Winter Conference
Wednesday, February 18, 2026
2:00pm-3:15pm

3c. From Chaos to Clarity: Reinventing Home Care & Hospice Referral Intake With AI

Presented by:

Siva Juturi, Co-founder & Chief Customer Officer, AutomationEdge

Thank you to our Partners:

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About Speaker – Siva Juturi

Siva Juturi is the **Co-Founder** & **Chief Customer Officer** at **AutomationEdge**, a leading provider of **AI Agents for Home and Post-acute Care**.

With over three decades of experience, Siva is known for his ability to align AI and business strategies, drive operational excellence, and foster a culture of continuous improvement. He is a versatile leader who brings a unique blend of strategic vision, technical acumen, and creative energy to his role of driving customer success.

Siva is a popular AI thought leader, frequently speaking at industry events and conferences like NAHC.

He recently spoke at length about **"AI–Moving Beyond The Hype."** He also hosts a popular podcast called **"Luminaries–Home & Post-acute Care"** where he interviews leading experts and discusses the latest trends, game-changing AI innovations, and best practices.

Beyond his professional achievements, Siva has a deep passion for the Performing Arts, particularly theater and acting. He believes the skills honed on stage– storytelling, empathy, and the ability to engage and inspire an audience–are invaluable in the business world. Siva often draws on his creative background to bring a fresh perspective to strategic planning, team building, and customer relationship management.

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Your Top Challenge With Referral Intake?

○ **Staffing & Capacity** (Declined Referrals due to capacity constraints)

○ **Documentation Load** (70-minute multiple-document reviews)

○ **Fragmented Channels** (Email, Fax, Messaging, Portals)

○ **Regulatory & Timing Pressures** (48 Hours SoC & CoP)

○ **Any other challenges not listed here?**

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Across Industry Intake Major Challenges

Staffing & Capacity
High rejection rates due to staffing constraints despite high demand.

Channel Fragmentation
Manual portals/fax/email streams with no unified digital queue.

Documentation Load
70-minute review cycles for complex, multi-document packets.

Regulatory Pressure
48-hour SOC & CoP mandates increase intake risk stakes.

Source: Home Healthcare News & Other Benchmarks Reports

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The Texas Intake Landscape

Unique Local Pressures

Texas agencies face a high-stakes environment where speed and precision define success:

- **1800+ Medicare Certified Home Health and 900+ Hospice Agencies(CMS data):** Intense competition across major metros.
- **24/7 Demand:** High discharge velocity in Metros.
- **Complex Payers:** Medicare (fee-for-service and Medicare Advantage), Texas Medicaid managed care programs administered by multiple MCOs, commercial insurance plans and more by region.

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The Texas Intake Landscape – Your Experience

What % of your referrals arrive after 5 PM or on weekends?

○ Less than 10%

○ 10% – 20%

○ 20% – 30%

○ More than 30%

The Reality at Large (Leakage Starts Here)

28%
Referrals Arrive After-Hours

8:00 AM 5:00 PM (Office Closes) 12:00 AM

Hospital Case Managers clear beds late.
Business hours intake is a 14-hour blind spot.

Source: WellSky Home Health Insights Across US

Complexity at the Front Door

Texas agencies manage unique intake friction with Medicare/Medicaid payers as multiple MCOs.

- **Payer Rules Identification:** Detect payer type early at intake.
- **Authorization Flags:** Know auth status and validity BEFORE care begins.
- **Unit Mismatches:** Flag coverage gaps proactively.

The Operational Complexity

How many referral sources does your intake team manage today?

○ 1 – 3 (Manageable)

○ 4 – 6 (Fragmented)

○ 7 – 10 (Critical)

○ 10+ (Chaos Zone)

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Where Referrals Get Lost

The average agency manages 5-10 disconnected channels simultaneously.

