

**Legend:****3 — High:**

This is a core, flagship, or market-leading use case for the company.

- The company's product is among the best in the industry for this category, with strong evidence of high adoption, measurable results, and/or unique differentiation.
- The company is recognized as a top competitor or innovator in this area.

**2 — Medium:**

This use case is a meaningful part of the company's offering, but not its main focus.

- The company provides a solid solution or integration for this category, but it is not as comprehensive or differentiated as its core strengths, or as the market leaders.
- The company could compete here, but is not the primary choice for this use case.

**1 — Low/Potential/Future:**

The company has a weak or emerging offering in this category, or has indicated plans to expand into it.

- There is some evidence of capability, pilot programs, or product roadmap mention, but no robust, widely adopted solution yet.
- The company may be able to address this use case in the future, or does so only as a minor feature.

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**Market Segments**

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**Patient Access and Intake****Eligibility & Verification****High:**

- [Infinix](#)
  - Infinix's Patient Access Plus platform provides automated, AI-driven eligibility verification and benefits checks, with HL7/FHIR/API integration and proven reduction in eligibility-related denials. This is a core, top-tier offering and is at or above the industry standard.
  - 2M+ eligibility verification transactions processed annually, 5M+ patients served, 2B+ revenue collected
- **Luma**
  - 61 days sooner care on average
  - 98 manual call center staff hours saved/eliminated

- 95% of phone calls completely automated
  - 82% patient verification success rate
  - 1,200 cancellations processed without any human interaction
  - [Tennr](#)
    - reducing denials by 98% while tripling revenue
    - Numerous case studies
  - **Thoughtful AI**
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## Prior Authorization (providers)

### High:

- [Infinix](#)
  - Infinix is recognized as a market leader in AI-powered prior authorization, offering a 98%+ accuracy rate, 24–48 hour average turnaround, <2% denial rate, and a hybrid AI/human model. These stats are among the best in the industry and are widely cited in case studies and press
- [Tennr](#)
  - Primary focus on making prior auth and whole referral process faster
  - Case studies with referrals 75% faster with 4x volume
  - Runs benefits investigations and submits prior auths

### Medium:

- [Aspirion](#)
  - Focus is primarily on claims management/denials but also do work on prior auth denials
- **Autonomize AI**
  - 55% reduction in review time
  - 49% decrease in decision turnaround—from 3.65 to 1.80 days
  - Up to 76% of cases auto-intaked with human oversight
  - 18 minutes saved per case—reclaiming up to 36,000 hours monthly
- **FinThrive**
  - FinThrive automates some aspects of prior auth for providers, but is not a market leader

### Low:

- **Thoughtful AI**
  - PAULA agent ensures "accurate and timely submission" of authorization requests. Reduces prior auth processing time by 60%+ compared to manual

workflows. Industry leaders typically achieve 40–50% reduction, making Thoughtful AI a top performer.

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## Clinical Documentation

### Ambient AI Scribing

#### High:

- **Abridge**
    - Leading startup in AI scribing technology, improving undivided attention of physicians by 90%, 86% clinicians do less after work hours, etc.
  - [Suki.AI](#)
    - Reduces documentation time by 76% with real-time note generation.
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### CDI Prompt & Query

#### High:

- **Abridge**
  - Leading startup in AI clinical documentation, improving undivided attention of physicians by 90%, 86% clinicians do less after work hours, etc.

#### Medium:

- **Autonomize AI**
    - 98%+ accuracy in clinical data abstraction
    - 93%+ precision in document extraction
    - 80% manual workload reduction
    - 50% faster intake-to-decision time
  - [Suki.AI](#)
    - Suki flags missing documentation and prompts for additional details, but is not a full CDI suite
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### Workflow Alignment

#### High:

- **Abridge**
  - Leading startup in AI clinical documentation, improving undivided attention of physicians by 90%, 86% clinicians do less after work hours, etc.

- [Fold Health](#)

Medium:

- [Suki.AI](#)
    - Suki's voice AI is embedded in EHR workflows, optimizing documentation at the point of care
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## Coding & Charge Capture

### AI Coding (Autonomous)

High:

- [Fathom](#)
  - Industry leader, 90%, high customer satisfaction
- [Maverick AI](#)
  - Maverick AI's core offering is autonomous, real-time medical coding with a published 85% direct-to-bill rate and 97%+ accuracy, significantly above industry averages (CAC direct-to-bill rates typically 60–70%). Multiple large deployments (RadNet, ImagineSoftware) and press releases confirm this is a primary, industry-leading use case

Medium:

- [Iodine](#)
  - Iodine's AI suggests codes and flags missing documentation, but requires human validation and is not fully autonomous
- [Thoughtful AI](#)
  - 72% reduction in coding time

Low:

- [Infinix](#)
    - Has a team of expert medical coders, however lacks mention of heavy AI usage and statistics in this area; AI agents and agentic automation offer potential for coding opportunities in the future
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### Coding Validation

High:

- [Maverick AI](#)

- Maverick's platform is a next-generation coding validation tool, providing real-time coding suggestions, autonomous code generation, and validation. Its direct-to-bill rate and accuracy outperform most traditional CAC vendors, which typically require more human review and achieve lower automation rates
- **Iodine Software**
  - Iodine's platform validates coding decisions using AI, reducing errors by 52% compared to manual review

#### Medium:

- [Thoughtful AI](#)
  - CODY agent validates coding and notes with "precision and accuracy," reducing coding errors. Part of core platform with documented 95%+ accuracy rates

