

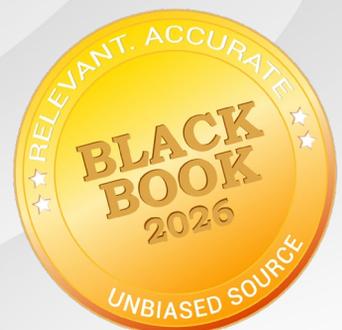
**Black Book**  
*Research Insights*

# MANAGED MEDICAL CODING SERVICES

## CODING OPERATIONS, COMPLIANCE, AND WORKFORCE OUTSOURCING

# 2026

Black Book Market Research LLC Insights  
MARCH 2026



## ABOUT THIS REPORT

Black Book™ conducts an annual evaluation of healthcare software and service providers across 18 key performance indicators (KPIs) of operational excellence, based entirely on verified end-user satisfaction data. The evaluation process is independent and designed to be free from vendor influence. Survey responses are validated and audited for completeness and respondent authenticity while maintaining the anonymity of participating organizations.

This 2026 Publication Edition refreshes the market context for managed medical coding outsourcing services, while preserving the most recent completed Black Book benchmark scoring dataset.

Reproduction of this publication in any form is strictly prohibited without prior written permission. The information herein is sourced from what is believed to be reliable sources; however, Black Book™ and its affiliates disclaim all warranties, express or implied, regarding the accuracy, completeness, or adequacy of the information provided. Users of this material are solely responsible for determining its suitability for their intended purpose.

For further details or to request customized research results, please contact the Client Resource Center at **+1 800 863 7590** or **Research@BlackBookMarketResearch.com**.

## TABLE OF CONTENTS

<b>SECTION 01</b>	<ul style="list-style-type: none"><li>• Executive Summary</li></ul>
<b>SECTION 02</b>	<ul style="list-style-type: none"><li>• 2026 market update</li></ul>
<b>SECTION 03</b>	<ul style="list-style-type: none"><li>• 2027 outlook: coding outsourcing growth, buyer demand, and vendor requirements</li></ul>
<b>SECTION 04</b>	<ul style="list-style-type: none"><li>• Methodology and scoring</li><li>• 2026 Benchmark results (Top 20)</li><li>• 2026 apples-to-apples competitor set (IKS Health direct coding peers)</li></ul>
<b>SECTION 05</b>	<ul style="list-style-type: none"><li>• Appendix A: KPI definitions (K1-K18)</li><li>• Appendix B: Full scorecard (Top 20)</li></ul>

# 01

## **EXECUTIVE SUMMARY**



# 02

## **2026 MARKET UPDATE**

The 2026 market environment for outsourced medical coding is characterized by sustained demand for certified coders, tighter client governance, and the need to absorb annual code set changes without disrupting production (Black Book Research).

## **CODING ACCURACY, AUDIT EXPOSURE, AND COMPLIANCE PRESSURE**

Buyers report heightened sensitivity to audit risk (internal, payer, and government) and expect vendors to demonstrate defensible coding workflows, documented QA methodologies, and repeatable corrective action plans (Black Book Research).

Leading providers increasingly require dual-layer QA (production checks plus independent audits) and evidence of coder credentialing, specialty competency, and ongoing education (Black Book Research).

## **DOCUMENTATION, CDI ALIGNMENT, AND SPECIALTY COMPLEXITY**

Documentation variability remains a primary driver of coding rework. Outsourcing engagements that integrate with CDI query workflows and support provider education reduce downstream friction and improve clinical validity alignment (Black Book Research).

Specialty lines (surgery, IR, cardiology, ED, anesthesia, and complex outpatient services) continue to be outsourced at higher rates due to expertise concentration and volatility in local staffing (Black Book Research).

Buyers are also expanding outsourced coding to risk-adjustment and quality programs where documentation precision directly influences performance and reimbursement (Black Book Research).

## **WORKFORCE SCARCITY, TURNAROUND TIME, AND DELIVERY RESILIENCE**

Turnaround time remains a top operational KPI. Organizations increasingly contract for flexible capacity (overflow and surge coverage) to stabilize daily production and avoid backlog accumulation (Black Book Research).

Delivery resilience expectations include standardized onboarding, cross-training plans, and business continuity procedures that preserve coding throughput during disruptions (Black Book Research).

Hybrid delivery models (onshore leadership with distributed production) persist, but buyers are demanding clearer governance, escalation paths, and security attestations for any remote/offshore components (Black Book Research).



# 03

## **2027 OUTLOOK: CODING OUTSOURCING GROWTH, BUYER DEMAND, AND VENDOR REQUIREMENTS**

As coder scarcity, specialty complexity, and audit scrutiny continue into 2026, Black Book Research observes that outsourced medical coding has expanded from “overflow coverage” to an enterprise governance function that supports throughput, compliance, and documentation alignment.

