CMS Schizophrenia Audits and Posting of Citations Under Dispute

QSO Memo Link: [QSO-23-05-NH](https://www.cms.gov/files/document/qso-23-05-nh.pdf)

AHCA/NCAL Member Update Blog Link: [CMS Makes Updates to the Nursing Home Compare Website and Five Star Quality Rating System](https://www.ahcancal.org/News-and-Communications/Blog/Pages/CMS-Makes-Updates-to-the-Nursing-Home-Compare-Website-and-Five-Star-Quality-Rating-System.aspx)

**Schizophrenia Audit**

* **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.  We anticipate facilities will be required to provide the auditor access to MDS assessments from time of admission, the first assessment that was completed with the resident being coded for a schizophrenia diagnosis, and the most recently completed MDS. In addition to the MDS assessments, facilities will likely be required to provide behavioral health records, including the practitioner(s) assessment pertaining to the diagnosis, medication administration records, progress notes (I.e., gradual dose reduction attempts, etc.), medication orders pertaining to antipsychotic medication use, and other associated information related to the resident’s schizophrenia diagnosis and antipsychotic use, if prescribed.
* **Q: How will facilities be made aware of the audit, and the process it will follow?**
	+ A: Facilities will receive a letter, via Certified Mail, that notifies them that they have been selected for this audit. Facilities are then required to log onto the web portal, within two days of receiving the letter. The letter will provide instructions for logging into the web portal, a checklist for ensuring all requested documentation and information is submitted appropriately, and information on how to schedule the entrance conference.
* **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 will not receive a citation as a result 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.
	+ **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 around that time then the auditor would need to see the documentation to support the initial diagnosis from that time period.
	+ **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.