DAYBOOK HEALTH · COVERAGE AUDIT — CONFIDENTIAL

Coverage Audit: Cedar Grove Operations (illustrative sample)

WINDOW REVIEWED	April–June 2026 (90 days, illustrative resident data)
PREPARED	2026-07-30
CASES REVIEWED	3

3	2	6	Cited
priority events identified	notice findings to verify	recurring documentation gaps	record trail for every finding

3 priority events identified. Each is traced to the notice or clinical record, with estimated value at issue shown for planning. In this illustrative 3-case sample, the total is **$9,036** (items marked ◦ use an illustrative assumption of 5 days × per diem; a live audit uses actual stay data).

01 CASES TO REVIEW FIRST

CASE	EVENT	WHY IT STANDS OUT	EVIDENCE	VALUE
Resident GC-1 (synthetic) Humana MA HMO (synthetic case)	Medicare non-coverage notice	— Potential notice issue: Telephone delivery appears in the record, but documentation of the verbal notice was not found.	57%	$2,640 ◦
Resident GC-1 (synthetic) Humana MA HMO (synthetic case)	Post-service denial	— Plan rationale may conflict with: Maintenance coverage — improvement is NOT required	57%	$3,696
Resident GC-2 (synthetic) UnitedHealthcare MA PPO (synthetic case)	Medicare non-coverage notice	— Potential notice issue: Delivered only 1 day(s) before coverage end — CMS requires delivery at least 2 days before covered services end.	52%	$2,700 ◦

02 NOTICE ISSUES TO REVIEW

CASE	ISSUE	BASIS

Resident GC-1 (synthetic)	Telephone delivery appears in the record, but documentation of the verbal notice was not found.	CMS-10123 instructions: phone notification must be documented and followed by mailed notice
Resident GC-2 (synthetic)	Delivered only 1 day(s) before coverage end — CMS requires delivery at least 2 days before covered services end.	42 CFR 405.1200(b)(1); CMS-10123 instructions

Daybook flagged these notice issues for review against the cited requirements. Your team should confirm the facts and appropriate next step before acting.

03

DOCUMENTATION GAPS THAT REPEAT

CRITERION	WHAT TO CHART DIFFERENTLY	FREQUENCY
Maintenance coverage	The plan cites lack of improvement or plateau, but the record does not explain why skilled care is needed to maintain the resident's condition or slow decline.	2 of 3
Updated goals and plan of care	The goals or plan of care were not updated after a change in functional status.	2 of 3
Skilled management of the care plan	The record does not explain why the overall care plan requires skilled management.	2 of 3
Discharge and readmission risk	The record does not describe the resident's specific discharge or readmission risks.	1 of 3
Skilled nursing services	The record does not identify the skilled nursing service being provided.	1 of 3
Individualized, measurable goals	The record does not show an individualized, measurable goal. Document the resident-specific target and expected time frame.	1 of 3

04

RECOMMENDED NEXT STEP

Review the priority cases with clinical and business-office leads, confirm the facts, and decide which findings merit action. If the pattern is meaningful, a fixed-fee pilot can apply the same review to new coverage events across participating facilities.