



Advancing Care. Protecting Access To Rehabilitation

Every prevented denial improves outcomes, preserves mission and recovers revenue.

Insurance Denials for Post-Acute Stroke Rehabilitation

The broken pathway: Stroke → **DENIAL** → Delay → Decline

The Care Directions® pathway: Stroke → Stroke-DP™ → Timely Rehabilitation → Recovery

The Problem for Skilled Nursing Facilities (SNFs)

Insurance denials of medically necessary post-acute stroke rehabilitation—particularly under Medicare Advantage—have become a system-level operational and financial risk for skilled nursing facilities.

Operational Impact on SNFs

- Admissions delayed due to payer indecision
- Patients arrive more medically complex and deconditioned
- Care needs exceed expected reimbursement levels
- Increased rehospitalization risk
- Poor alignment between patient needs and SNF clinical capabilities

Care Directions® Solutions: Stroke-DP™

- Clear stratification of patients appropriate for IRF, SNF with rehab, or SNF without rehab
- Standardized functional, cognitive, and medical complexity profiling
- Documentation clarifying when SNF placement is clinically appropriate
- Reduced inappropriate transfers and delayed admissions

Patient & Family Navigation Support

- Trained advocates to support patients and families
- Education on post-acute stroke care options
- Guidance on insurance coverage and prior authorization variability
- Support for appeals when medically appropriate care is denied

Real ROI for Skilled Nursing Facilities (SNFs)

- More appropriate admissions and reduced rehospitalizations
- Better alignment of reimbursement with patient complexity
- Lower staff burden and improved care planning efficiency
- Stronger hospital referral relationships and quality positioning

Why Partner with Care Directions?

- ◆ Founded by Pamela W. Duncan, PT, PhD, FAPTA — internationally recognized stroke rehabilitation leader
- ◆ Built by clinicians, in collaboration with Silicon Valley AI experts
- ◆ Patient-centered, payer-realistic, and designed for national scale

Better documentation upstream means better patients downstream.

Care Directions helps SNFs receive the right patients at the right time with appropriate care alignment.

Learn more at www.caredirections.com

Contact: info@care-directions.com | pam.duncan@care-directions.com | PamelaDuncanPT@substack.com



DENIED

What are denials potentially costing you?

Simple Medicare Advantage Revenue Loss Estimate (SNF) with conservative core assumptions reflecting typical MA realities:

- Average MA SNF daily rate: \$425–\$500 (MA typically pays 15–30% less than FFS PDPM)
- Average expected SNF rehab LOS: 14–21 days (many stroke/medical rehab patients fall here)

Per-Patient Revenue Loss / Low Estimate (very conservative)

- $\$425/\text{day} \times 14 \text{ days} = \$5,950$ lost per patient / moderate estimate (more realistic)
- $\$475/\text{day} \times 17 \text{ days} = \$8,075$ lost per patient / upper-bound (still reasonable)
- $\$500/\text{day} \times 21 \text{ days} = \$10,500$ lost per patient

Annual Impact

Denied Patients / Year	\$6,000 loss	\$8,000 loss	\$10,000 loss
25 patients	\$150,000	\$200,000	\$250,000
50 patients	\$300,000	\$400,000	\$500,000
100 patients	\$600,000	\$800,000	\$1,000,000

Rule of thumb: Every 50 MA denials to home health costs a SNF ~\$400,000/year

Learn more about how Care Directions helped this client, and others, **improve patient outcomes, preserve mission and recovery revenue.**



Learn more at www.caredirections.com

Contact: info@care-directions.com | pam.duncan@care-directions.com | PamelaDuncanPT@substack.com