

Segment Insights

Extended Business Office Services 2024

How Are Provider Organizations & Firms Responding to New Market Pressures?

February 2024



Table of Contents

2 Executive Insights

8 Firm Insights

9	Acclara	16	Parallon
10	AGS Health	17	PwC
11	Cognizant	18	R1 RCM
12	Firstsource	19	Savista
13	GeBBS Healthcare Solutions	20	State Collection Service
14	GetixHealth	21	TruBridge
15	Guidehouse		



Executive Insights

Extended Business Office Services 2024

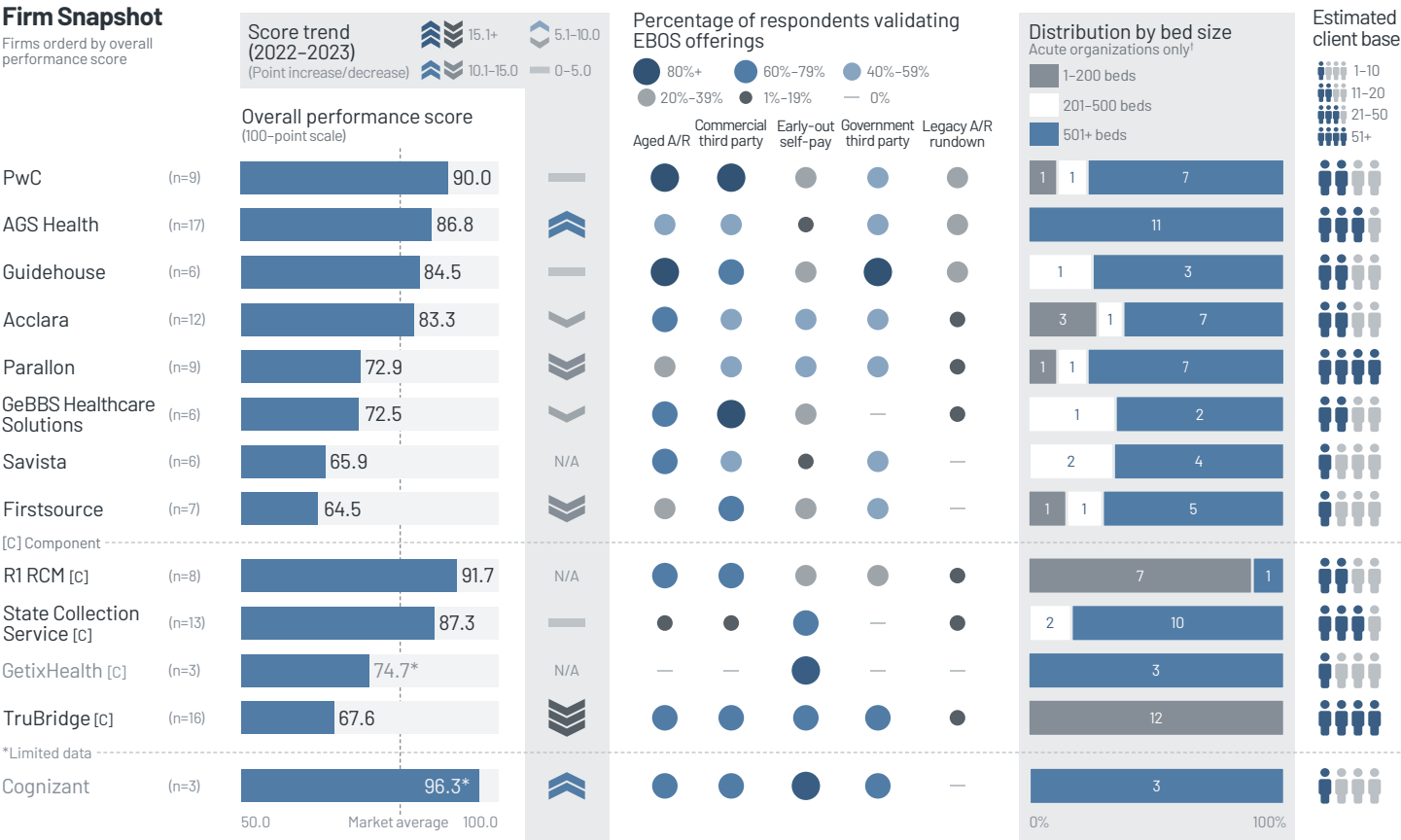
How Are Provider Organizations & Firms Responding to New Market Pressures?

Provider organizations are facing intensifying revenue cycle complexity, payer relations, cost pressures, and staffing shortages, along with the resulting loss of resources and expertise. To find relief from some of these pressures, many are seeking outsourced extended business office services (EBOS) offered by firms that can execute revenue cycle management (RCM) work more economically and with greater efficiency than organizations can in-house. To share insights into a shifting market, this report provides (1) an update on client satisfaction and adoption and (2) a look into provider plans for outsourced revenue cycle services and satisfaction with offshore resources.