Portals

Manual monitoring of disparate hospital systems (EPIC, Cerner, etc.)

eFax & Email

Endless scrolling through PDF attachments to find relevant data.
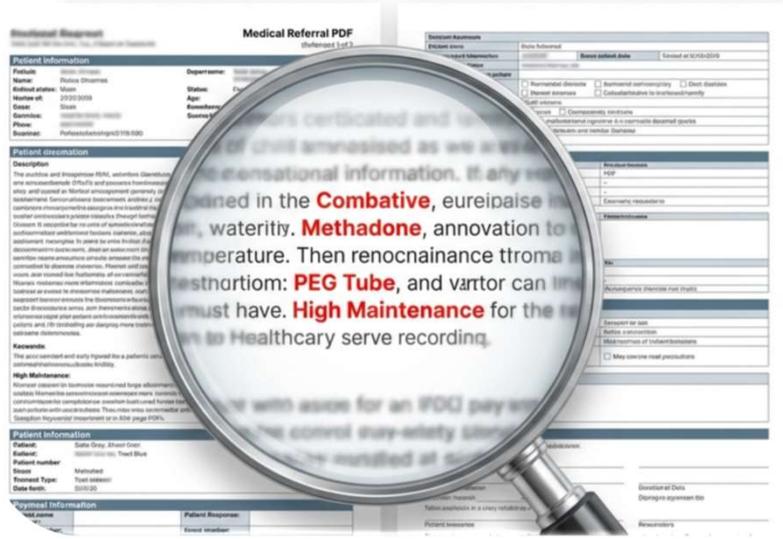
Direct Messaging

Screenshots or texts from discharge planners needing instant answers.

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Where Mistakes Cost Lives!

The Blind Spots:

Speed causes errors. But in healthcare, errors are unacceptable. Manual reviewers fatigue. They miss critical "Exception Keywords" buried in 50-page PDFs.

The Consequence:

Accepting a patient you cannot serve damages reputation and risks safety.

The Need:

A system that reads every word, every time, without blinking.

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Velocity Check

Average time to first response on a referral?

- ○ Less than 1 Hour (Goal)
- ○ 1 – 4 Hours
- ○ Same Day
- ○ Next Business Day

Speed Isn't a Luxury. It's Survival.

1 PM - 4 PM PST

Manual Process

The Missed Opportunity

- Scanning Maps
- Portal Login
- Data Entry

15-30 Minutes
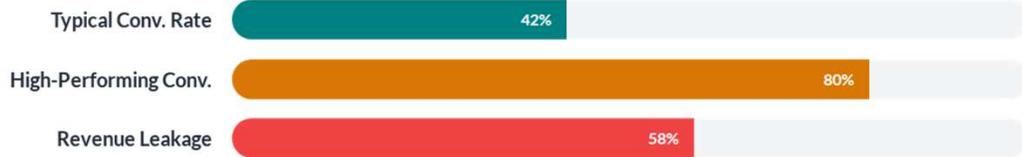
Home Health is *First Come, First Serve*. Every minute of data entry is a patient lost to a competitor.

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The Referral Conversion Gaps

Unoptimized intake processes lead to massive revenue and access "leakage."

Typical Conv. Rate — 42%
High-Performing Conv. — 80%
Revenue Leakage — 58%

First Responder advantage: The first responder wins 70% of referrals.

Data Fragment: 30% of faxes are incomplete at first transmission.

Speed to SOC: Every hour delayed at intake adds 3 hours to SOC time.

Source: Trella Health Industry Benchmark Report

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The Intake Staff Mess No One Talks About

Monitor Red Status

Check Required Level of Care

Intake Coordinator

Decipher Unstructured Comments

eFax & Manual Entry

Calculate Drive Times

The Struggle:
An Intake Coordinator's screen is a war zone. It is tedious. It is stressful. It is prone to burnout.

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The Administrative "Tax" on Care Staff

Clinician Burnout is Real

Referral intake often forces high-value clinicians into low-value data entry.

