BLACK BOOK RESEARCH

2027 OUTLOOK
U.S. SKILLED NURSING FACILITY RCM OUTSOURCING

Business-office operating models, outsourcing penetration, and revenue-cycle service delivery



INDEPENDENT U.S. SNF FIELDWORK | 1,404 FACILITIES | NOVEMBER 2026

RESEARCH SCOPE

1,404 U.S. skilled nursing facilities sampled across Q1-Q4 2026

National facility-level analysis of primary RCM and business-office operating models

Black Book Research analyzed skilled nursing facility revenue-cycle operating models using fieldwork representing 1,404 U.S. facilities through six separate surveys conducted between February 16 and October 30, 2026. The study focuses only on skilled nursing facilities and excludes assisted living, home health, hospice and other post-acute provider types.

14,695	1,404	9.6%	97%
ACTIVE CMS-LISTED FACILITIES	**FACILITIES SAMPLED**	**NATIONAL UNIVERSE REPRESENTED**	**NOMINAL CONFIDENCE**
June 2026 universe	Q1-Q4 2026	Facility-level analysis	SRS-based +/-2.8 pp MOE

The national comparison universe is 14,695 active CMS-listed nursing homes/SNFs in the June 2026 Provider Information dataset. The Black Book sample represents approximately 9.6% of the active national facility universe.

Under a simple-random-sampling assumption, the 1,404-facility sample produces a nominal 97% confidence margin of approximately +/-2.8 percentage points, using a conservative 50/50 response distribution and finite-population correction. This mathematical benchmark does not adjust for selection, nonresponse or clustering; subgroup and vendor-specific margins are wider.

METHODOLOGY NOTE

The unit of analysis is the facility. Multi-facility operators are counted according to the number of SNFs represented in the fieldwork, preventing a 100-facility chain from being weighted the same as one independent facility.

EXECUTIVE SUMMARY

SNF RCM is becoming a specialization market, not a wholesale outsourcing market

Providers retain control while externalizing the hardest, most labor-intensive revenue-cycle work

The 2026 fieldwork shows a market under significant revenue-cycle pressure without broad willingness to relinquish control of the business office. The strongest near-term opportunity is selective outsourcing: denials, aged accounts receivable, Medicare Advantage follow-up, eligibility and other functions where staffing, payer friction and collection economics are most exposed.

76% **PRIMARY RCM REMAINS IN-HOUSE** National n=1,404	**48%** **FREQUENTLY OR OCCASIONALLY STOP PURSUING POTENTIALLY COLLECTIBLE REVENUE** Follow-up n=145	**33%** **LIMITED ADMISSIONS FROM AT LEAST ONE PLAN** Follow-up n=120
38% **DENIALS AND APPEALS LEAD NEXT OUTSOURCING DEMAND** Follow-up n=457	**41%** **A/R DAYS ARE THE TOP TRIGGER FOR RCM CHANGE** Follow-up n=222	**66%** **EXPECT PURE IN-HOUSE TO REMAIN PRIMARY BY 2028** Follow-up n=129

COLLECTIVE FINDING

The fieldwork does not support a simple in-house-versus-outsourced conclusion. It points to a hybrid market in which providers preserve strategic control while using specialized partners for high-friction work, recovery initiatives and capacity gaps.

CONTROL	SPECIALIZATION	ACCOUNTABILITY
Most facilities continue to keep strategic ownership of billing, collections and payer decisions.	External demand centers on denials, aged A/R, Medicare Advantage and other high-friction functions.	Vendor selection and replacement are increasingly tied to measurable cash, A/R and denial performance.

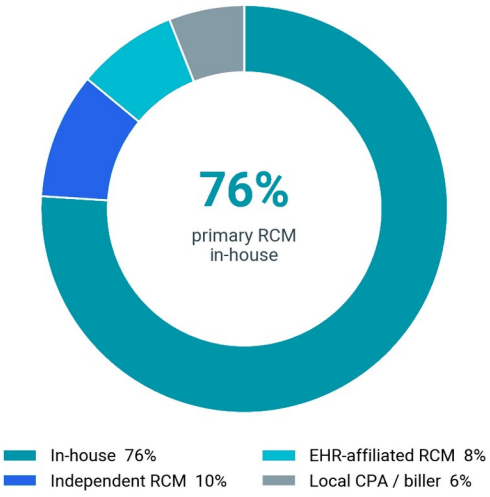
EXECUTIVE INTERPRETATION

Five findings define the 2026 SNF RCM market

The opportunity is driven by expertise, financial execution and selective externalization

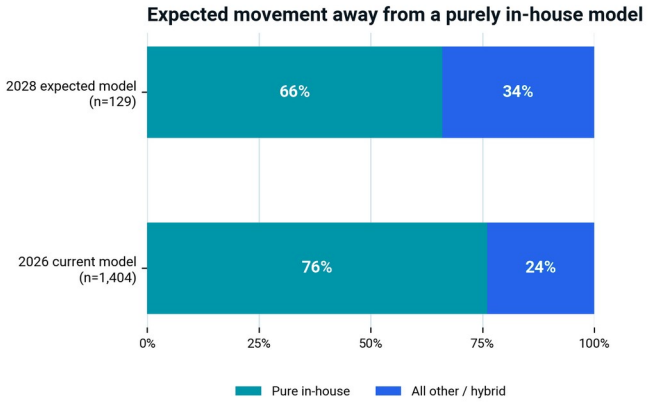
Finding	Fieldwork signal	Implication
Expertise is the barrier	38% cite insufficient SNF-specific vendor expertise; 25% cite control; 22% cite economics.	Outsourcing resistance is driven more by domain confidence and operational control than price alone.
Vendor relationships are mobile	24% expanded a vendor relationship, 17% are evaluating replacement, 5% replaced a vendor and 2% reduced scope.	The market is active even where full outsourcing penetration remains modest.
Performance dominates churn	Among replacement/scope-reduction respondents, collections, A/R and managed-care expertise dominate the reasons for change.	Vendor displacement is primarily an execution issue rather than a pure pricing event.
Payer friction reaches operations	33% limited admissions from at least one plan and 46% increased admission scrutiny.	Revenue-cycle burden is influencing access, contracting and admissions decisions.
Labor pressure accelerates hybrid use	51% report heavier workloads; 38% slower payer follow-up; 29% increased A/R.	Staffing shortages are converting an operating constraint into demand for targeted external capacity.

