



Health Strategy
Associates

The 2025 Survey of
Workers'
Compensation
Bill Review

Fall 2025

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Introduction

This is the fifth survey of workers' comp payers regarding bill review (BR) conducted by Health Strategy Associates, LLC. The survey focused on opinions, perceptions, and attitudes about BR in workers' comp, paying special attention to functionality, management approaches, vendors, pricing, trends, and opportunities for improvement.

Similar to our 2023 survey on BR, this survey incorporated the views of frontline staff. We have found there are often significant differences in opinions between executives and the people who do the work. These differences can be invaluable.

Both quantitative and qualitative measures were used in the survey, and the questionnaire was structured to “triangulate” on specific issues, to confirm opinions and perspectives, thereby providing readers with confidence in the survey's findings. The quantitative questions used a 1 – 5 rating scale, with 1 on the low end (e.g., worse, or less important) and 5 at the high end (best, or most important). The groupings from small, medium or mid-sized, and large organizations are based on self-reported monthly workers' compensation bill counts. The small group averages under 10,000 bills per month, the medium group between 10,001 and 40,000 bills per month, and the large group averages over 40,000 bills per month. Note – not all respondents answered all questions, thus response rates/numbers will not always correlate with the total number of payers.

This survey was conducted by Jay Stith, Managing Director of Health Strategy Associates, LLC, and data aggregation, analysis, and the final report was prepared by Jay and Joe Paduda, Principal of Health Strategy Associates.

We want to thank the 35 workers' comp executives and frontline staffers who took substantial time to carefully and thoughtfully respond to the survey. In many cases, executives had to track down data and identify other experts in their organization to participate. Their willingness is deeply appreciated. All responses are confidential, and care has been taken to “sanitize” responses to protect the anonymity of the respondents.



Executive Summary

In many ways, AI appears to be ushering in a new age for bill review. With the need for high-integrity data to build and train AI models, hopes for greater efficiency, and a desire to augment the frontline user's workload, AI is having a distinct impact on how executives and frontline workers are thinking about bill review.

Customer service has been and remains a critical component of an effective BR vendor, but now accuracy has crept close to or even drawn level with customer service in some respondents' minds. Customer service was noted as a point of differentiation among BR vendors; customer service scores showed a strong correlation with overall scores, and it was the most commonly cited aspect of BR that would force an organization to consider changing BR vendors. Meanwhile, accuracy was rated as the most important single metric for evaluating BR vendors and was cited by over 1/3 of respondents as an area that would prompt a payer to change BR vendors.

The correlation of great interest in AI with the significant increase in attention to accuracy is obvious.

Finally, two factors that appear to influence respondents' views include:

- whether an organization handles BR "in-house" or "outsources" bill processing and
- the size of the organization.

Top findings are as follows:

1. The BR industry received an overall rating of 3.16 overall. This is largely in line with our previous surveys and shows the BR industry as being viewed ever so slightly above average.
2. accūrō Solutions® earned the top score in the second survey in a row with 3.78. This is down from 2023 but still ahead of the pack. It is worth noting that accūrō's name recognition is still lacking, as fewer than 50% of the respondents knew them well enough to score.
3. Large respondents are the toughest critics of specific vendors. 10 out of 11 vendors received their lowest average score by the large respondent pool.
4. A majority of respondents see BR vendors as differentiated when asked conceptually, even though many vendors score similarly.
5. Customer service and technology are viewed as the differentiators in BR.
6. Customer service concerns and accuracy issues are the two things most likely to force a payer to change BR vendors. Note this is the first time accuracy has been identified as a change factor.
7. AI is unequivocally seen as the future of BR. 91% of respondents mentioned AI when asked what they saw in store for BR over the next few years.
8. Medical spend is considered more important than administrative fees.
9. Facility fees are believed to be the major cost driver today.
10. Tolerance for reconsiderations is MUCH higher than in 2023, with an average disruption point of 9.56%.



Background

BR is the process and function of repricing medical bills according to jurisdictional requirements and standards. This typically includes the application of rules specific to that jurisdiction, clinical edits, and utilization review (UR) recommendations as well as fee schedules and other cost-specific tools. BR does not occur in a vacuum, but also involves integration with intake and claims systems, networks, UR, case management, and other medical and claims processes and tools. Outside factors profoundly affect workers' compensation medical costs. These include overall medical trends, changes in reimbursement for governmental programs, practice patterns evolution, and the flow of technology and new medical techniques into the health care "system."



Respondents

Executive-level respondents located around the country and frontline staff who work closely with BR provided responses. Care was taken to ensure that the firms surveyed represented a broad cross-section of the industry, both geographically and in terms of the size and type of respondent organizations. Several organizations specifically asked not to be identified, but the respondent pool included:

- Acrisure
- AF Group
- Berkley Insurance Group
- California JPIA
- Cincinnati Insurance Company
- CostFirst Corp.
- Eastern Alliance Insurance Group
- EMC
- Gallagher Bassett
- LWCC
- Omaha National
- Paradigm
- SECURA
- Sentry Insurance
- Stephens Insurance
- Texas Mutual
- The Hanover Insurance Company
- Wyoming State Fund
- A large self-insured organization
- A mid-sized payer focused on the southeast

Frontline staff were not asked to and did not provide identifying information. In our experience, seeking demographic data greatly reduces the number of respondents and may well affect the veracity of those responses provided.

The Technical Stuff

Reconsiderations

The level at which recons become overly burdensome almost doubled this year from two years ago; on average respondents indicated a recon rate below 9.6% was acceptable to generate additional cost reductions.

Conceptually, respondents are open to additional reconsiderations in an effort to generate additional cost savings. That said, this does not come without reservations. As noted below, there is a clear disruption point at which the volume of recons becomes burdensome.

For respondents using external vendors to handle bill review, the average was 10.6%, 3 points higher than the 7.5% for internal respondents. This dynamic aligns with the 2023 survey, but both groups now have a noticeably higher threshold. In 2023, internal respondents had an average disruption point of just 4%, while external respondents averaged 6.5%.

From an organizational size perspective, medium and large respondents were grouped close together, while there was much more variation among small respondents. Small organizations had an average disruption point of 15%, mid-sized organizations had a disruption point of 6.92%, and large organizations averaged 8.2%.

At 15% this year, the disruption point for small respondents has more than doubled in just 2 years (from 7% in 2023). Large organizations aren't far behind, moving from 4% in 2023 to 8.2% now. Considering the large moves by both the small and large respondent pools, the mid-sized respondents' disruption point, moving up 15%, is mild. These results are also less linear than in 2023, when larger organizations averaged 4.8%, mid-sized organizations were a bit higher at 6.92%, and small organizations averaged 7%.

Must Haves in BR/Functions Tied to BR

Functions Tied to BR:

Bill negotiation, PPO networks, and bill audit are the functions most often mentioned as included in BR. Mailroom, UR, clinical review, and data analytics are used by more than 50% of respondents. Case management, first notice, nurse triage, data entry, and OON strategies all appear fewer than 25% of the time.

Bill negotiation, bill audit, and PPO networks are consistently used across respondents of all sizes, both internal and external respondents. Clinical review and utilization management are commonly used by small and mid-sized

respondents, but less so with large respondents. While not common per se, within the respondent pool larger respondents are almost the only ones employing OON strategies and nurse triage via bill review. Interestingly, we observe a direct relationship between bill count and mailroom and data analytics services.

Must Haves for BR:

The top tier of “must have” bill functions that respondents absolutely must have are:

- Complex bill handling/negotiation,
- network evaluation and selection,
- in-depth coding review, and
- claims system integration.

About half of respondents indicated a simple rules engine, document intake, and clinical review as “must have.”

Fewer respondents mentioned integration with UR, check cutting/payment, and customizable UR workflows; only 25-40% of respondents noted them as “must have.”

Complex bill handling/negotiation, network evaluation and selection, in-depth coding review, and integration with claims system are universally seen as “must have” functions by a vast majority of respondents, irrespective of the organization’s size.

Importance of BR Attributes

Respondents were asked to review a list of attributes associated with BR and grade them on a 1 – 5 scale (5 being best). Due to differences in how BR is handled externally or internally, there were different questions for payers based on their model.

