



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 Inpatient Rehabilitation Facilities (IRFs)

Stroke clinicians and case managers are increasingly encountering denials of medically necessary post-acute stroke rehabilitation, particularly under Medicare Advantage plans—even when recommendations are clinically sound and guideline-concordant.

Negative Impact on IRFs

- ☑ Lost admissions and contribution margin
- ☑ Census and case-mix instability
- ☑ Increased acute hospital LOS due to denial burden
- ☑ Missed opportunity for evidence-based stroke recovery
- ☑ Worse downstream outcomes when IRF care is delayed or bypassed

Care Directions® Solutions: Stroke-DP™

- ☑ Standardized, stroke-specific intake documentation
- ☑ Clear differentiation of IRF vs SNF medical necessity
- ☑ Preemptive payer-aligned justification before denial
- ☑ Appeal-ready packets for patients and families (60%+ success rate)
- ☑ Staff training on payer-aligned documentation
- ☑ Registry of trained advocates to support patients and families

ROI for Rehabilitation Hospitals

- ☑ Typical IRF revenue: \$28,000 per admission
- ☑ Preventing 25–50 denials annually = \$700K–\$1.4 M recovered revenue
- ☑ Higher acuity admissions improve outcomes, quality scores, and case-mix

Real Patient Impact

An 80-year-old stroke survivor was denied IRF care despite medical necessity. Approval occurred only after a family appeal supported by Stroke-DP™ assessment, AI-generated justification, and Medicare readmission data. IRF readmissions <9% vs insurer-directed SNF ~19%.



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

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?

The following is a real-life example of what a mid-market IRF faces:

- **58% denial** from Medicare Advantage for Inpatient Rehabilitation
- **>\$13 million dollars in unrealized revenue**

Learn more about how Care Directions may help **improve patient outcomes, preserve mission and recover revenue.**



"Using an average MAP length of stay of 16.7 days and a budgeted daily rate of \$1,813, the estimated lost IRF revenue associated with these non-approved cases is approximately \$13.0 million. This reflects budgeted revenue, not actual realized rates. While some of this volume would have been captured in our SNFs, the scale of the IRF opportunity remains substantial"

Learn more at www.caredirections.com

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