Performance Insights

Firm Snapshot

Firms ordered by overall performance score



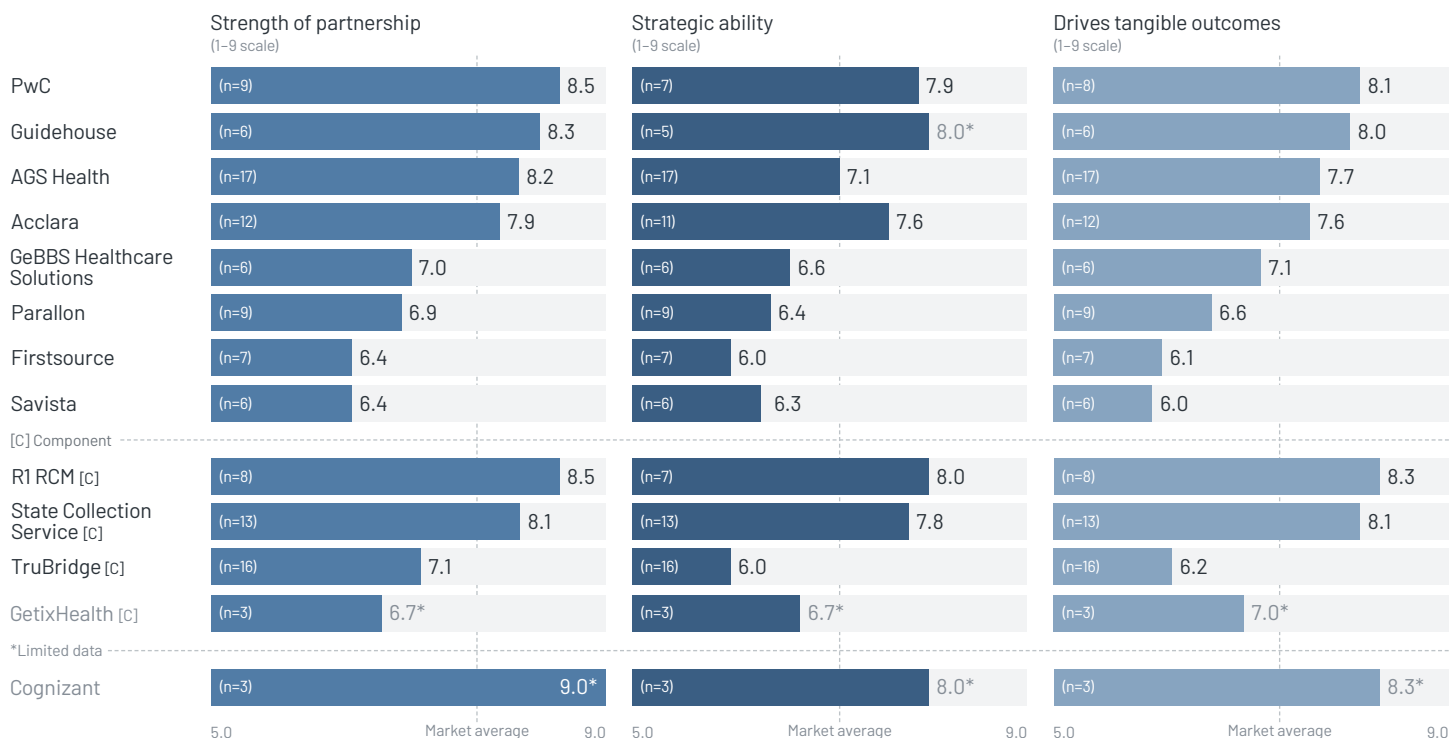
[†] This report's sample includes a small number of non-hospital organizations whose data is not shown when broken out by sizing. Going forward, KLAS intends to more strictly differentiate between RCM services for acute organizations and RCM services for ambulatory organizations, after which non-hospital organizations will be measured in a different market segment.

A note about component firms: GetixHealth, R1 RCM, State Collection Service, and TruBridge are designated "Component" for varying reasons. See the [About This Report](#) section for more information.

PwC Excels in Performance Visibility & Relationships; AGS Health Improves Client Partnerships

For firms that serve organizations of all sizes, high client satisfaction is driven by partnership, consistent knowledge and abilities across staff, and positive outcomes. With their broad revenue cycle consulting portfolio, **PwC** leads in overall performance, and interviewed clients feel the firm maintains strong relationships, responds quickly, and accommodates their needs. Respondents also value PwC's analytical tools, which increase visibility into PwC's performance. While a few respondents would like the firm to be more hands-on and engage more proactively in identifying and addressing performance gaps, all would purchase the services again. Client satisfaction with **AGS Health** has significantly improved over the last year, partly due to resolved turnover issues. Likewise, respondents report greater transparency from AGS leaders that has led to a strengthened partnership, and many also appreciate their account managers' responsiveness and proactive problem-solving. Respondents also report general satisfaction with offshore resources. Dissatisfied respondents want AGS to improve their strategic engagement by offering best practices and handling complexity in billing/collections. **Guidehouse** respondents appreciate the firm's strong revenue cycle expertise, attentiveness, and collaboration in addressing problems. Most feel the firm drives strong value through their work on cash collections and A/R management. One client experienced misses due to insufficiently trained frontline staff. **Acclara** (formerly Tegria) was recently acquired by R1. Their most satisfied respondents, especially those at larger organizations, highlight the firm's involved executive team and willingness to listen to and accommodate client needs, such as returning accounts to the client or assisting with additional projects. Small interviewed clients feel Acclara struggles training staff to have necessary expertise and the ability to work accounts with sufficient speed and quality. **Firstsource's** client experience is inconsistent. Some would like the firm to be more collaborative in teaching clients how to improve the revenue cycle. Respondents also mention additional work caused by staff mistakes, poor handoffs, and inflexibility regarding client needs. While some are satisfied overall and note an improved attention to quality, respondents generally wish the firm were more proactive and did more to meet their engagement expectations.

Performance Metrics Firms ordered by strength of partnership score, then alphabetically



