



FINANCIAL BOTTOM LINE

Overall, we were able to find \$11,191 of additional reimbursement that would be otherwise unclaimed- assuming you accept our suggested changes. This is based both off of coding and OASIS. PDGM has really tied them together, so it is very difficult to separate the two. Each give data towards the diagnosis group, comorbidity, functional score, etc.

Breakdown: We show that the average gain per chart was \$447. Some charts showed no gain while other charts had significant gain. That is an 11.5% increase from the original calculation. We charge *\$65 per chart review. The total cost for this review would be \$1625. After being paid, you receive \$9,566 in additional reimbursement in the bank. **That is an incredible 687% return on your investment. For every \$1 you spend with us, we're giving you \$6.87 back.**



OVERVIEW – 25 CHARTS REVIEWED

Prior Total	\$80,544.01
New Total	\$91,735.60
Prior Average	\$3,221.76
New Average	\$3,669.42
Avg. Prior Case Mix	1.0242
New Avg. Case Mix	1.1627
Avg. Case Mix Gain	0.1385
Total Gain	\$11,191.59
Average Gain	\$447.66
Percent Gained	11.59%

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ADL/PDGM OASIS

In the ADLs/PDGM analysis, we observe a significant variation in clinicians’ understanding of Activities of Daily Living (ADLs). When our suggested changes to their assessments reach about 40%, it indicates a gap in knowledge rather than a performance issue. Our approach relies on clinical judgment, considering the patient’s overall condition. Often, clinicians will misinterpret the questions, leading to less accurate responses. Notably, there is a drop in suggested changes from 48% to 16% in M1830 and M1820 categories. This suggests a need for targeted training in areas with a high rate of suggested changes. We can further break down these statistics by branch, office, or clinician if needed.

ADL/PDGM OASIS QUESTIONS

M1860 CRNT AMBLTN	14/25 Changed	56%
M1850 CRNT TRNSFRNG	14/25 Changed	56%
M1810 CRNT DRESS UPPER	13/25 Changed	52%
M1830 CRNT BATHG	12/25 Changed	48%
M1850 CRNT DRESS LOWER	4/25 Changed	16%
M1840 CRNT TOILTG	1/25 Changed	4%





5 STAR QUESTIONS

The data analysis concerning 5 Star Questions highlights significant training opportunities and areas for improvement. With the impending implementation of Value-Based Purchasing, the importance of 5 Star Questions is set to increase, as they will be used for data comparison against similar peers, impacting pay adjustments in 2024 by up to +/- 5%. Recognizing the correlation between Star Ratings and reimbursement, it's crucial to ensure accurate data submission to CMS, particularly during the initial episode, to avoid missed reimbursement opportunities. While valid reasons can lead to lower star ratings, such as a high proportion of long-term care or Medicaid patients, there remains a notable correlation to address. Notably, discrepancies between GG questions and M1800 questions reveal the need for alignment, as they occasionally contradict or incorrectly depict patient independence. Patients may aim to appear healthier or more self-reliant, potentially concealing deficits due to the fear of leaving their homes or implementing undisclosed safety measures, emphasizing the importance of accurate assessments.

5-STAR QUESTIONS

M1400 WHEN DYSPNEIC	18/25	Changed	72%
M1242 PAIN FREQ ACT MVMT	18/25	Changed	72%
GG0130F1	16/25	Changed	64%
M1860 CRNT AMBLTN	14/25	Changed	56%
M1850 CRNT TRNSFRNG	14/25	Changed	56%
GG0170J1	13/25	Changed	52%
GG0170E1	13/25	Changed	52%
GG0130G1	13/25	Changed	52%
M1830 CRNT BATHG	12/25	Changed	48%
GG0130H1	12/25	Changed	48%
GG0130E1	12/25	Changed	48%
GG0170A1	11/25	Changed	44%



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.

"I put attention surgical dressing changes as primary instead of aftercare amputation. By doing this it has us land in the wound grouper instead of the rehab grouper which pays a lot more and is more accurate based on the documentation available. The other difference is that the original coder put right fascicular block (I45.0), and the documentation stated RBBB (I45.10). I did make quite a few OASIS changes on this chart that can be viewed in further detail."

We were able to find an additional \$554.42.

"The coding on this chart had a significant difference - this patient had a DVT that was big enough to require a thrombectomy procedure and neither the surgery or the DVT were captured in coding from the original coder. Also they have unspecified anxiety coded, but the documentation specified GAD instead. I made a lot of OASIS change recommendations on this chart - particularly on the ADL's and GG items. These can be viewed on the file report."

We were able to find an additional \$516.03.

"The coding on this chart was pretty similar with one notable difference - the original coder did not code for opioid use which is something that should always be coded. I did make a good amount of OASIS change recommendations on this chart as well - these can be viewed on the file report."

We were able to find an additional \$817.64

"This chart was a challenge - the documentation needs to be a lot better here. It took me a long time to even figure out why the patient was receiving IV antibiotics and in an audit situation it will not bode well. The original coder put osteomyelitis of the vertebrae as primary - there are a couple of big problems with that: 1) the referral only lists osteomyelitis of other site but gave an unspecified site for a code. As coders we cannot assume where the osteomyelitis is. This is something we would have had to request information on and clarified with the MD. 2) Osteomyelitis and DM have an assumed relationship in coding that was fully missed by this coder. The original coder also missed the following diagnoses: CAD, HLD, abdominal pain, high cholesterol, stasis ulcers, venous insufficiency, and weight loss. Lastly, the original coder also didn't code for some important medications - like aspirin, oral hypoglycemics, and opioids. I did make a lot of OASIS change recommendations on this chart - these can be viewed on the file report."

We were able to find an additional \$914.52.