



First Look

Knowtton Health Denials Management Services 2026

Addressing & Reducing Coordination of Benefits Denials Through Patient Engagement



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Why This First Look?

Healthcare organizations face financial losses from unresolved accounts and bad debt, strained patient relationships caused by complex denials, and heavy administrative burdens. Knowtion Health addresses these challenges through a partnership-focused approach and specialized technology. This report explores the real-world experiences of clients using Knowtion Health over the past 12 months, including their perception of the effectiveness of the solution, strengths, and areas for improvement in reducing missed revenue and administrative burden related to coordination of benefits (COB) and denials.

What Does Knowtion Health Do?

(a client explains)

"Knowtion Health has this magical power to bring the patients and the payers together to resolve claims that are specifically denied for something the patients have to do. That includes claim forms, prior coverage investigation, and the coordination of benefits. Those areas are in Knowtion Health's expertise. The firm is able to take a constant list of denials and get them resolved quickly and efficiently. In these days when the payers are looking for any excuse to not pay a claim, Knowtion Health is an amazing partner to have on our side to get money in the door." —VP/other executive

Bottom Line

Respondents believe Knowtion Health excels in resolving COB denials with exceptional consistency, strong patient engagement, advanced technology, and transparent reporting. They value Knowtion Health's collaborative, partnership-driven approach and high recovery rates. Areas for improvement include providing organizations with more education on COB denials prevention, enhancing transparency on aging accounts, and exploring greater cost savings. Overall, respondents are highly satisfied with the services and see Knowtion Health as a reliable, high-impact firm.

of Clients Interviewed by KLAS

17 individuals from 15 organizations (Knowtion Health shared a list of 35 unique organizations; the list represents 92% of the clients that have worked with the firm in the last 12 months and are eligible for inclusion in this study)

Top Reasons Selected

Specialized expertise, high recovery rates, strong patient engagement, partnership approach, consistent performance

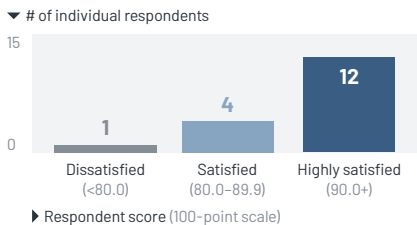
Survey Respondents—by Organization Type



Knowtion Health Denials Management Services Client Experience: An Initial Look

Distribution of Overall Performance Score

Based on individual respondents, not unique organizations



Key Performance Indicators

Quality of staff/consultants	Drives tangible outcomes	Strength of partnership	Likely to recommend
A (n=15)	A- (n=15)	A (n=15)	A (n=15)
Services grading scale (1-9 scale)			
A+ = 8.73-9.0	B+ = 7.83-8.09	C+ = 6.93-7.19	D+ = 6.03-6.29
A = 8.37-8.72	B = 7.47-7.82	C = 6.57-6.92	D = 5.67-6.02
A- = 8.10-8.36	B- = 7.20-7.46	C- = 6.30-6.56	D- = 5.40-5.66

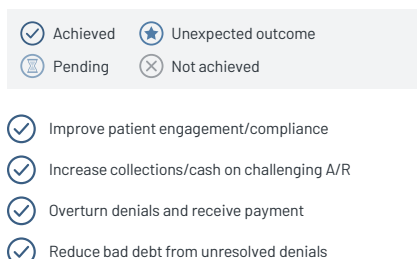
Would you buy again? (n=14)

Percentage of respondents who answered yes



Note: Percentages are calculated based on individual respondent counts, not unique organizations.

Outcomes Expected by Clients



Adoption of Key Services

Percentage of interviewed organizations using services (n=14)

Accelerating account resolution: Day-one (or other) coordination of benefits, patient-involvement denials programs, and a proactive triage approach help identify issues early and resolve denials more efficiently



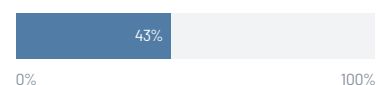
Patient advocacy/engagement/satisfaction: Engages patients via text, email, phone, letters, patient portal, and in-person home visits, boosting documentation rates, resolving denials, and enhancing the patient experience



Increasing revenue/ROI: Improves resolution rates by 30%-40% compared to provider baselines, helping reduce bad debt write-offs and recover more revenue



Leveraging cutting-edge technology: Uses purpose-built technology that boosts account recovery; the ClaimBRAIN AI-enabled platform triages accounts and drives smart, timely workflows to maximize resolution outcomes and efficiency



