

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.

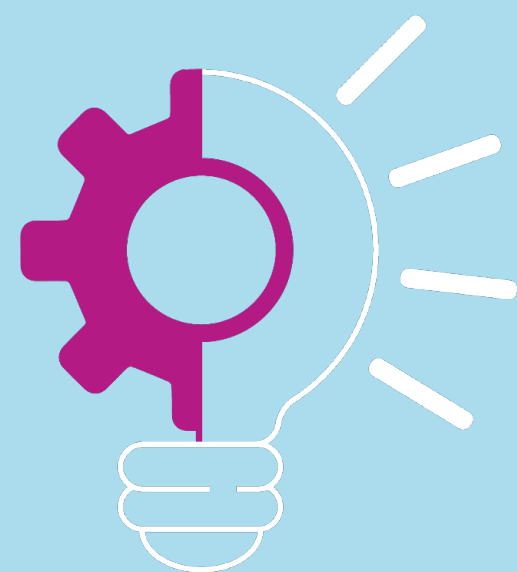
Actual results might differ materially from these statements due to a number of risks and uncertainties. Risks that may contribute to the uncertain nature of these statements are described in Streamline Health’s periodic filings made with Securities and Exchange Commission. Special attention is directed 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.

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Streamline Health Investment Highlights

Transforming hospital revenue cycle management



Paradigm-shifting Revenue Cycle Solutions eValuator™ and RevID™

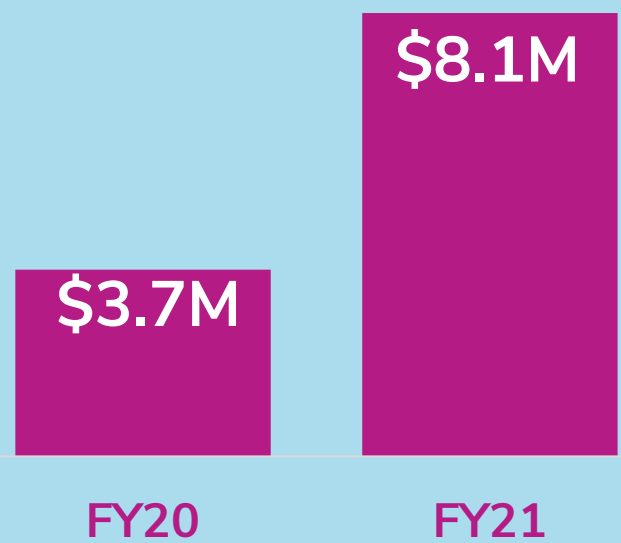
Eliminating inaccuracies before billing for a more efficient revenue cycle



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

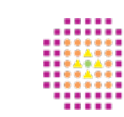


Positioned for Growth in 2022 and Beyond

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

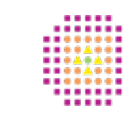
The Hospital Revenue Cycle is Wildly Inefficient

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.



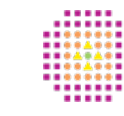
Antiquated Processes

Slow, repetitive, manual processes result in inaccurate data



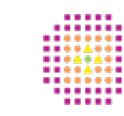
Coding Complexity

>130,000 unique billing codes



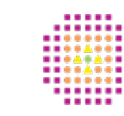
Regulatory Complexity

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

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

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)

~170 Headcount to manage financial outcome for a patient

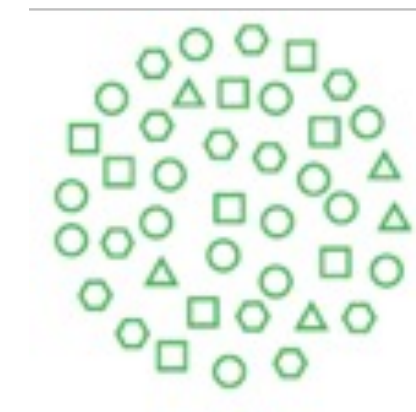
Waste in the back of the cycle

We Streamline Revenue Cycle Management

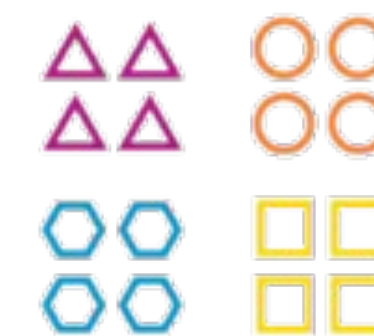
Our innovative software solutions, like RevID™ and eValuator™ improve documentation and coding accuracy, resulting in optimized cash flow and improved financial performance.