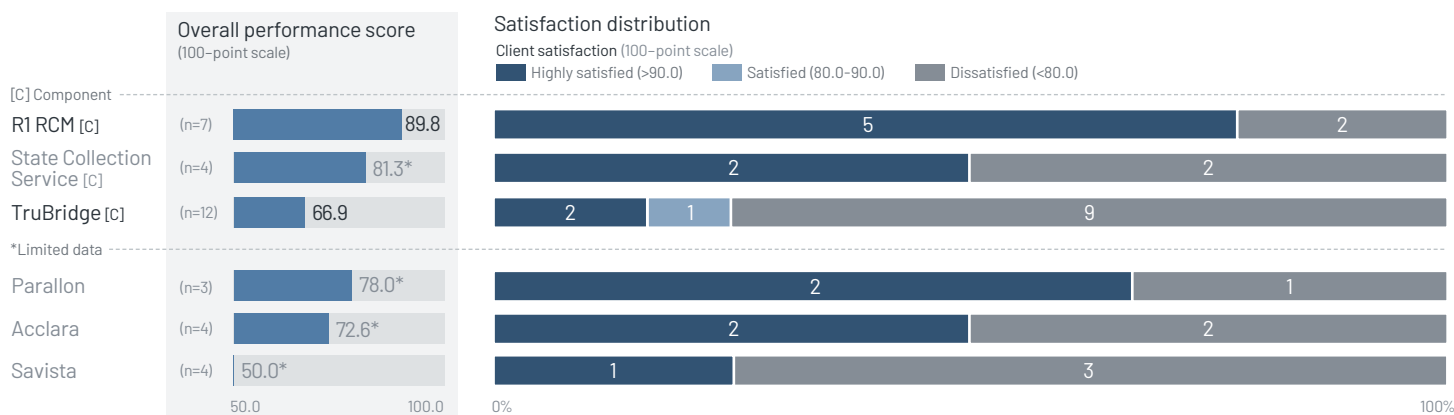
For Smaller Organizations, R1 RCM's Partnership Drives Meaningful Outcomes; TruBridge & Savista* Fall Short Due to Inconsistency

For **R1 RCM** validations, all but one come from small organizations (<200 beds), and all are Oracle Health customers. R1 is transparent and collaborative in guiding responding organizations to improve their revenue cycle operations, and respondents highlight RT's partnership in optimizing processes and achieving prioritized outcomes, such as improved A/R and cash on hand. While some report challenges with undertrained offshore staff that affected the firm's execution, all would buy the services again. **TruBridge** respondents—all small organizations—report challenges with the firm's staff, saying frontline workers don't have the necessary training and expertise to proactively identify problems, find solutions, and improve the overall revenue cycle. Respondents report the firm has struggled to hire and retain staff, resulting in some offshore work that has introduced high variability into the client experience. The lowest-scoring respondents feel TruBridge struggles with transparency and producing accurate reports and cash postings, resulting in clients having to do additional audits to ensure information is correct. That said, respondents often speak highly of the firm's account managers and higher-up leaders and point to strengths such as the firm's responsiveness and partnership. Four interviewed **Savista*** clients with 1-500 beds say their experience has been heavily influenced by staff and management turnover, noting disruptions to cash collection efforts and the level of expertise of those working accounts. Two very dissatisfied clients say Savista has struggled to execute in meeting deadlines and other expectations. That said, challenges appear to arise mainly from frontline staff, and most respondents agree that the firm has good managers and leaders.

Note: See the [Firm Insights](#) section for more details on the satisfaction difference between small and large clients.

*Limited data

Satisfaction of Clients with 1-500 Beds Firms ordered by overall performance score

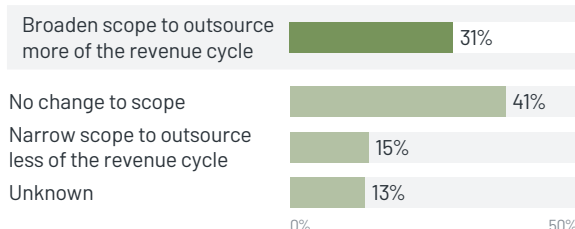


Note: AGS Health, Cognizant, Firstsource, GeBBS Healthcare Solutions, GetixHealth, Guidehouse, and PwC not included due to insufficient data within this breakout.

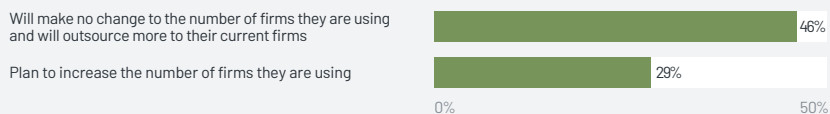
Nearly One-Third of Organizations Plan to Expand Outsourcing within Their Revenue Cycle

Data shows that the strength of a firm's partnership drives an organization to broaden their plans with the same firm. Respondents who plan to decrease their scope are typically less satisfied with their firm's partnership. Firms need to focus on actively partnering with clients to help them achieve their organizational goals.

Planned Changes to the Scope of Revenue Cycle Outsourcing (n=87)



Of those who are broadening their scope (n=24):



Note: Not all respondents specified the number of firms in their plans. Of those who did, 8% plan to consolidate the number of firms they are working with; 17% are unsure about their specific plans.

Offshoring Generally Perceived Negatively, but Most with First-Hand Experience Report Benefits

Both inside and outside of the healthcare industry, it is generally believed that offshoring results in lower-quality work and should be avoided, though it isn't clear whether that perception is the result of unfamiliarity with offshoring or negative past experiences. However, the reality is that as cost pressures continue to mount, EBOS firms—and therefore the health systems working with them—will send work overseas. As that has happened, respondents have reported difficulties but have also realized benefits. Commonly reported frustrations include language barriers, limited knowledge and strategic expertise among frontline staff, and the need for additional client oversight to ensure quality in day-to-day execution. Realized benefits include cost savings, access to a larger pool of resources, and the ability to receive work anytime, as the resources aren't restricted to normal US business hours.

Despite some industry-wide stigma, client satisfaction with offshore resources is possible, depending heavily on how well a firm:

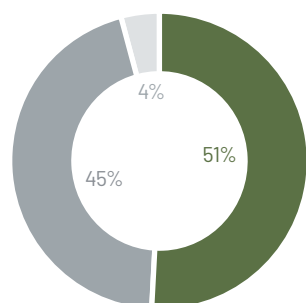
- Manages client expectations for the ability and knowledge of the resources
- Proactively monitors the quality of work
- Fosters partnership through transparency and responsiveness
- Trains staff to handle complexities and think outside of the box
- Retains staff

“Sometimes there is a perception that we get with the offshore people who have PhDs and medical MDs, but we all deal with the same things every day, including people calling in sick, turnover, inflationary pressures, holidays, and funerals. In many ways, our offshore people are really no different. In fact, managing the work can take more work. We have to be very explicit, almost like we are with coding or preparing automation. There are different cultures and perceptions. It is hard to describe the amount of management and oversight that is involved and required. That is probably what catches a lot of companies off guard.” —VP (GeBBS Healthcare Solutions client)

Note: KLAS began asking about sentiments toward offshore resources in May 2023. Thus, the sample size is smaller than elsewhere in the report. KLAS will continue to monitor and report on the adoption and perception of offshore resources with EBOS firms.