Time to See Outcomes



Strengths

Exceptional patient engagement and interactions with knowledgeable, caring staff



"The people are one of Knowtion Health's strengths. They are very easy to work with, and we don't have to continuously remind them what our goal is. They have an understanding of the goal and the outcomes we expect. We really get no complaints from patients in communicating with Knowtion Health. Their customer service is really positive. Knowtion Health is very helpful to us and works very well with us to minimize our pain points." —VP/other executive

Quality, informative reporting that utilizes up-to-date technology and helps drive improvement over time



"Reporting is definitely one of Knowtion Health's strengths. Their performance dashboards are really easy to understand and follow along with. Knowtion Health does a great job of reporting their monthly ROIs and showing trend reporting. I would say Knowtion Health is very performance based, and their communication is excellent; it is definitely one of their key strengths." —Director

High trust and good reputation driven by tenured vendor employees and fulfilled promises



"One of Knowtion Health's key strengths is their good industry reputation. Another key strength is that they have a number of long-term or tenured people in their organization. That is good sometimes because I don't have to talk to a new person every month. A third strength that I have seen from them so far is that they continue to grow in their product offerings in the industry." —VP/other executive

Opportunities

Greater education for organizations and actionable feedback to prevent future COB denials



"Knowtion Health could have more provider education opportunities. Knowtion Health may have trends that they are seeing for prevention, especially for inpatient areas, and I would like to see more of the firm coming back with feedback or areas of opportunity to potentially prevent denials." —VP/other executive

Faster turnaround on resolution and transparency with aging A/R



"We need better guidelines and reporting or transparency around what Knowtion Health is not getting to. I have not completed the analysis, but I believe I have unacceptably high rates of aged A/R with Knowtion Health. Identify when they return an account for a lack of response or resolution; that way, we can better manage our aged A/R." —Director

Enhanced rate structure and more cost-saving opportunities for clients



"There are other vendors that I'm getting some pressure on in terms of exploring whether there are opportunities for savings. If there is any wiggle room, I would say Knowtion Health's rates and fee structure could be better." —VP/other executive

Points to Ponder

What Does a Client Need to Do to Be Successful with This Service?

Clients explain

Ensure infrastructure and data readiness: *"Make sure the infrastructure is in place to provide files and accounts to Knowtion Health in a timely manner. That greatly improves their ability to follow up and be effective with denial overturning. . . . People should spend the time to make sure their systems are set up so that they can hit the ground running." —Director*

Establish clear expectations and scope: *"Set very clear expectations and get mutual agreement on the program parameters. We have learned to be very clear in our language about the work we are sending them, how we categorize it, how we determine what to send, what we expect to happen, and what the minimal work standards are that we need to have in place." —VP/other executive*

Leverage and learn from Knowtion Health's experience: *"[People] should learn from Knowtion Health. Knowtion Health does teach us. With the resolutions that they are finding, we also have a partnership to learn what we can do better in-house so that we then have less going out to them." —Manager*

Knowtion Health explains

- **Appropriately understand the magnitude of the opportunity.** Clients often narrow their field of review when understanding the full potential of COB opportunities that exist for their organization. Knowtion Health's assessment often helps to identify additional opportunities for both revenue improvement and patient satisfaction that some organizations may overlook or don't have visibility into.
- **Emphasize training within registration teams to ensure accurate data capture.** Oftentimes, through our work, we see simple fixes to complex problems, namely inaccurate patient registration. This deficiency leads to denials, additional administrative work, and delays in payments that could otherwise be avoided. Knowtion Health helps clients identify these opportunities and offers recommendations on where and how to improve the process, ultimately translating into improved performance and a high patient satisfaction.
- **Engage with a partner that puts patient education and empowerment first.** Helping patients navigate complex scenarios (e.g., COB, patient involvement denials) requires heightened sensitivity and a specialized approach. Standard mailings and sequenced phone calls are no longer enough to successfully engage patients, as they expect interactions to be highly customized and personalized. Utilizing a partner that engages with patients on their terms—whether it be through omnichannel communication, home visits, after-hours support, or a HIPAA-compliant patient portal—ensures high patient satisfaction while simultaneously helping to resolve highly stressful financial challenges.

