

CAPC and AutoBill Improve Coding Productivity **38%** and Strengthen Accuracy

CASE STUDY

Community-Based Multi-Specialty Federally Qualified Health Center (FQHC)

Florida

A community-based federally qualified health center (FQHC) with 105 clinicians across eight locations and a mobile care unit.

Provides a wide range of services, including pediatrics, dental, behavioral health, specialty care, family medicine, and obstetrics.

Recognized for expanding behavioral health services, receiving \$6.27 million in HRSA Health Center Program funding, and maintaining AAAHC Medical and Dental Home reaccreditation.

OVERVIEW

A community-based, FQHC, multi-specialty healthcare organization in Florida sought to modernize its professional coding and billing operations. With growing patient volumes and expanding services in pediatrics, dental, behavioral health, and specialty care, leadership needed to improve coding productivity, accuracy, and compliance while increasing automated billing capabilities.

To address these challenges, the FQHC partnered with AGS Health to implement computer-assisted professional coding (CAPC) and expand AutoBill automation across several departments. The initiative embedded intelligent coding tools directly into existing provider and coder workflows, improving efficiency and enhancing documentation quality and compliance oversight. Within months of implementation, the organization achieved significant improvements in productivity, automation, and coding accuracy across thousands of encounters.

CHALLENGES

- Limited visibility into coding performance and trends made it difficult to identify root causes of errors or workflow inefficiencies.
- Manual coding processes required significant human effort, reducing productivity and delaying billing.
- Inconsistency in provider documentation and templates reduced coding accuracy and automation performance.
- Growing patient volumes increased pressure on coding teams to maintain throughput while protecting compliance and revenue integrity.

OUTCOMES

- **38%** increase in coding productivity.
- Initial physician coding accuracy improved across categories from close-loop analysis provided on a monthly basis:
 - International Classification of Diseases (ICD) **96%**
 - Current Procedural Terminology (CPT) **95%**
 - Evaluation and Management (E&M) **93%**
 - Healthcare Common Procedure Coding System (HCPCS) **95%**
- Leveraged AI insights to expand AutoBill adoption, which enabled more encounters to be processed without manual coding review while prioritizing encounters with potential revenue leakage for coder intervention and review.
- Data-driven improvements in documentation, compliance, and workflow optimization.

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“By combining automated coding technology with data-driven insights and collaborative workflow optimization, we significantly improved coding productivity, strengthened accuracy, and expanded billing automation while maintaining compliance across our clinical departments.”

- **Accelerating Coding Productivity with Embedded CAPC**
 Before implementing CAPC, coding productivity was constrained by manual processes and inconsistent documentation. Embedding CAPC directly into provider and coder workflows significantly increased chart processing efficiency across multiple specialties. These improvements enabled coding teams to manage high encounter volumes more effectively while reducing manual review.
- **Driving Automation with AutoBill**
 AGS Health deployed AutoBill functionality, supported by encounter-filter logic, to expand automated billing eligibility. The automation framework enabled more encounters to move directly to billing without manual review, increasing monthly encounter volumes, automating billing rates across multiple specialties, and reducing compliance risks and mischarges by leveraging suggested code insights in encounter filter logic.
- **Strengthening Coding Accuracy and Compliance**
 CAPC analytics and reporting tools provided leadership with detailed visibility into coding performance, documentation gaps, and workflow inefficiencies. These insights enabled targeted improvements through provider education, template optimization, and workflow adjustments, strengthening both coding accuracy and compliance oversight.
- **Collaborative Implementation and Workflow Optimization**
 Successful implementation required close collaboration between the organization and AGS Health. Variability in provider documentation and templates was addressed through detailed analysis and structured feedback sessions to refine workflows and improve automation performance. AGS Health also collaborated with the EHR vendor to enhance diagnosis code functionality, strengthening technical workflows.