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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

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**FORM 8-K**  
CURRENT REPORT

Pursuant to Section 13 or 15(d) of the  
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **July 6, 2022**

**Streamline Health Solutions, Inc.**

(Exact name of registrant as specified in its charter)

**Delaware**  
(State or other jurisdiction  
of incorporation)

**0-28132**  
(Commission  
File Number)

**31-1455414**  
(I.R.S. Employer  
Identification No.)

**2400 Old Milton Pkwy., Box 1353**  
**Alpharetta, GA 30009**  
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: **(888) 997-8732**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class            | Trading Symbol | Name of each exchange on which registered |
|--------------------------------|----------------|---|
| Common Stock, \$0.01 par value | STRM           | Nasdaq Capital Market                     |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

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**Item 7.01. Regulation FD Disclosure.**

On July 6, 2022, Streamline Health Solutions, Inc. posted an updated investor presentation on its website at [www.streamlinehealth.net](http://www.streamlinehealth.net). A copy of the investor presentation is attached hereto as Exhibit 99.1 and is incorporated herein solely for purposes of this Item 7.01 disclosure.

The information furnished under this Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, nor shall such information be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act.

**Item 9.01. Financial Statements and Exhibits.**

*(d) Exhibits.*

| <b>EXHIBIT<br/>NUMBER</b> | <b>DESCRIPTION</b>   |
|---------------------------|--|
| 99.1                      | <a href="#">Streamline Health Solutions, Inc. Investor Presentation.</a>     |
| 104                       | Cover Page Interactive Data File (embedded within the Inline XBRL document). |

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**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Streamline Health Solutions, Inc.

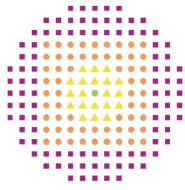
Date: July 6, 2022

By: /s/ Thomas J. Gibson

Name: Thomas J. Gibson

Title: Chief Financial Officer

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# Streamline Health<sup>®</sup>

Investor Presentation  
Nasdaq: STRM



# Disclosure Statement

## SAFE HARBOR STATEMENT: FORWARD-LOOKING DISCLOSURE

This presentation contains “forward-looking statements” within the meaning of the U.S. Private Securities Litigation Reform Act of 1995, based on current management expectations. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and that can cause Streamline Health’s actual results to differ. We caution you therefore to not place undue reliance on such statements.

Actual results might differ materially from these statements due to a number of risks and uncertainties. Risks that may contribute to the uncertain nature of these statements are described in Streamline Health’s periodic filings made with Securities and Exchange Commission. Special attention is directed to the portions of those documents entitled “Risk Factors” and “Management’s Discussion and Analysis of Financial Condition and Results of Operations.” Streamline Health undertakes no obligation to update any forward-looking statements or relevant risks, except as may be required by law.

## TRADEMARKS

Product or company names referenced herein may be trademarks or registered trademarks of their respective owners

# Streamline Health Investment Highlights

Transforming hospital revenue cycle management



## Paradigm-shifting Revenue Cycle Solutions eValuator™ and ReVID™

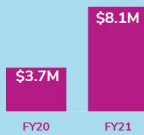
Eliminating inaccuracies before billing for a more efficient revenue cycle



## Powerful Sales Channels

Refreshed, experienced salesforce and expanding set of channel partnerships

## SaaS Revenue



Rapidly expanding SaaS revenue: 119% Growth of SaaS Revenue in 2021 vs. 2020

Anticipating \$3-\$5M of SaaS bookings per quarter in FY22



## Positioned for Growth in 2022 and Beyond

Recent strategic evolution positions STRM for long-term top-line growth

# The Hospital Revenue Cycle is Wildly Inefficient

Hospital billing efficiency is throttled by its coders' ability to navigate the complexities of ICD-10 – a classification system with >130,000 unique codes, based on limited, inconsistent information from clinical staff.



