

Idaho SNF Documentation Risk Review

Prepared for regional skilled nursing leadership. “Sunny Terrace” is a fictional composite built from common Idaho SNF patterns — not any single operating entity.

FACILITY SNAPSHOT — SUNNY TERRACE

Setting

Operator

Review scope

Idaho SNF · ~95 Medicare-certified beds

Multi-facility regional group (Pacific Northwest)

12 Medicare Part A stays · MDS, notes, therapy, orders

EXECUTIVE SUMMARY

Documentation supported additional or corrected PDPM-relevant coding in **4 of 12 stays (33%)**. Two stays: NTA/SLP indicators in notes but not on transmitted MDS. Three stays: GG/ADL inconsistencies creating survey and MAC exposure. Findings require chart-to-claim alignment — not upcoding.

Risk domains

Domain	Exposure	Idaho / regional note
PDPM / MDS	NTA and SLP indicators under-captured when notes support comorbidity or swallowing impairment.	Noridian MAC review and CMS Probe & Educate target MDS-to-chart alignment.
Survey	GG scoring vs. nursing ADL documentation gaps.	State surveyors cross-reference Section GG with daily nursing charting.
Medicare audit	ADR/TPE favor note-level evidence for each billed component.	Documentation-anchored ADR packets reduce denial risk vs. MDS-only responses.
Reimbursement	Under-capture leaves case-mix on the table; unsupported over-capture creates clawback risk.	Designed to reduce upcoding risk — source documentation required for every recommendation.

ILLUSTRATIVE FINDING — STAY ST-0047 (COMPOSITE)

Source

Gap

PDPM impact

Fix

Physician H&P: active COPD with chronic bronchitis; nursing notes confirm respiratory care.

NTA-eligible comorbidity documented but not on MDS Section I at transmission.

Potential NTA under-report; case-mix may not reflect documented complexity.

IDT MDS reconciliation before claim finalization; retain notes for ADR defense.

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