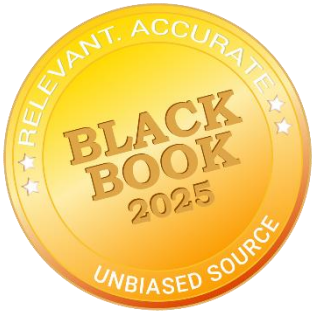
TOP CLIENT-RATED HEALTHCARE
SOFTWARE & OUTSOURCED SERVICES VENDORS

MANAGED SERVICES USER SURVEY RESULTS



Cross Ancillary Services Revenue Cycle Management

Comparative Performance Result Set of
Ambulatory Services Key Performance Indicators

Outpatient Laboratory & Pathology
Diagnostic Imaging & Radiology
Outpatient Pharmacy
Hospital Ambulatory Clinics & Services

Survey Period: Q1 2025 – Q4 2025

Black Book™ annually evaluates leading health care/medical software and outsourcing service providers across 18 operational excellence key performance indicators completely from the perspective of the client experience. Independent and unbiased from vendor influence, more than 2,500,000 healthcare IT users have contributed to various annual customer satisfaction polls. Suppliers also encourage their clients to participate in producing current and objective customer service data for buyers, analysts, investors, consultants, competitive suppliers, and the media. For more information or to order customized research results, please contact the **Client Resource Center** at **+1 800 863 7590** or **research@blackbookmarketresearch.com**

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Table of Contents

SURVEY PARTICIPATION: ANCILLARY RCM OUTSOURCING SOLUTIONS

This segment of the Black Book™ RCM services user survey for included insights from 3,275 users from 2,566 provider organizations. Each survey set was collected across four separate polls.

Respondent Title	Respondents
Community & Independent Hospitals	405
Health Systems & IDNs	820
Outpatient & Diagnostic Laboratory Facilities	503
Pathologists/Physician Practices	299
Toxicology & Public Health Agencies	67
Other Laboratories (Freestanding, LTC, Institutional)	290
Radiology & Diagnostic Imaging Facilities	677
Outpatient Pharmacies	116
Rehab, Infusion, Clinics, Diagnostic Centers	98
TOTAL	**3,275**

Source: Black Book™

Grouped Respondent Categories

1. Executive & Financial Leadership 21%

- Chief Financial Officer (CFO)
- Vice President / Director of Revenue Cycle
- VP of Finance / Reimbursement
- Executive Directors of Ambulatory Services

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2. Revenue Cycle Operations & Management 44%

- Revenue Cycle Managers (Ambulatory / Outpatient)
- Patient Access / Registration Managers
- Billing & Collections Supervisors
- Denials & Appeals Managers
- Utilization Management Leaders

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3. Clinical & Coding / HIM Integration 17%

- HIM Directors and Coding Managers
- Outpatient CDI (Clinical Documentation Integrity) Leads
- Medical Coding Specialists (CPT, ICD-10, HCPCS)
- Compliance & Audit Managers

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4. Frontline & Patient-Facing Roles/Others 18%

- Patient Access / Registration Staff
- Medical Office Coordinators / Practice Managers
- Scheduling & Pre-Authorization Specialists, Financial Counselors

Cross-Ancillary Outpatient & Ambulatory Services RCM 2026 Outlook

Ambulatory revenue cycles are no longer quiet back offices—they're the frontline battlefield of U.S. healthcare economics. Whether it's labs capturing Z-codes, imaging groups navigating site-neutral rates, therapy clinics documenting every timed minute, or pharmacies wrestling with GLP-1 prior auths, the pattern is clear: **payer rules are moving upstream**. The new game is to operationalize reimbursement logic at the point of order, scheduling, or prescription—not after a denial hits.

The Shared Fault Lines

Prior authorization in disguise. Every ancillary sector is dealing with new flavors of pre-approval: Z-codes in labs, AUC checks in radiology, UM vendor oversight in therapy, and electronic prior auth in pharmacy. Labels differ, but the dynamic is the same—utilization controls creep forward, often disguised as "documentation requirements" or "coverage validation."

Patient-pay friction. Transparency mandates and high deductibles are transforming front-end conversations. From imaging estimates to therapy payment plans and pharmacy accumulator detection, patients expect clarity at scheduling or pickup. Abandonment is the new denial: if costs aren't visible and manageable, revenue evaporates.

AI in denial prevention. Across modalities, vendors are embedding supervised AI models into claim edits, documentation audits, and predictive adjudication. The shared goal: raise first-pass yield, reduce preventable denials, and compress A/R. But success hinges on high-quality integration with order entry, LIS/RIS, EMR, or dispensing platforms.

Documentation as revenue currency. For therapy it's KX and functional goals, for imaging it's AUC evidence, for pharmacy it's indication checks, and for labs it's MolDX Z-codes. Different codes, same principle: **the note must narrate medical necessity in a way a payer algorithm can parse.**

Policy Weather System: 2025–2026

- **Medicare's site-neutral storm.** Radiology HOPDs feel it now, but the principle is expanding: flatten payments between hospital and freestanding sites. Labs and therapy may not be immune over time.
- **No Surprises Act ripple.** All ancillary services—labs, imaging, rehab, pharmacy—must furnish good faith estimates and manage self-pay disputes. NSA arbitration costs make prevention the only viable strategy.
- **IRA and Part D redesign.** Pharmacy out-of-pocket caps shift adherence patterns, but ripple effects touch therapy and imaging via adherence and referral flows.
- **Future of PAMA & SALSA.** Lab pricing reform (or lack thereof) in 2026 could trigger broader debates about how Medicare sets outpatient ancillary rates.
- **Digital attachments rule.** CMS and commercial payers are converging on structured clinical attachments for claims and auths. Labs, imaging, therapy, and pharmacy alike will need infrastructure for transmitting evidence electronically.