Patient Record

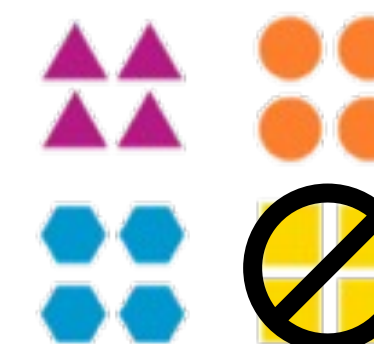


Output from any Hospital Electronic Health System (EHR) System; e.g., Epic, Cerner, Allscripts



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

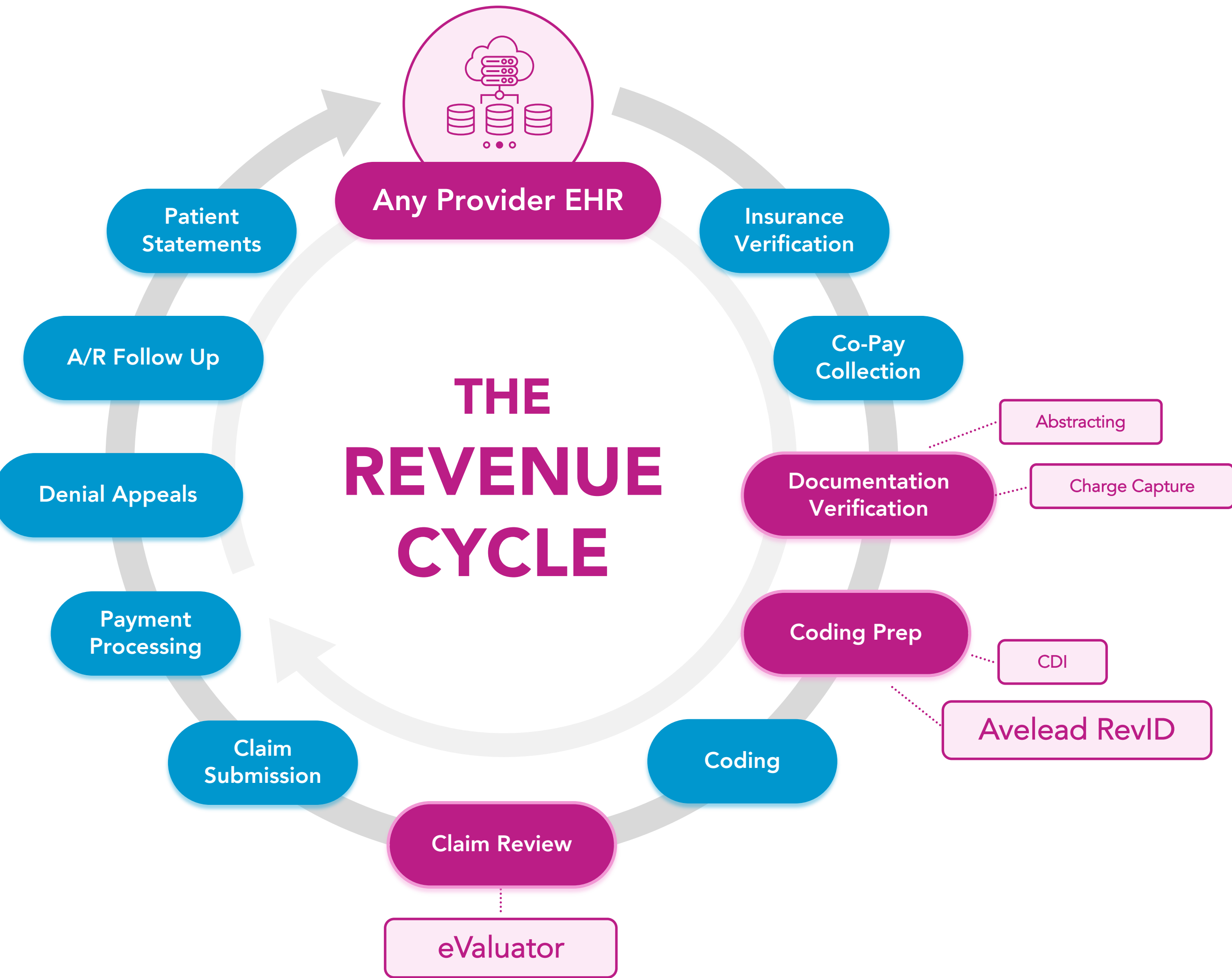
SaaS Solutions

- | **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*

*Source: Definitive Healthcare, Existing company pricing



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

eValuator

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

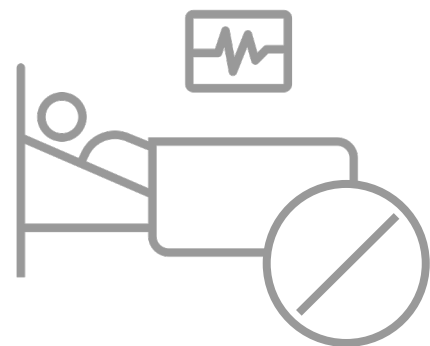
- | Identifies coding issues that indicate revenue leakage and compliance exposure
- | Routes to auditor, with recommended corrections
- | All prior to billing with virtually no impact on “Days Not Final Billed”

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

eValuator

Patient A

(No Safety Net)



Documentation Confirms	Initial Coding Reflects	Submitted Coding	Reimbursement
