"A **Knowledgeable** and **Compassionate** partner"

BROAD RIVER REHAB

The **New** LS Antipsychotic Quality Measure:
Understanding the Change

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ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- This course has been approved for 1.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

Learning Objectives

The New LS Antipsychotic Quality Measure

- Differentiate between the old and new long stay antipsychotic measures measures

- Identify the New long stay antipsychotic quality measure

- Understand the technical specifications

- Recognize the survey guidance for psychotropic medications

- Apply your understanding to day-to-day operations

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Resources

- MDS 3.0 v1.20.1
- MDS 3.0 QM User's Manual v18.0
- Surveyor Critical Element Pathways
- SOM Appendix PP
- NH Antipsychotics TEP Report
- OIG Report Antipsychotics in Nursing Homes
- QSO-23-05-NH
- QSAM-25-03-NH Revised
- QSO-25-20-NH Revised

Outgoing Long Stay Antipsychotic Measure

Table 2-27
Percent of Residents Who Received an Antipsychotic Medication (LS)
(CMS ID: N031.04) (CMIT Measure ID: 526)

Measure Description
This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

Measure Specifications

Numerator
Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:

1. For assessments with target dates on or after 10/01/2023: (N0415A1 = [1]).[20]

Denominator
Long-stay nursing home residents with a selected target assessment except those with exclusions.

Exclusions
1. The resident did not qualify for the numerator and *any* of the following is true:
   1.1. For assessments with target dates on or after 10/01/2023: (N0415A1 = [-]).[20]
2. *Any* of the following related conditions are present on the target assessment (unless otherwise indicated):
   2.1 Schizophrenia (I6000 = [1]).
   2.2 Tourette's syndrome (I5350 = [1]).
   2.3 Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
   2.4 Huntington's disease (I5250 = [1]).

Covariates
Not applicable.

Why a New Measure?

- The inappropriate use of antipsychotic medications is very **dangerous** for nursing home residents in terms of acting as a chemical restraint or causing death. For over a decade, CMS has strived to reduce the unnecessary use of these drugs.

- In 2021, the Office of Inspector General (OIG) reported that the use of the minimum data set (MDS) for reporting the number of long-stay residents receiving antipsychotic medications may not accurately reflect the number of residents who are **prescribed** antipsychotic medications.

- Specifically, in 2018, **12,091 Part D beneficiaries** who were long-stay residents age 65 and older—5 percent of all such beneficiaries—had a Part D claim for an antipsychotic drug but were not reported in the MDS as receiving an antipsychotic drug.

- Further, nearly one-third of residents who were reported in the MDS as having schizophrenia—a diagnosis that excludes them from CMS's measure of antipsychotic drug use—did not have any Medicare service claims for that diagnosis.

Why a New Measure

- **TEP Report February 24, 2023 :**
  - Acumen, LLC convened a Technical Expert Panel (TEP) for the purposes of soliciting feedback on refinement options to increase the accuracy of the Nursing Home Quality Initiative (NHQI) antipsychotic medication measures, and evaluating the MDS reporting of data elements used in the measure.
  - Analyses presented during the TEP showed a slight decrease in antipsychotic medication use, and a significant increase in schizophrenia diagnoses reported in the MDS from 2012 to 2022.
  - Additionally, Acumen conducted and presented analyses comparing the reported rates of antipsychotic medication use and schizophrenia diagnoses between the MDS and Medicare Part A/B (inpatient, outpatient, physician/carrier) and Part D (drug coverage) claims. Results of the comparison revealed that in 2021, around 5% of long-stay residents with a Part D prescription for an antipsychotic drug were not reported on MDS assessments as receiving the drug.

Why a New Measure

- **TEP Report February 24, 2023 :**
  - Furthermore, around 10% of long-stay residents with a schizophrenia diagnosis reported on MDS assessments do not have a record of the diagnosis on Part A/B claims.
  - Acumen presented two options to **re-specify the long-stay antipsychotic medication measure: (i)** <u>adding Part D claims</u> to capture additional antipsychotic medication use not reported on the MDS, or **(ii)** <u>adding both Part A/B and Part D claims</u> to capture additional antipsychotic medication use not reported on the MDS and validate the excluded diagnoses.

Table 4-1. Data Sources for Re-Specification Options

	Current	Option 1	Option 2
Numerator: Antipsychotic medications received	MDS	MDS + Medicare claims	MDS + Medicare claims
Denominator: Long-stay nursing home residents with a selected target assessment, except those with exclusions	All residents regardless of Medicare enrollment	Continuous enrollment in Medicare Part D	Continuous enrollment in Medicare Part A/B/D, and not C
Exclusions: Schizophrenia, Tourette's syndrome, Huntington's disease	MDS	MDS	MDS + Medicare claims

Why a New Measure?
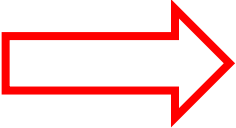
- **QSO-25-20-NH Revised:**
  - To address these issues, CMS is updating the measure by including Medicare and Medicaid claims data and Medicare Advantage encounter data to supplement MDS data.
  - Claims and Medicare Advantage encounter data will capture antipsychotic medication use that may be underreported on the MDS.
  - Additionally, MDS-reported exclusion diagnoses are validated with claims and encounter data, **reducing the number of excluded residents** due to the overreporting of schizophrenia diagnoses on the MDS.
  - **These updates leverage data to improve the measure's accuracy**.

Why a new Measure

- **IQIES Updates:** MDS 3.0 Facility Level and Resident Level Reports have been revised to include the new LS Antipsychotic measure.

- **QSO-25-20-NH Revised:**

  - **On January 28, 2026, CMS will incorporate the new measure On Nursing Home Care Compare**. The national percentage of residents receiving an antipsychotic is **14.64%** under the existing measure. Under the new measure, this will increase to **16.98%** due to the new measure's inclusion of additional data, resulting in improved accuracy.

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New Long Stay Antipsychotic Measure

Table 2-31

Percent of Residents Who Received an Antipsychotic Medication (LS)

(CMS ID: N047.01) (CMIT Measure ID: 526) [27]

Measure Description
This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

New Long Stay Antipsychotic Measure

Measure Specifications

Numerator

Long-stay residents with a selected target assessment who received antipsychotic medication(s). This condition is defined as follows:

1. For assessments with target dates within the target period: N0415A1 = [1].

   OR

2. The resident has a claim or encounter record for antipsychotic medication during the target period while the resident is in the facility.[28]

   2.1 Resident has a Medicaid RX (Pharmacy) or Medicare Part D claim/encounter record for antipsychotic medication[29] during the NH stay. The timing of the record is determined by the fill date field in the claim/encounter record **OR**

   2.2 Resident has Medicaid OT (Other Services) claim or Medicare OP (outpatient)/PB (physician/carrier) claim/encounter record for physician-administered antipsychotic medication[30] with a beginning service date/service date during the NH stay. The timing of the record is determined by the beginning service date or the service date field in the claim/encounter record.