#### Low:

- [Infinix](#)
  - Same reason as above

### Charge Capture

#### High:

- **Fathom AI**
  - Mentions significant reduction in charge lag time

#### Medium:

- **Iodine software**
  - 5.27% avg increase in MCC capture rate
- **Maverick AI**
  - Maverick's solution identifies missing documentation and prompts for coding completeness, which includes charge capture and modifier validation for radiology and outpatient services. However, it is not a comprehensive charge capture platform across all specialties. Industry leaders in charge capture (e.g., Ingenious Med) offer broader specialty coverage

#### Low:

- **Thoughtful AI**
  - 60% reduction time in charge capture

## Claims Management

### Claims Scrubbing & Edits

#### High:

- **FinThrive**
  - AI scrubs claims with 99.5% accuracy, reducing denials by 30%
- [Infinix](#)
  - Infinix automates claims scrubbing and edits using AI and payer rules, ensuring clean claims and reducing denials. Clean claim rates and automation are at the top of the market

#### Medium:

- **Autonomize**
    - 55% reduction in adjudication cycle time
    - Strong ROI within 12 months
    - Fewer disputes and escalations
  - **Maverick AI**
    - Maverick's real-time coding validation and compliance checks reduce claim denials and billing errors, effectively functioning as a claims scrubber at the coding stage. However, it does not perform post-coding claims edits or payer-specific edits as a dedicated claims scrubber would (e.g., Experian, Change Healthcare)
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### Payer Rules Engines & Submission

#### Medium:

- [Infinix](#)
    - Infinix integrates payer rules engines and automated submission into its workflow, with AI agents trained on payer-specific requirements. This matches or exceeds industry standards
  - **Maverick AI**
    - Maverick's platform incorporates payer rules for coding compliance and direct-to-bill submission, with real-time updates for CMS and payer codes. While not a full payer rules engine, its coding engine is highly adaptive to payer requirements, which is above average for coding platforms
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## First-Pass Error Resolution

### High:

- [Infinix](#)
  - Infinix's platforms deliver high first-pass yield and low denial rates (<2% for prior auth, high clean claim rates for coding). These results are among the best in the industry

### Medium:

- **Maverick AI**
    - Lack of evidence for their rate on this but certainly something that gets improved with their reported coding accuracies
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## Denials Management

### Denial Triage & Categorization

#### High:

- **FinThrive**
  - Machine learning categorizes denials 50% faster than manual processes
- **Thoughtful AI**
  - Reduces denials by up to 75%, flags and categorizes denials for rapid resolution

#### Medium:

- [Infinix](#)
    - Heavily indicate denial prevention, yet not too much info on this especially with regards to triage/concurrent for it: Infinix provides denial analytics and workflow management, but denial triage/categorization is not their primary product. Their analytics are robust, but not as specialized as Xsolis or Aspirion
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## Appeals Management

### High:

- [Aspirion](#)
  - Aspirion is an industry leader in appeals management, with a 90%+ day-1 clinical denials overturn rate and a 40% expected reimbursement yield increase. This is well above typical industry averages (often <60% overturn)

### Low:

- **Autonomize**
    - 55% reduction in adjudication cycle time
    - Strong ROI within 12 months
    - Fewer disputes and escalation (later on → indirectly dealing with appeals, also the potential for actually dealing with these by adjusting copilots)
  - [Infinix](#)
    - Indication of appeals management, yet not too much info on this especially with regards to triage/concurrent for it
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## Root Cause Analysis Feedback

High:

- [Aspiron](#)
  - Aspiron provides detailed root cause analysis and feedback to clients, helping them address systemic issues that cause denials

Medium:

- [Infinix](#)
    - Infinix provides denial analytics and reporting, including root cause analysis, but this is not their most differentiated feature
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## Payment Processing and Reconciliation

### ERA/EFT Posting Automation

High:

- **Thoughtful AI**

Medium:

- **FinThrive**

Low:

- [Infinix](#)
    - Indication of posting and reconciliation services but all provided primarily by actual employees rather than automation
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## Payment Reconciliation & Underpayment Detection

### Medium:

- [Aspirion](#)
  - While primarily focused on denials management within RCM, also offer underpayment detection services: 35% underpayment revenue reduction, .25–1% net revenue lift, 80% claims paid within 90 days of appeal
- **FinThrive**
  - FinThrive provides payment reconciliation and underpayment analytics, but this is not as robust as dedicated vendors like Aspirion

### Low:

- [Infinix](#)
    - Indication of posting and reconciliation services but all provided primarily by actual employees rather than automation
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## Patient Billing & Collections

### Digital Billing & Reminders

#### High:

- **Cedar**
  - AI personalizes patient billing, increasing payment rates by 35%

#### Medium:

- **FinThrive**
  - FinThrive supports digital billing and reminders, but not as a primary product

#### Low:

- **Luma**
    - Luma's AI-powered automation is configurable to support complex workflows and integrates with EHRs and other systems to optimize operational efficiency. Their Navigator AI tool automates appointment management and after-hours communication, reducing manual staff work and aligning workflows
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## Accounts Receivable & Collections

### High:

- [Aspirion](#)

- 90%+ Underpayment reduction rate
- ~10–12% Reduction in AR days
- ~60% Paid within 90 days of appeal
- **Cedar**
  - Integrated financing options improve patient acceptance by 40%
  - Predictive analytics create optimized payment plans, reducing bad debt by 28%

**Medium:**

- **Autonomize AI**
  - Fee scheduling copilot → 10x faster publishing, 95% mapping accuracy, no version-control issues
- **FinThrive**
  - FinThrive offers payment plan setup and financing options, but not as a primary product