## GROWTH SIGNALS AND DEMAND DRIVERS

Black Book Research outlook: Growth is being driven by persistent staffing shortages, annual code set change burden, increasing need for defensible QA, and executive mandates to stabilize coding turnaround time while reducing DNFB volatility and rework.

- Black Book Research projects that provider spending on outsourced medical coding services (production coding, specialty teams, QA auditing, and coding governance reporting) will rise through 2027, with the strongest growth among multi-site physician groups.
- Across Black Book Research buyer interviews and survey work, the most common investment triggers are: (1) inability to recruit/retain credentialed coders, (2) specialty growth outpacing internal capacity, (3) backlog accumulation and missed TAT targets, and (4) audit findings requiring stronger QA controls.
- Black Book Research also observes a shift toward outcomes-oriented contracts that define QA sampling, accuracy thresholds, TAT SLAs, and documented continuous improvement deliverables.

Black Book Research directional benchmarks (planning ranges): surveyed buyers most frequently target  $\geq 95\%$  audited accuracy in production coding programs, with higher thresholds for high-risk specialties and regulatory audit readiness.

- Black Book Research notes that outsourcing volume is concentrated in high-variability specialties (ED, surgery, IR, cardiology, anesthesia) and in multi-site physician groups standardizing coding across locations.
- Black Book Research estimates that rework driven by documentation gaps and inconsistent guideline interpretation remains a top non-clinical cost driver, reinforcing demand for QA and CDI-aligned coding governance.
- Black Book Research finds that the addressable market is widening as buyers bundle production coding with QA audits, education, and reporting governance under a single managed services partner.

Taken together, these factors are widening the addressable market for outsourced coding models that combine credentialed workforce depth, standardized QA, and integration-ready workflows (Black Book Research).

## CLIENT TYPES ADOPTING OUTSOURCED MEDICAL CODING SERVICES

Adoption is highest among multi-site physician groups and MSOs seeking standardized coding quality across locations, followed by hospitals outsourcing specialty and overflow volumes (Black Book Research).

Black Book Research expects demand to grow through 2027 as organizations expand specialty lines, absorb annual code and guideline updates, and formalize QA governance to reduce audit exposure while sustaining turnaround time targets.

- **2026:** 35%–55% of surveyed providers expect to increase spend on outsourced/managed coding services
- **2027:** 40%–60% expect continued increases driven by specialty growth and staffing constraints.

## TYPICAL BUYERS OF OUTSOURCED MEDICAL CODING SERVICES

Typical buyers include multi-specialty groups (20–300+ providers), hospital HIM departments managing DNFB risk, and ancillary networks consolidating coding standards across sites (Black Book Research).

## PARTICIPANT AND RESPONDENT PROFILE TABLE (BLACK BOOK RESEARCH SURVEY FIELDWORK: SEPT 2025–FEB 2026)

Buyer segment	Organization type	Typical size	Primary use cases	Respondent role(s)	Region	Respondent count (n)
Physician practices & groups	Physician services	10–500+ providers	Production coding; specialty coding overflow; QA audits; documentation support	Practice Administrator; Coding Manager; Physician Coding Operations Director	National	1,120
Hospitals & health systems	Hospital / IDN	1–15+ hospitals	Inpatient/ED/surgery coding overflow; backlog remediation; DNFB reduction; QA audits	HIM Director; Coding Manager; Revenue Integrity Lead	National	640
Ancillary & outpatient networks	ASC / imaging / lab / therapy	Multi-site	Outpatient professional/technical coding; multi-location standardization; QA/education	Ops Director; HIM Lead; Outpatient Coding Supervisor	National	290
Specialty MSOs & managed groups	MSO / ACO / CIN	Multi-practice	Standardized coding governance; specialty expertise; cross-site QA reporting	COO; Central Coding Director; Compliance lead	National	210
Payer-adjacent / delegated entities	IPAs / delegated risk orgs	Regional	Risk adjustment coding support; chart review workflows; compliance validation	Medical Director; Risk Ops lead; Coding QA manager	National	140

- Large health systems and academic medical centers: specialty and inpatient overflow coding, DNFB stabilization, and independent QA auditing for audit defensibility.
- Community hospitals and rural providers: outsourcing to offset staffing gaps, preserve coding turnaround time, and standardize coding quality controls.
- Multi-specialty and large physician groups: centralized production coding and QA to reduce variability across sites and specialties.
- High-complexity specialties (e.g., surgery, cardiology, orthopedics, oncology): access to specialized coders and rapid escalation for complex procedural cases.
- Ancillary and outpatient networks: standardization of professional/technical coding workflows and consistent guideline interpretation across locations.

