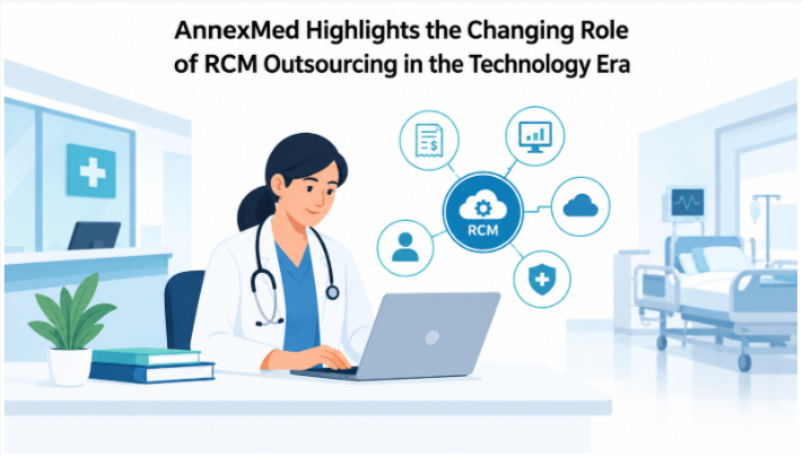
AnnexMed Highlights the Changing Role of RCM Outsourcing in the Technology Era

SALT LAKE CITY, UT, UNITED STATES, September 30, 2026 / EINPresswire.com/ -- As technology changes how healthcare revenue cycle operations are managed, AnnexMed is highlighting a shift in the role of RCM outsourcing, from providing additional staffing capacity to combining experienced professionals, structured processes, data, and technology to address revenue challenges across the cycle.



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For hospitals and health systems, the timing is significant. HFMA reports that 11.65% of healthcare claims were denied on first submission in 2025. The organization also cites an estimated $25 billion in annual costs associated with fighting claim denials for U.S. healthcare providers.

From Staffing to Revenue Cycle Support
Healthcare outsourcing has traditionally provided organizations with additional resources to manage growing volumes of claims, accounts receivable, and follow-up work.

That need remains. But the revenue cycle has become more complicated, and technology has changed how much of the work can be identified, prioritized, and processed.

For AnnexMed, the change is not about replacing experienced RCM professionals with technology. It is about using technology to make experienced teams more effective.

With more than 20 years of healthcare RCM experience, AnnexMed supports U.S. hospitals and health systems across patient access, eligibility and benefits, prior authorization, coding, billing, claims management, denial resolution, payment posting, underpayments, and legacy AR recovery.

Looking Beyond the Denial

Denial management illustrates why the distinction matters.
A denied claim is often treated as a back-end problem, but the reason for the denial may have started much earlier. Eligibility information, authorization, documentation, coding, and other front-end and clinical processes can all affect whether a claim is paid.

HFMA's guidance on denial metrics recommends looking beyond the number of denials to measures such as denial write-offs, time to appeal, time to resolution, and the percentage of denials overturned. The approach is intended to help providers identify the underlying risks and process issues contributing to denials.

This is where data and RCM experience have to work together.

Technology can identify a recurring pattern. An experienced RCM team can investigate the cause, determine what needs to change, and work the affected accounts.

Moving Upstream
AnnexMed's approach extends beyond recovering revenue after an issue has occurred.

The company works across the revenue cycle to help organizations identify recurring sources of denials, rework, underpayments, and aging accounts. By looking at these issues across functions rather than as isolated transactions, hospitals can gain a clearer view of where revenue is being delayed or lost.

The objective is straightforward: recover revenue that is already at risk while reducing the operational problems that create repeat work.

Experience Still Matters
The growing use of automation and artificial intelligence in healthcare has raised questions about the future role of RCM professionals.

AnnexMed takes a practical view. Revenue cycle work involves payer requirements, documentation, coding, authorization, reimbursement rules, and account-level decisions that often require context. Technology can help teams process information and identify exceptions, but experienced professionals remain important in understanding why an account is behaving a certain way and what should happen next.

AnnexMed brings more than 1,300 professionals and experience across 40+ specialties to this work. This combination of experience and technology is also reflected in industry recognition. In March 2026, Becker's Hospital Review included AnnexMed in its “385+ Revenue Cycle Management Companies to Know | 2026” list.

The company's model combines people, processes, and data to support hospitals with both day-to-day revenue cycle operations and more complex areas such as denial management,

underpayment recovery, and legacy AR.

The Changing Role of RCM Outsourcing
The RCM outsourcing conversation is moving beyond headcount.

For hospitals, the value of an outsourcing partner increasingly depends on its ability to combine operational capacity with specialized knowledge, financial analysis, and technology-enabled processes.

AnnexMed's focus is on helping healthcare organizations protect earned revenue, improve revenue visibility, reduce avoidable rework, and address problems earlier in the cycle.

As technology continues to change the way RCM work is performed, the role of experienced revenue cycle teams is changing with it.

The next generation of RCM outsourcing is not simply about adding more people. It is about making the people, processes, data, and technology work together more effectively.

About AnnexMed
AnnexMed is a healthcare revenue cycle management company with more than 20 years of experience supporting U.S. healthcare organizations. With more than 1,300 professionals and expertise across 40+ specialties, the company provides revenue cycle services spanning patient access, eligibility and benefits, prior authorization, coding, billing, claims management, denial resolution, payment posting, underpayments, and legacy AR recovery.

Media Contact
Name: Sai Sruthi
Title: Senior Marketing Manager
Email: sruthi@annexmed.com
Phone: 1-385-213-1243
Address: 299 S. Main Street, Suite 1300, Salt Lake City, UT 84111
Website: annexmed.com

Sai Sruthi
AnnexMed
+1 385-213-1243
sruthi@annexmed.com
Visit us on social media:
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YouTube

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