- **Antiquated Processes**  
Slow, repetitive, manual processes result in inaccurate data
- **Coding Complexity**  
>130,000 unique billing codes
- **Regulatory Complexity**  
Coding errors can result in missed revenue or create regulatory risks
- **Staffing Constraints**  
Hospitals need an army of coders to keep up with demand. Each day a case isn't billed negatively impacts cash flow
- **Minimal Auditing**  
Most providers audit only a handful of cases – and primarily **after** they've been billed

Providers are forced to  
**SACRIFICE BILLING ACCURACY**  
for expediency

# Typical 350 Bed Hospital – Waste and Inefficiency in the Hospital

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## Front of Cycle

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### Patient Access (30+ Headcount)

- Address/ID Validation
- ABN
- Registration Quality
- Price estimation
- Insurance discovery
- Prior authorization
- Patient portal/payments
- Scheduling
- POC Collections

## Middle of Cycle

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### Charge Integrity (5+ Headcount)

- Chargemaster
- Charge Capture
- Charge Reconciliation
- Abstracting
- CDI

### Coding (45+ Headcount)

- Coding
- Auditing

## Back of Cycle

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- Billing/Bill Scrubbing (~50 Headcount)
- Payment Processing (3-5 Headcount)
- Denials Management (10+ Headcount)
- A/R Follow Up (10+ Headcount)
- Patient Engagement (1-2 Headcount)

~170 Headcount to manage financial outcome for a patient

Waste in the back of the cycle



# We Streamline Revenue Cycle Management

Our innovative software solutions, like RevID™ and eValuator™ improve documentation and coding accuracy, resulting in optimized cash flow and improved financial performance.



Patient Record



Output from any Hospital Electronic Health System (EHR) System; e.g., Epic, Cerner, Allscripts



**Organize**  
Abstracting & Physician Query



**Optimize**  
Clinical Documentation Improvement (CDI) & RevID™



**Evaluate**  
eValuator™ cloud-based pre-bill coding analysis

Compliant Revenue



## Our Offerings

### Services

- | **Audit & Coding Services** – Best-of-breed outsourcing for ICD-10 coders and auditors supported by eValuator
- | **RCM Consulting** – High-level structure & strategy, staff augmentation, system optimization, project management, etc.
- | **Integration Services** – For Streamline technologies and EHR implementations

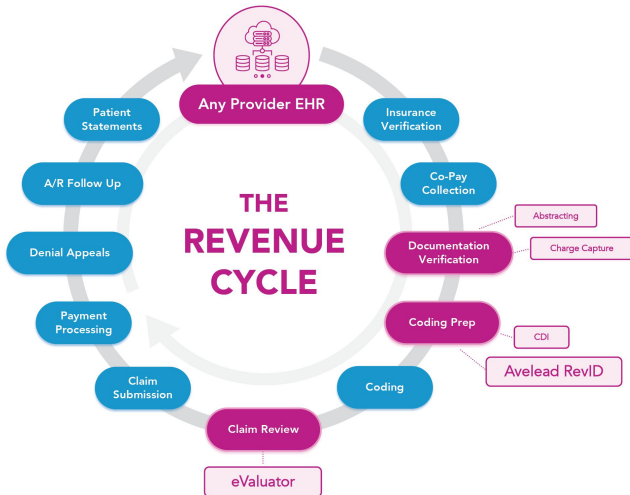
### SaaS Solutions

- | **Chargemaster** – Automated maintenance and management tool for a provider's complete list of services and prices offered
- | **Compare** – Continuously automates comparison of multiple software systems to identify errors and discrepancies
- | **ReVID**– Automated charge reconciliation tool, identifies discrepancies between a providers' clinical and billing departments to ensure all medical services are billed
- | **eValuator** – pre-bill ICD-10 code analysis that enables 100% of records to be audited prior to billing

### Legacy Software

- | **Abstracting** – Acute care chart abstracting suite
- | **Coding & CDI**– Clinical Documentation Improvement and workflow engine, enables secure remote work and powerful reporting

# Unique Offerings in a Growing Industry



RevID & eValuator TAM

**\$900M+**

Total Addressable Market for **Streamline's** marketed SaaS software solutions in the US across **579 accounts\***

