



Segment Insights

Ambulatory Revenue Cycle Management Services 2024

Organizations' Increasing Need for Meaningful Partnerships

February 2024



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Executive Insights

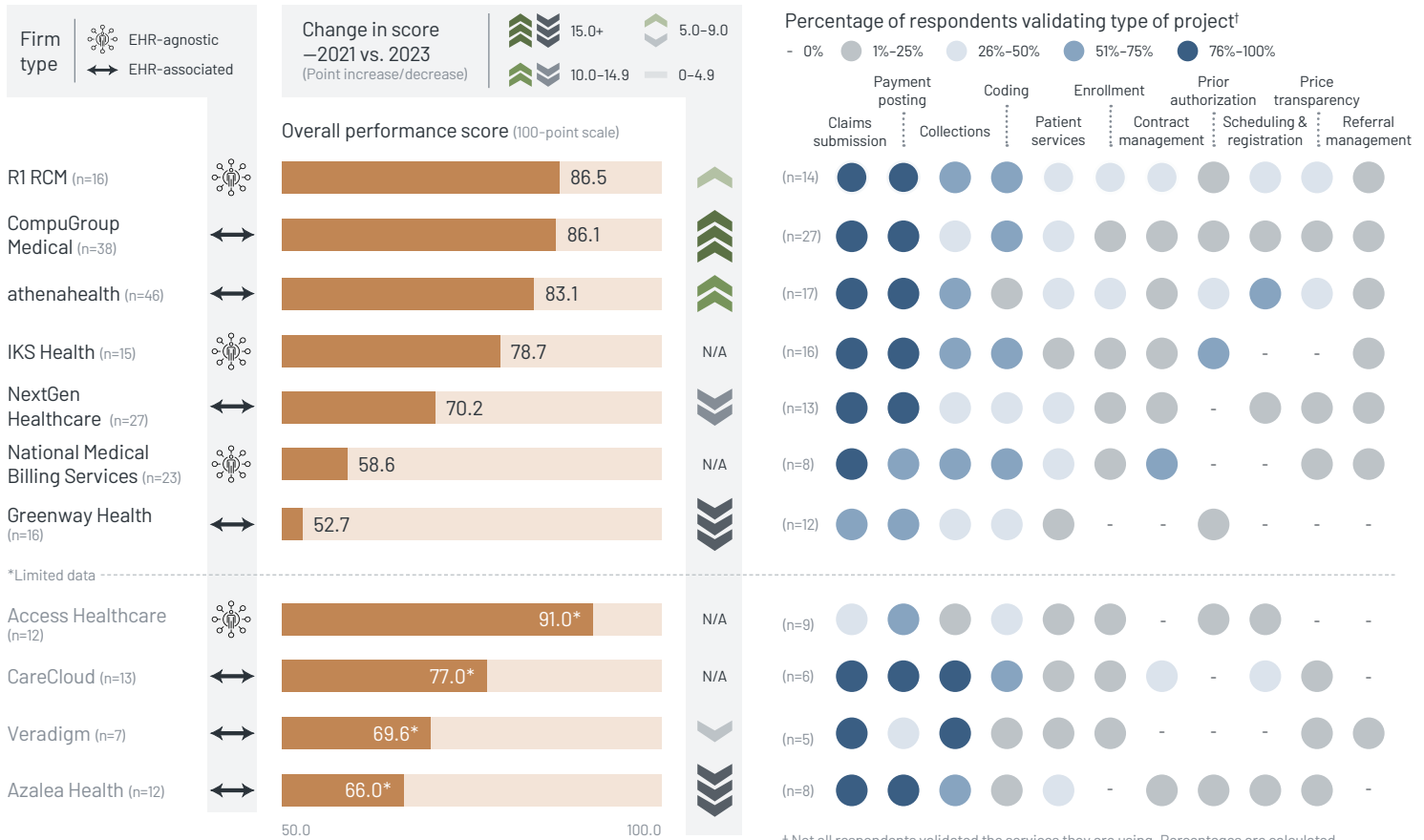
Ambulatory Revenue Cycle Management Services 2024

Organizations' Increasing Need for Meaningful Partnerships

In the face of tighter staffing budgets and ever-changing requirements from payers, ambulatory provider organizations are increasingly relying on revenue cycle management (RCM) services firms—both EHR associated and EHR agnostic—to fill resource gaps and help develop processes that will maximize reimbursements.

Further, organizations want a firm that will effectively own the claims process and be a true partner. Building on the [Ambulatory Revenue Cycle Management Services 2023 report](#), this report examines both EHR-associated and EHR-agnostic services firms and shares how well they are meeting clients' revenue cycle needs. Of note, many aspects of clients' experiences are similar, whether they use an EHR-associated or an EHR-agnostic firm.

Services Firm Overview Firms ordered by overall performance score



† Not all respondents validated the services they are using. Percentages are calculated based on individual respondents, not unique organizations. See the About This Report section for more information.

R1 RCM, athenahealth & CareCloud* Drive Outcomes for Complex Projects; CompuGroup Medical & Access Healthcare* Satisfy Clients despite Offering Fewer Services

R1 RCM offers the most types of services on average, and interviewed clients report wide adoption. Large organizations (>75 physicians) are particularly satisfied with the value, highlighting the firm's extensive expertise in streamlining revenue cycle workflows and improving collection rates. Additionally, respondents feel the firm partners with organizations to meet important financial metrics, all while clearly communicating progress. athenahealth and CareCloud also offer a range of services while effectively driving outcomes. **athenahealth** is noted for their industry knowledge. Respondents trust athena to perform well with minimal oversight, saying the firm demonstrates

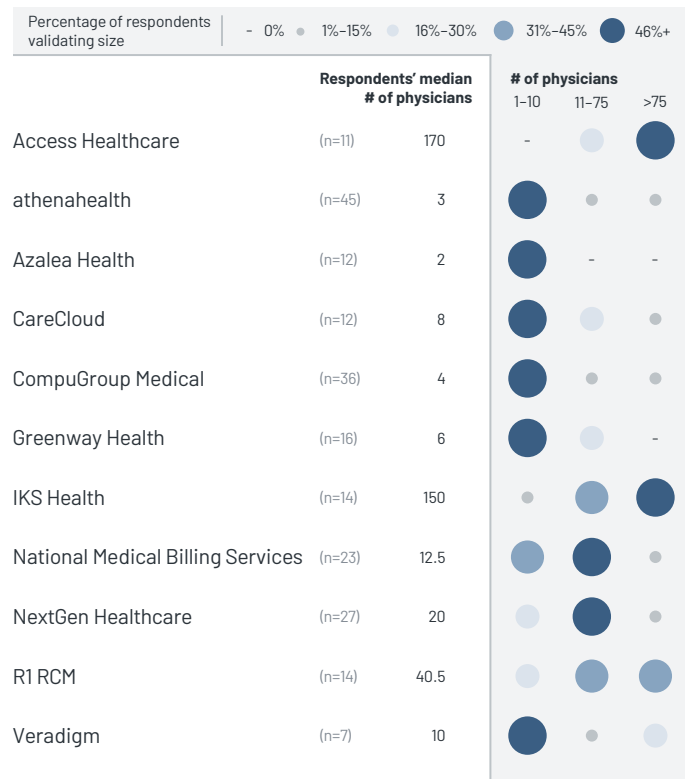
*Limited data

ownership in helping clients meet financial metrics. Satisfied **CareCloud*** respondents have frequent meetings with leadership to improve processes and review metrics. Some clients say their success has been hindered because the firm hasn't responded to or given feedback on requests for accurate reporting. Respondents appreciate the firm's technology, which pulls reports and uses AI to reduce denials.

Since **CompuGroup Medical** acquired eMDs in 2020, interviewed clients have reported increasing satisfaction, mentioning the knowledgeable client service teams and quick response times. In addition, respondents appreciate having a consistent point of contact who understands the value each claim provides to the organization (i.e., the contact follows up on smaller claims and repeatedly checks denials). Respondents of **Access Healthcare***—one of two firms in this report with a validated median organization size of ≥150 physicians—say the firm drives solid results and, as a result, helps organizations save money by reducing FTEs. Quick turnaround on projects and consistent, frequent progress reports are also strengths. The firm is seen as eager to go beyond core RCM work; however, more-complex projects (e.g., claims denials, aged accounts) often require some direction from the client.

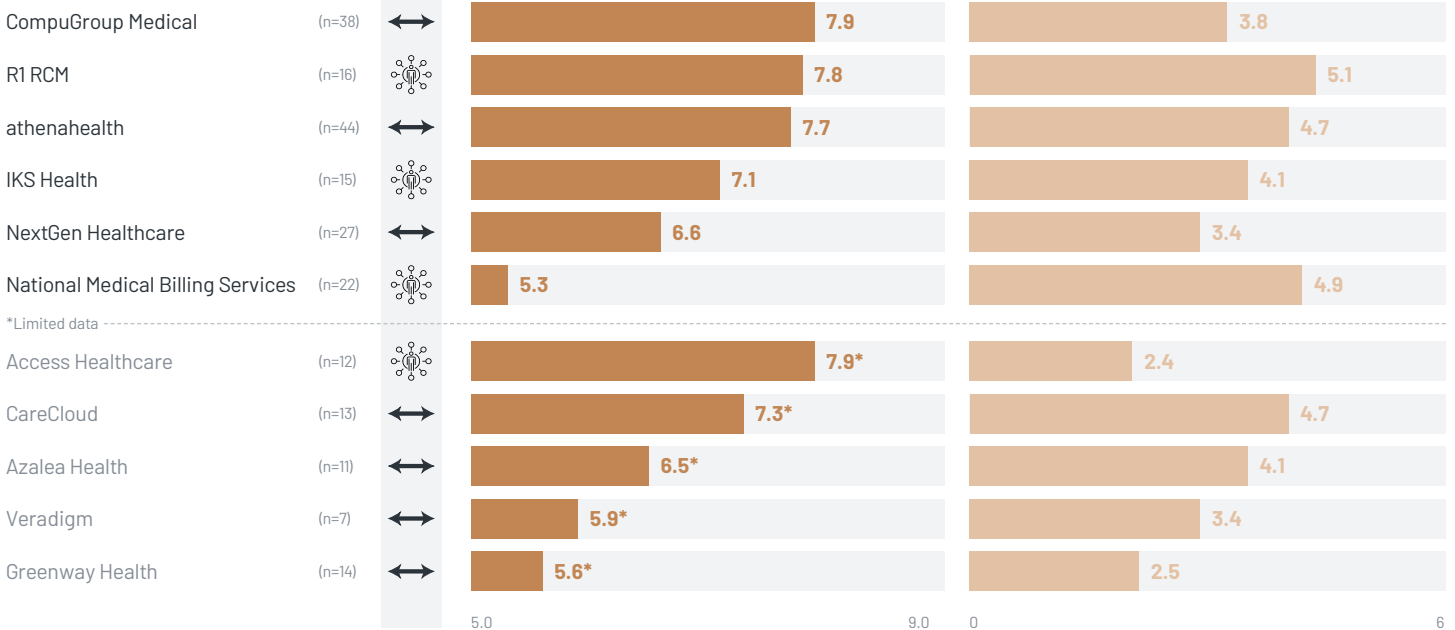
*Limited data

Respondent Organization Size Firms ordered alphabetically



Drives Tangible Outcomes & Average Number of Services

Ordered by drives tangible outcomes



*Limited data

athenahealth & CompuGroup Medical Have Greatest Positive Impact on Respondents' Important Financial Metrics

Regardless of the firm they use, all respondents say communication and their contact person are top contributing factors to a valuable engagement. **athenahealth** and **CompuGroup Medical** stand out in these regards; interviewed clients say the firms understand expectations and frequently adapt to new timelines and organizational goals, helping clients meet important metrics. Additionally,

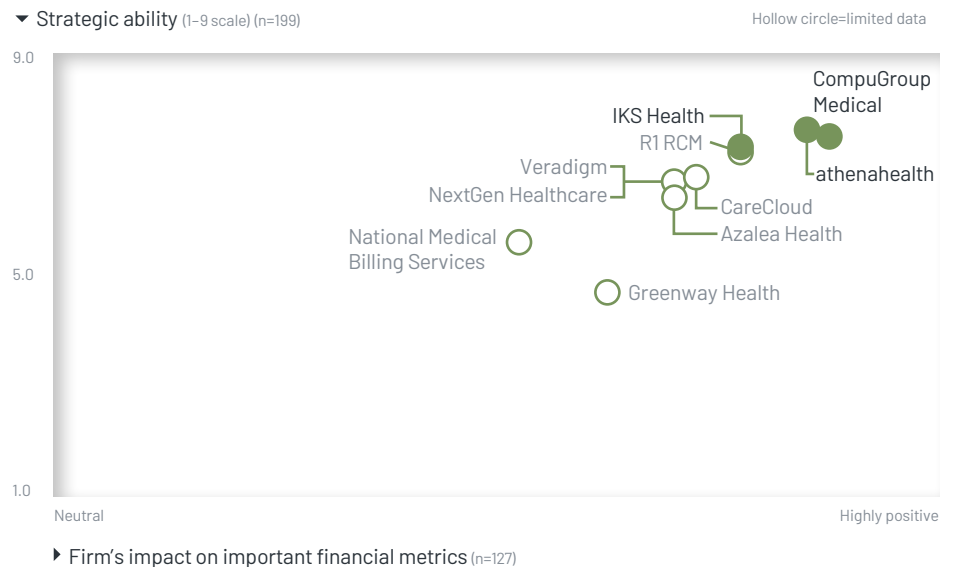
respondents appreciate that these two firms not only report on metrics set by the client but also help develop a strategy to hit those metrics. Respondents of **IKS Health**—the other firm in this report whose validated median organization size is ≥ 150 physicians—report seeing significant improvement in A/R days, though many wish the firm were more involved in helping them develop a revenue cycle strategy. Greenway Health and National Medical Billing Services have had the least impact on respondents' metrics.