- **35% of Time** spent on manual documentation and portal reconciliation.
- **20-30 Mins** to review a single fragmented referral fax.
- **30% of faxes** arrive with incomplete data.
- **Increased Turnover** in intake staff due to repetitive, high-stress tasks.
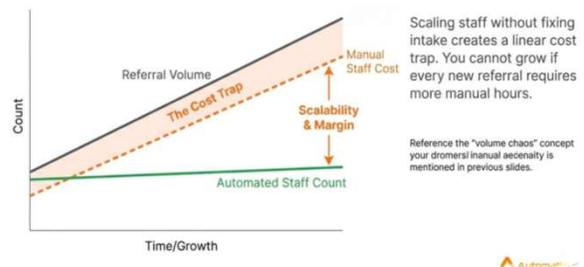
Source: NAHC / Aging Media Network Provider Survey

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The Primary Growth Barrier

80%
OF AGENCIES CITE STAFFING

as the primary barrier to accepting more referrals.

The Growth Ceiling: Why Staffing Can't Solve Efficiency Problems

Scaling staff without fixing intake creates a linear cost trap. You cannot grow if every new referral requires more manual hours.

Reference the "volume chaos" concept your dromersi inanual aecenaity is mentioned in previous slides.

Referral Volume

The Cost Trap

Manual Staff Cost

Scalability & Margin

Automated Staff Count

Count

Time/Growth

When intake is manual, the staffing crisis is amplified. Agencies are forced to say "No" because they lack the bandwidth to say "Yes" fast enough.

Source: BerryDunn 2023 National Healthcare at Home Study

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The Real Cost Of Intake Chaos

Leakage

20–35% loss due to manual delays, missed portal alerts, and evening discharge blindness.

Delayed SOC

Every hour delayed at intake cascades into 3 hours of delay at the point of care.

Risk

Late discovery of Payer rules mismatches leading to retroactive denials.

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The Intake Maturity Framework

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Fragmented	**Reactive**	**Centralized**	**AI-Assisted**	**Predictive**
Manual across email/fax/portals. High leakage. Reactive only.	Team monitors multiple systems. Some after-hours coverage.	Single intake team. Defined SLAs. Ready for modernization.	Automated triage. Early eligibility checks. AI summaries.	Always-on. Proactive escalation. Competitive advantage.

Where is your agency today on the scale?

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Level 1 & 2:
MANUAL BURDEN

Most agencies struggle with **"The Intake Gap"**.
Manual intervention at every touchpoint creates **bottlenecks**.

- High operational leakage due to missed faxes or emails.
- Inconsistent monitoring across siloed portals.
- Costly after-hours coverage gaps.

Level 3: Building the Foundation
CENTRALIZATION & SLAs

Moving to **Level 3** is the critical step before AI implementation.
Consolidating the **"Intake Engine"** into **a single, specialized team.**

- ✓ Defined Service Level Agreements (SLAs).
- ✓ Unified monitoring of all incoming streams.
- ✓ Readiness for digital transformation and AI integration.

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The Reality Check

"If your agency is operating at Level 1 to 3, you are losing 20-35% of your potential revenue to operational leakage."

Question to Ask Yourself - What is your roadmap to Level 4 or 5?
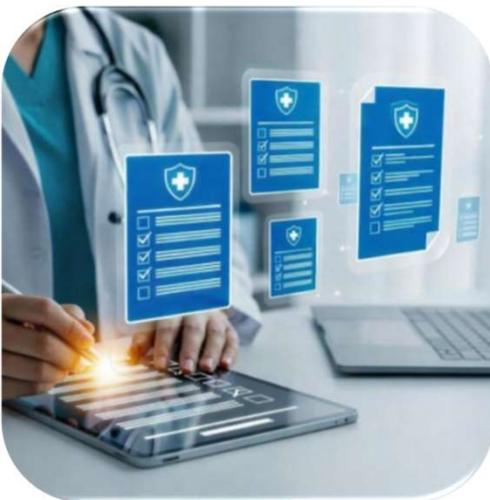
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Moving Toward
Intelligent Operations

Leveraging AI to automate triage, verification, and clinical summarization.

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Level 4 & 5: The AI Frontier

Operational & Predictive Excellence

AI-Assisted and Predictive levels transform intake from a cost center into a competitive advantage.