Primary SNF RCM operating model, 2026



National operating-model distribution, n=1,404.

Expected movement away from a purely in-house model



Separate 2028 follow-up (n=129); not a measured longitudinal change.

MARKET STRUCTURE

Primary outsourcing understates external RCM utilization

Primary outsourcing shares do not measure all selective RCM service use

Black Book distinguishes between primary RCM outsourcing - transfer of responsibility for most business-office and revenue-cycle operations - and functional outsourcing, in which one or more specialized processes are managed externally while the facility or corporate business office remains internally operated.

Primary operating model	2026 share	Interpretation
In-house facility or corporate business office	76%	Dominant model
Independent third-party RCM/business-office vendor	10%	Largest external specialist category
EHR vendor or EHR-affiliated RCM service	8%	Technology-enabled outsourcing channel
Local CPA, accounting firm or independent biller	6%	Concentrated among smaller operators

Some facilities retaining an internal business office also engage external specialists for discrete RCM functions. The 76%/24% distribution measures which party has primary responsibility for the revenue cycle, not the full breadth of services purchased.

MARKET IMPLICATION

The external-services opportunity extends beyond full business-office replacement. It includes modular services for denials, aged A/R, Medicare Advantage, Medicaid, eligibility, collections, reimbursement support and staffing coverage.

76%
PRIMARY RCM REMAINS IN-HOUSE
National n=1,404

24%
PRIMARY RESPONSIBILITY IS EXTERNAL
National n=1,404

38%
CITE DENIALS AND APPEALS AS NEXT OUTSOURCING PRIORITY
Follow-up n=457

PROVIDER SEGMENTATION

RCM operating models vary materially by SNF scale

Large chains centralize; smaller operators use a more fragmented mix of outside resources

SNF organization type	In-house	Independent RCM	EHR-affiliated RCM	Local CPA / biller
Single-facility independent SNF	64%	10%	9%	17%
Small operator: 2-5 facilities	70%	13%	10%	7%
Regional operator: 6-25 facilities	77%	13%	8%	2%
Large/multi-state operator: 26+ facilities	88%	8%	4%	<1%

Rows may not total exactly 100% because of independent rounding; <1% denotes a residual share.

LARGE OPERATORS

Scale supports centralized shared-services teams that can resemble commercial RCM organizations while remaining employee-operated and classified as in-house.

INDEPENDENT AND SMALL OPERATORS

Smaller organizations are more likely to rely on independent billers, local accounting firms, EHR-supported RCM services, regional vendors and temporary staffing support.

17% LOCAL SUPPORT

Single-facility SNFs show the highest reliance on local CPAs or independent billers.

13% INDEPENDENT RCM

Small and regional operators show the highest independent RCM penetration.

88% IN-HOUSE

Large and multi-state organizations most often retain centralized internal operations.

FUNCTIONAL OUTSOURCING

Selective externalization is expanding the addressable RCM market

Growth is concentrated in functions where payer complexity and labor intensity are highest

MOST COMMON SELECTIVE USE CASES

- Aged A/R recovery and cleanup
- Medicare Advantage billing and follow-up
- Medicaid billing and state-specific reimbursement
- Denials management and appeals
- Eligibility and benefits verification
- Private-pay and resident collections

WHY OUTSOURCING IS LIKELY TO EXPAND

1. **Medicare Advantage complexity**
2. **Business-office staffing constraints**
3. **Medicaid complexity**
4. **Aged A/R pressure**
5. **Technology-enabled delivery**
6. **Financial accountability**

OPERATING MODEL IN TRANSITION

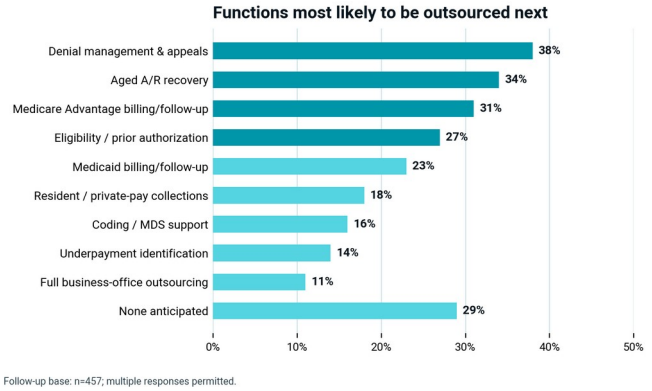
The practical market is moving toward internal control combined with external specialization and technology integration, not wholesale surrender of the business office.

1. INTERNAL CONTROL	2. EXTERNAL SPECIALIZATION	3. TECHNOLOGY INTEGRATION
Provider leadership retains authority over strategy, payer relationships and financial oversight.	Outside partners absorb high-friction work, recoveries and capacity gaps.	EHR-connected workflows reduce handoffs and make selective outsourcing easier to manage.

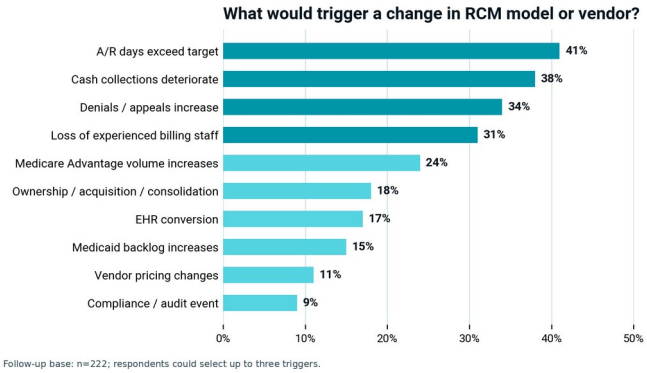
DEMAND SIGNALS

The next outsourcing wave is concentrated in high-friction work

Denials, A/R and payer complexity outrank full business-office transfer



Follow-up n=457; multiple responses permitted.



Follow-up n=222; respondents could select up to three triggers.

