



FINANCIAL BOTTOM LINE

In 20 charts, we were able to help you find \$5,089.43 that has been left on the table. That's an average of \$254.47 per chart. If you were to pay us, that is \$200 profit per chart that has been left on the table. There are varying reasons for this, as OASIS and coding is tied together so you really can't say "coding is the primary reason" or "coding was good and OASIS was bad." They are so interconnected that one comorbidity can be the difference between no gain and \$1,000 gain. Sometimes we can make 20 changes to OASIS and add 15 codes and there's no gain, so it really is tied to the individual chart. We found reimbursement left on the table on 10 of the 20 charts, so half of the charts. If you use this information as a full agency, with say 300 admits a month, and 90 recerts a month, and 50 ROCs per month (rough estimate of census and recert/roc data), that's \$111,966.80 per month of missed reimbursement. You'd pay us \$28,600 and have \$83,366.80 in profit. Annually, that's \$1 million. It adds up quick.

If you remember, the breakeven point for these charts was \$1,300 (*\$65 quoted price if you were to pay x 20 charts). The total gain of \$5,089.43 leaves you with a net profit of \$3,789.43. **On an ROI basis, that is 391%. Meaning, for every \$1 you would give us, we're giving you \$3.91 back.** That's a pretty strong return.

OVERVIEW – 20 CHARTS REVIEWED

Prior Total	\$75,528.23
New Total	\$80,617.66
Prior Average	\$3,776.41
New Average	\$4,030.88
Avg. Prior Case Mix	0.9994
New Avg. Case Mix	1.0668
Avg. Case Mix Gain	0.0674
Total Gain	\$5,089.43
Average Gain	\$254.47
Percent Gained	6%

*** BASE PRICE. CONTACT US FOR VOLUME PRICING!**

ADL OASIS QUESTIONS

M1800 CRNT GROOMING	12/20	Changed	60%
M1845 CRNT TOILTG HYGN	10/20	Changed	50%
M1810 CRNT DRESS UPPER	5/20	Changed	25%
M1870 CRNT FEEDING	1/20	Changed	5%
M1860 CRNT AMBLTN	1/20	Changed	5%
M1850 CRNT TRNSFRNG	1/20	Changed	5%
M1840 CRNT TOILTG	1/20	Changed	5%
M1830 CRNT BATHG	1/20	Changed	5%
M1820 CRNT DRESS LOWER	1/20	Changed	5%

ADL/PDGM OASIS

This is where things get interesting. The ADLs show an interesting trend, this really deviates from what we normally see. We suggested changes to a few and then didn't suggest changes on several. Typically, when we see a suggested change rate above 40%, that would indicate a knowledge gap- that the clinician/agency doesn't understand what the question is asking. If you're looking for a QAPI project or initiative, here is one.



GG QUESTIONS

I'm going to focus a little on GG questions because this is important. GG questions will likely become payer questions in the near future. As CMS continues to make alignments in post-acute care, SNF and Home Health (and probably hospice) will likely merge into one OASIS document. GG is what the payer questions are in SNFs already and GGs were introduced to OASIS a few years ago. The ADLs and GG questions should mirror each other. Discrepancies shouldn't happen that

often and shouldn't be this glaring. GGs shouldn't be exact copies of ADLs, but they should be correlated. If a patient isn't independent in an ADL, then the patient shouldn't be independent in a GG question. Further, marking with a dash isn't appropriate.

Here's what the GG's look like. This is probably worth some QAPI attention as well. We can help track the changes over time (this view is a rolling 6 month view), but we can drill down to the clinician and specific time frame as well. You have access to all of this information.

GG QUESTIONS

GG0170E2	13/20	Changed	65%
GG0130H2	13/20	Changed	65%
GG0130G2	13/20	Changed	65%
GG0170O2	12/20	Changed	60%
GG0170M2	12/20	Changed	60%
GG0170G2	12/20	Changed	60%
GG0170A2	12/20	Changed	60%
GG0170F2	12/20	Changed	60%
GG0170P2	11/20	Changed	55%
GG0170N2	11/20	Changed	55%
GG0170L2	11/20	Changed	55%
GG0170J2	11/20	Changed	55%
GG0170I2	11/20	Changed	55%
GG0170D2	11/20	Changed	55%
GG0170C MOBILITY DSCHG GOAL	11/20	Changed	55%
GG0130E2	11/20	Changed	55%
GG0130C2	11/20	Changed	55%
GG0130B2	11/20	Changed	55%
GG0170K2	10/20	Changed	50%
GG0170J1	10/20	Changed	50%
GG0130A2	10/20	Changed	50%
GG0170B2	9/20	Changed	45%
GG0130F1	9/20	Changed	45%
GG0170I1	8/20	Changed	40%
GG0170E1	8/20	Changed	40%
GG0170D1	8/20	Changed	40%
GG0130E1	8/20	Changed	40%
GG0130C1	8/20	Changed	40%
GG0170O1	7/20	Changed	35%



EXAMPLES

SUMMARY

There are quite a few patients where they aren't seeing the patient within 48 hours of the referral. Some were quite a few days out. The nursing summaries are pretty good, but if the patient was hospitalized with an infection or complication or something it would be super helpful if they said if it was resolved or not. The medication logs don't seem to always have everything - oftentimes the OASIS would say they were on anticoagulants or something else and that medication wouldn't be on the med log. The GG's, ADL items, M1033, M1242, M1400, and M1033 could all use some education.

"On this chart the original coder had the same primary and a few other same codes, but they had a total of 7 codes, and I had over 30 diagnosis codes. That alone made a difference of over \$500 in this chart. I did make a lot of OASIS change recommendations on this chart as well - these can be viewed in detail on the file report."

We were able to find an additional \$1,042.26.

"On this chart the original coder has unspecified afib as primary, but the documentation states it is actually paroxysmal afib so I coded that instead. The original coder missed coding for HTN, which means they missed the assumed relationship with CHF and CKD. They coded for acute diastolic CHF, but the documentation stated it was acute on chronic CHF, they coded for CKD 3, but the documentation stated CKD 2. They also missed coding for the following diagnoses: CAD, HLD, asthma, urinary incontinence, BMI 38, thrombocytosis, chronic leukocytosis secondary to underlying hematologic disorder, cardiomegaly, IDA. sleep apnea, severe aortic stenosis, history of cerebral aneurysm, and inhaled steroid use. I did make a good amount of change recommendations on the OASIS - these can be viewed in depth on the file report."

We were able to find an additional \$436.90.

"The coding on this was pretty similar overall, the original coder missed coding for E. Coli and Influenza B w/ SOB. I did make a good amount of change recommendations on the OASIS that can be viewed on the file report."

We were able to find an additional \$526.70.

"On this chart the first few codes were the same. The original coder did miss the following diagnoses: amphetamine use disorder, cannabis use disorder, cystitis, hepatitis C, hypotension, migraines, ptosis of L eyelid, NSAID use, and history of smoking. I did make a lot of GG change recommendations that can be viewed on the file report for this patient."

We were able to find an additional \$638.74.