   2.2.1 APD use found in Medicare or Medicaid data that occurs during the target period is not included in the numerator if it occurs while the resident is discharged from the facility.

New Long Stay Antipsychotic Measure

Denominator

Long-stay nursing home residents with a selected target assessment except those with exclusions.

Exclusions

1. The resident is not continuously enrolled in either (i) Medicare Part A&B&D or Medicare Part C&D (Medicare Fee-For-Service or Medicare Advantage with Part D enrollment) **or** (ii) Medicaid only during each month from the beginning of the target period until the end of the episode.

2. The resident is not continuously enrolled in either (i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage) **or** (ii) Medicaid only during each month of the measure exclusion lookback window.

   2.1. Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.

Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Target Period

(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR
Target Assessment
N0415 = 1
ARD
(11/30/25)

End of Episode
(earliest of discharge, end of target period)

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 1
The resident is not continuously enrolled in either (i) Medicare Part A&B&D or Medicare Part C&D (Medicare Fee-For-Service or Medicare Advantage with Part D enrollment) or (ii) Medicaid only during each month from the beginning of the target period until the end of the episode.

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Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Measure Exclusion Lookback Window
(the same date one year prior to the target date until the target date)

Target Period

(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR
Target Assessment
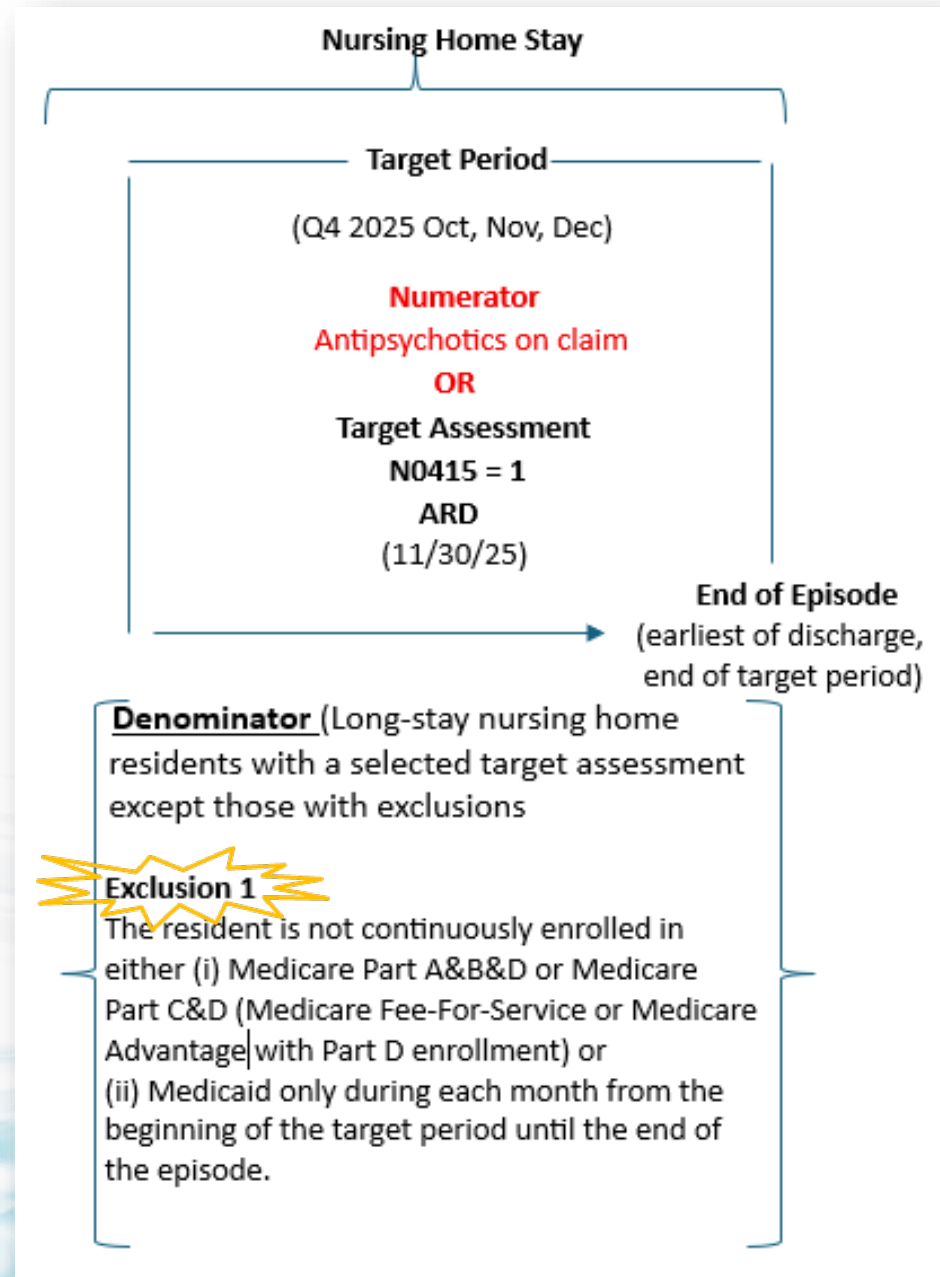N0415 = 1
ARD
(11/30/25)