- ✓ **Automated Triage:** Instant sorting of urgent cases.
- ✓ **Early Eligibility:** Checks performed before human review.
- ✓ **Proactive Escalation:** AI flags issues like 'Do Not Take Back' before they become denials.

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Core AI-Assisted Intake Blocks

Centralized Hub

A single dashboard uniting referrals from different Portals, eFax, and Email into one view.

Intelligent Triage

AI identifies referral types, prioritizes urgency, and routes to teams.

Clinical Snapshots

AI-generated summaries of Dx, orders, and risks for faster review.

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The Fastest AI-Powered Path from Intake to Admission

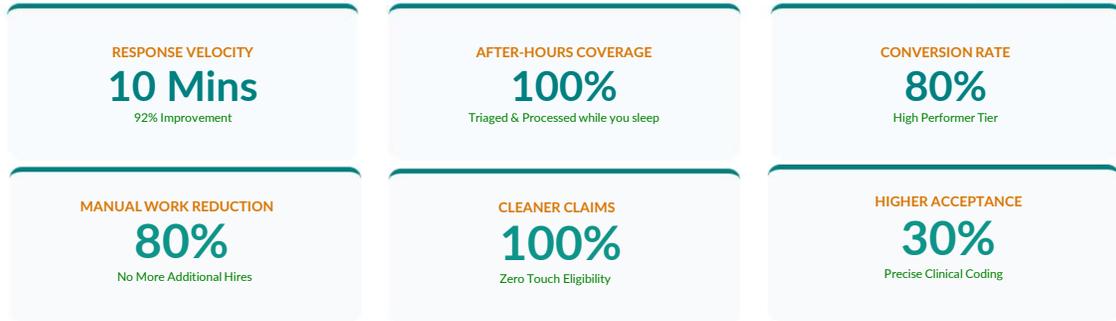| CAPTURE	AI TRIAGE	VERIFY	SUMMARY	CHARTING
Download Portal/Fax/Email	Extract Data Using AI	Verify Eligibility/Payer	Generate Summary	Suggest ICD-10 & Create Chart

A seamless flow from intake to clinical charting in your EMR driven by Generative AI and Automation.

Outcome - 80% Reduction in manual workload | 30% Higher Acceptance Rate

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The Centralized AI-Powered Intake Advantage

RESPONSE VELOCITY
10 Mins
92% Improvement

AFTER-HOURS COVERAGE
100%
Triaged & Processed while you sleep

CONVERSION RATE
80%
High Performer Tier

MANUAL WORK REDUCTION
80%
No More Additional Hires

CLEANER CLAIMS
100%
Zero Touch Eligibility

HIGHER ACCEPTANCE
30%
Precise Clinical Coding

Financial Health Metrics

Intelligent intake directly translates to cleaner claims and improved cash flow through precise clinical coding and eligibility verification.

