

Home Care 360

Grow admissions, fill every visit and keep your caregivers, with AI on your own lakehouse

\$21.8M

of expected revenue in 3,044 referrals turned away in one year because no caregiver was available, in the demo agency. Home Care 360 finds them, prices them and tells each branch what to do.

AI INSIGHT · BRANCH 360 88% CONFIDENCE

47 referrals declined for no staff TTM — \$535K of revenue

Do: Hire 2 RN at Northwind Hospice — Bexar South

Owner: branch director

\$272K a year

34 of 52

counties where patient-survey stars trail real CMS agencies

2,403

open visits in the next 14 days, ranked candidates ready for 2,238

115,241

AI insights across nine linked 360s, each with its evidence and confidence

3,575

real CMS Care Compare agencies and hospices benchmarked, county by county

90 days

from lakehouse access to a measured pilot in one region

Grow admissions, fill every visit, keep caregivers, protect stars and revenue: one model shows where each slips today.

Home Care 360 joins referrals, schedules, EVV, clinical, claims and HR data on your lakehouse, benchmarks every branch against the real CMS-certified agencies in its county, and hands each leader the next decision with its evidence. In the demo agency it found:

GROW ADMISSIONS

3,044

referrals declined for no staff in a year, worth \$21.8M of expected revenue

FILL EVERY VISIT

2,403

visits in the next 14 days with no caregiver; the copilot has ranked matches for 2,238

KEEP CAREGIVERS

53%

aide turnover; 26 caregivers at high 90-day leaving risk, \$1.3M replacement cost at stake

PROTECT STAR RATINGS

34 of 52

counties where Northwind's patient-survey star trails the county's CMS agencies

CUT DENIALS

9.3%

of claims denied; \$8.4M of \$13.8M denied in a year classed as preventable

ACT ON IT

\$54.6M

a year of recurring value in the app's open recommendations, each with owner and formula (its estimate)

 **One linked model**

Patient, episode, visit, caregiver, branch, referral source, payer, county and competitor, each with a 360.

 **Benchmarked on public truth**

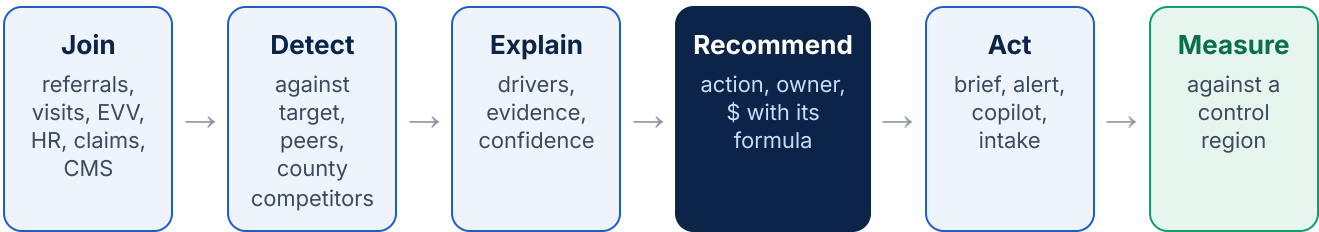
3,575 real CMS Care Compare agencies and hospices, compared county by county.

 **AI that shows its work**

Every finding has drivers, evidence and confidence; every action an owner and a formula.

Exhibit 1 · How an insight becomes money: the nightly loop

Each step is stored as data on your lakehouse, so every recommendation traces from source row to measured result.



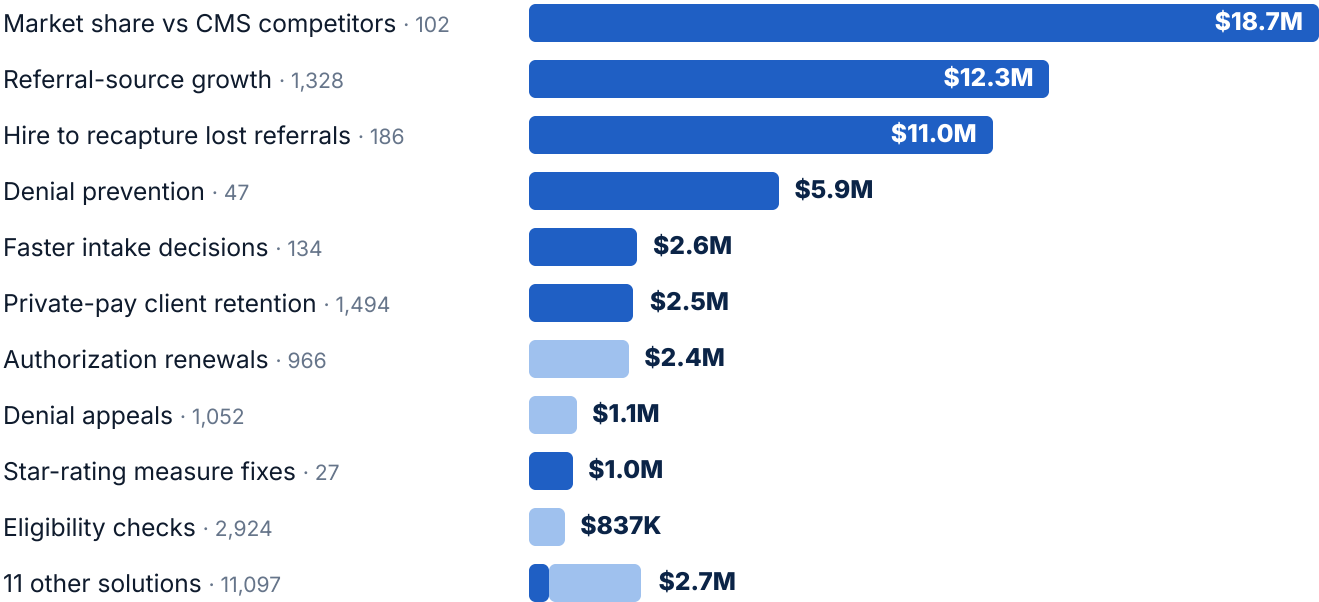
The ask: a 45-minute live demo, then a 90-day pilot in one region on your lakehouse, measured against a control region (page 8).

The app's open recommendations add up to \$54.6M a year, led by market share vs CMS competitors and referral-source growth.

Every recommendation is a row with an owner, an action and the formula behind its dollar value, so finance can audit each one. These are the app's estimates on the demo agency, not a forecast for any company.

Exhibit 2 · Value in the open recommendations, by solution

\$54.6M a year recurring (dark) plus \$6.5M one-time (light). Each solution is counted at one level (branch, payer, county, patient...) so it is not double counted; recommendation count after the dot.



Counted once per solution; the raw sum across levels is \$69.4M because some actions appear at more than one level.