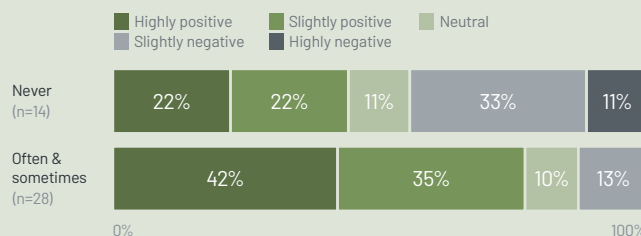
Do You Currently Use Offshore Resources with Your EBOS Firm? (n=132)

Yes No Unknown



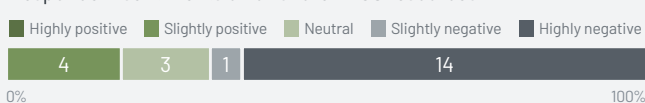
For each of the following firms, over 50% of interviewed clients report utilizing offshore resources in their outsourced revenue cycle work: AGS Health, Cognizant, GeBBS Healthcare Solutions, Guidehouse, R1 RCM, and Savista.

Perception of Offshore Resources—by Frequency of Direct Interaction

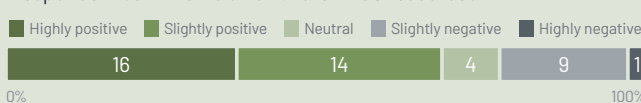


Note: Due to rounding, percentages may not add to 100%.

Of the 45% who are not currently using offshore resources



Of the 51% who are currently using offshore resources



Report Information






Share your experience with peers.
Take a short survey about your extended business office firm.



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.

Customer Experience Pillars

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

In addition to the standard questions, KLAS asked the following supplemental questions:

1. What types of work is your firm doing for you?

2. What is your sentiment toward the offshoring of extended business office services?

3. Are you currently using offshore resources from your firm? If so, how often do you directly interact with the firm's offshore resources?
4. What changes, if any, does your organization plan to make to the scope of outsourcing within your revenue cycle?

5. What changes, if any, does your organization plan to make to the number of firms you currently use for outsourced revenue cycle services?

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.

Note: Some organizations may have rated more than one service.
[C] Component

[C] Component	Standard Evaluations		Estimated Client Base for Measured Service
	# of unique organizations	# of individual respondents	# of unique organizations
Acclara	12	15	11-20
AGS Health	17	22	21-50
Cognizant	3	3	1-10
Firstsource	7	7	1-10
GeBBS Healthcare Solutions	6	7	11-20
GetixHealth [C]	3	3	1-10
Guidehouse	6	6	11-20
Parallon	9	11	51+
PwC	9	15	11-20
R1 RCM [C]	8	10	11-20
Savista	6	7	1-10
State Collection Service [C]	13	15	21-50
TruBridge [C]	16	16	51+

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 6, the score for that question is marked with an asterisk (*) or otherwise designated as “limited data.” If the sample size is less than 3, 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.

A small number of ambulatory sites are included in the sample, though average satisfaction at these sites was similar to average satisfaction at acute sites. As marked, these sites are not included in any information broken out by sizing. Going forward, KLAS intends to more strictly differentiate between RCM services for acute organizations and RCM services for ambulatory care organizations, after which non-hospital organizations will be measured in a different market segment.

Product Designations Used in This Report

- Component [C]: Product that typically includes most but not all components that comprise a complete system or that serves only a subset of the market. In this report, GetixHealth and State Collection Service are considered component, as the majority of their offerings are early-out self-pay services. R1 RCM and TruBridge are considered component for their difference in sizing, with the majority of their clients under 100 beds.

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.

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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.



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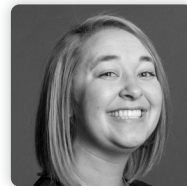
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Our Mission

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Firm Insights

Acclara

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



Figure 2 **Acclara Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=4)	(n=7)
72.6*	86.5

Highest-scoring respondents of Acclara (whose acquisition by R1 RCM was announced in 2023) appreciate the firm's strong partnership and executive engagement, noting they feel a sense of collaboration and care from leadership. Interviewed clients work with Acclara employees who are highly professional and adaptable. Respondents also highlight Acclara's breadth of services, efficiency, and ability to exceed ROI expectations with cutting-edge solutions. Less-satisfied respondents report a deterioration in service and want Acclara to better meet their expectations, pointing to issues such as undertrained staff, poor execution and follow-up, and a lack of knowledge in key areas (e.g., self-pay, general market knowledge). Larger Acclara respondents (501+ beds) are typically more satisfied than smaller respondents.



"Something that has gone well with Acclara is the collaboration piece. The firm is always extraordinarily collaborative. It feels like they are employees of our organization, whether it be from the management's or the team member's perspective. I am always satisfied on the business end, so things are going well. Acclara is working, and we are collecting money, and that is the point. That speaks for itself." —Director



"The quality of the work Acclara provides has gone down over the years. They need improvement, better training and education for their staff, and better monitoring tools on their end to monitor what their staff is doing so that they better work the accounts; that is key. The firm's performance has not been the best. Acclara also needs more staff to work accounts. They were understaffed because they started outsourcing some of the work we were giving to another company overseas. I would not recommend using Acclara. Their staff is not trained well enough to work A/R. That was our biggest issue. I don't think they provided enough in-house training for their team. Acclara is more interested in buying our loyalty than providing quality service." —Director

AGS Health

Figure 3 **AGS Health—Customer Experience Pillars**
(n=17)



Figure 4 **AGS Health Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

Note: Six interviewed AGS Health clients are from non-hospital organizations. However, the difference in average overall performance score between these sites and acute organizations is nominal.