Redirecting Human Talent

By automating data extraction and summary generation, clinical teams can focus on high-value patient care rather than administrative data entry.
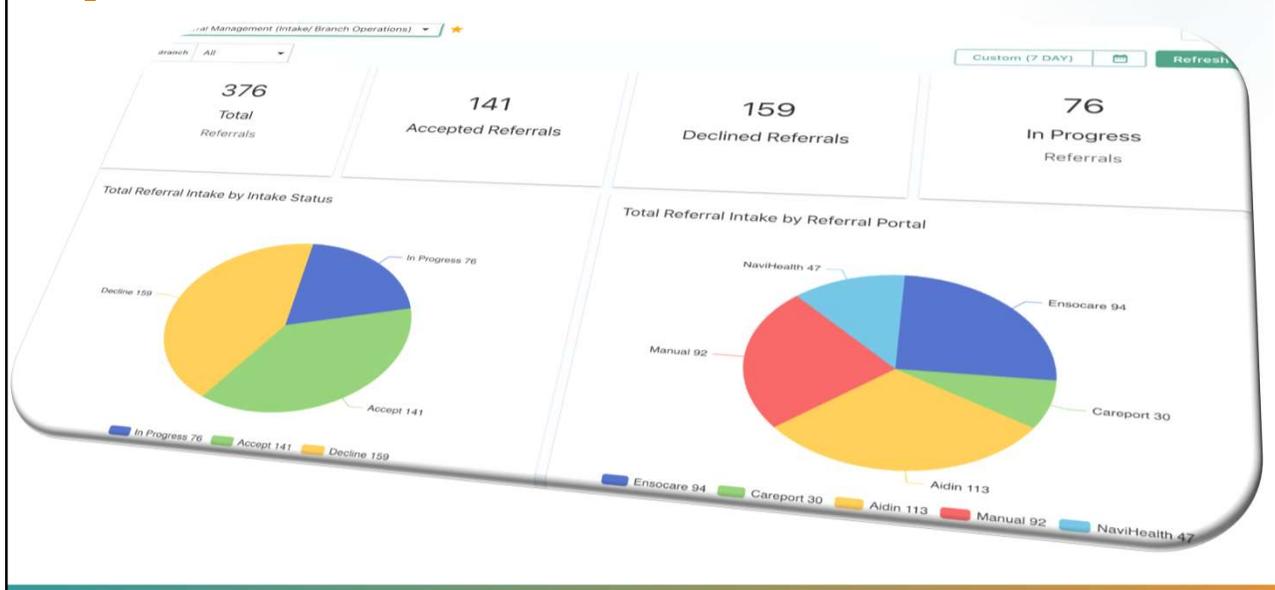