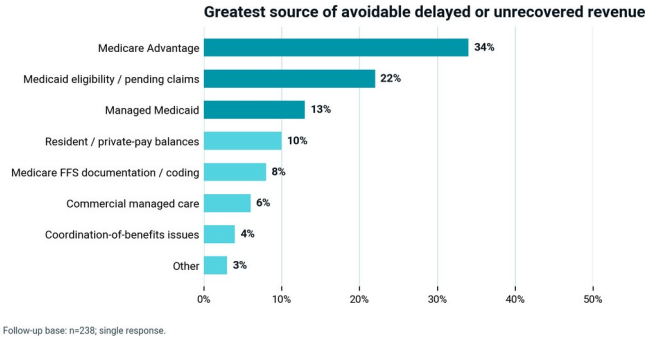
COLLECTIVE SIGNAL

The functions providers most want to outsource are also the conditions most likely to force an RCM operating-model change: denial pressure, aged receivables, payer complexity and staffing constraints.

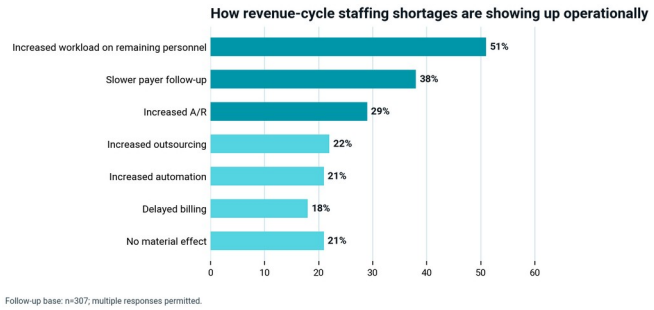
REVENUE-CYCLE PRESSURE

Financial friction is influencing operations and access

Payer complexity and staffing constraints are creating measurable downstream effects



Follow-up n=238; single response.



Follow-up n=307; multiple responses permitted.

48%

ADMINISTRATIVE NON-PURSUIT

Frequently or occasionally stopped pursuing a potentially collectible claim, denial or balance because expected recovery did not justify the administrative cost. Follow-up n=145.

33%

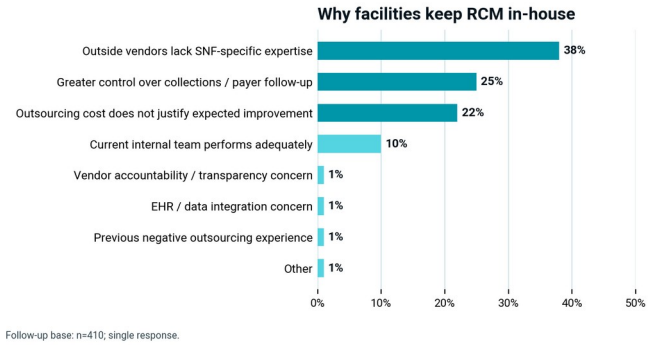
ADMISSION IMPACT

Limited admissions from at least one plan because payer reimbursement or administrative burden affected operating decisions. Follow-up n=120.

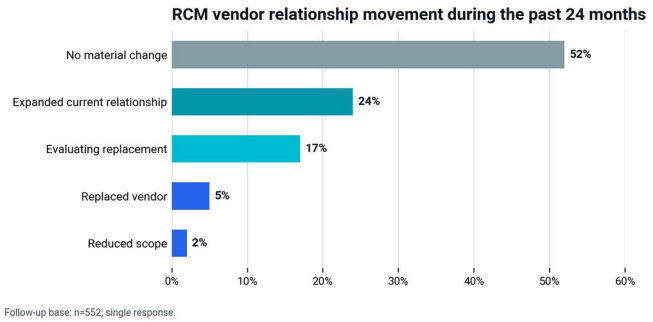
BUYER MOVEMENT

RCM providers are being judged on domain expertise and financial execution

The market is selective, but vendor relationships are not static



Follow-up n=410; single response.



Follow-up n=552; single response.

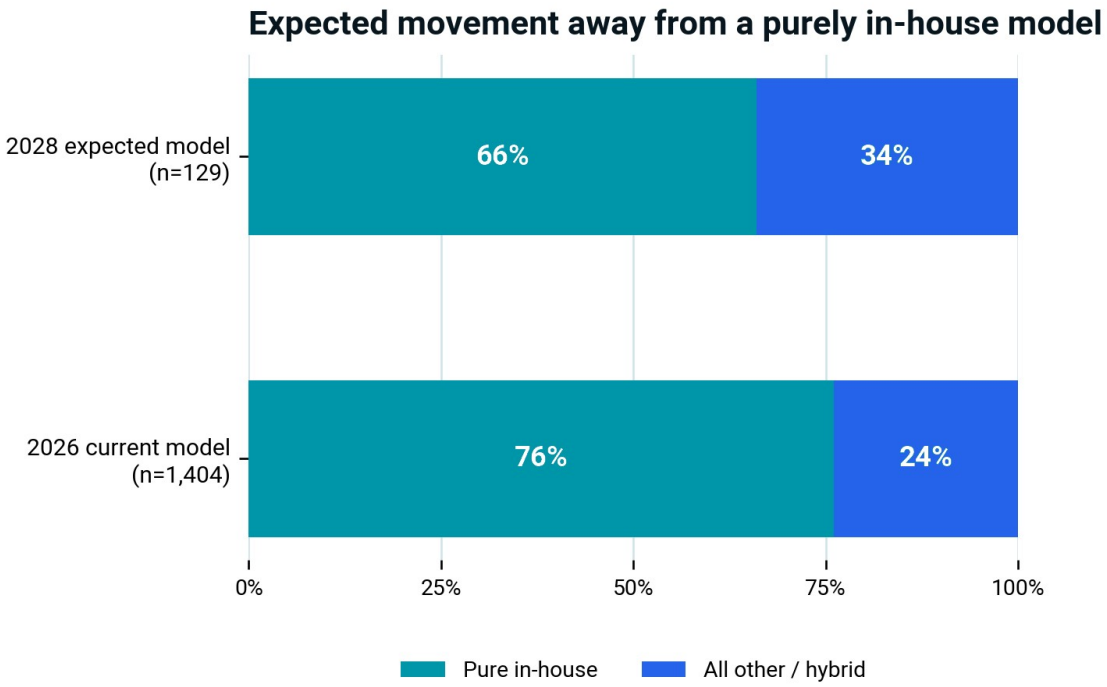
Primary reason for replacing or reducing an RCM vendor	Share
Collections/cash improvement failed to meet expectations	29%
A/R remained too high	29%
Insufficient Medicare Advantage/managed-care expertise	25%
Service/staff turnover	4%
Poor reporting or lack of transparency	4%
Denial-management performance	4%
Fees/cost	4%
EHR/integration problems	4%

Follow-up n=28. Percentages may not total exactly 100% because of rounding.

