sayvant

DOCUMENTATION QUALITY PLATFORM
FOR UTILIZATION MANAGEMENT AND CDI TEAMS

The only concurrent quality scoring solution in acute care

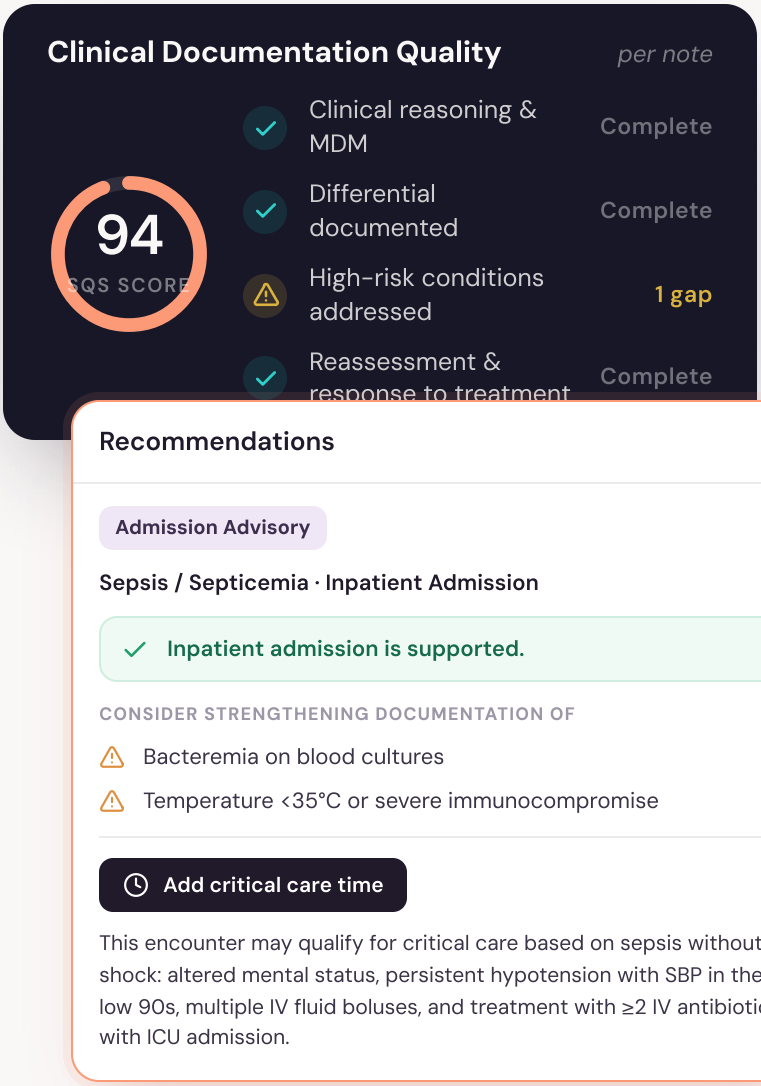
Payers answered rising code capture with enhanced clinical validation. Extend your mid-cycle capabilities with Sayvant to analyze medical necessity, defensibility, and complexity of care in real time.

Scale clinical review to 100% of encounters

Traditional case management (UM) and CDI touch 20% of charts*. Sayvant extends their reach, so you see which denials were preventable at authorship, where DRG and medical-necessity dollars leak, and how defensibility varies by diagnosis, clinician, and facility.

Flag improvement opportunities before the patient is discharged

Sayvant reviews every note against clinical evidence and approved guidelines to show the treating clinician what a payer audit would flag. Personalized per-note recommendations drive immediate behavior change.



*Source: MDaudit

SAYVANT REFLECT™ AUTONOMOUS CLINICAL VALIDATION REVIEWS

Extend your mid-cycle capabilities to every chart.

DRAFT NOTES

Point of Care

Highlight improvement opportunities for clinicians in real time, while they are still at the bedside. Sayvant improves clinical narrative and defensibility as notes are drafted, to reduce rework and query volume.

SIGNED CHARTS

Pre-Bill Review

Flag patient status, plan defensibility, and care-complexity opportunities before discharge. High-confidence recommendations go to treating clinicians; judgment calls escalate to case management and CDI.

CLOSED ACCOUNTS

Retrospective Analysis

Benchmark settled discharges to find the documentation gaps behind clinical-validation denials and lost DRG revenue. Pinpoint patterns, benchmark groups against peers, and drive change with leadership.

POWERED BY

Sayvant Quality System

A physician-validated, per-note scoring standard, built with board-certified acute care physicians, that scores every chart on completeness, clinical quality, and financial defensibility.

1M+	300+	100%	100+
Discharges scored	Safety & quality checks	Documentation coverage	Acute care sites

Drive measurable outcomes

HOSPITAL MEDICINE · PATIENT STATUS

33% **of admissions had weak medical-necessity documentation**

At a 4-hospital community health system, clinical data justified an inpatient level of admission, but the narrative supporting medical necessity exposed denial risk.

EMERGENCY MEDICINE · DX QUALITY

12% **of charts missed explicit interpretation of EKGs**

At a Level 2 Trauma Center, EKGs were performed but medical decision-making lacked explicit interpretation of the results.

EMERGENCY MEDICINE · PRO FEES

7% **of qualifying encounters lacked critical-care documentation**

Systemic under-identification of critical care at a Level 2 Trauma Center, surfaced to medical directors and corrected via coaching.

Great care deserves a chart that proves it.

Learn more at sayvant.com/rcm

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