Greenway Health* respondents say the firm doesn't communicate progress for important financial metrics, citing inconsistent account representatives and the offshore service model as challenges. As a result, some have lost confidence in the firm's capabilities.

Respondents of **National Medical Billing Services*** cite challenges with staff turnover, unorganized management, and a lack of reporting, leading to untimely filings, higher-than-expected A/R days, and inaccurate reports.

*Limited data

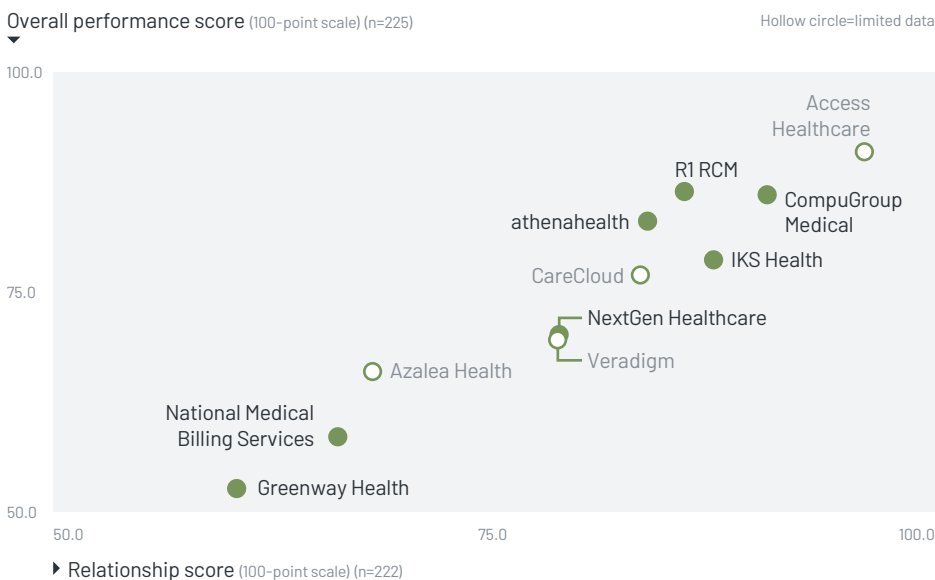
Strategic Ability vs. Firm's Impact on Important Financial Metrics



Note: Access Healthcare not charted due to insufficient data for firm's impact on important financial metrics. The firm's strategic ability rating from 10 organizations (limited data) is 7.5.

Client Satisfaction with Azalea Health*, NextGen Healthcare & Greenway Health Drops due to Unmet Expectations around Communication

Overall Performance Score vs. Relationship



Note: Relationship scores are a composite of client ratings for the following standard KLAS metrics: executive involvement and strength of partnership.

Overall performance scores for Veradigm, Azalea Health, NextGen Healthcare, and Greenway Health have decreased over the past two years, with the latter three decreasing most significantly (see first chart). While **Veradigm*** respondents acknowledge the product's stability and helpful upgrades, satisfaction has dropped due to the firm not driving outcomes; respondents report insufficient follow-through and a lack of education on how to drive value and adopt new product features. **Azalea Health*** respondents are frustrated about not receiving regular updates from the firm and mention that it is difficult to escalate issues. The firm's push to communicate more via email has increased feelings of disconnect for many. In addition, many respondents report fewer follow-

ups on claims, leading to uncertainty about the firm's partnership. Some **NextGen Healthcare** respondents would also like more person-to-person communication and more specific updates regarding their ROI. Small organizations (1-10 physicians) tend to score the firm the highest, citing consistent outreach and exceeded expectations. This contrasts with midsize and large organizations (11-75 physicians and >75 physicians, respectively), who say the firm hasn't lowered A/R days or resolved denials. The satisfaction of interviewed **Greenway**

*Limited data

Health clients has significantly dropped over the last two years, with clients reporting a difficult transition to the new offshore service model. However, a few respondents were recently assigned a consistent account representative, making them more optimistic about the future. Other firms have respondents who are frustrated with having to use an offshore service model. However, similar to Greenway Health, **Access Healthcare***, **CompuGroup Medical**, and **R1 RCM** have been able to mediate potential problems with offshore resources by assigning consistent, effective account managers to clients. This has helped improve client-firm relationships.

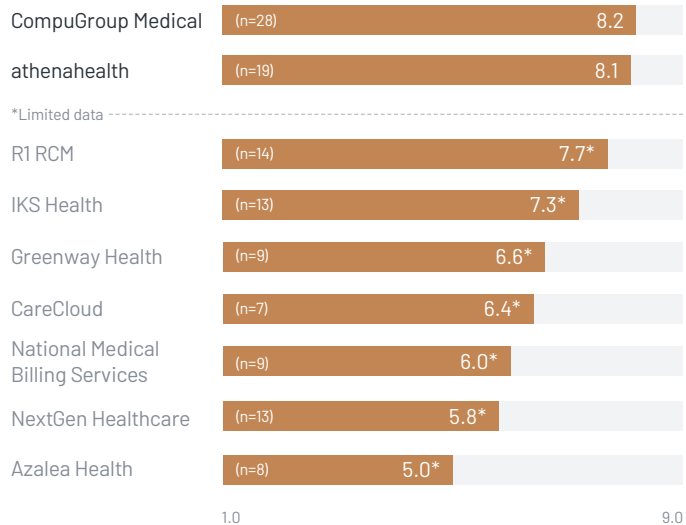
*Limited data

CompuGroup Medical, athenahealth & R1 RCM* Seen as Partners That Educate Clients on Process Improvement

Respondents highlight CompuGroup Medical and athenahealth for educating clients on how to improve internal processes and submit clean claims. **CompuGroup Medical** organizations appreciate the frequent feedback they receive about how to update processes and help billing managers navigate ICD code updates. **athenahealth** is seen as staying ahead of the curve with coding and billing practices, and the firm consistently notifies billing personnel about coding changes to help clients reduce denials. Both firms hold frequent meetings with interviewed clients to discuss what parts of the claims processes are causing the most denials and to provide best practices that will reduce submissions errors. **R1 RCM*** respondents are also satisfied with their firm’s education, mentioning how knowledge distribution feels consistent across employees. R1 frequently educates respondents on payer updates that affect organizational processes. **IKS Health*** respondents acknowledge the firm’s client education can be reactive; however, those who have strong relationships with their account executives say the firm is making improvements in this area. In general, respondents of **National Medical Billing Services*** and **NextGen Healthcare*** would like more consistent communication for staying up-to-date with changing payer requirements. Interviewed **Azalea Health*** clients want the firm to help improve their claims submission process, expressing frustration about how the firm hasn’t provided client education.

*Limited data

Respondents’ Perception of Firm’s Willingness to Provide Best Practices for Clean Claims (1–9 scale)



Note: Access Healthcare and Veradigm not charted due to insufficient data.



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Report Information

About This Report





Each year, KLAS interviews thousands of healthcare professionals about the IT solutions and services their organizations use. For this report, interviews were conducted over the last 18 months using KLAS’ **standard quantitative evaluation** for healthcare services, which is composed of 9 numeric ratings questions and 3 yes/no questions, all weighted equally. Combined, the ratings for these questions make up the overall performance score, which is measured on a 100-point scale. The questions are organized into five client experience pillars—loyalty, operations, relationship, services, and value.

Share your experience with peers.

Take a short survey about your ambulatory RCM services firm.



Customer Experience Pillars

Category	Loyalty	Operations	Relationship	Services	Value
					
Standard services evaluation metrics	Likely to recommend Overall satisfaction Would you buy again	Engagement execution	Executive involvement Strength of partnership	Quality of staff/consultants Strategic expertise	Avoids charging for every little thing Drives tangible outcomes Exceeds expectations Money's worth

To supplement the performance data collected, KLAS also asked interviewed clients the following questions specific to ambulatory RCM services:

1. What kind of work is your firm doing for your organization?
2. Rate your satisfaction with the firm's willingness to educate you on best practices for clean claims.
3. What impact did your firm have on your organization's ability to meet important financial metrics?

Sample Sizes

Unless otherwise noted, sample sizes displayed throughout this report (e.g., n=16) represent the total number of *unique client organizations* interviewed for a given firm or service. However, it should be noted that to allow for the representation of differing perspectives within any one client organization, samples may include surveys from different individuals at the same organization. The table below shows the total number of unique organizations interviewed for each firm or service as well as the total number of individual respondents.

Some respondents choose not to answer particular questions, meaning the sample size for any given firm or solution can change from question to question. When the number of *unique organization* responses for a particular question is less than 15, the score for that question is marked with an asterisk (*) or otherwise designated as "limited data." If the sample size is less than 6, no score is shown. Where textual content relies on limited data, the firm name is marked with an asterisk. Note that when a firm has a low number of reporting sites, the possibility exists for KLAS scores to change significantly as new surveys are collected.

	Standard Evaluations		Supplemental Questions		Estimated Client Base for Measured Service [†]
	# of unique organizations	# of individual respondents	# of unique organizations	# of individual respondents	# of unique organizations
Access Healthcare	12	14	6	7	1-25
athenahealth	46	46	19	19	101+
Azalea Health	12	12	10	10	51-100
CareCloud	13	13	7	7	51-100
CompuGroup Medical	38	41	28	30	101+
Greenway Health	16	16	12	12	101+
IKS Health	15	16	15	16	1-25
National Medical Billing Services	23	24	9	9	51-100
NextGen Healthcare	27	29	13	13	101+
RI RCM	16	16	15	15	1-25
Veradigm	7	7	5	5	26-50

Note: Some organizations may have rated more than one service.

† Estimations are based on client lists shared with KLAS.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to [klasresearch.com/faq](https://www.klasresearch.com/faq).

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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



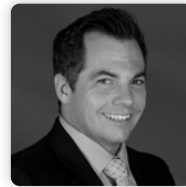
CO-AUTHOR
Mollie Hunt

mollie.hunt@KLASresearch.com



CO-AUTHOR
Alex McIntosh

alexander.mcintosh@KLASresearch.com



CO-AUTHOR
Andy Paulsen

andy.paulsen@KLASresearch.com



WRITER
Sarah Hanson



DESIGNER
Breanne Hunter



PROJECT MANAGER
Andrew Wright



Our Mission

Improving the world's healthcare through collaboration, insights, and transparency.

365 S. Garden Grove Lane, Suite 300
Pleasant Grove, UT 84062

Ph: (800) 920-4109

For more information about
KLAS, please visit our website:
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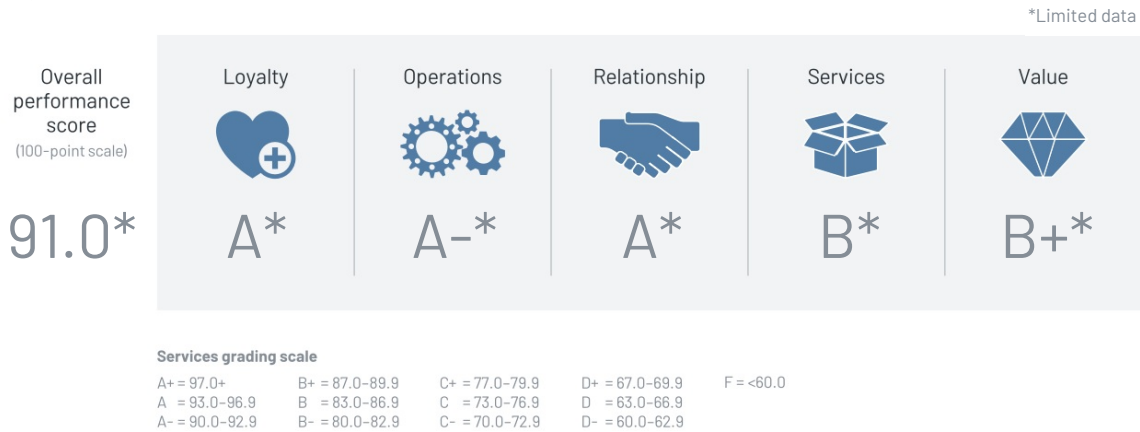
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Firm Insights

Access Healthcare

Figure 1 **Access Healthcare—Customer Experience Pillars**
(n=12)



Access Healthcare* respondents are highly satisfied with the firm’s ability to keep to timelines and deliver what is expected of them. The firm is described as an adaptable partner that executes well thanks to their close collaboration with clients. The majority of validated engagements are for payment posting and claims submission, though respondents say the firm is willing to partner with clients on projects that are more complex. Some would like to see greater expertise and strategic guidance from the firm instead of having to drive the strategy themselves.