2028 OUTLOOK

The future model remains controlled internally but becomes more hybrid

Follow-up respondents expect continued internal control with growing hybrid interest



Current national share (n=1,404) and 2028 expectations from a separate follow-up (n=129); not a longitudinal measurement.

Expected primary SNF RCM model by 2028	Share
Facility/corporate in-house	66%
Independent RCM company	14%
EHR/EHR-affiliated RCM	6%
Local CPA/independent biller	3%
Hybrid internal + outsourced model	11%

The 2028 follow-up reflects expectations among 129 respondents, not a measured change among the 1,404 national facilities. Their answers point to continued internal control with greater interest in specialized or hybrid arrangements, rather than wholesale business-office replacement.

COMMERCIAL IMPLICATION

Performance-at-risk pricing alone is not enough to unlock the market: 30% report greater outsourcing interest under that model, while 41% say they would not outsource regardless. Trust, specialization and proof of execution remain central.

BLACK BOOK CLASSIFICATION

SNF RCM market classification and research definitions

A four-segment framework separates the operating model from the functional services purchased

Segment	Definition
1. Provider-operated RCM	Facility or corporate employees retain primary billing, collections and business-office responsibility.
2. Independent RCM outsourcing	A national, regional or specialized RCM company assumes primary business-office responsibility.
3. EHR-enabled / EHR-affiliated RCM	RCM is delivered by the EHR vendor, an affiliate or a formally integrated partner.
4. Local / independent business-office services	A local CPA, accounting firm, consultant or independent biller manages the primary function.

For competitive analysis, Black Book records both the technology platform used and the organization contractually responsible for the RCM service. This avoids overstating an EHR vendor's direct service share when work is performed by an affiliate or integrated partner.

PRIMARY OPERATING MODEL

Which organization has primary operational responsibility for billing, accounts receivable and revenue-cycle business-office functions?

- Facility employees
- Corporate centralized business office
- Independent RCM company
- EHR or EHR-affiliated RCM
- Local CPA or independent biller

FUNCTIONAL OUTSOURCING

Which revenue-cycle functions are performed in whole or in part by an outside organization?

- Medicare and Medicare Advantage
- Medicaid and managed care
- Eligibility and prior authorization
- Denials, appeals and A/R follow-up
- Private-pay collections and cash posting
- Coding, MDS and reimbursement support

CONCLUSION

What the 2026 fieldwork says about the SNF RCM opportunity

The market is not simply in-house versus outsourced

SNF revenue-cycle operations remain predominantly internally controlled. Because primary operating-model shares do not capture every separately outsourced function, the opportunity for external services is not limited to replacing the entire business office.

The strongest opportunities are modular and specialized: denials and appeals, aged receivables, Medicare Advantage, Medicaid, eligibility, collections, reimbursement expertise, temporary capacity and technology-enabled workflow support.

76%	24%	38%
PRIMARY RCM IN-HOUSE	**PRIMARY RCM EXTERNALLY MANAGED**	**CITE DENIALS AND APPEALS AS NEXT OUTSOURCING PRIORITY**
National n=1,404	National n=1,404	Follow-up n=457

FINAL MARKET THESIS

SNF RCM is moving toward a controlled hybrid: providers retain authority over the business office while selectively buying expertise, capacity and accountability where internal economics or payer complexity are least sustainable.

FOR PROVIDERS

Use external partners selectively where internal recovery economics, staffing or payer complexity are least sustainable.

FOR RCM VENDORS

Lead with SNF-specific expertise, measurable financial execution and transparent integration.

FOR MARKET PARTICIPANTS

Value is likely to concentrate in modular, specialized and technology-enabled services rather than full replacement alone.

SOURCES AND STATISTICAL NOTE

Data provenance

External facility counts and Black Book fieldwork methodology

National facility universe

Centers for Medicare & Medicaid Services, Provider Data Catalog, Provider Information dataset, June 2026. The dataset lists 14,695 active nursing homes and is used by CMS for Medicare.gov nursing home information.

Cross-check

KFF State Health Facts reported 14,742 certified nursing facilities as of July 2025, based on KFF analysis of Nursing Home Compare. The modest difference reflects the more recent CMS active-provider file used in this report.

Black Book sample

1,404 skilled nursing facilities represented in Black Book fieldwork conducted across Q1-Q4 2026. The sample is treated at the facility level for national share estimates.

Statistical treatment

A nominal 97% confidence calculation, using a conservative p=0.50 assumption, finite-population correction and a simple-random-sampling benchmark against the 14,695-facility universe, yields approximately +/-2.8 percentage points. This sampling-theory estimate does not account for possible selection, nonresponse or clustering effects. Smaller follow-up groups have larger theoretical margins.

Reference	Source
CMS Provider Information - active nursing homes	https://data.cms.gov/provider-data/dataset/4pq5-n9py
CMS Nursing Homes Provider Data Catalog	https://data.cms.gov/provider-data/topics/nursing-homes
KFF State Health Facts - certified nursing facilities	https://www.kff.org/other-health/state-indicator/number-of-nursing-facilities/

APPENDIX

Supplemental SNF revenue-cycle findings

Additional results on outsourcing decisions, payer burden, staffing, revenue recovery and future operating models

The following supplemental findings provide additional context on how U.S. skilled nursing facilities are managing revenue-cycle operations in 2026. All 1,404 participating facilities were presented the supplemental question set; response bases vary because participation in individual follow-up items was optional.

Six separate surveys were conducted between February 16 and October 30, 2026. Where multiple responses were permitted, percentages may exceed 100%. Single-response totals may vary slightly because of rounding.

01 Why SNFs Keep RCM In-House

If your organization continues to operate RCM primarily in-house, what is the principal reason you have not outsourced more of the business office? **n=410**
Select one response.

