Report: EHR purchase decisions delayed amid uncertainty

June 3, 2026
News & Insights

Health systems pulled back on acute care electronic health record (EHR) system purchasing in 2025 as part of a larger trend of organizations becoming more selective about large-scale replacement decisions, according to the U.S. Acute Care EHR Market Share 2026 report from KLAS Research.

The report found the number of hospitals making EHR purchase decisions dropped 40% compared with 2024 and nearly 50% compared with 2023. This was attributed to policy uncertainty and shifting technology priorities. Organizations increasingly favored investments with more immediate financial returns—including AI and operational efficiency tools—over large-scale EHR replacement projects.

The slowdown was significant among larger organizations. Only two health systems with more than 10 hospitals made enterprise-wide EHR purchase decisions in 2025. Both selected Epic Systems, which overall held 43.7% of the acute care hospital market in 2025. Compared with 21.9% for Oracle Health and 14.7% for MEDITECH, Epic continued to expand its footprint while others face pressure.

While overall purchasing slowed, Epic Systems still added a net of 77 hospitals in 2025, while Oracle Health lost a net of 56. According to the report, Epic's gains were driven largely by smaller health systems and midsize standalone hospitals. Many of those wins came from organizations leaving Oracle Health.

The uncertainty among Oracle Health customers results from repeated layoffs, restructures, and focus shifts since Oracle acquired Cerner in 2022. KLAS found many Oracle Health customers deferred purchasing decisions while awaiting greater clarity around the vendor's long-term direction and new AI-enabled EHR. Customer satisfaction with Oracle Health's Millennium EHR platform also continued to decline, according to the report.

KLAS reported that organizations selecting Epic frequently cited the ability to easily exchange data with regional partners, along with platform standardization and vendor partnership. Epic also continued expanding its reach among smaller standalone hospitals through Community Connect, which allows smaller organizations to align with larger health systems already using Epic. In 2025, seven standalone hospitals with fewer than 200 beds selected Community Connect.

Editor's note: *This article originally appeared in* CDI Strategies*, ACDIS' weekly e-newsletter.*

Related Topics:
Documentation improvement, HIM/HIPAA

Last chance: Attend a focus group to receive a discount on an HCPro product

June 10, 2026
News & Insights

HCPro is looking to gain insights on healthcare organizations' current pain points and education needs. We want to speak directly with a few revenue cycle professionals to learn how we can improve our products, websites, news coverage, and more.

What CMS requirements do you struggle to comply with? What denial trends are you seeing? Do you have any current auditing struggles? What topics would you like to see covered on Revenue Cycle Advisor or other HCPro websites? Register for our focus group on June 11 to make your voice heard.

Current or previous use of HCPro products is not a prerequisite for registration. Those who register for and **attend** the focus group will receive a $100 discount on an HCPro product. To ensure all attendees have an opportunity to share their opinion, we are limiting the focus group to five registrations. Only a few spots remain for tomorrow's focus group, so secure your spot now!

FY 2027 ICD-10 code sets released

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News & Insights

CMS published the fiscal year (FY) 2027 ICD-10 diagnosis and procedure code sets, which take effect on October 1, 2026.

ICD-10-CM codes are used to classify diagnoses in the inpatient and outpatient settings. The FY 2027 update applies to discharges and patient encounters occurring from October 1, 2026, to September 30, 2027, and it includes 190 new codes, 30 deletions, and four revisions.

A key update is a new Z code for reporting a patient's history of *Clostridioides difficile* infection (Z86.17). Additionally, the ICD-10-CM Coordination and Maintenance Committee added new endocrine codes E89.830 and E89.838 to facilitate tracking of hypoglycemia occurring after bariatric and other surgeries. The code set also includes two new Z codes for body mass index (BMI): Z68.18 (BMI 18.4 or less, adult) and Z68.19 (BMI 18.5-19.9, adult).

ICD-10-PCS codes are used to classify inpatient procedures. The FY 2027 update applies to discharges occurring from October 1, 2026, to March 31, 2027, and it includes 101 additions, 38 deletions, and three revisions. Many of the changes occurred in the new technology section, with 50 new codes added across 13 tables. Of note, CMS added a new table (XEZ) to classify 10 new codes for other procedures involving physiological systems and anatomical regions.

Revenue cycle professionals can download the FY 2027 ICD-10 tables, coding guidelines, and other related resources on CMS' web page.

Related Topics:
Coding, Medicare news

Learn about HIPAA requirements for the CDM at 2026 RIS

June 24, 2026
News & Insights

Join your most forward-thinking revenue integrity and revenue cycle peers for two days of empowering education and networking at the 2026 Revenue Integrity Symposium (RIS), to be held September 24-25 in Savannah, Georgia. 2026 RIS will cover essential education, updates, and thought leadership on topics that span the revenue cycle. Read the full agenda for more details on the sessions and speakers.

On day two of this year's event, **Valerie Rinkle, MPA, CHRI,** president of Valorize Consulting LLC in Medford, Oregon, will present a session on using HIPAA requirements and the charge description master (CDM) to combat denials. Below, Rinkle provides a sneak peek of her session "What's HIPAA Got to Do With the CDM?" and explains why this topic is so timely.

Q: In what ways does your session challenge attendees to think outside the box?

Rinkle: So many of us in healthcare think solely about HIPAA as being related to privacy and security of protected health information, but there is another side of HIPAA that applies to the chargemaster and other revenue integrity functions. This in and of itself is a new way of thinking and, when understood, better informs how to approach the chargemaster.

Q: What's the biggest challenge in revenue integrity and/or revenue cycle right now? How does your session help tackle this?

Rinkle: I think the sheer volume and growing type of payer denials is one of the biggest challenges in revenue integrity. This session will highlight ways to strengthen the chargemaster to help reduce charge denials.

Q: What's one of the key pieces of information you would like people to take away from your session?

Rinkle: The codes in the chargemaster and their definitions and appropriate use apply equally to Medicare and commercial payers.

Q: What are you most excited about for this year's conference?

Rinkle: To see familiar and new faces and encourage professionals in revenue integrity.

Q: What's a great piece of advice you've received regarding revenue integrity and/or revenue cycle? Or, what advice do you like to give people about revenue integrity and/or revenue cycle?

Rinkle: I think it is to stay focused on the project with the biggest ROI and stay with it to completion and celebrate the success with all the team. We often move from issue to issue, fire to fire, and don't complete root cause analysis and demonstrable solutions, and that can be demoralizing. It is important to take back control and show that the work everyone is engaged in is meaningful and is helping your organization to stay strong for the patients it treats.

Editor's note: *Click here to learn more about 2026 RIS and register for the event. NAHRI and ACDIS members are eligible for a $100 discount on their registration. To receive your exclusive member savings or learn about group discounts, contact HCPro customer service at 800-650-6787 ext. 4111 or HCEvents@hcpro.com.*

Related Topics:
Billing and reimbursement, Denials and appeals, HIM/HIPAA, HIPAA