End of Target Period

1 Year

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

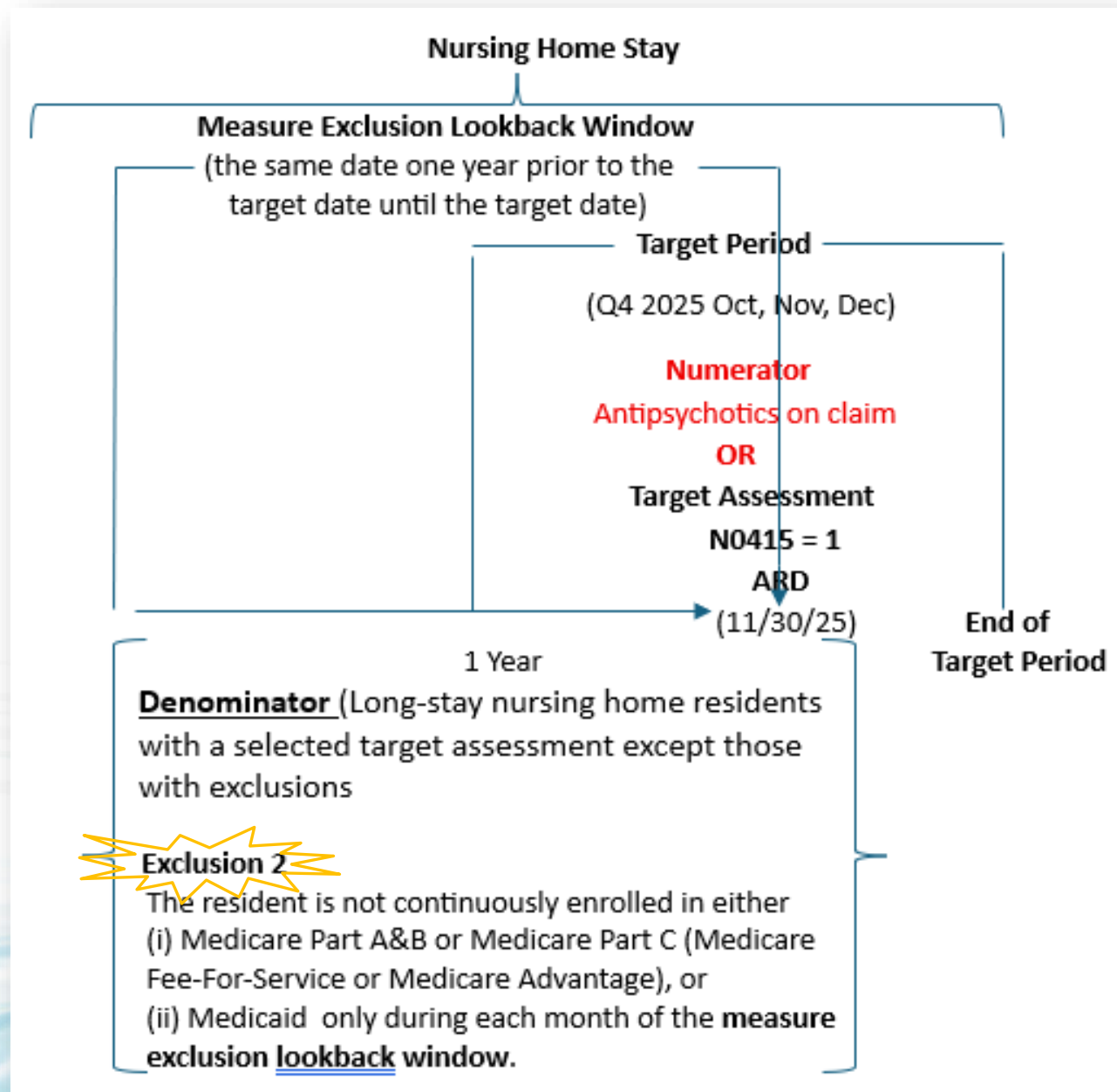**Exclusion 2**
The resident is not continuously enrolled in either
(i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage), or
(ii) Medicaid only during each month of the **measure exclusion lookback window.**

New Long Stay Antipsychotic Measure

Exclusions

3. The resident is aged 65 or older at admission and is admitted within one year prior to the end of the target period, but is not continuously enrolled in either (i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage) or (ii) Medicaid only in each month of the pre-admission lookback window.

   3.1. Pre-admission lookback window is defined as same date one year prior to the day before admission date, until one day before admission date.

   3.2. Resident age at admission is calculated using the admission date minus the resident's birth date from Medicare enrollment data for Medicare-enrolled resident or from Medicaid eligibility data for Medicaid-only resident.

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Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Pre-admission lookback window: same date one year prior to the day before admission date, until one day before admission date.

Target Period
(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR

Prior Assessment → OR → Target Assessment
N0415 = 1   N0415 = 1
ARD   ARD

Admit Date
07/25/25   09/30/25   11/30/25)   End of Target Period

1 Year

Within Year Prior to the end of the target Period For residents aged 65 or older at admission who are admitted within one year prior to the end of the target period:

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 3
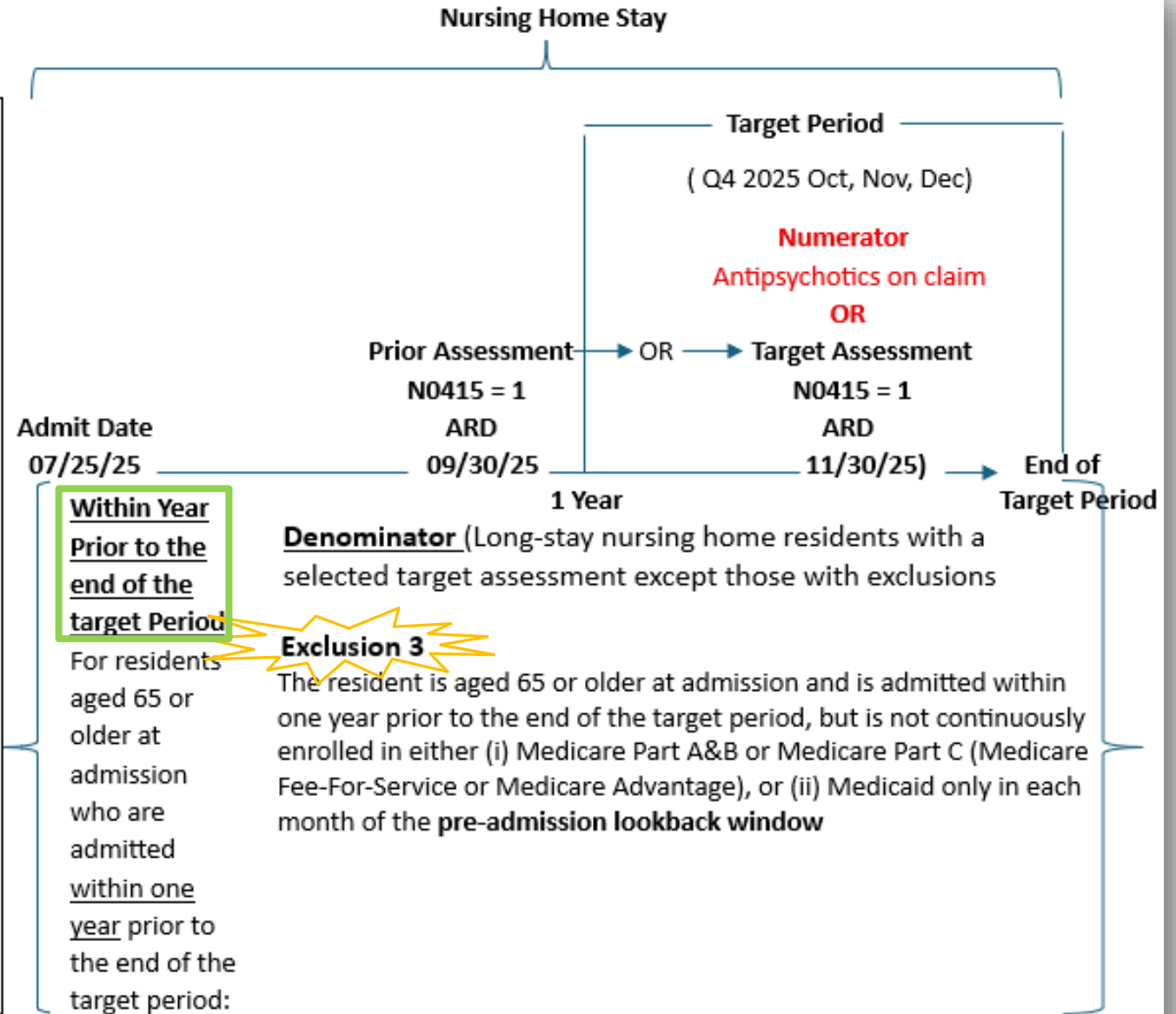The resident is aged 65 or older at admission and is admitted within one year prior to the end of the target period, but is not continuously enrolled in either (i) Medicare Part A&B or Medicare Part C (Medicare Fee-For-Service or Medicare Advantage), or (ii) Medicaid only in each month of the **pre-admission lookback window**

