

CASE STUDY

How Eskenazi Medical Group Used MDaudit to **Triple Provider Audit Coverage** and **Boost Monthly Audits** from 4 to 34.5

Eskenazi Medical Group's newly launched professional billing revenue integrity program relied on manual, spreadsheet-based audits that would have taken three to four years to cover its roughly 500 providers. The team needed a faster, more accurate way to audit its full provider population.



THE CUSTOMER PROFILE

Serving central Indiana since 1859, Eskenazi Health is one of the largest healthcare systems in the U.S. Eskenazi Medical Group (EMG), a 501(c)(3) aligned with Eskenazi Health, staffs many of the system's providers and partners with the Indiana University School of Medicine through a faculty practice plan for teaching and research. EMG providers offer care in Eskenazi's 333-bed hospital and across more than 30 area primary and mental health sites, including numerous federally qualified health centers (FQHCs).

1,161

STAFF PHYSICIANS

20

OUTPATIENT SERVICE SITES

1,069,025

ANNUAL OUTPATIENT VISITS

THE SOLUTION

With MDaudit, audit volume per team member grew from an average of 4 audits a month to nearly 40, letting the team move from spot-checking a small sample to covering its full provider population. "MDaudit makes the auditing process a whole lot simpler, a lot more streamlined, and much, much faster with higher quality," says Astra Morris, Manager of Professional Revenue Integrity.

- Automated task tracking and reporting replaced messy, time-consuming spreadsheets with audit packages for providers, curated audit reports, and management reports for leadership
- Easy-to-read audit reports and follow-up education improved how providers responded to findings
- With full audit coverage now manageable, the team has freed up bandwidth to expand into denials and risk analytics

THE RESULTS

- Increased providers audited annually from 163 to 490
- Increased completed audits per team member from an average of 4 a month to 34.5
- Audited more than \$1M in total claims, identifying both overpayments and underpayments



3x

3x Providers Audited
Annually (from 163 to 490)



30.5

~8.6x Increase in Audits
Completed per Month per
Team Member (4 to 34.5)



\$20,308

Over \$20k in
Overpayment Identified



\$1,012,450

Over \$1M in Total Claims Audited



\$30,005

Over \$30k in
Underpayment Identified

We were only able to do an average of four audits per month per team member with the old system, and now it's nearly 40 in a month. MDaudit makes the auditing process a whole lot simpler, a lot more streamlined, and much, much faster with higher quality. I don't know how I ever got along without MDaudit.

Astra Morris, Manager of Professional Revenue Integrity, Eskenazi Medical Group

READY TO SEE SIMILAR RESULTS?

Schedule a demo to discover how MDaudit can help your organization minimize risks and maximize revenues.

Visit mdaudit.com/demo or scan the QR code below.



About MDaudit

MDaudit is an award-winning AI-enhanced continuous risk monitoring platform and trusted revenue integrity partner to healthcare organizations nationwide. Working in the background, we deliver the insights you need to face the future with confidence. Learn more at www.mdaudit.com.

mdaudit.com

© 2026 MDaudit