2026 RCM RESEARCH

Unlocking Hidden Margin: How Health Systems Are Thinking About AI, Automation, and Revenue Risk

2026 RCM Survey Results from 48 Hospital Revenue Leaders

63%

Of hospital revenue cycle teams are not taking a proactive approach to identifying revenue risk

Executive Summary

In January 2026, we surveyed revenue cycle leaders across the country to understand the forces shaping modern revenue operations. More than 120 leaders participated, 48 of which represented hospitals and health systems.

This report focuses on those 48 hospital-based respondents. Their input reflects how revenue cycle is being discussed at the executive level, how organizations are approaching AI and automation investment, and where leaders see risk building inside their revenue operations.

Three themes are clear:

1. Revenue cycle is now an executive issue, not just an operational one.
2. AI investment is increasing, but impact remains uneven.
3. Visibility into revenue risk remains the largest structural gap.

Notably, 63 percent of hospital leaders report they are not taking a proactive approach to identifying revenue risk. In an environment defined by payer variability, reimbursement pressure, and staffing constraints, that gap has direct implications for margin stability and cash predictability.

Revenue Cycle Has Moved to the Executive Agenda

2025 Challenges

For revenue cycle teams, denials management remains a daily operational burden. Many teams are no longer attempting to stay ahead of payers. Instead, they are working to keep pace with increasing volume and complexity.

When asked which factors most significantly impacted their organization's ability to grow and collect revenue in 2025, hospital leaders cited:

1	Denials volume and complexity
2	Payer reimbursement levels and contract terms
3	Frequent changes to payer adjudication rules
4	Lack of real-time visibility
5	Staffing constraints

2026 Predictions

Denials ranked as the most significant inhibitor to revenue growth. One third of respondents report that the financial impact of denials is now discussed at the executive level. This shift is meaningful. When denials move into board and C-suite discussions, they are no longer treated as workflow inefficiencies. They are recognized as margin exposure.

Looking ahead to 2026, leaders expect the pressure to continue. The top predicted obstacles to revenue growth include:

1	Denials and underpayments
2	Payer reimbursement pressure
3	Fragmented RCM technology stack
4	Lack of actionable insights
5	Staffing constraints

33% Of hospital revenue cycle leaders say denials are a strategic concern being discussed at the executive level

Notably, patient financial responsibility ranked lowest as a revenue risk factor. Only three respondents identified it as a primary concern. Hospital leaders are far more focused on the unpredictability of payer behavior than on patient payment patterns. Revenue risk, in their view, is largely institutional and contractual rather than consumer driven.

Visibility is a Primary Constraint on RCM Performance

Lack of real-time visibility was cited as a top challenge in 2025. Lack of actionable insights is expected to be a leading obstacle in 2026.

This signals a structural issue. Revenue cycle teams are managing high financial stakes without consistent access to forward-looking insight. **When asked which outcome would be most valuable to their organization today:**

- 35% selected earlier identification of revenue risk
- 27% opted for more predictable cash flow
- 23% said faster recovery of denials
- 13% want to reduce payer friction
- 2% hope for reduced manual effort

Pie chart: Manual effort 2%, Payer friction 13%, Revenue risk 35%, Denial recovery 23%, Cash flow 27%
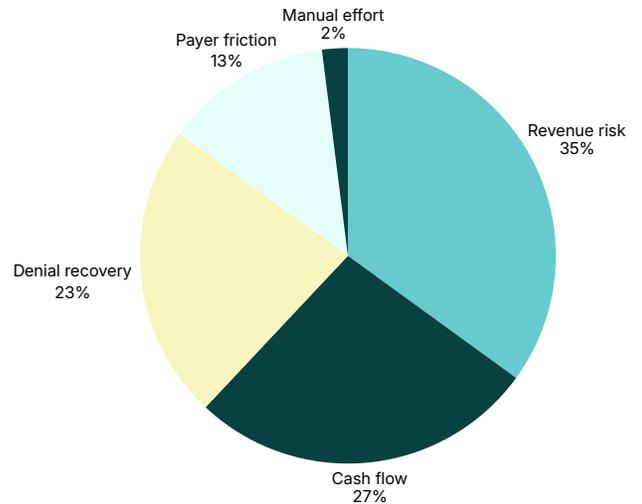
Leaders are not primarily seeking labor reduction, they are seeking predictability and control. Despite this, **only 37 percent of respondents believe their organization is taking a proactive approach** to revenue cycle management.

A proactive approach to revenue cycle identifies risks early, resolves issues before they affect cash flow, and leverages real-time data and automation to protect margin and ensure predictable revenue. It requires operational alignment and technology that can move beyond reporting into coordinated action. Without that foundation, revenue cycle remains reactive by design.

Teams Are Automating, But Not Yet Orchestrating

The AI Investment

Hospital leaders are investing in automation. Nearly half report significant investment in new RCM technology, AI, or automation in 2025.