New Long Stay Antipsychotic Measure

Exclusions

★ 4.   *Any* of the following related conditions are present on the target assessment or the prior assessment *and* in Medicare/Medicaid claims or encounter data (unless otherwise indicated): [31]
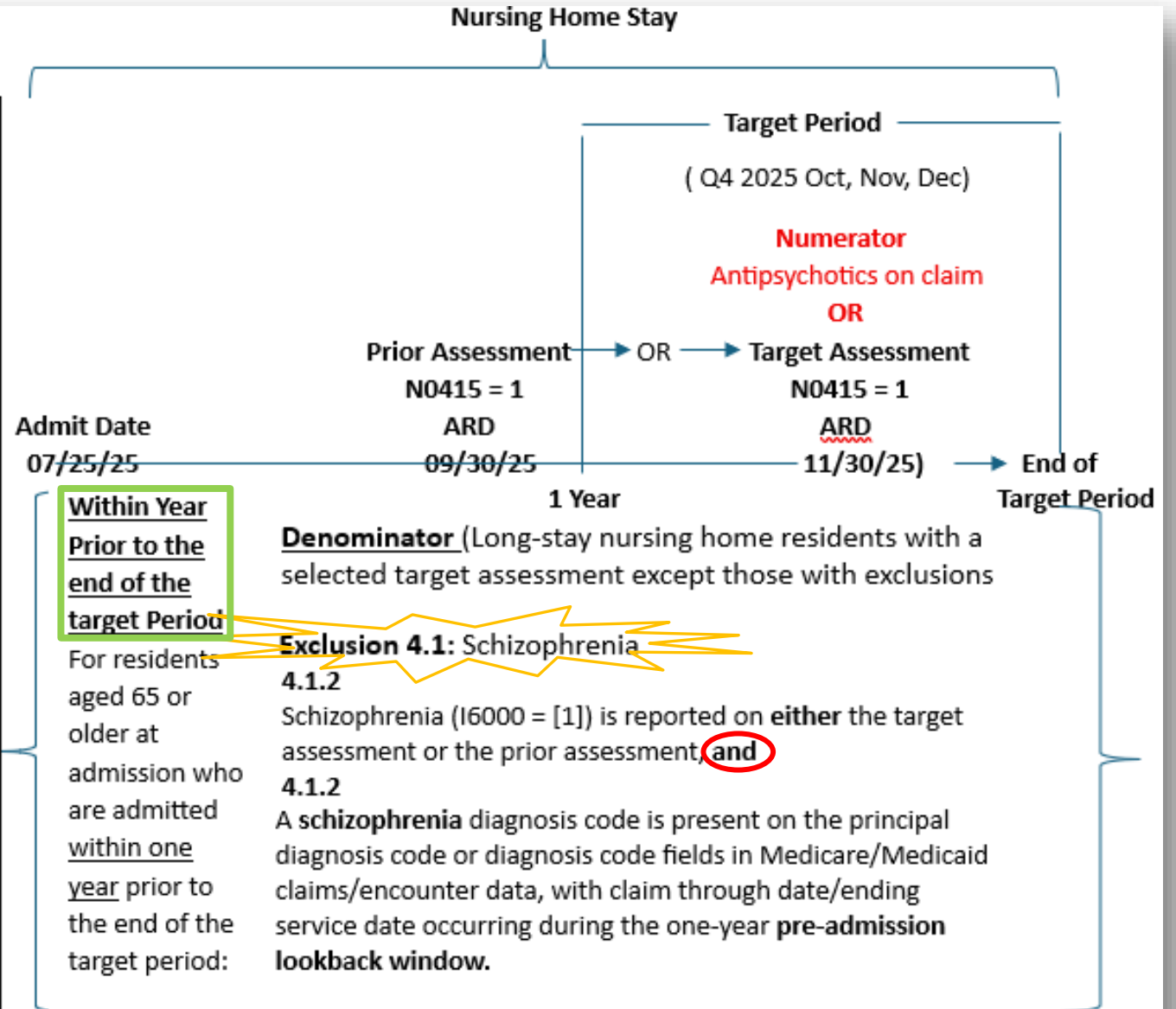
    4.1.   Schizophrenia.

For residents aged 65 or older at admission who are admitted within one year prior to the end of the target period:

        4.1.1.   Schizophrenia (I6000 = [1]) is reported on either the target assessment or the prior assessment, *and*

        4.1.2.   A schizophrenia diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year pre-admission lookback window. [32]

Pre-admission lookback window is defined as same date one year prior to the day before admission date, until one day before admission date.

Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Pre-admission lookback window: same date one year prior to the day before admission date, until one day before admission date.

