



# The Revenue Cycle Year in Review: Insights from 2025 and What's Next for 2026

## Executive Summary

2025 was a pivotal year for technology. Hospitals and health systems stopped talking about digital transformation and started living it. But change rarely comes easy. Margins tightened. Labor pools shrank. And somewhere in the middle of it all, revenue cycle leaders were expected to keep the lights on while simultaneously fending off staff burnout.

Maybe you've felt that tension firsthand. The late-night scramble before a board meeting to explain a dip in clean-claim rates, or the sense that even as technology promises to help, the day-to-day still feels like triage. The pressure is real. But so is the progress being made to ease it.

By late 2025, the signs of real transformation were hard to ignore. Conversations with payers had become more data driven. Patients, long treated as afterthoughts in financial workflows, finally began experiencing transparency and empathy at the checkout window. And along the way, AI left its mark on nearly everything. As 2026 approaches, the landscape continues to shift with tighter regulations and value-based care models.

This white paper explores that evolution. You'll learn about some of the hottest topics discussed at healthcare conferences in 2025, the biggest challenges and bright spots shaping the revenue cycle, and get a glimpse of what the future holds for RCM in 2026. You'll also see how GeBBS Healthcare Solutions is helping clients navigate these shifts through intelligent automation and unified platforms.

While capturing revenue will always be central to RCM, building resilience and adaptability has never been more vital. The decisions you make today will determine whether your organization reacts to disruption or starts shaping what comes next.

## How RCM Evolved in 2025

2025 has been a roller-coaster ride for the revenue cycle, marked by familiar challenges and fast-moving progress. Looking back at the major healthcare conferences, along with the year's challenges and bright spots, reveals common threads shaping the RCM landscape.





## Hot Topics from the 2025 Conference Circuit

At conferences ranging from HFMA RCC 2025 to Becker's RCM CIO, one theme rang out like a drumbeat: AI is supporting people, not replacing them.

Leaders from various healthcare organizations described using AI to take the drudgery out of the revenue cycle—automating low-value tasks in denial management and A/R so staff can focus on meaningful work. In many organizations, bots now manage the “busywork,” while humans focus on exceptions, appeals, and patient interactions.

Another topic that dominated the stage: payer relations. The tone has changed. Successful healthcare executives are done playing defense against denials and opaque policies. Instead, they’re bringing data to the table. Some providers now use payer scorecards to drive evidence-based conversations with insurers.

That shift from frustration to collaboration is subtle but powerful. When organizations share performance data with payers, bottlenecks shrink and appeal success rates climb. What’s more, it also sends a message: accountability runs both ways.

Finally, there was the patient experience, a topic once considered outside the revenue cycle’s lane but now front and center. Patients are carrying more of the financial burden than ever, and their frustration with unclear pricing and overwhelming bills is boiling over. In 2025, forward-thinking providers began treating financial communication as part of care itself. More on this later.



## Challenges Shaping the RCM Landscape

For every bright spot, 2025 had its fair share of headwinds. The challenges weren’t new but they were sharper. Here are three major ones.

### ► Staffing shortages

This obstacle remains a key pressure point. As veteran billing specialists and coders continue to retire, there are fewer new entrants joining the field. Naturally, healthcare organizations are struggling to fill critical roles. According to the American Hospital Association, the industry will face a [shortage of more than 3 million healthcare workers by 2026](#). And in RCM, those gaps have ripple effects: slower claim cycles, more errors, and mounting backlogs.

The irony is painful. AI is helping to relieve the pressure, yet it also requires skilled oversight. That means the labor problem can’t be solved with software alone; it demands rethinking how teams are trained, structured, and supported. Some hospitals are cross-training staff across billing and coding functions, while others are partnering

with outsourcing providers to keep operations running smoothly. The organizations that thrive will be those that blend automation with a sustainable people strategy.

### ► Financial pressure

Finances are the unspoken undercurrent of every decision. Labor and supply costs keep climbing, while reimbursements continue to fall. Kaufman Hall's data showed median hospital margins around [three percent in mid 2025](#).