We asked, *"in 2025, did your organization invest in new RCM technology, AI, or automation?"* 22 respondents reported significant investment, and 19 reported modest investment.

Bar chart: Significantly ~22, Modestly ~19, No ~5, Not sure ~2 (x-axis 0 to 25)
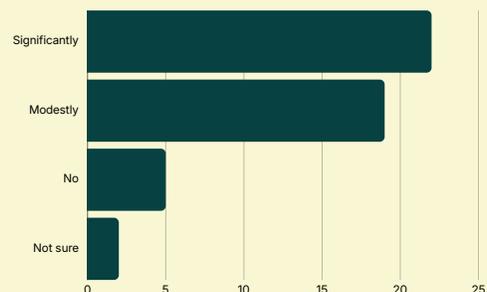
Where AI Can Drive Impact

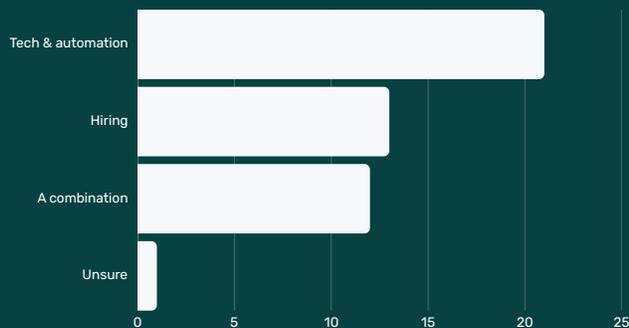Adoption, however, does not automatically translate into transformation.

When asked where AI could drive the greatest impact: 17 said payer insight and transparency, 13 said denial prevention, 11 said team productivity, 4 said revenue predictability, and 3 said speed to cash.

The strongest interest centers on payer behavior. Even among organizations with long-standing payer relationships, transparency remains limited. Leaders are seeking better visibility into adjudication patterns, rule changes, and contract performance.

Scaling RCM Operations in 2026

When asked how they plan to scale revenue cycle operations in 2026, the majority indicated they will rely on technology and automation. Hiring additional staff ranked second. A combined strategy ranked third.
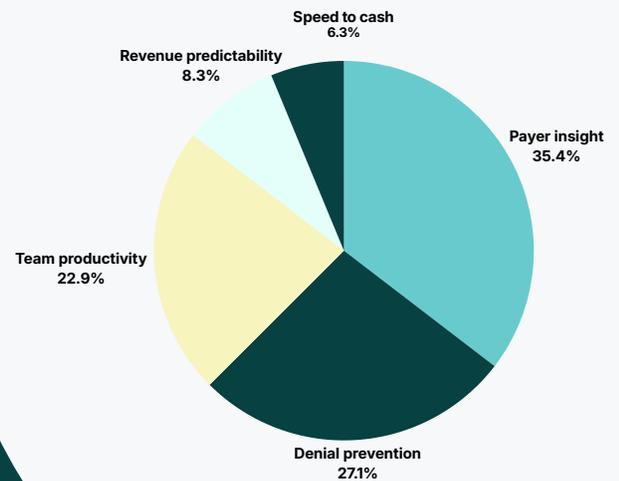
How do you plan to scale RCM operations in 2026?

Where could AI drive the greatest impact?

Speed to cash
6.3%

Revenue predictability
8.3%

Payer insight
35.4%

Team productivity
22.9%

Denial prevention
27.1%

Tech & automation

Hiring

A combination

Unsure

0   5   10   15   20   25

Most organizations recognize that staffing alone cannot offset structural complexity. At the same time, many technology investments remain point solutions. They address individual tasks rather than coordinating activity across the revenue lifecycle.

Automation handles tasks. Orchestration aligns decisions, workflows, and data across systems and teams. Without orchestration, automation can increase activity but not necessarily improve outcomes. The opportunity for 2026 lies in connecting intelligence to execution, and execution to financial results.

From Reactive Recovery to Revenue Control

Hospital revenue leaders are entering 2026 with clear priorities. Denials and payer variability remain central threats to margin. Visibility into emerging risk remains limited. AI investment is increasing, yet impact is uneven.

Revenue cycle has become an executive responsibility because its volatility directly affects cash flow predictability, operating margin, and long-term financial planning. Reactive denial recovery is no longer sufficient in an environment defined by dynamic payer behavior and reimbursement pressure.

The next phase of revenue cycle strategy will be defined by control. Control requires early risk detection. It requires transparency into payer behavior. It requires the ability to translate insight into coordinated operational response. And it requires executive-level visibility into how revenue risk is building across the organization.

Hospitals that move from reactive recovery to proactive orchestration will be better positioned to protect margin, stabilize cash flow, and reduce financial variability in 2026 and beyond.

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