Operational Imperatives Across Ancillaries

Integration over outsourcing. Whether it's LIS/LIS+RCM (labs), RIS + scheduling (imaging), EMR + POC templates (therapy), or dispensing + ePA (pharmacy), the winning model is tight integration of clinical and billing systems. Accuracy is decided at order entry, not in the billing vendor's queue.

Policy as executable code. The era of PDFs and binder manuals is over. Centralized, up-to-date rule engines (payer edits, thresholds, benefit logic) embedded into workflows are the only way to keep up.

Denial management as production line. High-performing groups industrialize appeals: payer-specific templates, auto-assembled packets, SLA tracking, and upstream feedback loops.

Patient-centric financial experience. Outpatient care often feels "retail" to patients. Transparent estimates, digital payment options, and mobile updates reduce disputes and accelerate collections.

Sector-Specific Flashpoints in a Shared Frame

- **Labs:** Z-codes and MolDX continue to dominate denial risk; 2026 PAMA reset looms.
- **Imaging:** AUC mandates and site-neutral policy compress margins; AI edits for modifiers and bundling rules differentiate.
- **Therapy (PT/OT/SLP):** Assistant differential, therapy thresholds, and UM vendors raise documentation pressure; RTM offers growth but requires rigor.
- ***Pharmacy:** GLP-1 utilization battles, ePA mainstreaming, specialty hub integration, and dual pharmacy/medical billing for clinical services reshape economics.

Market Signals to Watch in 2025

- Consolidation of ancillary RCM platforms: multi-modality solutions integrating eligibility, prior auth, documentation, and billing.
- Expansion of payer "performance-based" reimbursement in pharmacy and therapy, linking payments to adherence and functional outcomes.
- Early signs of bundled/outcome-based payment models across therapy and imaging episodes.
- AI "pre-submission adjudication engines" marketed as universal denial-prevention layers across outpatient verticals.

Guardrails for Ambulatory CFOs and RCM Leaders

1. **Centralize payer logic** across labs, imaging, therapy, and pharmacy into one rules engine.
2. **Measure first-pass yield** weekly by sector and payer; treat <90% as urgent.
3. **Align clinical documentation cadence** (progress notes, AUC evidence, indication checks) with payer requirements in real time.
4. **Build patient-pay workflows** that start at scheduling/ordering and include estimates, autopay, and financial counseling.

5. **Scenario-plan for 2026–2028 reimbursement resets** (PAMA cuts, site-neutral expansion, IRA rollouts, NSA arbitration costs).

The Horizon: 2026–2028

- **Convergence of outpatient RCM tech.** Expect tighter vendor ecosystems or M&A producing multi-ancillary denial-prevention stacks.
- **Outcome-linked contracts.** Therapy outcomes, imaging appropriateness, pharmacy adherence—all feeding into risk-based reimbursement.
- **Normalization of real-time estimates.** Patients won't tolerate mystery bills; retail-style transparency becomes standard across modalities.
- **AI as operating system.** Predictive denial engines, documentation prompts, and patient-pay abandonment risk scores shift from differentiator to commodity.
- **Resilient ambulatory networks.** Health systems and PE-backed groups that harmonize rules across labs, imaging, therapy, and pharmacy will weather reimbursement volatility better than siloed operators.

Bottom line: Outpatient and ambulatory RCM is fragmenting by service line but converging in principle: **payer rules must be embedded into the clinical front end, patient financial transparency must be routine, and denial prevention must be industrialized.** Winners will treat policy like living code, not paperwork, and design revenue cycles that learn and adapt across all ancillary services.

Cross-Ancillary / Enterprise Ambulatory Ancillary RCM — Top 20 (Q4 2025)

1. XIFIN
2. Optum
3. AGS Health
4. AKASA
5. FinThrive
6. athenahealth
7. SYNERGEN
8. Tebra (Kareo)
9. TRUBRIDGE
10. Medsphere / ChartLogic RCM
11. ADVANCEDMD solutions (fka National Medical Billing Services)
12. Ensemble Health Partners
13. Conifer Health Solutions
14. Guidehouse
15. Sagility (HGS Healthcare)
16. GeBBS Healthcare Solutions
17. Omega Healthcare
18. Access Healthcare
19. NIMBLE
20. MED-METRIX Health

Laboratory Outpatient RCM 2026 Outlook

The Money Map is Shifting

Z-codes move into the mainstream. What began as a Medicare control mechanism is now firmly in the commercial payer environment. Major plans have expanded Z-code requirements for molecular and genetic claims, creating new operational choke points. Labs must capture Z-codes at order entry, not after the fact, to avoid denials.

Prior authorization expands quietly. Payers continue layering utilization controls onto advanced diagnostics. While not always called "prior auth," new requirements—Z-codes, clinical documentation, or coverage checks—operate as functional pre-approvals. The lesson: front-end clinical validation tools are now essential.

AI in denial prevention. Revenue cycle vendors are investing heavily in supervised AI models that flag claims likely to be denied before submission. The emphasis is on predictive edits tied to test codes, payer rules, and patient eligibility. Every point of improvement in first-pass yield represents major revenue recovery in high-volume outpatient labs.

Patient-pay pressure grows. Transparency laws and the No Surprises Act are changing how labs handle self-pay and out-of-network claims. Patients expect clear, upfront estimates and fewer "mystery bills." This is driving adoption of real-time eligibility, good faith estimates, and better financial counseling at the point of service.

Policy & Reimbursement: 2025–2026

CLFS stability. Clinical Laboratory Fee Schedule (CLFS) rates for 2025 are stable, with payment reduction caps held at zero for most non-advanced tests. But a new reporting window opens in 2026, when reductions of up to 15% annually can return. Labs should model downside risk now.

SALSA legislation watch. The proposed Saving Access to Laboratory Services Act could fundamentally reform how Medicare sets lab rates. If passed, it could soften the volatility of PAMA-driven cuts. If not, expect turbulence to resume in 2026 and beyond.

No Surprises Act (NSA). Labs are required to provide good faith estimates to uninsured or self-pay patients. Federal arbitration fees for disputed out-of-network bills are rising, discouraging overuse of the dispute process. The operational priority: accurate estimates, clean self-pay wo`rkflows, and early financial counseling.