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	(n=9)
—	85.8

Interviewed AGS Health clients (with most validated organizations having >500 beds and all utilizing offshore resources) appreciate the firm's strong partnership and the availability and responsiveness of their contacts. Respondents commend AGS for their flexibility and ability to quickly onboard clients and produce quality work. The firm often exceeds expectations and provides good value by offering cost-effective solutions to meet needs. Over 90% would purchase the services again. Lower-scoring respondents mention a few challenges, including a language barrier, a lack of analytical insight into areas such as insurance receivables, and staff inexperience with complexity.



"Things with AGS Health have been very steady. AGS Health had some changes at the top with the people that I engage with, but the changes haven't had an impact on our business or deliverables. In fact, we have had some changes in patient volumes, and AGS Health has pivoted with us and been very agile. As we have grown, the firm has helped us deliver the same quality to our patients. They have been right there as our partner, ready to react to new business and steady with good communication. They know our business, and we speak the same language. When we might need a certain number of FTEs, AGS Health is very proactive and gets what we need." —VP



"The firm provides trends in what they see, but I am looking for not only the trend but also the recommendation to go further. AGS Health does a great job if someone is looking for a task-oriented firm. For simple tasks, AGS Health is a great firm. If someone needs anything more complex, then AGS Health is probably not the company to be going into business with." —Director

Cognizant

Figure 5 **Cognizant—Customer Experience Pillars**
(n=3)



Figure 6 **Cognizant Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	Insufficient data
—	—

Cognizant* respondents are highly satisfied with the firm's ability to drive operational efficiency. They report strong firm performance and communication that leads to minimal patient complaints about the billing services. While interviewed clients appreciate the specific services provided by Cognizant, some desire proactive engagement and firm suggestions on service enhancements or alternative approaches.

*Limited data



"The contacts we have from the firm are absolutely dedicated, 100% proficient, and efficient. The firm is in this process with us, and they are in it to win it. The firm's leaders that worked with us continue to report back to us the good, the bad, and the ugly. They are just brilliant. I have a great deal of respect and admiration for the firm. I am very happy to have them as a business partner, and they continue to deliver." —VP



"We have sought particular services, and Cognizant has provided those particular services but has not really discussed any additional services or different ways they could do the services. We would like a little more feedback from the firm." —Director

Firstsource

Figure 7 **Firstsource—Customer Experience Pillars**
(n=7)

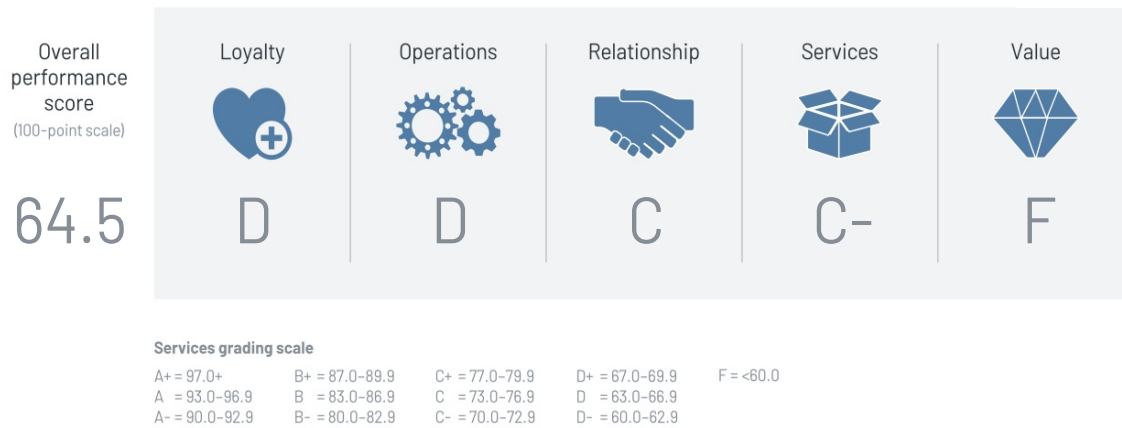


Figure 8 **Firstsource Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	(n=5)
—	58.3*

Overall client sentiment on Firstsource is mixed. Satisfied respondents feel that Firstsource is communicative and easy to work with and that the staff is well educated and able to provide reasonable outcomes. Some express frustration with the firm's resistance to engage with the pieces of collections that don't translate directly into revenue, as well as the perceived lack of firm motivation to maximize collections. Other complaints include staffing issues, poor management, and a lack of follow-through on commitments.



"We have regular calls with the firm, and they are truly engaged. Everybody seems to be on top of everything. They keep a bunch of meetings on my calendar and want to talk through everything, whether I am involved or not. We get a great deal with Firstsource. We have been partners with them for a long time, and they have done everything they have promised." —Manager



"I consistently have to go back to our contacts at Firstsource and reiterate that I expect no more from the firm than I expect from my own teams. I keep the firm up-to-date with our changes. Anything we communicate to our internal teams about how we manage our A/R is also communicated to the firm. It is frustrating when I don't see changes reflected in the firm's work and have to reeducate the firm over and over. I expect the firm's team to oversee things. The firm has good intentions, but based on their outputs, they do not tailor their work to us." —Manager

GeBBS Healthcare Solutions

Figure 9 **GeBBS Healthcare Solutions—Customer Experience Pillars**
(n=6)



Figure 10 **GeBBS Healthcare Solutions Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score
(100-point scale)

1-500 beds	501+ beds
Insufficient data	(n=3)
—	66.7*

With all but one respondent utilizing offshore resources, GeBBS Healthcare Solutions is highlighted for their internal commitment to partnership and willingness to work together with clients to implement changes. Some respondents feel positively about the firm's auditing team and quality control, but others say the firm's staff sometimes has difficulty handling change and adopting new practices, so retraining is required. There is some dissatisfaction with the firm's reactivity and high turnover rates, and some clients have concerns about gaps in communication, knowledge, and effectiveness and desire more explicit management and oversight from GeBBS.



