



CMS Schizophrenia Audits

QSO Memo Link: [QSO-23-05-NH](#)

AHCA/NCAL Member Update Blog Link: [CMS Makes Updates to the Nursing Home Compare Website and Five Star Quality Rating System](#)

Q: What criteria is CMS using to determine who will be selected for a Schizophrenia Minimum Data Set (MDS) Audit?

A: Currently, we understand CMS will primarily be using MDS assessments to look for inappropriate documenting, assessing, and coding of a diagnosis of schizophrenia that warrants an audit. Our understanding is that facilities with a “pattern” over time of residents with a new diagnosis of schizophrenia and use of antipsychotics could flag for an audit.

The purpose of the audit is not to deter facilities from accepting residents that have an actual diagnosis of schizophrenia. CMS is aware that there is an increase in residents, in facilities, with an actual diagnosis. The purpose of the audit is to ensure the diagnosis is not used inaccurately to support the inappropriate use of antipsychotics in nursing home residents.

Q: How will the audit be completed?

A: Audits will occur in a similar fashion to how Myers and Stauffer audits are now occurring. They will be completed via a web portal, which facilities that are selected for the audit will be expected to log into so they can provide documentation. The auditor will have the ability to accept electronic records, as well as paper charts. Facilities are required to provide the following documentation:

- Admission and most recently submitted MDS Assessments;
- The first MDS assessment completed with diagnosis of schizophrenia;
- A current diagnosis list;
- Behavioral health records/practitioner assessment;
- Medication Administration Records (MAR) with a seven day look back from the MDS assessments requested;
- History and physical, progress notes, treatment records, gradual dose reduction (GDR) documentation, medication orders pertaining to antipsychotic medication use; and
- Any other documentation to support the use of antipsychotic medication and/or the diagnosis of schizophrenia (i.e., behavioral meeting notes, nurses' notes that contain behavioral issues, etc.).

Providers have the option to give auditors full access to their EMR, or providers may only provide the requested information via the portal provided.

Important note- if providers are giving full access to their EMR, ensure all requested documentation is easily accessible to the auditor. For example, evidence of gradual dose reductions (GDRs) is sometimes stored in a pharmacy review notebook, stored outside of the chart. Therefore, a facility would want to ensure they provide all the requested information if there is additional documentation located outside of the EMR. Ensure this documentation is provided to the auditor via the portal. A list of residents is provided during the entrance conference and the auditor will need requested information on all the residents listed.

Q: Will facilities who fail an audit receive a citation?

A: These are offsite audits, so they are not considered to be a survey of record. However, there is an expectation for the facility to correct and identify inaccuracies. CMS will follow up to make sure corrections are made. It is at the discretion of CMS to decide if additional follow-up is needed. Additionally, CMS will provide information to the State Survey Agency, and the agency will decide if they use the audit findings in future surveys at the facility.

Q: Will facilities who fail an audit be able to appeal the finding?

A: CMS reports that facilities will have multiple opportunities to present any information during and after the audit is conducted. Therefore, CMS says there will not be a reason for a formal dispute process. Additionally, facilities should not receive a citation because of the audit findings (see previous question).

Q: How many facilities will be selected for an audit? Is there a certain number of facilities in each state that will be selected?

A: There is no minimum or set number of facilities that will get audited.

Q: Will the audit be completely offsite?

A: The entire audit will be completed offsite.

Q: If selected for an audit and a facility opts to forgo the audit, how long will the facility's QM ratings be suppressed?

A: We understand from CMS that the facility's overall QM ratings will be suppressed for 6 months and long stay antipsychotic QM will be suppressed for 12 months. See the chart below for more specific information on the effects to the QMs.

Q: What audit results will lead to the Five-Star rating penalties? In other words, does the audit have to find no inaccuracies at all for all reviewed resident documentation to avoid penalties?

A: CMS emphasizes that the statement in QSO of the word "pattern" regarding this question. We are unaware of a set threshold to pass or fail the audit. Facilities should continue to ensure they have correctly coded diagnoses and complete self-audits of any residents with a diagnosis of schizophrenia to ensure it was coded accurately.

Q: What data will Myers and Stauffer review during the audit? Current MDS data, or previous quarters?