Financial and HIM leaders remain focused on sustaining audited accuracy while reducing backlog and rework. Black Book Research notes that procurement teams increasingly require evidence of QA rigor, credential verification, and transparent governance reporting.

## WHAT CLIENTS WILL DEMAND FROM VENDORS IN 2027

Buyer requirements are shifting from basic labor augmentation to measurable operational assurance. The following demands are increasingly common in 2027 procurement cycles (Black Book Research):

- Credentialed workforce depth by specialty: named pools, cross-coverage, and documented competency validation.
- QA governance with defensible sampling: independent auditing, calibration discipline, and corrective action reporting.
- Turnaround time SLAs with surge coverage: elasticity during peaks without quality degradation.
- Workflow and system integration: secure access models, encoder/EHR queue alignment, and clear exception handling.
- Security and privacy posture: HIPAA-aligned controls, access logging, and subcontractor governance.
- Commercial clarity: transparent pricing tied to scope, accuracy, QA requirements, and change-control discipline.

## TRENDS TO WATCH THROUGH 2027

- CAC-assisted workflows with strict oversight: broader adoption of computer-assisted coding to accelerate throughput while preserving audit defensibility.
- Specialty center-of-excellence models: vendors differentiating via high-complexity specialty pods and measurable QA outcomes.
- Governance standardization: expanded use of unified KPI packs (accuracy, TAT, backlog aging, QA findings) across multi-site organizations.
- Delivery resiliency: redundancy planning, cross-training, and tested business continuity procedures as contractual requirements.

Black Book believes that 2027 RFPs will most frequently specify audited accuracy thresholds, defined QA sampling, specialty coverage requirements, and turnaround-time SLAs segmented by work type (inpatient, outpatient, professional, ED, surgery).



# 04

## **METHODOLOGY AND SCORING**

## BENCHMARK DATA SOURCE

Black Book's Annual Managed Medical Coding Outsourcing User Survey received 1,342 total survey submissions in Q3 2025-Q1 2026 for the managed medical coding outsourcing market segment. After validation and eligibility screening, 1,037 responses met inclusion criteria and were used in the benchmark scoring dataset. Vendors are evaluated across 18 KPIs on a 0–10 satisfaction scale, and composite scores represent the equal-weight mean performance across KPIs (K1–K18).

## 2026 SURVEY RESPONDENT ROLES

Respondent role	Total submissions
Practice Administrator / Operations Director (Physician Practice/Group) – Oversees coding operations and outsourcing performance	222
Coding Manager/Supervisor (Physician Practice/Group) – Manages professional fee coding workflow, edits, and rework	208
HIM Director (Hospital/Health System) – Oversees coding governance, documentation integrity, and vendor oversight	199
Coding Operations Director (Hospital/Health System) – Manages staffing model, productivity standards, and outsourcing mix	221
CDI Director/Manager – Coordinates clinical documentation integrity initiatives with coding teams	56
Coding Quality & Audit Manager – Leads QA sampling, audits, education, and corrective action plans	44
Compliance Officer (HIM/Coding) – Oversees regulatory compliance, coding guidelines adherence, and privacy governance	29
Revenue Integrity / Charge Capture Manager (Coding/Audit Focus) – Ensures accurate code assignment and documentation support	57
Ambulatory/Outpatient Coding Supervisor – Manages clinic/outpatient coding workflows and specialty routing	80
Specialty Coding Lead (Surgery/Anesthesia/Radiology) – Oversees complex specialty coding and training	34
Ancillary Services Coding Lead (Lab/Imaging/DME/ASC) – Oversees ancillary coding and vendor interfaces	25
Vendor Management / Outsourcing Program Manager – Manages contracts, SLAs, KPIs, and escalation paths	19
Other: HIM/coding leadership, consultants, or managed services evaluators	68
<b>TOTAL</b>	<b>1,262</b>

## RAW SCORE SCALE (BLACK BOOK RESEARCH)

Scores are reported on a 0–10 scale (0 = deal-breaking dissatisfaction; 10 = exceeds all expectations).

## 2026 BENCHMARK RESULTS (TOP 20)

The table below summarizes the composite benchmark rankings based on 18 KPI mean scores from the 2026 Black Book Research survey dataset focused on outsourced medical coding services.