*Limited data



“Access Healthcare was very competent in their approach to figuring out our needs. This was a relatively new type of work for them. They understood it. They figured it out. They were very careful and purposeful in their planning. It played out exactly as we had expected.” —VP of revenue cycle and operations



“The firm has built a big team, and for the most part, the firm is filing claims relatively quickly. They are still building their team and training their staff, so there are still a number of denials that come through that we need to rework. But we have a good working relationship with the firm and good communication. They have good team management. Access Healthcare’s fees are pretty straightforward, and the firm sticks to the agreement.” —COO

Figure 2 **Access Healthcare—Standard Numeric Indicators**
(1-9 scale)

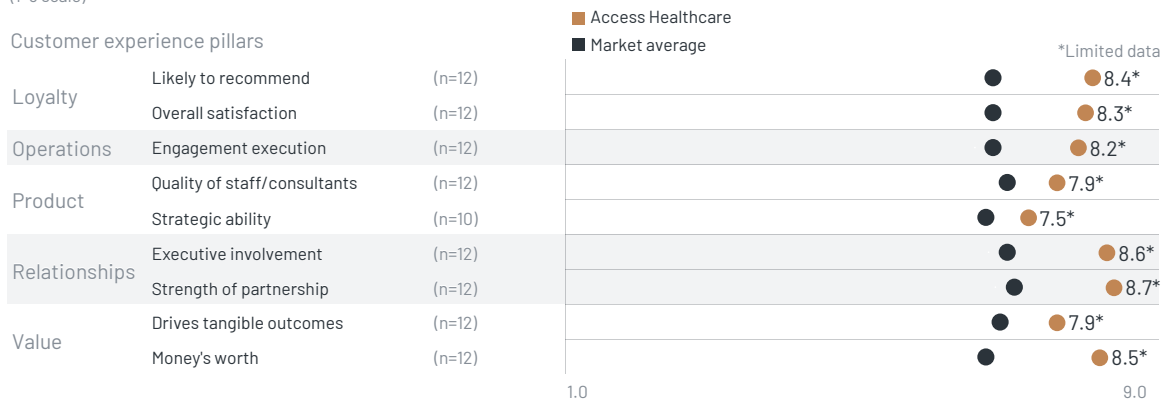
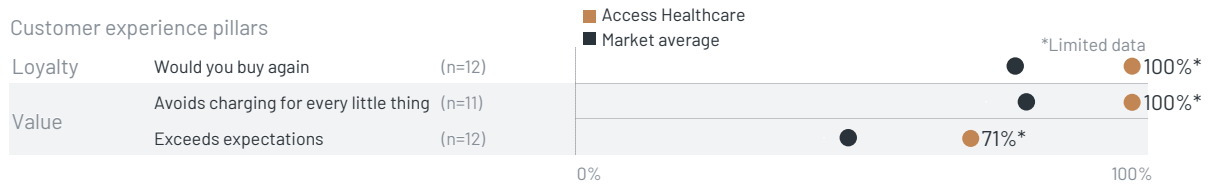


Figure 3

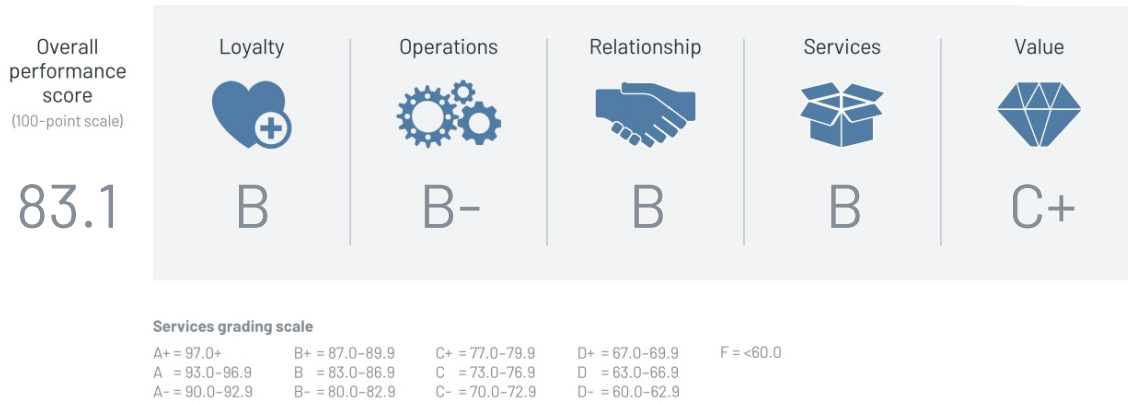
Access Healthcare—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



athenahealth

Figure 4 **athenahealth—Customer Experience Pillars**
(n=46)



Interviewed athenahealth clients report a higher number of project types compared to other firms’ respondents. Respondent organizations that are low staffed view athena as critical to their ongoing success. Across all respondents, athena is highlighted for maintaining or improving claims revenue and decreasing organizations’ FTEs. Dissatisfaction mostly stems from respondents’ expectations around project ownership not being met. Many originally assumed athena would manage their revenue cycle, only to discover an internal team would still be necessary. Respondents want more updates on projects and more thorough investigations into denials. Because some organizations found errors that they assumed athena would monitor and prevent, they now perceive athena’s services as lower value. Those who more clearly understand athena’s role and level of ownership still wish the firm would be more thorough with each claim.

“athenahealth is tied to our success by our agreement. When we do well, they do well. We have had a wonderful relationship. athenahealth is held accountable, and they service us well to work through problems. Our expectations were unfortunately at a low bar, but the firm has exceeded them. Choosing athenahealth was a wonderful move for our practice.” —Physician

“I love athenahealth, and I tell everyone the firm’s services are great, but there are definitely cons too. We came from a different EHR that required more on the billing end, but my biller preferred that EHR because it had a lot more transparency. A lot of things tend to fall through the cracks with athenahealth. . . . Some things have been a little frustrating with athenahealth, such as when they have created tasks for us to complete. There are times when we have already given the firm what they have asked for, and they have still kept sending us the requests and have not posted stuff.” —Practice administrator

Figure 5 **athenahealth—Standard Numeric Indicators**
(1-9 scale)

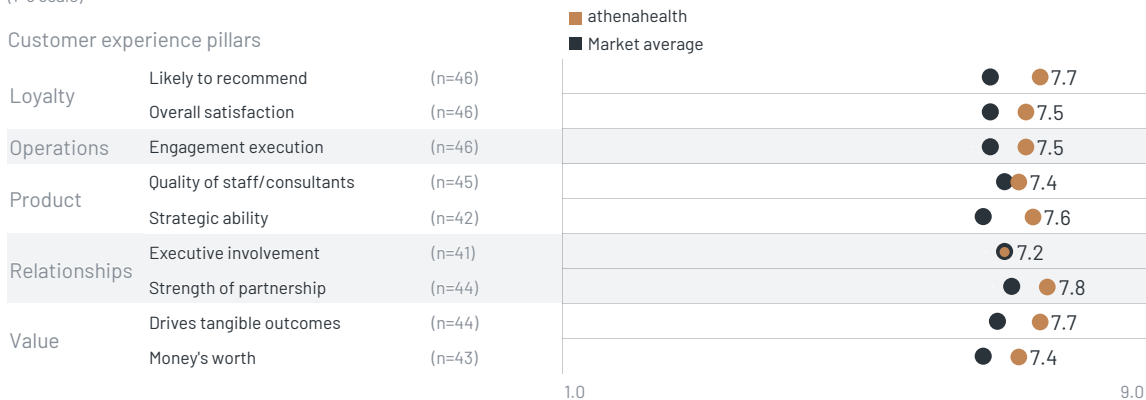
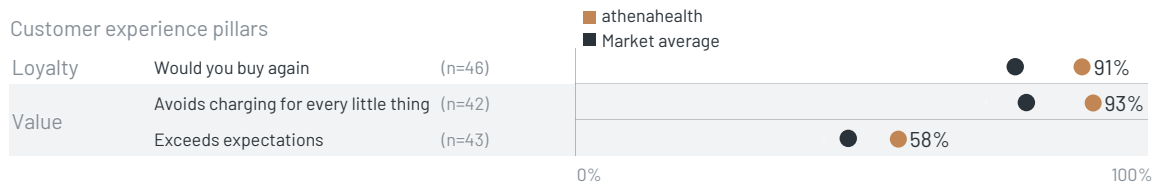


Figure 6

athenahealth—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

Customer experience pillars



Azalea Health

Figure 7 **Azalea Health—Customer Experience Pillars**
(n=12)



Respondents appreciate Azalea Health’s* ability to collect money and maintain a predictable, consistent support system. The firm’s responsive IT support and easy-to-use billing system are also highlighted. Common concerns include frequent posting errors, a lack of follow-up on claims that has led to untimely filing, and unauthorized adjustments to fee schedules and insurance information. Further, interviewed clients are concerned by the firm’s communication practices, saying there is a lack of direct contact and that the firm becomes defensive when confronted with issues. Azalea Health’s high turnover rate and inexperienced billers have also frustrated respondents, causing them to see the firm as unreliable and distrust the firm’s expertise.

*Limited data

“I don’t think [Azalea Health realizes] that with all of the clinical alerts and patient calls we have, we are inundated with messages, so we don’t see theirs. We have asked the firm to call us directly when they have a question, and that hasn’t happened. There is a disconnect. The firm has the expectation of working with a practice that has a separate biller and a separate managing department, but with a practice of our size, we do everything. A lot of things are on the providers’ shoulders, so at the end of the day, we may not answer all of their questions.” —Physician owner

“Azalea Health stays up-to-date with their system as far as flexibility and ease of use go. There are a lot of vendors whose systems are locked down and who don’t make a lot of changes. The firm likes what they created and is not going to do a whole lot to improve the ease of access. The system is easy to use. The firm created some new options that help with posting payments and make the process a whole lot easier than it was before. There have been a couple of times in the past when I have sent requests, and the firm has made the changes. The firm hasn’t made the changes right away because that is the nature of the beast with a system this massive; it has to be implemented with other things.” —Office manager

Figure 8 **Azalea Health—Standard Numeric Indicators**
(1-9 scale)

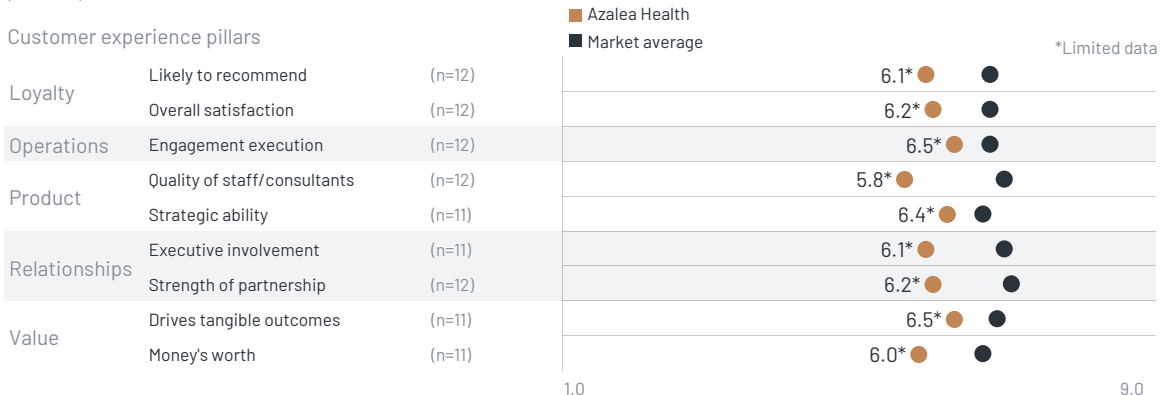
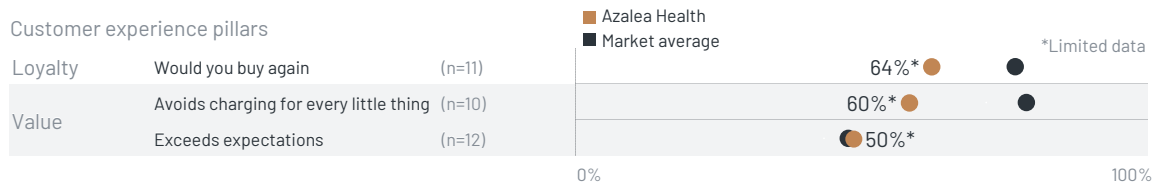


Figure 9

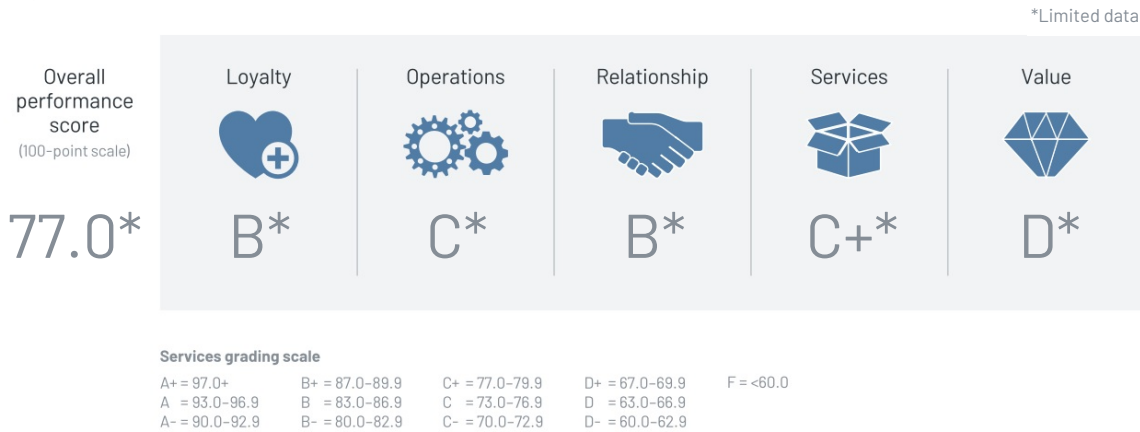
Azalea Health—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



CareCloud

Figure 10 **CareCloud—Customer Experience Pillars**
(n=13)



Interviewed CareCloud* clients appreciate the firm’s dedication to credentialing; the firm ensures up-to-date certifications and high collection rates with minimal write-offs. Other mentioned strengths include client managers’ responsiveness and helpfulness and CareCloud’s ability to maintain consistent KPIs. On the other hand, several respondents are dissatisfied with communication—particularly regarding offshore service teams—and report misunderstandings and unresolved problems. There are also concerns about CareCloud’s lack of proactivity with A/R management and slow response times to billing inquiries and requests for additional services. Respondents note a decline in service quality over time, with some citing poor organizational skills and a lack of direct contact with the teams handling their accounts. Overall, satisfied respondents say the benefits of CareCloud’s credentialing and collections expertise outweigh the communication and service challenges.

