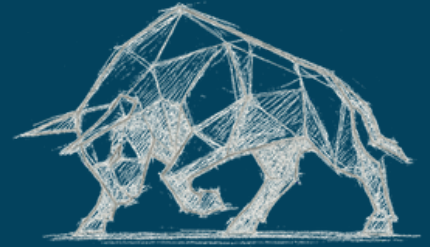


# CASE STUDY



## THE BASICS

**Client:** Regional Community Medical Center  
**Partner:** Valley Steer

# 1

# 2

## BACKGROUND

**450+** Beds    **4000+** Employees    **400+** Physicians    **50,000** Medicaid lives

This medical center was underperforming on its value-based contracts, and significant revenue was being left on the table due to gaps in documentation, coding, and prioritization of quality measures. The organization lacked the capacity to review clinical data at scale to effectively close performance gaps.

**Key stakeholders:** Medical Director, Regional Medical Director, National Medical Director, and the physician groups.



## PROBLEM STATEMENT

# 3

**\$8-\$9M**  
Annual missed revenue

**30%**  
Inaccurate gaps

The medical center was leaving an estimated \$8-\$9 million annually in performance-based revenue on the table due to outdated, inaccurate gap lists that physicians struggled to act on, nearly 30% of which were incorrect (10% from claims delays and 20% from uncoded but completed care).

At the core was a disconnect between clinical reality and lagging claims data, with no scalable way to validate gaps against medical records. While there were no contract penalties, the unrealized revenue was significant, particularly across high-impact areas like A1C, blood pressure, immunizations, and cancer screenings.



## OBJECTIVES

# 4

### Primary Objective

Capture year-end revenue opportunities within a limited timeframe, without EMR integration or workflow disruption.

### Secondary Objectives

Improve worklist quality, enhance reporting and analytics, and establish a scalable health plan reporting infrastructure.

**+2 tier**  
Improvement in A1C & BP

### Success Criteria

Measured performance against contract tiers, achieving a +2 tier improvement in A1C and blood pressure outcomes.



## APPROACH/METHODOLOGY

# 5

### Contract Analysis & Prioritization

Reviewed performance-based contracts to identify the highest ROI measures with the least operational disruption.

### 90 day

Faster access to actionable data

### ~30%

Reduction in gap list noise

### Reporting Infrastructure Setup

Built and implemented data submission and validation processes required for health plan reporting.

### Integrated Worklists & Reporting

Delivered clinically validated, prioritized gap lists that were 30% cleaner and ~90 days more current than health plan data.

### Passive Clinical Review

Processed high volumes of raw clinical records to identify and validate gap closures, without requiring any physician workflow changes.

### No EMR Integration

Bypassing EMR integration enabled rapid deployment and go-live within weeks instead of months.

## SOLUTION DETAILS

# 6

### Technology-Enabled Clinical Review

The solution processes high volumes of medical records to identify and validate gaps between clinical care and claims data.

### Before

Physicians relied on inaccurate, unvalidated health plan gap lists with limited day-to-day value.

### Shift to Clinical Source of Truth

We replaced delayed claims data with real-time clinical data to deliver accurate, reconciled gap lists to providers and health plans.

### After

Providers received continuously updated, clinically validated gap lists prioritized by patient and measure for more effective action.



# 7

## RESULTS

### \$2M+

Recovered in 3 months

### ~30%

Reduction in gap list noise

### 90 day

Faster access to actionable data

### 3x

Improvement in outreach efficacy

### +2 tier

Improvement in A1C & BP

By handling the data reconciliation and reporting behind the scenes, Valley Steer allowed the physicians to focus on what they do best while ensuring the organization captured the financial value of the care they were already delivering.

This engagement is now approaching its one-year mark and is expected to continue as a multi-year partnership.