LEVER	EXAMPLE ACTION, AS THE APP WROTE IT	PILOT MEASURE
Lost referrals	Hire 2 RN at Northwind Hospice — Bexar South	Referrals declined for staff, pilot vs control
Market share	Win 0.25% of hospice volume from the CMS-listed competitors in a county	Admissions and share vs county CMS volume
Referral growth	Monthly liaison visit with outcomes data and a named intake contact	Referrals per source, pilot vs control
Denial prevention	Run the PDGM coding scrubber on the primary diagnosis (Medicare FFS)	First-pass denial rate and write-offs
Staffing copilot	Assign the top-ranked caregiver and confirm by phone	Look-ahead fill rate, time to fill

Not a dashboard: a finding, its reason and evidence, an action, an owner and a dollar value.

Six of the 115,241 insights and 56,749 recommendations in the demo build, as stored. Names and identifiers are synthetic.

STAFFING High 88% confidence 47 referrals declined for no staff TTM — \$535K of revenue WHY 40 referrals needing RN declined for no staff TTM worth \$454K EVIDENCE lost-referral model DO Hire 2 RN at Northwind Hospice — Bexar South Branch director \$272K a year	DENIAL PREVENTION Medium 85% confidence 465 diagnosis coding error denials (\$1.4M) TTM WHY 465 coding_error denials worth \$1.4M TTM EVIDENCE denials by payer and reason DO Run the PDGM coding scrubber on the primary diagnosis (Medicare FFS) Revenue cycle \$927K a year
STAFFING COPILOT High 90% confidence Unstaffed RN visit on Sat Oct 03 WHY Unstaffed RN visit; best match 21 min away · has seen the patient 1 time(s) · 2h scheduled that week, no overtime · 0.0% call-outs EVIDENCE staffing-copilot matches DO Assign CG04753 (copilot score 70) and confirm by phone Scheduler \$1,749 one-time	LUPA RISK High 99% LUPA probability Home-health period EP0083051 projected under its LUPA threshold WHY 0 visits done, 1 on the 2-week schedule, ~1.0 projected vs a LUPA threshold of 5.0 EVIDENCE LUPA scores (PDGM threshold 5 visits) DO Schedule 5 more visit(s) before Oct 14 Clinical manager · scheduler \$2,465 at risk
HOSPITALIZATION RISK High 75% confidence Hospitalization risk 66% in the next 30 days WHY Risk 66.1% (hospitalized or ED visit earlier in this admission, 5 chronic conditions, PDGM clinical group MMTA cardiac) EVIDENCE hospitalization scores DO Add a front-loaded RN visit this week and a telehealth check-in; reconcile medications Clinical manager \$377 one-time	STAR-RATING DRIVERS High 90% confidence Quality 2.0★ vs 3.02★ average of 98 CMS agencies in Hillsborough County WHY 1.0★ below the county EVIDENCE CMS Care Compare (public) + branch quality DO Close the star gap: focus on preventable hospitalizations, improvement in bathing Clinical manager · branch director \$62K a year

A branch director opens the branch and sees the finding, the proof, the alert and the action before any chart.

The screenshot displays the 'AI insights' section of the homecare360 interface for Northwind Hospice. The interface includes a navigation bar with tabs for Overview, Referrals, Census, Staffing, Clinical, Revenue, P&L, Competition, Brief, and AI insights (selected). The AI insights section is divided into two main parts: 'AI insights' and 'Alerts'.

AI insights (5 insight(s))

- Insight 1 (Risk High):** 47 referrals declined for no staff TTM – \$535K of revenue. Mostly RN (40). Hiring 2 RN would recapture about \$272K a year at a 60% recapture rate. Lost Staff Revenue Ttm: \$535K vs \$145K benchmark. Evidence.
- Insight 2 (Risk Medium):** Referral conversion 64% vs 72% for hospice branches. Top decline reason: no staff available. Average time to an intake decision 8.7 hours. Referral Conversion: 64.3% vs 72.2% benchmark. Evidence.
- Insight 3 (Risk Medium):** Caregiver turnover 59% vs 42% portfolio. Retention risk list on the retention workbench. Turnover Ttm Pct: 59.1% vs 42.3% benchmark. Evidence.
- Insight 4 (Summary Info):** 42 patients in care, \$2.7M net revenue TTM (~2.0%), 16.0% operating margin. Hospice branch in Bexar County, TX. 277 referrals TTM, 69% accepted, 64% admitted; missed visits 1.5%; caregiver turnover 59%; HCI 10/10. Net Revenue Ttm: \$2.7M vs \$2M benchmark. Evidence.
- Insight 5 (Trend Info):** Hospice ALOS 93 days, live discharges 13%. Portfolio live-discharge rate 16.1%. Live Discharge Rate: 13.0% vs 16.1% benchmark. Evidence.

Alerts (3 alert(s))

- Alert 1:** 47 referrals lost for no staff (\$535K TTM) High. Referrals lost for staff. Mostly RN; 2 hire(s) needed.
- Alert 2:** 52 unstaffed visits in the next 14 days High. Unfilled visits. Fill rate 85.4%; the staffing copilot has ranked candidates.
- Alert 3:** Overtime 3.4% of hours in September Medium. High overtime. 32 overtime hours; \$243 premium.

1 AI insights first: every 360 has the same frame, next to tabs from referrals and staffing to P&L, competition and an assistant.

3 Evidence: one click opens the source table, keys and values behind the finding.

2 Severity and confidence on every finding, with the metric against its benchmark.

4 Alerts routed to the owner; below them, what changed and the recommended actions with their formula.

Every number traces to a row, every action waits for a person, and Assist answers only from governed data.



Explainable

Each insight stores its metric, benchmark, severity, confidence and evidence (source table and keys). Each recommendation stores its formula.



Human in the loop

The app proposes; people decide. Nothing is written to scheduling, EHR or billing systems. Recommendations carry status *proposed*.



Guarded Assist

Reads only governed, read-only data-API contracts for the entity in view, quotes figures as given, lists the sources it used and says what the data does not cover.



Audited

Every data-API call is recorded: caller, contract, parameter hash, rows returned, duration, outcome.



Generated vs live, stated

In the demo, insights and scores come from rules and formulas over synthetic data. Assist answers are live LLM output.



Models, in the pilot

The demo has no trained models or model registry. In the pilot, models are trained on your history and their versions recorded with the scores.

homecare360 / patient / George P. Yarrowby / AI assistant

Ask about George P. Yarrowby

What changed in the last 30 days? What are the biggest risks here and why? What should we do next?

Compare with similar records

1

Why is this patient at high risk of going to the hospital, and what should the care team do this week?
George P. Yarrowby (PT046006): 30-day hospitalization risk is 0.6611 (66%), band "high"

2

Why he is high risk

- He had a hospitalization or ED visit earlier in this admission. The record shows 1 ED visit and 0 inpatient stays.
- He has 5 chronic conditions.
- His clinical group is MMTA_CARDIAC.
- Context: he is in the 85+ age band, acuity tier is high, and he has 1 missed visit (5 completed). He does not live alone and has 1 primary caregiver.
- The missed visit is not listed as a model driver. I'm noting it only as context.