*Limited data

“Although CareCloud gets paid a percentage of collections, they truly are looking out for us. We find things. They find things. Our relationship is truly a partnership. We have seen improved collections, reduced denials, and streamlined things using AI. We are always looking to save money and collect more money.” —Revenue cycle director

“Our account representative is one of the big reasons our business has stayed with CareCloud through the two or three transitions they have had, and the representative is no longer there. We are going to see how things go without them. There are a lot of times when CareCloud asks us a question where they haven’t done any research first. For example, they ask us questions about billing or a face sheet, but they have access to things, so there is no need for it to come back to us because it is going to take time for our on-site staff to dig through, figure things out, and send it all back.” —Manager

Figure 11 **CareCloud—Standard Numeric Indicators**
(1-9 scale)

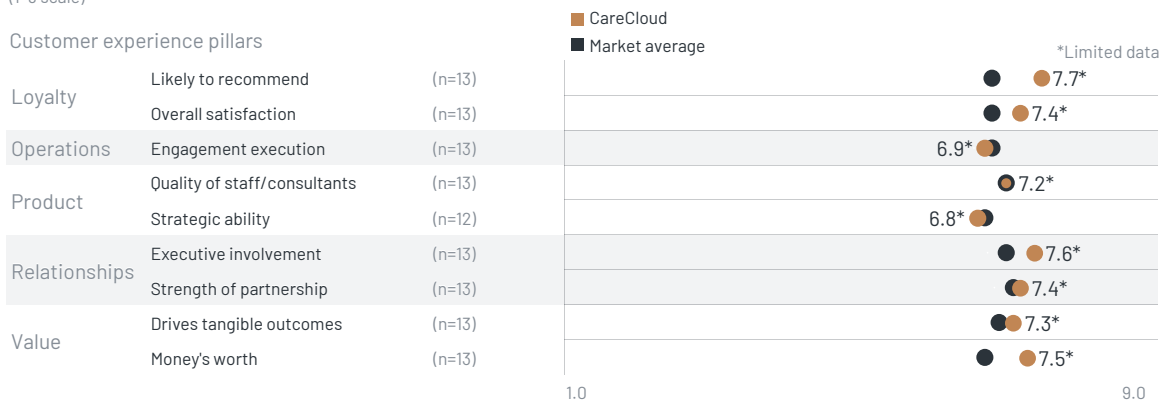
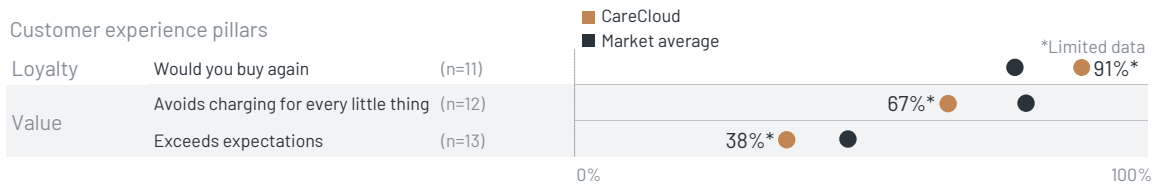


Figure 12

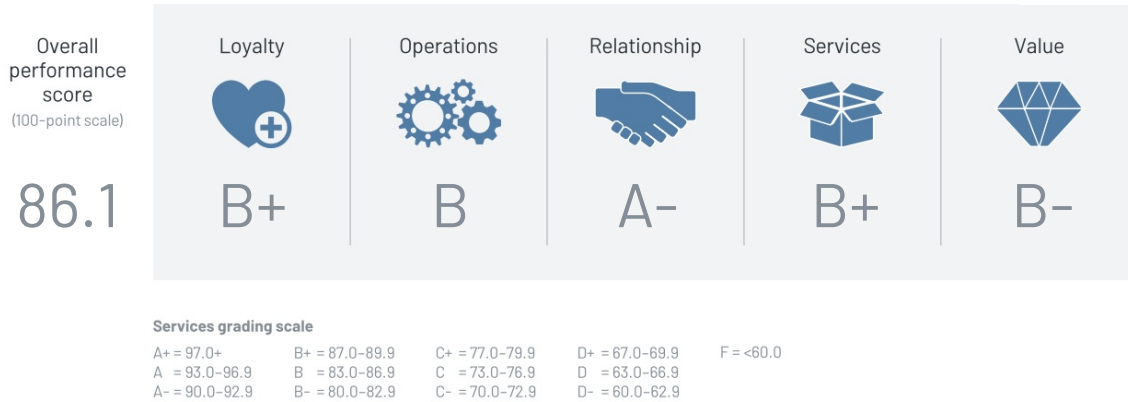
CareCloud—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



CompuGroup Medical

Figure 13 **CompuGroup Medical—Customer Experience Pillars**
(n=38)



CompuGroup Medical respondents appreciate the dedicated account managers who properly care for accounts and maintain clear communication lines. The firm’s technology is highlighted for its effectiveness. Respondents express significant dissatisfaction with the firm’s handling of older claims and their lack of proactivity when informing clients about recurring denials related to specific diagnosis codes. The firm is also seen as adhering too rigidly to standard operational procedures, resulting in poor handling of cases that fall outside these procedures. Furthermore, the firm’s responsiveness and communication have been called into question, with some clients feeling ignored and unsupported.

“As far as our partnership goes, we call the firm family. That is also what they call us. We are family. The firm communicates with us about any places where we are lacking and provides instructions on what we might do in the future to improve. We get that feedback regularly from them, and that helps our billing manager when new codes come out. The firm is very effective in telling us when things have changed.” —Business manager

“The firm has expertise that we can tap into. But we are always looking at the cost and whether to add a person to our own billing. Right now, we are not doing that. We had a recent change in our manager for our billing. We certainly were satisfied with our previous billing manager, so we will see how things go with this new change. Our last manager was very personable. We were super sad to hear that they were no longer our manager. I think they really valued what we did and were a team player. Even though I never saw that manager in person and we worked in different places, they understood what our goals were and were always working to help us achieve them.” —Director

Figure 14 **CompuGroup Medical—Standard Numeric Indicators**
(1-9 scale)

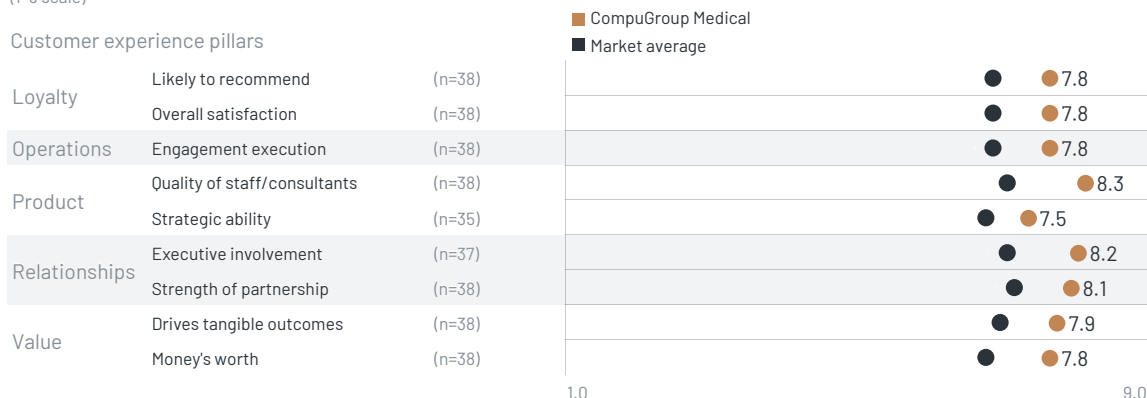
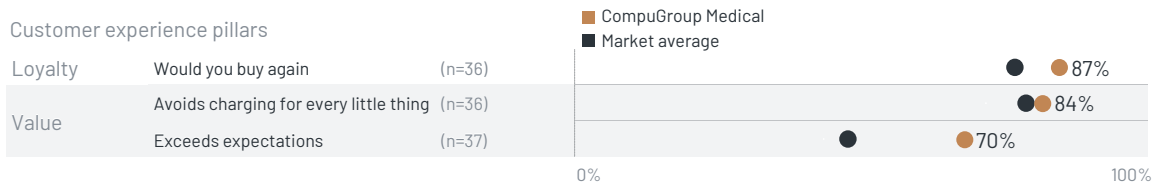


Figure 15

CompuGroup Medical—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Greenway Health

Figure 16 **Greenway Health—Customer Experience Pillars**
(n=16)



Many Greenway Health’s respondents say their satisfaction has declined over the past several years. While some report a better experience than others, often due to improving relationships with account managers, many say their dissatisfaction stems from the firm’s siloed departments, breakdowns in communication, staff turnover, and an overall lack of problem resolution. The new offshore resources are also a concern for several respondents, who feel disconnected from the firm and experience communication difficulties. Because of these problems, respondents feel Greenway Health has not delivered tangible outcomes, and their trust in the firm’s strategic abilities has decreased.

“Greenway Health’s staff has a huge overturn, and they need a lot of education on our billing, especially if they don’t understand things about the type of organization we are. We have set up several standard operating procedure plans for Greenway Health’s staff so that they understand certain things with our specific billing. I would tell others looking at Greenway Health’s revenue services to be hopeful. Success doesn’t happen overnight, and people should make sure they have a personal connection and relationship with their team leader at Greenway Health.” —Manager

“Having a representative from Greenway Health has been a turning point for our organization. We were having a lot of issues, and when our representative was assigned to us, things started working much better. We have consistent calls with our representative, and they are always accommodating. I only go through our representative. Going directly to other people does not work and is not always reliable. If I go through our representative, problems get addressed and issues get resolved. They have become our liaison and savior. They should rule the world as far as I’m concerned. If it weren’t for our representative, everything would be a big struggle.” —Manager

Figure 17 **Greenway Health—Standard Numeric Indicators**
(1-9 scale)

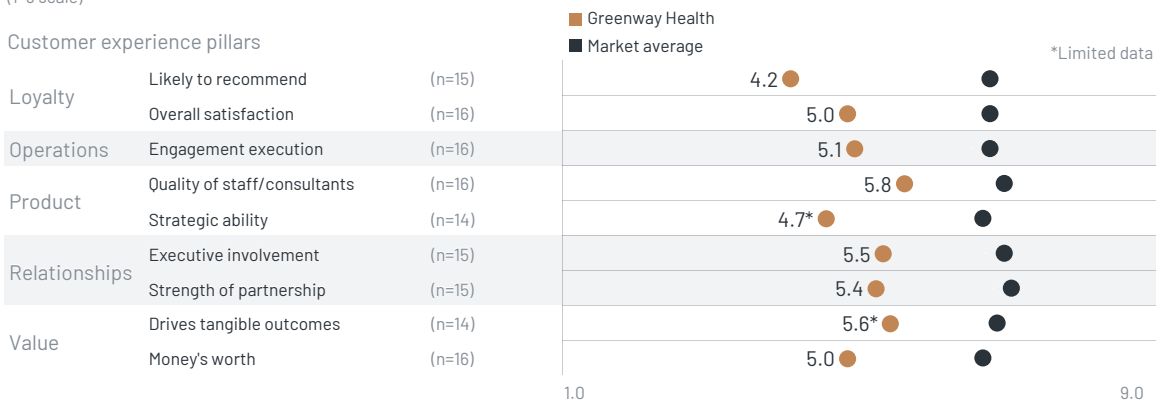
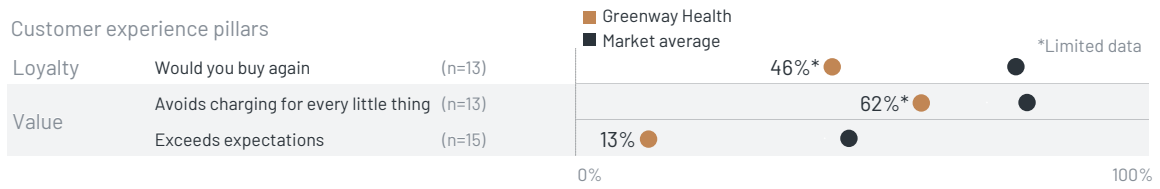