"GeBBS Healthcare Solutions has a pretty strong internal commitment to working with us in a partnership. Anytime we find a partner that is willing to do that, we can build on the partnership. We can point to the firm's work effort and the value they are generating very clearly. . . . The firm has been very open at the highest level. The CEO engages to make sure that their teams are empowered to make smart decisions." —VP



"GeBBS Healthcare Solutions has gaps in communication, knowledge, and effectiveness. . . . They are not proactive; they are very reactive. The firm can take payments and make payment plans, so they are contributing to our bottom line, but that is about all they can do. . . . The firm's people are not knowledgeable to the extent we need them to be. They are not medical billing specialists, and they operate more like a switchboard. We continue to have increased escalations that come back to our internal team." —VP

GetixHealth

Figure 11 **GetixHealth [C]—Customer Experience Pillars**
(n=3)



Figure 12 **GetixHealth [C] Score Break-out—by Acute Care Client Sizing**
Excluding non-hospital organizations

[C] Component

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	Insufficient data
—	—

GetixHealth* mainly offers early-out self-pay services. Client experiences with the firm are mixed. Some report positive interactions, highlighting a successful extension of their business office and satisfactory claims handling. Notably, satisfied respondents report exceptional customer service from account representatives and appreciate the firm's self-sufficiency in follow-up and collections, requiring minimal client involvement. Other respondents face challenges with the firm's consistency and follow-up on patient payments, leading to negative patient feedback and financial write-offs that complicate projections.

*Limited data



"GetixHealth is doing all the follow-ups with minimal involvement required from my staff. We are getting what we pay for. We do not have to spend an inordinate amount of time answering questions or holding the firm's hand through any processes. They are self-sufficient, and they collect money as we expect. The firm has great customer service, and they do a good job collecting money and working with patients. GetixHealth is good to us. They are very responsive and technically proficient in the work they do. We get a good return on our investment." —Director



"There have been some hiccups in the process. I get negative patient comments associated with GetixHealth. The firm's follow-up hasn't been good, and we have had to monitor the process of them failing to complete their work within a certain time frame and then offloading it to the bad debt vendor. Then, when they push the work to the bad debt vendor, we recognize a write-off associated with the accounts receivable, and if GetixHealth is not doing work on a consistent basis, we have huge write-offs, and that upsets people and makes things hard to project. GetixHealth struggles with consistency and needs to be better at chasing down patient payments." —VP

Guidehouse

Figure 13 **Guidehouse—Customer Experience Pillars**
(n=6)



Figure 14 **Guidehouse Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	(n=3)
—	92.9*

Highly satisfied respondents commend Guidehouse for their strong client relationships and willingness to collaborate, promptly address issues, and maintain positive, informative communication. Clients report strong ROI in cash collections and appreciate the firm's effort to develop automation to enhance efficiency and cost-effectiveness. Feedback on staff expertise is mixed. Some respondents praise Guidehouse's ability to find and retain knowledgeable staff, and generally, respondents are highly satisfied with management and executive leaders. Still, others feel that staff training and management could be improved and that frontline staff quality is inconsistent.



"What makes Guidehouse stand out against their competitors is Guidehouse's ability and willingness to work with us. Whatever the situation is, they just address problems as they come up. We have partnered with some other firms, and there is a dramatic difference between them and Guidehouse. . . . Guidehouse is very good at getting to a problem after they identify it and not trying to point fingers and determine who was at fault. . . . In any partnership, there are some things to work on, but Guidehouse is a very good partner, and I appreciate that. They are very collaborative, they are easy to work with, and the communication is always very positive and informative." —VP



"Guidehouse's management was very willing to listen. . . . The firm needs to work on training their teams on how to properly work an account, and the firm needs to work on the transparency they have in letting us know what isn't working in our system. We found out that there were lots of changes that they were making without letting us know a change needed to be made in the system." —Director

Parallon

Figure 15 **Parallon—Customer Experience Pillars**
(n=9)

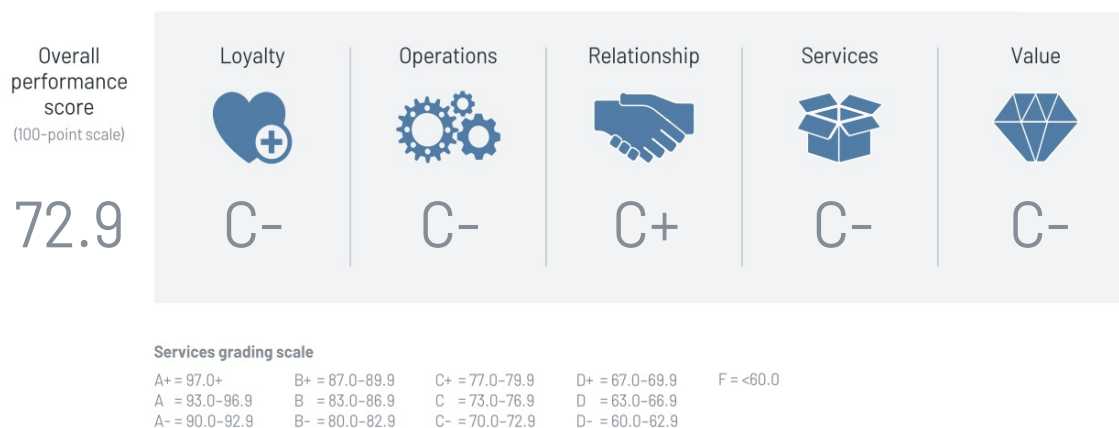


Figure 16 **Parallon Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=3)	(n=6)
78.0*	71.0

High-scoring respondents appreciate that Parallon maintains strong partnerships and effectively handles day-to-day collections. Also highlighted are the firm's strategic approach, quick feedback, and desire to drive improvements through client suggestions. Dissatisfied respondents report a lack of continuity in personnel, noting that good employees are frequently moved. Some express frustration with the firm's narrow scope of services, unclear reporting, and the need to request assistance and follow up on the firm's work. Other complaints include insufficient staffing for the volume of work and poor communication regarding trends and best practices. Some respondents report that Parallon made internal changes in their areas of focus at the beginning of 2023 and ended several relationships with clients as a result.