Commercial plan expansions. National payers and regional Blues are extending Z-code and documentation rules beyond Medicare's MolDX program. Each payer's policies differ in scope and coding specifics, forcing labs to maintain dynamic, payer-specific playbooks that integrate directly into billing workflows.

Operational Insights

Integration beats outsourcing. The accuracy of a lab claim is decided at order entry, not when it hits the billing vendor. Forward-thinking labs integrate LIS, ordering portals, and RCM systems tightly so that coverage, coding, and Z-code requirements are validated early.

Eligibility and benefits discovery. Patient service centers are adopting real-time eligibility tools, printing good faith estimates on the spot, and offering mobile pay options. This shift reduces small-balance accounts and unpaid self-pay bills.

Appeals as a product. Successful labs are systematizing appeals with payer-specific templates and auto-assembled packets. Instead of one-off letters, denial management is treated like a repeatable product line that scales across claims.

Metrics that matter. The most advanced labs are watching three numbers weekly: (1) first-pass yield by payer/test, (2) preventable denial rates by reason code, and (3) the percentage of orders corrected before claim creation. These KPIs actually predict cash flow.

2025 Market Signals

- CMS quarterly CLFS updates continue to adjust codes and rates; labs must refresh catalog pricing regularly.
- MACs emphasize strict Z-code claim formatting, reinforcing the need for clearinghouse edits.
- RCM modernization remains a top buyer priority, with AI-assisted denial management as the primary differentiator.

Guardrails for 2025

1. Centralize payer policy logic in executable systems, not static manuals.
2. Validate coverage, benefits, and Z-codes at order entry, not after.
3. Automate appeal kit generation for the top tests and payers.
4. Report granular KPIs weekly to guide workflow adjustments.
5. Scenario-plan for 2026 PAMA-driven cuts and contract adjustments.

2026–2028 Horizon

- **Policy orchestration becomes the differentiator.** Labs that treat payer rules as living code will outperform those relying on manual updates.
- **LIS and RCM convergence.** Expect tighter vendor partnerships and APIs to keep catalogs, Z-codes, and charge masters synchronized.
- **Patient-pay normalization.** Good faith estimates and advanced explanations of benefits will reduce disputes and improve collections.
- **Legislative uncertainty.** Whether SALSA reforms PAMA or not, labs need flexible pricing and contracting strategies.

Bottom line: Outpatient lab RCM is no longer just billing—it's a rules engine. Winners are those that build denial prevention into the order, wire payer policy directly into their systems, and prepare for the next reimbursement reset before it arrives.

Outpatient Laboratory & Pathology RCM — Top 20 (Q4 2025)

1. XIFIN
2. Quadax
3. TELCOR
4. ADSRCM (Advanced Data Systems)
5. EqualizeRCM
6. Infinx
7. Phytest
8. Crelio Health
9. Medusind Solutions
10. Medcare MSO
11. Phoenix Healthcare Services
12. NEXT Services
13. PGM Billing
14. Medisys Data Solutions
15. PUREDI
16. Coronis Health (Pathology Division)
17. Fortis Medical Billing
18. Resolv Healthcare
19. LigoLab
20. Experity

Radiology/Diagnostic Imaging RCM 2026 Outlook

Imaging RCM in Flux

Prior authorization creep. Radiology continues to be the number one prior authorization battleground. Payers are extending utilization controls beyond high-cost MR and PET to include CT, ultrasound, and even outpatient plain films in some markets. What's emerging is not just "auth or denial," but complex coverage checks tied to medical necessity and site-of-service rules.

Site-neutral pressures intensify. Medicare's site-neutral payment policy is accelerating into commercial contracts. Hospital outpatient departments face reimbursement compression to freestanding imaging levels, forcing revenue cycle teams to rethink coding strategies and renegotiate payer contracts.

AI-powered denial prevention. Radiology billing is complex—modifier usage, global vs. professional splits, bundling rules. Vendors are rolling out AI-assisted coding and claim edits that anticipate payer bundling logic, reducing preventable denials on high-volume imaging codes.

Patient-pay expectations shift. Advanced imaging is a lightning rod for cost transparency. Patients increasingly demand upfront estimates before scheduling, not after scans. This is pushing imaging centers to deploy eligibility verification and estimation tools tied directly into scheduling platforms.

Policy & Reimbursement: 2025–2026

Appropriateness criteria mandates. CMS continues phasing in its Appropriate Use Criteria (AUC) program for advanced imaging, requiring ordering providers to consult Clinical Decision Support Mechanisms (CDSM). Commercial payers are following suit, meaning RCM teams must ensure AUC data is captured in order entry systems.

Site-neutral expansion. Expect continued CMS push to flatten reimbursement for HOPDs and ASC/freestanding sites. The downstream effect: health systems relying on imaging margins must prepare for reimbursement erosion.

No Surprises Act (NSA). Radiology groups must provide good faith estimates to uninsured/self-pay patients and manage balance billing limits. Radiology has one of the highest volumes of disputed out-of-network bills—NSA arbitration fees and compliance costs are hitting this sector hard.

Commercial payer documentation creep. Major payers are now requiring not only auth numbers but attached medical necessity documentation at the claim stage for certain MR and CT codes. Failure to align claim and auth packets can trigger denials.

Operational Insights

Front-end integration is decisive. The battle is won at scheduling and order entry. Embedding eligibility, prior auth, and AUC checks into scheduling software reduces downstream denials.

Coding complexity demands automation. Radiology billing remains modifier-heavy and rule-dense. Automated coding assist tools—driven by AI trained on payer edits—are reducing error rates and improving first-pass yield.

Patient-pay capture. Radiology is often a "first touch" with patients. Self-pay workflows, upfront cost estimates, and flexible payment plans are moving from optional to mandatory.