Figure 18

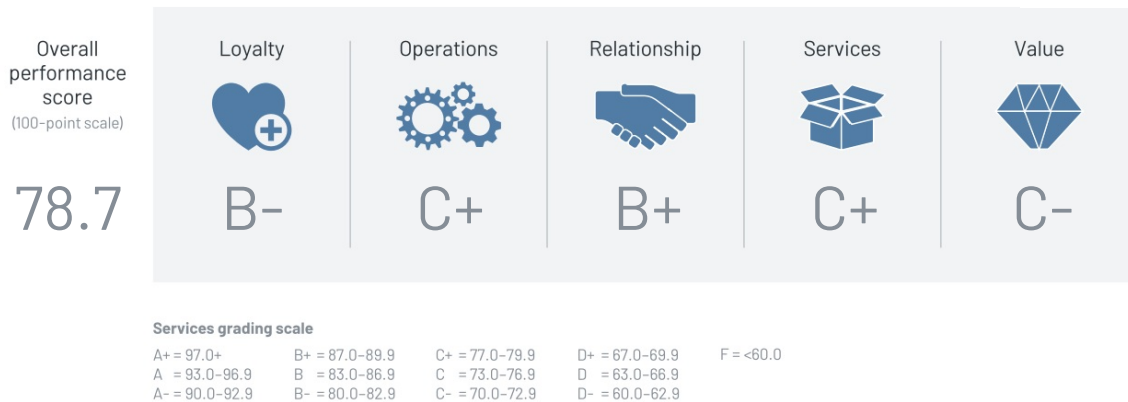
Greenway Health—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



IKS Health

Figure 19 **IKS Health—Customer Experience Pillars**
(n=15)



Some IKS Health respondents note that the firm supports their clients well, is responsive, and involves company executives as key assets. The leadership’s commitment to improvement and the firm’s collaborative approach to client relationships also provide value. Respondents would like to see IKS Health further invest in automation to improve efficiency and decrease reliance on manual labor. There is some dissatisfaction with the knowledge base and expertise of IKS Health’s representatives; respondents mention high turnover rates and say that because the workforce lacks the necessary experience to educate clients, there have been quality and performance issues.

“Because of our long-term relationship with the firm and the fact that we work together as a team, I feel like the firm is trying to own the business. They want to not only deliver but also help us get better. They give information back to my front end or work with the team to try to help us improve. I feel like the firm just goes above and beyond with continuous process improvement to help make the revenue cycle continuum work better.” —CFO

“IKS Health wasn’t doing a great job. We had a lot of challenges with the work they were doing. Their account resolution wasn’t great. We weren’t doing well in terms of the revenue cycle. We wanted to turn things around from a collections perspective, and based on discussions with IKS Health from the get-go, they recognized their problems and started working hard to correct them. That spoke volumes. While we might have a lot of old A/R that is going to be a challenge, we are starting to see improvement moving forward. IKS Health is humble. They listen, take feedback, understand, agree that things aren’t as they should be, and make improvements.” —Chief revenue cycle officer

Figure 20 **IKS Health—Standard Numeric Indicators**
(1-9 scale)

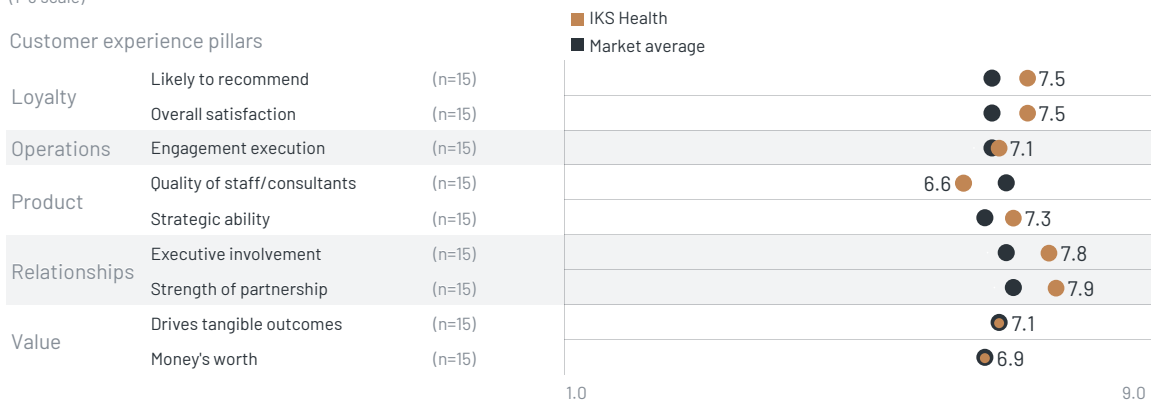
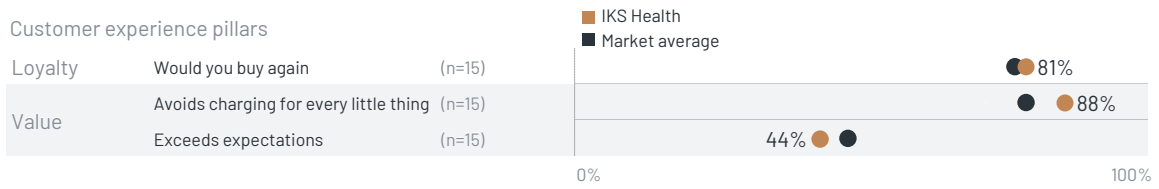


Figure 21

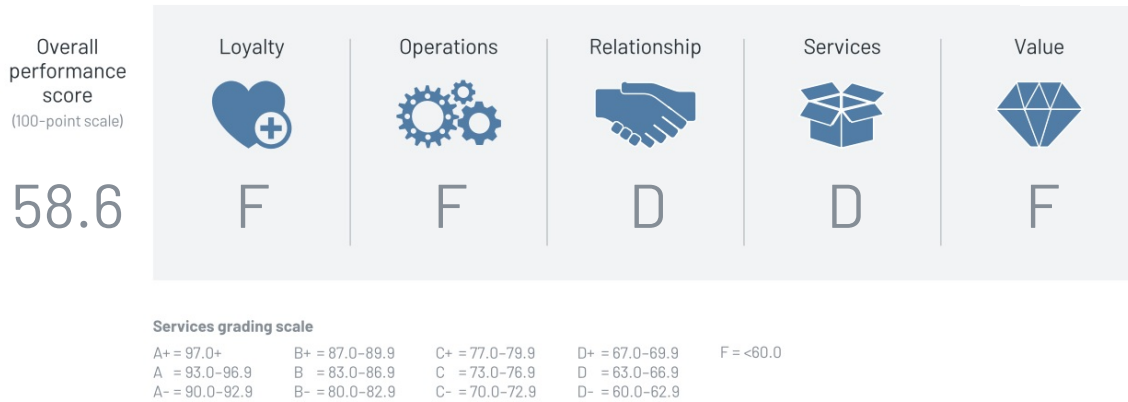
IKS Health—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



National Medical Billing Services

Figure 22 **National Medical Billing Services—Customer Experience Pillars**
(n=23)



Respondents of National Medical Billing Services have mixed reviews regarding their interactions with the firm. Although there are comments about the representatives’ politeness, poor communication and ineffective issue follow-up are also mentioned. In addition, several respondents cite high turnover, which—for some—has led to A/R backlogs and inconsistent account management and payment posting. There are also reports of inconsistent reporting from the firm, resulting in respondents questioning the firm’s execution and the overall strength of the partnership. Respondents are frustrated with the lack of tangible outcomes, pointing to unworked denials, high A/R days, and a general lack of transparency from the firm. Many are questioning their long-term prospects with National Medical Billing Services.

“National Medical Billing Services has been terrible at hitting the financial metrics that matter to us. The vice president of the firm is nonexistent unless I demand a meeting. The payment person we work with is also very slow to post payments, and that creates downstream effects. There has been a lot of turnover in the staff at National Medical Billing Services, so I don’t know whether we have had consistent people working on our claims, and the firm has not been great at following up. A lot of things get left behind that I am forced to follow up on.” —Manager

“We have gone through such an improvement over the last year. Working with National Medical Billing Services is so much better. Something that could be improved is the consistency of staff that is on the account because sometimes we have too much change. But lately, things have been excellent. National Medical Billing Services is very negotiable. I do like that if there is a problem, the firm will put a team together to solve the problem. I also like that the top executives will answer calls and get involved.” —Director

Figure 23 **National Medical Billing Services—Standard Numeric Indicators**
(1-9 scale)

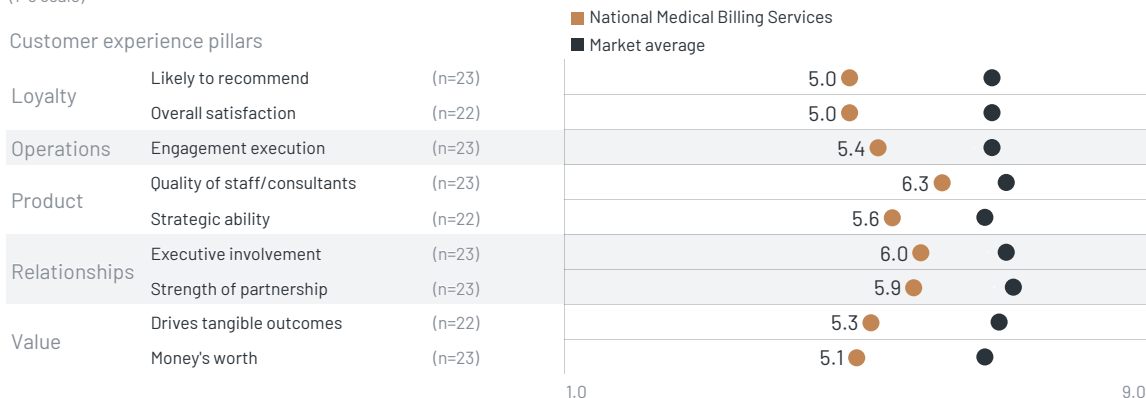
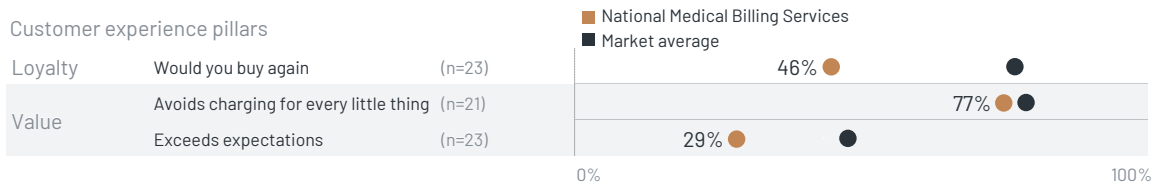


Figure 24

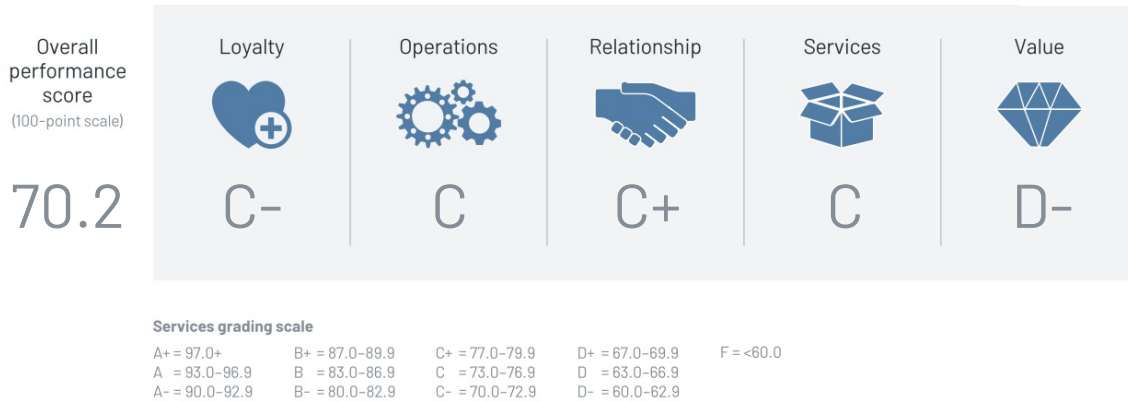
National Medical Billing Services—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



NextGen Healthcare

Figure 25 **NextGen Healthcare—Customer Experience Pillars**
(n=27)



NextGen Healthcare respondents who have been assigned an account manager appreciate how attentive and responsive their account managers are and feel like their concerns are heard by the managers. Clients also highlight the firm’s ability to augment their RCM efforts and provide financial reporting and analytics. NextGen Healthcare’s communication and relationship with respondents has declined in recent years, leading to dissatisfaction with the firm’s ability to execute and drive tangible outcomes. Respondents report untimely filing, issues with billing practices, and a lack of expertise. Specifically, offshore resources are called out for not understanding state-by-state nuances that ensure provider organizations get paid. Also, interviewed clients feel nickel-and-dimed and say the value they receive is tempered by their subpar experience.

