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SELF-ASSESSMENT

ARE YOU OPERATIONALLY READY FOR WHAT COMES NEXT?



Self-assessment

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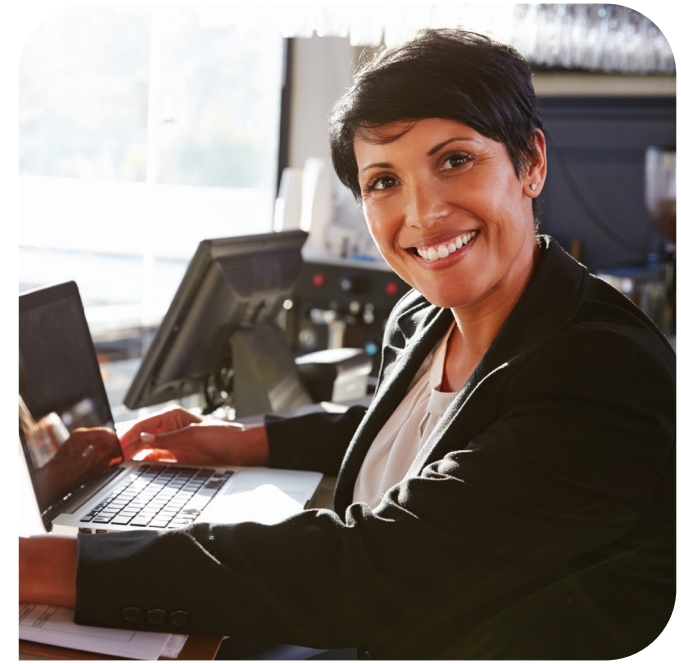
Post-acute care is becoming more difficult – but not because of leadership failures. Instead, it's because expectations are evolving faster than the systems supporting them. In other words, the post-acute care landscape is more complex than ever before.

Complexity makes blind spots easy to miss. Likewise, operational readiness varies across functions. Your teams may excel in some areas and need additional support in others.

This self-assessment is designed to encourage honest reflection on how your operations are absorbing today's complexity. There is no scorecard or ranking; instead, each question aims to help you evaluate strengths and potential areas for improvement.



As you read each section, consider which areas feel the most stable, which require intervention, and which are responsible for raising pressure within your teams.



THE GOAL:
What's scheduled and what's documented move in sync

SCHEDULING

Reflect on your current state and consider:

- When visits are adjusted, how seamlessly does documentation reflect those changes?
- Do clinicians rely on memory or follow-up messages to clarify schedule updates?
- Are OASIS timing and care delivery consistently aligned?
- Do missed visits immediately trigger clean follow-up workflows?
- How often does documentation cleanup happen after scheduling changes?

If scheduling requires daily triage, it may be revealing strain, not causing it.

THE GOAL:
Documentation tells the same story that reimbursement requires

CLINICAL

Reflect on your current state and consider:

+ Are signatures, coding, and care updates consistently complete before claims queue?
+ Does QA catch issues before submission, or after?
+ Do clinicians understand how documentation impacts revenue flow?
+ How often are claims delayed due to missing or misaligned documentation?
+ Are PDGM groupings and clinical updates synchronized in real time?

Revenue rarely slows because care wasn't delivered. Instead, it slows when documentation and billing systems drift apart.



THE GOAL:
Teams and leaders have clear visibility across departments



OPERATIONS

Reflect on your current state and consider:

- Can leaders view scheduling, documentation, and financial performance in one place?
- Are reports trusted without manual cross-checking?
- How often does leadership reconcile data between systems?
- Do small disruptions frequently escalate into cross-department coordination efforts?
- Is operational oversight proactive or reactive?

When operations absorb constant reconciliation, complexity is compounding.

THE GOAL:
Time worked and time captured reconcile clearly

PAYROLL

Reflect on your current state and consider:

- Are EVV discrepancies routine or rare?
- Does mileage sync automatically with visit data?
- How frequently are payroll corrections required?
- Does overtime appear predictably, or as a surprise?
- How much manual reconciliation happens at pay period close?

Each correction may seem minor, but accumulated over months, they create invisible administrative strain.



BILLING

THE GOAL:
Reimbursement flows without downstream cleanup

Reflect on your current state and consider:

+ Are claims submitted cleanly the first time?
+ How often are authorizations incomplete at the start of care?
+ Do documentation gaps surface only when billing reviews a claim?
+ Are eligibility and payer nuances fully visible upstream?
+ Is revenue cycle performance transparent – or reconstructed after the fact?

Billing rarely breaks on its own. It reflects upstream misalignment.