Denial management as infrastructure. Leading imaging groups are treating denial management like a continuous feedback loop—analyzing denials by CPT/modifier, payer, and site to push fixes upstream.

2025 Market Signals

- Commercial payers piloting automated prior auth systems tied to CDSMs.
- CMS delaying but not abandoning full AUC enforcement; providers must prepare regardless.
- AI vendors targeting radiology RCM specifically for coding precision and predictive denial edits.
- Consolidation of imaging groups increasing bargaining power with payers—but also concentrating risk.

Guardrails for 2025

1. Embed AUC/CDSM checks directly into ordering workflows.

2. Treat site-neutral policy as inevitable; remodel margin forecasts accordingly.
3. Automate eligibility and estimate generation at scheduling.
4. Build payer-specific denial prediction logic into coding/RCM platforms.
5. Continuously reconcile prior auth data with claim packets to avoid technical denials.

2026–2028 Horizon

- **Policy orchestration differentiator.** Imaging centers that hardwire payer rules and AUC requirements into their scheduling/RCM stack will outperform manual shops.
- **Site-neutral maturity.** By 2028, reimbursement levels between HOPDs and freestanding imaging will converge, resetting the business model for hospital-owned imaging centers.
- **AI-assisted coding mainstreams.** Predictive edits for modifiers, bundling, and medical necessity will be table stakes.
- **Patient-pay normalization.** Imaging will lead healthcare in publishing cost estimates upfront, shifting perception from "surprise bills" to retail-style transparency.

Bottom line: Radiology RCM is becoming a scheduling-and-ordering discipline as much as a billing one. Winners will build payer and policy rules into the front end, normalize site-neutral reimbursement expectations, and harness AI to strip out preventable denials before claims ever leave the workstation.

Outpatient Radiology & Diagnostic Imaging RCM — Top 20 (Q4 2025)

1. XIFIN
2. Zotec Partners
3. MBMS
4. ImagineSoftware
5. Healthcare Administrative Partners (HAP)
6. APS Medical Billing
7. Dexios
8. Coronis Health (Radiology Division)
9. CIPROMS
10. ADSRCM – MedicsRIS
11. PGM Billing
12. R1 RCM
13. GeBBS Healthcare Solutions
14. MedEvolve
15. Precision Medical Billing
16. TRUBRIDGE
17. Plutus Health
18. MED-METRIX Health
19. Omega Healthcare
20. Ensemble Health Partners

Outpatient Pharmacies RCM 2026 Outlook

Shifting Ground at the Counter

DIR at the register. The redesign of Direct and Indirect Remuneration (DIR) fees has moved true reimbursement math into the point-of-sale moment. Pharmacies no longer chase clawbacks months later—they see the revenue picture immediately, which means cash-flow is steadier but margins are thinner.

Specialty drugs as the epicenter. A handful of molecules—oncology, autoimmune, GLP-1s—dominate both revenue and operational complexity. Benefit investigations, prior auth, foundation enrollment, and hub coordination dictate whether the prescription ever gets filled.

The GLP-1 squeeze. Anti-obesity and diabetes therapies have become the new frontier of denial, with payer rules shifting quarterly. Pharmacies without streamlined indication checks and step-therapy logic face soaring reversal rates.

Policy Crosswinds: 2025–2026

Medicare Part D redesign. The Inflation Reduction Act caps out-of-pocket spend at $2,000, changing adherence patterns and cost-share flows. Pharmacies must recalibrate forecasting and reconcile more complex payer settlements.

ePA becomes the rule, not the exception. Electronic prior authorization and real-time benefit check integration are spreading rapidly. Plans expect structured clinical data attached; pharmacies must re-engineer workflows to collect and transmit it.

Copay accumulators remain disruptive. Deductible crediting of manufacturer assistance is highly variable. Without real-time accumulator detection, patient estimates are wrong, and collections collapse.

340B under the microscope. Federal and state scrutiny of contract-pharmacy arrangements is intense. Eligibility logic, inventory segregation, and audit trails are now critical revenue-cycle safeguards.

Frontline Operations in 2026

Adjudication as choreography. The winning fill is a one-pass claim—formulary validation, benefit check, copay card, and clinical attachment all resolved before adjudication. Multiple rejects/reversals translate directly into lost pickup rates.

Specialty workflow industrialized. Benefit investigations, hub enrollment, and financial-assistance navigation need to be treated like production lines, timestamped and tracked with SLA metrics.

Clinical services = dual billing. Vaccinations, long-acting injectables, and test-to-treat live in the overlap of pharmacy and medical billing. Documentation must withstand payer audits across both domains.

Transparent pricing as table stakes. Patients increasingly expect instant comparisons of plan, cash, and manufacturer-assistance options. Pharmacies that cannot surface this at the counter will see abandonment rise.

Market Signals to Watch

- GLP-1 coverage rules are tightening, with narrower eligibility criteria and more frequent reauth requirements.
- API-driven connections between eRx systems, payer portals, and manufacturer hubs are maturing, reducing manual faxes and calls.
- Pharmacies in preferred networks face tougher performance metrics, with adherence and gap-closure directly tied to reimbursement.
- Large chains continue merging pharmacy and clinic billing teams to handle medical services revenue.

Guardrails for the Near Term

1. Encode payer formularies, accumulators, and step-therapy logic in systems, not manuals.
2. Aim for a single clean adjudication—measure rejects per 100 claims and reversals per 100 fills weekly.
3. Industrialize specialty case tracking with benefit-investigation and hub SLAs.

4. Train teams in medical billing (CPT/HCPCS, place-of-service) for vaccinations and injectables.
5. Monitor abandonment risk by tracking estimate accuracy, callback success, and pickup within 72 hours.

Looking Toward 2026–2028

- **Policy as code.** Pharmacies that dynamically update payer rules at the POS will see higher approval rates and fewer write-offs.
- **Specialty OS maturity.** Expect AI-assisted adjudication and hub-to-pharmacy APIs that compress days into hours.
- **Retail-clinic convergence.** Medical billing for pharmacist-delivered services will become routine, tied to value-based contracts.
- **Predictive abandonment prevention.** Algorithms will pre-empt high-risk fills and auto-offer therapy switches, 90-day supplies, or assistance.
- **Cash-vs-plan bifurcation.** Pharmacies will present transparent cash options alongside insurance pricing, reshaping patient expectations.

