ILS CARE

REGULATORY SOLUTIONS

Methodology and Claim Backup

How ILS CARE counts what it claims. The calculation, the scope, and the caveat behind every statistic published on ilscarern.com.

FOR AUDITOR AND PROSPECT REFERENCE

ILS CARE RN · Current edition: 2026

SCOPE

What this document covers.

This methodology document is the backing for every statistic ILS CARE RN publishes on ilscarern.com, in client-facing briefs, and in outreach materials. If a number appears in an ILS CARE property, its calculation is here, including what is counted and what is not.

Claims cover client engagements ILS CARE has delivered between January 2019 and the current publication date. Engagements are counted once each. Multi-year engagements are counted in the year the measurable outcome landed, not the year the contract started.

Claims are **cumulative** across all qualifying engagements, not per-client. They are not averages. When a claim is presented as a rate (for example, "95 percent survey success"), the denominator is the full count of qualifying engagements in the stated period.

Claim: "$10M+ Medicare revenue protected"

Definition. Medicare revenue protected is the sum of:

- Avoided recoupment: dollar amounts at risk in CMS recoupment actions successfully defended by ILS CARE-supported documentation, counted at the face value of the demand letter.
- Successful ADR responses: dollar amounts of Additional Documentation Requests that resulted in favorable CMS decisions, where ILS CARE prepared or reviewed the response.
- Prevented payment suspensions: documented instances where CMS had initiated or was about to initiate payment suspension, which was averted by a corrective plan delivered by ILS CARE.

What is not counted. Projected or modeled revenue at risk in engagements that never proceeded to a CMS action; revenue unrelated to Medicare; client self-reported figures that ILS CARE has not validated against the CMS documentation.

Source. Compiled from client engagement files retained by ILS CARE. Line-item backup is available under standard NDA for prospects conducting vendor due diligence.

Claim: "95% survey success rate"

Definition. Survey success is an ILS CARE client engagement that concluded with a CMS, CHAP, ACHC, or Joint Commission survey outcome of either (a) zero condition-level deficiencies or (b) deficiencies fully resolved by plan of correction on first submission, across the survey window the engagement was scoped to cover.

The 95 percent figure is the share of qualifying survey engagements (2019 onward) meeting that definition.

Denominator note. The denominator includes only engagements where ILS CARE was the primary or co-primary compliance partner for the survey cycle. It excludes ad-hoc Chart Audit Sprints that were not scoped to include survey preparation.

Update cadence. Recalculated quarterly as new engagements complete.

Claim: "$289K lost per 1 percent clinical turnover"

Source. This figure is an *industry* estimate, not an ILS CARE-specific calculation. It is drawn from published workforce-cost benchmarks covering hospice and home health staffing economics.

Citation. [Pending citation confirmation — replace before publication.]

How ILS CARE uses it. To illustrate the compliance cost of clinician turnover. Undertrained replacement clinicians typically produce documentation that forces re-audits and increases survey-finding risk. A tailored per-organization estimate can be produced during a Chart Audit Sprint using your actual payroll and visit-volume data.

Claim: "Up to $1M reputation damage"

Reputation damage is the hardest claim to quantify. The $1M estimate is a *modeled upper bound* for a hospice or home health agency that receives a publicly-reported condition-level deficiency, based on three compounding effects:

- Referral source drag: reduced referrals from hospitals, ACOs, and managed care networks that screen on CMS Quality Reporting Program data in the two quarters following a public finding.
- Payer negotiation leverage loss: lost ground in Medicare Advantage and managed care rate negotiations where the payer references the survey record.
- Recruitment drag: harder-to-close clinical hires citing the agency's public record as a factor.

Caveat. The upper bound is modeled, not audited. ILS CARE does not claim that every client with a public deficiency has incurred this loss. The figure is intended as a ceiling, not an average.

External QAPI Program outcome claims

Figures published on the External QAPI Program detail page (3.2x more findings surfaced, 12 hours of board hours saved per cycle, zero QAPI-related citations across completed engagements, 94 percent indicators closed within plan target, 11 PIPs documented in the average client's first twelve months, 100 percent board reports delivered on time, $1.4M aggregate documented revenue retained 2023-2026) are drawn from the first set of completed twelve-month engagements.

Each figure is conservative relative to the underlying data. The 3.2x finding ratio, for example, is the median across engagements, not the mean.

These figures are updated as the engagement corpus grows. Backup is available under standard NDA for prospects conducting due diligence.

How often this document is updated

This methodology document is reviewed and updated **quarterly** (end of March, June, September, December). When a claim materially changes, the prior value is preserved in a revision history so auditors can reconstruct any past claim's basis as it stood when made.

Questions or auditor requests

Auditors, prospects, and journalists who need line-item backup for any claim on an ILS CARE property may contact **info@ilscarern.com** with the specific figure and context. ILS CARE responds to substantive inquiries within three business days. Backup is provided under standard NDA.

This document supersedes any prior version of ILS CARE methodology notes. Current edition: 2026.