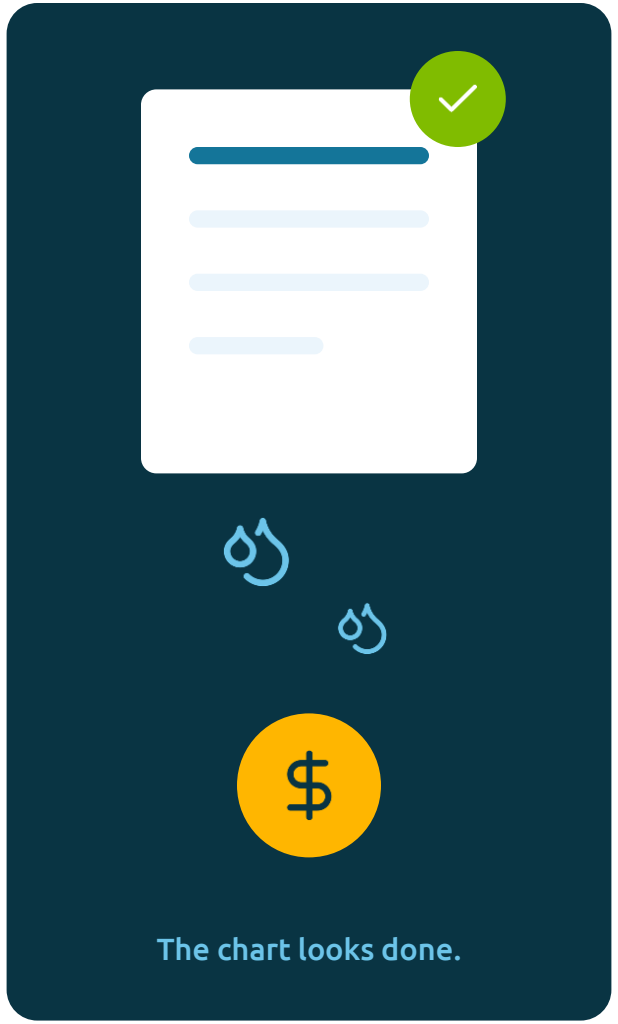
Scribe-X
CLINICAL INTELLIGENCE PLATFORM

THE PATIENT JOURNEY SERIES · EPISODE 2

5 Shifts Smart Healthcare Leaders Make to Stop the Revenue Leaking Out of Every Chart



Without seeing one more patient.

Live · Thursday, August 20, 2026 · 4:00 PM ET / 1:00 PM PT

Presented by Jason Hess, President · Ethan Palioca, Director of Product Strategy



Welcome

Where are you joining from? Drop your city in the chat.

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WHO IS THIS FOR?

The People Who Own the Number

CFOs

who see delayed billing and soft revenue in the same month.

CEOs

running a healthcare organization on decreasing margins.

CMOs and Medical Directors

whose providers still chart at night.

Revenue & Quality Leaders

tired of chasing what the chart missed.

Your charts look finished.
Your revenue tells a different story.

The leak doesn't clearly show up on any report. It shows up as a margin gap you can't explain.

WHO WE ARE

Jason Hess and Ethan Palioca

President · Director of Product Strategy

We're the Clinical Intelligence Platform for outpatient organizations.

Scribe-X
CLINICAL INTELLIGENCE PLATFORM

"Trained people behind the automation, across the whole patient journey."

27 specialties

23 states

20+ EHRs

athenahealth Epic eClinicalWorks "Improving Healthcare Together" nextgen healthcare + more

WHAT OUR CUSTOMERS MEASURE

When the whole chart gets finished, the numbers move.

~1.9
more patients a day, per provider

45%
faster time to close

+10%
level-of-service coding

+24%
HCC capture

+30
pts provider satisfaction

Measured client outcomes across Scribe-X programs. Results vary by organization, payer mix, and solution.

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THE NEXT 45 MINUTES

Here is Today’s Agenda:



Where revenue disappears in charts that look done.



The five shifts leaders make to stop it.



How to size your own annual leak.



Your first steps for the next 30 days.

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WE'RE GIVING AWAY TODAY

The Revenue Leak Kit



Chart Revenue Leak Calculator

Your annual leak, from three inputs.



Chart Leak Checklist

A one-pager of the usual suspects.



Documentation Health Score

A self-assessment you can run this week.

Plus a free trial for anyone who books a discussion after this webinar.

Does that sound fair? Give me a " 👍 " in the chat.

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But first... is this you?

Give me a "1" in the chat if this hits home.

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The chart looks done.
The claim goes out light.

Give me a "1" in the chat if this hits home.

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The notes got faster.
The margin didn't move.

Give me a "1" in the chat if this hits home.

