

WHAT'S THE COST OF MISSED ACUITY IN DOCUMENTATION—HOW Can You Fix It?

THE

CHALLENGE

A leading Texas-based urgent care network was experiencing ongoing acuity degradation—patients were often misclassified as less severe than they actually were, leading to under-resourcing, inappropriate care, and potential harm.

A gap between care delivered and care documented resulted in:



Incomplete documentation of diagnoses & procedures



Inaccurate
ICD-10 and HCC
coding



Reimbursement misaligned with actual care provided



Increased risk of non-compliance, audits, and payer take-backs



Unreliable operational data for decisions on staffing, upgrades, and planning

THE EXDION SOLUTION

The organization deployed Exdion.RTC—an Al-powered, EMR-agnostic solution for real-time chart documentation review.



HOW IT WORKS

- Exdion.RTC runs silently in the background as providers document in the EHR
- Flags missed procedures or conditions and offers smart prompts & edits
- Enables real-time chart corrections for complete, compliant, and accurate documentation



TANGIBLE OUTCOMES

8% Revenue increase



Reduction in coding denials



of rework per day



INTANGIBLE BENEFITS

- Reduced risk of audits, penalties, and payer take-backs
- Improved alignment and trust between clinical and coding teams
- More accurate data to guide staffing, facility upgrades, and service expansion
- ▶ Enhanced patient care
- ▶ Increased patient satisfaction

CONCLUSION

With Exdion.RTC, the urgent care network successfully bridged the gap between clinical care and documentation accuracy, turning compliance into a strategic advantage and improving both revenue and provider experience.



www.exdionhelth.com



info@exdionhelth.com



@exdionhelth