DAYBOOK HEALTH · QIO EVIDENCE PACKET — PREPARED FOR EXPEDITED REVIEW

Evidence Packet — Resident GC-1 (synthetic)

FACILITY	Cedar Grove Post-Acute (synthetic)
PLAN	Humana MA HMO (synthetic case)
ADMITTED	2026-06-01
DIAGNOSES	s/p right hip ORIF; stage 3 sacral pressure injury; HTN; mild cognitive impairment
EVENT	Medicare non-coverage notice
PRE-SUBMISSION REVIEW	4 evidence gaps flagged

> **Potential notice issue requiring review.** Confirm the notice facts and cited requirements before relying on the stated coverage-end date.

01 DEADLINES

ACTION	DUE	BASIS
Beneficiary expedited-review request	Jun 16, 2026 · 12:00 PM	42 CFR 405.1202(b) / 422.626 — noon after receipt of the notice
Requested record submission	Jun 16, 2026 · 1:00 PM	Acentra provider guidance — requested appeal records should be uploaded within approximately one hour

02 NOTICE REVIEW

CHECK	RESULT	FINDING
Notice timing	No issue found	Delivered 2 days before coverage end (≥2 required). 42 CFR 405.1200(b)(1); CMS-10123 instructions
Signature or representative notification	No issue found	Beneficiary signature or documented representative notification present. CMS-10123 instructions (signature/annotation requirements)
Telephone notice documentation	**Review**	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

03 CLINICAL CHRONOLOGY — EVERY ENTRY CITED TO THE RECORD

DATE	CLINICAL FACT (VERBATIM EXCERPT)	SOURCE
2026-06-02	Resident receives daily skilled physical therapy 6x/week for gait training and transfer training post-ORIF. > *"Skilled PT 6x/wk: gait training with RW, transfer training, therapeutic exercise LE strengthening."*	PT evaluation and plan of care, p.1
2026-06-02	PT plan of care includes individualized measurable goals tied to a concrete discharge plan. > *"LTG: Pt will ambulate 50 ft with RW, min A, by 6/28 to permit safe d/c home with daughter."*	PT evaluation and plan of care, p.1
2026-06-12	Stage 3 sacral pressure injury requires daily skilled wound assessment and complex dressing changes by licensed nursing. > *"Stage 3 sacral PI 2.5x3.1cm; wound bed 60% granulation 40% slough; skilled assessment and calcium alginate dressing change daily per protocol."*	Nursing note — wound care, p.1
2026-06-13	Week-2 PT note documents continued skilled need with cueing requirements. > *"Pt progressing toward LTG; continues to require skilled facilitation for safe transfers; CGA x1 for ambulation 25 ft."*	PT progress note, week 2, p.1

04 SKILLED-NEED CRITERIA SUPPORTED BY THIS RECORD

CRITERION	SUPPORTING EXCERPTS
Skilled observation and assessment of changing condition	"Stage 3 sacral PI 2.5x3.1cm; wound bed 60% granulation 40% slough; skilled assessment and calcium alginate dressing change daily per protoco…" (Nursing note — wound care, p.1)
Direct skilled nursing services	"Stage 3 sacral PI 2.5x3.1cm; wound bed 60% granulation 40% slough; skilled assessment and calcium alginate dressing change daily per protoco…" (Nursing note — wound care, p.1)
Skilled therapy services at required frequency	"Skilled PT 6x/wk: gait training with RW, transfer training, therapeutic exercise LE strengthening." (PT evaluation and plan of care, p.1) "Pt progressing toward LTG; continues to require skilled facilitation for safe transfers; CGA x1 for ambulation 25 ft." (PT progress note, week 2, p.1)

Individualized, measurable goals	“LTG: Pt will ambulate 50 ft with RW, min A, by 6/28 to permit safe d/c home with daughter.” (PT evaluation and plan of care, p.1)

The record excerpts above support continued daily skilled care for Resident GC-1 (synthetic). The plan's stated improvement standard should be reviewed against Medicare maintenance-coverage principles associated with Jimmo v. Sebelius. Each supporting statement in section 03 is quoted from the resident record and includes its source page for clinical review.