

LIVE WEBINAR

STAFFING SUCCESS UNDER

# PDGM

**Thursday, November 14**  
11:00AM - 12:00PM CST



## SPEAKER

**Tammy Ross**

RN, BSN, MHA  
Senior Vice President  
Professional Services







# Silver Tsunami

## Growing Healthcare Demand

- Senior population will **double** from 2018-2060
- 1 in 5 Americans will be senior by 2030
- 88.5 M people will be 65+ by 2050



# » What Causes All This Turnover?



## Increased workloads

- Documentation requirements
- Surges in workload
- Drive time

## Use of administrative staff to cover visits

- Double work for administrative staff
- Burned-out managers

## Personal reasons

- Fatigue
- Drive times
- Work/life balance

\*\*Texas Center for Nursing Workforce Studies

\*\*Home Health and Hospice Nurse Staffing Study 2017

The average cost of turnover for a nurse ranges from \$37,700 to \$58,400\*



\*2016 National Healthcare Retention & RN Staffing Report



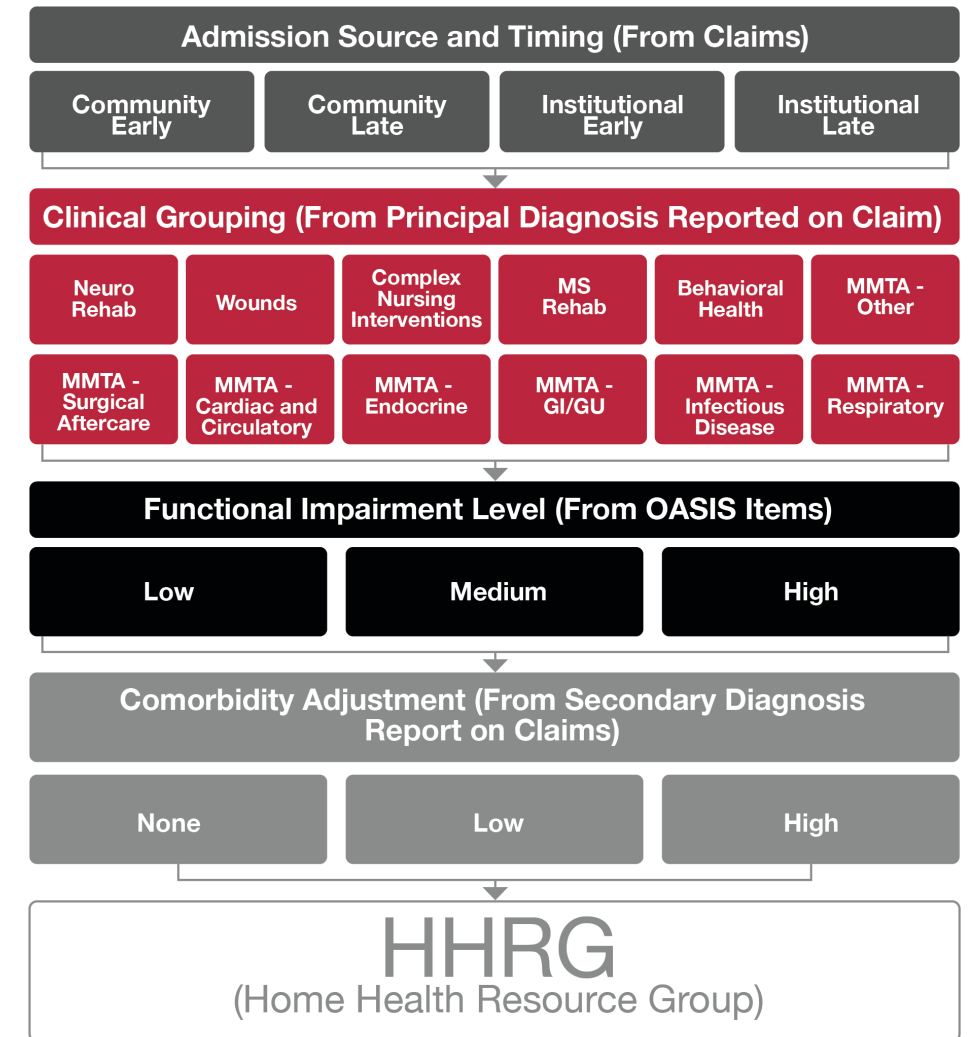
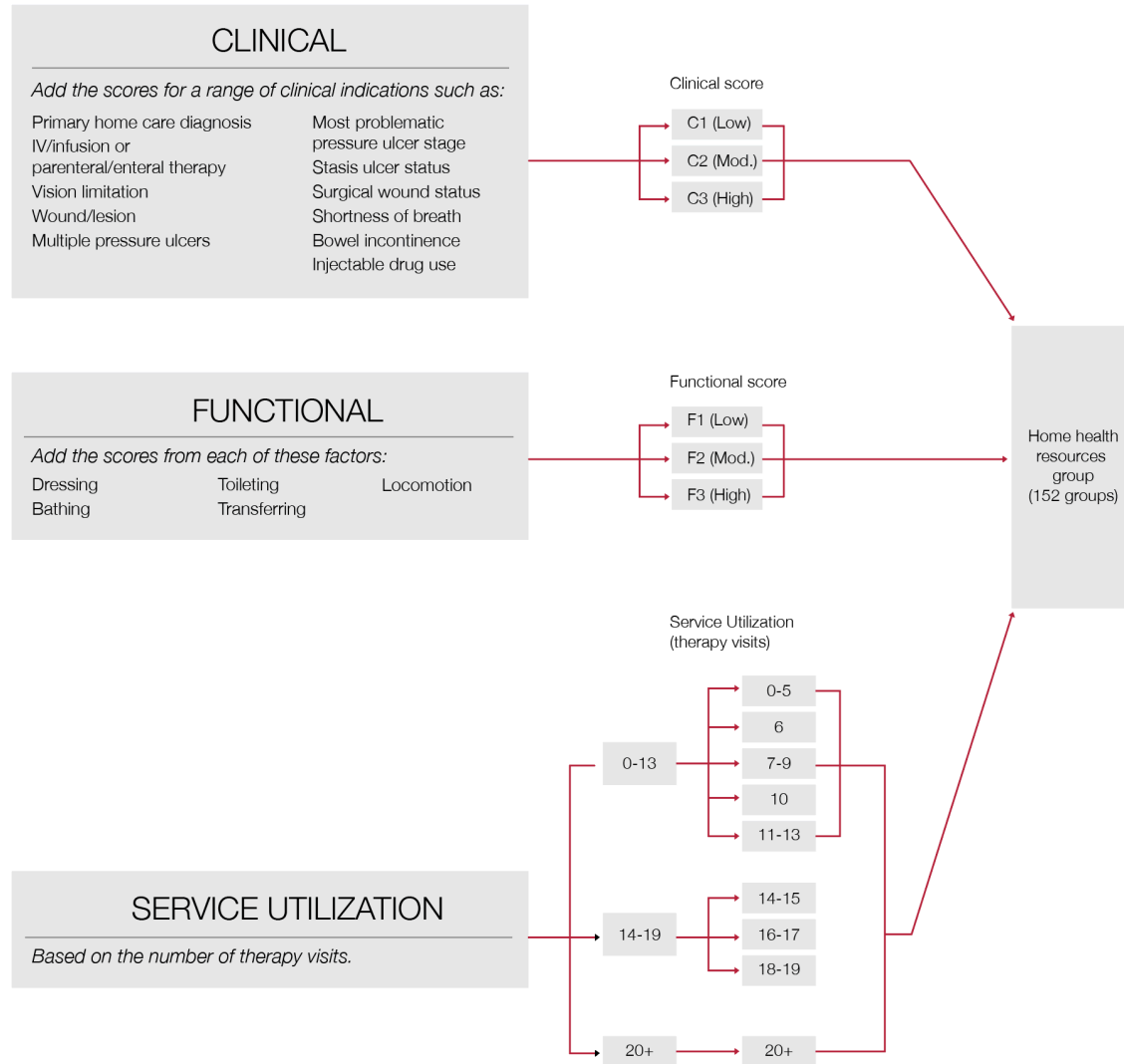


