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): November 10, 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 to	elephone number, including area code: (888	3) 997-8/32						
Check the a	appropriate box below if the Form 8-K filing is intended to simultan	eously satisfy the filing obligation of the re	egistrant 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) u	nder the Exchange Act (17 CFR 240.13e-4	(c))						
Securities r	egistered 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						
	check mark whether the registrant is an emerging growth compared to f 1934 (§240.12b-2 of this chapter).	any as defined in Rule 405 of the Securiti	ies Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities						
Emerging g	growth company \square								
	ing growth company, indicate by check mark if the registrant has earsuant to Section 13(a) of the Exchange Act. \Box	elected not to use the extended transition p	eriod for complying with any new or revised financial accounting standards						
•									

Item 7.01. Regulation FD Disclosure.

On November 10, 2022, Streamline Health Solutions, Inc. posted an updated investor presentation on its website at 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.

EXHIBIT NUMBER	DESCRIPTION
99.1	Streamline Health Solutions, Inc. Investor Presentation.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

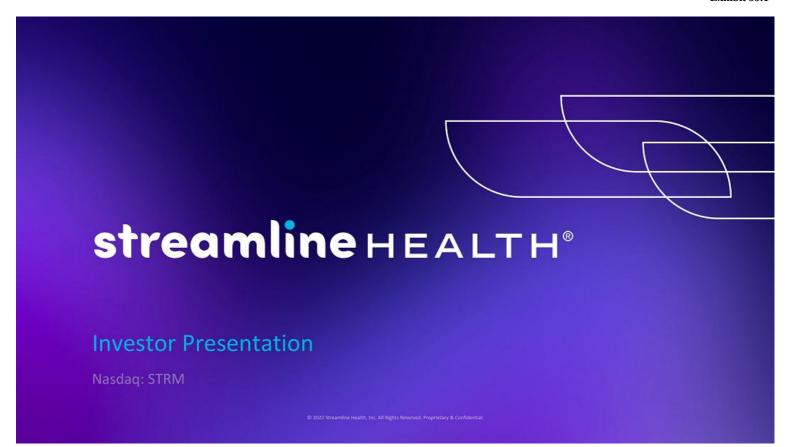
SIGNATURES

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: November 10, 2022 By: /s/ Thomas J. Gibson

By: /s/ Thomas J. Gibson
Name: Thomas J. Gibson
Title: Chief Financial Officer



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



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



Waste and Inefficiency in the Hospital

Front of Cycle

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

Charge Integrity (5+ Headcount)

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

Coding (45+ Headcount)

- Coding
- Auditing

~170 Headcount to manage financial outcome for a patient

Back of Cycle

- 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)

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





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

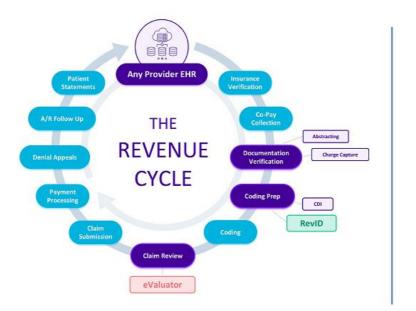
Legacy Software

Abstracting – Acute care chart abstracting suite

Coding & CDI – Clinical Documentation Improvement and workflow engine, enables secure remote work and powerful reporting

streamline HEALTH®

Unique Offerings in a Growing Industry



\$900M+

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

*Source: Definitive Healthcare, Existing company pricing





eValuator[™] – Leading a Movement to Pre-Bill Coding Optimization Through Technology

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

Approximately 80% of the market only audits their cases post-bill

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"