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Follow-ups quietly die...
and the visits they would have booked die with them.

Give me a "1" in the chat if this hits home.

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Your providers still chart at 9:23 pm.
Your best one is eyeing the door.

Give me a "1" in the chat if this hits home.

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Good News!

Those aren't your real problems.

They're symptoms.

WHERE THE MONEY GOES

The Leak is Real, and It Has Been Measured.

10.3%

of Medicare evaluation and management claims were paid improperly. $3.9 billion in one year, and four in five of those errors trace to coding or documentation.

CMS CERT, FY2025 Medicare fee-for-service supplemental improper payment data

$40,000

per provider, per year, in unbilled prevention and coordination work.

Annals of Internal Medicine, 2022 · modeled ceiling

-2.4%

average operating margin across community health centers in 2024. A quarter of them run below -4%.

NACHC analysis of 2024 UDS data, published 2025

None of these are Scribe-X numbers. Community health or private practice, an unfinished chart costs the same.

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THE REAL PROBLEM

You Haven't Made These Five Shifts

1



Make the whole journey co-intelligent

2



Put a documentation expert at the center

3



Close the gaps AI leaves open

4



Support every provider where they are

5



Build adoption in the deployment

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ONCE YOU DO

What Changes When the Five Shifts Land:

- Providers finish on time.
- Codes get captured.
- Follow-ups close.
- The whole team adopts it, not just two providers.
- You can show the board where the leak stopped.

Ready for the first shift?



Ethan Palioca, Director of Product Strategy

Put a " 👍 " in the chat.

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SHIFT 1 OF 5



1 Make the Whole Journey Co-Intelligent

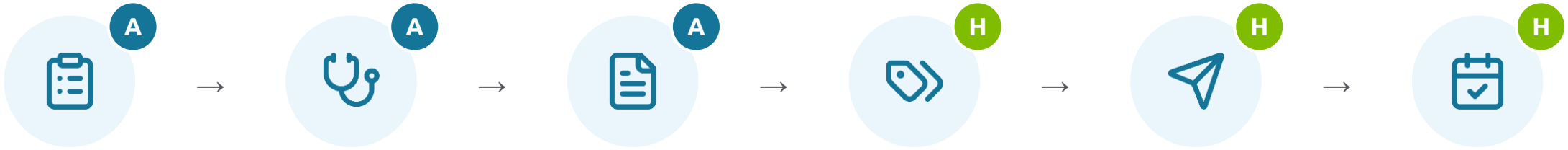
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*it's not **"is it AI or not."***

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SHIFT 1 · MAKE THE WHOLE JOURNEY CO-INTELLIGENT

The note is one step. The revenue lives in the whole journey.



A automation carries the volume **H** a trained expert owns the judgment

BEFORE

AI drafts the note and stops. Codes, referrals, and follow-ups wait on the provider.

AFTER

The work keeps moving after the visit ends. The chart, the codes, the follow-through get finished.

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SHIFT 2 OF 5



1 Make the Whole Journey Co-Intelligent

2 Put a Documentation Expert at the Center

2

*it's not **how smart the AI is.***

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SHIFT 2 · PUT A DOCUMENTATION EXPERT AT THE CENTER

When the provider is the editor, the misses survive to the claim.

We forgive a provider's mistake. We never forgive the machine's.

BEFORE

AI drafts. The provider edits the misses after hours, or signs without catching them.

→

AFTER

A trained expert finalizes the work. The provider reviews and signs a chart that is actually done.

Ask any vendor: **"Who is accountable for the accuracy of the finished note?"**

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SHIFT 3 OF 5

1 Make the Whole Journey Co-Intelligent

2 Put a Documentation Expert at the Center

3 Close the Gaps AI Leaves Open

3

*it's not **what AI does. It's what it misses.***

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SHIFT 3 · CLOSE THE GAPS AI LEAVES OPEN

The gaps don't show in the note... until they show in the revenue.

BEFORE

Codes dropped. Charges slipped. Follow-ups quietly died.

→

AFTER

A documentation expert catches what AI drops. The loop closes, visit after visit.

+10%

E/M level-of-service coding

+24%

HCC capture

Measured across Scribe-X client programs. Level-of-service value is fee-for-service; risk capture applies where you hold risk.

