters: Eagan, MN
Year Founded: 2023
Leadership: CEO Bryan Hanson; CFO Wayde McMilan
Website: https://www.solventum.com/en-us/home/
Ticker: SOLV

Solventum, spun off from 3M, has a health information systems segment that provides advanced revenue cycle management technologies and analytics, helping over 75% of U.S. hospitals streamline claims processes, improve billing efficiency, and reduce administrative burden. Central to its innovation in RCM is the 360 Encompass, offers autonomous coding capabilities, proactively detects denial patterns, integrates with billing workflows, and provides real-time analytics that empower revenue cycle teams to make data-driven decisions.

Steer Health

Headquarters: Irving, TX
Year Founded: 2021
Leadership: CEO Sridhar Yerramreddy; CFO Erik Lepke
Website: https://steerhealth.io/

Steer Health offers an AI-powered automation and patient engagement platform aimed at reducing administrative burden and improving access, retention, and financial performance. Its tools include intelligent scheduling, digital intake and triage, automated reminders and eligibility checks, AI voice agents, and an AI scribe solution that generates clinical documentation in real time. The company reports a 10%-15% lift in risk scores and improved compliance across Medicare Advantage populations.

Sully.ai

Headquarters: Mountain View, CA
Year Founded: 2023
Leadership: CEO Ahmed Omar
Website: https://www.sully.ai/
Financial Partner(s): Amity Ventures, Y Combinator, SemperVirens Venture Capital, Phaze Ventures, Goodwater Capital

Sully.ai delivers AI-powered virtual assistants designed to automate patient scheduling, billing inquiries, and customer service workflows. The platform resolves up to 65% of inbound patient interactions autonomously, reducing call center volume and improving patient financial experience for large health systems.

TeleVox

Headquarters: Omaha, NE
Year Founded: 1992
Leadership: President Sam Meckey; CFO Joseph Pisciotta
Website: https://televox.com/
Financial Partner(s): Affiliate of Apollo Global Management

Televox, a part of WestCX an Apollo affiliated company, offers appointment reminders, patient outreach, and payment notification solutions through multichannel messaging. Serving over 3,000 healthcare providers, Televox reduces appointment no-shows by up to 40% and accelerates patient collections through timely payment reminders integrated into workflow systems.

Tellescope

Headquarters: San Francisco, CA
Year Founded: 2019
Leadership: CEO Angela Yee
Website: https://tellescope.com/

Tellescope develops AI-powered digital assistant platforms that enhance patient communication, automate data collection, and provide real-time clinical insights to healthcare teams. Its platform supports improved patient engagement and operational efficiency, leading to an average 15% reduction in no-shows and improved pre-visit data accuracy that can be used to enhance the RCM process.

TogetherMD

Headquarters: Denver, CO
Year Founded: 2008
Leadership: CEO Kevin Lawrence
Website: https://togethermd.com/

TogetherMD specializes in AI-powered revenue cycle management solutions for hospitals, health plans, and value-based care organizations. Its proprietary GapAI software combines machine learning and natural language processing to identify and prioritize revenue opportunities, improving hospital coding, clinical documentation, and payer contract negotiations. TogetherMD supports over 250 healthcare organizations with tailored consulting and SaaS solutions, leveraging a hybrid approach that combines AI technology with expert human oversight to optimize financial outcomes and operational efficiency across both fee-for-service and value-based care models.

Trend Health Partners

Headquarters: Hunt Valley, MD
Year Founded: 2018
Leadership: CEO Sarah Armstrong
Website: https://trendhealthpartners.com/
Financial Partner(s): Lone View Capital

Trend Health Partners is an independent, technology-enabled payment integrity company that bridges the gap between payers and providers through a collaborative platform designed to reduce waste, improve accuracy, and strengthen financial transparency across the healthcare ecosystem. The company's AI-driven tools and proprietary solutions identify overpayments, prevent claim denials, and streamline reimbursement accuracy for hospitals and health plans. Trend has processed more than 2.4 million credit balances, 2.8 million denials, and delivered over $500 million in total payer savings.

TriZetto

Headquarters: Teaneck, NJ
Year Founded: 1983
Leadership: Part of Cognizant
Website: https://www.cognizant.com/us/en/industries/healthcare-technology-solutions/trizetto
Financial Partner(s): Acquired by Cognizant (2014)

TriZetto, which operates under Cognizant, offers a suite of software solutions for insurers and providers, including claims adjudication, benefit administration, provider contracting, and integration services. Its tools create interoperability and help payers settle claims, adjudicate coverage, and automate back-end financial workflows, which supports revenue integrity for providers. The company supports over 200 million member lives, 875,000 providers, and processes roughly 2.6 billion transactions annually.