It's a paradox: hospitals are busier than ever, but many are earning less. Part of the issue is payer behavior—tightening documentation standards, expanding prior authorization, and reclassifying services to lower reimbursement tiers. While the most forward-looking organizations are negotiating, they're also responding with precision, such as cleaner claims and proactive analytics.

### ► Cybersecurity



No longer just a tech issue, cybersecurity is a full-blown revenue risk. Every breach now brings billing operations to a standstill, and recovery windows can stretch nine to twelve months. Cybercriminals know RCM systems are gold mines: they hold both patient data and financial access points.

The most resilient organizations treat cybersecurity as part of revenue protection. They're running joint cyber-RCM drills, vetting vendor security, and building redundancy so cash flow doesn't collapse if systems go dark. The next attack may not just steal your data. It could steal your ability to bill.

Each of the above three challenges points to the same truth: resilience in 2026 won't come from doing more of the same. The old playbook of throwing people or technology at the problem no longer works. What's emerging instead is a new model of balance. One that's agile, evidence-driven, and deeply human at its core.

## Bright Spots and Signs of Momentum

For all the challenges revenue cycle leaders faced in 2025, there were moments of real progress. These bright spots didn't come from massive overhauls or sudden innovations, but rather a thousand small pivots—teams deciding to think differently about efficiency, empathy, and the role of technology.

### ► Operational Efficiencies

Hospitals that once ran their revenue cycle like a patchwork quilt of disconnected tools and competing vendor platforms are finally unifying their systems. The shift toward [end-to-end platform integration](#) has been one of the biggest breakthroughs of the year. By consolidating vendors and data pipelines, health systems gained something they'd long been missing: a single view of their revenue.

That visibility has changed everything. Denials are being tracked upstream, and errors that once took days to detect are now flagged before claims even leave the building. At Becker's RCM CIO Conference, one leader from Johns Hopkins described a "Denial Prevention Task Force" that resulted in a 30% performance improvement. The key was thinking ahead. By building tighter collaboration upstream and improving how teams shared data and insights, staff moved from reacting to denials to preventing them before they ever reached the payer.

The industry's shift from reactive firefighting to preventive revenue management is no small thing. It signals maturity and a willingness to stop playing catch-up and start designing processes that stay ahead of the problems.

### ► Patient Financial Experience



Hospitals also began recognizing that the revenue cycle isn't just a back-office function. It's a customer experience. Patients are tired of unpredictable costs and the feeling that financial conversations only start once care has already been delivered.

That's starting to change. Some healthcare organizations are now treating billing like a product—testing new formats, simplifying language, and measuring satisfaction through Net Promoter Scores on payment experiences. One idea is to hire "product managers" to own the billing journey from estimate to final payment. When hospitals communicate clearly, patients pay faster and bad debt drops.

Virtua Health's Patient Experience Navigators (PENs) program, which was discussed at Becker's RCM CIO Conference, is a standout example. Non-clinical staff meet with patients at the bedside before discharge to schedule follow-up appointments. In just 90 days, the program brought more than 2,000 appointments back into the system, generated over a million dollars in new revenue, and cut average length of stay by nearly 10 hours.



That kind of outcome underscores a deeper truth: patient trust and financial performance are linked. Overall, when people understand what they owe and feel supported through the process, they're more likely to pay and return for future visits.

### ► The AI Evolution

And then there's AI. Automation powered by the technology now touches nearly every part of the revenue cycle, from eligibility verification to payment posting. In some high-performing systems, [more than half of all eligibility workflows are handled by bots](#). Organizations are finally starting to see that automation doesn't mean losing control. It means regaining it.

That realization surprised even some early adopters. Many assumed AI would create distance between people and process. The opposite happened. Once routine, repetitive work was automated, RCM teams could focus on exceptions and patient engagement—the higher-value work that drives insight and improvement. While it sounds counterintuitive, automation (when done right) makes work more human.