3

What the team should do this week

- Add a front-loaded RN visit this week.
- Schedule a telehealth check-in.
- Reconcile his medications.
- His next visit is scheduled for 2026-10-01. The last visit was 2026-09-27. The RN visit could be built around the 10-01 visit, though the data doesn't say so.

Not in the data

- The reason for the ED visit and the reason for the missed visit.
- The medication list, vitals, and symptoms.
- Caregiver capacity.

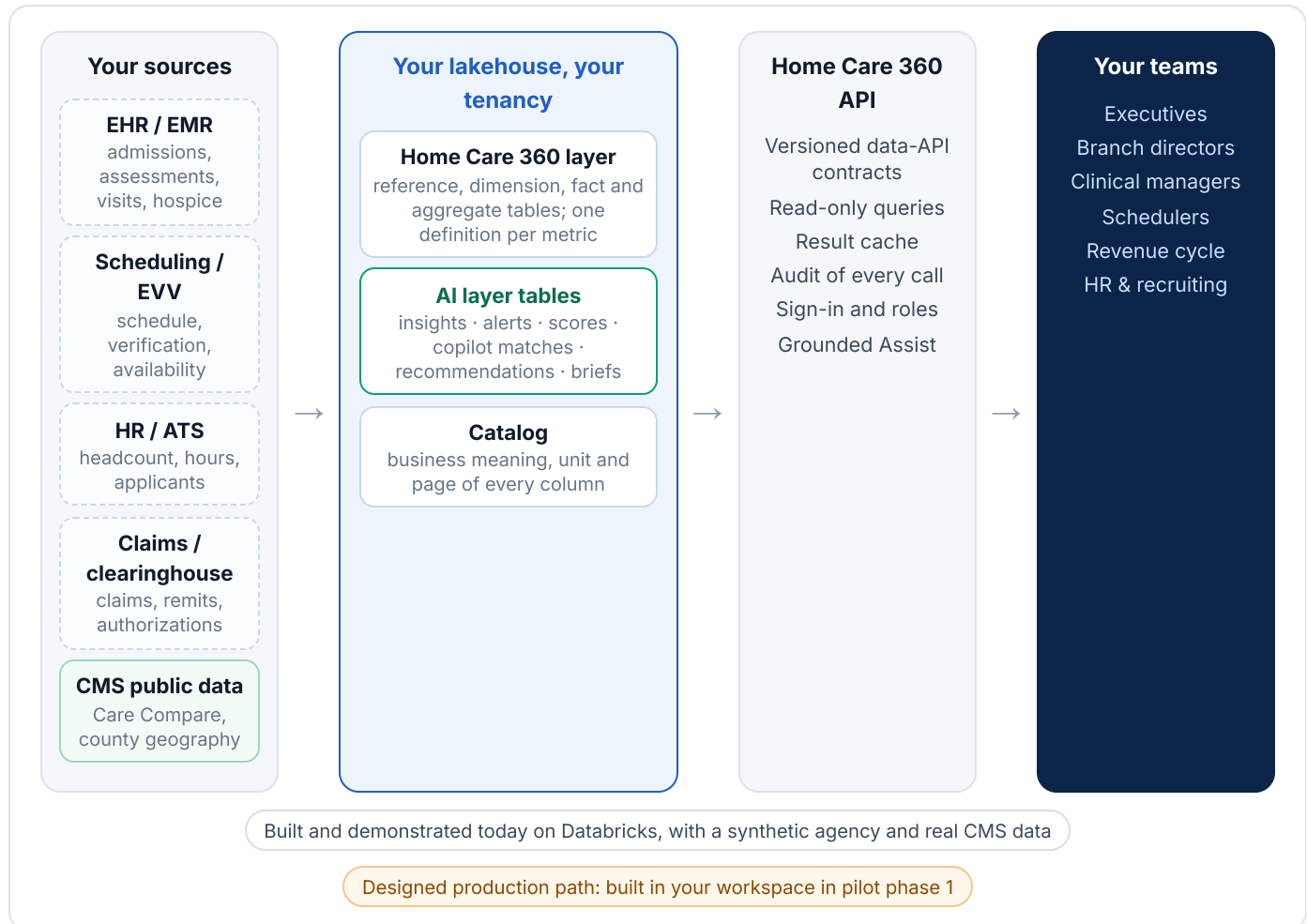
The insight's confidence is 0.75.

1 Plain-English question from a clinical manager, on a synthetic patient's 360.

2 Grounded answer: the model's drivers and context, quoted from the patient's governed data (MMTA_CARDIAC is the PDGM clinical group MMTA cardiac).

3 Limits stated: what is not in the data, so nobody acts on a guess.

Your lakehouse stays the source of truth. PHI stays in your tenancy, and the app only reads.



PHI stays in your tenancy

Built inside your lakehouse workspace and queried in place; no copy to a vendor warehouse.



Read-only by construction

Pages, briefs and Assist only read. User state lives in its own schema.



Role-based access

Sign-in with roles today; per-contract roles and column masking are supported, set in the pilot.



Predictable load

Results cached 15 minutes (360s) to an hour (briefs); the busiest pre-warmed.



Insulated from change

Pages read stable contracts, so a source change touches the model, not the app.



No certification claimed

No HIPAA certification is claimed; production runs under your BAA and security review.

Ninety days from lakehouse access to a measured result in one region.

Connect

DAYS 1-30

- Build the layer for one region from EHR, scheduling/EVV, HR and claims extracts
- Load CMS Care Compare for your counties
- Run the validator on your data; connect your identity provider

Calibrate

DAYS 31-60

- Set thresholds, recapture assumptions and copilot weights with your leads
- Train miss, retention, hospitalization and denial models on your history
- Record model versions with their scores

Prove

DAYS 61-90

- Go live in the pilot region against a matched control region
- Weekly review with the regional director, scheduling and revenue cycle
- Read out the measures below

SUCCESS MEASURE, AGREED BEFORE DAY ONE	HOW IT IS READ	DEMO BASELINE
Referrals declined for staff	Count and expected revenue, pilot vs control branches	3,044 a year · \$21.8M
Look-ahead fill rate	Next-14-day visits with a caregiver, pilot vs control	91.5%
Missed-visit rate	Missed ÷ scheduled, pilot vs control	3.1%
Caregiver 90-day turnover	Flagged and acted on vs flagged and not	Aides 53% a year
First-pass denial rate	Claims scored before submission vs prior period and control	9.3%
Adoption	Recommendations reviewed; time from alert to action	56,749 open actions

What we need from you: a pilot region and a control region, read access to source extracts in your lakehouse (or a pilot schema), and an operations lead for one hour a week.