## Financial Performance is Dictated by Coding Accuracy

Historical Approach **2-4%**

Pre- or post-bill audits of 2-4% of cases

- Small number of randomly selected cases
- Limited window to resubmit for missed revenue or correct overbilling
- No opportunity to optimize 95% of cases


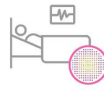
New Best Practice **100%**

Automated pre-bill analysis of Every Record

- Identifies coding issues that indicate revenue leakage and compliance exposure
- Routes to auditor, with recommended corrections
- All prior to billing with virtually no impact on "Days Not Final Billed"

# How eValuator's Automated Pre-Bill Coding Analysis Impacts Revenue

eValuator

|  |   | Documentation Confirms   | Initial Coding Reflects  | Submitted Coding  | Reimbursement   |
|--|---|--|--|---|-----------------|
| <b>Patient A</b><br>(No Safety Net)        |  | <ul style="list-style-type: none"> <li>COVID-19</li> <li>Shortness of breath</li> <li>Congestive heart failure</li> <li>Diabetes with high blood sugar</li> </ul>                                | <ul style="list-style-type: none"> <li>COVID-19</li> <li>Shortness of breath</li> <li>Congestive heart failure</li> <li>Diabetes with hyperglycemia</li> </ul> | <ul style="list-style-type: none"> <li>DRG-179</li> </ul> | <b>\$7,504</b>  |
| <b>Patient B</b><br>(eValuator™ Optimized) |  | <ul style="list-style-type: none"> <li>COVID-19</li> <li>Shortness of breath is due to acute exacerbation of chronic congestive heart failure</li> <li>Diabetes with high blood sugar</li> </ul> | <ul style="list-style-type: none"> <li>COVID-19</li> <li>Acute on chronic congestive heart failure (MCC)</li> <li>Diabetes with hyperglycemia</li> </ul>       | <ul style="list-style-type: none"> <li>DRG-177</li> </ul> | <b>\$14,355</b> |



# eValuator Generates Significant ROI

Providers of All Sizes See Strong ROI in terms of Total Financial Impact

eValuator

|   |   | ROI in Total Financial Impact |
|---|---|-------------------------------|
| <b>I M Health Fairview</b> (Minneapolis, MN)<br>↳ 2,276 Beds; IP and OP (Epic)                    |  | <b>11.6x</b>                  |
| <b>I Memorial Hermann</b> (Houston, TX)<br>↳ 4,000 Beds; IP and OP (Cerner)                       |  | <b>20.2x</b>                  |
| <b>I University of Louisville</b> (Louisville, KY)<br>↳ 1,209 Beds; IP and OP (Cerner/Allscripts) |  | <b>5.4x</b>                   |
| <b>I Cooper University</b> (Camden, NJ)<br>↳ 574 Beds; IP (Epic)                                  |  | <b>7.6x</b>                   |
| <b>I Vidant Health</b> (Greenville, NC)<br>↳ 1,297 Beds; IP and OP (Epic)                         |  | <b>6.6x</b>                   |



## Cloud-based Identification of Charge Capture Discrepancies



Eliminates revenue leakage before claims are processed.



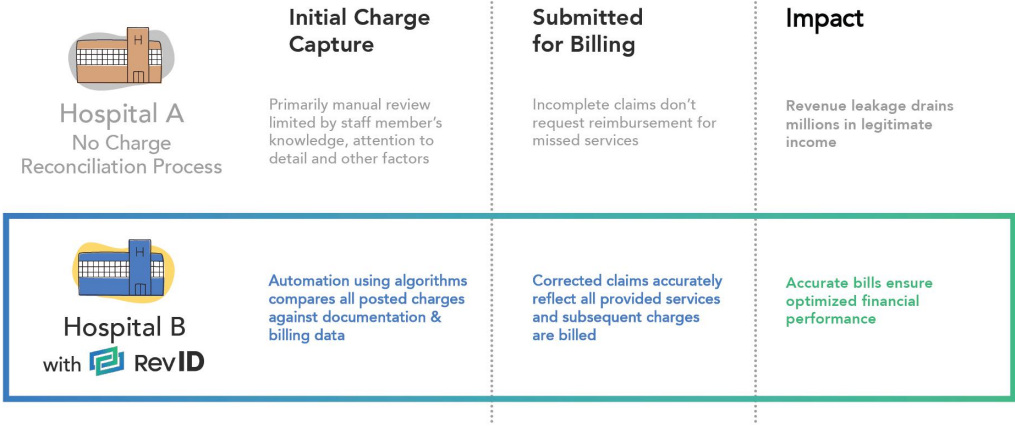
Utilizes proprietary algorithms to compare posted charges/billing against clinical information.