Admit Date 07/25/25

Within Year Prior to the end of the target Period
For residents aged 65 or older at admission who are admitted within one year prior to the end of the target period:

Target Period (Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR

Prior Assessment → OR → Target Assessment
N0415 = 1   N0415 = 1
ARD   ARD
09/30/25   11/30/25)

1 Year

→ End of Target Period

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 4.1: Schizophrenia
4.1.2
Schizophrenia (I6000 = [1]) is reported on **either** the target assessment or the prior assessment, **and**
4.1.2
A **schizophrenia** diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year **pre-admission lookback window.**

New Long Stay Antipsychotic Measure

4.1. **Schizophrenia.**

For residents aged under 65 at admission or residents aged 65 or older at admission who were admitted more than one year prior to the end of the target period:
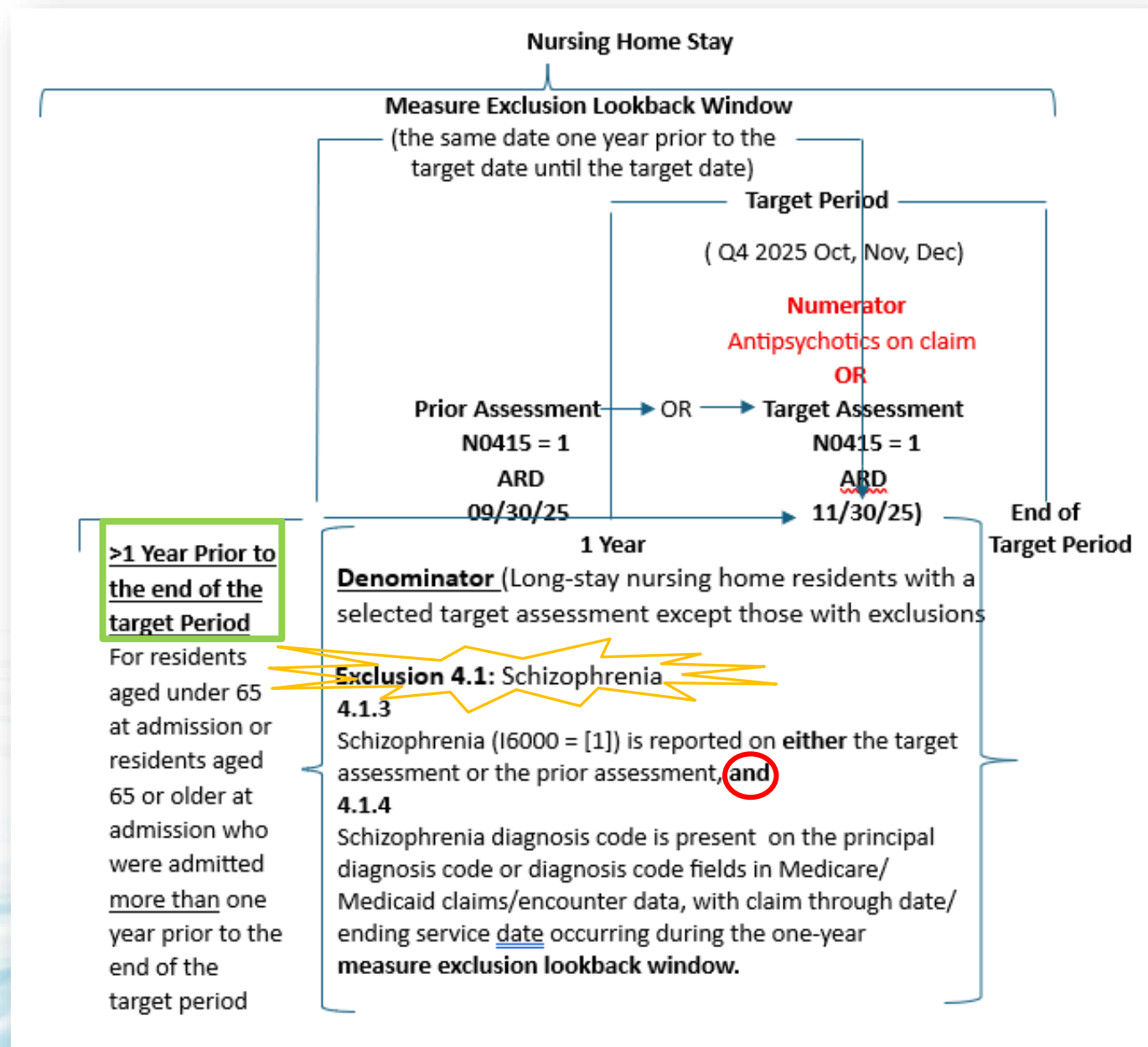
  4.1.3. Schizophrenia (I6000 = [1]) is reported on either the target assessment or the prior assessment, *and*

  4.1.4. A schizophrenia diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year measure exclusion lookback window[34]

Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.

Numerator, Denominator, Exclusions:
A Closer Look

Nursing Home Stay

Measure Exclusion Lookback Window
(the same date one year prior to the target date until the target date)

Target Period

(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR

Prior Assessment → OR → Target Assessment
N0415 = 1   N0415 = 1
ARD   ARD
09/30/25   11/30/25)

End of Target Period

>1 Year Prior to the end of the target Period

For residents aged under 65 at admission or residents aged 65 or older at admission who were admitted more than one year prior to the end of the target period

1 Year

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 4.1: Schizophrenia

4.1.3
Schizophrenia (I6000 = [1]) is reported on **either** the target assessment or the prior assessment, **and**

4.1.4
Schizophrenia diagnosis code is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year **measure exclusion lookback window.**