# Objectives



- Understand the basics of PDGM and how yet another change in Home Health could cause staffing challenges.
- Understand technology enhancements to mitigate PDGM and documentation challenges.
- Understand how AxxessCare can help you prevent the major threats of PDGM
  - Questionable Encounter Codes
  - LUPA
  - Admission Source and Timing
  - Clinical Grouping
  - Revenue Cycle Management

# » PPS to PDGM Comparison







# How Does PDGM Compare to PPS?



- The concepts of HHRGs, HIPPS, Outliers, and LUPAs are retained.
- Payment is for **30-day** periods, not **60**, but based partly on data from 60-day assessments. **2 times 30**
- HHRGs are based on **5** factors, only **one** of which is from the OASIS.
- As many as **24** secondary diagnoses can be included on a claim and figure into calculation of a comorbidity score.



# How Does PDGM Compare to PPS?

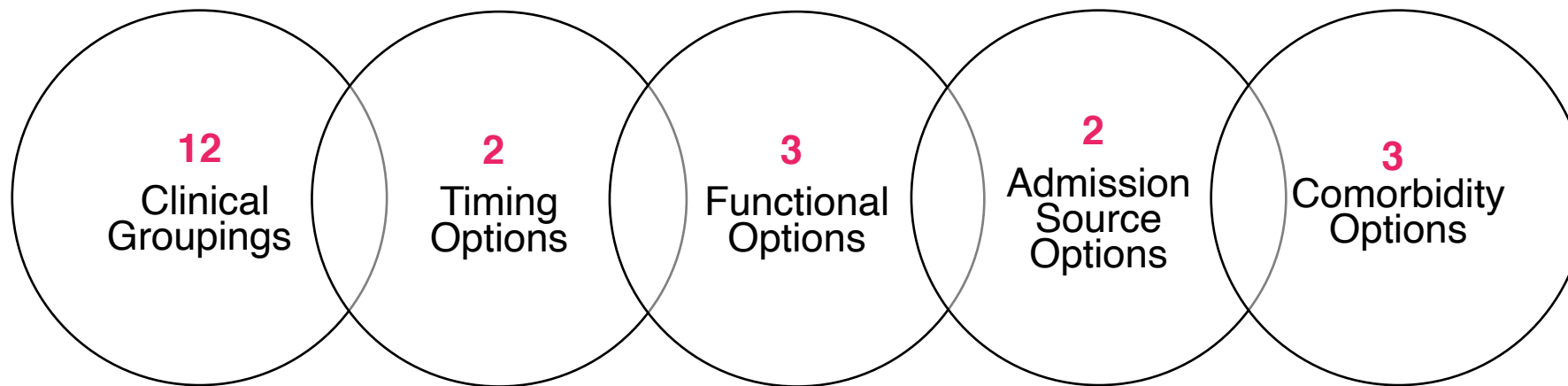


- Functional deficits contribute, but a count of therapy visits does not. i.e. -0-
- There are **432** HHRGs, rather than **153**.
- Each of the HHRGs has its own LUPA threshold, ranging from 2- 6 visits.
  - The first payment period nearly always has a higher threshold.
- Except for LUPAs and Outliers, the volume of services provided plays no -0- role in determining payment.
- Continue to perform one 60-day assessment that covers up to two 30-day payment periods.



## » How the Determinants Influence Payment

The schedule for OASIS assessments remains the same.  
A SOC or Recert applies across both **30**-day payment periods.



Each determinant contributes toward the case-mix for each HHRG.



# The Base for Each Clinical Grouping



## **Clinical Grouping** *(From Primary Diagnosis on Claims)* **30-DAY PAYMENT** *(updated Aug 2019)*

Neuro Rehab	Wounds	Complex Nursing	Musculoskeletal Rehab	Behavioral Health	MMTA Other
<b>\$1,373</b>	<b>\$1,422</b>	<b>\$963</b>	<b>\$1,183</b>	<b>\$911</b>	<b>\$1,046</b>
MMTA Surgical Aftercare	MMTA Cardiac and Circ.	MMTA Endocrine	MMTA GI/GU	MMTA Infectious	MMTA Respiratory
<b>\$866</b>	<b>\$1,015</b>	<b>\$1,248</b>	<b>\$959</b>	<b>\$1,009</b>	<b>\$974</b>

***Average Payment for 30-Day Period: \$ 1,081***



# » Referral and Timing Impact on Payment



<b><i>Admission Source and Timing</i></b> <b><i>(From Claims)</i></b> <b><i>(updated Aug 2019)</i></b>		
Late/Community to Late/Institution	Late/Community to Early/Community	Late/Community to Early/Institution
<b>\$787</b>	<b>\$719</b>	<b>\$1,029</b>

- Ultimately drawn from Claims data but can be estimated based on the patient's known treatment history and on M1001 on the OASIS.
- For any payment period, a ROC in the last 14 days of the preceding period can convert it to an Institutional referral.