<ul style="list-style-type: none">COVID-19Shortness of breathCongestive heart failureDiabetes with high blood sugar	<ul style="list-style-type: none">COVID-19Shortness of breathCongestive heart failureDiabetes with hyperglycemia	<ul style="list-style-type: none">DRG-179	\$7,504
<ul style="list-style-type: none">COVID-19Shortness of breath is due to acute exacerbation of chronic congestive heart failureDiabetes with high blood sugar	<ul style="list-style-type: none">COVID-19Acute on chronic congestive heart failure (MCC)Diabetes with hyperglycemia	<ul style="list-style-type: none">DRG-177	\$14,355

Patient B

(eValuator™ Optimized)



eValuator Generates Significant ROI

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

eValuator

ROI in Total Financial Impact

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

Improving Revenue Reconciliation with RevID

RevID

Eliminating lost revenue through automated charge reconciliation



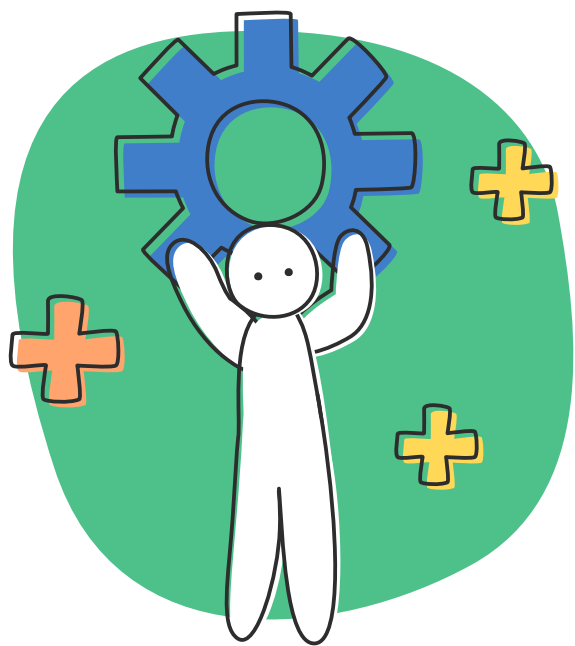
Cloud-based Identification of Charge Capture Discrepancies



Eliminates revenue leakage before claims are processed.