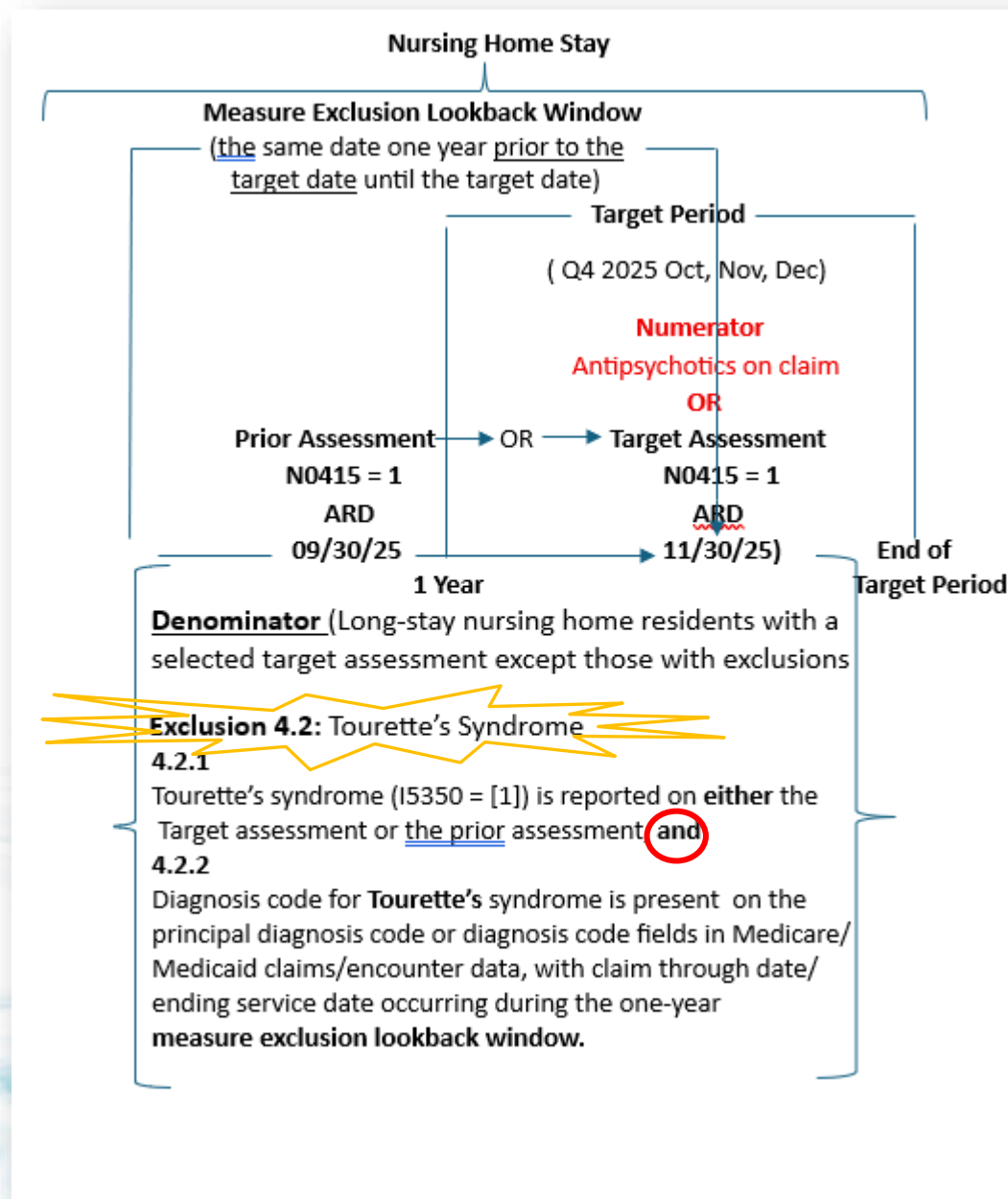BROAD RIVER REHAB

New Long Stay Antipsychotic Measure

4.2. Tourette's syndrome.

    4.2.1. Tourette's syndrome (I5350 = [1]) is reported on either the target assessment or the prior assessment, *and*

    4.2.2. Diagnosis code for Tourette's syndrome is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year measure exclusion lookback window.[34]

Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.

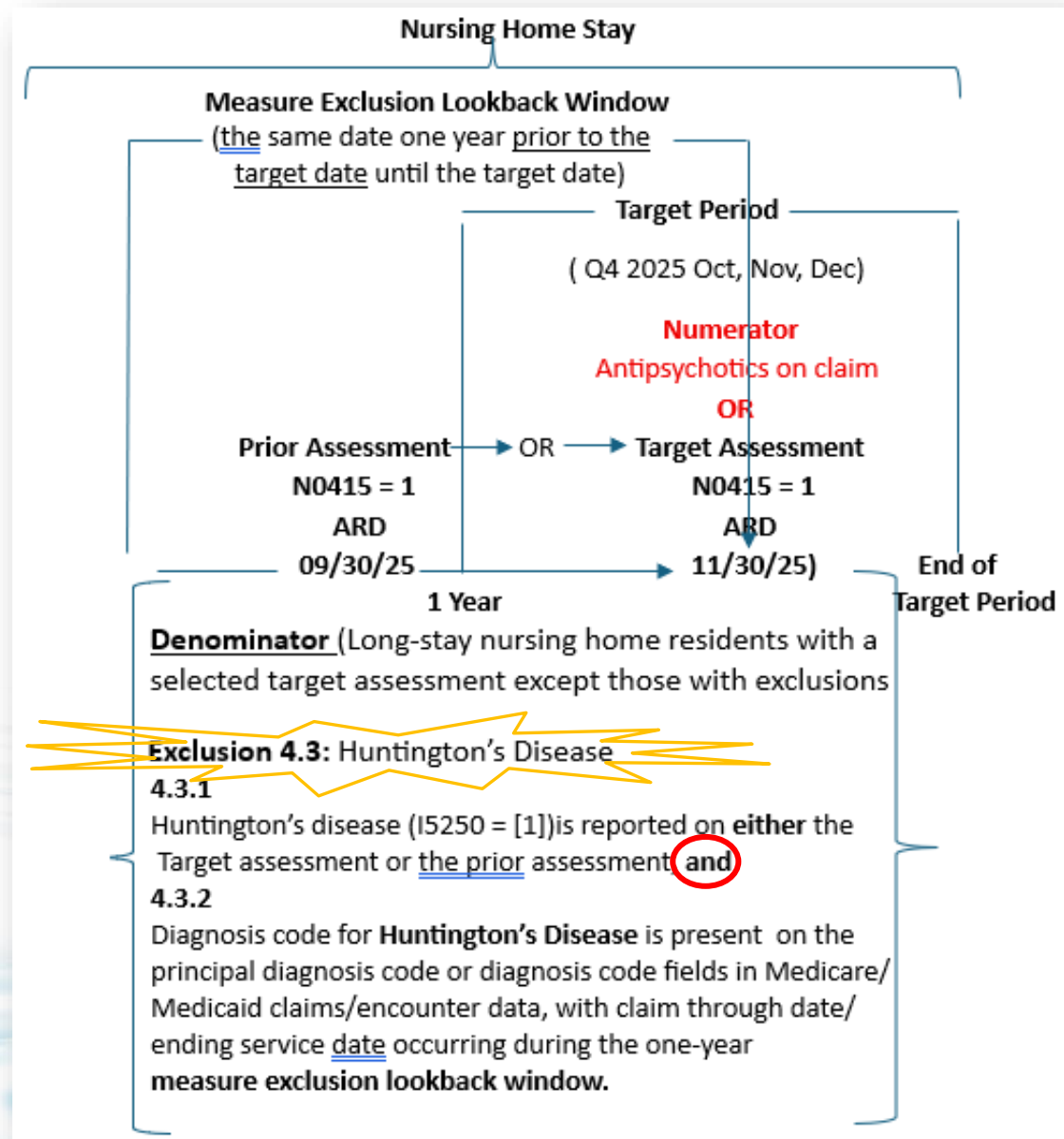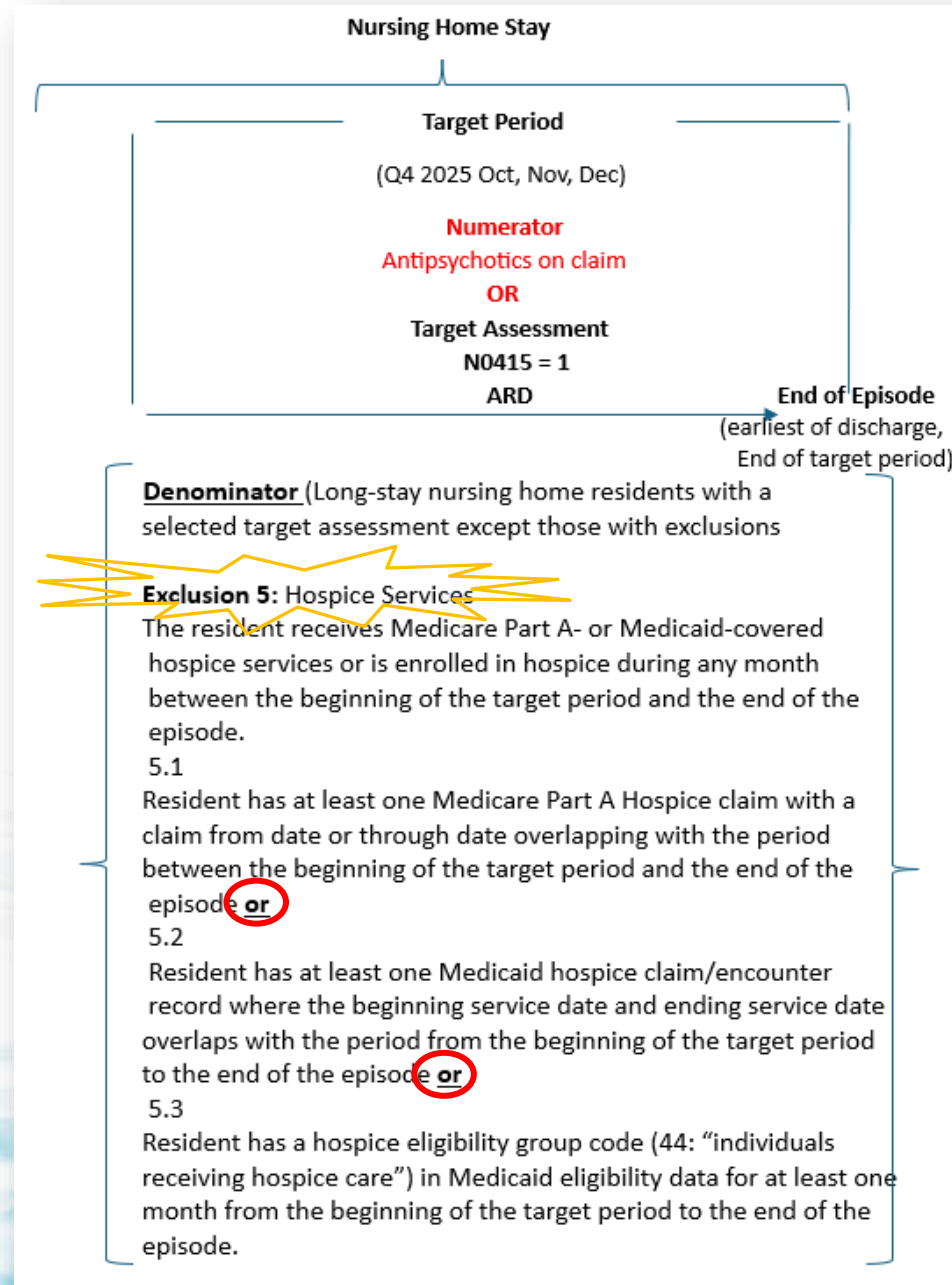# Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Measure Exclusion Lookback Window
(the same date one year prior to the target date until the target date)

