



CASE STUDY

Transforming Revenue Cycle Efficiency Through Strategic Coding Support

Client Overview

A leading multi-hospital health system serving multiple regions, with an extensive network of hospitals, clinics, and urgent care centers. With a complex structure and diverse care settings, it focuses on delivering high-quality, patient-centered care.

Challenges

The client sought a reliable partner to optimize labor costs, improve coding accuracy, and maintain compliance while ensuring seamless operational oversight.

- High labor costs due to recruitment and retention challenges
- Need for a global outsourcing model with domestic oversight
- High demands for accuracy (96% contractual requirement) with strict financial penalties for non-compliance

Our Solution

IKS Health developed a tailored, scalable coding and documentation solution that ensured compliance, optimized cost structures, and enhanced revenue cycle performance.



Flexible Support Models: Transitioned to a predominantly global solution while retaining key domestic oversight — including a director, three managers, and several team leads — ensuring quality, compliance, and operational continuity



Operational Integration: Maintained strong engagement through daily reporting, continuous workflow improvements, and a collaborative approach with client leadership



Enhanced Quality Assurance: Achieved and sustained the 96%+ accuracy benchmark through robust training, monthly quality assurance reviews, and an annual third-party audit



Revenue Cycle Excellence: Through our consultative approach and true partnership, we deliver exceptional results. We understand client pain points, have deep expertise in systems, and know how to optimize them for maximum efficiency, compliance, and financial performance

Impact Delivered

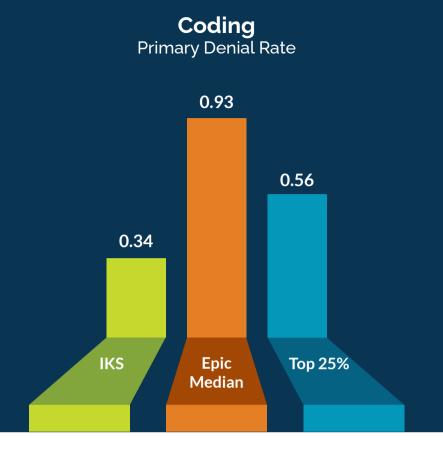


96%+

Coding accuracy rate

0.34

Denial rate, which is 0.59 lower than the Epic median of 0.93, earning a diamond award in Epic's weekly financial denial pulse



Results



Operational Efficiency Gains: Optimized workflows, achieving 24–36 hours TAT globally vs. several days domestically, accelerating claims processing and reimbursements



Reduce Denial Rate: Achieved a denial rate of 0.34, which is 0.59 lower than the Epic median of 0.93, leading to faster claims processing, improved revenue capture, and accelerated cash flow



Cost Optimization: Reduced their monthly coding support spend by 75% through a global implementation model with domestic oversight



Sustained Trust and Growth: Strengthened the partnership, leading to continued business expansion, including support for additional hospitals and physician practices



Industry Recognition: Consistently received Epic's weekly denial pulse trophies, including one diamond and multiple gold, silver and bronze, for excellence in coding and denial management performance