It is important to note that some respondents have quite different, if not unique, needs and requirements related to BR functions, processes, and outputs. For example, single-state payers may handle state reporting themselves instead of delegating it to the BR vendor. Another example is that a payer may not be concerned with EDI connectivity if their claims system has these connections already built (and maintained on an ongoing basis).

BR entities should take this to heart and not assume payers have a standard set of needs. As always, payers must clearly (and often repeatedly) describe their needs, requirements, limits, and complicating factors to ensure their BR vendors thoroughly understand their customers’ needs and expectations. Moreover, these needs must be detailed, thorough, and comprehensively described. Equally important, BR providers must ask and payers must describe – also in detail – why specific data points, trends, reporting processes, and schedules are important and what they are used for. This will help the BR provider understand the “why” and not just the “what” and often leads to further discussion re better ways to get the payer needed information in the format needed at the time it is needed.



Among those who outsource bill review, data integrity, proper state reporting, and customer service rank as the top tier of most important attributes, while ability to customize networks, bill payment capabilities, payment integrity solutions, and ability to switch networks rank at the bottom. (Note attributes are ranked by 2025 score.)

Outsourced Bill Review Attribute Scores re Level of Importance			
Attribute	2023 Score	2025 Score	Change
Data Integrity	4.91	4.79	-.12
State Reporting	4.3	4.71	+.41
Customer Service	4.75	4.64	-.11
Ease of Working With	4.75	4.43	-.32
EDI Connectivity	4.57	4.23	-.34
Business Rules Engine	4.33	4.21	-.12
Bill Negotiation	4.0	3.93	-.07
Ease of Integration	4.14	3.71	-.43
Custom Reporting	4.0	3.71	-.29
Bill Payment	X	3.36	NA
Payment Integrity	X	3.23	NA
Ability to Switch Networks	4.3	3.21	-1.09

Data integrity remained the top attribute since 2023, despite dropping ever so slightly. State reporting leapt significantly from 6th in 2023 to 2nd in 2025, AND was the only attribute to show a positive change from 2023 to 2025 in terms of raw scoring. On the flip side, the ability to switch networks plummeted from tied with state reporting at 4.3 in 2023 to last place at 3.21 in 2025.

For in-house respondents, fee schedule updates stayed atop the pack, recording a perfect 5 again. State reporting also scored a perfect 5, up significantly from 2023, when it was 2nd to last, only scoring a 3.67. Frontline respondents reported a very middle-of-the-road opinion of how well BR vendors are managing fee schedules and their updates. The score was exactly 3 (average).

The ability to switch networks was noticeably more important to respondents handling BR in-house, as it scored a 4 among in-house respondents but just a 3.21 for outsourced respondents. This also marks a significant change from 2023, when ability to switch networks was last at 2.83.

Customer service experienced a considerable drop in importance, falling out of the top 3 for in-house respondents and recording the largest score-based drop of any attribute. Customer service also experienced a drop for outsourced vendors, from 2nd in 2023 to 3rd in 2025, but the score decrease was much milder at just -.11.



In-house Bill Review Attribute Scores re Level of Importance			
Attribute	2023 Score	2025 Score	Change
Fee Schedule Update	5.0	5.0	No Change
State Reporting	3.67	5.0	+1.33
System Update	4.71	4.5	-.21
Business Rules Engine	4.43	4.5	+.07
EDI Connectivity	4.4	4.33	-.07
Customer Service	4.86	4.17	-.69
Ease of Use	4.4	4.17	-.23
Ability to Switch Networks	2.83	4.0	+1.17
Ease of Integration	4.33	3.83	-.5
Payment Integrity	XX	3.83	NA
Customizability	3.75	3.5	-.25
Bill Payment	XX	3.33	NA

It is a good thing that customizability ranks so low in importance for respondents since frontline workers see it as the weakest part of the BR operation. When asked to evaluate their BR vendor overall, their technology, their customer service, their ability to update rules and fee schedules, and their ability to customize, the ability to customize came in last at 2.6 – or below average.

Metrics for Evaluation

Respondents note numerous metrics they use in order to evaluate their bill review vendor. The most common response was timeliness (95%), followed by accuracy (86%), then savings/reductions (76%). While certainly not a majority, a few respondents noted they are tracking the human review rate. This appeared in fewer than 1/4 of responses, but it is the first time we have seen it explicitly listed, and it is especially interesting given the continued rise of automation and introduction of AI.

These results hold true across all segments – internal, external, small, medium, and large organizations. This marks a bit of a difference from the 2023 survey, where the external and internal pools were similar but contained several differences, including:

- 2023 external cohort placed a larger emphasis on accuracy
- 2023 internal group placed greater emphasis on network penetration results



The Industry

In-house/Internal vs. Outsource/External

The rationale has evolved slightly over the years, but the net consensus from the field of respondents remains rock solid: with unlimited resources (IT, personnel, and time) it would be great to keep bill review in-house, but that just isn't reality. Back in 2012, the organization's size and company's focus were the main criteria for the decision. By 2018, this evolved slightly, to still include the size of the organization, but the level of control desired and the ability to have sufficient talent to truly handle bill review became the dominant measures. This held true in 2023, but with even greater emphasis on the need to have qualified personnel to handle bill review if it was to stay in-house.

In 2025, accuracy and integration have been added to the list of decision points. Control and personnel are still the main drivers of the decision; increasing concerns about accuracy and the desire for departments to be as integrated as soon as possible are impacting it. The size of the organization has decreased in importance since 2012, however. Larger respondents discussed their calculus in deciding between handling in-house or vending out, and they predominantly cited unit economics being in favor of vending it out.

Most organizations that decide to vend out BR are listing a lack of internal expertise first and foremost – specifically with regard to clinical depth, deep coding knowledge, and the need for that to be present in all jurisdictions in which they operate. Larger organizations simply cite the cost of the total package required to run a truly successful BR shop – even with their scalability, it just isn't a core competency, so they vend it out in many cases.

Differentiation/Commodity

There was a wide range of opinions on this question. 48% of respondents clearly saw differentiation between BR vendors and applications, with an additional 29% seeing certain aspects of BR vendors and applications as differentiated.

Within the pool of folks who see differentiation, the differentiation comes in a few forms and facets. There is structural differentiation – simply that there are national BR vendors and smaller vendors who might struggle to handle a full book of business that is spread out in dozens of jurisdictions.

Then there is facet-based differentiation. The two areas of focus in facet-based differentiation are customer service and technology.

- Customer service was broadly defined as BR vendors demonstrating flexibility in working with the client, being present and available to (correctly) answer inquiries, resolving issues expeditiously and generally being proactive in supporting clients.

- Technology focused on AI applications or at least a mindset toward building them out, the functionality of their interface, and the ability to leverage data.

Nearly a quarter of respondents saw BR vendors and applications exclusively as commodities. However, this group was rather monolithic in its thinking. This pool of respondents saw the “nuts and bolts” of BR as the same, with relatively simple cosmetic differences. A couple of the respondents specifically cited larger BR vendors as the epitome of a commodity – “the larger ones are just a commodity. The branding on their portal and reports is the only difference.”

No internal respondents explicitly called BR a commodity. A few saw small aspects of BR as commoditized, but that was the extent of it. Meanwhile, nearly 2/3 of external BR users saw it as differentiated, with 1/3 seeing it as a commodity. Interestingly, internal BR users saw software capabilities and the ability to leverage data as the differentiators, while external respondents saw customer service as far more of a differentiator. This is understandable as payers using external vendors for BR see far more transactions/processes/interfaces than do those payers simply using BR vendors for SaaS.

Only mid-sized respondents see BR as a commodity, while small and large-sized respondents see differentiation, albeit for different reasons. Large respondents see differentiation through technology, automation, and AI integrations, while smaller respondents see the differentiation through customer service-oriented facets.

Making a Change/RFP

At 43%, customer service failures are the most frequently cited reason for changing vendors. This includes responsiveness, collaboration, operational support, and perceived attentiveness. Right behind customer service, each receiving 38%, are quality/accuracy issues and outcomes deterioration – several of these respondents noted that any clinical or financial risk would trigger a serious evaluation of the vendor.

Other reasons receiving mentions from about a quarter of respondents were efficiency, workflow, strategic alignment, or technology deterioration and/or failures.

Two items that received very little attention are transparency and cost concerns. Each of these earned just one mention.

