



CASE STUDY

How a Nonprofit Health System Used MDaudit to Audit **\$6M** in Charges and **1,500+** Providers in 12 Months

With audit data scattered across disparate spreadsheets and every data request requiring a ticket to an already-stretched revenue cycle team, this multi-state health system's compliance department needed direct, real-time access to its own audit data, and a way to finally track E&M Bell Curve outliers at the individual provider level.



THE CUSTOMER PROFILE

This nonprofit health system operates as an integrated network spanning four states, encompassing physician clinics, outpatient centers, and hospitals. Its physician network compliance department is organized into three specialized teams, compliance auditors who proactively review physicians' documentation and billing, compliance liaisons providing risk-based provider education, and compliance consultants offering in-depth audits and operational oversight, led by a Director of Compliance and an Assistant Director of Compliance.

706

PHYSICIAN CLINICS

16

INPATIENT MEDICAL CENTERS

6.2M

PHYSICIAN CLINIC VISITS

142,080

INPATIENT ENCOUNTERS

THE SOLUTION

Provider profiles that once took the Assistant Director of Compliance up to a month to build by hand now take anyone on the team less than five minutes. "One of the first things we worked on when we onboarded into MDaudit was building those profiles into the system," says the Assistant Director of Compliance.

- Procedure utilization functionality lets the team run ad hoc analysis in real time instead of filing a data request with an already-stretched revenue cycle team
- The platform ties a financial impact to providers deviating from the E&M Bell Curve, turning a years-old open question into an answerable one
- Monitoring more than 300 audited billing risks a month gives the team a comprehensive, proactive view of compliance issues

THE RESULTS

- Audited approximately \$6M in gross charges and more than 1,500 providers in the first 12 months
- Found that 10% of audited providers failed their audits, triggering targeted education
- Now monitors more than 300 audited billing risks per month, with audit volume growing steadily each quarter



~\$6M

~\$6M in Gross Charges Audited (12 Months)



1,500+

1,500+ Providers Audited (12 Months)



10%

10% Decrease in Provider Failed Audits (Education Provided)



300+

300+ Audited Billing Risks Monitored per Month



99.9%

Up to a 99.9% decrease in time to complete provider profiles (up to 1 month → under 5 minutes)

The effectiveness, the efficiency, the confidence that we can have in the results that come out of MDaudit have been vital. There hasn't been a question that's been asked from our compliance leaders or operational leaders that MDaudit hasn't been able to answer.

Director of Compliance

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.

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