# » Functional Impairment Impact



## Functional Impairment Level

(from OASIS Items)

### 30-DAY PAYMENT (updated Aug 2019)

Neuro Rehab		Wounds		Complex Nursing		Musculoskeletal Rehab		Behavioral Health		MMTA Other	
Low-Med	<b>\$278</b>	Low-Med	<b>\$269</b>	Low-Med	<b>\$344</b>	Low-Med	<b>\$187</b>	Low-Med	<b>\$290</b>	Low-Med	<b>\$245</b>
Low-High	<b>\$461</b>	Low-High	<b>\$487</b>	Low-High	<b>\$429</b>	Low-High	<b>\$452</b>	Low-High	<b>\$444</b>	Low-High	<b>\$463</b>
MMTA Surgical Aftercare		MMTA Cardiac and Circ.		MMTA Endocrine		MMTA GI/GU		MMTA Infectious		MMTA Respiratory	
Low-Med	<b>\$286</b>	Low-Med	<b>\$251</b>	Low-Med	<b>\$284</b>	Low-Med	<b>\$267</b>	Low-Med	<b>\$231</b>	Low-Med	<b>\$243</b>
Low-High	<b>\$565</b>	Low-High	<b>\$451</b>	Low-High	<b>\$468</b>	Low-High	<b>\$419</b>	Low-High	<b>\$425</b>	Low-High	<b>\$425</b>

**Average Shift in Payment for 30-Day Period: LOW to MEDIUM is \$265.**

**LOW to HIGH is \$457.**



<b>Comorbidity Adjustment</b> <i>(From Secondary Diagnoses Reported on Claims)</i> Updated Aug 2019	
NONE to LOW	Payment will increase by about <b>\$105*</b>
NONE to HIGH	Payment will increase by about <b>\$333*</b>
<i>* The comorbidity add-ons have a slight variation for each Clinical Grouping.</i>	

- Compared to other factors, the impact of the comorbidity score is uniform and light.
- Expect that about **10%** of your payment periods will be scored as High and about **35%** will be scored as Low.

- PDGM Impact Tool
- Intake Alerts for Questionable Encounter Codes
- PDGM Analysis Tool
- PDGM Modeling Tool
- Gross Margin Calculator
- Mileage Calculator
- Real Time OASIS Validation
- LUPA Management
- Claims Management



# PDGM Impact Model



PDGM Impact Summary		Number of Affected Episodes	Percent of PPS Episodes	PPS Billed Revenue	Percent of PPS Revenue	PDGM Projected Revenue	Gain/Loss	Percent of Change
1	Questionable Encounter Code (Non-Reimbursable Under PDGM) ?	35	15.2%	\$99,156	15.5%	\$0	(\$99,156)	-100%
2	Full Episode Pay for DC in 30 Days ?	92	40.2%	\$266,220	41.6%	\$177,845	(\$88,375)	-33.2%
	Episode Includes 30-Day LUPA Rule ?	15	6.6%	\$12,581	2.0%	\$15,407	\$2,826	22.5%
	Full Pay for 60 Days ?	87	38.0%	\$261,274	40.9%	\$270,779	\$9,505	3.7%
Total		229	100.0%	\$659,231	100.0%	\$464,031	(\$175,200)	-27.0%

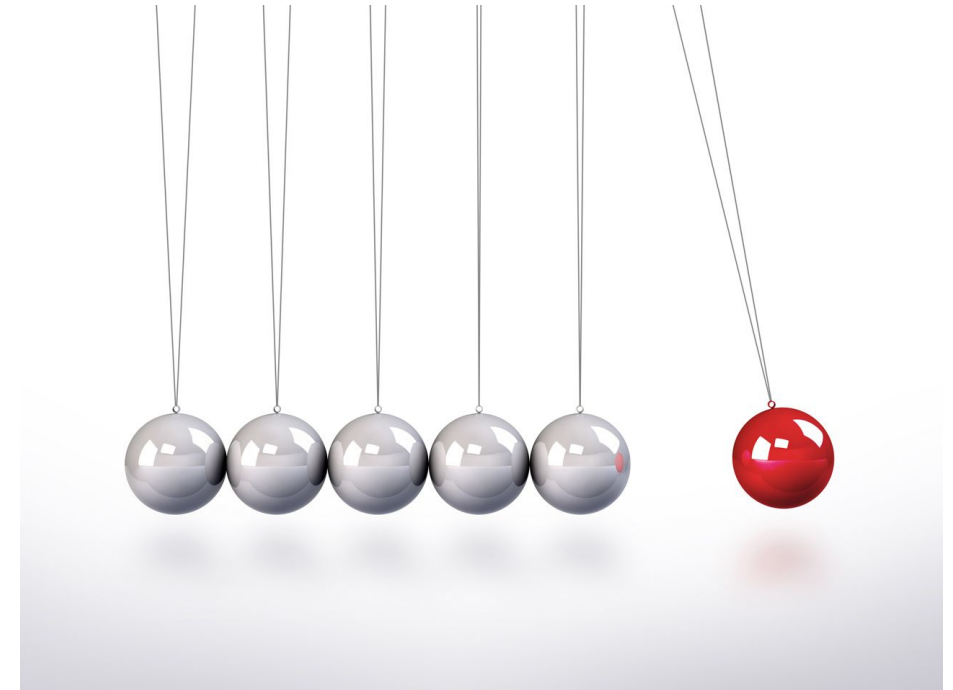
PDGM Clinical Groupings		Number of Diagnoses	PPS Billed Revenue	Percent of PPS Revenue	PDGM Projected Revenue	Gain/Loss	Percent Change
3	Neuro/Stroke Rehabilitation	18	\$53,974	9.6%	\$22,445	(\$31,529)	-58.4%
	Musculoskeletal Rehabilitation	57	\$186,806	33.3%	\$134,743	(\$52,063)	-27.9%
	Wounds-Post Op Wound Aftercare and Skin/Non-Surgical Wound Care	16	\$47,331	8.4%	\$46,115	(\$1,216)	-2.6%
	Complex Nursing Interventions	5	\$3,323	0.6%	\$5,243	\$1,920	57.8%
4	Behavioral Health Care	0	\$0	0.0%	\$0	\$0	0.0%
	Medical Management, Teaching and Assessment-Cardiac	27	\$75,809	13.5%	\$63,765	(\$12,044)	-15.9%
	Medical Management, Teaching and Assessment-Endo	2	\$4,843	0.9%	\$5,125	\$282	5.8%
	Medical Management, Teaching and Assessment-GI/GU	23	\$60,505	10.8%	\$55,766	(\$4,739)	-7.8%
5	Medical Management, Teaching and Assessment-Infectious Dx	12	\$25,962	4.6%	\$28,202	\$2,240	8.6%
	Medical Management, Teaching and Assessment-Respiratory	23	\$64,045	11.4%	\$49,115	(\$14,930)	-23.3%
	Medical Management, Teaching and Assessment-Surgical Aftercare	9	\$25,342	4.5%	\$23,094	(\$2,248)	-8.9%
	Medical Management, Teaching and Assessment-Other	3	\$12,391	2.2%	\$9,731	(\$2,660)	-21.5%