When responses are segmented by size, smaller organizations emphasize customer service and pure accuracy as the main triggers that would lead to a change in vendor. Mid-size organizations show the broadest range of concerns, including customer service, efficiency, and system performance concerns. Large

organizations are most sensitive to customer service issues, quality/accuracy failures, and system capability limitations.

Internal BR programs say they would change vendors primarily due to technology and system capability issues, with customer service playing a secondary role. External BR programs, by contrast, overwhelmingly cite customer service and outcome quality failures, along with partnership breakdowns and the availability of better options, as the main reasons they would consider switching. Again, the sheer volume of transactions handled externally is likely the key driver of this difference.

Once a switch in BR vendor has been determined, hands down the most commonly used and reviewed criterion for picking a new BR vendor is the sample bill review analysis. RFP responses, finalist presentations, and onsite meetings round out the commonly mentioned items.

Both external and internal BR programs use several criteria to evaluate BR vendor proposals, but the two groups weigh items differently. External bill review users are more likely to emphasize RFP responses and the sample bill review analysis. Meanwhile, internal bill review users certainly care about those items but also place weight on meetings and presentations in addition to the RFP and sample analysis.

Pricing Methodologies

Flat-rate-per-bill pricing remains the most popular pricing approach. The two central reasons for the preference are perceived transparency and budgetability; however these took a noticeable step back in popularity relative to 2023. This year, roughly 40% of respondents noted flat-rate-per-bill pricing, down from 65% in 2023. Almost 1/3 of respondents explained they utilize multiple pricing strategies depending on the type of claim, network status, jurisdiction, etc., and those strategies often included a flat rate for some, with a percent of savings component for other components. Commonly, the percent of savings was found when a bill needed negotiation.

Despite the continued preference for flat-rate-per-bill, several respondents remain fans of the percent of savings model. The chief reason is their enjoyment of the incentive alignment between the payer and the BR vendor. One respondent even called the pay-for-performance model “refreshing.”

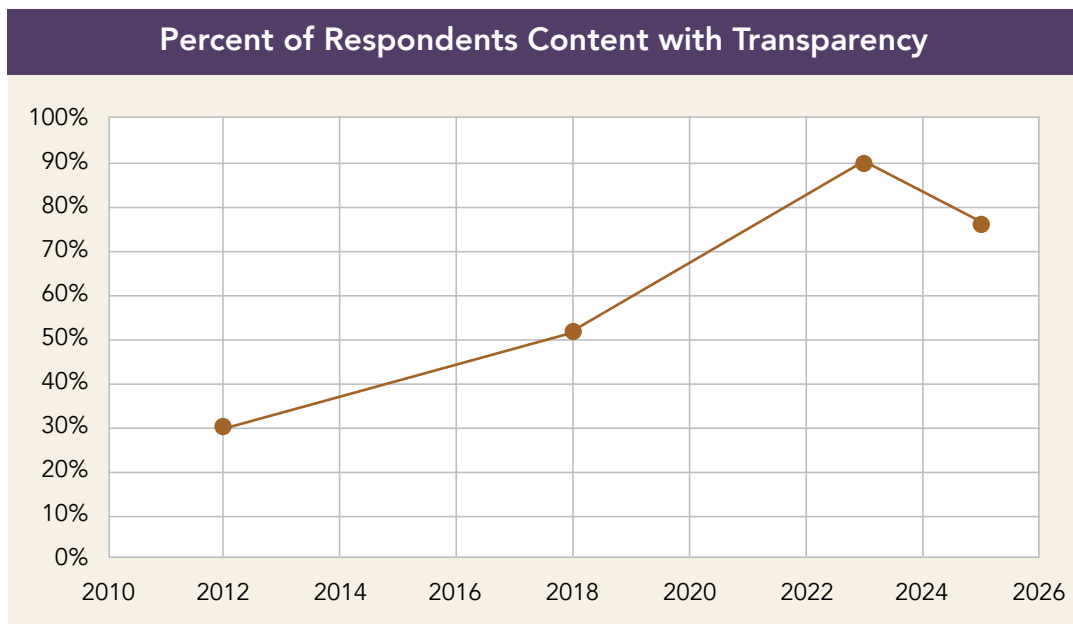
The only discernible difference between the external and internal respondents is in the use of multiple pricing structures. External respondents were about twice as likely to use multiple pricing methodologies than internal respondents. In a further bucking of the frustration observed in the 2023 survey, about half of the external respondents who used multiple pricing methodologies explicitly expressed appreciation to their BR vendor for allowing them to use multiple methodologies, despite the extra hassle it creates.



The size of the organization appeared to have little impact on pricing methodology preferences. In 2023, we observed that as the organization’s size increased, so did the preference for flat-rate-per-bill pricing. In 2025, the use of flat rate and multiple pricing strategies was evenly dispersed across the three groups.

Transparency

A strong 76% of respondents said they believed their savings and stewardship reports were transparent. This marks a bit of a pullback from 2023, when 90% of respondents believed their BR vendor’s reporting was transparent, but the 76% mark is much higher than the sub-50% in 2012 and 52% in 2018.



The skeptics about transparency were respondents who handled BR in-house and came from the smaller and medium-sized companies. This is largely in line with 2023, when smaller organizations accounted for a disproportionate share of those who did not believe they were receiving transparent reporting.

In the past we have speculated that there are two possibilities for the rise in transparency:

1. Either BR vendors were truly focused on transparency in an effort to forge a better relationship with their customers

OR

2. payers were adopting more sophisticated data management and analytics programs, enabling them to monitor and assess the results they were receiving from their BR vendor.

A majority of respondents reported conducting regular audits and implementing QA programs to monitor results. What the audits and QA programs looked like specifically varied from respondent to respondent, with some having humans review all bills in a selected period of time in full, reviewing all bills above a particular dollar threshold, 3rd party companies coming in to review, using automated scans of bill population to identify issues, and a few even mentioned real-time evaluations.

Roughly 35% of respondents were pleased with the results of their audit programs. In at least half of this population, the pleasure stems from the absence of issues.

Admin Expense vs. Medical Spend

Rather resoundingly, medical spend was cited as more important than administrative expenses. Few respondents said admin expenses were not important, and many respondents said they were only slightly favoring medical spend, but on balance, medical spend was seen as more important. Ultimately, medical spend was selected because it was viewed as a larger cost driver and had a greater influence on the total claim costs. Another reason why medical spend was chosen was due to a perceived control factor: Admin expenses are viewed as more controllable relative to medical spend, therefore less effort would be needed to corral them.

On the flip side, those who thought administrative expenses were more important noted that administrative waste can significantly “eat away at the value being delivered” and that administrative expense savings felt more immediate and tangible than medical savings.

Nearly 30% of respondents said that the two were equally important. The reason for this decision was the interrelation between the two: “part of the same cost structure”; “both are crucial for total cost efficiency.”

No internal BR users thought admin expense was outright more important than medical spend without qualification. Conversely, external BR users were more split – with only about 40% outright selecting medical spend, 40% finding both equally important, and 20% seeing admin expenses as more important.

The larger the organization, the less decisively medical spend is viewed as more important. Among small organizations, responses were split evenly between medical spend and equal importance; it is only in mid-size and large organizations where administrative expense hawks appear.

Effective Cost Savings Tools

Traditional savings avenues dominate the results: fee schedule determination (30%) and PPO (34%). Negotiation and payment integrity are viewed as essential second layers of bill review, with each receiving roughly 15%. While the question was constructed in a way to have respondents check the box of what was most important, numerous respondents expanded on their answer to stress the multi-layered and holistic approach to bill review to achieve optimal outcomes.

Significant differences of opinion exist between those who handle BR in-house vs. vend it out. Internal respondents are evenly split between fee schedule determination, clinical edits, and payment integrity as the single biggest cost saver, while PPO and negotiation dominate amongst external respondents. Fee schedule determination receives half as much support for external respondents, on a percent basis, than for internal respondents. PPO is tied for first with internal respondents and tied for last with external respondents.

PPO is polarizing when segmenting responses by size of the organization. Small respondents overwhelmingly cite PPO as the top cost-saving initiative, while PPO ties for last with mid-sized and large respondents, who both place the most importance on fee schedule determination.