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SHIFT 4 OF 5



1 Make the Whole Journey Co-Intelligent

2 Put a Documentation Expert at the Center

3 Close the Gaps AI Leaves Open

4 Support Every Provider Where They Are

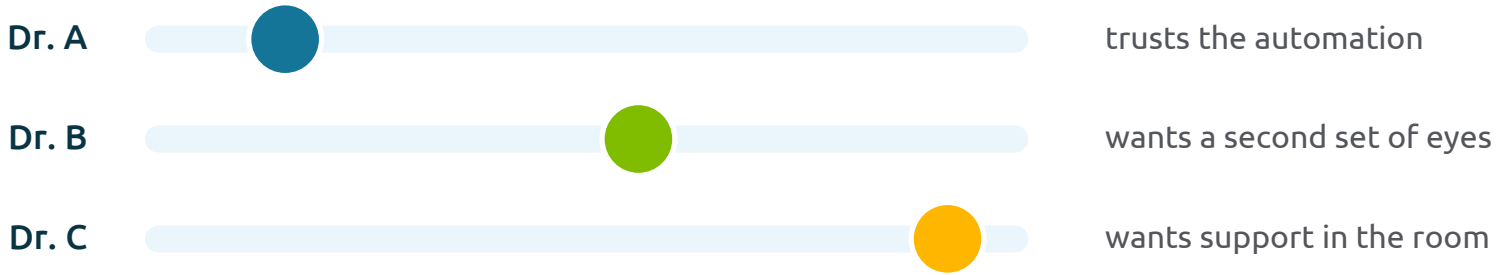
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*it's not **one setting for everyone.***

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SHIFT 4 · SUPPORT EVERY PROVIDER WHERE THEY ARE

One setting fits a few. The leak lives with everyone else.



BEFORE

One fixed setup. Two enthusiasts use it. The rest chart alone at midnight.

→

AFTER

Each provider is set to the level of support that fits them. Capture holds across the whole roster.

One account. One vendor. A different setting per provider.

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SHIFT 5 OF 5



1 Make the Whole Journey Co-intelligent

2 Put a Documentation Expert at the Center

3 Close the Gaps AI Leaves Open

4 Support Every Provider Where They Are

5 Build Adoption in the Deployment

5

*it's not **the tech that fails.***

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SHIFT 5 · BUILD ADOPTION IN THE DEPLOYMENT

You paid for every seat. Part of the roster uses it.



About 1 in 3 clinicians kept using an AI scribe in more than half their visits.

Peer-reviewed study of ambient AI scribe use, JAMA Network, 2026

BEFORE

Seats for the whole roster, and a third of the usage. The invoice doesn't change based on who opened the tool.

→

AFTER

A trained expert carries the work, so the support you're already paying for lands on every provider on the roster.

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THE 5 SHIFTS

1 Make the whole journey co-intelligent.

2 Put a documentation expert at the center.

3 Close the gaps AI leaves open.

4 Support every provider where they are.

5 Build adoption in the deployment.

Screenshot this one.

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YOUR NUMBER

Three inputs. One annual number.



Visits per year

across all providers and sites

×



What an undercoded visit leaves behind

level-of-service and risk capture, by payer type

×



Follow-ups that never become visits

Follow-ups that quietly expire

=



Your annual leak

a number you can take to the board

The Chart Revenue Leak Calculator does the math. It's in your kit.

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WHAT I PROMISED

At the Start of the Conversation, We Discussed:



Where revenue disappears in charts that look done.



The five shifts that stop it.



How to size your own annual leak.



Your first steps for the next 30 days.

YOUR FIRST STEP

Now you have a choice.

A

Do nothing

The leak keeps running. It compounds quietly.

B

Go it alone

Build the checklist into your own workflows. The kit will help.

C

Get help

Book a discussion. We'll walk your gaps with you.

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IF NOTHING CHANGES

The cost of option A:

- The leak compounds, quarter after quarter, on a margin that has no cushion.
- Codes keep slipping. Follow-ups keep dropping.
- The after-hours charting continues... and your best providers keep eyeing the door.
- And the next pilot fails the same way the last one did.

$500K to $1M

to replace one physician

AMA

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OUR THREE SOLUTIONS

Three solutions. One account.

SELF-DIRECTED



Solo

Automation drafts the documentation from the visit. Your team reviews and finalizes it.

Available now to early-adopter practices.

THE FLAGSHIP



Assist

Automation drafts. A trained Remote Healthcare Assistant finishes it: the note in your chart, the orders, the codes. It arrives ready to sign.

A second set of eyes on every note.

HIGH-TOUCH



Live

A trained Remote Medical Scribe documents the encounter in real time. The work is done before the patient leaves.

For encounters where documentation can't wait.

One vendor for all three. Every provider set to the level of support that fits them, and moved when that changes.

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Book a Clinical Intelligence Discussion.

20 minutes. Your gaps, and what they're costing you.

- The Chart Revenue Leak Calculator
- The Chart Leak Checklist
- Your Documentation Health Score
- A free trial when you book

Scan to book

scribe-x.com/book-a-meeting

Trained people behind the automation, across the whole patient journey.

Thank you!

We appreciate your attendance today.

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