Other Relevant Commentary



"Knowtion Health's key strengths are their skill set and their desire to provide excellent customer service. They have a really good niche market. There are not many firms that are doing what they are doing." —Director



"Knowtion Health's key strength is the care that they take with the consumers. They do have a good, robust reporting package. Everybody that we work with, including our representatives and even just the sales representatives, is very accommodating and knowledgeable, so the firm's people are a strength." —VP/other executive

Knowtion Health: Company Profile at a Glance

Founders

A team of seasoned healthcare revenue cycle professionals with a shared vision to improve how hospitals recover denied and complex claims

Year founded

Originally established in 2008 as RSource; rebranded to Knowtion Health in 2022

Number of employees

833

Number of Knowtion Denials Management Services clients

38 clients within last 12 months, 5 of which were new engagements

Target client

Hospitals/health systems with an NPR of \$200M+. Knowtion Health is specifically dedicated to serving the healthcare sector, focusing on hospital and health system insurance recovery services; services are not directed toward physician practices, community-based organizations, or specialty groups but rather large enterprise networks and hospitals.



Healthcare Executive Interview

Erica Tingley,
President & CFO

Can you share a brief overview Knowtion Health?

Knowtion Health is a RCM company with 17 years' experience helping more than 550 hospitals across 60 health systems reduce denials and underpayments across all denial types, low-balance accounts, and complex claims. Our team delivers higher recoveries and better patient experiences, powered by our proprietary ClaimBRAIN AI platform. Guided by our mission to fight for what is right—for hospitals and their patients—we combine intelligent automation with expert advocacy. Our vision is to be healthcare's most trusted revenue recovery partner through unmatched results, compassionate service, and a relentless commitment to resolution.

Why was Knowtion Health started?

Knowtion Health was founded to help hospitals overcome growing challenges in revenue recovery as payer denials and delays became more frequent and complex. What began as a focused effort to address these gaps has evolved into a comprehensive solution for resolving coordination of benefits/patient involvement and clinical denials, recovering low-balance accounts, and defending against audits. Our mission is to shift the balance of power back to providers and their patients—maximizing reimbursement, improving the patient experience, and delivering actionable insights to strengthen upstream processes. Through expert teams and smart, tech-enabled strategies, we drive efficiency and deliver measurable financial impact.

What is Knowtion Health's biggest differentiator?

Knowtion Health stands apart through the powerful combination of our proprietary ClaimBRAIN platform and our highly trained team of revenue recovery specialists. Unlike traditional RCM vendors, we specialize in high-friction denial categories such as coordination of benefits and patient involvement. Our services go beyond the standard. We offer insurance discovery, three-way calls with payers and patients, home visits on qualifying accounts, and our ClaimADVOCATE portal to streamline documentation and engagement. This unique approach consistently delivers a 30%–40% lift in recoveries above baseline performance, while improving patient experience and provider trust.

Report Information

Sample Sizes

Unless otherwise noted, sample sizes displayed throughout this report (e.g., n=6) represent the total number of *unique customer organizations* that responded to a particular question. Some respondents choose not to answer all questions, meaning the sample size may change from question to question.

Sample sizes of 6+ unique organizations are considered fully rated. When the sample size is less than 6, the data is considered limited and marked with an asterisk (*). If the sample size is less than 3, no score is shown. Note that data marked as limited has the potential to change significantly as additional surveys are collected.

Knowtion Health Denials Management Services Performance Overview

All standard services performance indicators

Overall performance score (100-point scale) (n=15)

2025 Best in KLAS services average for Denials Management Services: **88.2**



Loyalty			
Likely to recommend (1-9 scale)	(n=15)		A
Overall satisfaction (1-9 scale)	(n=15)		A
Would you buy again Percentage of respondents who answered yes	(n=14)		100%
Operations			
Engagement execution (1-9 scale)	(n=15)		A-
Relationship			
Executive involvement (1-9 scale)	(n=15)		A
Strength of partnership (1-9 scale)	(n=15)		A
Services grading scale (1-9 scale)			
A+ = 8.73-9.0	B+ = 7.83-8.09	C+ = 6.93-7.19	D+ = 6.03-6.29
A = 8.37-8.72	B = 7.47-7.82	C = 6.57-6.92	D = 5.67-6.02
A- = 8.10-8.36	B- = 7.20-7.46	C- = 6.30-6.56	D- = 5.40-5.66

Services			
Quality of staff/consultants (1-9 scale)	(n=15)		A
Strategic expertise (1-9 scale)	(n=15)		B+
Value			
Avoids charging for every little thing Percentage of respondents who answered yes	(n=15)		100%
Drives tangible outcomes (1-9 scale)	(n=15)		A-
Exceeds expectations Percentage of respondents who answered yes	(n=15)		94%
Money's worth (1-9 scale)	(n=15)		A-

Note: Percentages are calculated based on individual respondent counts, not unique organizations.

Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to engage.klasresearch.com/why-klas.

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Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



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Our Mission

Improving the world's healthcare through collaboration, insights, and transparency.

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