

XLNT EHR

CAH-FIRST EHR + REVENUE INTEGRITY

Built for the hospital that has to do more with less.

XLNT EHR is being designed around the operating realities of Critical Access Hospitals - lean teams, complex care transitions, specialized reimbursement, limited IT resources, and the need for practical technology that earns its place in the workflow.

THE CAH REALITY

Why a purpose-built approach matters

Lean staffing

Cross-role teams cannot afford unnecessary clicks, duplicate work, or fragile workflows.

Revenue pressure

Missed charges, claim edits, payer complexity, and manual reconciliation directly consume scarce resources.

Limited IT capacity

Interfaces and upgrades must be supportable without an enterprise-sized technical team.

Regulatory complexity

CAH-specific compliance plus evolving price-transparency and health IT requirements add ongoing burden.

THE XLNT EHR RESPONSE

Start with Revenue Integrity

- 1 Capture** Connect clinical activity to potential charge events and surface inconsistencies.
- 2 Govern** Manage chargemaster, coding, payer, and price-transparency data in a normalized framework.
- 3 Prepare** Support claim readiness with rules, exceptions, and targeted pre-submission review.
- 4 Understand** Turn payer, reimbursement, and operational data into actionable exceptions and trends.

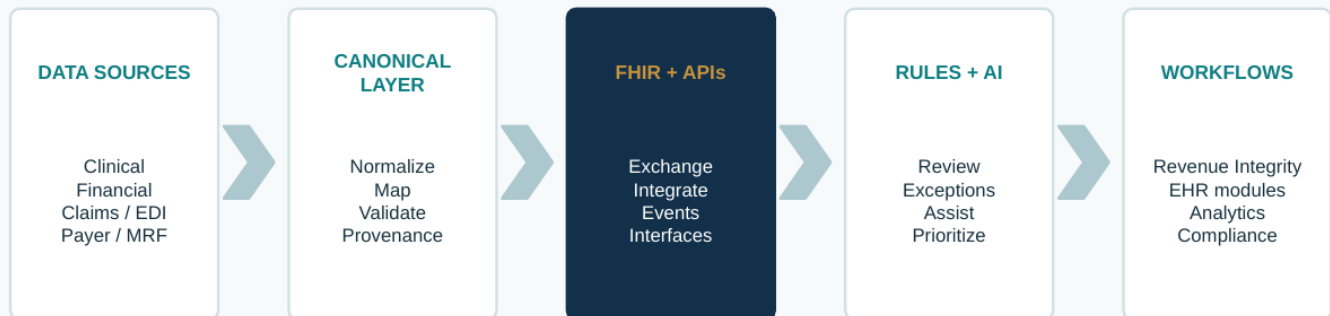
Design premise

**Enterprise-grade capability without
enterprise-level complexity.**

Development-stage product. Intended capabilities are subject to design, validation, certification, and implementation.

A platform architecture designed around the CAH workflow

Integrate existing systems first. Normalize the data. Add intelligence and workflow support without creating another silo.



DESIGN PRINCIPLES

Low cognitive burden

Reduce unnecessary clicks, duplicate entry, and alert noise.

Interoperability first

FHIR-first and vendor-neutral design to work with existing hospital systems.

Compliance by design

Security, auditability, HIPAA, CMS, and ONC objectives considered from the architecture stage.

Practical implementation

Designed for hospitals that cannot dedicate an enterprise-sized implementation or IT team.

BUILD WITH US

We are seeking CAH executives, clinicians, revenue-cycle and HIM leaders, IT leaders, strategic vendors, investors, and prospective design partners.

Start with one high-friction workflow. Define what better should look like. Pressure-test people who will actually use and support it.

[LET'S TALK](#)

Regulatory context: CMS Critical Access Hospital certification/compliance; CMS CY 2026 Hospital Price Transparency; ONC Certification Criteria. "ONC" references describe certification objectives and do not imply current certification. Sources accessed September 2026.