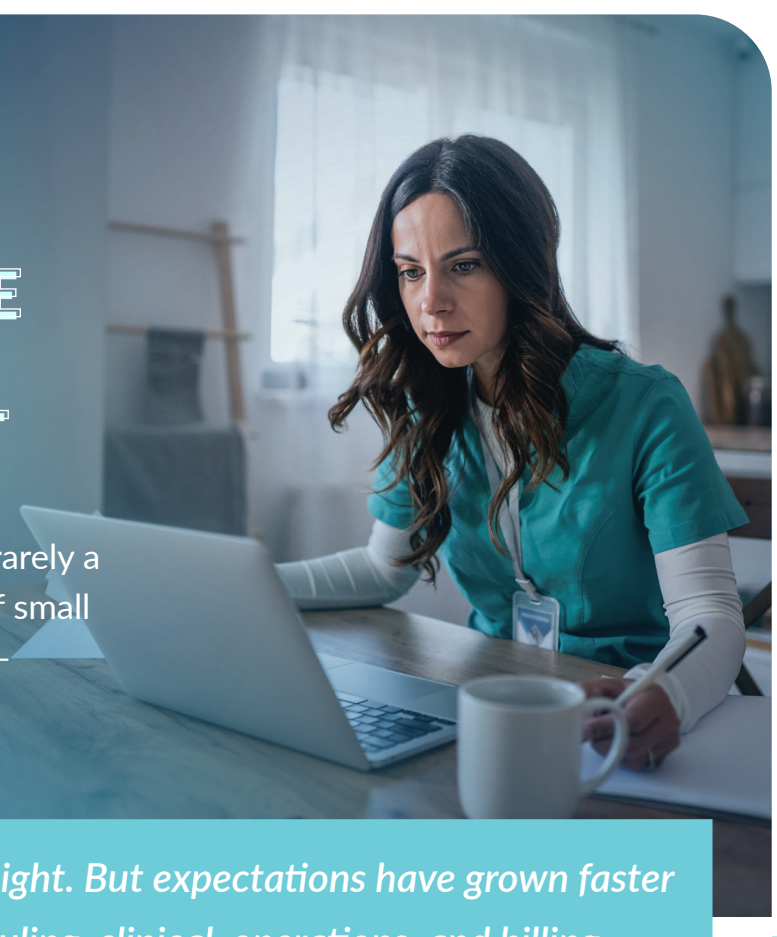
KanTime
How better happens.

WHERE POST-ACUTE CARE OPERATIONS BREAK DOWN FIRST



Inefficiencies in post-acute care delivery are rarely a single big failure. Instead, they're the result of small disconnects between post-acute care teams – small disconnects that compound over time.

Post-acute care didn't get harder overnight. But expectations have grown faster than the systems connecting scheduling, clinical, operations, and billing.

HERE'S WHERE PRESSURE SHOWS UP FIRST.

#1 The Scheduling-Clinical Gap

When what's scheduled doesn't match what's documented.

WHAT IT LOOKS LIKE:

- Visits adjusted last minute
- OASIS timing misaligned with actual care delivery
- Incomplete documentation tied to rescheduled visits
- Missed authorizations due to shifts in care plans

What starts as a small calendar change snowballs into documentation cleanup and, ultimately, billing delays.

#2 The Clinical-Billing Disconnect

When documentation tells one story and reimbursement requires another.

WHAT IT LOOKS LIKE:

- Missing or late signatures
- Diagnosis coding inconsistencies
- PDGM groupings misaligned with clinical updates
- QA catching issues after claims are queued

Revenue doesn't slow down because care wasn't delivered. It slows because the documentation trail is fractured.

#3 The Operations-Payroll Friction Point

When time worked and time capture don't clearly reconcile.

WHAT IT LOOKS LIKE:

- EVV discrepancies
- Mileage not syncing with visits
- Overtime surprises
- Manual corrections at pay period close

Each small reconciliation adds minutes. Minutes turn into hours; hours turn into team fatigue.

#4 The Intake-Field Handoff Break

When referral momentum stalls in transition.

WHAT IT LOOKS LIKE:

- Authorizations incomplete at start of care
- Clinical notes missing key referral details
- Scheduling built before eligibility confirmation
- Follow-ups happening across email, spreadsheets, and text

The patient feels the disruption first. Post-acute care teams feel it later.

#5 The "Workaround" Cycle

When teams compensate for the results of a disconnected system.

