R1 RCM Logo

R1 RCM

Technology-driven and AI-powered end-to-end revenue cycle management (RCM) solutions for large hospitals, health systems, and physician groups.

https://www.r1rcm.com

Overview

R1 RCM provides a comprehensive suite of technology-enabled and outsourced revenue cycle management (RCM) services, primarily targeting large hospitals, health systems, and physician groups. The core of their offering is **Phare: Healthcare's First Revenue Operating System**, an AI-powered platform designed for comprehensive automation and real-time claim adjudication. The platform leverages AI agents (R37 Lab) and workflow orchestration to streamline the entire patient journey, from patient access to final payment.

Key Features and Capabilities:

End-to-End RCM Outsourcing: Full-service management of all revenue-generation functions, combining technology with dedicated operational teams.

AI-Powered Automation (Phare™): Uses AI agents for tasks like coding, claims scrubbing, and follow-up, aiming for comprehensive automation across the revenue cycle.

Patient Access (Phare Access): Delivers a seamless, self-service patient intake experience, including insurance verification, securing prior authorizations, and embedding accurate patient data at intake.

Claims Management (Phare Claim): Autonomously codes encounters and optimizes claims to increase coding accuracy, reduce denials, and accelerate reimbursements.

Collections & Follow-up (Phare Flow): Autonomously follows up on claims and manages denials to accelerate and maximize reimbursement, involving human experts for exceptions.

Revenue Intelligence & Analytics: Provides sophisticated analytics and real-time dashboards for performance visibility, denial rates, collection efficiency, and days in accounts receivable.

Modular Solutions: Offers flexible partnerships for specific areas like Revenue Integrity, Denials Management, and Clinical Documentation Integrity (CDI).

Target Users and Use Cases:

R1 RCM is designed for **enterprise-scale healthcare organizations** including large hospitals, multi-facility health systems, and large physician groups. The primary use case is to optimize financial performance by improving revenue capture, reducing the cost-to-collect (up to 50% claimed),

accelerating cash flow, and enhancing the overall patient financial experience. The solution's enterprise-grade infrastructure is built to handle high transaction volumes and complex payer mixes while maintaining regulatory compliance.

Key Features

- End-to-End RCM Outsourcing
- AI-Powered Automation (Phare™)
- Patient Access and Prior Authorization (Phare Access)
- Intelligent Claims Management (Phare Claim)
- Denials Management and Follow-up (Phare Flow)
- Revenue Intelligence and Analytics
- Clinical Documentation Integrity (CDI)
- EHR-Agnostic Integration

Pricing

Model: enterprise

Enterprise-focused managed services model. Pricing is typically structured as a percentage of collections (usage-based) or a flat monthly fee, with custom quotes provided after consultation. Not suitable for small practices due to high cost structure.

Target Company Size: medium, enterprise

Integrations

Major Electronic Health Record (EHR) Systems, Practice Management Platforms, Payer Systems, Palantir Foundry/AIP, Automation Anywhere (RPA)

Compliance & Certifications

HIPAA, SOC2, HITRUST