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SNF QRP Validation Program Readiness: Closing the Skin and Section GG Documentation Gaps

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How skilled nursing operators close the skin-integrity and Section GG documentation gaps driving early failures in the CMS SNF QRP Validation Program — and turn the 45-day iQIES response into a routine export.

The CMS Skilled Nursing Facility (SNF) data validation process is the most consequential documentation shift skilled operators have faced in years. It was adopted in the FY 2025 SNF PPS final rule [S1] and applies beginning with the FY 2027 SNF QRP program year [S2]. SNFs are selected randomly from all eligible SNFs, no more than once per fiscal year, and each selected SNF must submit medical record documentation supporting up to 10 sampled MDS assessment records [S3]. Two facts define the compliance surface: the submission window is 45 calendar days from the initial selection notification, and a SNF that fails to submit within it is deemed noncompliant, which may result in a 2 percentage point reduction to its Annual Payment Update under section 1888(e)(6)(A) of the Social Security Act [S3][S4]. Validation results themselves carry no penalty today — CMS states the Validation Summary Report is informational and SNFs are not penalized for their findings [S3] — but the documentation patterns being set now are what a results-based standard would eventually be built on.

The framing

CMS contractors are not asking whether the MDS was coded correctly. They are asking whether the medical record supports the code. Skin integrity and Section GG functional scoring are the two areas drawing the most scrutiny — because both are MDS-derived quality measures CMS publicly reports and now validates against the chart.

1. Why Skin and Section GG Are the Audit Hotspots

CMS treats the Changes in Skin Integrity measure as a high-priority indicator because pressure ulcers are largely preventable and tied directly to nursing vigilance, nutrition, and repositioning protocols. Section GG functional scoring, in turn, is the proxy for whether a community is actually restoring resident independence. Together they are the

cleanest available signal of overall clinical competence — which is exactly why validation contractors are concentrating there first.

Contractors are routinely requesting CNA point-of-care documentation, therapy notes, nurse-led assessments, wound consult notes, and MDS coordinator interviews. They want to see the admission skin assessment alongside the discharge one — and any wound care or wound consultation notes that bridge them. They are looking for a continuous, contemporaneous record, not a reconstructed one.

2. Why Communities Are Failing Early Audits

CMS does not publish pass/fail rates for the data validation process, and SeniorCRE does not have a measured audited-community failure rate to report. What the request pattern makes clear is where the documentation strain sits: the MDS code is often defensible on its own, but the underlying chart cannot be assembled to prove it within the 45-calendar-day window. The recurring gaps operators describe:

- The admission skin assessment is missing or undated. Without an on-entry baseline, every subsequent skin event is debatable.
- Wound documentation is fragmented across systems. Treatment administrations live in eMAR, photos in a separate uploader, consult notes in a binder. Reassembly takes longer than 45 days.
- Section GG scores were entered without the underlying CNA evidence. The functional score is in the MDS but not in the daily care record.
- Nursing and therapy notes are commingled. Contractors expect them submitted separately to support collaborative coding decisions.
- The 45-day clock is consumed by retrieval, not by review. Most of the response window is spent finding documents rather than packaging them.

3. The Documentation Stack Required to Pass

Passing a QRP validation audit is a documentation-stack problem. The chart needs to produce, on demand, a complete evidence packet for every MDS submission selected:

- Admission skin assessment with date, observer, and any wounds present on entry.
- Discharge skin assessment with the same fields and a clean comparison to entry.
- All skin assessments in the prior seven days , plus any wound care notes and wound consultation visit notes.
- Section GG admission and discharge scoring with the underlying CNA point-of-care entries that support each task score.
- Nursing notes and therapy notes , organized separately, that demonstrate collaborative MDS coding decisions.
- MDS coordinator interview record , where requested.

4. The Operating Cadence That Prevents Failure

Audit-grade documentation is a daily operating discipline, not a quarterly initiative. The cadence below produces the evidence packet as a byproduct of normal care delivery.

- On admission: head-to-toe skin assessment with photo, GG baseline scoring, and wound documentation completed before the chart can be locked.
- Daily: CNA point-of-care entries for ADL and GG-relevant tasks; eMAR treatment administrations tied to the wound record; skin observation flagged on every shift.
- Weekly: nurse-led skin sweep, with any new findings linked to a wound consult workflow.
- At MDS lock: the QM engine reconciles each MDS-derived measure against the underlying chart and blocks the submission if evidence is missing.
- At discharge: the discharge skin assessment and GG re-scoring are required fields; the audit packet is assembled automatically.

5. The 45-Day iQIES Response Workflow

Selections and determinations land in the same iQIES Provider Preview Reports folder. The 45-day clock starts when the request is posted — not when someone notices it. A defensible response workflow has three properties: (1) iQIES checks are a scheduled task with a named owner; (2) the audit request triggers a portfolio-level workflow that pulls every artifact for the named MDS submissions into a single packet; (3) the packet is reviewed for separation of nursing vs. therapy notes before submission. Operators who run this as a workflow finish in days. Operators who treat each request as a fire drill consume the entire window on retrieval.

6. Where SeniorCRE Fits

SeniorCRE assembles the QRP-readiness stack as a single operating layer rather than a stack of point solutions. The Skin Integrity and M29 Wound Care modules capture the full skin and wound record — admission, daily, weekly, and discharge — with timestamps and photos tied to the resident chart. The MDS/RAI and Health Assessments modules drive Section GG capture at the required intervals, with documentation context pull-forward to keep prior scores visible. Nursing, CNA, and therapy documentation are stored separately by design, exactly as CMS contractors expect to receive them. The QM Engine 2026 reconciles every MDS-derived quality measure against the underlying chart before submission, surfacing the exact gap that drives audit failure. The Compliance module turns each iQIES request into a 45-day workflow with assigned owners, attached artifacts, and submission tracking. The result is an audit-ready packet on demand — the QRP Validation Program reduced from a scramble to a routine export.

What changes when QRP readiness becomes continuous

- Admission and discharge skin assessments are always on file, with photos and observer.
- Section GG scores are backed by daily CNA evidence — not reconstructed at MDS lock.
- Wound consults, treatment administrations, and nursing notes are linked to the resident record automatically.
- iQIES requests are answered in days, not weeks, with no operational disruption.
- The QM engine flags weak documentation before CMS does, eliminating the surprise determination.

The QRP Validation Program is the leading edge of a broader CMS posture: MDS-derived measures will be validated against the chart, and the gap between the two will eventually carry reimbursement consequences. Operators who close the gap now — in skin integrity and Section GG first — define the standard everyone else will be measured against.

See how SeniorCRE makes this operational

SeniorCRE unifies clinical, financial, and operating signals into one platform — so the analysis above becomes a daily workflow, not a one-time report.

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