

## 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 CHALLENGE

- 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.

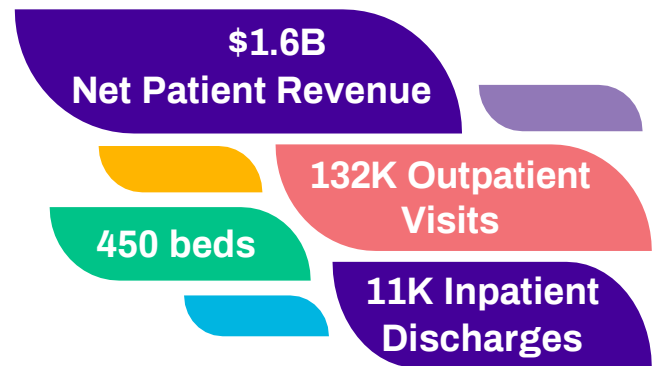
### GOALS

- 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



“ 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