- Great risk of losses
- Significant increase in LUPA episodes
- Shifting of resources among patient populations

## Impact to Staff

- \* Increase documentation demands
  - \* Increase productivity standards.
- \* Increase Billing Requirements





# Questionable Encounters

- Upon intake, if a questionable encounter is added to the Primary Diagnosis, a real time alert will appear

This is a questionable encounter code and is not groupable under the CMS Home Health Patient-Driven Groupings Model (PDGM).

(M1021) Primary Diagnosis\*

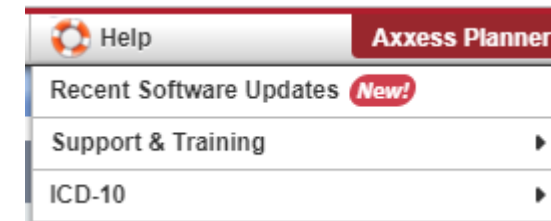
Other chronic pain



G89.29



- The Help Center is available with resources for coding assistance





# PDGM Modeling Tool



- During clinical review of referral intake, the Modeling Tool enables development of projections for potential revenue

Admission Source and Timing

Community Early

Community Late

Institutional Early

Institutional Late

Clinical Groupings (From Principal Diagnosis Reported on Claim)

M1021 Primary Diagnosis

ICD-10-CM Diagnosis

Q

ICD-10-CM Code

Q

Neuro Rehab

Wounds

Complex Nursing Interventions

MS Rehab

Behavioral Health

MMTA - Other

MMTA - Surgical Aftercare

MMTA - Cardiac and Circulatory

MMTA - Endocrine

MMTA - GI/GU

MMTA - Infectious Disease

MMTA - Respiratory

Comorbidity Adjustment (From Secondary Diagnoses Reported on Claim)

M1023 Secondary Diagnoses

1st 30 Days

2nd 30 Days

Case-Mix Weight

HIPPS

LUPA Threshold

Potential

Case-Mix Weight

HIPPS

LUPA Threshold

Potential



# Gross Margin Calculator



## PPS Gross Margin Calculator

### OASIS Episode Information ⓘ

OASIS Start of Care 11/07/2019 for Lily Bestdog MRN 685497, performed by Elizabeth Reim RN

Total Therapy Visits (M2200)	001	Case-Mix Weight	0.7298
HHRG	C3F2S1	HIPPS	1CGKS
Timing	Early Episode	Clinical	High
Functional	Moderate	Non-Routine Supply Level	Level 1 - \$14.62

Episode Payment	\$5803.72	Total Cost	\$3354.00	Gross Profit(Loss)	\$2449.72	Gross Margin	42.21%
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### Cost Modeling ⓘ

The case-mix rate includes the total number of therapy visits entered via the OASIS M2200. When the number of therapy visits are adjusted up or down, the case-mix rate will be updated when the recalculate button is selected.

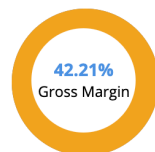
SN	14	visits	x \$	66	HHA	45	visits	x \$	14	MSW	0	visits	x \$	100
PT	18	visits	x \$	100	OT	0	visits	x \$	75	ST	0	visits	x \$	60
Wage Index	0.9862													
Supplies	0													

Recalculate

### Payment Projection ⓘ

Payment projections are based upon the case-mix rate plus non-routine supplies (expected payment) subtracted by the cost of labor plus the additional cost of added supplies (total cost).

Estimated Outlier	Expected Payment	\$5803.72
	Total Cost	\$3354.00
	Gross Profit	\$2449.72



## OASIS Case-Mix Analysis

Case-mix information is based upon the completed OASIS document. Reviewing the case-mix in relation to the HHRG allows agencies to take a closer look at utilization.

