

---

---

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

---

**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): **September 16, 2021**

**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.)

**11800 Amber Park Drive, Suite 125**  
**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.

---

---

**Item 7.01. Regulation FD Disclosure.**

On September 16, 2021, 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 NUMBER</b>	<b>DESCRIPTION</b>
99.1	<a href="#">Streamline Health Solutions, Inc. Investor Presentation</a>
104	Cover Page Interactive Data File – the cover page XBRL tags are embedded within the Inline XBRL document.

---

**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.

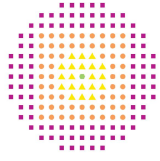
Date: September 16, 2021

By: /s/ Thomas J. Gibson

Name: Thomas J. Gibson

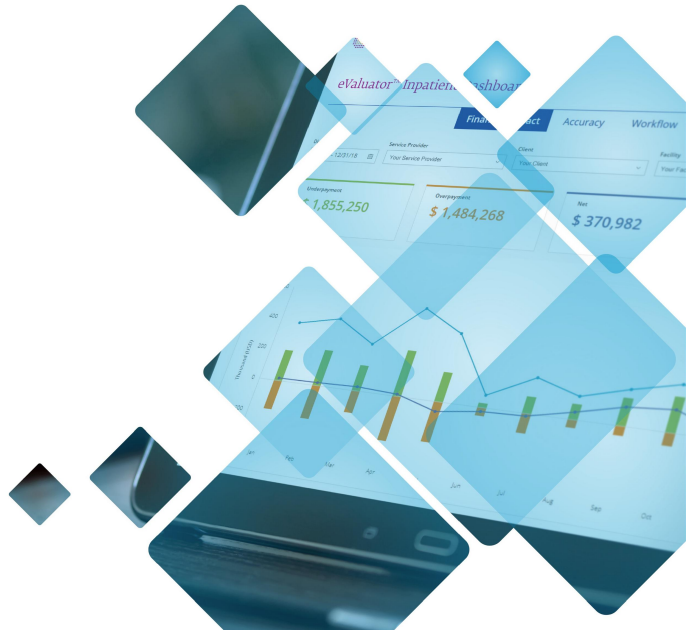
Title: Chief Financial Officer

---



Streamline  
Health®

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 mid-revenue cycle management



## Paradigm-shifting eValuator™ Revenue Integrity Program

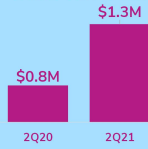
Leading an industry movement to automated pre-bill coding analysis



## Recent Acquisition of Avelead & the ReVID Solution

Driving pre-billing charge verification to prevent revenue leakage

## SaaS Revenue



## Rapidly expanding SaaS revenue: 59% Growth of SaaS Revenue in 2Q21 vs 2Q20

Driven by significant eValuator Growth



## Positioned for Growth in 2021 and Beyond





Despite COVID-19 impact, 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.

Poor documentation verification and erroneous coding contributes to substantial revenue leakage while overbilling can result in denials, claw-backs and fines that further hinder financial performance.



-  **Coding Complexity**  
>130,000 unique billing codes
-  **Regulatory Complexity**  
Coding errors can result in **missed revenue** or create **regulatory risks**
-  **Tremendous Urgency**  
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 CODING QUALITY FOR EXPEDIENCY**

# We Streamline Revenue Cycle Management

Our SaaS-based tools and tech-enabled services relieve the financial pressure on hospitals by transforming clinical data into compliant revenue.

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 EHR System (Cerner, Epic, Allscripts)