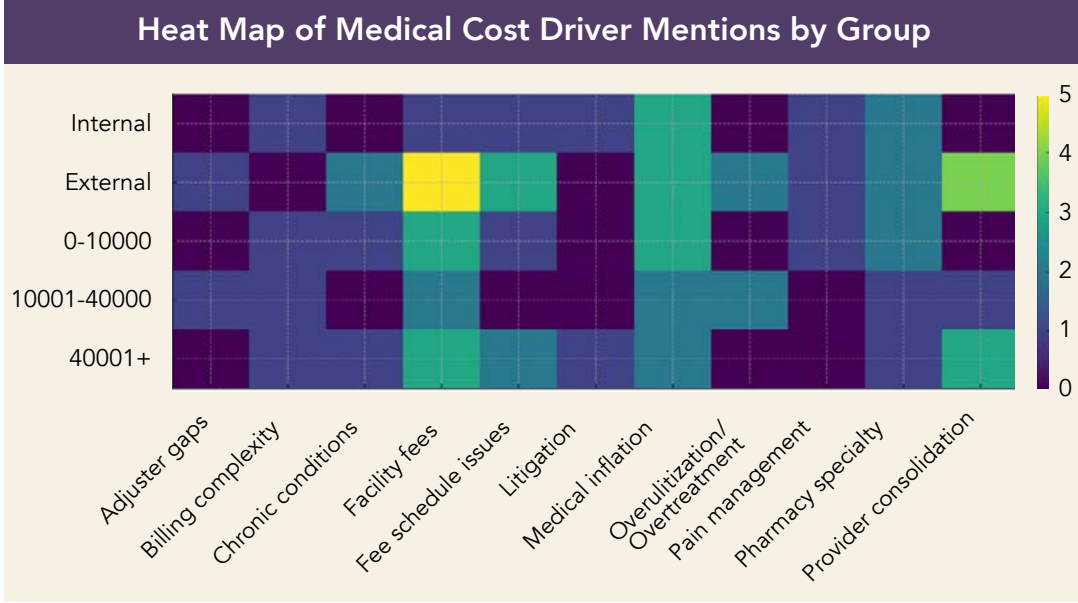
Cost Drivers

Facility costs/hospital fees lead the way with nearly 50% of respondents mentioning these as the largest cost drivers in workers' compensation today. Medical inflation and rising medical severity follow behind in second with 30% of respondents naming this. Other items receiving multiple mentions include:

- pharmacy (specifically specialty drugs)
- provider consolidation
- fee schedule issues (not addressing all facets or just outdated)
- overutilization/overtreatment
- aging workforce

External respondents are far more concerned about facility fees and consolidation. 80% of those naming facility fees as the cost driver they have their eye on are external BR users, and 95% of those citing consolidation are external users. Internal users are primarily focusing on medical inflation and pharmacy costs.

Among programs of various sizes, medical inflation is consistently mentioned along with pharmacy. They aren't the most frequently mentioned by any of the three groups, but they are toward the top across all three. Facility fees seem to be of greater concern for mid-sized and large organizations and overutilization is a chief issue for mid-sized respondents.



Unmet Opportunity

Unmet opportunities are rather spread out amongst the respondents. No single theme managed to receive more than 25%. Fraud, waste, and abuse detection, overall guidance/support, compliance/regulation improvement, AI integration, deeper clinical review, more integration, and faster updates were all mentioned.

From a higher-level perspective, about 60% of respondents talked about a granular unmet opportunity (something more technical in nature – e.g., deeper clinical review capabilities) while 40% of folks spoke about something more strategic in nature (e.g., consistency or guidance). This has remained relatively steady over the last few surveys.

The desire for more integration and automation was present in the 2023 survey. They were two of the top three areas respondents viewed as unmet (albeit on low volume).

Future of BR

Is AI.

91% of respondents talked about AI in some form – pattern recognition: macro data, code utilization, provider practices, etc., efficiency, reduced human touch on bills, near real-time auditing. Several interesting comments from respondents about AI and its general impact on the BR marketplace:

- “AI will help fight pressures from cost increases via efficiency and consolidation.”
- “Customers need to get educated on AI to be able to evaluate new tools as they are increasingly pushed.”



- “BR will evolve with AI from a transactional function to an outcome-based eco-system.”
- Among the 9% who didn’t mention AI, their answers revealed an interest in stronger fee schedules, greater data integration, new cost-containment strategies, and a return to focus on the injured worker.

AI

Note definitions of “AI” vary; the sophisticated reader may well scoff at respondents’ use of “AI” to summarize documents or perform data analysis. Be that as it may, we make no judgment as to whether or not AI can/will/should be performing a specific task, function, or process.

Respondents across all segments see a massive opportunity for AI in bill review. The primary benefits center on reduced administrative burden and increased efficiencies across the workflow.

Specific areas of note where respondents see particular value for AI are in increasing the accuracy of bill management – by having AI handle the bulk of summarization and data entry, the thought is that accuracy will increase noticeably. This is an interesting finding as the 2023 survey showed respondents were generally concerned about just how accurate AI and [then] current automation tools were at accurately capturing and placing information. In a similar vein, consistent decision-making was seen as a secondary benefit of AI on bill management.

Data analysis, predictive analytics, and trend analysis were popular choices by many. These respondents saw value in AI’s ability to call out “big picture items” and “IDing concerning themes” for human investigation.

From a granular perspective, AI could provide significant benefits in fraud, waste, and abuse detection, faster clinical reviews, network selection, and coding.

The vast majority of respondents’ organizations already use AI tools to handle a range of tasks. 73% of respondents said they were using AI in at least one way for BR. The most common current use is with document summarization and in their emails – roughly 1/3 of respondents. 20% of respondents said more sophisticated AI tools were deployed within the last 12 months, looking at things like network analysis, data analytics, and UR and PPO optimization. Two respondents even mentioned agentic tools currently in use.

Looking forward on AI, respondents see limited reasons why AI would not continue to be integrated across the workflow in BR. Folks seem eager to see advancements, particularly in the area of predictive analytics, accuracy, and the



freeing up of human talent to be able to focus on complex bills. There is a debate among the respondents about which end of the bill spectrum to deploy AI. 35% of respondents see significant benefit in using AI to handle simple bills and administrative processing tasks, allowing humans to tackle complex bills. On the flip side, roughly 20% of respondents would like to see AI handle complex and/or expensive bills to maximize outcomes.

Noteworthy quotes from respondents include:

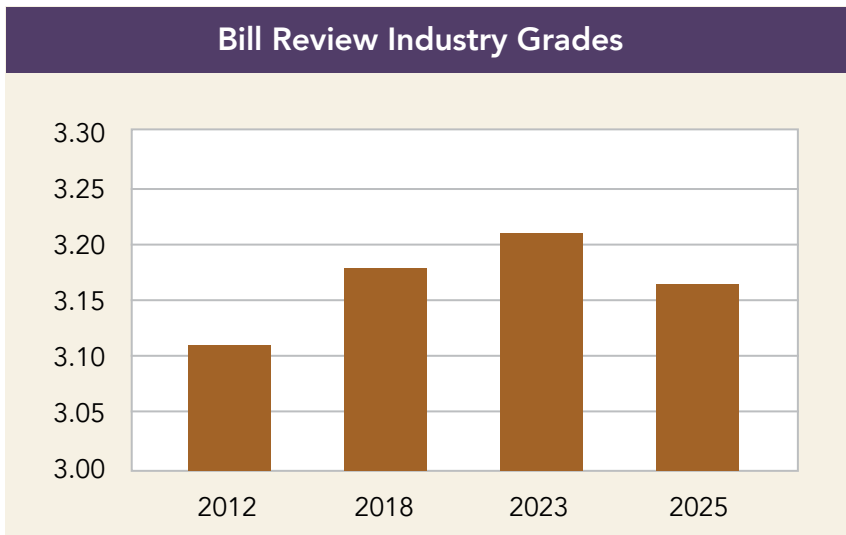
- “Only outliers will get human touch.”
- “80%+ of bills are going to be AI-only – no human touch at all. Never going to be 100% of bills, though... but many will try.”

Frontline respondents are definitely thinking about AI too. They are thinking particularly as it pertains to job security. A vast majority of respondents discussed how they wanted to see bills of all kinds, “all medical,” “All types: physician, hospital, pharmacy, ASC,” “all WC medical,” and how they are worried AI will negatively impact their ability to continue seeing all of them. A couple of respondents even explicitly opined on the fact that fewer bills receiving human touch means fewer frontline folks required.