Response option	Share of applicable respondents
Outside vendors lack sufficient SNF-specific reimbursement expertise	38%
Greater control over collections and payer follow-up	25%
Outsourcing cost does not justify expected financial improvement	22%
Current internal team performs adequately	10%
Concern about vendor accountability/transparency	1%
EHR/data integration concerns	1%
Previous negative outsourcing experience	1%
Other	1%

Percentages may not total exactly 100% because of rounding.

02 RCM Vendor Change and Churn

Has your organization replaced, terminated, materially reduced, expanded, or begun evaluating a change in an outside RCM/business-office vendor relationship during the past 24 months? **n=552**
Select one response.

Response option	Share of applicable respondents
Replaced an RCM vendor	5%
Materially reduced vendor scope	2%
Currently evaluating replacement	17%
Expanded current vendor relationship	24%
No material change	52%

APPENDIX TAKEAWAY

Expertise and control are the leading barriers to outsourcing, yet nearly half of applicable respondents report some vendor-relationship movement.

02A Why SNFs Replace or Reduce RCM Vendors

If your organization replaced an RCM vendor or materially reduced an outside vendor's scope, what was the primary reason for the change? n=28
Select one response.

Response option	Share of applicable respondents
Collections/cash improvement failed to meet expectations	29%
A/R remained too high	29%
Insufficient Medicare Advantage/managed-care expertise	25%
Service/staff turnover	4%
Poor reporting or lack of transparency	4%
Denial-management performance	4%
Fees/cost	4%
EHR/integration problems	4%

Results are shown among facilities reporting a replacement or material scope reduction. Percentages may not total exactly 100% because of rounding.

05 Collectible Revenue That Is Not Pursued

During the past six months, has your organization stopped pursuing a claim, denial or balance believed to be potentially collectible because the administrative cost or staffing effort exceeded the anticipated recovery? n=145
Select one response.

Response option	Share of applicable respondents
Frequently	13%
Occasionally	35%
Rarely	27%
Never	17%
Unable to determine	8%

This question measures administrative non-pursuit, not proven collectibility.

APPENDIX TAKEAWAY

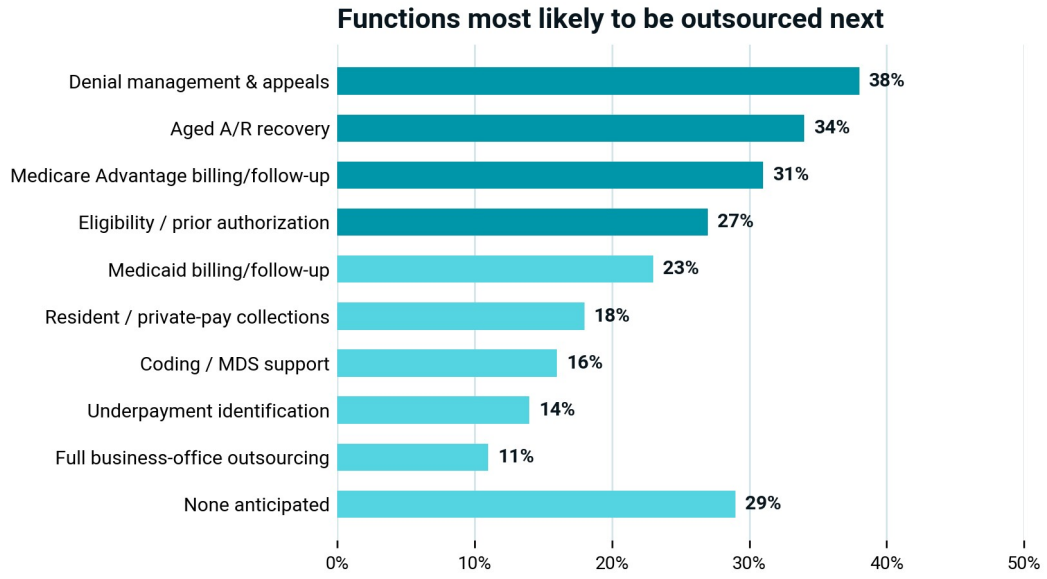
Vendor changes are driven mainly by financial execution and managed-care expertise, while administrative economics can determine whether potentially collectible revenue is pursued.

03 Functions Most Likely to Be Outsourced Next

Which RCM functions is your organization most likely to outsource for the first time or expand outsourcing of during the next 12-24 months? **n=457**
Select all that apply.

Response option	Share of applicable respondents
Denial management and appeals	38%
Aged A/R recovery	34%
Medicare Advantage billing/follow-up	31%
Eligibility/prior authorization	27%
Medicaid billing/follow-up	23%
Resident/private-pay collections	18%
Coding/MDS reimbursement support	16%
Underpayment identification	14%
Full business-office outsourcing	11%
None anticipated	29%

Multiple responses permitted; percentages may exceed 100%.



Follow-up base: n=457; multiple responses permitted.

Visual summary of follow-up results, n=457.

APPENDIX TAKEAWAY

The next buying wave is selective: denial management, aged A/R and Medicare Advantage services lead full business-office outsourcing by wide margins.

04 Greatest Source of Avoidable Delayed or Unrecovered Revenue

During the past 12 months, which payer or revenue-cycle issue has created the greatest amount of avoidable delayed or unrecovered SNF revenue? **n=238**
Select one response.

Response option	Share of applicable respondents
Medicare Advantage	34%
Medicaid eligibility/pending claims	22%
Managed Medicaid	13%
Resident/private-pay balances	10%
Medicare FFS documentation/coding	8%
Commercial managed care	6%
Coordination-of-benefits issues	4%
Other	3%

08 Preferred External RCM Model

If comparable performance and pricing were available, which external RCM model would your organization prefer? **n=190**
Select one response.

Response option	Share of applicable respondents
Independent SNF-specialized RCM provider	31%
EHR-integrated/EHR-affiliated RCM provider	16%
No preference; best financial performance wins	14%
Local/independent biller or accounting provider	5%
Would not outsource regardless	34%

APPENDIX TAKEAWAY

Medicare Advantage is the largest reported source of avoidable revenue friction, while one-third of respondents would not outsource regardless of provider model.

06 Payer Administrative Burden and Admission Strategy

Has payer reimbursement or administrative burden caused your organization to change admission strategy, payer participation or RCM staffing during 2026? **n=120**

Select all that apply.