Rank	Vendor	Composite (Mean)
1	IKS Health	9.43
2	TruBridge	9.10
3	CorroHealth	8.92
4	Datavant (formerly Ciox Health)	8.79
5	Optum (Optum360)	8.78
6	FinThrive	8.47
7	LexiCode	8.45
8	Guidehouse	8.41
9	Aviacode (A GeBBS Company)	8.21
10	Omega Healthcare	8.21
11	AMN Healthcare	8.08
12	AGS Health	7.98
13	UASI	7.65
14	Cognizant	7.44
15	GeBBS Healthcare Solutions	7.41
16	Savista	7.41
17	Access Healthcare	7.30
18	Infinx	7.11
19	The Coding Network	6.74
20	MedKoder	6.48

See Appendix B for the full KPI-by-KPI scorecard for each benchmarked vendor.

## 2026 COMPETITOR SET

For readers specifically evaluating outsourced medical coding service partners, Black Book Research identified a normalized subset of vendors that healthcare organizations most commonly include for medical coding outsourcing, specialty coding, QA auditing, coder staffing augmentation, and coding governance reporting engagements. Black Book Research independently determines all benchmark participants, scoring methodology, and analytical groupings. Vendors do not select peer groups.

# 05

## **APPENDICES**

## APPENDIX A: KPI DEFINITIONS (K1-K18)

The 18 KPIs below are qualitative measures of client experience and operational excellence. In addition to understanding the definitions, clients can use the evaluation guidance to translate each KPI into diligence questions, evidence requests, and ongoing governance scorecards.

Practical recommendation: define a baseline for each KPI-aligned outcome metric prior to go-live (e.g., audited accuracy rate, rework rate, turnaround time by work type, backlog age distribution, and QA finding recurrence), then require monthly reporting and quarterly business reviews (QBRs) that reconcile vendor-reported impact to the client's system-of-record (Black Book Research).

### K1 CODING ACCURACY AND AUDIT DEFENSIBILITY

Measures accuracy, code assignment consistency, and defensibility under internal, payer, and government audit scenarios.

- **Metrics to track:** Accuracy rate from independent audits, error severity mix, rework rate, and variance by specialty/site.
- **How to evaluate:** Require dual-layer QA (production + independent audit) and validate sampling methodology and corrective action plans.
- **Evidence to request:** Audit tools, sample audit reports, coder feedback loops, and documented remediation/training outcomes.
- **Contract checkpoints:** QA cadence, sampling rates, audit independence, and defined error taxonomy with escalation thresholds.
- **Red flags:** High productivity assertions with limited QA proof, or refusal to share audit methodology.

### K2 CODE SET CHANGE MANAGEMENT (ICD-10-CM/PCS, CPT/HCPCS)

Assesses responsiveness to annual and interim coding guideline updates and the vendor's ability to operationalize changes without throughput degradation.

- **Metrics to track:** Time-to-train after updates, post-update error spikes, and guideline adherence findings.
- **How to evaluate:** Review change control, education plans, and specialty-specific update rollouts.
- **Evidence to request:** Training calendars, competency testing results, and update governance documentation.
- **Contract checkpoints:** Update SLAs, training requirements, and documentation of guideline interpretation sources.
- **Red flags:** Generic training without specialty nuance; inconsistent guideline interpretation.

### K3 SPECIALTY DEPTH AND COMPLEX PROCEDURAL CODING CAPABILITY

Measures capacity and competency in high-complexity specialties and procedures where local staffing is often scarce.

- **Metrics to track:** Specialty coverage breadth, complex-case accuracy, and escalation turnaround.
- **How to evaluate:** Request specialty rosters, credential mix, and sample case studies by service line.
- **Evidence to request:** Coder profiles, specialty certifications, and specialty QA results.
- **Contract checkpoints:** Named specialty coverage, escalation pathways, and cross-coverage requirements.
- **Red flags:** Overreliance on generalists or high turnover in specialty teams.

### K4 TURNAROUND TIME AND BACKLOG REMEDIATION PERFORMANCE

Evaluates ability to meet TAT SLAs, absorb surges, and execute backlog remediation without quality degradation.

- **Metrics to track:** Median/95th percentile TAT, backlog age distribution, and DNFB impact (where applicable).
- **How to evaluate:** Pilot surge scenarios and confirm capacity elasticity and cross-training plans.
- **Evidence to request:** Staffing models, queue management logic, and historical performance during peaks.
- **Contract checkpoints:** TAT SLAs by work type, surge pricing rules, and backlog remediation playbooks.
- **Red flags:** SLA performance without transparency into staffing/capacity drivers.

### K5 CDI ALIGNMENT AND QUERY WORKFLOW SUPPORT

Measures operational alignment with CDI programs, query management, and documentation improvement enablement.