Industry and Vendor Grades

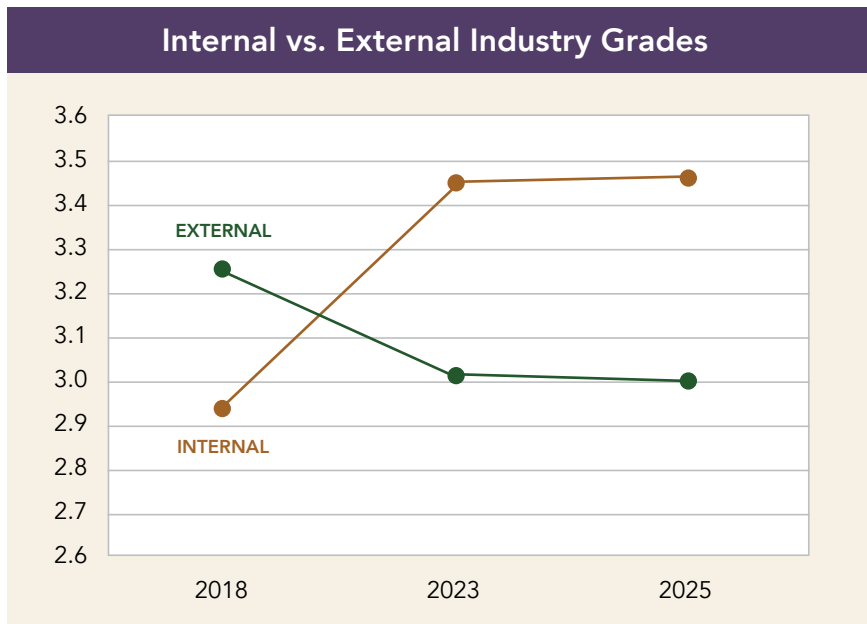
Overall Industry Grades

The industry grade is 3.16 – just marginally above mediocre. With 3 being the midpoint on the 1 to 5 scoring, the BR industry is marginally above average overall. This is slightly lower than 2023’s score of 3.21 but generally consistent with the industry scores we have seen since 2012.

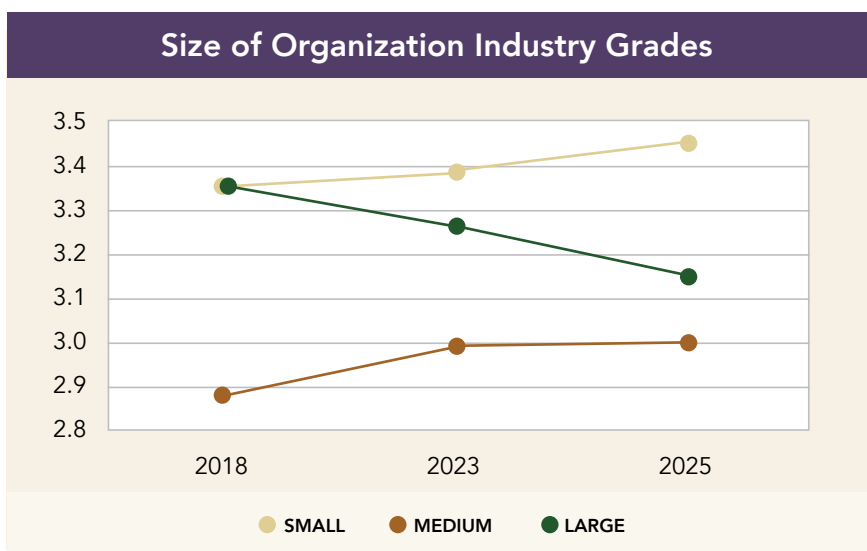




Respondents who handle BR in-house are happier with the BR industry than those who outsource it. The industry grade for in-house respondents is 3.47, vs. 3.02 for external respondents. These figures are essentially identical to what we observed in 2023, when in-house respondents scored the industry 3.46, while outsourced respondents scored it 3.08. It also reaffirms the flip we observed from 2018 to 2023. Prior to 2023, external respondents tended to score the industry higher than internal respondents.



The industry grades for small, medium, and large organizations are largely consistent with those in 2018 and 2023. Small organizations are the happiest in the industry at 3.45, mid-sized respondents remain the least content at 3.0 – exactly average, and large respondents are in the middle at 3.15.





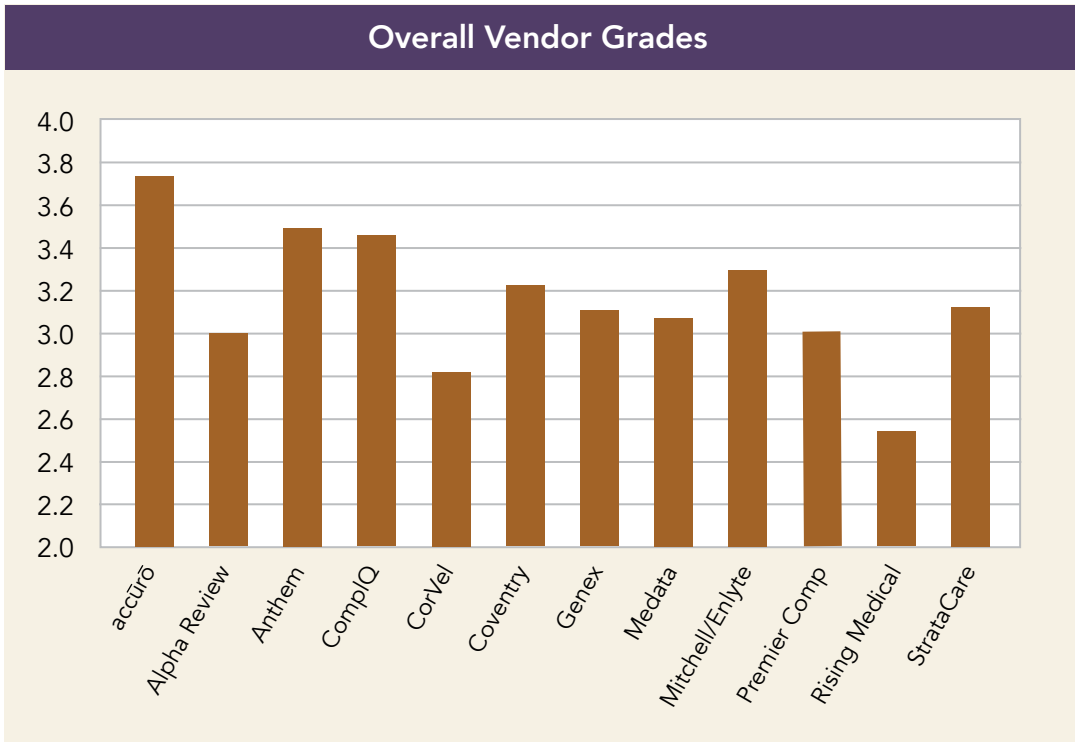
Interestingly, the trajectories for each of the three groups continued in 2025. Since 2018, the industry has been gaining support with smaller and mid-sized organizations (though mid-sized respondents are only now getting to the average mark after collectively viewing the industry as below average). Conversely, the industry has been losing favor with larger respondents – overall, they are still a bit above average but declining nonetheless.

Overall Grades by Vendor

We asked respondents for their views on vendors and are reporting the results using several methodologies.

For the graph below, we simply asked all respondents to grade all listed vendors; if a respondent did not have an opinion about a specific vendor that was not taken into account.

For the second survey in a row, accuro Solutions leads the way at 3.78 – down noticeably from the 4.5 they recorded in 2023 but still a strong score. In 2023, the 4.5 score was on rather light volume. This year, fewer than 50% of respondents knew enough to score them, but of the 43% who did, they tended to like what they knew.