But AI's role isn't limited to efficiency anymore. The conversation has shifted toward strategic integration, focusing now on how to use AI as a long-term growth enabler. Some organizations are even redefining job titles to reflect this change. The "Revenue AI Officer" or automation strategist is becoming a fixture in forward-thinking healthcare organizations. These people play a key role in bridging the gap between technology and operations.

Why this shift now? Cost pressures are mounting, and AI offers a rare win-win: it improves accuracy while lowering overhead. And unlike clinical functions, the revenue cycle carries relatively low patient risk, making it the perfect testing ground for scalable automation.



## How GeBBS Navigated 2025

2025 was a transformative year for GeBBS, centered on AI-driven innovation and technology across our service lines.

This year, GeBBS expanded the use of autonomous coding and robotic process automation (RPA) to improve accuracy, compliance, and speed. These technologies have quietly transformed the way health systems handle volume. By letting automation manage repetitive tasks like charge capture and reconciliation, GeBBS' clients have gained measurable efficiency while reducing errors that erode margins.

Integration was also a key area of innovation for GeBBS. In 2025, we launched iCodeOne™, a unified AI platform that brings together coding, auditing, and risk

adjustment into a single ecosystem. We also strengthened platform integration across our client base, helping organizations consolidate processes and unlock measurable financial and patient outcomes.

At a time when many revenue cycle partners were still experimenting with AI in silos, GeBBS focused on scale. That's what set us apart in 2025. Automation wasn't a side project but a structural advantage.

What's perhaps most striking is how this mirrored the broader industry shift. While others were still asking how to use AI safely, GeBBS was showing how to use it strategically—eliminating redundancies and enhancing collaboration between clinical, financial, and administrative teams.

The result? In addition to efficiency gains, our clients also saw gains in confidence. They knew their systems could flex under pressure and their teams could do more with less. GeBBS' 2025 journey is a glimpse of what's possible when innovation is paired with execution.

## Where RCM Is Heading in 2026

The next twelve months promise to reshape revenue cycle management through new regulations, the continued rise of value-based care, and a deepening reliance on AI and automation. The question isn't whether organizations will change, but whether they can do so fast enough.



## A New Regulatory Landscape

Few words spark more collective groans from providers than prior authorization. Yet in 2026, it's about to take center stage. An AI initiative known as the WISer Model (Wasteful and Inappropriate Service Reduction) will roll out in six states—Arizona, New Jersey, Ohio, Oklahoma, Texas, and Washington—requiring prior authorization for 17 outpatient services ranging from pain injections to joint procedures. On top of that, a new final rule for Medicare Advantage plans will mandate faster decision timelines: seven days for standard prior authorization requests and seventy-two hours for expedited ones.

At first glance, these changes might sound like progress. But for practices already stretched thin, the additional documentation and workflow adjustments could create new bottlenecks if systems aren't redesigned. In other words, the push for efficiency could unintentionally slow things down.

Laboratories will face their own set of challenges under the Protecting Access to Medicare Act (PAMA). Starting January 1, 2026, reimbursement rates for around 800 lab tests will be reduced by as much as 15%. For smaller labs operating on narrow margins, those cuts could mean the difference between staying afloat and shutting their doors.

What's the common thread across these shifts? Compliance and adaptability will matter more. The organizations that survive will need to anticipate policy changes, retool their workflows, and build flexibility into every process.

## The Expanding Role of Value-Based Care

Value-based care adoption will continue to grow in 2026. More providers are expected to experiment with bundled payments, shared-risk contracts, and capitated models.

That's good news for patient outcomes, but it complicates the revenue cycle. Instead of billing per service, RCM teams must now track quality metrics tied to payment, calculate shared savings across networks, and manage capitation reconciliations. Suddenly, revenue management becomes less about transaction counts and more about measuring impact.

That said, while VBC adds complexity, it also opens the door to closer alignment between financial and clinical teams. The same data used to track quality can also improve operational performance. When care coordination improves, so do collections. The organizations that recognize this overlap (and use it to build shared accountability) will have a strategic edge.



## AI's Continued Relevancy

The excitement around AI will only evolve in 2026 as the tone shifts from "Should we adopt it?" to "How do we integrate it across everything we do?"