See it live: a 45-minute demo on the Northwind demo agency

Your COO, CIO and a regional director walk the referral leak, the copilot and the CMS county map, and leave with a pilot plan for one region.

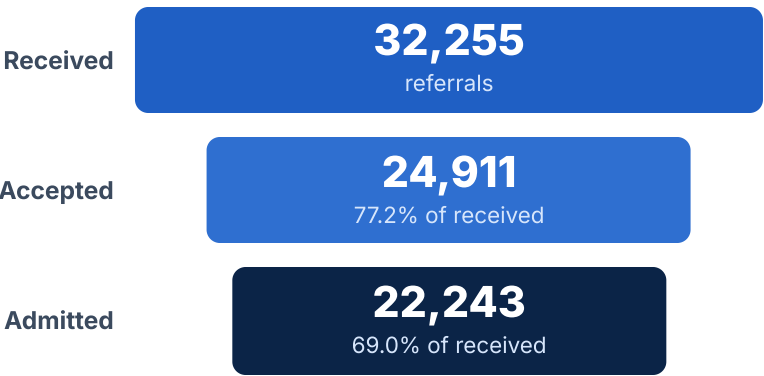
vijay@verticalserve.com

Demand is not the constraint. 41% of declined referrals were turned away because no caregiver was available.

Every referral is tracked from intake to admission. The app prices each one declined for lack of staff at the expected revenue for its service line and payer, then turns the gap into a hiring plan by branch and discipline.

Exhibit 3 · The referral funnel, last twelve months, and where it leaks

Demo agency, all branches. Widths are proportional to referrals.



LEAK · NO STAFF AVAILABLE

\$21.8M

3,044 referrals declined for no caregiver: the largest and most controllable of 7,344 declines.

Other declines: 4,300 (service area, clinical fit, payer, documentation). Accepted but not admitted: 2,668.

Exhibit 4 · Who was missing: referrals lost for staff by discipline

Hires needed are the app's estimate at a 60% recapture rate. Across 148 branches it proposes 587 hires, recapturing \$13.1M a year.

DISCIPLINE	DECLINED	REVENUE LOST		HIRES NEEDED	TURNOVER
RN Registered nurse	1,538	\$9.8M		113	25%
HHA Home health aide	452	\$7.8M		331	53%
PT Physical therapist	925	\$3.1M		66	28%
LPN Licensed practical nurse	5	\$707K		5	35%
OT Occupational therapist	91	\$304K		46	21%
SLP Speech-language path.	33	\$109K		26	20%

A scheduler's morning: the brief has already found the gaps, and the copilot has ranked who should fill them.

Exhibit 5 · A morning with Home Care 360

Scheduler persona, demo agency. Times are illustrative; the numbers are the demo's.

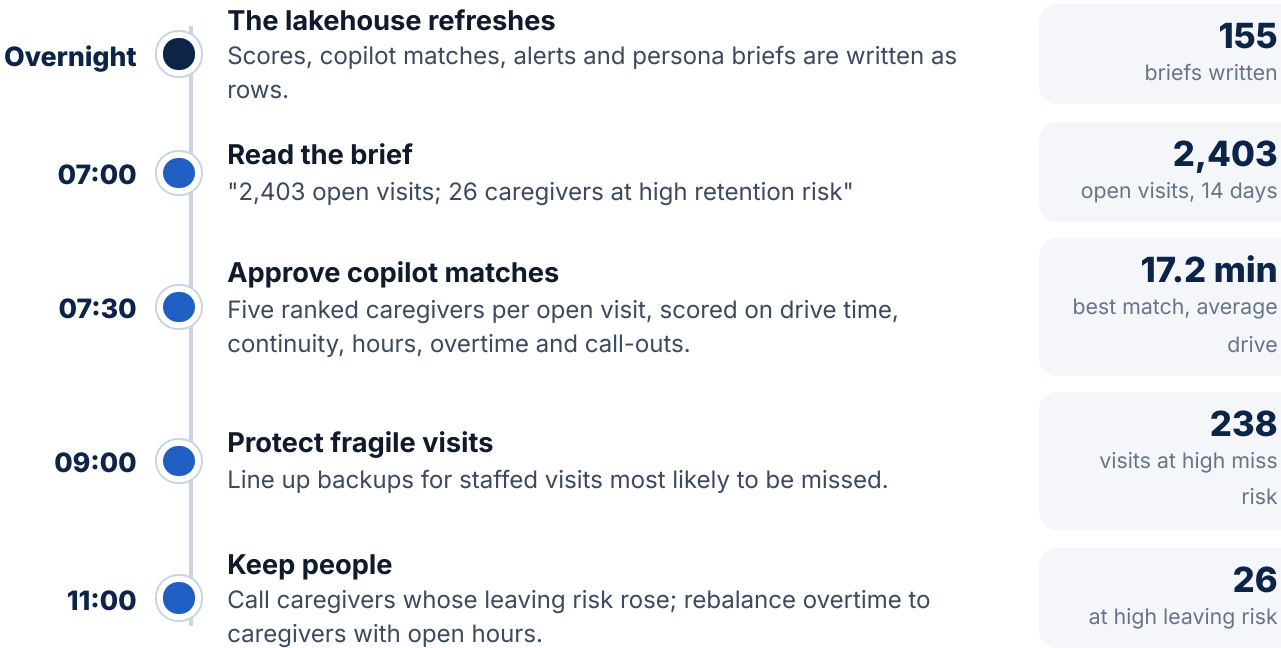


Exhibit 6 · The copilot's candidates for one open RN visit (V00677561, Northwind Home Health — Cuyahoga, 2026-10-01)

Rows as the copilot wrote them. The copilot proposes; the scheduler assigns in your scheduling system. Names are synthetic.

RANK	CAREGIVER	DRIVE	KNOWS PATIENT	SCORE	WHY, IN THE COPILOT'S WORDS
1	Gloria H. Lanternfield	38 min	Yes	78	38 min away · has seen the patient 5 time(s) · 1h scheduled that week, no overtime · 1.0% call-outs
2	Priya E. Emberwick	46 min	Yes	72	46 min away · has seen the patient 19 time(s) · 6h scheduled that week, no overtime · 1.2% call-outs
3	Yuki H. Briarwick	26 min	Yes	66	26 min away · has seen the patient 1 time(s) · 3h scheduled that week, no overtime · 0.4% call-outs
4	Betty R. Wickerley	35 min	No	50	35 min away · new to the patient · 2h scheduled that week, no overtime · 0.8% call-outs
5	Yuki T. Snowberrow	42 min	No	46	42 min away (neighboring branch) · new to the patient · 0h scheduled that week, no overtime · 0.0% call-outs

Aides turn over at 53% a year: hiring barely keeps pace with leavers, and that gap caps admissions.