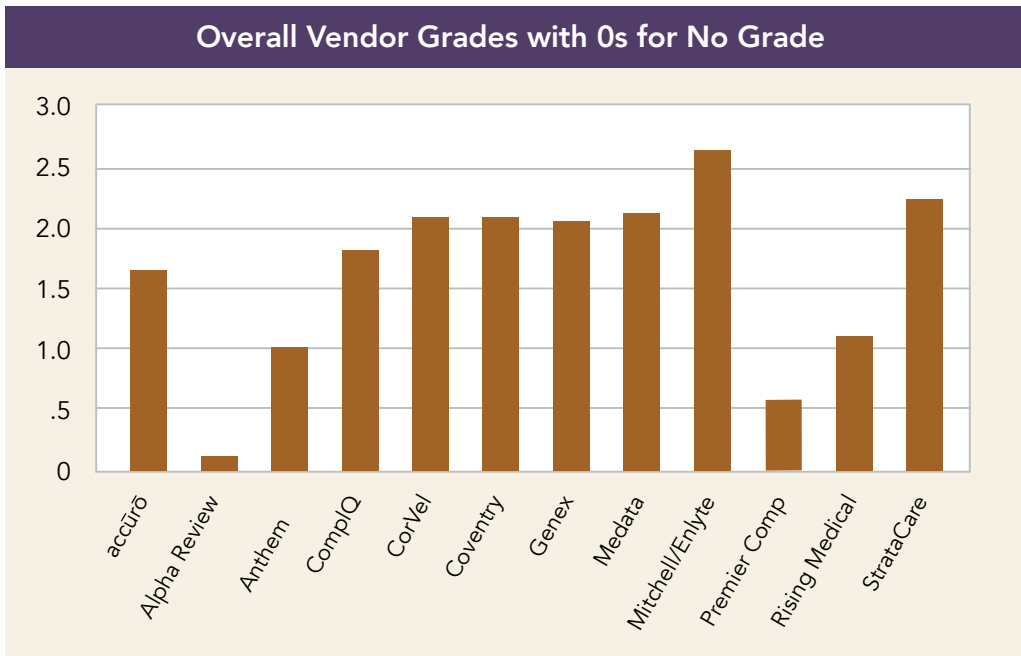


Of the more well-known vendors (vendors receiving grades from more than 50% of respondents), ComplIQ led the way with an average score of 3.45. Mitchell/Enlyte followed behind in second at 3.29.

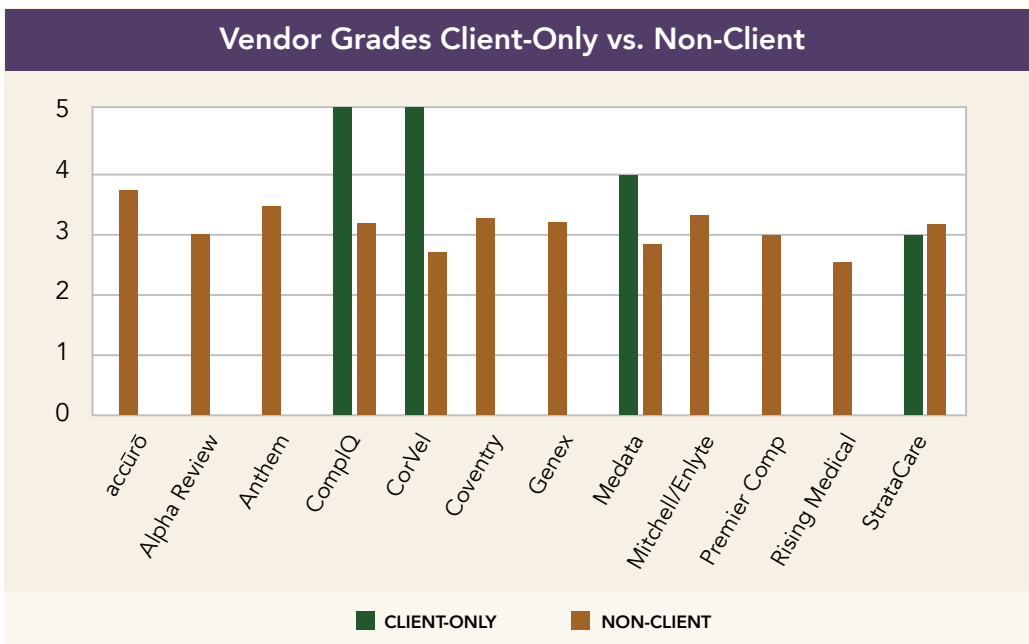


To factor in name recognition, we replaced all blanks with 0s and thus counted ignorance of a vendor or lack of a shared opinion as a “0.” Overall, minimal stratification emerged, with 7 of the 12 vendors in the survey tightly grouped in the 3 to 3.3 range. Of the five vendors not in that range, three were scored by fewer than 50% of respondents – increasing the volatility of their scores.

With that noticeable caveat, Mitchell/Enlyte rises to the top by a healthy margin, and vendors like StrataCare, Medata, and CorVel rise from the middle of the pack to the top 1/3.



Another factor to consider is client bias. Due to an element of randomness in the survey pool, some vendors have more clients than others. To handle this aspect, we break vendor scores out by client-only scores and non-client scores. An additional value here is giving the industry a look at how well current clients like a particular vendor, as well as the non-client perception of various vendors.

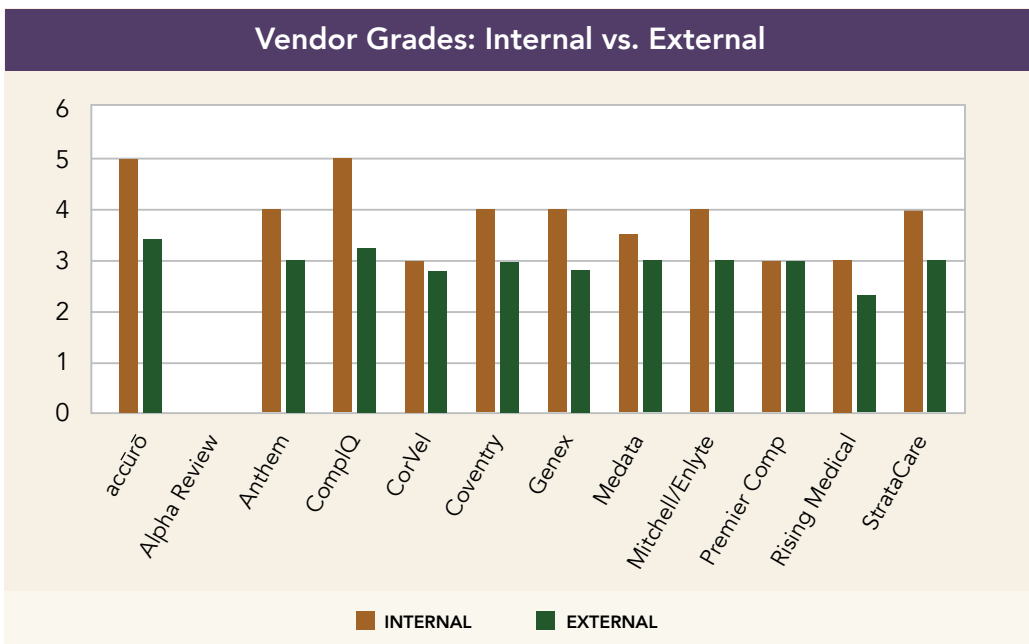


Only CorVel, ComplIQ, Medata, Mitchell/Enlyte, and StrataCare were represented in the respondent pool. Of those 5, CorVel’s single client rated it a 5 with Medata and ComplIQ tied for second with an average of 4. The overall average grade for all respondents’ current BR vendor was 3.89.