Target Period

(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR

Prior Assessment → OR → Target Assessment

N0415 = 1

ARD
09/30/25

N0415 = 1

ARD
11/30/25)

End of
Target Period

1 Year

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 4.2: Tourette's Syndrome
4.2.1
Tourette's syndrome (I5350 = [1]) is reported on **either** the Target assessment or the prior assessment **and**
4.2.2
Diagnosis code for **Tourette's** syndrome is present on the principal diagnosis code or diagnosis code fields in Medicare/ Medicaid claims/encounter data, with claim through date/ ending service date occurring during the one-year **measure exclusion lookback window.**

New Long Stay Antipsychotic Measure

4.3.   Huntington's disease.

4.3.1. Huntington's disease (I5250 = [1]) is reported on either the target assessment or the prior assessment, *and*

4.3.2. Diagnosis code for Huntington's disease is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, claim through date/ending service date occurring during the one-year measure exclusion lookback window. [34]

Measure exclusion lookback window is defined as the same date one year prior to the target date until the target date.

Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Measure Exclusion Lookback Window
(the same date one year prior to the target date until the target date)

Target Period
(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR

Prior Assessment → OR → Target Assessment
N0415 = 1   N0415 = 1
ARD   ARD
09/30/25   11/30/25)   End of Target Period

1 Year

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 4.3: Huntington's Disease
4.3.1
Huntington's disease (I5250 = [1])is reported on **either** the Target assessment or the prior assessment **and**
4.3.2
Diagnosis code for **Huntington's Disease** is present on the principal diagnosis code or diagnosis code fields in Medicare/Medicaid claims/encounter data, with claim through date/ending service date occurring during the one-year **measure exclusion lookback window.**

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New Long Stay Antipsychotic Measure

★5. The resident receives Medicare Part A- or Medicaid-covered hospice services or is enrolled in hospice during any month between the beginning of the target period and the end of the episode.

    5.1. Resident has at least one Medicare Part A Hospice claim with a claim from date or through date overlapping with the period between the beginning of the target period and the end of the episode or

    5.2. Resident has at least one Medicaid hospice claim/encounter record where the beginning service date and ending service date overlaps with the period from the beginning of the target period to the end of the episode or

    5.3. Resident has a hospice eligibility group code (44: "individuals receiving hospice care") in Medicaid eligibility data for at least one month from the beginning of the target period to the end of the episode. [55]

Numerator, Denominator, Exclusions: A Closer Look

Nursing Home Stay

Target Period

(Q4 2025 Oct, Nov, Dec)

Numerator
Antipsychotics on claim
OR
Target Assessment
N0415 = 1
ARD

End of Episode
(earliest of discharge,
End of target period)

Denominator (Long-stay nursing home residents with a selected target assessment except those with exclusions

Exclusion 5: Hospice Services
The resident receives Medicare Part A- or Medicaid-covered hospice services or is enrolled in hospice during any month between the beginning of the target period and the end of the episode.
5.1
Resident has at least one Medicare Part A Hospice claim with a claim from date or through date overlapping with the period between the beginning of the target period and the end of the episode **or**
5.2
Resident has at least one Medicaid hospice claim/encounter record where the beginning service date and ending service date overlaps with the period from the beginning of the target period to the end of the episode **or**
5.3
Resident has a hospice eligibility group code (44: "individuals receiving hospice care") in Medicaid eligibility data for at least one month from the beginning of the target period to the end of the episode.