AIDE TURNOVER

53%

licensed clinicians
27%

HIRED VS LEFT

1,210 / 1,261

caregivers hired / leaving, last twelve months

LEAVING RISK

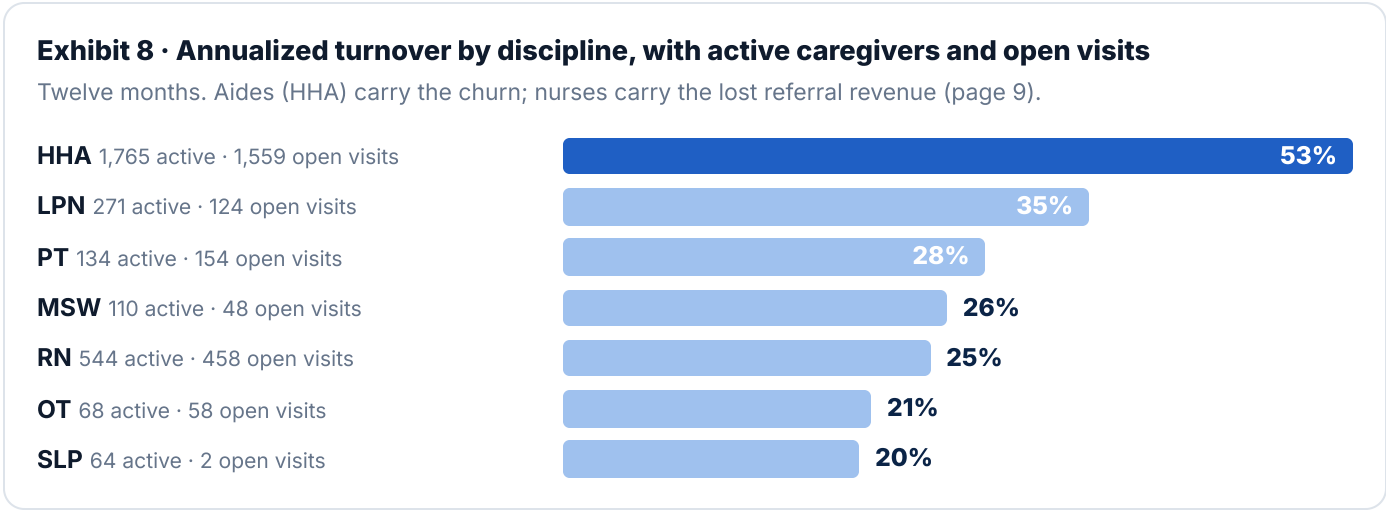
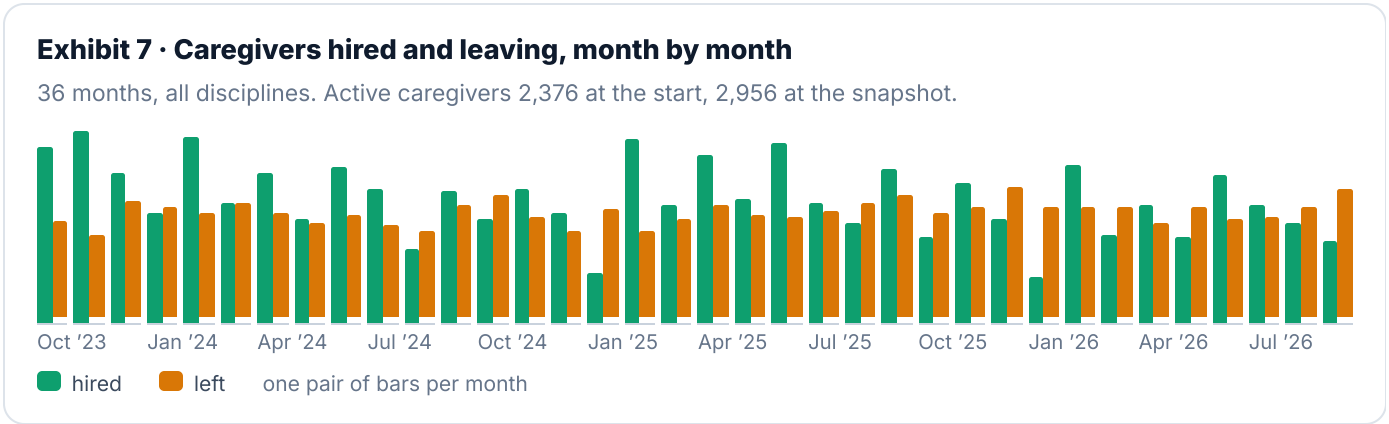
26 · 527

high · medium 90-day risk; \$1.3M replacement cost

LOOK-AHEAD FILL

91.5%

2,403 visits in 14 days with no caregiver



The retention model scores every active caregiver for 90-day leaving risk with its drivers (first months of tenure, pay below the branch median, long drives, rising call-outs) and proposes a specific action, such as a stay interview this week.

Northwind trails the real CMS agencies on patient-survey stars in 34 of 52 counties. Here is which, and why.

Home Care 360 loads the public CMS Care Compare files: 2,515 home health agencies and 1,060 hospices in the demo agency's counties. Competitors: real, public CMS data, shown only as county averages

Northwind: synthetic, on CMS scales

Exhibit 9 · Patient-survey (HHCAHPS) star gap by county, 12 states

Each tile is a county: Northwind's HHCAHPS summary star minus the average of the county's CMS home health agencies; small figure = agencies compared. On the quality-of-care star Northwind trails in 31 counties.



Behind Ahead bands: ≤ -1.25 · ≤ -0.5 · < 0 · level · $< +0.5$ · $\geq +0.5$ stars

Why: only 55% of Northwind's patients rate the agency 9 or 10 (county competitors 84%), and 50% would recommend it (76%). Clinicians score above the county on communication and professionalism, so the gap is specific and fixable; the app ranks it branch by branch.

The star gap is specific: patients rate the care team well but rate the agency low. The app ranks which measures to fix, branch by branch.

homecare360 / ai solutions / star-rating drivers

Summary

AVG QUALITY STAR
3.3

COMP AVG QUALITY STAR
3.2

AVG HHCAHPS STAR
3.0

COMP AVG HHCAHPS STAR
3.2

COUNTIES HALF STAR BEHIND
23

Home-health branches vs county CMS agencies

66 row(s)

BRANCH NAME	STATE	COUNTY NAME	QUALITY STAR	HHCAHPS STAR	COMP QUALITY STAR
Northwind Home Health — Orange South	FL	Orange County	1.5	1.0	3.7
Northwind Home Health — Summit	OH	Summit County	1.5	2.0	3.6
Northwind Home Health — Travis	TX	Travis County	2.0	1.0	3.6
Northwind Home Health — Montgomery	PA	Montgomery County	2.0	2.0	3.6

Star-rating drivers. Each Northwind home-health branch's quality and survey stars against the average of its county's CMS agencies, widest gap first. Competitor values are county averages of public CMS data; no agency is named.