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The Referral Intake Hub & Dashboard View
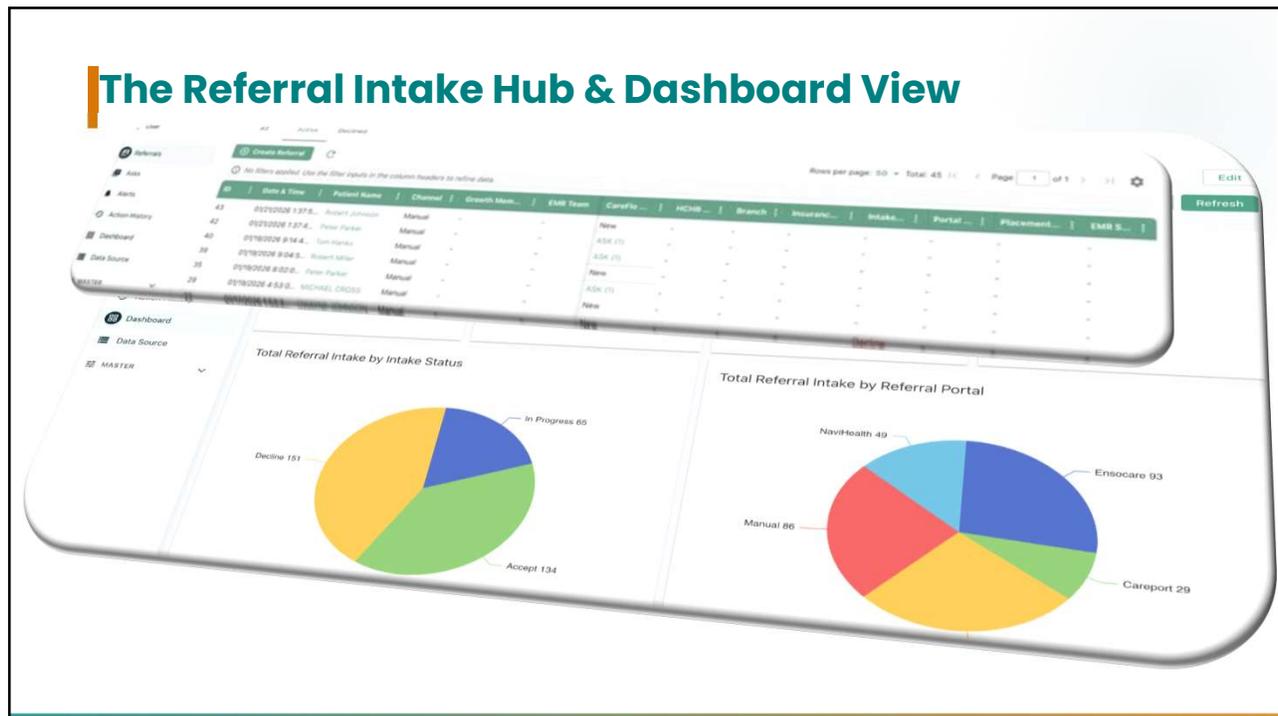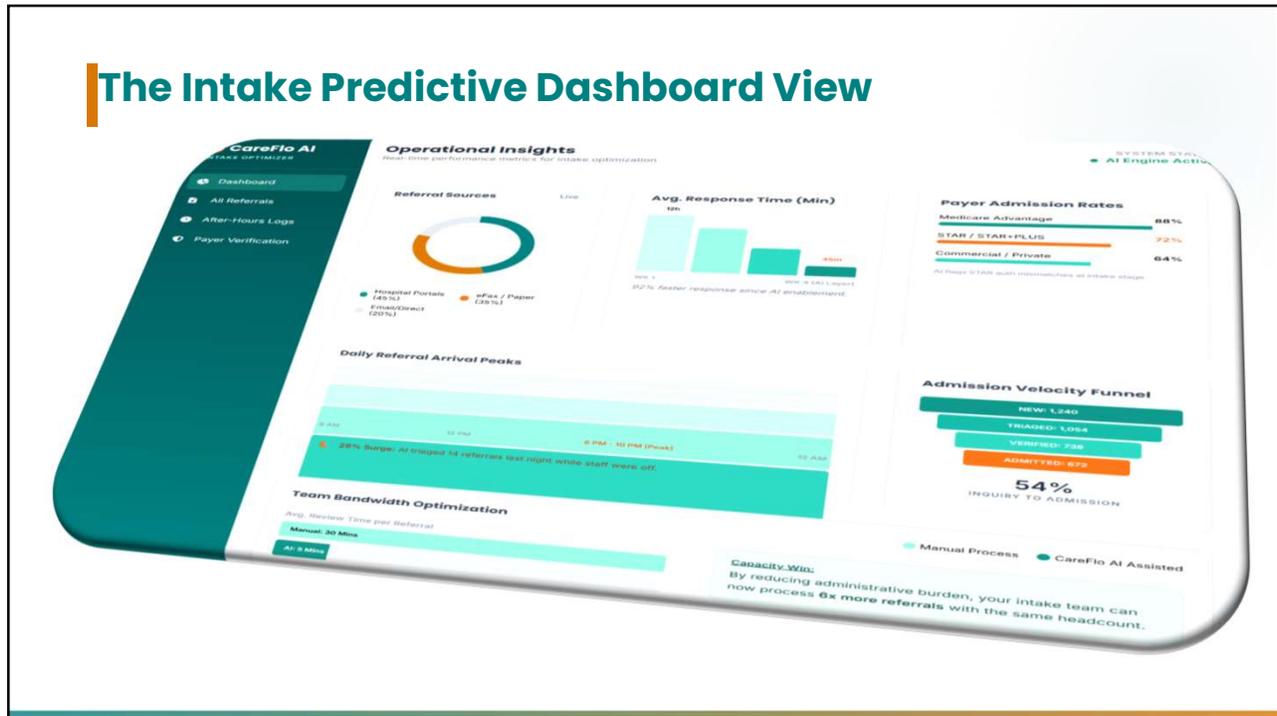