Bottom line: Outpatient pharmacy RCM has become a front-end discipline. The winners wire payer logic into the register, turn specialty workflows into industrial processes, and master dual billing for medical services—reducing reversals, clawbacks, and abandonment before they ever happen.

Outpatient Pharmacy RCM — Top 20 (Q4 2025)

1. CoverMyMeds (McKesson)
2. AssistRx
3. XIFIN
4. RxLightning
5. Surescripts (Eligibility/PA/Benefit Verification)
6. SoftWriters (FrameworkLTC)
7. Keycentrix (NewLeaf Rx)
8. Mercalis (fka TrialCard)
9. Invensis
10. Omega Healthcare
11. AGS Health
12. AKASA
13. FinThrive
14. Optum (AGS HEALTH)
15. Waystar
16. Availity
17. eMEDIX (CGM)
18. Claim.MD
19. PureDI
20. TRUBRIDGE

Miscellaneous Hospital Ambulatory & Outpatient Services RCM 2026 Outlook

Infusion Clinics, Rehab PT/OT/SLP, Ambulatory Surgery Centers, Diagnostic Centers, Wound Care, Dialysis, Behavioral Health Day Programs, and Other Outpatient Clinics

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The Outpatient RCM Reality Check

Utilization management across the board. Infusion drugs, ambulatory surgeries, therapy sessions, and behavioral health programs all face expanding prior authorization and medical necessity checks. UM vendors layer requirements—coverage validations, clinical intake forms, and progress-note uploads—that function as pre-approvals even when they aren't labeled as such.

Margin compression from payer math. Assistant differentials in rehab, site-neutral pushes in surgery, and drug wastage scrutiny in infusion continue to squeeze margins. Coding precision and documentation rigor are essential to avoid preventable leakage.

Bundles and episode logic. More services are shifting from fee-for-service to bundled or episode-based models. This is already visible in ambulatory surgery, infusion regimens, and therapy blocks. Clean plan-of-care coding and outcomes tracking decide revenue stability.

Patient-pay as the wild card. Outpatient services often mean recurring, high-cost regimens or procedures. Patients now demand accurate upfront estimates and retail-style billing transparency. If financial clarity is missing, abandonment rates climb.

Policy & Reimbursement: 2025–2026

- **Therapy thresholds & KX enforcement.** Rehab providers must track thresholds and justify extensions, with targeted medical review intensifying.
- **Infusion coverage pressure.** Site-of-care shifts to lower-cost environments are accelerating. Drug wastage reporting (JW/JZ modifiers) is a flashpoint.

- **Ambulatory surgery expansion.** CMS keeps widening the ASC-Covered Procedures List while applying site-neutral pricing pressures.
- **Telehealth & RTM variability.** Remote monitoring codes (therapy RTM, post-op check-ins, infusion follow-ups) remain payer-dependent, requiring dynamic workflows.
- **No Surprises Act compliance.** GFEs for self-pay patients are now routine. Arbitration is rare but costly—prevention through clean workflows is the imperative.
- **Quality-linked reimbursement.** Outcomes reporting in therapy, wound care, and surgery is bleeding into contracts, raising stakes for documentation integrity.

Operational Insights

Win at scheduling and intake. For infusion, surgery, and rehab, benefits, authorizations, and thresholds must be locked in before treatment starts.

Documentation as currency. Infusion requires precise dosing and wastage logs; rehab requires functional goals and timed minutes; ASC requires operative reports tied tightly to CPT logic.

Coder-clinician choreography. Getting modifiers, units, and bundling edits right is the difference between first-pass payment and preventable denial. AI-assisted edits tailored to payer quirks can lift yield.

Patient-pay scripting. Outpatient front desks and schedulers must deliver episode-based estimates, enroll patients in autopay, and offer digital payment plans for recurring regimens.

Industrialized denial management. Successful organizations treat denials as continuous data: denial codes mapped to service lines, auto-generated appeal kits, and closed-loop fixes upstream.

2025 Market Signals

- UM vendors raising the bar for infusion, ASC, and therapy recertification.
- Bundled/outcomes-based pilots expanding in ambulatory surgery and infusion.

- Uneven payer coverage for remote monitoring, with closer audit scrutiny of clinical change documentation.
- Mid-size outpatient groups consolidating RCM tech stacks to reduce operational silos.

Guardrails for 2025

1. **Executable rules.** Embed payer visit limits, drug wastage logic, and PA triggers into your RCM system—not static manuals.
2. **Plan-of-care discipline.** Tie therapy recertification, infusion regimens, and post-op check-ins directly to payer cadence.
3. **Margin monitoring.** Track assistant differential exposure, MPPR, site-neutral cuts, and drug wastage weekly.
4. **Denial dashboards.** Analyze first-pass yield and denial patterns by service line; fix root causes within two cycles.
5. **Patient-pay precision.** Deliver accurate estimates at scheduling and enable frictionless digital settlement.

2026–2028 Horizon

- **Policy orchestration as differentiator.** Outpatient winners will code payer rules into scheduling, order entry, and documentation—updating weekly.
- **Bundled care mainstreaming.** Expect more employers and MA plans piloting outcomes-linked bundles for surgery, infusion, and rehab.
- **AI normalization.** Predictive edits for therapy modifiers, infusion wastage, and ASC bundling become table stakes.
- **Virtual care embedded.** RTM, post-op, and infusion tele-check-ins normalize when paired with outcomes proof.
- **Workforce leverage.** Smart staffing—delegating to assistants, nurses, or tech-enabled virtual follow-ups—will decide financial sustainability.