Streamlines workflow by automating the revenue cycle.

# How RevID's Automated Charge Reconciliation Impacts Revenue

RevID





# RevID Generates Significant ROI

Providers of All Sizes See Strong ROI in terms of Total Financial Impact

RevID

|                              | ROI in Total Financial Impact |
|------------------------------|-------------------------------|
| I 13,000 Bed Hospital System | 54x                           |
| I 900 Bed Hospital System    | 55x                           |
| I 661 Bed Hospital System    | 36x                           |
| I 73 Bed Hospital            | 26x                           |



## Direct Channel

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Regional Vice Presidents supported by internal business development resources

| eValuator direct channel consists of 4 experienced RVPs led by 40 year HCIT sales veteran Amy Sebero

| Avelead direct channel consists of 2 experienced RVPs focused on new accounts and 1 focused on expanding existing relationships within largest IDNs

## Partner Channel

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Merged Corporate Development generating and nurturing strategic partnerships

| Existing partnership relationships with major audit firms, EHR reseller agreements and RCM service leaders

| Partners collaborate with RVPs to increase bookings velocity

| Working to cross pollinate existing partnerships between eValuator and Avelead



## Financial Results

### 2021 Income Statement

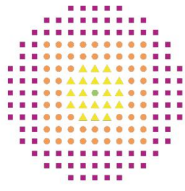
|  | First Quarter 2022<br>Three Months Ended<br>April 30, 2022 | First Quarter 2021<br>Three Months Ended<br>April 30, 2021 | Fiscal Year 2021<br>Twelve Months Ended<br>January 31, 2022 | Fiscal Year 2020<br>Twelve Months Ended<br>January 31, 2021 |
|--|--|--|---|---|
| Revenue  | \$5.9M   | \$3.0M   | \$17.4M   | \$11.3M   |
| Operating Expenses<br>(including transaction costs)  | \$9.1M   | \$5.4M   | \$28.1M   | \$17.3M   |
| Loss From Continuing<br>Operations<br>(including transaction costs and<br>forgiveness of PPP Loan) | (\$2.8M)   | (\$2.5M)   | (\$6.9M)  | (\$4.8M)  |
| Net Income/(Loss)  | (\$2.8M)   | (\$2.1M)   | (\$6.5M)  | \$0.3M  |
| Adj. EBITDA  | (\$1.7M)   | (\$0.7M)   | (\$2.0M)  | (\$1.9M)  |

Streamline Health defines "adjusted EBITDA" as net earnings (loss) plus interest expense, tax expense, depreciation and amortization expense of tangible and intangible assets, stock-based compensation expense, significant non-recurring operating expenses, and transactional related expenses including gains and losses on debt and equity conversions, associate severances and related restructuring expenses, associate inducements, and professional and advisory fees. Please see our press release for a reconciliation of non-GAAP Adjusted EBITDA to GAAP Net Income; Pro Forma Revenue and Loss From Continuing Operations figures represent the consolidation of the Company with Avelead as if Avelead's operations were fully recognized during both comparable periods.

## Clean Capital Structure

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|   |   |
|---|---|
| <b>Cash &amp; cash equivalents</b><br>(as of 4/30/22) | <b>\$8.0M</b>   |
| <b>Debt</b><br>(as of 4/30/22)                        | <b>\$10.0M</b><br>5-year term loan with favorable repayment terms |
| <b>Common Stock</b><br>(as of 6/7/22)                 | <b>48.6M shares outstanding</b>                                   |



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Health®

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