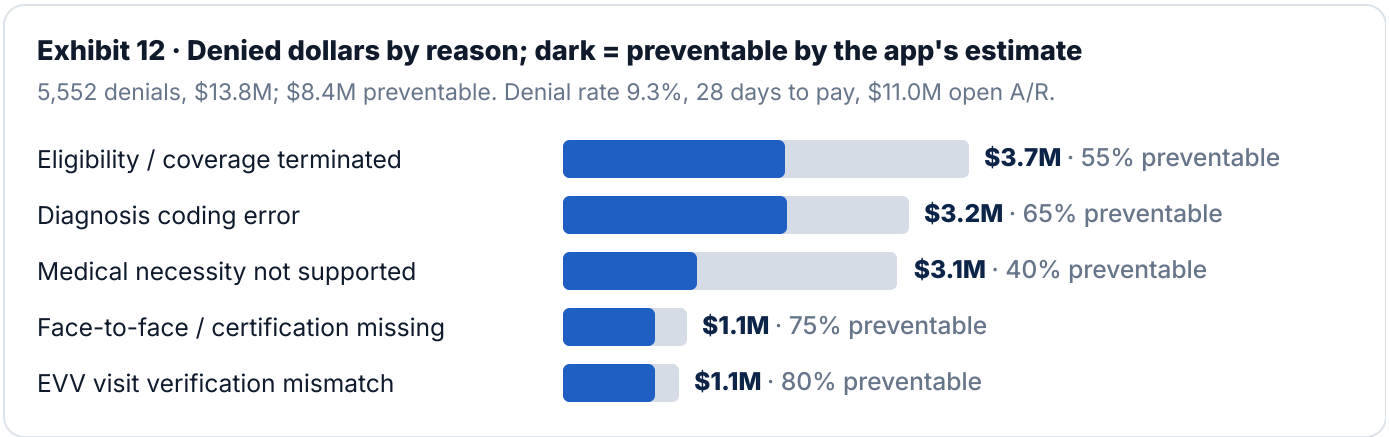
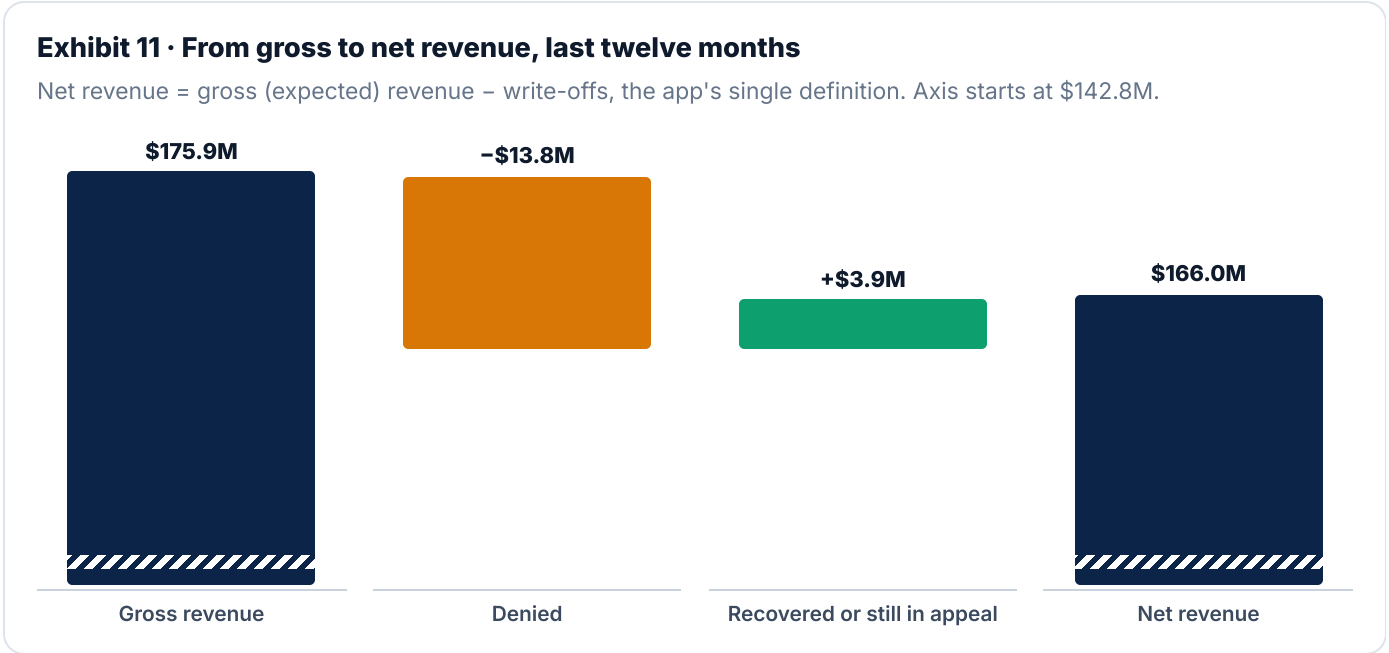
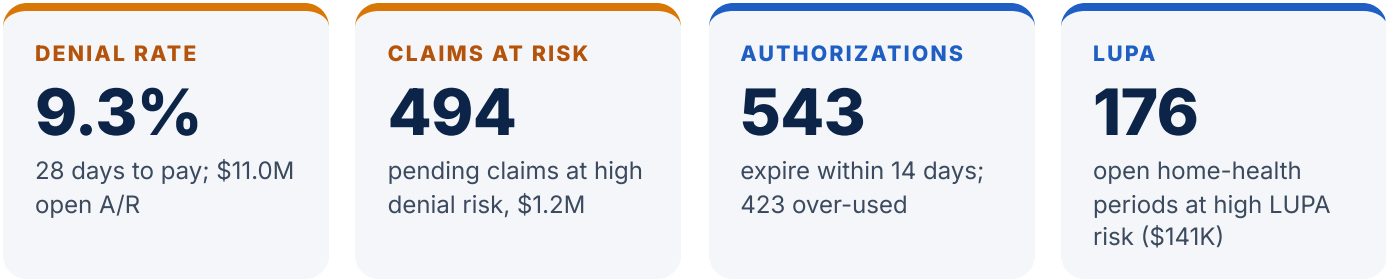
Exhibit 10 · Where the survey star is lost: the six weakest measures

Average across Northwind's 66 home-health branches vs the CMS agencies in the same counties and the national average.

