

Case Study

ED Coding Modernization Delivered ~\$60M/Year

How an academic health system turned ED coding, EHR migration, and vendor sprawl into a single, accountable revenue performance engine

Vee Healthtek partnered with a New Jersey-based academic health system - one of the state's largest, serving 8+ counties through 12 acute-care hospitals and caring for 6M+ outpatient visits annually, supported by 45,000 employees and 9,000 physicians. The system reports >\$6B in annual revenue, making even small yield improvements meaningful at CFO scale.

By the time we partnered with the health system, the revenue cycle reality looked familiar: coding was fragmented across 4-5 vendors plus an internal team, with inconsistent standards across hospitals and service lines. At the same time, the organization was executing a phased EHR migration - a moment when coding variation, work queue friction, and rework can quickly become delayed bills and missed revenue.

Revenue cycle challenge: protect cash while everything is changing

Leadership needed to solve three problems at once:

- **Reduce vendor complexity** without disrupting throughput.
- **Standardize ED professional coding** where the system used a legacy point-based model, limiting yield relative to evidence-based guidelines.
- **Raise inpatient coding quality** to withstand multiple layers of audit scrutiny while the EHR foundation was shifting.

Solution: ED coding modernization + audit-ready quality system built for EHR reality

We engaged through the client's existing enterprise partner model and became the single delivery team behind coding across hospitals and physician groups - scaling to ~500 coders.

1. Re-based ED coding on ACEP guidelines, and proved it first

We ran comparative analysis against the point system and showed the finance impact of moving to ACEP (American College of Emergency Physicians) guidance. The shift wasn't theoretical: it was implemented across hospitals over ~6 months, aligned to the EHR rollout cadence.

2. Built quality into the operating system, not into heroics

We deployed a QA motion designed for scale: 100% audit during onboarding, transition to production after ≥95% accuracy, then 10-12% retro audits plus targeted focused audits when trend errors appeared—creating a learning loop that protected throughput while reducing repeat errors.

3. Sustained inpatient performance under layered audit scrutiny

On inpatient work, the client operated three layers of audit (internal QA plus tools and a third-party analytics platform). We aligned our workflows and reporting to those checkpoints and sustained DRG-focused performance expectations. We also improved feedback and communication with the physicians, which helped improve overall clinical documentation.

Impact by the numbers

- **~\$5M/month uplift (≈ \$60M/year)** attributed to the ED coding model shift from point-based to ACEP-aligned coding.
- **Inpatient DRG accuracy sustained at ≥95%** (stated steady-state performance under multi-layer audits).
- **Operational quality systemized:** 100% onboarding audits → ≥95% gate to production → 10–12% maintenance retro audits.
- **DNFB** (Discharged Not Final Billed) improved from 7.0 days to 4.3 days.

Why the client chose us

The health system prioritized a partner that could prove financial lift with evidence, standardize workflows quickly during EHR change, and operate with transparent, audit-grade quality controls, so internal leaders could focus on governance rather than vendor management.

A finance leader said it best
The ED guideline shift wasn't incremental; it showed up in the numbers month after month

Transferable insight for CFOs and revenue cycle leaders

Revenue integrity improves fastest when coding is treated like a governed production system - standardized rules, audit-ready controls, and technology-aligned workflows, especially during EHR change.

About Vee Healthtek

Vee Healthtek is a technology-led revenue cycle partner for U.S. health systems and physician groups. We treat revenue cycle as a structural determinant of growth and resilience, not an administrative process. Our modular capabilities span every stage of the revenue cycle, enabling both targeted interventions and full-cycle transformation. By combining engineered workflows, practitioner insight, and a global delivery architecture, we turn revenue friction into flow - from access to A/R - and shift it from a cost center to a revenue performance system.

Granite Park 1, Suite 850, 5800 Granite Parkway
Plano, TX 75024, United States