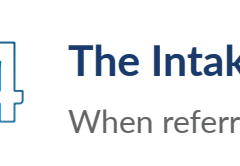
WHAT IT LOOKS LIKE:

- Shadow spreadsheets
- Side text threads
- Manual report pulling
- Double data entryand text

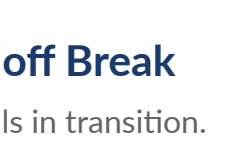
Workarounds aren't signs of failure. They are signs that the system isn't carrying its weight.

WHY IT MATTERS

Operational breakdown seldom starts in one department.
It starts at the **intersections**:



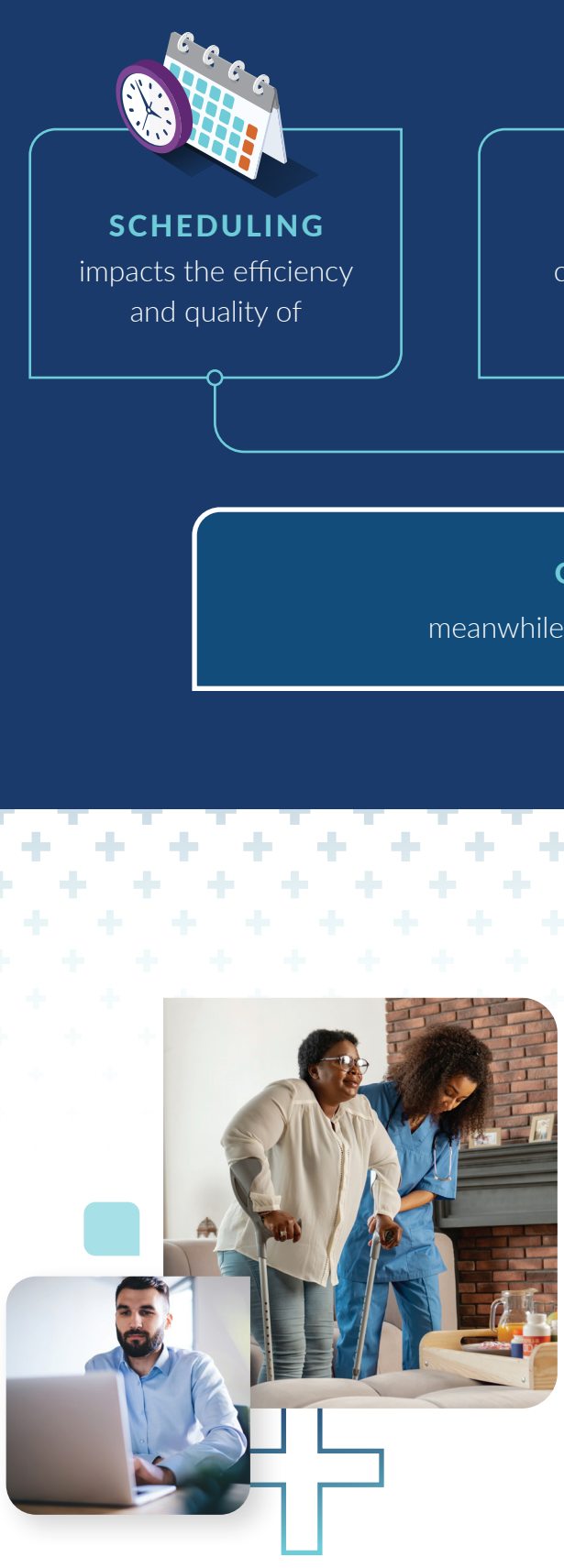
SCHEDULING
impacts the efficiency and quality of



CLINICAL
care and services, which impact

BILLING,
cash flow, and overall revenue.

OPERATIONS,
meanwhile, holds everything together



SMALL SYSTEM INEFFICIENCIES COMPOUND INTO CONSTANT STRAIN

If post-acute care operations feel heavier than they used to be, it may not be volume alone that's to blame.

Instead, the culprit may be **too much space between** the systems your team relies on to operate efficiently.

The Solution:

A COMPREHENSIVE EMR BUILT FOR POST-ACUTE CARE

Fragmented systems, information silos, and friction all stem from the same source: complexity. And while technology doesn't eliminate complexity, it does enable teams to be ready for it.

KanTime is the leading EMR for post-acute longitudinal care, with built-in solutions designed to help you streamline everything from intake and scheduling to billing and payroll.

Take our self-assessment to evaluate your operational readiness, pinpoint where your team feels the most pressure, and discover what KanTime can do to help.

Take the Self-Assessment