### Clinical Points

2 Points (M1021) Primary Diagnosis I50.21 = Heart Disease - Row 11

1 Points M1200 Vision = 1 or more - Row 33

1 Points M1400 Dyspnea = 2, 3, or 4 - Row 42

### Functional Points

1 Points M1810 or M1820 Dressing upper or lower body = 1, 2, or 3 - Row 46

6 Points M1830 Bathing = 2 or more - Row 47

6 Points M1860 Ambulation = 1 thru 3 - Row 50

### Non-Routine Supplies (NRS) Points

No NRS Points



## OASIS Real Time Validation



## Mileage Tracking



# » Workflow: LUPA Management

**LUPA Risk Alert - 1st 30 days**  
  

**MEDIUM**  
LUPA Risk  
1st 30 Days  
  
Number of Visits: 6    LUPA Threshold: 6

**Frequency & Duration**  
  

**SN Frequency** 1w4 3w1  
Last Visit: 07/15/2019  
  
**PT Frequency** 1w3  
Last Visit: 07/20/2019  
  
**OT Frequency** 2w3  
Last Visit: n/a

**ST Frequency** 2w4  
Last Visit: n/a  
  
**HHA Frequency** 2w3  
Last Visit: 08/01/2019  
  
**MSW Frequency** 1w1  
Last Visit: 08/01/2019

Episode: 07/10/2019 - 09/07/2019    1st 30 days   

Completed    Saved    Not Yet Due    Not Yet Started    Missed

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			10/03 OASIS-D SOC Complete ▲ Carol Javens	10/04 Skilled Nurse Visit Complete ▲ Lysbeth Rojas	10/05	10/06
10/07	10/08 Skilled Nurse Visit Saved ▲ Shawn Hamilton	10/09	10/10 Skilled Nurse Visit Missed ▲ Shawn Hamilton	10/11 Skilled Nurse Visit Not Yet Started ▲ Carol Javens	10/12	10/13
10/14	10/15	10/16 Skilled Nurse Visit Not Yet Due ▲ Drew Alcott	10/17	10/18	10/19	10/20
10/21	10/22 Skilled Nurse Visit Not Yet Due ▲ Shawn Hamilton	10/23	10/24	10/25 Care Period Decision Due	10/26	10/27
10/28	10/29	10/30	10/31	11/01 30-Day Therapy Reassessment		

- LUPA alerts/warnings
- Active visit management
- Missed visit impact on first 30 days and second 30 days of an episode



# Claims Management Considerations



- Two sets of Requests for Anticipated Payments (RAP's)
- Two sets of Final claims
- Eligibility verification prior to claim submissions
- Rejections
  - Duplicate claims
  - Overlapping services
  - Coordination of Benefits
  - Eligibility issues
- Return to Provider (RTP's)
- Additional Documentation Required (ADR's)
- Postings and Adjustments
- Secondary Filings



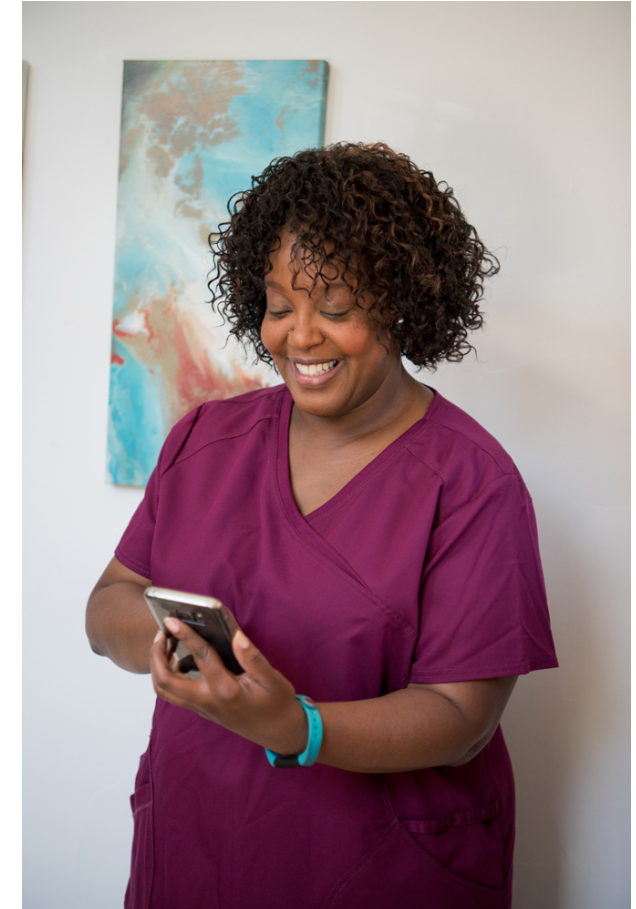
More than just pushing a button twice!



# Nursing Shortage

## Decreased Supply of Nurses

- 3.8 M registered nurses today
- Only 85% are practicing nursing
- 53% of registered nurses are 50+
- Estimated 70,000 will retire annually by 2020







# Clinician Turnover

## Cost to Replace a Nurse

- \$52k on average

## Recruitment Period

- 86 days (3 months)