MEASURE	NORTHWIND	COUNTY CMS	NATIONAL	GAP	BRANCHES BELOW COUNTY
Rated the agency 9 or 10	54.6	84.4	85.5	-29.8	64 of 66
Would definitely recommend	49.6	76.3	78.7	-26.7	63 of 66
Team discussed medicines, pain and home safety	78.5	80.5	82.5	-2.0	32 of 66
Care began in a timely manner	93.8	95.1	94.0	-1.2	29 of 66
Breathing improved	83.9	89.7	84.8	-5.8	33 of 66
Discharge to community (risk-standardized)	80.0	82.6	80.4	-2.5	33 of 66

\$13.8M was denied in a year; \$9.9M of it was written off. Most of it was preventable before the claim dropped.

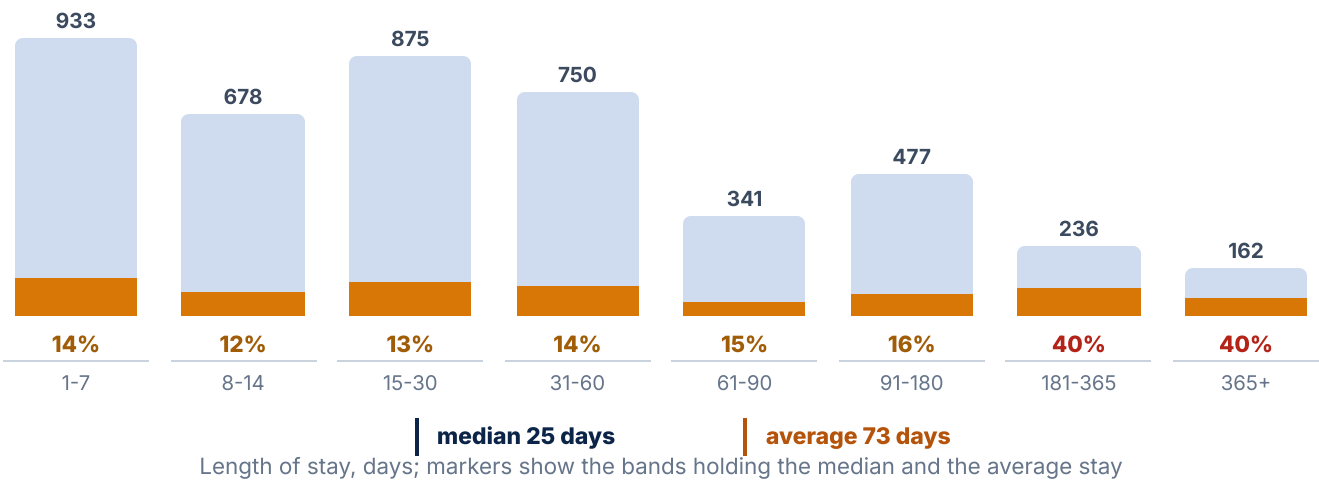
Every pending claim is scored for denial with its likely reason and the fix; every authorization is projected to exhaustion; every open home-health period is checked against its PDGM visit threshold.



Hospice earns a 20.9% margin. Half of patients stay under four weeks, while long stays drive live discharges.

Exhibit 13 · Hospice discharges by length of stay, and the share discharged alive (twelve months)

Bar = discharges in the band; orange = live discharges; percentage = live-discharge share. 4,452 discharges; live-discharge rate 16%.



homecare360 / ai solutions / hospice LOS & live discharge

Summary

PATIENTS
987

PAST 180 DAYS
359

AVG LONG STAY
PROB
61.8%

AVG LIVE DISCHARGE
PROB
30.7%

HIGH
432

Patients
300 row(s)

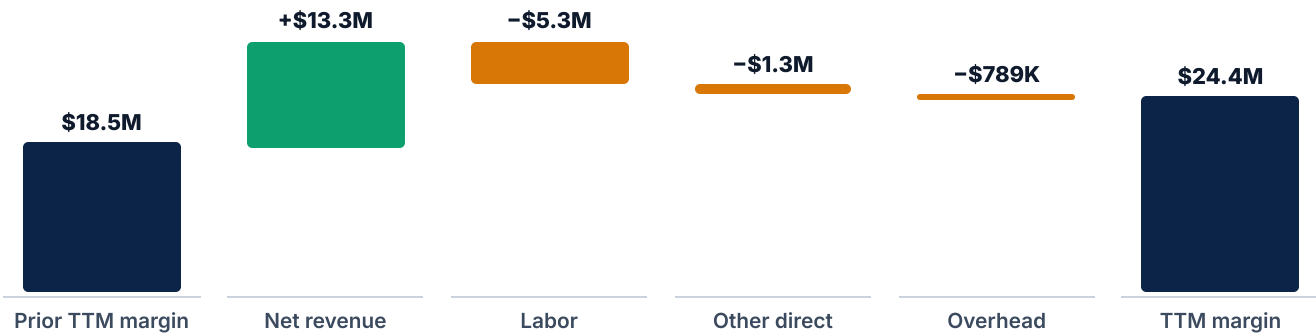
ADMISSION ID	LOS TO DATE	CLINICAL GROUP	LONG STAY PROB	LIVE DISCHARGE PROB	BAND	TOP DRIVERS
AD0047630	1,591	Dementia	100.0%	44.2%	High	dementia diagnosis (median stay 72 days) · 1591 days on service · past 180 days: recertification and cap exposure
AD0047633	1,580	Dementia	100.0%	44.2%	High	dementia diagnosis (median stay 72 days) · 1580 days on service · past 180 days: recertification and cap exposure
AD0047635	1,578	Heart	100.0%	37.4%	High	heart diagnosis (median stay 30 days) · 1578 days on service · past 180 days: recertification and cap exposure
AD0047647	1,552	Dementia	100.0%	44.2%	High	dementia diagnosis (median stay 72 days) · 1552 days on service · past 180 days: recertification and cap exposure

Hospice risk. Every active hospice patient scored for a stay past 180 days and for a live discharge, with the drivers, for review at the interdisciplinary group meeting: 432 of 987 flagged high.

Margin rose from 12.1% to 14.7%, but 2 branches still lose money, and every one is a click away.