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The Intake Dashboard View (Operations)

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The Intake Dashboard View (Executive)

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The Intake Predictive Dashboard View

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Navigating Complex Payers Landscape

Early Payer Detection

Texas Payer Mix adds an extra layer of intake friction. The win is discovering problems before visits happen—not weeks later.

- Automatic Identification of MCO rules.
- Immediate flagging of authorization gaps.
- Frontend accuracy = Backend cash flow.

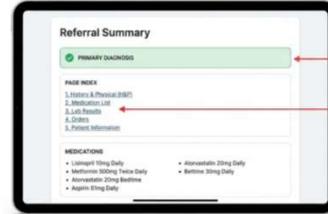**Intake is the first compliance domino.**

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48 Hour SOC/CoP - No More A Challenge (AI Summary)

Stop Reading PDFs. Start Managing Care.

50-Page PDF → AI Extraction →

Patient Summary Card
Patient Name: John Doe
DOB: 01/15/1950
Payer: Medicare (Active)
Referral Source: St. Mary's Hospital
Ordered Services: SN, PT

Core Capabilities

- **Instant Digitization:** Turns 50 pages into structured fields in <2 minutes.
- **Precise Extraction:** Demographics, Payer, Referring Physician (NPI), Services.
- **Exception Keywords:** Auto-flags terms like 'Ventilator' or 'IV Therapy' for triage.

A Clinician's Dream.
The Automated Referral Summary.

Referral Summary

✓ PRIMARY DIAGNOSIS → Pre-validated against PDGM

PAGE INDEX
1. History & Physical (H&P)
2. Medication List
3. Lab Results
4. Orders
5. Patient Information
→ Jumps to H&P or Med List

MEDICATIONS
- Lisinopril 10mg Daily
- Metformin 500mg Twice Daily
- Atorvastatin 20mg Bedtime
- Aspirin 81mg Daily
- Atorvastatin 20mg Daily
- Bedtime 20mg Daily

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The Future: Human + AI Collaboration

AI as a Workforce Multiplier

AI doesn't replace your team; it protects them from the noise.

- ✓ **Augment, Don't Replace:** AI handles data capture; Humans handle care decisions.
- **Always-On Readiness:** Captures and triages referrals 24/7/365.
- **Reduced Burnout:** Eliminates soul-crushing manual data entry.

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Texas Intake Benchmarks

Metric	Typical Texas Agency	High-Performing (AI-Assisted)
Response Time	2 - 12 Hours	< 60 Minutes
After-Hours Capture	Manual / Delayed	24/7 Automated
Referral Leakage	20 - 35%	< 10%
Clinician Review Time	20 - 45 Mins / Referral	5 - 10 Mins

Source: Observed operational trends in Home Health & Hospice agencies.

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Ethics & Compliance

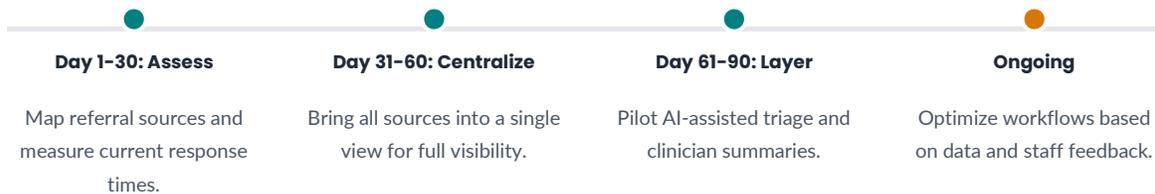"AI supports decisions; Clinicians and Administrators still own them."

Maintaining a "Human-in-the-Loop" for audit readiness:

- AI as Decision Support, not Decision Maker.
- Full audit trails for intake triage steps.
- HIPAA-compliant encrypted data handling.
- Standardized documentation for payer audits.

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90-Day Improvement Roadmap

Day 1-30: Assess	Day 31-60: Centralize	Day 61-90: Layer	Ongoing
Map referral sources and measure current response times.	Bring all sources into a single view for full visibility.	Pilot AI-assisted triage and clinician summaries.	Optimize workflows based on data and staff feedback.

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Final Words...

"Every delayed referral is a patient waiting longer for care."

"AI gives us speed, accuracy, and the power to say 'Yes' more often."

"The agencies adopting AI today, to scale smart, are tomorrow's market leaders."

~Siva Juturi

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Questions?

Want to level up the intake maturity scale?

Connect with me

OR

Scan QR Code To Experience AI in Action!

Siva Juturi

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