Representative Vendor Landscape — Miscellaneous Outpatient & Ambulatory RCM *(Excluding Lab, Imaging, and Pharmacy)*

1. WebPT/Clinicient (Rehab)
2. Net Health (Rehab, Wound Care)
3. XIFIN (Select Ancillary/Outpatient Cross-Services)
4. Raintree Systems
5. Conifer Health Solutions
6. Ensemble Health Partners
7. MedEvolve
8. NIMBLE
9. Guidehouse
10. Sagility (HGS Healthcare)
11. GeBBS Healthcare Solutions
12. Plutus Health
13. Omega Healthcare
14. Access Healthcare
15. athenahealth
16. NextGen RCM
17. SYNERGEN / Tebra (Kareo)
18. CareCloud
19. nThrive / FinThrive
20. Xtend Healthcare

Bottom line: Hospital-based ambulatory and outpatient RCM has moved from back-office billing to front-end policy orchestration. The players that thrive will embed payer logic into intake, master bundled and episode-of-care reimbursement, and industrialize denial prevention—while treating the patient-pay experience with retail-level precision.

2025 BLACK BOOK™ METHODOLOGY

How Data Are Collected

Black Book gathers ballots across **18 performance indicators of operational excellence** to evaluate and rank revenue cycle management (RCM) vendors. Each ballot is immediately subjected to internal and external auditing to confirm:

- The completeness and accuracy of responses,
- The validity of each respondent, and
- The anonymity of participating organizations.

Every dataset is reviewed by a Black Book executive and at least two independent reviewers. This multilayered audit process ensures transparency and reliability in the final published scores.

The 18 performance criteria are segmented by industry, market size, geography, vendor specialization, and outsourced function. Results are reported accordingly. In addition, Black Book conducts situational and market studies on high-interest areas such as e-Prescribing, Health Information Exchange (HIE), Accountable Care, hospital and outpatient RCM services, and other targeted niches. Depending on the segment, survey instruments range from four to twenty questions per criteria set.

Statistical Confidence

Confidence in Black Book's performance scores depends on the number of unique organizations submitting evaluations:

- **Top rankings** require a minimum of 10 unique clients per vendor.
- **Broad categories** require at least 20 unique ballots.
- Vendors flagged with an asterisk (*) have insufficient sample size and are tracked but not ranked; their results should be interpreted cautiously due to wider variance.

When more than 20 unique organizations evaluate a vendor, confidence levels are highest and variation is lowest. All published scores are reported at a **95% confidence level**, with margins of error typically within ±0.25, ±0.20, or ±0.15 depending on the sample size.

Raw data include both the number of completed surveys and the number of unique organizations represented in the survey pool.

Who Participates

Over **3.5 million healthcare, pharma, and biotech professionals** are invited to participate in Black Book satisfaction surveys. Respondents include system executives, clinicians, IT specialists, and front-line RCM staff.

Non-invited participants may also contribute if they complete a verifiable profile and use a valid corporate email. Each ballot is tied to one corporate address, and any ballot changes during the survey period require formal approval to preserve data integrity.

The survey instrument is accessible at **blackbookrankings.com, blackbookmarketresearch.com, and blackbookpolls.com** during designated open polling windows.

For this cycle, follow-up surveys were conducted from **Q4 2023 through Q3 2025** to track vendor replacements and satisfaction trends in hospital IT, outpatient, and ancillary RCM services.

Revenue Cycle Management Vendor Rankings – 2025

In total, **3,275 qualified users** participated in the 2025 survey, all with validated corporate credentials. They ranked **318 RCM solutions** including technology vendors, managed service providers, outsourcers, and SaaS suppliers offering individual or bundled solutions.

Additionally, **210 respondents** provided supplemental data on budgeting, vendor familiarity, and selection processes. Results for the four most widely deployed hospital system solutions are presented as distinct subsets within the analysis.

Source: Black Book Market Research

STOP LIGHT SCORING KEY

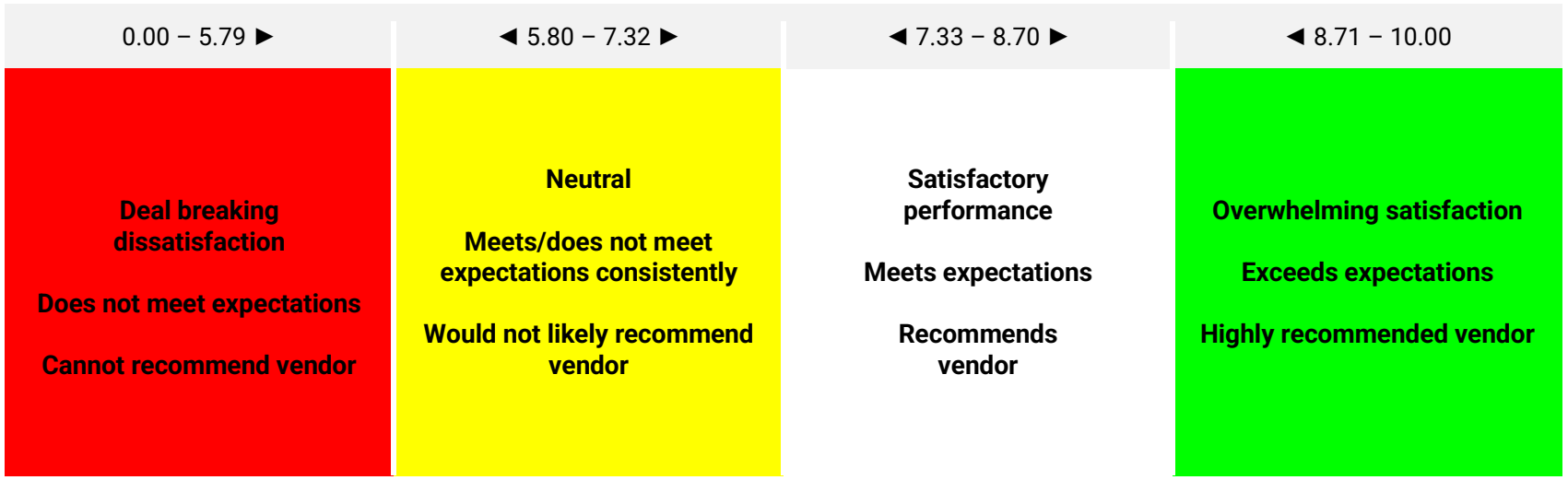
Figure 1: Comprehensive end-to-end RCM software vendors are defined as being comprised of four functional user groups

EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES

Black Book™

STOP LIGHT SCORING KEY

Figure 2: Key to raw scores



Source: Black Book Research

STOP LIGHT SCORING KEY

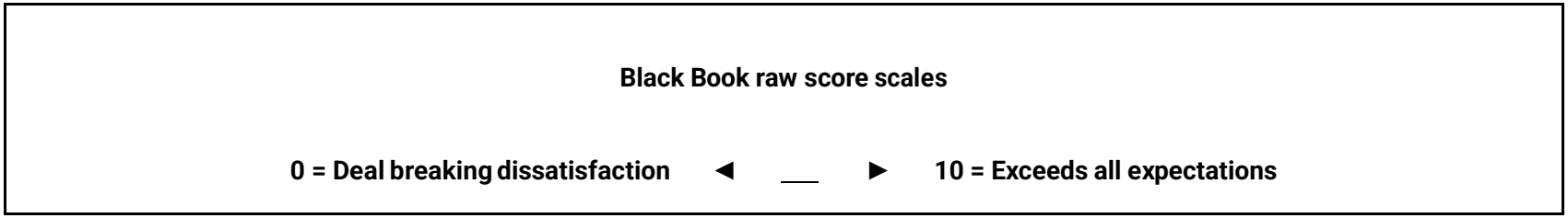
Figure 3: Color-coded stop light dashboard scoring key

Green	(top 10%) scores better than 90% of vendors. Green coded vendors have received constantly highest client satisfaction scores.	8.71 +
Clear	(top 33%) scores better than 67% of vendors. Well-scored vendor which have middle of the pack results.	7.33 to 8.70
Yellow	Scores better than half of vendors. Cautionary performance scores, areas of improvement required.	5.80 to 7.32
Red	Scores worse than 66% of vendors. Poor performances reported potential cause for service and contractual cancellations.	Less than 5.79

Source: Black Book Market Research

STOP LIGHT SCORING KEY

Figure 4: Raw score compilation and scale of reference



Source: Black Book Market Research

Individual vendors can be examined by specific indicators on each of the main functions of Outsourced RCM Solutions as well as grouped and summarized subsets. Detail of each subset is contained so that each vendor may be analyzed by function and software services collectively.

OVERALL KPI LEADERS

Figure 5: Scoring key

OVERALL RANK	Q6 CRITERIA RANK	VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN
	1	LABORATORY DATA INC CORPORATION	9.02	7.56	5.59	5.59	7.00

Source: Black Book Market Research

- **Overall rank** – this rank references the final position of all 18 criteria averaged by the mean score collectively. This vendor ranked fifth of the 20 competitors.
- **Criteria rank** – refers to the number of questions or criteria surveyed. This is the sixth question of the 18 criteria of which this vendor ranked first of the 20 vendors analyzed positioned only on this criteria or question.
- **Company** – name of the RCM solutions vendor (sample name).
- **Subsections** – each subset comprises one-fourth of the total vendor mean at the end of this row and includes all buyers and users who indicate that they contract each respective service subsection with the supplier, specific to their enterprise.
- **Mean** – congruent with the criteria rank, the mean is a calculation of all four subsets of functions surveyed. As a final ranking reference, it includes all vertical industries, market sizes and geographies.

OVERALL KEY PERFORMANCE INDICATOR LEADERS

Table 1: Summary of criteria outcomes		
ANCILLARY REVENUE CYCLE MANAGEMENT SOLUTIONS VENDORS		
Total number one criteria ratings	**RCM Outsourcing Vendor**	**Overall rank**

TOP SCORE PER INDIVIDUAL CRITERIA:

OUTSOURCED ANCILLARY REVENUE CYCLE MANAGEMENT SOLUTIONS

Table 2: Top score per individual criteria

Questions	Criteria	Vendor	Overall Rank
1	Strategic Alignment of Client Goals: ONC, MACRA, MIPS, VBC, Growth Initiatives, Outcome Initiatives		
2	Innovation and Adaptability		
3	Training and Change Management		
4	Client relationships and cultural fit		
5	Trust, Transparency, Accountability, Ethics		
6	Breadth of offerings, client types, delivery excellence		
7	Deployment and implementation		
8	Customization		
9	Integration and interfaces		
10	Scalability, client adaptability, flexible pricing		
11	Employee performance		
12	Reliability and Consistency		
13	Brand image, Market Reputation, Peer References		
14	Marginal value adds Beyond Billing		
15	Organizational Viability, Managerial Stability		
16	Data security, compliance privacy and risk proactivity		
17	Support and customer care quality		
18	Denial Prevention, Best of breed technology and process improvement		

Source: Black Book ™

2025 INDIVIDUAL KEY PERFORMANCE:

MANAGED REVENUE CYCLE MANAGEMENT SERVICES SOLUTIONS OUTPATIENT & ANCILLARY

Individual Key Performance: Outpatient Ancillary Revenue Cycle Management Solutions

Table 3 : Top Ranked Vendors – raw scores 2025

Rank	RCM Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean

INDIVIDUAL KEY PERFORMANCE: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

1. Strategic Alignment between vendor and provider client goals

The strongest vendors align their RCM services with your broader organizational objectives—whether those are compliance, growth, value-based care, or resilience under payer pressure. Ancillaries live under shifting rules like PAMA, site-neutral cuts, and NSA; alignment means your vendor anticipates those realities rather than reacting late. You should feel your vendor is moving in step with your long-term direction, not just billing transactions.