“A lot of services that the firm provides blindside us. We have been struggling with some of our collections. The services are outsourced, and most of the physicians are very unhappy with that. We do see that before using the firm’s services, we did better than we did after using the firm’s services. We are not suggesting that there is no value from their services, but we haven’t leveraged the firm well enough for a number of reasons. . . . Accountability and shared incentives are the biggest issues. With the services that we leverage, the incentives may make sense for the firm, but if we are down 10% in our collections, that may not make a significant difference to the firm even though it makes a significant difference to us because of the margin we are working with.” —COO

“I love the software and reporting capabilities. The system is easy to use and has everything I need and then some. I’m able to create a visual of a report in graph form, or I can bookmark my reports to easily return to them. That is a big improvement over the software I used in the past. With NextGen Healthcare, communication and transparency are part of their standard protocol. We have regular phone calls. They keep track of all our denials and issues as well as trends they see. Our collections are showing the benefit of that work.” —Director of operations

Figure 26 **NextGen Healthcare—Standard Numeric Indicators**
(1-9 scale)

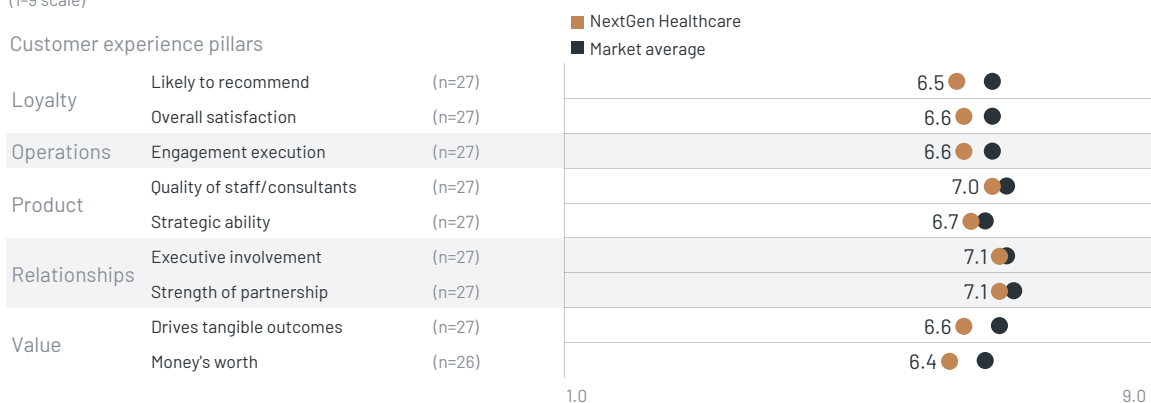
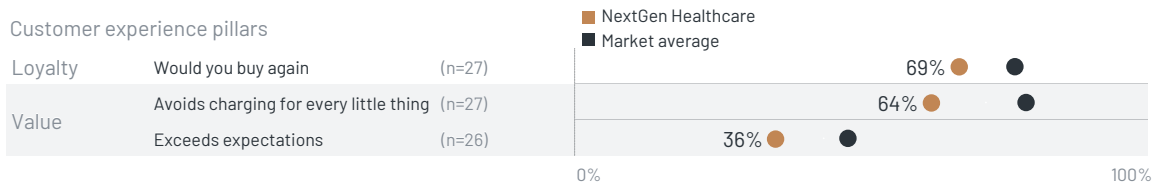


Figure 27

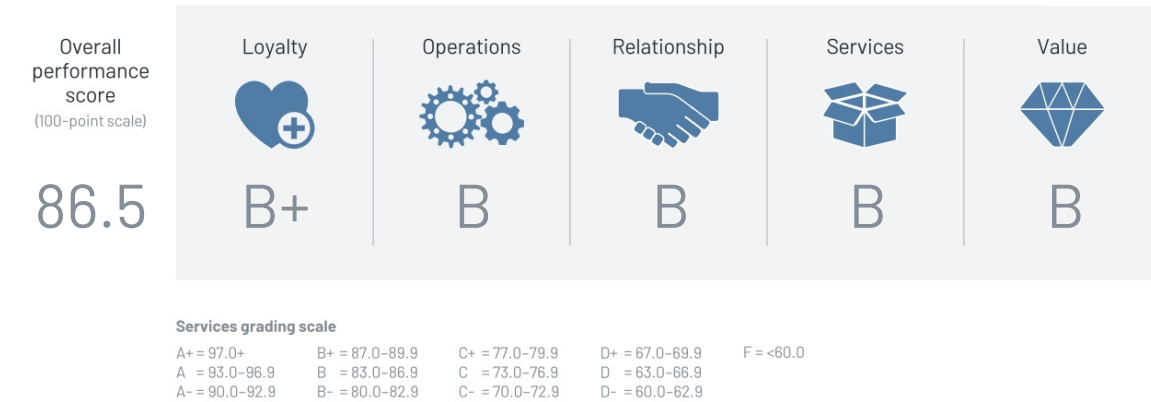
NextGen Healthcare—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



R1 RCM

Figure 28 **R1 RCM—Customer Experience Pillars**
(n=16)



Most interviewed clients report satisfaction with R1 RCM’s performance, and the firm’s breadth of offered services sets them apart from many other firms in this report. Respondents say R1’s strengths are their adaptability in a changing healthcare environment and their partnership approach to management, and respondents appreciate the outcomes they have seen from using R1’s services. They mention R1’s fair pricing and the quality of their personnel, highlighting how professional and appropriate the interpersonal interactions are. Another strength is R1’s recent efforts to improve practice management operations, along with their innovative coding technology that has allowed organizations to have coding processes that are more rapid and consistent. Overall, respondents are satisfied with the firm’s educational support; however, a few feel they aren’t getting the help they need regarding significant coding changes for emergency medicine. There are also complications with billing clarity and account reconciliations.

“I like that R1 handles pretty much the full revenue cycle, but they do it while keeping us in the loop. We are involved in decisions that we should be involved in. We don’t just turn our backs and then see what checks are coming in. Our relationship is more of a partnership than a contractor relationship. R1 has been accessible to us from a leadership standpoint. They have made themselves available. Over the course of our relationship with R1, we have had some pretty helpful conversations all the way up to the executive leadership. As things arise that need to be pushed up the food chain, we know who to go to.” —CFO

“If someone were looking into R1’s RCM services or practice management services, I would highly recommend the firm. To be successful with R1, people need to quickly develop the trust that R1 is working with their best interests in mind and let R1 do their job. We were self-managed before, so we were used to doing things ourselves, and we grew to think that our way was the only way or the best way. But then we quickly learned that R1 knew what they were doing and was going to do what was best for them. Our performance improved, but it still took some time to trust. R1 has helped me do a variety of things..” —Physician

Figure 29 **R1 RCM—Standard Numeric Indicators**
(1-9 scale)

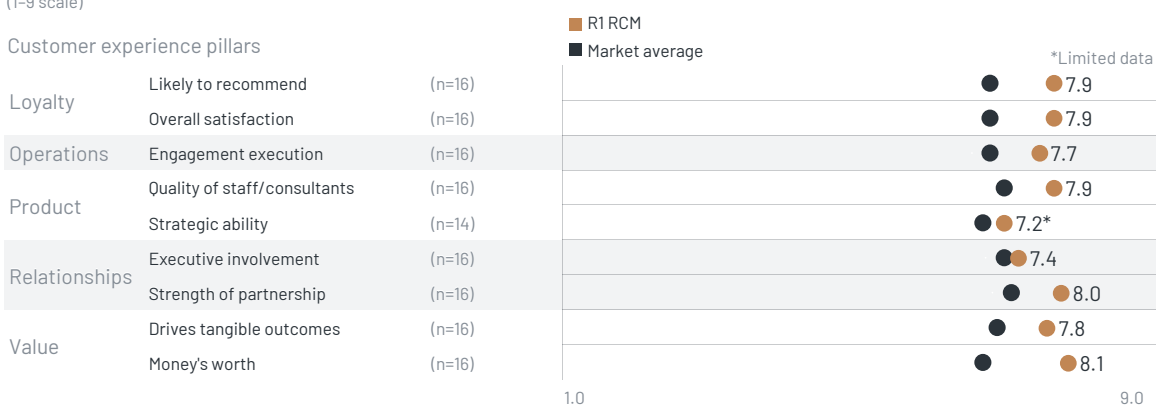
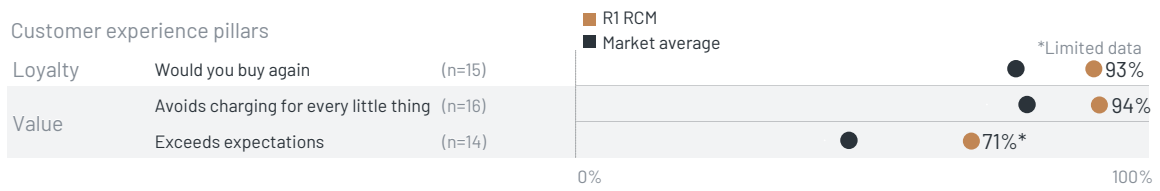


Figure 30

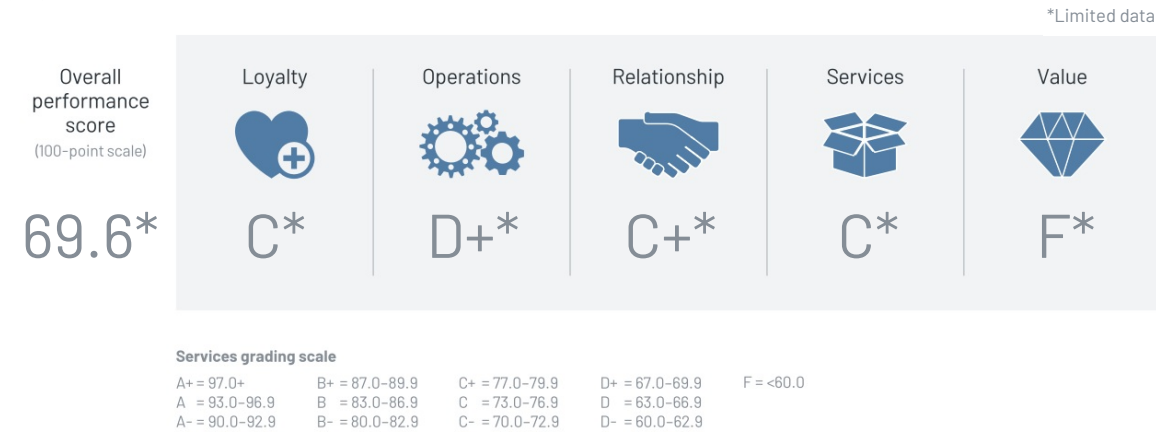
R1 RCM—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations



Veradigm

Figure 31 **Veradigm—Customer Experience Pillars**
(n=7)



Veradigm’s* relationship is one of the key drivers of satisfaction for interviewed clients. Respondents highlight the firm’s strong partnerships and open communication. There are concerns about the lack of follow-through on issues, with respondents saying the firm often deflects responsibility. Also, respondents report frustration with the firm’s billing practices; they feel penalized by the flat-rate charging structure, especially when the firm’s performance is suboptimal. Although Veradigm is highlighted for their size and experience, interviewed clients would like more strategic input and automation to streamline processes.