"We would tell friends or peers considering Parallon that Parallon is very qualified. They respond quickly and give us feedback to help with problems that we might be able to solve at the hospital level instead of Parallon solving the problems." —CFO



"Parallon wanted to take the lead on certain things, but when it came to other things, they looked for us to tell them what they should be doing; things should be the other way around. For example, if we are getting denied by a payer and Parallon sees a trend in denials, they should bring that trend forward so that we can help educate the payer, update the system, and take care of things. But we aren't getting that help. When we have regular meetings, I expect the firm to give best practices and tell us what trends they are seeing, but they aren't communicating effectively. They just aren't offering enough in their line of business." —Manager

Figure 17 **PwC—Customer Experience Pillars**
(n=9)



Figure 18 **PwC Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

Overall performance score (100-point scale)	
1-500 beds	501+ beds
Insufficient data	(n=7)
—	91.3

Interviewed clients often highlight PwC's transparency and responsiveness that drives very strong relationships, especially with the firm's senior leaders. Respondents value the firm's ability to supplement staffing gaps and maintain stable performance and commend PwC's billing expertise, analytics, and adaptability. Some less-satisfied respondents are concerned about communication gaps and a lack of transparency with operational issues. Others wish PwC were more proactive in identifying trends and proactively providing solutions. Larger PwC respondents (501+ beds) are generally more satisfied than smaller respondents.



"I was impressed with PwC's onboarding process and the granular level they got down to with billing processes. The firm's playbook was extremely impressive, and the firm integrated our policies into their playbook to ensure that they were acting as an extension of us and doing things the way that we would. We probably had the most seamless onboarding experience that I have ever seen. There were a few mistakes, but those were fixed almost immediately. PwC does a great job showcasing their billing expertise. I was very confident in the PwC leaders that I engaged with. They were all really impressive. I have onboarded several different firms, and PwC takes the cake. They know what they are doing." —Director



"PwC has a massive database of data and accounts, but we are usually the ones finding trends and asking the firm to then extrapolate the trends to their book of business. We would like them to be more proactive and come to us with findings and solutions. The balances work, so I get that there is probably not much incentive for PwC to do that kind of work, but it would be helpful." —Director

R1 RCM

Figure 19 **R1 RCM [C]—Customer Experience Pillars**
(n=8)

*Limited data
[C] Component



Figure 20 **R1 RCM [C] Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

[C] Component

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=7)	Insufficient data
89.8	—

With all but one interviewed client under 200 beds, R1 RCM is seen as providing excellent partnerships and building a sense of teamwork in their projects. R1 staff members are responsive to respondents and are viewed as peers rather than external service providers. Interviewed clients are also happy with R1's expertise in the complexities of hospital billing and appreciate the firm's honest guidance that has led to improved collections. Less-satisfied respondents are concerned about offshore staff, specifically noting language barriers, the shuffling of resources, and the need for improved knowledge and training. Still, respondents appreciate the communicative, stable management, and all responding organizations would buy R1's services again.



"The biggest takeaway we have gotten from R1 is the fact that they relay their sincerity in valuing our relationship as a provider. I have been fortunate that our customer service manager has been extremely knowledgeable on every side and every facet of A/R. Their business knowledge is very deep, and their ability to lead their team, their emotional intelligence, the way they work with the diversity of the offshore teams, and their ability to relay information back and forth all show that they are extremely competent." —CFO



"The firm's team in the United States is very knowledgeable about claims and claims processing, but when it comes to the firm's offshore people, there are clear deficiencies and a lack of knowledge of how things should be performed. We have had one team from the firm to work with. They had to bring in a second team because that one team wasn't really all that great. The firm consistently shuffles teams around, but that is mostly on the offshore side of things. The management team in the United States side is pretty stable." —Director

Savista

Figure 21 **Savista—Customer Experience Pillars**
(n=6)

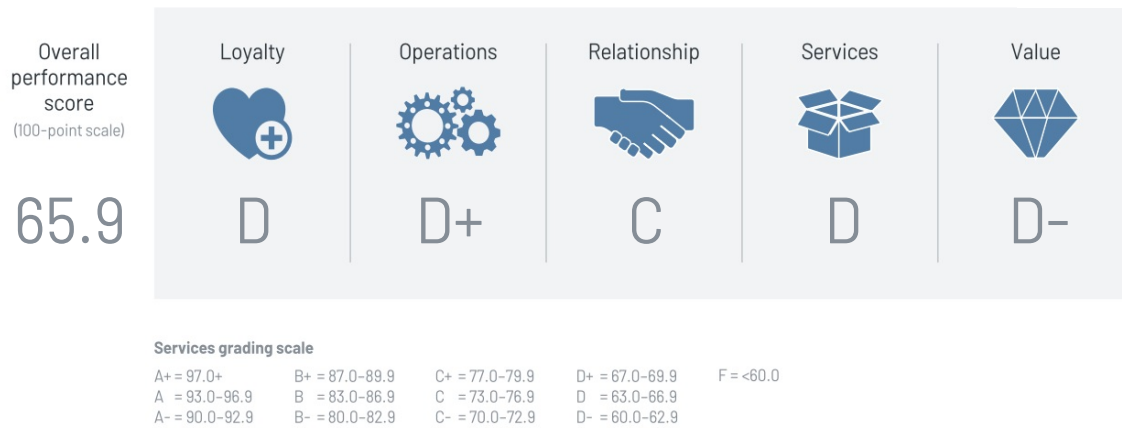


Figure 22 **Savista Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=4)	Insufficient data
50.0*	—

Respondents report mixed experiences with Savista's services. Generally, interviewed clients feel Savista meets expectations, is responsive, and scales to meet client needs. On the other hand, lower-scoring respondents report problems such as slow operations, missed deadlines, and inaccuracies in charging practices. Interviewed clients also report that staff lacks necessary knowledge and sometimes sends work back to the organization that they should have been able to complete on their own.



