streamline HEALTH®

PRE-BILL TRANSFORMATION SLASHED DENIALS BY 90% AND TRIPLED AUDITS WITHOUT EXTRA STAFF

Streamline Health eValuator™

SNAPSHOT

Client transitioned from an inefficient, sporadic retrospective coding audit on spreadsheets to a pre-bill, real-time coding integrity program handling larger audits without extra staff.

THE CHALLENGES

- Ad-hoc retrospective auditing program with minimal outcomes.
- Rise in denials attributed to coding and DRG downgrading by payors led to a solely reactive approach.
- Coder quality feedback frequently delayed by months.
- Staffing challenges hindered the addition of positions.

GOALS

- Develop a technology-driven pre-bill audit to flag encounters with revenue integrity issues before billing.
- Decrease coding-related claim denials.

THE OUTCOME

- Reduced coding related denials and DRG downgrades by 90%.
- Increased total volume of encounters audited pre-bill 300% with no additional staff.

CLIENT PROFILE

$391M Net Patient Revenue

132K Outpatient Visits

450 beds

11K Inpatient Discharges
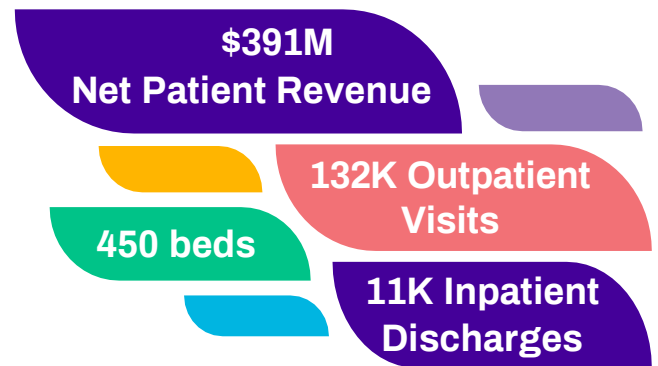
> " eValuator improved coding quality dramatically, expanded our coder knowledge and improved efficiency by catching errors pre-bill "
>
> – Audit Manager

ANNUALIZED FINANCIAL IMPACT

$1.9M
Total Financial Impact

$1.1M
New Revenue Captured via Audit Changes

$0.8M
Risk Reduced via Audit Changes