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

		Documentation Confirms	Initial Coding Reflects	Submitted Coding	Reimbursement
Patient A (No Safety Net)		COVID-19 Shortness of breath Congestive heart failure Diabetes with high blood sugar	COVID-19 Shortness of breath Congestive heart failure Diabetes with hyperglycemia	• DRG-179	\$7,504
Patient B (eValuator™ Optimized)	e	COVID-19 Shortness of breath is due to acute exacerbation of chronic congestive heart failure Diabetes with high blood sugar	COVID-19 Acute on chronic congestive heart failure (MCC) Diabetes with hyperglycemia	• DRG-177	\$14,355





eValuator Generates Significant ROI

ROI in Total Financial Impact

M Health Fairview (Minneapolis, MN) 2,276 Beds; IP and OP (Epic)	HEALTH FAIRVIEW	11.6x	
Memorial Hermann (Houston, TX) 4,000 Beds; IP and OP (Cerner)	MEMORIAL'	20.2x	
University of Louisville (Louisville, KY) 1,209 Beds; IP and OP (Cerner/Allscripts)	UL Health	5.4x	
Cooper University (Camden, NJ) 574 Beds; IP (Epic)	©Cooper University Health Care	7.6x	
Vidant Health (Greenville, NC) 1,297 Beds; IP and OP (Epic)	VIDANT HEALTH	6.6x	





Improving Revenue Reconciliation with RevID

Eliminating lost revenue through automated charge reconciliation



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



No Charge Reconciliation Process Initial Charge Capture

Primarily manual review limited by staff member's knowledge, attention to detail and other factors Submitted for Billing

Incomplete claims don't request reimbursement for missed services **Impact**

Revenue leakage drains millions in legitimate income



Automation using algorithms compares all posted charges against documentation & billing data

Corrected claims accurately reflect all provided services and subsequent charges are hilled

Accurate bills ensure optimized financial performance





RevID Generates Significant ROI

Providers of All Sizes See Strong ROI in terms of Total Financial Impact	ROI in Total Financia Impact			
13,000 Bed Hospital System	54x			
900 Bed Hospital System	55x			
661 Bed Hospital System	36x			
73 Bed Hospital	26x			





Competitive Landscape



eValuator

eValuator is the only true pre-bill ICD-10 code audit tool, though some competitive coding services and technology exist











RevID

RevID is the only existing health system automated charge reconciliation technology. If providers want to reconcile their charges today without RevID it is a complex, manual process.

No Direct Competition





Direct Channel

Regional Vice Presidents supported by internal business development resources

- Direct channel consists of 4 experienced RVPs led by 40 year HCIT sales veteran Amy Sebero
- Each RVP has a dedicated business development representative
- Sales organization supported by talented marketing function

Partner Channel

Corporate Development generating and nurturing strategic partnerships

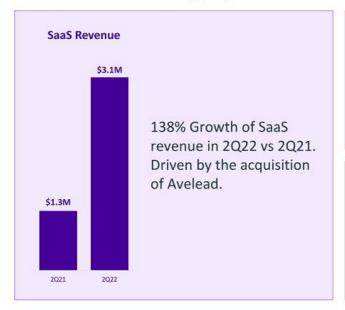
- Existing partnership relationships with major audit firms, EHR reseller agreements and RCM service leaders
- Partners collaborate with RVPs to increase bookings velocity
- Working to cross pollinate existing partnerships between eValuator and legacy Avelead







Recent Financial Highlights



\$12.5M Fiscal 2022 New SaaS Bookings as of July 31, 2022

\$14.3M

Booked SaaS ACV as of 7/31/22 vs \$10.6M as of 1/31/22



Breakout Bookings Performance in FY22

	Q1	Q2	Q3	Q4	Total
FY2022					
Software as a Service	\$ 8,024,000	\$ 4,448,000	\$ -	\$	\$ 12,472,000
System Sales	-	52,000	11-11	-	52,000
Professional Services	839,000	576,000	-	5	1,415,000
Audit Services	2	37,000	-	2	37,000
Maintenance and Support	2	39,000	-		39,000
Total FY2022 Bookings	\$ 8,863,000	\$ 5,152,000	\$ 	\$	\$ 14,015,000
FY2021					
Software as a Service	\$ 1,725,000	\$ 1,455,000	\$ 750,000	\$ 2,199,000	\$ 6,129,000
System Sales	135,000		143,000	296,000	574,000
Professional Services	199,000	150,000	661,000	4,352,000	5,362,000
Audit Services	386,000	22,000	227,000	255,000	890,000
Maintenance and Support	135,000	-	308,000	486,000	929,000
Total FY2021 Bookings	\$ 2,580,000	\$ 1,627,000	\$ 2,089,000	\$ 7,588,000	\$ 13,884,000