## Causes of Turnover

- Retirement, Scheduling & Staffing



\*NSI National Health Care Retention & Staffing Survey

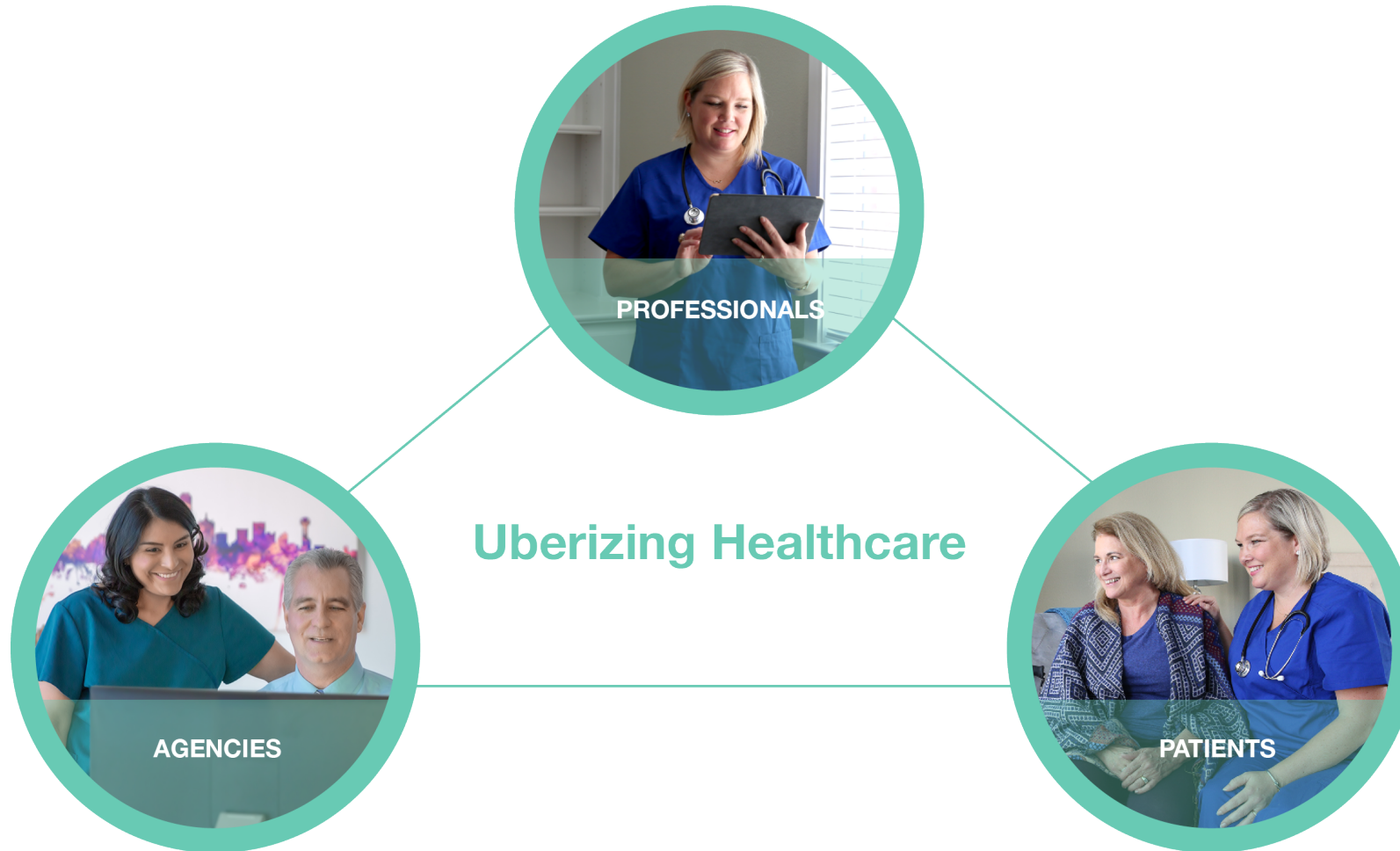


Average Tenure of a  
Home Health Nurse

# 19 Months

\* Bureau of Labor Statistics

# » Introducing AxxessCARE





- Increase Productivity
- **LUPA avoidance**/ control of missed visits
- Rehabilitation management
- Program development
- Decreased cost to **mitigate** potential revenue reduction
- **Grow additional revenue** streams through specialty programs
- OASIS functional scoring
- Days to RAP and Final

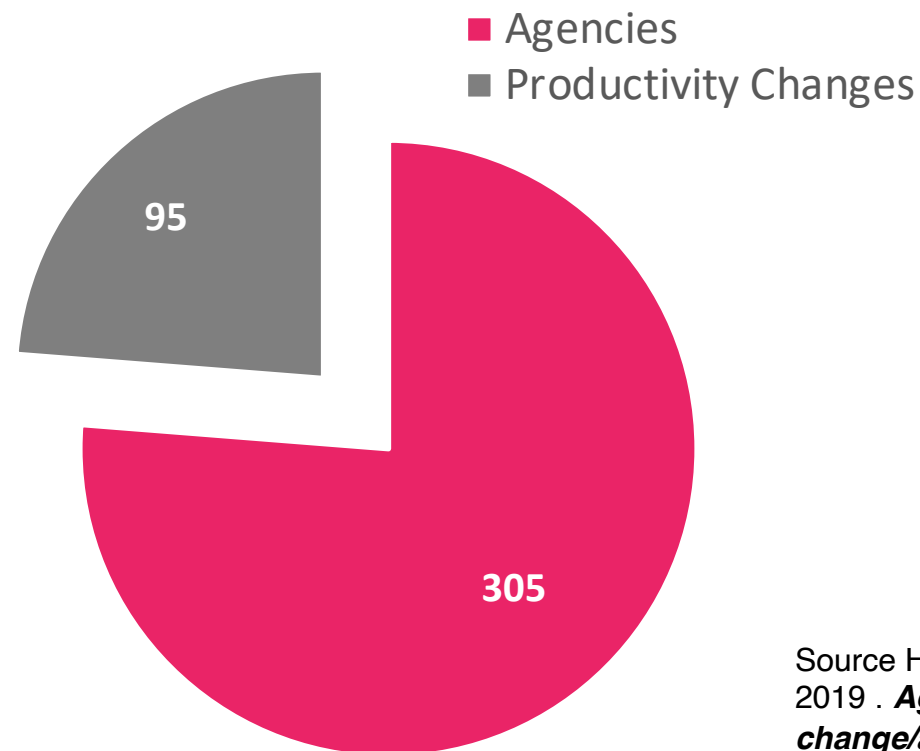




# Increase Productivity

- Non-Visit Time
- Geo-Mapping
- Incentive Bonus
- In-home Documentation
- Streamline Operations
- One Source Documentation
- Integrations

## Agencies That Plan to Change Productivity Standards



Source Home Health Line - May 6, 2019 . ***Agencies' plans to change/adapt roles to achieve productivity under PDGM***





# LUPA Threshold Impact

LUPA Threshold	HHRG's	%
2 Visits	94	22%
3 Visits	128	30%
4 Visits	137	32%
5 Visits	63	15%
6 Visits	10	2%
<b>Total</b>	<b>432</b>	<b>100%</b>

LUPA Threshold	Early	%	Late	%
2 Visits	6	6%	88	94%
3 Visits	33	26%	95	74%
4 Visits	105	77%	32	23%
5 Visits	62	98%	1	2%
6 Visits	10	100%	0	0%

## 2019 LUPA Rates

Home health aide	\$66.34
Medical social worker	\$234.82
Occupational therapy	\$161.24
Physical therapy	\$160.14
Skilled nursing	\$146.50
Speech therapy	\$174.06

**\$1,753.68**

30-day visit rate without LUPA

**\$586.00**

Four nurse visits in first 30 days

**\$1,167.68**

**TOTAL REVENUE LOSS**

## Planning for 30 Days/LUPA Threshold 6

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				SOC		
	SN	PT EVAL		SN	PT	
<i>Hospital</i>	SN			PT		
		SN				
			SN	<i>DC Hospital</i>	<i>EOB</i>	

- LUPA Threshold: 2-6
- 30-Day Billing Date
- Rehab and Neuro Groupings
- Pathways 30 days
- Re-assess



# AxxessCARE in Action to Prevent LUPA



The screenshot displays the AxxessCARE Success Home Health Agency dashboard. The top navigation bar includes the AxxessCARE logo, agency name, and user information (Alex Carrington). The main dashboard is divided into several sections:

