



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 Stroke Centers

Stroke clinicians and case managers are increasingly encountering denials of medically necessary post-acute rehabilitation—particularly under Medicare Advantage—even when recommendations are clinically sound and guideline-concordant. These denials have become a system-level operational, financial, and quality risk for acute stroke centers. **Preventing denials is not just advocacy—it is essential to stroke center performance, patient recovery, and responsible financial stewardship.**

Negative Impact on Stroke Centers

- ☒ Delays in IRF/SNF authorization extend acute length of stay (LOS)
- ☒ Increased bed blockage and emergency department boarding
- ☒ Higher nursing, therapy, and case management costs per day
- ☒ Functional decline while patients wait without intensive rehabilitation
- ☒ Increased readmissions and downstream quality risk
- ☒ Significant physician and staff burnout managing appeals

Care Directions® Solutions: Stroke-DP™

- ☒ Stroke-specific standardized recovery planning questionnaire
- ☒ CMS- and payer-aligned documentation of medical necessity
- ☒ AI-supported generation of site-of-care recommendations, prior authorizations, peer-to-peer talking points, and appeal letters
- ☒ Embedded workflows and templates that reduce documentation burden
- ☒ Training for staff on payer-aligned justification
- ☒ Trained advocates to support patients and families

ROI for Stroke Centers

- ☒ Reduced acute LOS (often 1–5 days per denied patient avoided)
- ☒ Lower variable cost per inpatient day
- ☒ Improved bed availability and throughput
- ☒ Reduced unreimbursed administrative labor
- ☒ Potential Financial Impact: Reducing LOS by 1–2 days per patient across ~200 stroke admissions can yield \$500,000–\$1.2M annually in avoided acute care costs (average bed cost \$2,500–\$3,000/day).

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

Learn more at www.caredirections.com

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What are denials potentially costing you?

Below is a real-life example from a **Care Directions** client:

An 80-year-old stroke survivor with multiple impairments was medically cleared for inpatient rehabilitation but remained in an acute stroke bed after repeated insurance denials. During the delay, functional status declined and discharge planning stalled. Approval was achieved only after a family appeal supported by standardized Stroke-DP™ assessment, AI-supported clinical justification, and Medicare readmission data comparing IRF and SNF outcomes.



Watching our loved one decline while waiting for approval was heartbreaking. Once we had the right documentation and advocacy, everything changed. – Patient Quote

When collaborating with Care Directions, the tangible ROI for Stroke Centers include:

- Reduced acute LOS (often 1–5 days per denied patient avoided)
- Lower variable cost per inpatient day
- Improved bed availability and throughput
- Reduced unreimbursed administrative labor
- Potential Financial Impact: Reducing LOS by 1–2 days per patient across ~200 stroke admissions can yield \$500,000–\$1.2M annually in avoided acute care costs (average bed cost \$2,500–\$3,000/day).

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

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