- **Metrics to track:** Query rate, query response cycle time, and downstream rework reduction.
- **How to evaluate:** Review query templates, escalation rules, and provider education touchpoints.
- **Evidence to request:** Query governance samples and documentation education materials.
- **Contract checkpoints:** Roles/responsibilities for query creation, routing, and follow-up reporting.
- **Red flags:** High query volumes without documentation education or measurable rework reduction.

## K6 CODING COMPLIANCE PROGRAM MATURITY

Assesses compliance controls including guideline adherence, medical necessity awareness, NCCI/edit knowledge, and internal policy discipline.

- **Metrics to track:** Compliance audit findings, recurrence rates, and timeliness of corrective actions.
- **How to evaluate:** Assess compliance governance structure and independence of auditing.
- **Evidence to request:** Compliance policies, audit schedules, and corrective action documentation.
- **Contract checkpoints:** Compliance reporting requirements and escalation for material findings.
- **Red flags:** Compliance treated as a one-time project rather than ongoing governance.

## K7 QUALITY ASSURANCE RIGOR AND CONTINUOUS IMPROVEMENT

Measures depth of QA methodology, sampling design, inter-rater reliability, and continuous improvement processes.

- **Metrics to track:** QA sampling coverage, inter-auditor agreement, and trend reduction of top error categories.
- **How to evaluate:** Validate statistical sampling approach and independence of QA.
- **Evidence to request:** QA manuals, calibration meeting notes, and CI dashboards.
- **Contract checkpoints:** Defined QA governance, calibration cadence, and CI deliverables.
- **Red flags:** QA limited to spot checks; no calibration process.

## K8 WORKFORCE CREDENTIALING, TRAINING, AND RETENTION

Evaluates coder credential mix, training discipline, and retention/continuity of assigned teams.

- **Metrics to track:** Credential distribution, training hours per coder, attrition, and ramp time for replacements.
- **How to evaluate:** Require credential verification and ongoing CEU tracking.
- **Evidence to request:** Credential validation process, training curriculum, and retention metrics.
- **Contract checkpoints:** Minimum credential standards and replacement SLAs.
- **Red flags:** Unstable staffing with frequent coder swaps and limited documentation transfer.

## K9 WORKFLOW FIT AND INTEGRATION WITH CLIENT SYSTEMS

Assesses integration with EHRs/encoders, work queues, and client-specific workflow requirements.

- **Metrics to track:** Queue latency, handoff defects, and exception handling turnaround.
- **How to evaluate:** Validate interfaces, security model, and workflow mapping during onboarding.
- **Evidence to request:** Integration architecture, SOPs, and examples of exception resolution.
- **Contract checkpoints:** Integration responsibilities, change management, and downtime procedures.
- **Red flags:** Manual workarounds as the default; limited interface support.

## K10 PRODUCTIVITY MANAGEMENT AND CAPACITY ELASTICITY

Measures ability to scale volumes up/down while maintaining quality and predictable governance.

- **Metrics to track:** Volume elasticity, productivity variance, and QA stability during surges.
- **How to evaluate:** Review staffing pools, cross-training depth, and scheduling controls.
- **Evidence to request:** Capacity models and surge coverage history.
- **Contract checkpoints:** Elasticity terms, surge SLAs, and pricing guardrails.
- **Red flags:** Productivity gains tied to reduced QA.

## K11 CLIENT SUPPORT, ONBOARDING, AND CHANGE MANAGEMENT

Evaluates implementation discipline, training, communication cadence, and operational responsiveness.

- **Metrics to track:** Time-to-steady-state, ticket response time, and onboarding defect rates.
- **How to evaluate:** Review implementation plans and governance cadence.
- **Evidence to request:** Project plans, training artifacts, and sample governance decks.
- **Contract checkpoints:** Onboarding milestones and escalation pathways.
- **Red flags:** Limited documentation, unclear ownership, or weak escalation discipline.

## K12 REPORTING TRANSPARENCY AND KPI GOVERNANCE

Measures clarity and usefulness of operational reporting, QA transparency, and governance readiness.

- **Metrics to track:** Reporting timeliness, KPI completeness, and actionability of insights.
- **How to evaluate:** Require standard reporting templates and defined KPI glossary.
- **Evidence to request:** Sample monthly governance packs and QA dashboards.
- **Contract checkpoints:** Reporting cadence and required KPIs.
- **Red flags:** Vanity metrics without root-cause analysis.

## K13 CYBERSECURITY, HIPAA, AND PHI PROTECTION

Assesses safeguards for PHI, access controls, logging, and security compliance discipline.

- **Metrics to track:** Security incidents, access review cadence, and audit results.
- **How to evaluate:** Validate security attestations, policies, and technical controls.
- **Evidence to request:** SOC reports/attestations (as available), security policies, and incident response procedures.
- **Contract checkpoints:** Security requirements, breach notification terms, and subcontractor controls.
- **Red flags:** Weak access governance or unclear subcontractor handling.