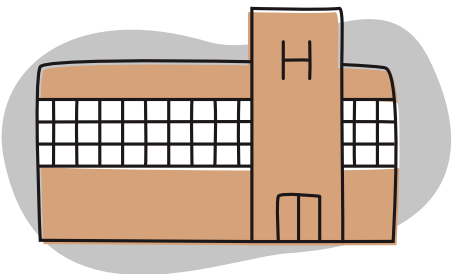
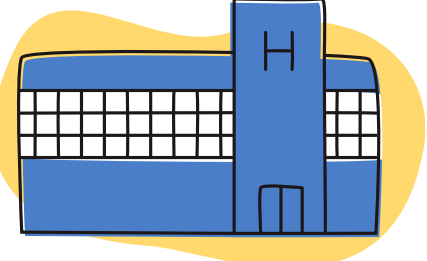



Utilizes proprietary algorithms to compare posted charges/billing against clinical information.



Streamlines workflow by automating the revenue cycle.

How RevID's Automated Charge Reconciliation Impacts Revenue

	Initial Charge Capture	Submitted for Billing	Impact
<div><p>Hospital A No Charge Reconciliation Process</p></div>	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
<div><p>Hospital B with  RevID</p></div>	Automation using algorithms compares all posted charges against documentation & billing data	Corrected claims accurately reflect all provided services and subsequent charges are billed	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 Financial Impact

| 13,000 Bed Hospital System

54x

| 900 Bed Hospital System

55x

| 661 Bed Hospital System

36x

| 73 Bed Hospital

26x

Multi-Channel Go-To Market Strategy

Direct Channel

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

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

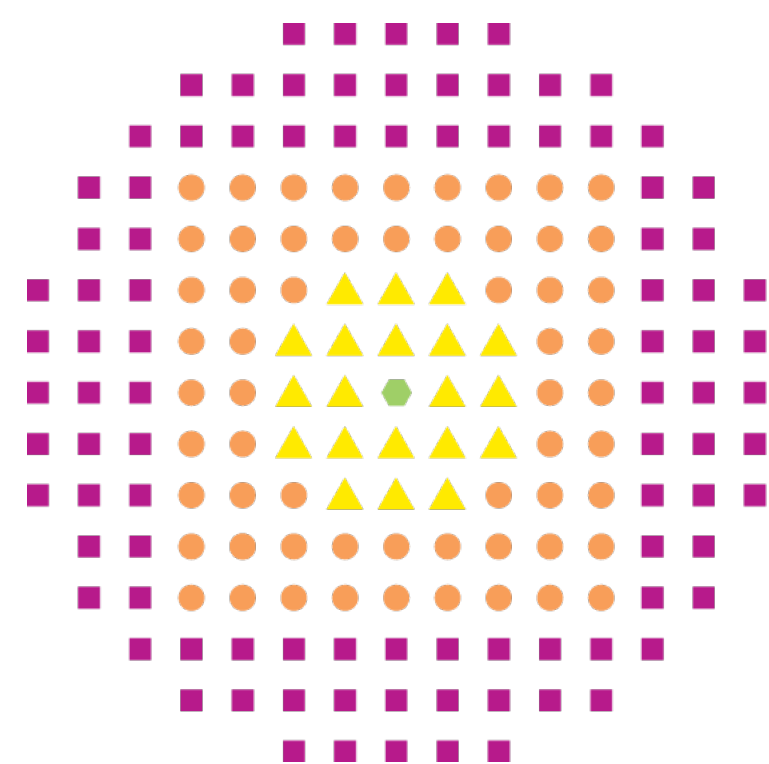
2021 Income Statement

	First Quarter 2022 Three Months Ended April 30, 2022	First Quarter 2021 Three Months Ended April 30, 2021		Fiscal Year 2021 Twelve Months Ended January 31, 2022	Fiscal Year 2020 Twelve Months Ended January 31, 2021
Revenue	\$5.9M	\$3.0M		\$17.4M	\$11.3M
Operating Expenses (including transaction costs)	\$9.1M	\$5.4M		\$28.1M	\$17.3M
Loss From Continuing Operations (including transaction costs and 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

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



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