Response option	Share of applicable respondents
Increased scrutiny of admissions by payer/plan	46%
Limited admissions from at least one plan	33%
Increased internal billing/authorization staffing	28%
Outsourced selected RCM functions	22%
Renegotiated or attempted to renegotiate payer terms	18%
Considered terminating participation	16%
Actually terminated/declined participation	7%
No material operational change	25%

Multiple responses permitted; percentages may exceed 100%.

09 Effect of Revenue-Cycle Staffing Shortages

Which effects of billing or business-office staffing shortages has your organization experienced during 2026? **n=307**

Select all that apply.

Response option	Share of applicable respondents
Increased workload on remaining personnel	51%
Slower payer follow-up	38%
Increased A/R	29%
Increased outsourcing	22%
Increased automation	21%
Delayed billing	18%
No material effect	21%

Multiple responses permitted; percentages may exceed 100%.

APPENDIX TAKEAWAY

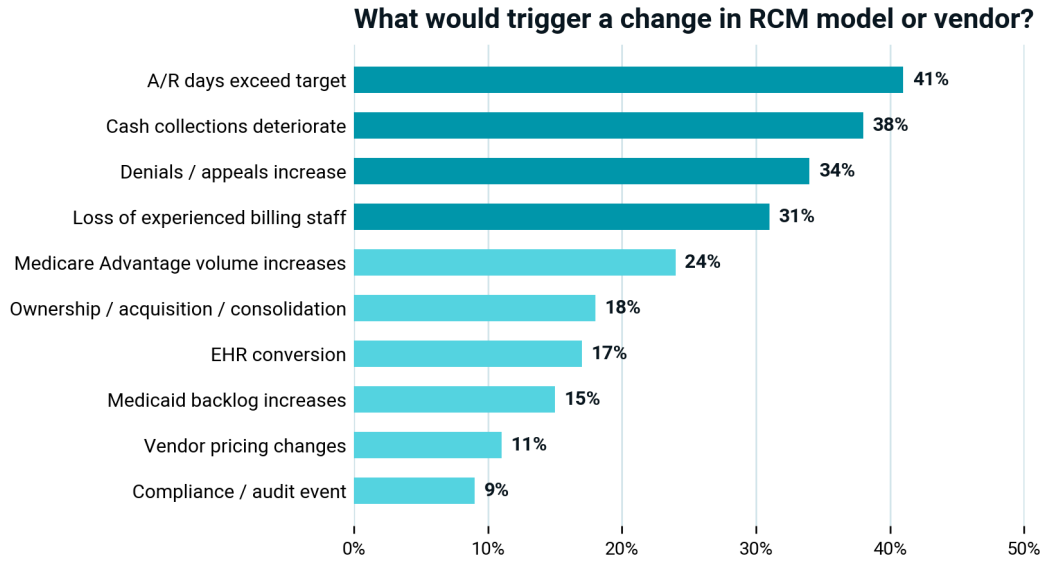
Payer burden is changing admissions behavior as staffing shortages simultaneously increase workload, slow payer follow-up and raise A/R.

07 Triggers for Changing the RCM Operating Model

What conditions would be most likely to trigger your organization to replace its current RCM operating model or vendor? **n=222**
Select all that apply.

Response option	Share of applicable respondents
A/R days materially exceed target	41%
Cash collections deteriorate	38%
Denials/appeals materially increase	34%
Loss of experienced billing/business-office staff	31%
Medicare Advantage volume increases	24%
Ownership/acquisition/consolidation	18%
EHR conversion	17%
Medicaid backlog increases	15%
Vendor pricing changes	11%
Compliance/audit event	9%

Multiple responses permitted; respondents could select up to three triggers.



Follow-up base: n=222; respondents could select up to three triggers.

Visual summary of follow-up results, n=222.

APPENDIX TAKEAWAY

A/R, cash collections, denials and staffing loss are the clearest events capable of forcing an operating-model or vendor change.

10 Expected Primary SNF RCM Model by 2028

By the end of 2028, which model do you expect will handle the majority of your organization's SNF revenue-cycle activity? **n=129**

Select one response.

Response option	Share of applicable respondents
Facility/corporate in-house	66%
Independent RCM company	14%
EHR/EHR-affiliated RCM	6%
Local CPA/independent biller	3%
Hybrid internal + outsourced model	11%

11 Performance-at-Risk Pricing and Outsourcing Interest

If an RCM vendor were willing to place a meaningful portion of its fees at risk against agreed improvements in cash collections, A/R days and denial recovery, would your organization be more likely to outsource additional revenue-cycle functions? **n=155**

Select one response.

Response option	Share of applicable respondents
Much more likely	13%
Somewhat more likely	17%
No meaningful effect	25%
Less likely	4%
Would not outsource regardless	41%

RESEARCH NOTE

All 1,404 participating skilled nursing facilities were presented the supplemental question set. Response bases vary because individual follow-up items were optional. Six separate surveys were conducted between February 16 and October 30, 2026.

2028 DIRECTION

Internal control remains dominant, but hybrid and independent models gain relevance.

RISK PRICING

Thirty percent become more likely to outsource under performance-at-risk pricing.

PERSISTENT RESISTANCE

Forty-one percent would not outsource regardless, underscoring the importance of trust and fit.

2027 VENDOR REFERENCE | BLACK BOOK RESEARCH

Alphabetical SNF RCM Outsourcing & Managed Services Directory

U.S. skilled nursing and long-term care | 2027 Outlook

This non-exhaustive, alphabetical directory summarizes vendor-published SNF/LTC and related post-acute managed revenue-cycle services as of November 2026. Full-service RCM, selective outsourcing and specialized reimbursement support are identified separately. Inclusion does not imply a Black Book ranking, award, client satisfaction rating, endorsement or verified participation in this study; buyers should confirm service delivery, payer expertise and geographic scope directly with each organization.

Advantum Health

Website advantumhealth.com

Advantum Health is a national RCM services firm with documented outsourced direct billing for rehabilitation providers serving skilled nursing and long-term care facilities. Managed work includes claims processing, payer follow-up, provider enrollment and credentialing for separately billed rehabilitation services; full SNF business-office coverage should not be assumed.

Advis

Website advis.com

Advis provides skilled nursing business-office turnaround, interim staffing and partial or full billing outsourcing. Its managed services include claims submission, denial follow-up, accounts-receivable optimization, additional-documentation-request support, MDS-related reimbursement consulting and business-office training.

