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SNF validation program — a necessary quality assurance measure

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The real "pain point" for providers should be inadequate systems, not quality oversight.

I'm referring to Kimberly Marselas' recent article that portrays the Center for Medicare & Medicaid Services' skilled nursing facility validation program as a burdensome "pain point." This perspective fundamentally misframes what should be a routine quality assurance process in 2025.

The real issue isn't CMS oversight. It's providers who haven't adequately invested in modern healthcare technology and documentation systems.

Automation should make this routine, not painful

The article treats the validation requirements as insurmountable administrative burdens. But this reveals a troubling reality: Many SNFs are still operating with outdated, disconnected systems in an era when seamless integration should be standard.

The expectation should be straightforward: In 2025, MDS assessments, clinical documentation and quality reporting should be automated and integrated. Healthcare automation technologies have demonstrated significant benefits in reducing data entry errors and improving compliance with Medicare and Medicaid requirements. When CMS requests documentation for 10 assessment records,

facilities with properly configured systems should be able to generate comprehensive reports with minimal manual intervention.

If submitting medical chart documentation within 45 days feels like a "bear" to manage, the problem isn't CMS' timeline — it's the facility's failure to modernize their documentation infrastructure. EHR integration and automation have been proven to streamline workflows and enhance data accessibility in healthcare settings.

Reframing the 'financial pressure' argument

The article frames the 2% payment reduction as punitive financial pressure, but this misses the fundamental point: Facilities are being held accountable for accurately reporting the quality of care they provide to Medicare beneficiaries.

This isn't about punishment — it's about ensuring that public funds support facilities that can demonstrate they're providing the care they claim to provide. The CMS SNF Quality Reporting Program has clear requirements that have been in place since 2018, giving facilities ample time to prepare adequate systems. The "pressure" described is simply the expectation that healthcare providers maintain accurate records and can substantiate their quality claims.

The integration challenge is self-inflicted

The article mentions that many facilities use "multiple systems that don't seamlessly integrate" as if this explains the difficulty. But this is 2025, and healthcare technology integration isn't bleeding-edge innovation anymore.

EHR interoperability solutions are readily available and considered essential for modern healthcare delivery. Electronic health records, MDS software and billing systems should communicate seamlessly.

Facilities that haven't invested in proper system integration or staff training are essentially asking taxpayers to subsidize their technological inadequacy while making quality oversight more difficult. Recent developments in EHR technology demonstrate that cloud-based solutions, automation, and AI integration are now standard expectations, not luxury features.

Documentation standards are healthcare standards

The validation program requires facilities to demonstrate "clear, defensible links between care provided, documentation and MDS coding." This shouldn't be an additional burden. It should be a fundamental healthcare practice.

Every clinical decision should be documented, every MDS entry should be supported by clinical evidence, and every quality measure should reflect actual patient outcomes. Medical record automation has been shown to improve efficiency, enhance accuracy, and reduce compliance issues. If facilities can't demonstrate these connections, the problem isn't the audit — it's the quality of care delivery and documentation.

The real 'tip of the iceberg'

The experts quoted worry this validation program is the "tip of the iceberg" for expanded oversight. Good. Healthcare facilities receiving public funding should expect comprehensive quality validation. The expansion to claims-based measures and managed care patients represents appropriate stewardship of public resources.

Rather than viewing this as escalating punishment, the industry should recognize it as the inevitable evolution toward data-driven quality assurance that benefits both patients and taxpayers. Research from Deloitte indicates that the future of EHRs involves more AI integration, cloud adoption and automated workflows — all designed to make quality reporting more efficient, not more burdensome.

A call for perspective

The article's framing suggests that quality assurance creates administrative burdens that "divert resources from direct patient care." This creates a false dichotomy. Accurate documentation, proper MDS coding and quality measurement *are* essential components of quality patient care.

Facilities that have invested in proper systems and processes won't

find these requirements burdensome because they're already operating with the transparency and accountability that quality care demands. Clinical workflow automation demonstrates that modern healthcare organizations can automate documentation and reporting processes to improve both efficiency and patient outcomes.

The bottom line

Instead of characterizing necessary quality oversight as a "pain point," the industry should focus on the real problem: facilities that haven't modernized their operations to meet 2025 standards for healthcare documentation and quality reporting.

CMS's validation program isn't creating new burdens — it's revealing which facilities have failed to invest in the systems and processes necessary for modern healthcare delivery.

Healthcare automation studies show that medical errors have become a leading cause of death, causing around 100,000 deaths annually in the U.S. Quality validation programs directly address this crisis by ensuring accurate documentation and reporting.

The solution isn't to reduce oversight; it's for providers to finally implement the automated, integrated systems that should have been standard practice years ago. Enterprise AI and automation platforms are already being deployed across healthcare to reduce administrative burdens while improving accuracy and compliance.

Quality assurance shouldn't be painful when you're actually delivering quality care with proper documentation. The pain described in the article is the sound of an industry being held accountable for modernizing practices that should have evolved long ago.

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