## K14 REGULATORY COMPLIANCE AGILITY AND AUDIT READINESS

Measures readiness for audits and ability to adapt to regulatory and guideline changes affecting coding operations.

- **Metrics to track:** Audit response time, documentation completeness, and remediation timelines.
- **How to evaluate:** Review audit response playbooks and evidence retention practices.
- **Evidence to request:** Audit support process and sample evidence packages.
- **Contract checkpoints:** Audit support SLAs and responsibilities.
- **Red flags:** No standardized audit response process.

## K15 DELIVERY MODEL GOVERNANCE AND BUSINESS CONTINUITY

Evaluates clarity of onshore/offshore governance (if applicable), redundancy, and continuity planning.

- **Metrics to track:** Continuity test outcomes and disruption recovery times.
- **How to evaluate:** Review BCP/DR documentation and cross-coverage design.
- **Evidence to request:** Continuity test reports and staffing redundancy plans.
- **Contract checkpoints:** Minimum redundancy and disaster recovery expectations.
- **Red flags:** Single points of failure in staffing or access.

## K16 VALUE, PRICING TRANSPARENCY, AND CONTRACT FLEXIBILITY

Assesses whether pricing aligns to scope, quality expectations, and provides flexibility as volumes shift.

- **Metrics to track:** Change order frequency, scope clarity issues, and cost predictability.
- **How to evaluate:** Compare pricing models (per record, per hour, per FTE) against governance obligations.
- **Evidence to request:** Rate cards and scope-to-pricing mapping examples.
- **Contract checkpoints:** Pricing guardrails and scope definitions.
- **Red flags:** Hidden fees tied to routine governance.

## K17 CLIENT SATISFACTION AND PARTNERSHIP SUSTAINABILITY

Measures relationship health, responsiveness, and likelihood of long-term fit.

- **Metrics to track:** Satisfaction surveys, renewal rates, and escalation frequency.
- **How to evaluate:** Speak with references matched by segment and specialty.
- **Evidence to request:** Reference list and retention indicators.
- **Contract checkpoints:** Governance cadence and joint continuous improvement commitments.
- **Red flags:** High churn or inconsistent account leadership.

## K18 INNOVATION AND RESPONSIBLE AUTOMATION IN CODING OPERATIONS

Assesses use of automation (e.g., CAC/NLP assist, workflow automation) to improve throughput while preserving accuracy and compliance.

- **Metrics to track:** Automation impact on TAT without accuracy degradation.
- **How to evaluate:** Require proof of validation, monitoring, and human oversight.
- **Evidence to request:** Validation approaches and monitoring dashboards.
- **Contract checkpoints:** Change control for automation and quality safeguards.
- **Red flags:** “Black box” automation without auditability or oversight.

## APPENDIX B: FULL SCORECARD (TOP 20)

The tables below present KPI scores by vendor. Composite is the equal-weight average of the 18 KPIs (K1–K18) and corresponds to the benchmark “Mean” score.

**Table B1. KPI Scores (K1 to K9) – Top 20**

Vendor	K1	K2	K3	K4	K5	K6	K7	K8	K9
IKS Health	9.18	9.75	9.88	9.06	9.64	9.30	9.71	9.35	9.17
TruBridge	8.79	9.19	8.85	8.85	9.50	8.99	9.59	9.02	8.88
CorroHealth	9.52	8.81	8.96	9.72	8.98	9.35	8.78	8.81	9.71
Datavant (formerly Ciox Health)	8.76	8.67	8.47	8.94	9.70	8.12	9.00	8.19	8.80
Optum (Optum360)	9.11	8.91	9.49	9.12	8.41	8.38	9.46	9.00	8.58
FinThrive	8.92	9.74	8.67	8.44	8.59	8.87	9.11	8.89	9.02
LexiCode	8.16	8.79	8.08	7.93	8.74	7.76	8.84	8.99	8.84
Guidehouse	8.96	7.99	9.49	8.06	7.96	8.19	7.92	8.50	7.78
Aviocode (A GeBBS Company)	9.09	7.72	8.40	8.31	8.71	8.72	7.82	7.96	8.33
Omega Healthcare	9.31	8.05	8.05	8.30	8.09	8.72	7.94	8.33	7.27
AMN Healthcare	7.89	8.42	6.53	8.09	8.48	7.34	8.59	7.94	8.28
AGS Health	7.98	7.13	9.04	7.95	9.17	8.23	7.15	8.00	8.14
UASI	7.24	7.53	7.77	7.61	7.52	7.48	7.79	8.44	7.76
Cognizant	5.42	8.09	7.52	7.13	7.77	7.49	7.10	7.57	7.65
GeBBS Healthcare Solutions	6.42	6.87	7.22	8.11	9.24	8.06	6.17	8.35	8.56
Savista	5.67	8.10	7.78	8.44	7.19	7.94	7.56	7.70	7.74
Access Healthcare	7.63	7.80	7.37	7.62	7.82	6.81	7.42	7.52	7.09
Infinx	7.58	7.17	7.31	7.22	7.59	7.32	7.30	7.36	6.74
The Coding Network	6.67	5.82	7.01	7.44	6.56	6.63	5.77	7.17	6.37
MedKoder	7.21	6.70	6.67	5.88	6.27	6.00	6.58	7.07	6.50