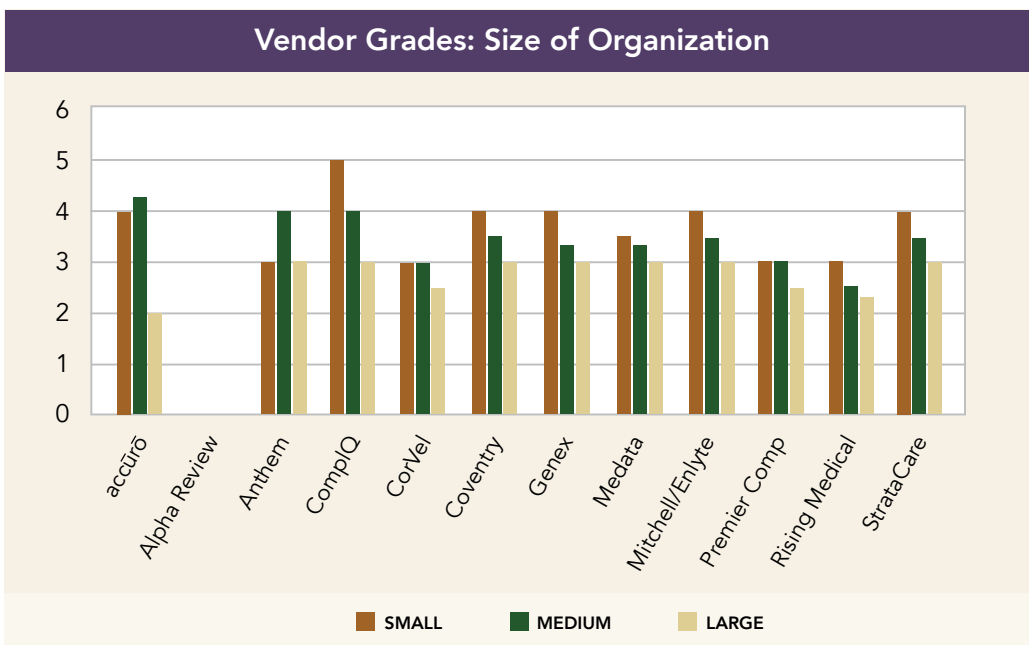
Frontline respondents were noticeably less enthusiastic about their BR vendors. The average grade for frontline respondents was just 3.5. It is possible that executives are looking at financial results, which are influencing their grade, but several frontline workers mentioned outcomes (both medical and financial) in their evaluations of and frustrations with their vendor.

Without clients included, accūro Solutions is on top with its same 3.78 average score, as it had zero clients in the respondent pool. Of vendors who had clients in the field, ComplIQ performed the best with non-clients at an average score of 3.14. CorVel experiences the biggest swing between client-only and non-client populations, going from a 5 with their client to just a 2.67 without their client included. The overall average of all respondents’ grades for non-client BR vendors was 3.04 – this is slightly lower than 2023 when it was 3.16.

Breaking vendor scores down between external respondents and internal respondents yielded interesting comparisons. Zero vendors had a higher average score with external respondents than internal respondents. accūro Solutions and ComplIQ scored 5s with internal respondents, while also having decent average scores with external respondents at 3.4 and 3.25, respectively. Both vendors also showed the largest splits between average internal and external grades.



Large respondents proved to be the toughest graders on average. 10 out of 11 vendors received their lowest average score by the large respondent pool. Furthermore, 8 out of 11 vendors showed “the larger the respondent, the lower the grade” as their best score came from small respondents and their worst came from large respondents.



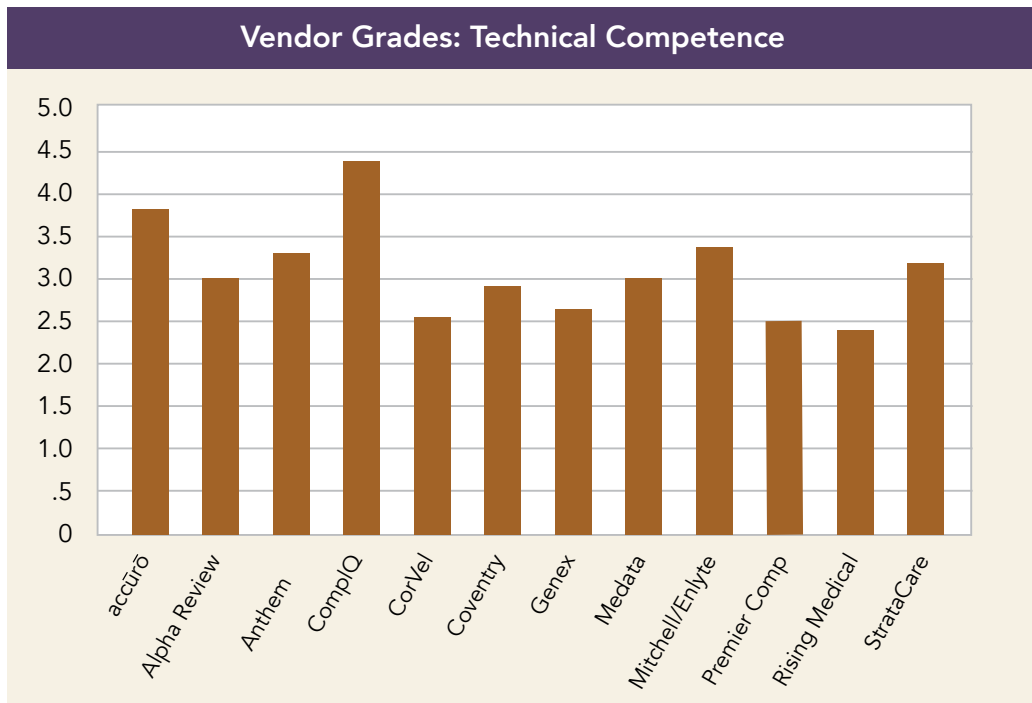
In 2023, just one vendor fit the “the larger the respondent, the lower the grade” trend (Rising Medical). Moreover, just under half of the vendors received their highest grade from large respondents. Traditionally, mid-sized respondents have



been the least happy with bill review vendors as a whole – and that is generically true in this survey as well. The thought was that they were lost in the standard packages BR vendors were offering to clients, and they were essentially forced to pick and choose between services not tailored to their business. On a vendor-specific basis, this appears to have changed, though.

Vendor Technical Competence

As an industry, the technical competence score was slightly above average at 3.1. ComplQ stands out as the clear leader at 4.43 – the only vendor to receive a grade higher than a 4. accūrō at 3.8 was the only other vendor above a 3.5. Conversely, CorVel, Coventry, Genex, Premier Comp, and Rising Medical were all seen as below average.



accūrō saw the largest split between internal and external respondents. accūrō averaged a 5 amongst internal respondents but just a 2.5 with external respondents. In the opposite direction, ComplQ averaged a 3.5 with internal respondents but a 5 with external respondents.

Sample sizes were pretty light for the size of the organization analysis for technical competence, but ComplQ scoring a 5 among small and large respondents was impressive, and Mitchell/Enlyte scoring a 4 on heavy volume with large respondents is equally noteworthy.

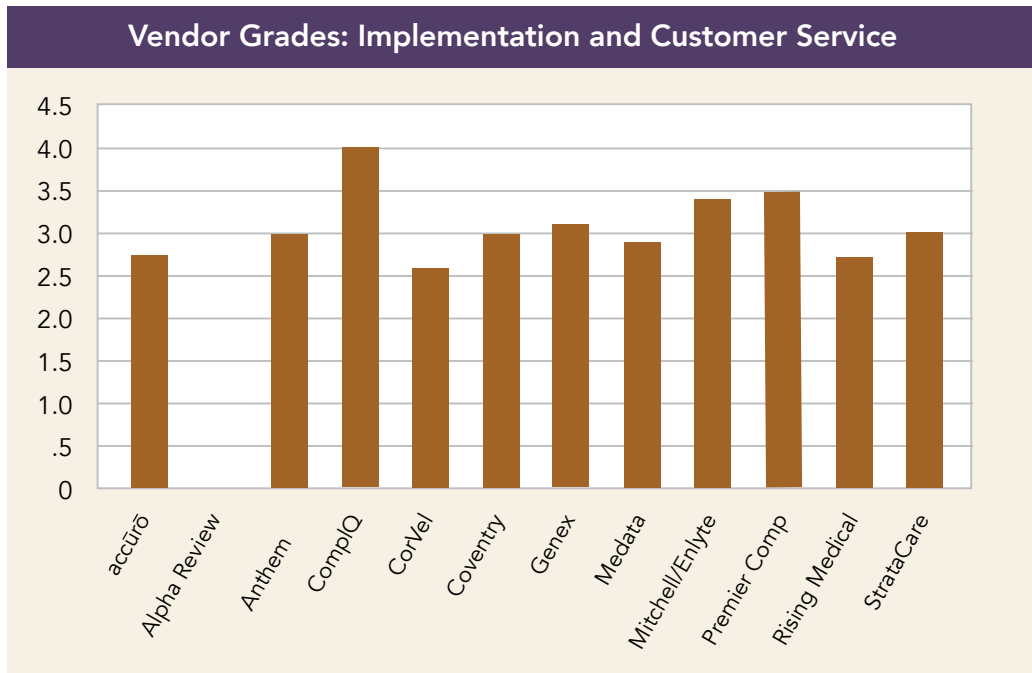
Frontline workers scored the BR vendor’s ability to update rules and fee schedules in a timely fashion a 3, while scoring their technology a 2.83. While there are



differences between technical competence and technology, several frontline respondents discussed the relationship between the two, stating that lagging technology negatively impacts their ability to manage technical aspects.