OVERALL RANK	Q1 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

2. Innovation and Adaptability

Innovation matters when it fixes real pain points, not when it's a buzzword. Adaptable vendors deploy AI tools for predictive edits, automated coverage checks, and denial avoidance that clearly reduce friction in your daily operations. The real test: do you feel your vendor helps you stay ahead of payer changes, or just scrambles to catch up?

OVERALL RANK	Q2 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

3. Training and Change Management

Policy and payer rules shift constantly in ancillaries, and your teams can't keep up without structured guidance. Good vendors provide ongoing training, real-time prompts, and AI-driven assistants that help staff adjust smoothly to new edits or requirements. Training should leave your staff feeling capable, not constantly overwhelmed.

OVERALL RANK	Q3 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black* Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

4. Client Relationships and Cultural Fit

Cultural alignment is about trust and ease of working together. A vendor that "gets" outpatient workflows communicates openly, adapts quickly, and integrates with your team rather than fighting it. Clients know this KPI is strong when the vendor feels like a partner, not just a vendor.

OVERALL RANK	Q4 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

5. Trust, Accountability, Ethics and Transparency

Trust is demonstrated when vendor performance matches promises and issues are surfaced quickly. Transparency means you understand denial trends, turnaround times, and risks without digging. Accountability shows up when vendors own mistakes, fix them promptly, and protect you from repeating problems.

OVERALL RANK	Q5 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

6. Breadth of Offerings, Varied Client Settings, Delivery Excellence Across Ancillaries

Ancillary RCM is fragmented—labs, imaging, therapy, pharmacy all have unique billing quirks. Vendors who provide consistent performance across multiple modalities reduce complexity for your leadership team. Breadth is most valuable when it feels like one unified service, not a bundle of disconnected parts.

OVERALL RANK	Q6 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

7. Deployment of RCM Solution Implementation & System-Wide Standardization

Implementation success is judged by how smoothly the vendor fits into your LIS, RIS, EMR, or pharmacy systems. The best vendors anticipate problems and minimize disruption, so your staff can keep delivering care without downtime. A weak rollout will haunt operations for years—clients sense quality implementation immediately.

OVERALL RANK	Q7 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

8. Customization to Service Line Needs

Labs, imaging centers, infusion clinics, and therapy departments each face unique payer requirements. Good vendors tailor their workflows to fit those quirks rather than forcing you into one-size-fits-all models. The KPI is met when customization feels seamless, not clunky or expensive.

OVERALL RANK	Q8 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

9. Integration and Interfaces

Ancillary RCM lives at the junction of clinical and financial data. Vendors using AI-driven matching, eligibility verification, and data parsing help prevent errors and speed claims. You should see fewer re-entries, fewer delays, and smoother cross-system communication when integration is working well.

OVERALL RANK	Q9 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

10. Scalability, Client Adaptability, Flexible Pricing

Ancillary service volumes rise and fall with referrals, policy changes, and payer contracts. Scalable vendors adjust staffing and technology flexibly without penalizing you with rigid pricing. A good partner grows with you, rather than locking you into mismatched service levels.

OVERALL RANK	Q10 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

11. Vendor Staff Expertise and Continuity

Vendor teams are often the face of the service you experience daily. High expertise and low turnover create stability, while constant churn disrupts operations and trust. Clients feel confident when the same knowledgeable staff support them consistently over time.

OVERALL RANK	Q11 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

12. Reliability & Consistency

Reliability means claims flow on time, denials are managed consistently, and service outages are rare. In outpatient ancillaries, where margins are thin, small disruptions quickly cascade into lost revenue. A reliable vendor becomes nearly invisible because things "just work" day after day.

OVERALL RANK	Q12 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

13. Brand Image, Market Reputation and Peer References

Reputation is tested by whether other ancillary providers confirm the vendor's claims. If peers with similar service lines recommend them, that credibility matters. A vendor whose reputation aligns with their performance will feel like a safe choice to maintain long-term.

OVERALL RANK	Q13 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

14. Marginal Value Adds Beyond Billing

Strong vendors provide insights and services beyond clean claims. Examples include denial-prevention analytics, payer trend forecasting, or advice on bundled reimbursement pilots. Clients notice when vendors proactively improve outcomes instead of just executing transactions.

OVERALL RANK	Q14 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

15. Organizational Viability and Managerial Stability

Stability reassures clients that the vendor will be around for the long haul. Frequent ownership changes, leadership churn, or shaky finances create uncertainty that clients sense quickly. A stable vendor builds confidence by demonstrating steady leadership, investment, and commitment to the market.

OVERALL RANK	Q15 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

16. Data Security, Compliance and Risk Proactivity

Data security is foundational, but compliance pressures now include HIPAA, NSA, 340B, and payer audits. The best vendors use AI to detect anomalies, flag risks early, and automate audit readiness. Clients want vendors who treat compliance like a shield, not a box-checking exercise.

OVERALL RANK	Q16 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

17. Support and Customer Care Quality

Support isn't just call centers—it's whether issues are resolved quickly and empathetically. AI can improve self-service portals and speed up resolution, but the human experience still matters most. Clients feel supported when the vendor is responsive, consistent, and easy to reach.

OVERALL RANK	Q17 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Individual Key Performance: RCM OUTSOURCING SOLUTIONS, ANCILLARY SERVICES

18. Denial Prevention, Best of Breed Technology and Process Improvement

Denial prevention is the heart of modern ancillary RCM. Vendors who embed AI into predictive edits, documentation prompts, and auto-assembled appeals reduce preventable write-offs and speed cash flow. Continuous process improvement means clients see performance get better quarter after quarter, not stagnate..

OVERALL RANK	Q18 CRITERIA RANK	RCM VENDOR	EXECUTIVE & FINANCIAL LEADERSHIP	RCM OPERATIONS & MANAGEMENT	CODING & HEALTH INFORMATION TECHNOLOGY	CLINICIANS, FRONTLINE & PATIENT-FACING ROLES	MEAN

Source: Black Book Market Research

Disclaimer

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