*Limited data

“We have an account representative that we meet with regularly. We have a dashboard with our key performance indicators, and we go through them with our representative. Sometimes, we will lay out a plan for what we can do, and it is great when we talk about that plan. I wish the firm brought things to our attention instead of us bringing things to their attention. I wish they would notice when payments are a little off, but they don’t seem to be proactive in doing any of that.” —Practice administrator

“One of the best things Veradigm did for our revenue cycle management when we switched to their model is they did a deep dive into our system and really maximized everything. I found that to be extremely helpful. It was like they were cleaning house to get us into best practices and customizing the product so things could be more automated. Veradigm meets my expectations, but they do not consistently exceed them. Exceeding expectations would mean that they were going above and beyond what our understood relationship is. Veradigm meets our relationship standards, but they are not coming to me proposing things we should do or try. But I can definitely ask them about things and have them come up with things.” —Practice manager

Figure 32 **Veradigm—Standard Numeric Indicators**
(1-9 scale)

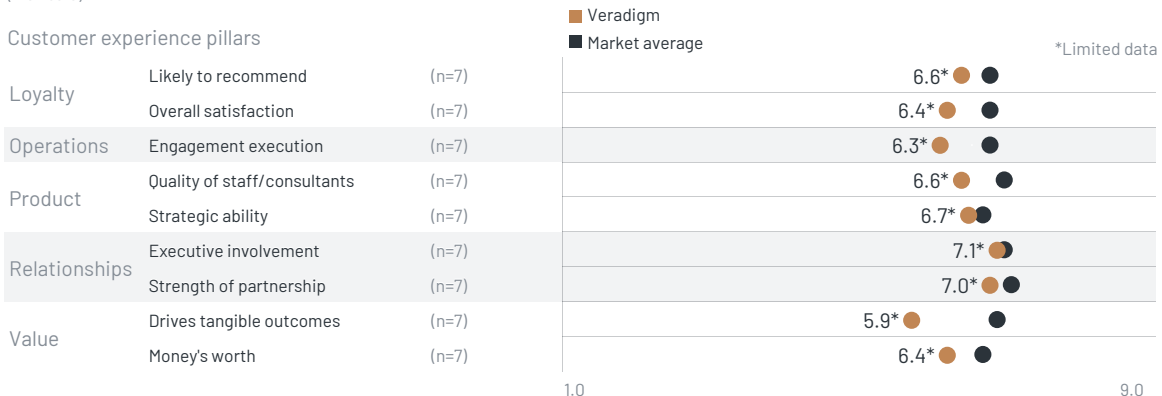
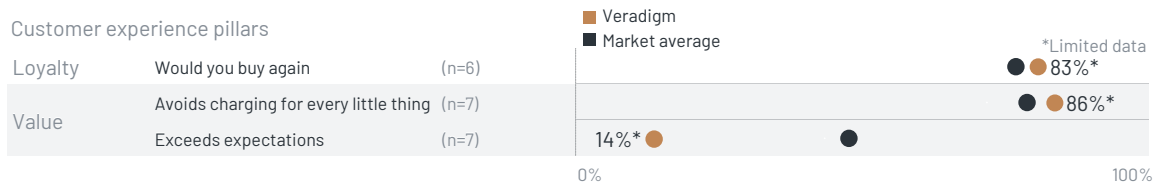


Figure 33

Veradigm—Standard Yes/No Indicators

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations





Data Index

Figure 34 **Overall Performance Score**

(100-point scale)

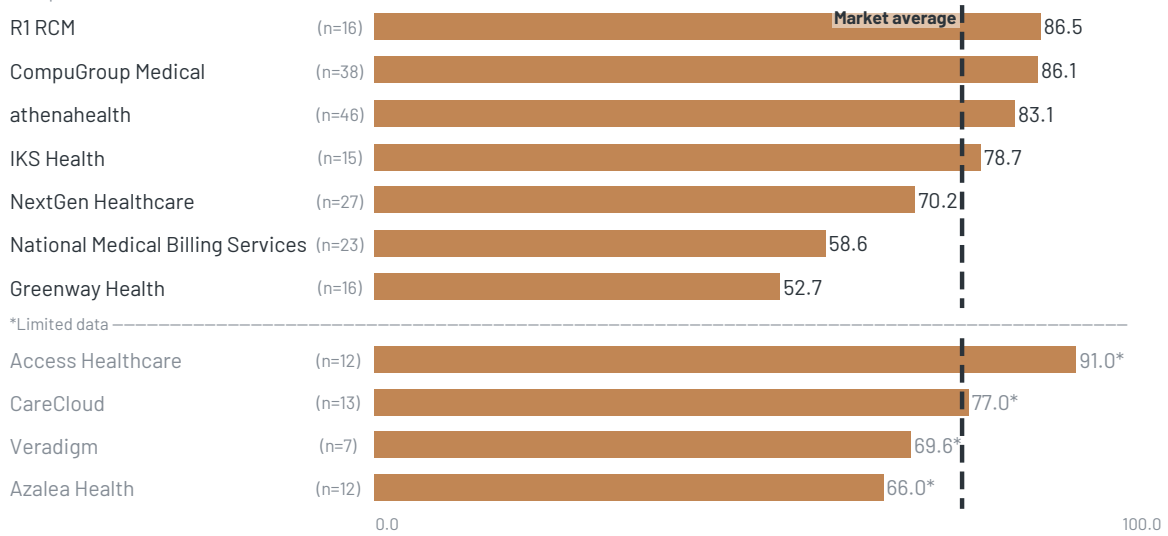


Figure 35 **Executive Involvement**

(1-9 scale)

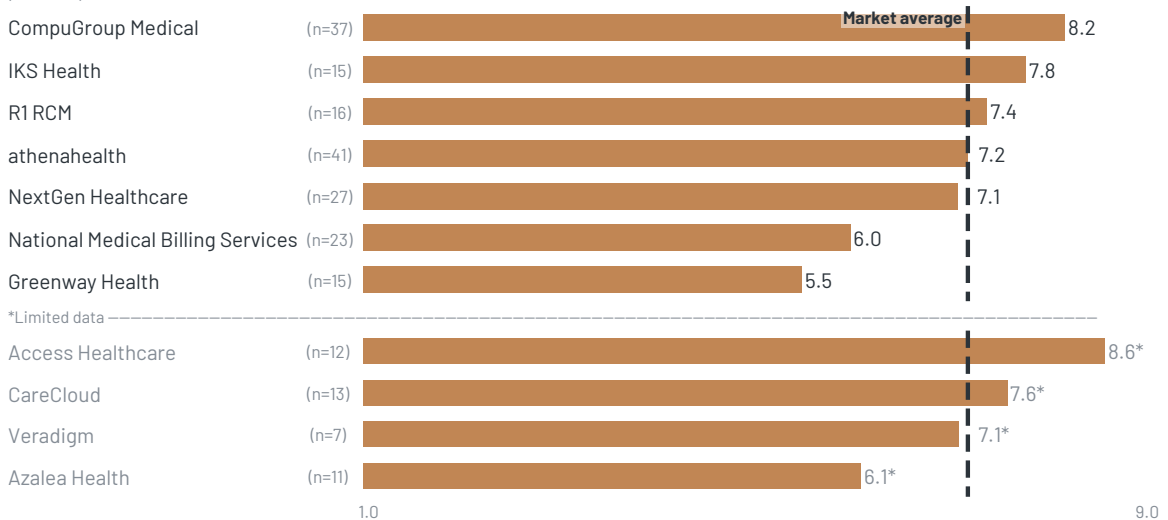


Figure 36 **Strength of Partnership**

(1-9 scale)

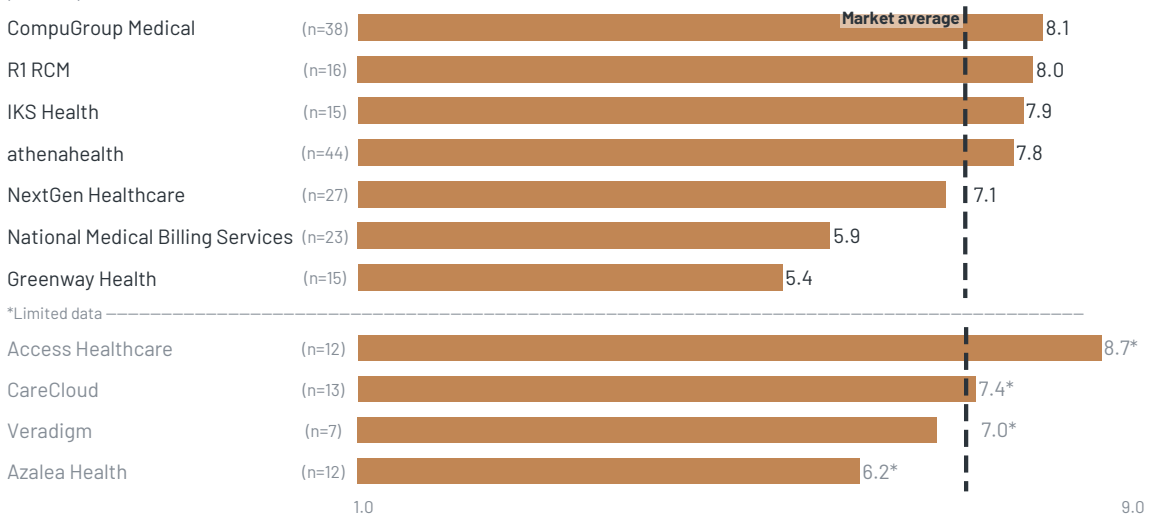


Figure 37 **Engagement Execution**

(1-9 scale)

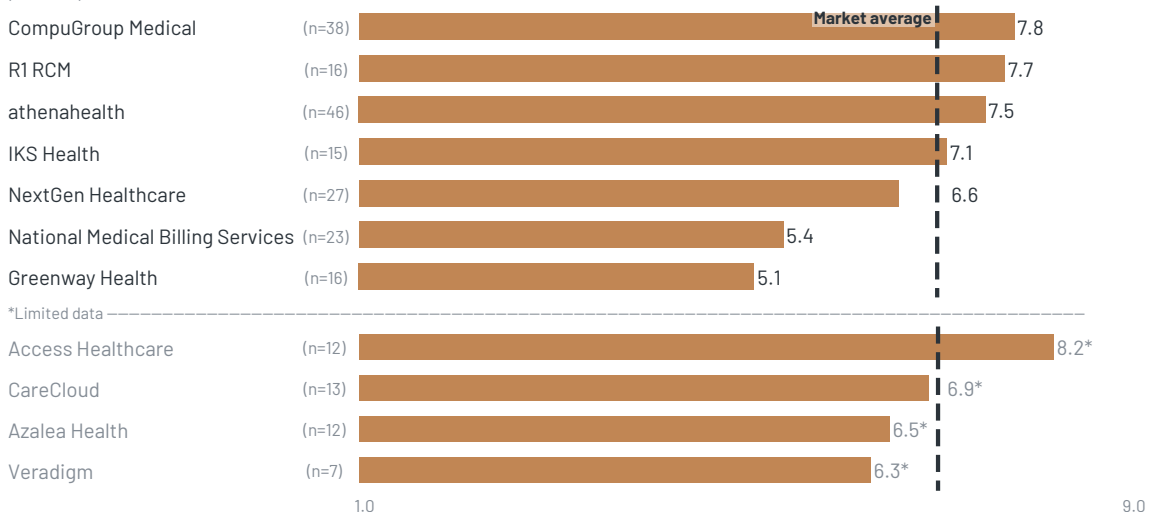


Figure 38 **Quality Of Staff/Consultants**

(1-9 scale)

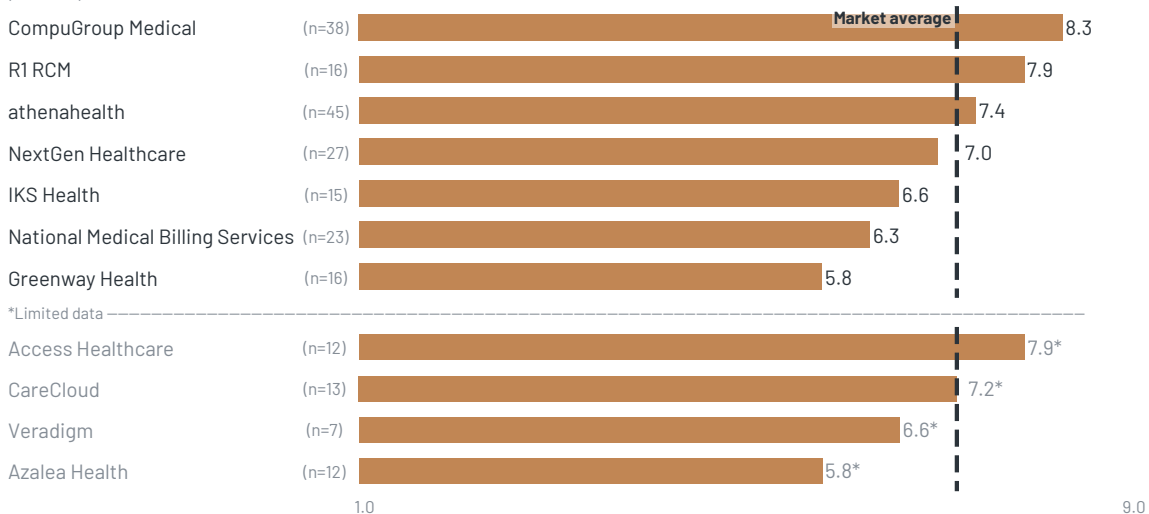


Figure 39 **Strategic Ability**

(1-9 scale)

