



SUMMER 2026 EDITION

The Healthcare AP Automation Benchmark Report

Why This Report Exists

Healthcare finance teams are operating under a different kind of pressure than most back-office functions. A Director of Finance managing AP across 40 locations isn't just processing invoices; they're doing it inside multi-entity GL structures, with regulatory reporting requirements that don't bend for a busy month. A vendor invoice that goes unpaid isn't just a billing problem. It can mean a medical supply delivery gets held, or a waste management vendor stops showing up, and that's a care delivery problem.

Most operators know there's exposure somewhere in their AP process. What they don't have is the data to quantify it, to know exactly how much fraud risk is sitting in their invoice queue, or how many hours their team is losing to double-entry between their AP tool and a clinical system. That gap between sensing a problem and proving it is where healthcare AP has always struggled.

We process hundreds of thousands of invoices across our healthcare customer base. This report is what the data actually show: not industry estimates or survey responses, but numbers pulled from real operations.

This is the first edition. Twice a year, we'll track how these numbers change, flag what's driving the changes, and provide healthcare finance teams with a benchmark they can actually use. This edition covers duplicate detection, fraud exposure, payment errors, invoice lifecycle time, and AP labor savings.

Catching Duplicates Is Worth **\$1.8M a Year**

Healthcare orgs are on pace to save **\$1.8M** this year from catching **duplicate invoices**, one of the most common and preventable sources of AP loss. For organizations running AP across multiple communities or facilities, this isn't a minor catch. It's almost \$2 million a year disappearing if nobody flags it **automatically**.

Saved in **all of 2025**

\$1.4M

Saved in just **Q2 2026**

\$450K

Fraud Stopped Being an **Exception**

The sharp rise **in the first half of 2026** points to a broader shift: healthcare organizations are no longer dealing with fraud and overpayments as isolated financial issues. They're becoming a **systemic risk**, exposing weaknesses in the processes and controls that govern how money moves through increasingly complex healthcare organizations.

Fraud or overpayment experienced by healthcare orgs **in 2025**

42%

In the first half **of 2026**

76%

The Last Check Before the Money Leaves

Halfway through the year, healthcare accounts are already closing in on last year's full total. Manual payment reviews miss what **automated checks catch consistently**, which is exactly why a final validation layer before disbursement matters.

Potential loss from payment errors **in all of 2025**

\$1.6M

In the first half **of 2026**

\$1.01M

Slow Invoice Cycles Have a Real Cost

An 11-day invoice cycle isn't just slow. It shows up in late fees, strained vendor relationships, and staff hours that never get recovered. For operators managing dozens of vendors across multiple communities or facilities, faster approvals aren't a convenience. **They're a measurable bottom-line impact**, and a way to protect the vendor relationships that medical supply and care delivery depend on.

Invoice lifecycle time **in 2025**

11 days

In the first half **of 2026**

4.4 days

Coding Accuracy Holds Steady as Complexity Grows

The steady performance across 2025 and the first half of 2026 suggests healthcare orgs are using **automation to code invoices accurately** the first time around even as volume and complexity fluctuate. When the vast majority of line items are right the first time, **AP teams spend less time fixing yesterday's work**, and more time on the exceptions and decisions that actually need their expertise.

Invoices coded correctly on first pass **in 2025**

94.3%

In the first half **of 2026**

93.7%

About This Report

The Healthcare AP Automation Benchmark Report: Summer 2026 Edition is published by Ottimate using aggregated, anonymized data from our healthcare customer base. All benchmarks reflect real invoice processing data across senior living, assisted living, and other healthcare operators. This is the first edition; future editions will track trends and flag what's driving the changes.

Next edition: Winter 2026



Less Admin. More Care

Explore how Ottimate's HIPAA-compliant automation catches fraud and duplicate invoices before they cost your organization, without adding headcount.



Explore Ottimate for Healthcare