The benefits are hard to ignore. Automated data capture reduces administrative load. Predictive analytics spot potential denials before they happen. Intelligent workflows keep cash flowing even when teams are lean. For hospitals, this means faster revenue cycles and lower overhead. For patients, it means fewer billing errors and a better financial experience.

But the real story of 2026 isn't just AI's capability—it's its necessity. With persistent labor shortages, rising costs, and increasing regulatory burden, automation has shifted from optional to essential. The message is simple: integrate now, or fall behind and play catch-up later.



## How GeBBS Is Preparing for 2026

After a year defined by innovation, GeBBS is doubling down on what it does best: scaling automation, targeting inefficiencies, and reimagining how people, processes, and technology come together.

GeBBS is accelerating its automation initiatives to eliminate persistent bottlenecks that drain productivity and profitability. The focus is on removing friction while redefining scalability across the revenue cycle. That way, healthcare organizations can maintain momentum even with leaner teams.

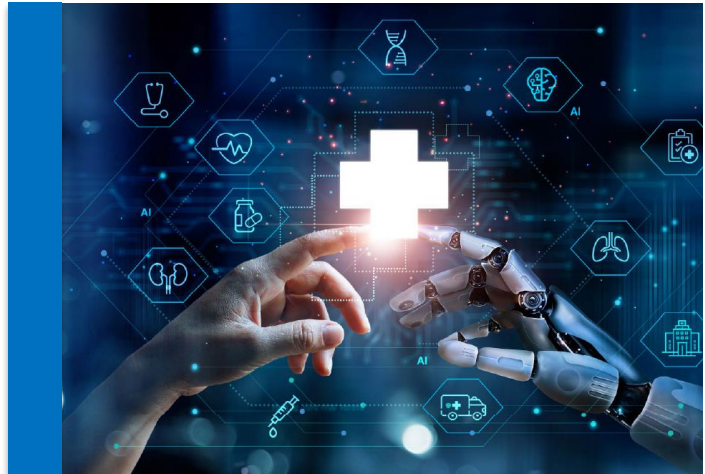
At the same time, GeBBS is targeting underserved and overlooked RCM functions—the areas that often get buried under day-to-day urgency but have huge potential for improvement. Think secondary claims follow-up, underpayment recovery, or prior-authorization tracking. These functions might seem minor, but collectively, they represent millions in potential revenue. By applying AI and process optimization here, GeBBS helps clients recover value that would otherwise slip through the cracks.

Beyond plugging gaps, GeBBS is also focused on designing for delight. We're advancing patient-experience initiatives through AI-enabled engagement tools. This will make healthcare financial interactions simpler and more human while improving transparency.

In a sense, GeBBS' 2026 roadmap mirrors the broader evolution of the industry. The future of RCM will belong to those who can balance automation with empathy and efficiency with trust.

## A New Kind of Stability in 2026 and Beyond

The past few years have tested every part of the revenue cycle and every leader behind it. But imagine what's possible when the late-night scrambles stop. When reports open with confidence instead of concerns. When denials are caught before they ever touch a payer's desk, and staff walk into work knowing their tools will help them progress.



That's the promise of a modern RCM strategy. One built on automation, integration, and empathy. AI handles the repetitive work while people focus on relationships and high-level decisions. Patients leave feeling informed instead of frustrated. Teams communicate more and stress less—working in rhythm rather than in a state of constant reaction.

Healthcare may still be complex. But with the right foundation, it can also be more predictable and resilient. The transformation is already underway. The only question left is, will you be one of the leaders paving the way?

*The revenue cycle never sleeps, but it doesn't have to keep you up at night. GeBBS Healthcare Solutions brings order to the chaos. With advanced AI and experts who know healthcare inside and out, we help providers move faster and collect sooner—all while keeping the patient experience front and center. Whether it's coding, billing, or denial prevention, our solutions scale with you. That way, progress doesn't pause when challenges arise. Make 2026 your most productive, profitable year ever. [Contact us today to learn more.](#)*