- Patient:** A sidebar on the left shows details for Rudy Cormio, including visit type (Skilled Nurse Visit - Trach Care), date (06/07/2020), details (Trach cleaning and suction, Take Random Blood Sugar and weight check), pay rate (RN: \$0.20, LVN/LPN: \$0.10), address (16000 Dallas parkway, DALLAS TX 75248), transaction tracking number, and special instructions.
- Alerts:** A central section with five circular indicators showing counts for different visit statuses: 5 Not Started, 39 Pending Acceptance, 2 Past Due, 15 Scheduled Today, and 7 Pending QA.
- Visits:** A list of upcoming visits with details for Terry Corrigan, Diane Skylar, Brandi Lopez, Mark Heinrich, Timothy Bringer, and Mallory Daimon. Each entry includes the visit type, date, and a 'View Visit' button.
- Applicants:** A grid of potential applicants with their photos, names, and experience. Each entry includes a 'Send Message' button and an 'Assign Visit' button.
- Clinician:** A section on the right showing a profile for Evelyn Ting, including her discipline (Registered Nurse), experience (27 Years, 5 Months), availability (Su, M, Tu, W, Th, F, Sa), and a chat window for messaging Lisette Meyerson.



# AxxessCARE Improves Functional Scoring



OASIS Item	TIPS
<b>M1800 Grooming</b> <i>New to functional scoring with PDGM</i>	Consider <u>ability</u> , rather than willingness or actual performance, to safely perform grooming tasks
<b>M1810/M1820 Dressing Upper/Lower Body</b>	Consider <u>ability</u> , rather than willingness or actual performance, to safely obtain, put on, and take off clothing that is regularly worn
<b>M1830 Bathing</b>	Consider <u>ability</u> , rather than willingness or actual performance, to safely wash entire body
<b>M1840 Toilet Transfers</b>	Consider <u>ability</u> , rather than willingness or actual performance, to safely <u>get to and from</u> the toilet or commode <u>and transfer on and off</u>
<b>M1850 Transferring</b>	Consider <u>ability</u> , rather than willingness or actual performance, to safely transfer between bed and chair in both directions or turn and position self if bedbound
<b>M1860 Ambulation</b>	Consider <u>ability</u> , rather than willingness or actual performance, to safely ambulate or wheel self
<b>M1033 Risk for Hospitalization</b> <i>New to functional scoring with PDGM</i>	It is important to mark <u>all that apply</u> in order to accurately determine the functional impairment

- OASIS Assessment Not Questionnaire ( 5 Minute OASIS )
- OASIS Scrubbing Tools
- OASIS Training/Testing OASIS Collaboration
- Functional Score Only Portion From OASIS
- 2 Additional Questions Included



# Therapy and AxxessCARE



- No additional payment
- Outcomes maintained
- Additional opportunities for therapists
- Staff augmentation
  - May decrease full-time equivalency (FTE) and costs
  - Ability to use unlimited therapists




# » Profiles and Introduction Through Technology



- Augmentation of staff
- Recruitment and retention
- Targeted skill sets
- Establish connections

Worked with Agency




Katy Matthew  
*PT*

★★★★★

Send Message

Assign Visit

NEW




Jessica Randall  
*OT*

★★★★★

Send Message

Assign Visit



Amanda Bailey  
*PTA*

★★★★★

Send Message

Assign Visit





# Program Development



<< Back to Home

**Anthony Fortune**  
Skilled Nurse Visit - Assessment and Training | 03/22/2019

Posted By Amber Paschall RN on 03/06/2019 1:47 PM

**Details** (Visible to all applicants. Please limit to non-HIPAA info.)  
This visit is to assess and do vitals.

**Address**  
16000 Dallas Parkway  
DALLAS TX 75248

**Pay Rate**  
RN: \$50.00  
LVN/LPN: \$35.00

**Transaction Tracking Number**  
No Active Transaction

**Special Instructions** (visible only to the assigned clinician)  
Gate code is 0110. Patient's son, Michael will be in the house.

Remove

**Messages**

Nichole Martin Sent March 21, 2019 1:57 PM

You Thank you for applying for the visit. Reply

**Applicants (8)**

 Marish Henderson RN - 5 years ★★★★★ Send Message Assign Visit	 Jessica Godfrey LVN - 5 years ★★★★★ Send Message Assign Visit	 Michelle Gallagher LVN - 11 Years ★★★★★ Send Message Assign Visit	 Hillary Plankster RN - 27 years, 5 months ★★★★★ Send Message Assign Visit
 Hillary Plankster RN - 27 years, 5 months ★★★★★ Send Message Assign Visit	 Marish Henderson PTA - 5 years LVN - 11 Years ★★★★★ Send Message Assign Visit	 Janelle Pickens LVN - 11 Years ★★★★★ Send Message Assign Visit	 Veronica Michaels LVN - 11 Years ★★★★★ Send Message Assign Visit

Axxess © 2019

- IV therapy
- Wound therapy
- Rehab nursing
- Management and evaluation of Plan of Care
- Maintenance therapy

# » Management and Evaluation Concepts

- Underlying conditions or complications.
- Non-skilled care must be provided by someone in the home.
  - Provider services
  - Home health aides
  - Family caregivers
  - RN must manage the case.
  - Has caregiver lived in the home or assisted frequently outside the home?
- **NOTE** - Physician must document need for management and evaluation.



## Know the Numbers

### MMTA Cardiac

#### *Late/Community, Low Comorbidity, Mid-Functional*

➤ Case mix=0.7812=\$1,471.00

- **Cost of HHA Visits**

\$66.34 per Visit  
 $\underline{\times \quad 8 \quad \text{visits}}$   
 \$530.72 cost

- **Cost of RN Visits**

\$146.50 per visit  
 $\underline{\times \quad 2 \quad \text{visits}}$   
 \$293.00 cost

- **Margin Per Episode**

\$647.28

### LUPA Threshold 5

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	HHA			HHA	TEL	
	HHA			HHA	SN	
	HHA			HHA	TEL	
	HHA			HHA	SN	
	EOB					

## Staff Augmentation

- Rehab aides
- Dementia coaches
- Home exercise programs
- Management and evaluation of care plan

## Value Adds

- Improved outcomes
- Improved patient satisfaction scores
- Improved staffing retention rates



# AxxessCARE and Employee Cost Savings



The average staff nurse - RN -  
home care salary in the United  
States is \$78,953 as of December  
28, 2018