Organize  
Abstracting & Physician Query



Optimize  
Clinical Documentation Improvement (CDI) & RevID™

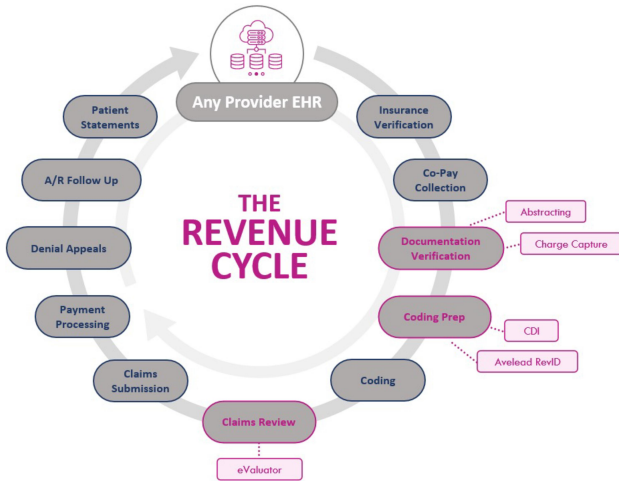


Evaluate  
eValuator™ cloud-based pre-bill coding analysis

Compliant Revenue



# Unique Offerings in a Growing Industry



## \$900M+

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

# Improving Healthcare Provider Financial Performance

Leading an Industry Movement to Pre-Bill Coding Optimization with eValuator™

---

## Financial Performance is Dictated by Coding Accuracy

### Current 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 DNFB

# How Automated Pre-Bill Coding Analysis Impacts Revenue

		Documentation Confirms	Initial Coding Reflects	Submitted Coding	Reimbursement
<b>Patient A</b> (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>• Congestive heart failure</li> <li>• Diabetes with hyperglycemia</li> </ul>	DRG-179	\$7,504
<b>Patient B</b> (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>	DRG-177	\$14,355

# Joining the Movement to Pre-Bill Financial Improvement

Providers of All Sizes See Strong ROI in terms of Net-New Compliant Revenue Capture

## ROI in Net-New Revenue

**I M Health Fairview** (Minneapolis, MN)  
⇒ 2,276 Beds; IP and OP (Epic)



11.6x

**I Memorial Hermann** (Houston, TX)  
⇒ 4,000 Beds; IP and OP (Cerner)



20.2x

**I University of Louisville** (Louisville, KY)  
⇒ 1,209 Beds; IP and OP (Cerner/Allscripts)



5.4x

**I Cooper University** (Camden, NJ)  
⇒ 574 Beds; IP (Epic)



7.6x

**I Vidant Health** (Greenville, NC)  
⇒ 1,297 Beds; IP and OP (Epic)



6.6x



## Avelead Overview



Technology solutions that automate and improve the revenue cycle

---

- **EHR-agnostic** suite of revenue cycle solutions that help healthcare providers capture **100%** of the revenue they've earned.
- Flagship **ReVID** solution compares posted charges to clinical information and is an ideal complement to eValuator
- SaaS ARR run rate of **\$5.7M**, TTM revenue of **\$10.2M** as of 6/30/21
- Anticipate FY21 SaaS revenues **doubling** compared to FY20
- Strong relationship with Cerner

# Improving Revenue Reconciliation with RevID

---



## Cloud-based Identification of Charge Capture Discrepancies



Eliminates revenue leakage before claims are processed.

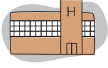




Utilizes proprietary algorithms to compare posted charges/billing against clinical information.



Streamlines workflow by automating the revenue cycle.

# How Automated Charge Reconciliation Impacts Revenue

	Initial Charge Capture	Submitted for Billing	Impact
 <b>Hospital A</b> No Charge Reconciliation Process	Primarily manual review limited by staff member's knowledge, attention to detail and other factors	Incomplete claims don't request reimbursement for missed services	Revenue leakage drains millions in legitimate income
 <b>Hospital B</b> with  <b>RevID</b>	Automation using algorithms compares all posted charges against documentation & billing data	Corrected claims accurately reflect all provided services and subsequent charges are billed	<b>Accurate bills ensure optimized financial performance</b>

## Financial Results

### 2Q21 Income Statement – Exclusive of Avelead

---

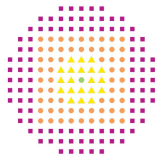
	Three Months Ended July 31, 2021	Three Months Ended July 31, 2020
Revenue	\$2.9M	\$2.9M
Operating Expenses (including transaction costs)	\$5.3M	\$4.1M
Loss From Continuing Operations (including transaction costs and forgiveness of PPP Loan)	(\$0.1M)	(\$1.2M)
Net Income/(Loss)	(\$0.1M)	(\$1.1M)
Adj. EBITDA*	(\$0.8M)	(\$0.4M)

\*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.

## Clean Capital Structure

---

<b>Cash &amp; cash equivalents</b> (as of 7/31/21)	<b>\$15.8M</b> (\$3M of cash used for 8/16 acquisition: \$13M purchase price and transaction cost net of \$10M term loan)
<b>Debt</b> (as of 7/31/21)	<b>\$0M</b> (\$10M 5-year term loan with favorable repayment terms entered into in conjunction with 8/16 acquisition)
<b>Common Stock</b> (as of 7/31/21)	<b>47.1M shares outstanding</b> (5M of shares issued in conjunction with 8/16 acquisition)



Streamline  
Health®

Investor Presentation  
Nasdaq: STRM