**Table B2. KPI Scores (K10 to K18) and Composite – Top 20**

Vendor	K10	K11	K12	K13	K14	K15	K16	K17	K18	Composite (avg.)
IKS Health	9.29	9.65	9.81	9.03	8.99	9.55	9.21	9.42	9.77	9.43
TruBridge	8.97	9.50	8.98	9.48	8.83	8.77	9.26	8.95	9.44	9.10
CorroHealth	8.48	8.34	8.90	8.32	9.27	8.16	8.61	9.22	8.60	8.92
Datavant (formerly Ciox Health)	9.09	8.52	9.67	8.89	8.18	9.00	8.94	8.05	9.25	8.79
Optum (Optum360)	9.39	8.17	8.25	8.40	9.16	9.02	8.55	8.67	8.05	8.78
FinThrive	8.36	7.94	7.98	7.99	8.32	7.77	7.81	8.18	7.90	8.47
LexiCode	8.64	8.63	8.78	8.53	8.09	8.31	8.53	8.10	8.38	8.45
Guidehouse	8.52	8.50	8.30	8.97	8.19	8.54	8.11	8.71	8.70	8.41
Aviacode (A GeBBS Company)	8.87	7.81	8.24	8.11	8.28	7.59	8.42	6.64	8.82	8.21
Omega Healthcare	8.00	8.94	8.87	7.01	8.36	6.97	9.07	8.75	7.76	8.21
AMN Healthcare	8.52	8.31	8.00	8.03	7.57	7.82	8.28	8.70	8.71	8.08
AGS Health	7.42	7.44	7.25	8.20	8.27	7.74	8.61	9.08	6.87	7.98
UASI	7.72	7.51	7.74	7.62	7.94	7.53	7.52	7.72	7.26	7.65
Cognizant	7.58	7.95	7.35	7.82	7.84	7.13	7.34	7.49	7.67	7.44
GeBBS Healthcare Solutions	7.00	6.29	5.57	7.20	8.77	6.88	6.54	8.72	7.44	7.41
Savista	7.84	5.99	7.66	7.87	8.34	8.00	5.79	7.78	5.90	7.41
Access Healthcare	7.05	7.55	7.76	5.66	7.88	7.51	7.12	6.35	7.46	7.30
Infinx	7.42	5.90	7.14	7.08	6.53	7.58	5.99	7.16	7.53	7.11
The Coding Network	6.83	7.22	6.72	6.35	6.87	6.69	6.87	7.25	7.07	6.74
MedKoder	6.03	6.41	6.73	6.55	5.47	7.02	7.01	5.68	6.82	6.48

**Black Book Tiering Table (from Appendix B composites)**

Black Book tier	Composite band	Vendors (rank • composite)
Leaders	≥ 9.28	<ul style="list-style-type: none"> <li>1 IKS Health • 9.43</li> </ul>
Strong	8.30–9.27	<ul style="list-style-type: none"> <li>2 TruBridge • 9.10;</li> <li>3 CorroHealth • 8.92;</li> <li>4 Datavant (formerly Ciox Health) • 8.79;</li> <li>5 Optum (Optum360) • 8.78;</li> <li>6 FinThrive • 8.47;</li> <li>7 LexiCode • 8.45;</li> <li>8 Guidehouse • 8.41</li> </ul>
Needs Improvement	7.30–8.29	<ul style="list-style-type: none"> <li>9 Aviacode (A GeBBS Company) • 8.21;</li> <li>10 Omega Healthcare • 8.21;</li> <li>11 AMN Healthcare • 8.08;</li> <li>12 AGS Health • 7.98;</li> <li>13 UASI • 7.65;</li> <li>14 Cognizant • 7.44;</li> <li>15 GeBBS Healthcare Solutions • 7.41;</li> <li>16 Savista • 7.41;</li> <li>17 Access Healthcare • 7.30</li> </ul>
At Risk	< 7.30	<ul style="list-style-type: none"> <li>18 Infinx • 7.11;</li> <li>19 The Coding Network • 6.74;</li> <li>20 MedKoder • 6.48</li> </ul>