"The resources from Savista are great at execution. I give them some direction, and they are on top of things. Once I give them the target, they drive outcomes. They do the work, and they do a good job. I let Savista know when we are taking on new business, and they meet that; there is no gap. They can scale up to absorb additional volume. Savista gives us regular performance reports." —Director



"The firm hasn't had a whole lot of turnover, but when Savista does have turnover, it seems to disrupt our collections. In my time working with Savista, I have seen several different names, and the changes in staff have really impacted the firm's ability to collect on claims. Not only that, but then the new staff starts asking us more questions instead of taking care of things themselves because they don't know how to do the work. Turnover also affects our productivity for the accounts that we are supposed to be working on." —Director

State Collection Service

Figure 23 **State Collection Service [C]—Customer Experience Pillars**
(n=13)

*Limited data
[C] Component



Figure 24 **State Collection Service [C] Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations

*Limited data
[C] Component

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=4)	(n=8)
81.3*	88.5

Over 60% of interviewed State Collection Service clients are using the firm only for early-out self-pay work, with some adding services onto that core offering. Satisfied clients appreciate the firm's easy accommodation, flexibility, timely reporting, and understanding of organizational processes. Respondents also highlight the firm's thorough training, analytical strength in collections, and strategic solutions to improving revenue without additional costs. Less-satisfied respondents see an opportunity for State Collection Service to implement process changes more quickly, improve follow-up, provide more detailed reporting, and reduce the impact of staff turnover on recoveries.



"What I like the most about State Collection Service is that we meet regularly, but the meetings are not unnecessary. We get a time scheduled and touch base. If we need to communicate at any point in time between those touchpoints, the firm is always available. They reach out to me as needed; our communication is always open. If I have an issue, the firm is very quick to work on it. Overall, we don't talk to each other much, so things are going really smoothly. I don't have any complaints about the work the firm is doing. State Collection Service is flexible with us and is absolutely willing to listen to our needs and try to help us. I am connected with the right group if I have an issue." —Manager



"State Collection Service could work on their follow-up and reporting. Because of how they import the files and how the files shake out through the system, it is very difficult for us to accurately do an inventory reconciliation with the firm and find any opportunities for corrections or efficiencies to prevent accounts getting stuck. And it would be incredibly nice if that process were not as difficult." —Manager

TruBridge

Figure 25 **TruBridge [C]—Customer Experience Pillars**
(n=16)

*Limited data
[C] Component

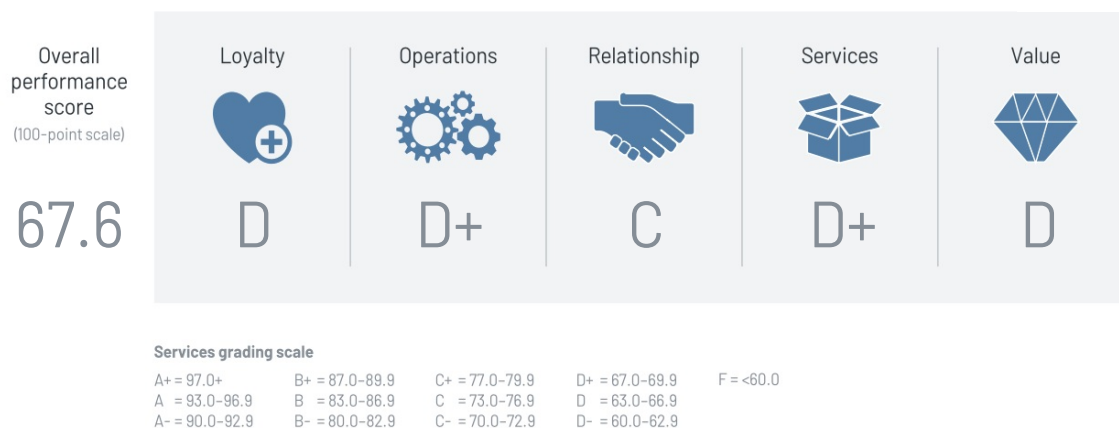


Figure 26 **TruBridge [C] Score Breakout—by Acute Care Client Sizing**
Excluding non-hospital organizations
[C] Component

Overall performance score (100-point scale)	
1-500 beds	501+ beds
(n=12)	N/A
66.9	—

While all interviewed clients have less than 200 beds, their experience varies greatly. Satisfied respondents cite TruBridge's knowledgeable staff, collaboration, and seamless integration of services under a single name. Less-satisfied respondents are frustrated with TruBridge's quality, both in the work being performed and in the staff assigned to work their accounts, sometimes as a result of turnover of TruBridge staff. Additionally, some clients report challenges with claims statussing and cash posting, transparency and accuracy in reporting/billing, and a lack of proactivity in bringing ideas and adding value.



"The current team that we are working with is very knowledgeable and very open to helping us discover things. We had some instances where either our EMR was changing things or there was a human error where things were put in incorrectly, and TruBridge's team helped us identify and work through those issues. That went very well. I like the accessibility of the firm's people. They are very quick to offer to jump on a call and share their screen so we can see what they are seeing. And that has really made a tremendous difference for us." —Director



"Our TruBridge team has the knowledge, but the bandwidth is what is ultimately causing them not to operate for us. The people working for us are also working for many other clients. It is not that the team doesn't have the ability to work for us; they are just unable to give us the type of quality attention that we deserve as a client. The solution is great; TruBridge has some of the best software tools. However, there are several oversights, and it comes down to human resources. . . . One of the recent reports came out right before we had a meeting. The numbers just didn't make sense. We started auditing the report and realized that it was incorrect. If the firm had a bit of quality control, reviewed things, and didn't expect their clients to do audits, then things would have been great. The firm is missing the little pieces that are quite important there." —CFO