Financial Results

	Second Quarter 2022 Three Months Ended July 31, 2022	Second Quarter 2021 Three Months Ended July 31, 2021	First Half 2022 Six Months Ended July 31, 2022	First Half 2021 Six Months Ended July 31, 2021
Revenue	\$6.0M	\$2.9M	\$11.9M	\$5.8M
Operating Expenses (including transaction costs)	\$8.6M	\$5.3M	\$17.8M	\$10.7M
Loss From Continuing Operations (including transaction costs and forgiveness of PPP Loan)	(\$3.3M)	(\$0.1M)	(\$6.0M)	(\$2.5M)
Net Loss	(\$3.3M)	(\$0.1M)	(\$6.1M)	(\$2.2M)
Adj. EBITDA	(\$1.1M)	(\$0.8M)	(\$2.4M)	(\$1.4M)

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 expenses, 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 the appendix for a reconciliation of non-GAAP Adjusted EBITDA to GAAP Net Income.



Profitability at Scale

- I 30%+ Adj. EBITDA Margins
 STRM anticipates the existing business can generate adjusted EBITDA margins in excess of 30% at scale
- I STRM reaches breakeven at \$17M of SaaS ARR
 Beyond this point, incremental SaaS revenues generate
 significant cash flow
- I Scale is Achievable within 12-24 months
 Anticipate exiting FY22 with \$17M of Booked SaaS ACV,
 and exiting FY23 with >\$30M of Booked SaaS ACV

STRM Economics at Scale						
Consolidated STRM Revenue	100%					
Cash Gross Profit	61%					
Cash Operating Expenses	(31)%					
Adjusted EBITDA	30%					
Cap SW Development	(6)%					





Clean Capital Structure

Cash & cash equivalents (as of 7/31/22, Pro Forma October 2022 Equity Raise)	\$14.2M
Debt (as of 7/31/22)	\$10.0M 5-year term loan with favorable repayment terms
Common Stock (as of 7/31/22, Pro Forma October 2022 Equity Raise)	55.1M shares outstanding





Investor Presentation

Nasdag: STRM

Reconciliation of Adjusted EBITDA to Net income

		Three Months	Ende	d		Six Mont	hs E	ns Ended		
		July 31, 2022	Jul	y 31, 2021		July 31, 2022		July 31, 2021		
Loss from continuing operations	\$	(3,272,000)	\$	(71,000)	\$	(6,059,000)	\$	(2,534,000)		
Interest expense		189,000		9,000		321,000		22,000		
Income tax benefit		2,000		(4,000)		13,000		5,000		
Depreciation		13,000		16,000		27,000		37,000		
Amortization of capitalized software development costs		418,000		478,000		847,000		984,000		
Amortization of intangible assets		528,000		116,000		1,056,000		231,000		
Amortization of other costs		117,000		126,000		229,000		242,000		
EBITDA	\$	(2,005,000)	\$	670,000	\$	(3,566,000)	\$	(1,013,000)		
Share-based compensation expense		331,000		557,000		657,000	1	1,122,000		
Non-cash valuation adjustments		475,000		- 2		(25,000)				
Non-routine Costs		49,000		336,000		139,000		777,000		
Forgivness of PPP Loan and accrued interest		-	(2,327,000)		-		(2,327,000)		
Other non-recurring operating expenses		(19,000)		020		(67,000)		16,000		
Severance Expense		73,000				484,000				
Adjusted EBITDA	Ś	(1.096.000)	\$	(764,000)	Ś	(2.378,000)	Ś	(1.425,000)		



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