Exhibit 14 · What moved operating margin, prior twelve months to the last twelve

Built from the visit and claim records, so it reconciles: revenue \$13.3M up, labor \$5.3M up. Net revenue \$166.0M (+8.7%).



homecare360 / workbenches / branch P&L

Branches (TTM)								
150 row(s)								
BRANCH NAME	SERVICE LINE	STATE	NET REVENUE (TTM)	REVENUE YOY %	LABOR COST (TTM)	LABOR COST %	OPERATING MARGIN (TTM)	OPERATING MARGIN %
Northwind Personal Care — Travis	Personal care	TX	\$390K	1.5%	\$327K	83.9%	-\$5K	-1.3%
Northwind Home Health — Fulton	Home health	GA	\$558K	4.9%	\$415K	74.3%	-\$1K	-0.3%
Northwind Personal Care — Harris South	Personal care	TX	\$586K	0.2%	\$488K	83.3%	\$4K	0.6%
Northwind Personal Care — Tarrant South	Personal care	TX	\$611K	-7.6%	\$504K	82.5%	\$4K	0.7%
Northwind Personal Care — Bexar South	Personal care	TX	\$342K	-1.7%	\$276K	80.9%	\$3K	1.0%
Northwind Personal Care — Tarrant North	Personal care	TX	\$610K	5.4%	\$512K	84.0%	\$9K	1.4%
Northwind Personal Care — Harris North	Personal care	TX	\$873K	25.5%	\$728K	83.3%	\$20K	2.3%
Northwind Home Health — Franklin North	Home health	OH	\$590K	-6.4%	\$409K	69.4%	\$15K	2.5%
Northwind Personal Care — Dallas East	Personal care	TX	\$782K	1.0%	\$633K	80.9%	\$21K	2.6%
Northwind Personal Care — Harris East	Personal care	TX	\$713K	27.0%	\$589K	82.6%	\$22K	3.0%
Northwind Personal Care — Dallas South	Personal care	TX	\$889K	19.9%	\$728K	81.9%	\$28K	3.1%
Northwind Home Health — Lee	Home health	FL	\$664K	-14.2%	\$443K	66.7%	\$21K	3.1%
Northwind Home Health — Chatham South	Home health	GA	\$460K	23.3%	\$331K	72.1%	\$15K	3.3%
Northwind Home Health — Bexar South	Home health	TX	\$944K	-3.8%	\$653K	69.2%	\$35K	3.7%
Northwind Home Health — Bexar North	Home health	TX	\$397K	-9.1%	\$269K	67.8%	\$15K	3.8%

1-15 of 150 < >

Branch P&L workbench. All 150 branches, weakest margin first, with revenue growth, labor share and census; any row opens the Branch 360 and its month-by-month margin bridge.

Five roles, five briefs, written overnight from the lakehouse: each opens with the one number that matters to that role today.

EXECUTIVE

\$166.0M net revenue TTM at 14.7% margin; \$21.8M of referrals lost for lack of staff

BRANCH DIRECTOR

50 in care, 11.5% margin TTM, 3 open visits next 14 days

CLINICAL MANAGER

ACH 14.6%, 288 patients at high hospitalization risk, LUPA 9.2%

SCHEDULER

2,403 open visits; 26 caregivers at high retention risk

REVENUE CYCLE

Denials 9.3%, \$11.0M open A/R, 543 authorizations expiring in 14 days

homecare360 / morning brief / executive

Morning brief

The overnight story for the executive — written from the lakehouse each night

Home / Menu / Morning Brief

Executive

\$166.0M net revenue TTM at 14.7% margin; \$21.8M of referrals lost for lack of staff

Portfolio

4,220 patients in care across 150 branches in 12 states

Net revenue \$166.0M TTM (+8.7%), operating margin 14.7%

Referrals 32,255, 77% accepted, 69% admitted

Growth lost to staffing

3,044 referrals declined for no staff = \$21.8M TTM

Northwind Hospice — Bexar South: \$535K

Northwind Hospice — Gwinnett: \$459K

Northwind Personal Care — Philadelphia North: \$420K

Quality vs real CMS competitors

Our home health 3.26★ vs 3.24★ for CMS agencies in our counties

HHCAHPS 2.95★ vs 3.23★

Summit County, OH: -2.1★ gap

Travis County, TX: -1.6★ gap

Montgomery County, PA: -1.6★ gap

Top AI actions

Win 0.25% of hospice volume from the 130 CMS-listed competitors in Bexar County — \$1.0M

Run the PDGM coding scrubber on the primary diagnosis (Medicare FFS) — \$927K

Executive brief. Headline and sections computed from the data each night; a persona switch shows the same brief for each role, and every branch also gets its own.

Nine linked entities on one model, so a lost referral, the missing caregiver and the county's competitors are one click apart.



About the numbers, the data and the AI

Demo agency: synthetic

Every figure about Northwind Home Care, including every chart, table and screenshot, comes from the Home Care 360 demo build on Databricks (snapshot 30 September 2026, 36 months of history). Northwind is a fictional operator: 150 branch offices in 52 real counties across 12 states, 61,744 patients, 6,590 caregivers, 2.31M visits, 92,954 referrals and 182,094 claims, all generated. Names are invented; patients carry birth year and county only. No real patient, caregiver or agency operating data is used. Northwind's quality and survey scores are synthetic values on CMS scales.

Competitors: real, public

Competitor agencies, star ratings, outcome measures and HHCAHPS results are public CMS Care Compare provider data (home health files of October 2026, hospice files of August 2026; data.cms.gov Provider Data Catalog). This paper shows them only as county averages; no agency is named or singled out.

AI: generated vs live

Insight text, scores, copilot matches, recommendations and briefs in the demo are generated from the synthetic data by rules and formulas, not by models trained on real outcomes; they show where trained models and LLM-written insights land. Dollar values are the app's estimates on the demo agency (for example lost revenue × an assumed 60% recapture rate), not a forecast for any company. Assist answers were produced live by an LLM (Claude on Amazon Bedrock) over the demo data.

Deployment and compliance

The deployment inside a customer's lakehouse is the designed path on page 7, not a running installation. No HIPAA or other certification is claimed. This paper describes no specific home-care company, and no company named or implied is a customer of VerticalServe. Contact: vijay@verticalserve.com.

Detail · The demo agency's four service lines, last twelve months

Revenue and labor per completed visit; missed-visit rate on scheduled visits. Total net revenue \$166.0M (+8.7%), operating margin 14.7%.

SERVICE LINE	BRANCHES	CENSUS	VISITS	NET REVENUE	OP. MARGIN	REV./VISIT	LABOR/VISIT	MISSED
Hospice	36	987	223,144	\$71.1M	20.9%	\$319	\$100	1.4%
Home health	66	1,739	239,647	\$50.9M	9.3%	\$212	\$138	2.7%
Personal care	40	1,374	293,628	\$28.4M	9.6%	\$97	\$73	4.2%
Pediatric PDN	8	120	29,857	\$15.6M	13.2%	\$523	\$382	8.2%

Detail · Medicare rates in the model (public CMS)

National standardized rates before wage index and case mix; CMS-1828-F and CMS-1835-F final rules.

Home health 30-day period, CY2026	\$2,038.22
Hospice routine care days 1–60, FY2026	\$230.83
Hospice routine care days 61+	\$181.94
Continuous home care / day	\$1,674.29
Respite · general inpatient / day	\$532.48 · \$1,199.86

Detail · Open alerts (2,911 in all)

ALERT	OPEN	HIGH
Authorization expiring or off-pace	1,326	298
Hospitalization risk	599	152
Hospice long stay · live discharge	364	0
Unfilled visits · overtime	142	53
Lost referrals · source decline	186	19