**Table B2. KPI Top Award Summary (K1–K18 winners)**

KPI	KPI title	Top rated vendor	Top score
K1	Coding accuracy and audit defensibility	CorroHealth	9.52
K2	Code set change management (ICD-10-CM/PCS, CPT/HCPCS)	IKS Health	9.75
K3	Specialty depth and complex procedural coding capability	IKS Health	9.88
K4	Turnaround time and backlog remediation performance	CorroHealth	9.72
K5	CDI alignment and query workflow support	Datavant	9.70
K6	Coding compliance program maturity	CorroHealth	9.35
K7	Quality assurance rigor and continuous improvement	IKS Health	9.71
K8	Workforce credentialing, training, and retention	IKS Health	9.35
K9	Workflow fit and integration with client systems	CorroHealth	9.71
K10	Productivity management and capacity elasticity	Optum	9.39
K11	Client support, onboarding, and change management	IKS Health	9.65
K12	Reporting transparency and KPI governance	IKS Health	9.81
K13	Cybersecurity, HIPAA, and PHI protection	TruBridge	9.48
K14	Regulatory compliance agility and audit readiness	CorroHealth	9.27
K15	Delivery model governance and business continuity	IKS Health	9.55
K16	Value, pricing transparency, and contract flexibility	TruBridge	9.26
K17	Client satisfaction and partnership sustainability	IKS Health	9.42
K18	Innovation and responsible automation in coding operations	IKS Health	9.77

## KPI WINS COUNT

- IKS Health = 9 (K2, K3, K7, K8, K11, K12, K15, K17, K18);
- CorroHealth = 5 (K1, K4, K6, K9, K14);
- TruBridge = 2 (K13, K16);
- Datavant (formerly Ciox Health) = 1 (K5);
- Optum (Optum360) = 1 (K10).

## ABOUT BLACK BOOK

Black Book Research LLC is an independent healthcare technology and services research firm that publishes qualitative market intelligence based on verified end-user experience. Black Book benchmarking is designed to support vendor selection, contracting, and ongoing performance management by providing KPI-level satisfaction scoring that reflects real-world client outcomes.

## INDEPENDENCE AND VENDOR NEUTRALITY

Black Book surveys and publications are designed to be free from vendor influence. Black Book's published methodology describes audited data follow-ups processes that validate respondent authenticity while maintaining participating organizations' anonymity.

- No financial ties to vendors covered: Black Book states that it does not hold fiscal interest in surveyed vendors and does not solicit vendor participation, review, or inclusion fees for rankings.
- Client voice-driven evaluation: Black Book reports are grounded in verified client ballots across 18 performance areas of operational excellence.

## RESEARCH METHODOLOGY AND DATA INTEGRITY

Black Book collects client ballots by vendor and function, then audits and segments the results by factors such as client size, geography, and category. The published methodology emphasizes multi-review audit practices and minimum sample-size thresholds for ranked categories.

- 18 KPI scoring framework: Clients score vendors across 18 qualitative KPIs of operational excellence using a 1-10 satisfaction scale.
- Audit and validation: The methodology describes internal and external review steps to verify completeness, accuracy, and validity of responses while preserving client anonymity.
- Statistical confidence safeguards: Black Book publishes minimum unique-client thresholds for ranked categories (e.g., minimum unique-client ballots for top rankings; broader categories requiring larger samples).
- Longitudinal dataset: Black Book reports that more than 2.9 million healthcare IT users have participated in annual satisfaction polls over time.

## HOW TO USE THIS BENCHMARKING IN PROCUREMENT AND VENDOR GOVERNANCE

Black Book qualitative KPIs are most effective when used as a structured companion to your organization's quantitative coding operations metrics (e.g., audited accuracy, turnaround time, backlog aging, productivity, rework, and query cycle time), enabling governance teams to connect experience scores to operational performance (Black Book Research).

- RFP scoring: map KPIs to your evaluation committee (finance, compliance, IT security, HIM/coding, patient access) and require evidence for each KPI during demonstrations.
- Contracting: translate the KPIs into service-level reporting requirements (monthly scorecards, root-cause analytics, change-control SLAs, and downtime/BCP testing).
- Operating governance: use KPI-aligned quarterly business reviews (QBRs) to track trend improvements and enforce corrective action plans when performance regresses.

*For customized market intelligence, segmented benchmark cuts, or permission requests for reproduction,*

**Contact Black Book Research LLC via the Client Resource Center at**

+1 800 863 7590 OR [research@blackbookmarketresearch.com](mailto:research@blackbookmarketresearch.com)