

# Ohio-based Health System Eliminates Backlogs, Reduces DNFB, Heightens Productivity with Professional Coding Automation

## CASE STUDY

### Integrated Nonprofit Healthcare System

Northeastern Ohio

A nationally recognized nonprofit health system with more than 1,000 beds in northeastern Ohio.

More than 850 physicians, nearly 530 allied health providers, and over 7,000 employees system-wide.

Recorded nearly 129,570 patient days, more than 873,350 outpatient visits, over 25,350 surgeries, and 139,140 ER visits in 2025.

#### OVERVIEW

A Midwestern integrated healthcare organization serves communities across urban and rural areas through a network of hospitals, outpatient facilities, physician practices, and specialty care services. Known for its patient-centered approach and strong community presence, the system offers comprehensive clinical programs, including cardiovascular care, oncology, orthopedics, and behavioral health while supporting medical education and workforce development. The organization is recognized for quality outcomes and community engagement, and continues to invest in technology, care coordination, and operational innovation.

Recognizing the need to eliminate backlogs and improve professional fee coding and billing processes, the health system teamed up with AGS Health to deploy computer-assisted professional coding (CAPC) to accelerate and enhance coding and reduce time-to-bill.

#### CHALLENGES

- Manual coding processes and staff shortages created a 35–40-day coding backlog, leading to downstream billing and collection issues.
- Siloed departments and spreadsheet-based reporting were inefficient and made it difficult to provide physicians and coders with timely feedback.
- Reliance on code books for coding reviews exacerbated billing delays.

## OUTCOMES

- In just seven months, the team cleared its coding backlog.
- Average charts per coder per hour improved to nearly 18, an increase of 5-6 charts per hour.
- Value of claims coded per month increased from \$2 million to \$4 million
- DNFB dropped from approximately 38 days to just 10.

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“AGS Health’s CAPC has truly exceeded our expectations. We came into this just wanting a tool to help us code more efficiently, but what we’ve gotten is a tool that has helped us automate and streamline coding processes, and, for a large majority of our revenue cycle pre-billing, we’ve made a lot of strides forward”.

**Senior Manager of Coding**

- **Eliminating Inefficiencies and DNFB Backlogs**  
With physicians and coders alike burdened by manual coding processes, the hospital’s Discharged, Not Final Billed (DNFB) climbed to nearly 40 days. When the facility’s computer-assisted coding (CAC) solution failed to meet professional fee coding needs, the health system turned to AGS Health and its automated professional coding (CAPC) platform. The system was quickly embraced by the coding staff, the backlog was rapidly eliminated, and DNFB remains within target levels.
- **Flexibility and Innovation**  
AGS Health encouraged the organization’s coding department to think outside the box when configuring CAPC and to focus on integrating it into workflows rather than expecting physicians and coders to change processes to fit the tool.
- **Agile Automation**  
AGS Health’s agility and expertise in advanced automation enabled its deployment team to respond rapidly to unexpected hiccups, including gaps caused by the EHR vendor’s inability to deliver the expected data integration and workflow automation.
- **Customized Reporting**  
Custom productivity and other reporting tools allow team leaders to rapidly access and drill down into data at a very granular level to identify trends and productivity or coding issues and present the information in ways that are meaningful to both coders and physicians—a capability that has enhanced end-user satisfaction with CAPC.