Apex Global Solutions

Website apexglobalus.com

Apex Global Solutions focuses on financial and back-office operations for skilled nursing providers. Its managed services cover billing and collections, financial controllership, purchasing, payroll administration and portfolio-level financial reporting.

Assembly Health

Website assembly.health

Assembly Health provides end-to-end revenue-cycle services to post-acute and skilled nursing communities. Its managed services include insurance verification, medical billing and coding, claims follow-up, denials management, accounts receivable, payment posting, facility analytics and optional financial operations support.

CorroHealth (including PARARev)

Website corrohealth.com

CorroHealth provides large-scale revenue-cycle and reimbursement services, and its PARARev operation has identified skilled nursing among the care settings it serves. Applicable managed work includes coding, reimbursement analysis, payer-contract and pricing support, and other scoped revenue-cycle services; SNF-specific full-office outsourcing must be confirmed.

Ensemble Healthcare Resource Group (Ensemble HRG)

Website ensemblehrg.com

Ensemble HRG serves skilled nursing and senior care operators across multiple states through managed financial and back-office operations. Services include outsourced billing and collections, A/R oversight, payment posting, financial reporting, accounts payable support and managed-care contracting; this firm is distinct from Ensemble Health Partners.

Flint Hills Billing & Consulting

Website flinthillsbillingandconsulting.com

Flint Hills Billing & Consulting serves skilled nursing facilities with an emphasis on Kansas, Texas and Indiana payer requirements. Its managed services include Medicare, Medicaid and managed-care billing, payment posting, aging A/R recovery, claims troubleshooting, eligibility and business-office support.

SNF RCM Vendor Directory | Continued

Focal Point Care

Website focalpointcareco.com

Focal Point Care coordinates specialty SNF services through its Future Care Consultants, Guided Care and QRM operating units. Its managed offerings include billing and collections, back-office financial administration, payer contracting, case management, authorizations and rehabilitation management.

GeBBS Healthcare Solutions

Website gebbs.com

GeBBS is a national enterprise RCM and health-information-management outsourcer with provider engagements spanning adjacent post-acute services. Its managed operations include coding, charge capture, claims processing, payment posting, denial resolution and accounts-receivable follow-up; facility-level SNF and Medicaid-pending scope should be verified for each contract.

Global Healthcare Resource

Website globalhealthcareresource.com

Global Healthcare Resource provides outsourced revenue-cycle and patient-contact operations to U.S. providers, including post-acute organizations. Managed services include eligibility and authorization support, coding and documentation review, medical billing, claim submission, payment posting, accounts-receivable follow-up and denials; confirm the precise skilled-nursing payer and facility scope.

Health Care Professional Consulting Services (HCPCS)

Website hcpcsconsulting.com

HCPCS provides direct revenue-cycle management and business-office services to skilled nursing, senior living and other post-acute providers. Engagements include full or partial outsourced billing, collections, aging A/R recovery, denial appeals, clean-claim review, temporary staffing, compliance and business-office training.

Horizon Healthcare Solutions

Website hhsbilling.com

Horizon Healthcare Solutions lists nursing-home and skilled nursing billing among its medical revenue-cycle service lines. Its managed services include Medicare Part A and B and ancillary claims, eligibility checks, authorization support, denials and accounts-receivable management, payment posting and workflow assessment.

iSolve RCM

Website isolvercm.com

iSolve RCM provides nursing-home and skilled nursing billing services addressing both short-stay rehabilitation and long-term care reimbursement. Its managed services include coverage verification, Medicare Part A and B claims, PDPM-related documentation and coding support, claim submission, denial corrections, appeals and payment follow-up.

LTC Ally

Website ltcally.com

LTC Ally specializes in outsourced financial and administrative operations for skilled nursing and long-term care organizations. Its managed services include Medicare, Medicaid and managed-care billing, census and eligibility tracking, authorizations, claims and denials, aged A/R collections, managed-care contracting and financial controllership.

LTC Consulting (Hansen Hunter)

Website ltcconsulting.com

LTC Consulting, now part of Hansen Hunter, provides technology-enabled billing and revenue-cycle support to skilled nursing, post-acute and senior living operators. Its managed services include full or partial billing, payer and authorization follow-up, daily census and eligibility review, private-pay collections, aged A/R recovery and billing-system optimization.

SNF RCM Vendor Directory | Continued

LTCPro

Website ltcpro.us

LTCPro provides outsourced administrative and financial operations for skilled nursing and assisted living facilities. Its managed services include billing and A/R, Medicaid audit-response support, accounts payable and general ledger, payroll, case management, MDS and PDPM support and resident trust-account administration.

Management and Network Services (MNS)

Website mnsnetwork.com

MNS provides expert-backed managed-care revenue assurance for skilled nursing providers rather than general-purpose business-office replacement. Its services cover managed-care contracting and credentialing support, benefits and admissions workflows, authorizations, continued-stay reviews, claims validation, denial assistance and underpayment follow-up.

MCA Medical Billing Solutions

Website mcaskilled.com

MCA Medical Billing Solutions specializes in outsourced billing for skilled nursing facilities. Managed services include Medicare, Medicaid and Medicare Advantage claims, PDPM and triple-check processes, denial appeals, aged receivables, payment posting, resident statements, reimbursement audit support and EHR-based billing workflows.

Medi-Bill Systems

Website hcis-mbs.com

Medi-Bill Systems specializes in outsourced Medicare Part A and Part B therapy billing and collections for skilled nursing facilities. It supports claim submission and tracking, PDPM and MDS questions, reimbursement documentation, billing compliance, Medicare education and PointClickCare-integrated claim workflows.

Medicaid Done Right

Website medicaiddoneright.com

Medicaid Done Right is an institutional Medicaid application and document-gathering services company serving long-term care facilities in multiple states. Its managed support addresses resident and family documentation, eligibility applications, state-agency follow-up and approval workflows; it is a specialized revenue-protection service rather than full-service SNF billing.

MedxCode

Website medxcode.com

MedxCode markets nursing-home and SNF medical billing services for Medicare Part A and Part B and other payer-related claims. Its managed functions include therapy and rehabilitation coding, charge capture, claim preparation and submission, denial follow-up, payment monitoring and revenue-cycle reporting.