A: We anticipate that the auditor will be reviewing data from the previous four quarters. However, if a resident was admitted years ago and diagnosed with schizophrenia at that time then the auditor would need to see the documentation to support the initial diagnosis from that time.

Q: Will the audits exclude IMDs (Institutions for Mental Disease)?

A: The audits are specific to SNFs and NFs.

Q: How often will CMS continue to monitor the facility's data post an audit that revealed inaccuracies and for how long?

A: Follow-up is at the discretion of CMS.

Q: What information are facilities required to provide on the attestation to forgo the audit and admit to inaccurate coding?

A: On the attestation form, facilities state that they have knowledge that information in the requested documentation (i.e., MDS, behavioral health record, medication administration record, and other associated information pertaining to the schizophrenia diagnosis), is not accurate. Facilities must describe the inaccurate information and the circumstances that make the information inaccurate; and state the specific actions the facility will take to correct the inaccurate information or make the information complete.

Q: What happens if there is a change of ownership, and the current owner did not own the facility when the inaccurate coding occurred?

A: If during the audit, inaccuracies are identified, regardless of the owner, the facility's QM will be adjusted accordingly.

Q: How long do facilities have to determine if they would like to forgo the audit and admit inaccuracies have previously occurred.

A: CMS says facilities will have several days to attest to inaccuracies, and facilities are given a final opportunity during their entrance conference phone call to forgo the audit.

Q: What will happen if, during the audit, the auditor finds inaccuracies in coding, specific to residents diagnosed with schizophrenia?

Five-Star Component	Fail Audit		Forgo Audit	
	First 6 Months	Next 6 Months	First 6 Months	Next 6 Months
Quality Rating and Long-Stay Quality Rating	Downgraded to 1 star (drops Overall rating by 1-2 stars)	Normal calculation resumes, except for LS Antipsychotic measure	Suppressed (No impact to Overall rating)	Normal calculation resumes except for LS Antipsychotic measure
Short-Stay Quality Rating	Suppressed	Normal calculation resumes	Suppressed	Normal calculation resumes
Long-Stay Antipsychotic (LS AP) Quality Measure	Suppressed	Suppressed and counts as 15 out of 150 points to Five-Star rating	Suppressed	Suppressed and counts as 15 out of 150 points to Five-Star rating

Please review [Five-Star technical manual](#) on page 21 for more in-depth information.

The impact of either failing or forgoing the audit on the Overall Rating will depend on...

- The impact the Quality rating is currently having on the Overall Rating
- How much the long-stay antipsychotic rate is determining the Quality Rating

If a center has a Quality rating of 5 stars that is adding a star to their Overall rating, a failed audit will result in a loss of two Overall stars.

Long-stay Antipsychotic contributing only 15 points in months 7-12 could result in lower Quality ratings in months 7-12

Q: If my QMs are affected by the results of the audit, or forgoing the audit, will that be displayed on Trend Tracker?

A: Trend Tracker will reflect ratings as impacted by the audit. AHCA is currently working on a message to indicate an audit is impacting their rating on the Five-Star predictor tool. The next Top-Line in early May will also reflect the impact of an audit.

Q: What are some areas that auditors may be focusing on or including in their review?

A: Below are some of the areas we have heard from providers that auditors have included in their review:

- Schizophrenia being coded on the MDS, but not found anywhere else in the medical record.
- Schizophrenia was not documented on the admission MDS assessment, but was present, according to facility-submitted documentation.
- Not following the Resident Assessment Instrument (RAI) Manual regarding requirements for the diagnosis to be coded on the MDS. This would include a progress note signed by the physician in the last 60 days, and documentation of an active problem in the last seven days of the assessment reference date (ARD).

- Behavior documentation indicative of a schizophrenia diagnosis, in the six months prior to the diagnosis.
- Documentation of a comprehensive medical and psychiatric evaluation, completed by a physician that meets professional standards of practice, at the time of the initial diagnosis of schizophrenia.
- Documentation of monitoring for adverse drug reactions in medical records.
- Documentations of gradual dose reductions (GDRs), as appropriate.
- Documentation that, if antipsychotics are being given to the resident, they were documented on the MDS.
- Documentation of monitoring for target behaviors in the medical record.