Cost of benefits 31.7%

1099 Cost Savings 1 Full Time  
Equivalent

\$25,000



# Benefits Breakdown

- Social Security: 6.2%
- Medicare: 1.45%
- Paid time off: 9.65%
- Insurance: 9%
- Retirement and savings: 5.4%







## Operations Dashboard Pareto Analysis

Referral Source	Branch
(None) ▼	(All) ▼
Account	Company
Enterprise Demo ▼	(All) ▼

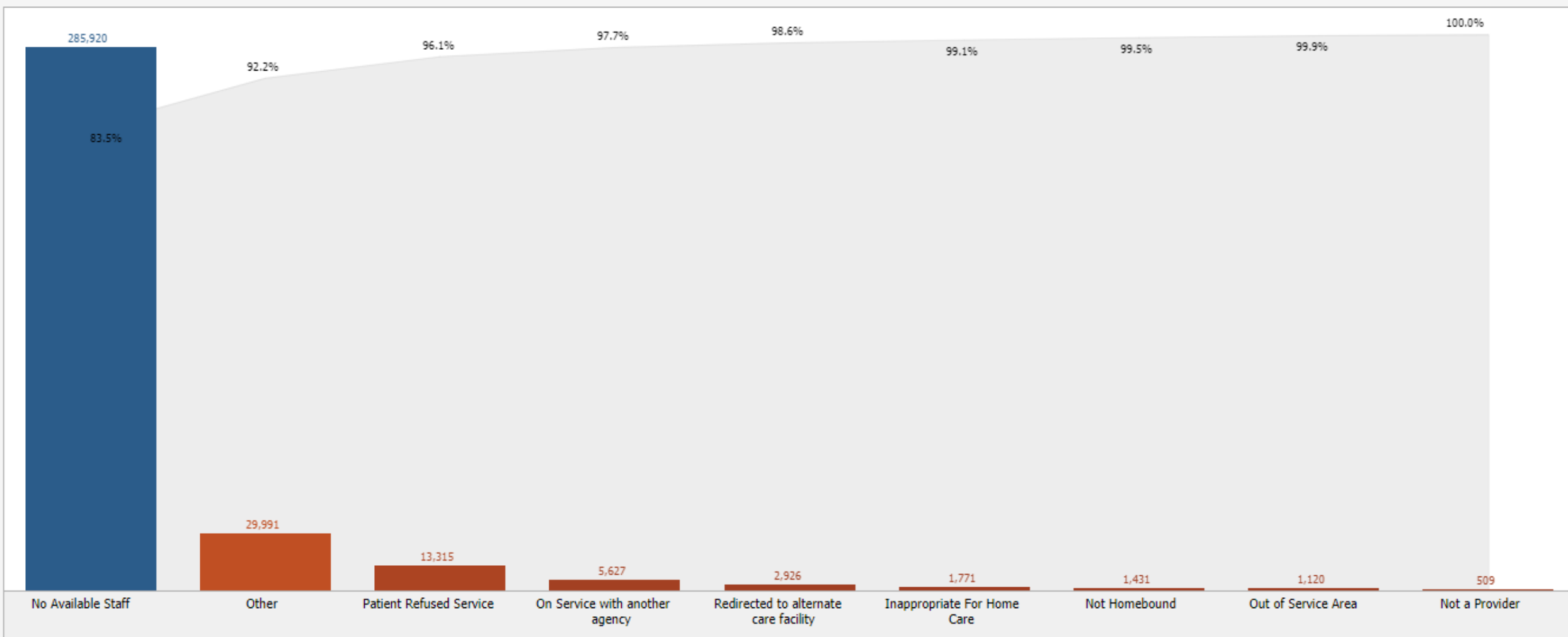
Show

Non Admissions ▼

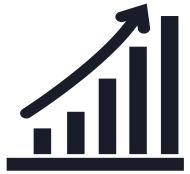
By

Non Admit Reason ▼

Non Admissions by Non Admit Reason



# » The Value of AxxessCARE



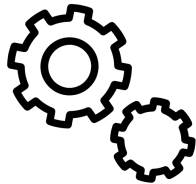
## Increase Revenue

- Accept more referrals
- Fewer missed visits



## Reduce Overhead

- Staffing costs
- LUPA
- FTE costs



## Streamline Operations

- Simplified scheduling & staffing
- Integrated workflow



## Ensure Compliance

- Star ratings
- Digital HR file



## Improve Patient Outcomes

- Timely care
- Quality clinicians



## Employee Satisfaction

- Less burnout
- Supplemental income



# Summary



PDGM creates both  
organizational threats and  
opportunities

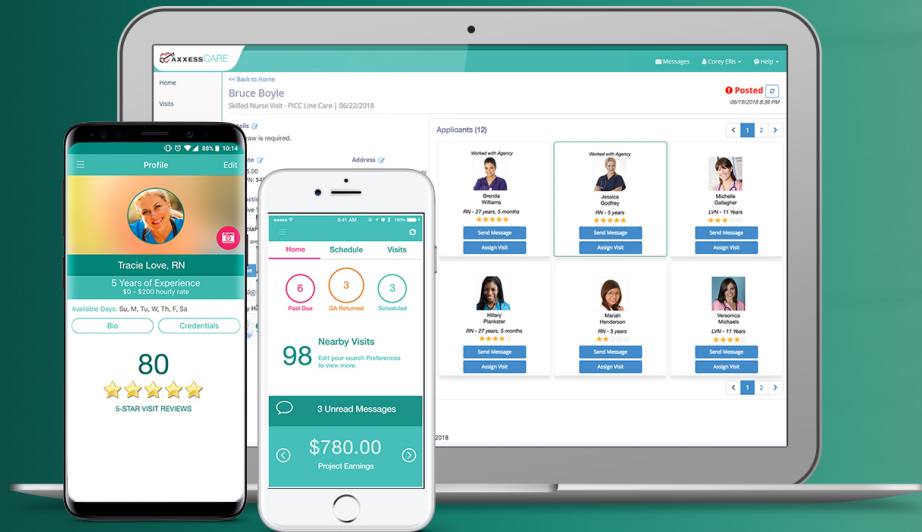
Technology can assist with  
mitigating threats and  
maximizing opportunities.

Use Axxess Care To Mitigate all  
Major threats of PDGM

“AxxessCARE helps  
my agency and my clinicians  
SUCCEED.”

**Jessica Busby**

President and CEO, Restoring Function HHC





# Questions?