



New Waystar and Modern Healthcare Research Reveals Significant Gaps in Providers' Ability to Prevent Payer Recoupments

Study finds 42% of hospitals and health systems face at least \$1 million in annual recoupment requests, as new research highlights growing demand for AI-powered automation

LEHI, Utah and LOUISVILLE, Ky., October 22, 2026 — Waystar (Nasdaq: WAY), a provider of leading healthcare payment software, and Modern Healthcare today announced new research showing that payer recoupments create significant financial exposure, drain staff capacity, and make it harder for healthcare organizations to protect revenue after payment.

The findings underscore a critical challenge for healthcare providers: financial risk does not end when a claim is paid. With payer recoupments growing twice as fast as overall claim volume¹, healthcare organizations face increasing pressure to protect reimbursement, improve financial predictability, and reduce administrative burden.

The study, *Recoupments: Gaining Visibility into Post-Payment Risk and Recovery*, surveyed healthcare executives across hospitals, health systems, physician groups, ambulatory organizations, and post-acute providers.

Key findings include:

- 42% of hospitals and health systems report at least \$1 million in annual recoupment requests, including 10% reporting \$25 million or more.
- 83% of healthcare organizations lack full visibility into the root causes of individual recoupments, while 90% lack full visibility into whether they could have been prevented.
- 74% report that post-payment adjustments affect cash flow forecasting, underscoring the challenge of maintaining financial predictability.
- 64% identify eligibility and coordination-of-benefits issues as leading recoupment drivers, while 57% cite coding and billing errors, highlighting opportunities to address risk earlier in the revenue cycle.

¹ Source: Waystar data, 2026

“Healthcare providers have made progress in automating how they get paid, but protecting that revenue after payment remains a critical challenge,” said Matt Hawkins, Chief Executive Officer of Waystar. “These findings highlight why the next evolution of revenue cycle management must connect intelligence across the entire payment lifecycle. With AI-powered automation, providers can stop reacting to recoupments and start identifying risk earlier, reducing manual work and preventing avoidable financial losses.”

Growing interest in AI and automation signals opportunity for broader adoption

While one-third (33%) of respondents currently use AI or automation in some capacity, another 43% are actively evaluating solutions. Healthcare leaders reported better visibility into payer rules (46%), automated end-to-end recoupment tracking (44%), and predictive AI to identify recoupments before they occur (36%) among the capabilities that would most improve recoupment management.

Waystar is advancing this shift through its AI-powered platform, which connects payment data, payer intelligence, and automated workflows across the revenue cycle. Waystar Recoupment Manager helps providers automate matching and reconciliation, gain greater visibility into post-payment activity, and identify recurring issues that can inform upstream prevention.

For example, using Waystar Recoupment Manager, Respiratory Technologies, a Waystar client, achieved an 86.5% recoupment match rate, reduced time spent per provider-level balance adjustment by 80%, and decreased complex adjustments by 10%.

Download the full report, [*Recoupments: Gaining Visibility into Post-Payment Risk and Recovery*](#), to explore the findings and strategies for improving post-payment visibility, recovery, and prevention.

About Waystar

Waystar’s mission-critical software is purpose-built to simplify healthcare payments so providers can prioritize patient care and optimize their financial performance. Waystar serves over 30,000 clients, representing over 1 million distinct providers, including 16 of 20 institutions on the U.S. News Best Hospitals list. Waystar’s enterprise-grade platform annually processes over 7.5 billion healthcare payment transactions, including over \$2.4 trillion in annual gross claims and spanning approximately 60% of U.S. patients and one in three U.S. hospital discharges. Waystar strives to transform healthcare payments so providers can focus on what matters most: their patients and communities. Discover the way forward at waystar.com.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding the expected capabilities, benefits, and performance of Waystar's Recoupment Manager solution. Forward-looking statements may be identified by words such as "anticipate," "believe," "expect," "may," "plan," "will," "designed to," and the negative version of these words, or similar terms and phrases that are intended to identify forward-looking statements. These statements are based on current expectations and are subject to risks, uncertainties, assumptions, or changes in circumstances that are difficult to predict or quantify. These risks include, but are not limited to, variability in client adoption and results; uncertainty in market size estimates derived from internal analysis and third-party data; variability in AI-driven claims matching accuracy across payers; changes in payer recoupment and appeals processes; competitive pressures; and other risks described in Waystar's Annual Report on Form 10-K for the year ended December 31, 2025 and subsequent SEC filings. Actual results may differ materially. Except as required by law, Waystar undertakes no obligation to update forward-looking statements.

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