Waystar Launches New Agentic Solutions Transforming AI Into Action Across the Revenue Cycle

Waystar AltitudeAI™ innovations autonomously execute work, connect intelligence to action, and realize significant outcomes for providers

LEHI, Utah and LOUISVILLE, Ky., August 26, 2026 — Waystar (Nasdaq: WAY), a provider of leading healthcare payment software, today unveiled new Waystar AltitudeAI-powered agentic capabilities that autonomously take action across critical revenue cycle workflows, advancing the company's vision for an autonomous revenue cycle.

Built on Waystar's end-to-end platform, payer connectivity, and proprietary data spanning more than 7.5 billion transactions and approximately 60% of U.S. patients, these innovations advance Waystar's ability to drive AI from insight to execution.

"Agentic intelligence is a critical layer for the autonomous revenue cycle," said Matt Hawkins, Chief Executive Officer of Waystar. "By combining AI with the breadth of our data, payer intelligence, and connected workflows, Waystar increasingly identifies what needs attention and deploys specialized agents to pursue resolution. As the system of action for healthcare revenue cycle, we are helping providers reduce administrative work, accelerate financial outcomes, and fundamentally change how they operate."

The latest Waystar AltitudeAI innovations include:

Autonomous claim resolution

Denied claims are one of the most challenging, and growing, obstacles for healthcare organizations. While payers ultimately pay approximately 70% of initially denied claims, this often occurs only after providers invest additional time and resources in rework.

Waystar is introducing the industry's first autonomous claim resubmission capability to move eligible rejected and denied claims toward resolution with minimal human intervention. Waystar agents interpret payer responses, apply payer-specific intelligence, determine the appropriate next action, and automatically resubmit eligible claims. By reducing delays and manual rework between payer response and resubmission, Waystar can help providers accelerate reimbursement and improve accounts receivable performance.

Conversational revenue cycle intelligence

Healthcare organizations generate vast amounts of operational and financial data but identifying the root cause of performance issues can still require significant manual analysis. Waystar is embedding conversational AI into its next-generation analytics capabilities, allowing users to ask questions in natural language and rapidly identify trends, root causes, and financial impact without manually analyzing complex datasets.

Early adopters have reported up to a 75% reduction in time spent on data analysis[1], enabling teams to move more quickly from insight to action and focus resources where they can have the greatest financial impact.

Agentic clinical documentation

Building on agentic clinical capabilities introduced earlier this year, Waystar is expanding AltitudeAI across clinical documentation workflows.

Waystar agents can now in seconds analyze approximately 30,000 data points within the medical record, synthesize relevant clinical information, make high-confidence recommendations, and organize supporting evidence for specialist review. Waystar expects the agentic capability to reduce review time by approximately 25%, helping clinical documentation teams work more efficiently while supporting greater accuracy and appropriate reimbursement.

Agentic patient financial engagement

Patients now account for more than $556 billion in annual out-of-pocket healthcare spending, increasing the importance of clear, personalized financial experiences. Waystar is advancing an AltitudeAI-powered agentic concierge designed to proactively guide patients through their financial responsibility.

Using context from across the patient financial journey, the agent can deliver more relevant and personalized interactions, helping patients understand what they owe, why they owe it, and how to resolve their balance, while reducing routine administrative burden for healthcare organizations.

Waystar will showcase these innovations during its Fall Innovation Showcase today at 11:30 a.m. ET, as part of Waystar True North™, the company's annual client conference. More than 600 healthcare experts are attending the conference to

[1] Reductions in time spent may vary by organization and use case.

explore the next generation of healthcare revenue cycle innovation and the continued evolution toward an autonomous future.

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 products and solutions, including Waystar AltitudeAI and its agentic claim resubmission, conversational analytics, patient financial engagement, and clinical documentation capabilities; expected improvements in claim resolution, revenue cycle efficiency, clinical documentation workflows, and patient collections; anticipated reductions in manual effort, administrative burden, and cost to collect for providers; and Waystar's vision for the autonomous revenue cycle. Forward-looking statements may be identified by words such as "anticipate," "believe," "expect," "may," "plan," "will," "designed to," "estimate," 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 resubmission, appeals, and recoupment processes; regulatory developments affecting the use of artificial intelligence in healthcare; reliance on third-party technology platforms and partnerships; changes in healthcare reimbursement policies or regulations; competitive pressures; and other risks described in Waystar's Annual Report on Form 10-K for the year ended December 31, 2025, Quarterly Reports on Form 10-Q for the quarters ended March 31, 2026 and June 30, 2026, 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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