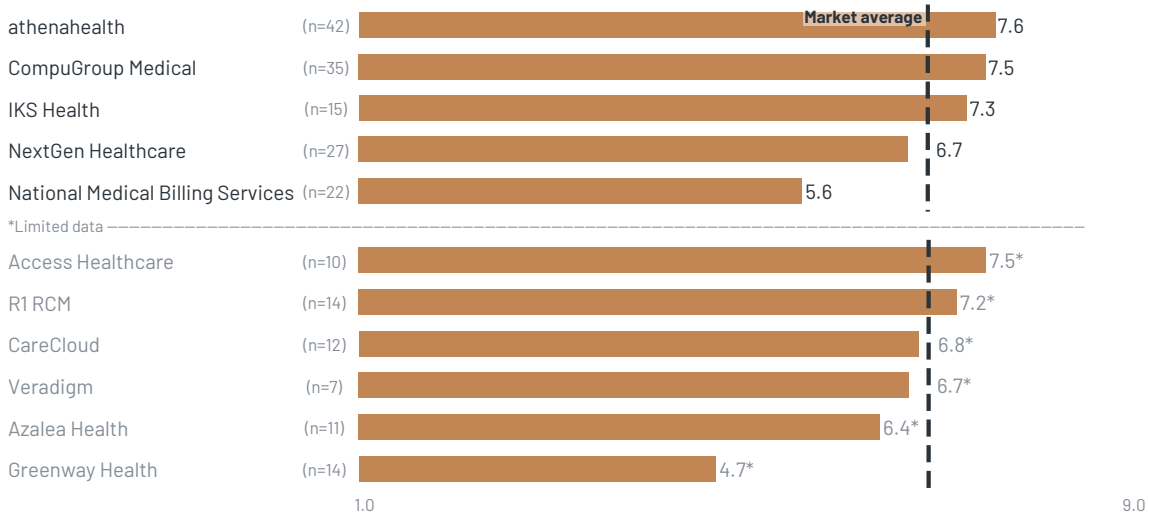


Figure 40

Money's Worth

(1-9 scale)

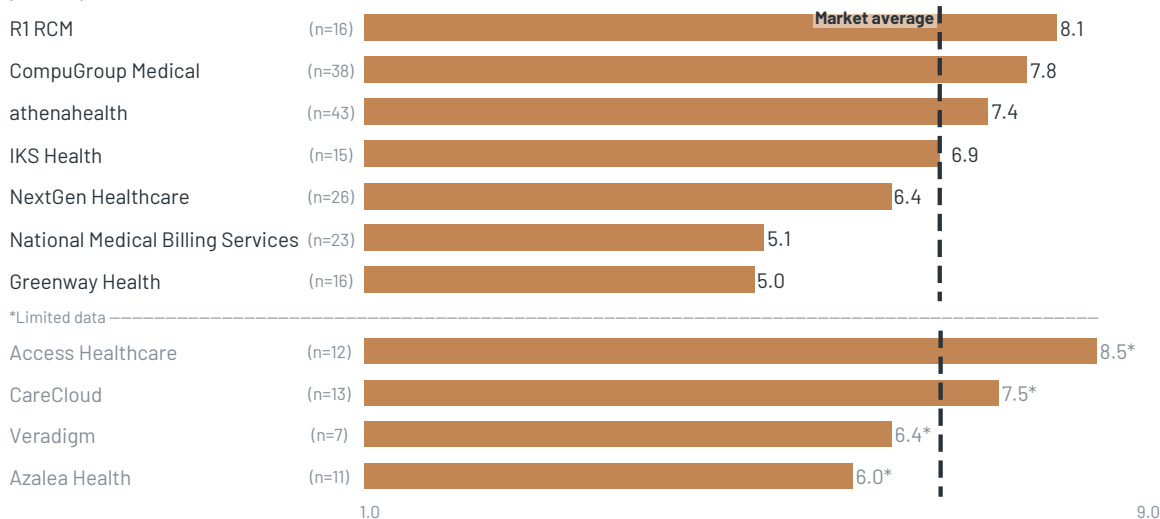


Figure 41

Drives Tangible Outcomes

(1-9 scale)

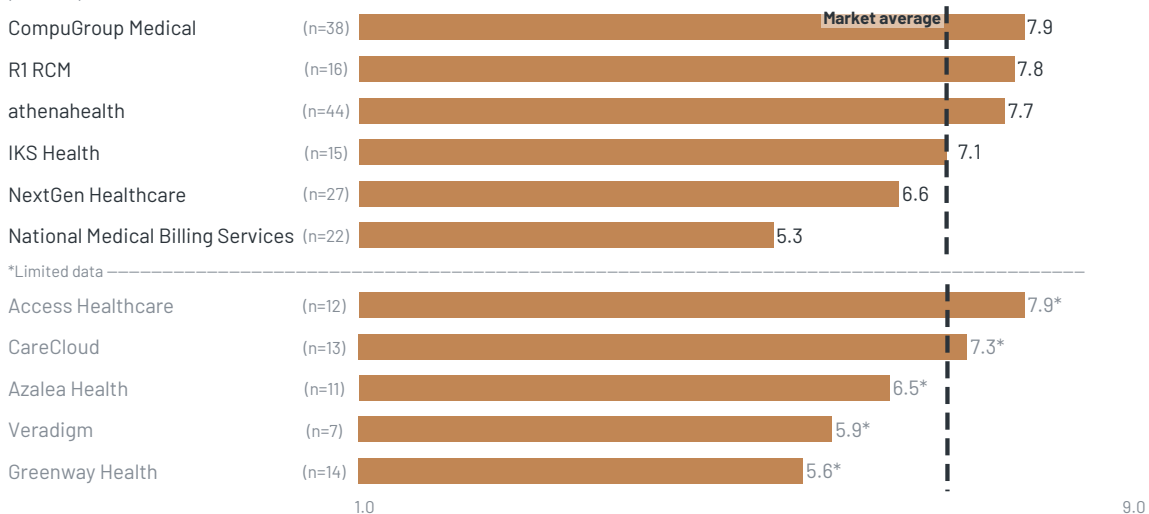


Figure 42

Likely To Recommend

(1-9 scale)

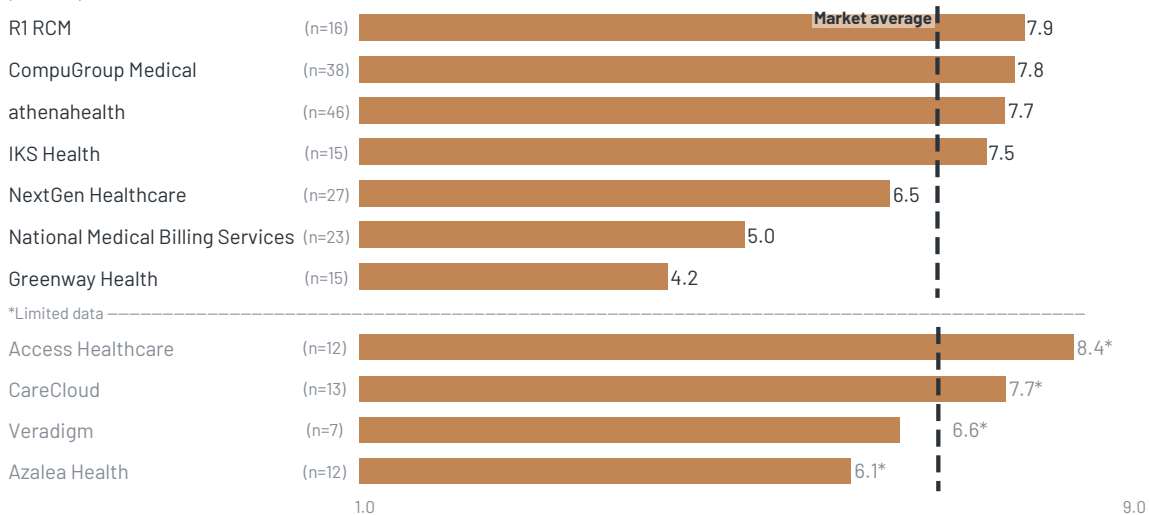


Figure 43

Overall Satisfaction

(1-9 scale)

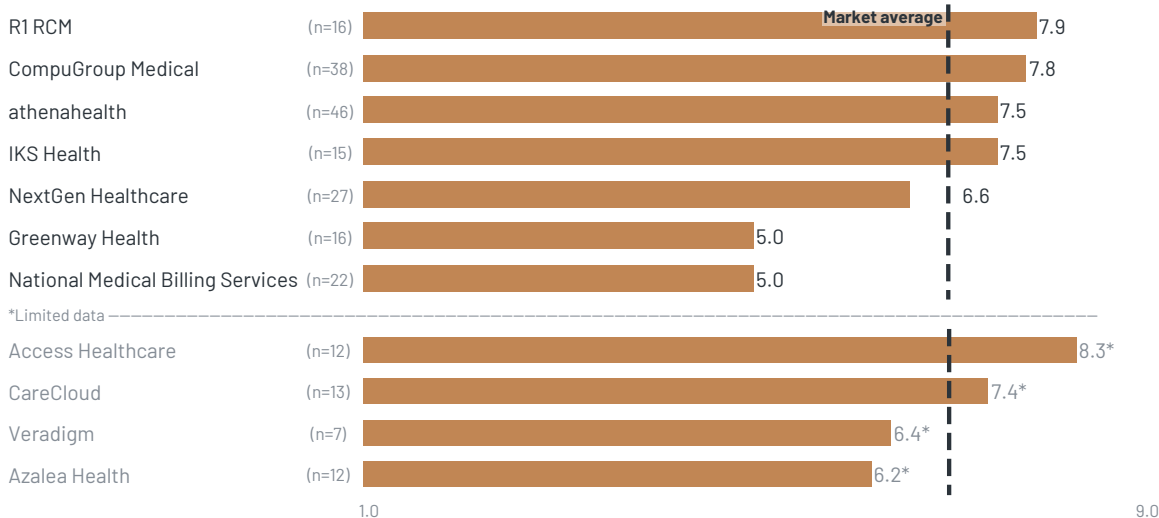


Figure 44

Would You Buy Again

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

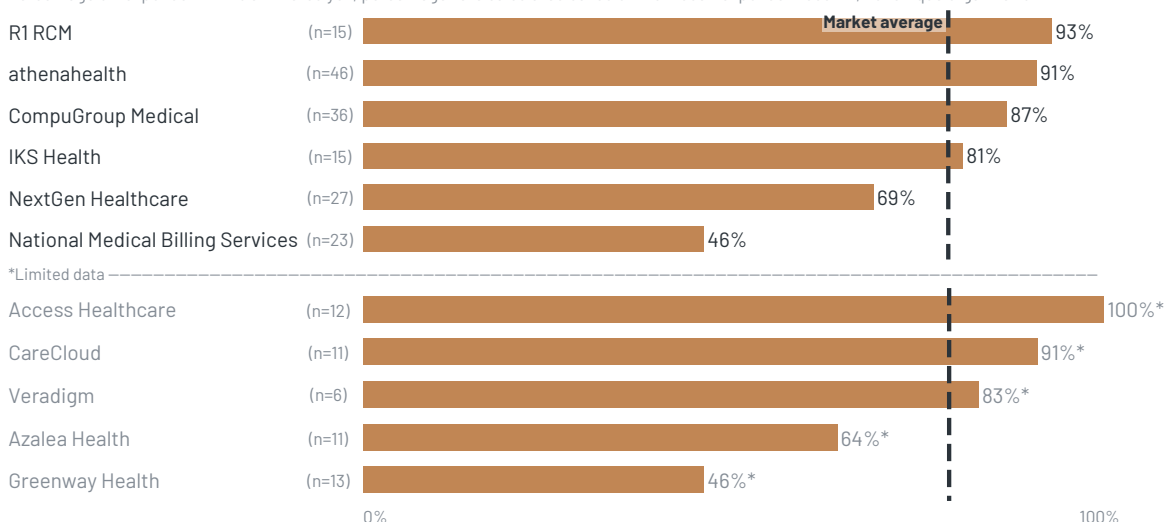


Figure 45

Exceeds Expectations

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

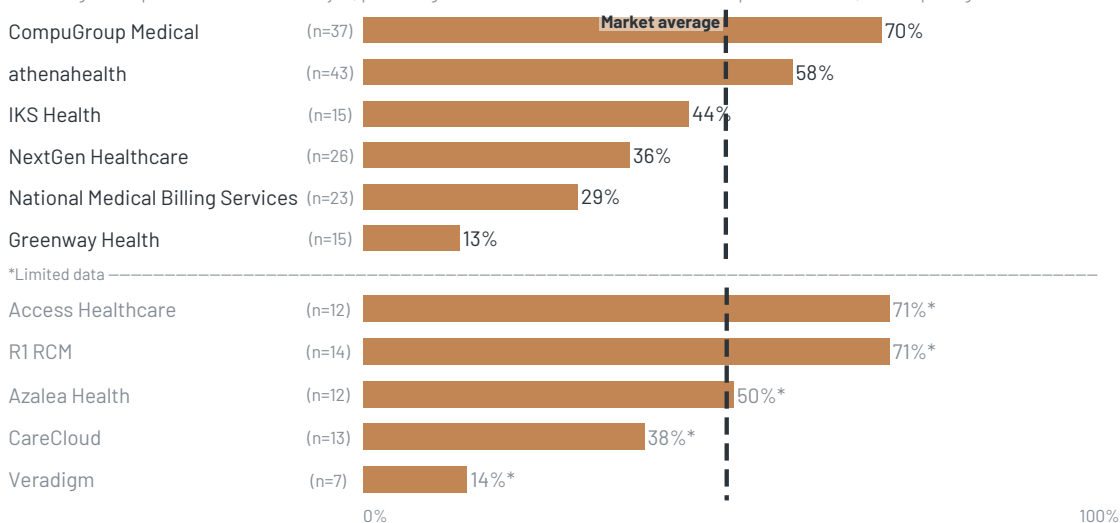


Figure 46

Avoids Charging for Every Little Thing

Percentage of respondents who answered yes; percentages are calculated based on individual respondent counts, not unique organizations