VisiQuate

Headquarters: Santa Rosa, CA
Year Founded: 2009
Leadership: Founder and CEO Brian Robertson
Website: https://www.visiquate.com/
Financial Partner(s): Accel-KKR and Sixth Street

VisiQuate is a healthcare analytics and revenue cycle intelligence company that transforms healthcare data into actionable insights through advanced automation, AI, and machine learning. Its enterprise platform unifies revenue cycle, clinical, and operational data, enabling providers to improve yield, reduce denials, and accelerate decision-making. The company's cognitive AI assistant, Ana, uses natural language processing and predictive analytics to help users manage complex claims and identify root causes of revenue leakage.

Waystar

Headquarters: Louisville, KY
Year Founded: 2017
Leadership: CEO Matt Hawkins; CFO Steve Oreskovich
Website: https://www.waystar.com/
Ticker: WAY

Waystar offers a unified, cloud-based revenue cycle management platform tailored for hospitals, health systems, and medical practices. It automates critical financial workflows, including claims adjudication, eligibility verification. The platform serves approximately 30,000 clients, representing over 1 million providers. Processing more than 6 billion healthcare payment transactions annually and spanning claims totaling $1.8 trillion.

Weave Communications

Headquarters: Lehi, UT
Year Founded: 2008
Leadership: CEO Brett White; CFO Jason Christiansen
Website: https://www.getweave.com/
Ticker: WEAV

Weave offers an integrated communication and patient payment platform designed to improve front-office operations and streamline revenue collection for small and midsize healthcare practices. The system combines phone, SMS, email, and digital payment capabilities in a unified interface, allowing practices to automate appointment reminders, manage billing follow-ups, and collect payments directly via text. Customers report a 25% increase in patient payment collections and greater operational efficiency due to centralized communication workflows.

Yosi Health

Headquarters: New York, NY
Year Founded: 2015
Leadership: Cofounder and CEO Hari Prasad
Website: https://yosi.health/
Financial Partner(s): PSG-Science and Technology Entrepreneurial Park, Plug and Play Tech Center, StartUp Health, and Dreamit Ventures

Yosi Health provides a digital front-door automation platform that streamlines the patient journey from pre-arrival registration and intake to scheduling, patient communication, and payment collection. The platform includes features such as self-scheduling, digital patient intake and check-in, real-time insurance eligibility verification, all integrated bi-directionally with leading EMR and EHR systems. Practices using Yosi report significant operational efficiencies which includes reducing no-show rates by up to 45%, saving 21 minutes of administrative staff time per patient, reducing phone call volume by 70%, and increasing patient payment collection rates by 20% in specialty clinics.

Zelis

Headquarters: Boston, MA
Year Founded: 1995
Leadership: CEO Amanda Eisel; CFO Brian Gladden
Website: https://www.zelis.com/
Financial Partner(s): Parthenon Capital, Bain Capital, Mubadala Investment Company, Norwest, and HarbourVest

Zelis provides financial infrastructure solutions that aim to streamline payment, claims, and pricing processes for payers and providers. The company supports claims editing, payment integrity, negotiations & bill review, provider payments, and tools for better member engagement. Its platform helps reduce payment delays, improve net collections, ensure accurate reimbursements, and drive transparency in pricing.

ZOLL Data Systems

Headquarters: Chelmsford, MA
Year Founded: 2003
Leadership: Apart of ZOLL
Website: https://www.zolldata.com/
Financial Partner(s): Acquired by ZOLL (2018)

ZOLL Data Systems, a division of ZOLL Medical Corporation, is a suite of revenue cycle management optimization tools that automatically finds, corrects, and verifies patient and payer information to increase reimbursements and reduce administrative burden. Its features include insurance discovery that is identifying hidden payer sources for self-pay claims, deductible monitoring based on deductible status, self-pay analyzer which is improving self-pay collections, and retroactive Medicaid that is converting eligible self-pay claims to Medicaid.

The prices of the common stock of other public companies mentioned in this report follow:

Alphabet, Inc. (Outperform)	$290.59
Doximity, Inc. (Outperform)	$52.54
Health Catalyst, Inc. (Outperform)	$2.85
Microsoft Corporation (Outperform)	$506.00
Oracle Corporation (Outperform)	$240.83
Palantir Technologies, Inc. (Market Perform)	$193.61
Phreesia, Inc. (Outperform)	$22.62
Premier, Inc.	$28.17
Solventum Corp.	$71.79
Twilio, Inc. (Outperform)	$130.61
UnitedHealth Group Incorporated	$321.58
Waystar Holding Corp. (Outperform)	$36.11
Weave Communications, Inc.	$6.39

IMPORTANT DISCLOSURES

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DOW JONES: 47928.00
S&P 500: 6846.61
NASDAQ: 23468.30

Additional information is available upon request.

Current Rating Distribution (as of November 11, 2025):

Coverage Universe	Percent	Inv. Banking Relationships *	Percent
Outperform (Buy)	71	Outperform (Buy)	10
Market Perform (Hold)	29	Market Perform (Hold)	3
Underperform (Sell)	1	Underperform (Sell)	0

*Percentage of companies in each rating category that are investment banking clients, defined as companies for which William Blair has received compensation for investment banking services within the past 12 months.

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