Vendor Implementation and Customer Service

At 3.07, industry implementation and customer service scores were the lowest of the three specific areas of operation we surveyed on – though, at just 3 basis points lower than technical competence, it is essentially even.



In a separate area of the survey, respondents are asked to score their current BR vendor’s customer service. The average score for this question was 3.67. We calculated the score in this section exclusively for the respondent’s vendor, and it came to 3.82 – rather close to the pure customer service score. This indicates the implementation either carried little or slightly positive weight in respondents’ perceptions of their vendor. Of course, some of the respondents have been with their vendors a long time, so implementation either might be a distant (or repressed) memory while customer service is more on the front of their minds.

In terms of specific vendors, ComplQ led the way with an average grade of 4; only three other vendors were above a 3 for this metric. CorVel scored the worst of any vendor at 2.6. About half of the vendors surveyed scored about a 3 +/- .1, so there are a lot of vendors all in the same ballpark perception-wise.

When accounting for variation between internal and external respondents, there is significant deadlock atop the internal rankings. accūro, Anthem, Mitchell/



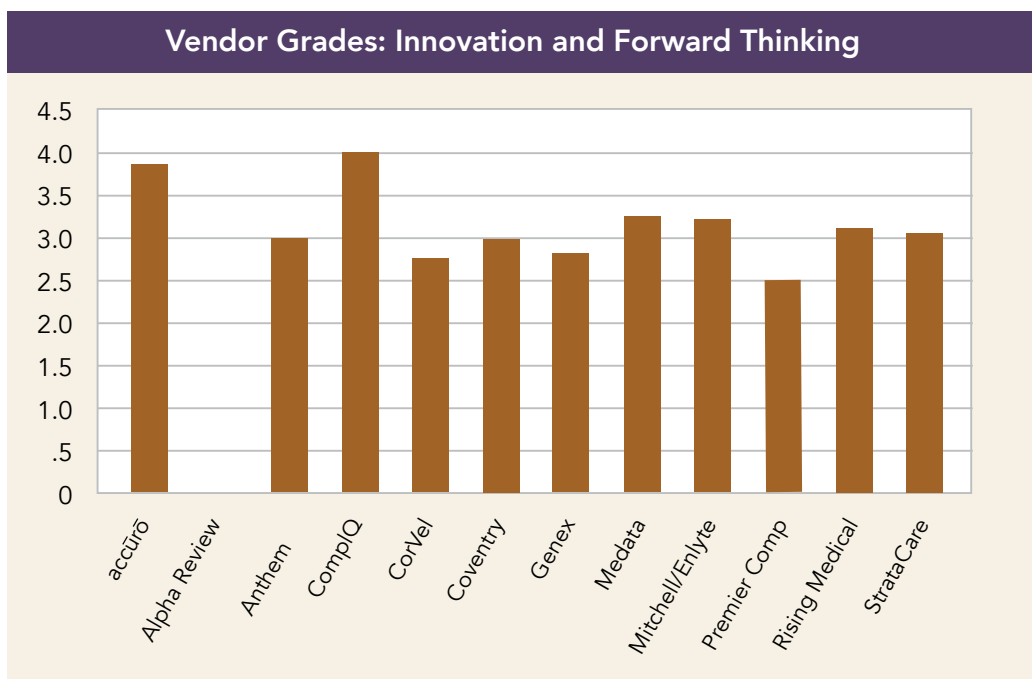
Enlyte, and StrataCare all scored a 4. On the external side, ComplIQ was a full 1.5 points above the second-highest scoring, a perfect 5, with Coventry coming in second at 3.5. Internal organizations tended to score BR vendors higher than the external organizations.

As it pertains to the size of the organization, StrataCare showed the widest range of results. They scored a perfect 5 among mid-sized respondents, a 3.5 with small respondents, but just a 2.4 with large respondents. From an overall perspective, small respondents showed the greatest levels of consistency in scoring vendors with ComplIQ at a 5, StrataCare at a 3.5, and the remaining 7 vendors all at a 3. Large respondents showed the largest swings as one vendor scored a 5 (ComplIQ) and multiple vendors recorded scores in the low 2s.

Frontline respondents saw their BR vendor's customer service as strong – in fact, it was the strongest area they scored at 3.67 (exactly the same as the executive respondents). That said, not all frontline respondents are content, as a few respondents cited specific examples where trust has been broken and/or their BR vendor was not acting like a good partner in helping them solve issues.

Vendor Innovation and Forward Thinking

From an industry-grade perspective, this aligns the closest to the overall industry grade at 3.17 (against 3.16 for the overall industry grade). This makes sense given the emphasis on AI as respondents think about the future of BR. We also saw the most volume (in terms of number of grades given) for this subcategory relative to the other two subcategories, signifying the most interest/attention paid to this area.





ComplIQ (4) and accūrō (3.86) lead the way, followed by Medata at 3.25. From an in-house vs. external point of view, the vendors were far more mixed as to which side viewed them more favorably. accūrō, Anthem, Coventry, and StrataCare all received 4s or higher from the in-house population, while ComplIQ was the only vendor to receive a score higher than a 4 from external respondents.

Rising Medical performed well in the small and mid-sized groups – scoring a 4 in both – but struggled among larger respondents, earning just a 2.5. The mid-sized respondent group was volatile, with nearly 80% of vendors either seeing their highest or lowest score coming from this group.

Customer Service

Pure customer service grades for a respondent’s current BR vendor were 3.67, while their overall grade for that vendor was 3.89. This lag in customer service grade denotes other areas of the operation pulling the overall opinion of the vendor up – possibly financial.

Frontline respondents were in lockstep with executive respondents as it pertained to their evaluation of the industry’s customer service. Frontline respondents scored customer service 3.67 as well and explained their views of high-quality customer service in similar veins as executives (responsive, proactive, and trustworthy). Given the importance of customer service in a positive vendor/payer relationship, it is great to see the frontline folks and executives sharing an analogous perspective.

The customer service score for frontline respondents was the highest of the subcategories. None of the other subcategories scored higher than a 3 on average, while customer service received a 3.67 or less than 5% off the overall score. With the overall frontline score at 3.5, much higher than the scores for technology, customization, or fee schedule updates, it appears customer service is highly impactful on the overall score and is pulling it up.

From an individual vendor level, it is no coincidence that the top three vendors who had clients in the respondent pool are the same and appear in the same order for overall score and customer service score.

Vendor	Overall Grade	Customer Service Score
CorVel ¹	5	5
ComplIQ	4	4.5
Medata	4	3.75
Mitchell/Enlyte	3.75	3.25
StrataCare	3.5	3.5

¹Only one score was recorded for CorVel’s overall and customer service score.

Customer service is consistently talked about by nearly all respondents as a critical component of a successful bill review/payer relationship. Underscoring the importance of customer service is the fact that it was scored above a 4 in the attribute importance section by both internal and external respondents for the third consecutive survey. In addition, respondents specifically mention customer service as a point of differentiation between BR vendors, frontline respondent's overall score for their BR vendor was closest to the customer service score, and it was the most frequently cited aspect that would cause a change in bill review vendor.

Conclusion

The survey makes clear that bill review is entering a new era. While overall industry performance remains consistent with prior years, the underlying dynamics are shifting across pricing methodologies, cost drivers, and technical items like recons. But the rise of AI, as nearly every respondent touched on, will have the largest impact on BR dynamics like workflows, headcounts, efficiencies, and perhaps overall market structure. Already, accuracy – long assumed but not prioritized – has emerged as an essential attribute of BR in order to properly train AI models.

Customer service, in the traditional sense, remains a crucial cog that proves to be a point of differentiation as well as a way to win or lose additional business. Looking ahead, customer service will have profound ramifications for the success of AI programs, as it is needed to assure payers of its readiness, quickly address questions, and be prepared to fix problems once in action.

Bill review is unmistakably modernizing, but it is the fundamental aspects of customer service and accuracy that will determine its ability to thrive.