NEXACC

Website nexacc.com

NEXACC offers outsourced billing, accounting and financial administration for skilled nursing and long-term care operators. Its advertised workflows include daily census reconciliation, Medicare-to-Medicaid payer transitions, triple-check review, pending Medicaid application tracking, ancillary charge capture, accounts receivable, payroll and cost-report-oriented financial close.

Nexus io

Website thenexusio.com

Nexus io offers nursing-home and skilled nursing RCM outsourcing across Medicare Part A/B, Medicaid, Medicare Advantage and private insurers. Managed services include eligibility verification, payer-specific claim preparation, coding support, submission, denial management, payment posting and accounts-receivable follow-up.

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SNF RCM Vendor Directory | Continued

Nursing Home Billing Solutions (NHBS)

Website nursinghomebillingsolutions.com

Nursing Home Billing Solutions, part of the Infinium Healthcare family, provides SNF billing and A/R management with stated operations in California and Texas. Its managed services include benefits verification, authorizations, triple-check review, claims, payment posting, denials, aged A/R cleanup, MDS consulting and business-office coverage.

Omega Healthcare

Website omegahms.com

Omega Healthcare is a large national and global RCM operations provider serving U.S. healthcare delivery organizations across acute, post-acute and rehabilitation markets. Its managed services include medical coding, billing operations, claim follow-up, denials and appeals, payment posting and A/R recovery; SNF-specific benefit and payer requirements should be scoped directly.

PointClickCare

Website pointclickcare.com

PointClickCare introduced SNF-focused Revenue Cycle Management Services covering aged and denied claims, managed care, Medicaid eligibility and collection recovery. It also announced a referral arrangement for outsourced SNF RCM through TruBridge; providers should confirm whether service delivery is direct or partner-operated before comparing vendors.

Priority Healthcare Solutions

Website priorityhcs.com

Priority Healthcare Solutions provides outsourced nursing-home business-office functions through turnkey and temporary A/R staffing arrangements. Its managed services include census oversight, payer-specific scheduled billing, cash posting, resident and private-pay collections, pending Medicaid case monitoring and A/R aging reviews.

Quality Healthcare Resources (QHCR)

Website qhcr.com

Quality Healthcare Resources, an Assembly Health company, specializes in financial services for skilled nursing communities. Its managed services include billing, payer and Medicaid-pending tracking, Medicare eligibility review, cash posting, accounts-receivable recovery, resident-fund administration, financial reporting and related payroll or accounting support.

RevConnex Solutions

Website revconnexsolutions.com

RevConnex Solutions markets outsourced revenue-cycle and managed back-office services to U.S. providers, including skilled nursing facilities. Its managed functions include coding, charge capture, claims scrubbing, denial and appeal follow-up, aging A/R management, reporting and trained revenue-cycle staffing.

Richter (powered by Sunbound)

Website richterhc.com

Richter, operating as Richter powered by Sunbound since October 2026, serves skilled nursing and other long-term post-acute providers. Its managed services include all-payer outsourced billing, A/R recovery, Medicaid eligibility and appeals, bad-debt documentation, accounting and controller services, reimbursement and audit support, and EHR implementation or optimization.

RKL

Website rklesolutions.com

RKL provides senior living and skilled nursing operators with outsourced financial and selected revenue-cycle services. Engagements include medical billing, Medicare and Medicaid cost reporting, accounting and controller functions, MDS support, and systems integration or compliance support; it is not solely an SNF end-to-end RCM company.

SNF RCM Vendor Directory | Continued

SNF Solutions

Website snf-solutions.com

SNF Solutions provides full or partial skilled nursing billing and interim business-office coverage. Its managed services include monthly Medicare, Medicaid, managed-care and other payer billing, SNF consolidated-billing support, collections, claims troubleshooting, A/R recovery and business-office training.

Sunbound

Website sunbound.ai

Sunbound combines revenue-cycle software with service teams supporting skilled nursing and senior living operators, and is affiliated with Richter. Its managed workflows include insurance discovery and eligibility, payer setup and authorization, claims preparation and submission, denial appeals, payment posting and reconciliation, resident payments and revenue reporting.

Sunknowledge

Website sunknowledge.com

Sunknowledge offers technology-enabled, staffed RCM outsourcing nationally and explicitly describes skilled nursing facility Medicare billing services. Its managed work spans eligibility and authorizations, billing and coding, denial management, aging A/R recovery, payer follow-up and collection support.

Superior Back Office Solutions

Website superiorbackoffice.com

Superior Back Office Solutions provides outsourced skilled nursing accounts-receivable and revenue-cycle support. Its managed services include Medicare, Medicaid, managed-care and private-pay billing, collections and rebilling, insurance verification, authorizations, Medicaid applications, census oversight and facility reporting.

TruBridge (an IKS Health company)

Website trubridge.com

TruBridge provides national outsourced revenue-cycle management and was designated a referral partner for PointClickCare skilled nursing customers seeking managed RCM. Services cover claims and billing operations, follow-up, staffing augmentation, collections optimization and related revenue-cycle workflows; TruBridge joined IKS Health in 2026.

About Black Book Market Research

Since 2010, **Black Book Market Research™** has independently surveyed users, operators and front-line professionals across the long-term and post-acute care continuum, including **skilled nursing, long-term care, subacute and rehabilitation facilities, home health, hospice, durable medical equipment, and post-acute healthcare technology and services**.

Black Book research is designed to capture the experience of the people who use healthcare systems, services and operational processes every day. Polling includes clinical, financial, administrative, technology and executive participants, allowing the research to identify emerging trends, unmet needs, performance gaps and opportunities for process innovation across care settings.

Black Book maintains a **vendor-neutral, independent methodology**. Vendors do not pay to participate in rankings, no advisory boards influence results, and no pay-for-play arrangements are accepted. Survey participation is validated, ballots are limited to one response per corporate email, and findings are subject to internal and external quality controls.

The organization's mission extends beyond measuring satisfaction. Black Book uses direct feedback from healthcare users and front-line stakeholders to help providers, payers, technology companies, service organizations and industry leaders improve operational performance, strengthen access to care and respond more effectively to changing clinical, reimbursement and workforce demands. Through continuous polling and trend identification, Black Book provides practical guidance intended to support better healthcare delivery, more accountable services and sustainable improvements across the post-acute care ecosystem.

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