Implications: IQIES Facility Level Report and 5-star Updates

QM Manual v18.0: The re-specified measure will begin public reporting on Care Compare on Medicare.gov in January 2026, and will use **07/01/2025 - 09/30/2025 (Q3 2025)** as the initial data collection period. Subsequent updates will follow on a quarterly schedule. Resident-level quality measure results will also be provided.

QSO-25-20-NH REVISED: For star rating calculations, the cut points for this measure will be set to place providers into 10 equal deciles based on the distribution of providers' performance.

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period:	07/01/2025 - 12/31/2025	Report Run Date:	01/06/2026
Comparison Group:	05/01/2025 - 10/31/2025	Data Calculation Date:	01/05/2026
		Report Version Number:	3.06

Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

| Facility ID: | Facility Name: | | CCN: | City/State: |

MDS Measures

MDS Hybrid Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	State Average	National Average	National Percentile
Antipsych Med (L)[1]	N047.01	13	52	25.0%	17.7%	16.6%	82*

[1] The Percent of Long-Stay Residents Who Received an Antipsychotic Medication measure is based on 3 months of data (07/01/2025 - 09/30/2025) and is calculated using MDS and Medicare/Medicaid claims and encounter data.

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Implications: IQIES Facility Level Report and 5-star Updates

MDS 3.0 Resident-Level Quality Measure (QM) Report

iQIES Report

Resident Name	Resident ID	A0310A/B/F	Antipsychotic Med (L)[1]
▮▮▮▮▮	▮▮	▮▮	X
▮▮▮▮	▮▮	▮▮	b
▮▮▮▮	▮▮	▮▮	b
▮▮▮▮▮	▮▮	▮▮	b

[1] The Percent of Long-Stay Residents Who Received an Antipsychotic Medication measure is calculated using MDS, Medicare and Medicaid claims and is based on 3 months of (10/01/2025 - 12/31/2025).

This Centers for Medicare & Medicaid Services (CMS) report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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Implications: **MDS Coding**

- **The RAI Manual**

N0415.	High-Risk Drug Classes: Use and Indication CATs QM ★ QRP		
	1. Is taking	**2. Indication noted**	
	Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days	If Column 1 is checked, check if there is an indication noted for all medications in the drug class	

	Check all that apply	1. Is taking	2. Indication noted
A. Antipsychotic CAA: *17(1), *N011.03(1) ★, *N031.04(1) ★, ♠ (1,2)		☒	☒

- New Guidance FY 2026: Facilities may wish to identify a resource that their staff consistently use to identify pharmacological classification as **assessors should be able to identify the source(s) used to support coding the MDS 3.0.**

- **INDICATION:** The identified, documented clinical rationale for administering a medication that is based upon a physician's (or prescriber's) assessment of the resident's condition and therapeutic goals.

Implications: **MDS Coding**

- **Coding examples Section I (Indications Column 2N0415A):**
  - The <u>resident was admitted without a diagnosis of schizophrenia</u>. **After admission**, <u>the resident is prescribed an antipsychotic medication for schizophrenia by the primary care physician</u>. However, the resident's medical record includes *no documentation of a detailed evaluation by an appropriate practitioner of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for six months prior to the start of the antipsychotic medication in accordance with professional standards*.
  - **Coding:** Schizophrenia item (I6000), **would not be checked**.
  - **Rationale:** Although the resident has a physician diagnosis of schizophrenia and is receiving antipsychotic medications, coding the schizophrenia diagnosis would not be appropriate because of the lack of documentation of a detailed evaluation, in accordance with professional standards (§483.21(b)(3)(i)), of the resident's mental, physical, psychosocial, and functional status (§483.45(e)) and persistent behaviors for the time period required.

Implications: **MDS Coding**

- **N0450 Antipsychotic Medication Review:**

N0450.	Antipsychotic Medication Review
Enter Code ☐	**A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?** 0. **No** - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E 1. **Yes** - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted? 2. **Yes** - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted? 3. **Yes** - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?
Enter Code ☐	**B. Has a gradual dose reduction (GDR) been attempted?** 0. **No** → Skip to N0450D, Physician documented GDR as clinically contraindicated 1. **Yes** → Continue to N0450C, Date of last attempted GDR
	C. Date of last attempted GDR: ☐☐ – ☐☐ – ☐☐☐☐ Month Day Year
Enter Code ☐	**D. Physician documented GDR as clinically contraindicated** 0. **No** - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E, Date physician documented GDR as clinically contraindicated 1. **Yes** - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated
	E. Date physician documented GDR as clinically contraindicated: ☐☐ – ☐☐ – ☐☐☐☐ Month Day Year

Implications: **MDS Coding**

- **Gradual Dose Reduction Requirements:**

    - Antipsychotic medications are associated with increased risks for adverse outcomes that can affect health, safety, and quality of life.

    - In addition to **assuring that antipsychotic medications are being utilized to treat the resident's condition,** it is also important to assess the need to reduce these medications whenever possible. Compliance with the requirement to perform a GDR may be met if, for example, within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated.

    - Information on GDR and tapering of medications can be found in the State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities.

Implications: **State Operations Manual**

- **F641 Accuracy of Assessment:**
  - CMS is aware of situations where residents are given a diagnosis of schizophrenia <u>without sufficient supporting documentation that meets the criteria in the current version of the DSM for diagnosing schizophrenia</u>. For these situations, determine if non-compliance exists for the facility's completion of an accurate assessment. This practice may also require referrals by the facility and/or the survey team to State Medical Boards or Boards of Nursing.
  - Surveyors should investigate this concern through record review and interviews with staff who completed the assessment. Surveyors are not questioning the physician's medical judgement, but rather, they are evaluating whether the medical record contains supporting documentation for the diagnosis to verify the accuracy of the resident assessment. (*See Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Critical Element Pathway*)

Implications: **State Operations Manual**

- **F641 Accuracy of Assessment:**
  - One or two assessments with inaccurate MDS diagnosis coding should be cited as isolated. If the surveyor identifies a pattern (i.e., three or more) of inaccurate coding for any new diagnosis (such as schizophrenia) with no supporting documentation by a physician, the surveyor should cite the scope of the non-compliance at a minimum of pattern or widespread as appropriate, make a referral to the **State Board of Nursing**, and… to the **Office of the Inspector General.**
  - When concerns related to a diagnosis that lacks sufficient supporting documentation are identified, surveyors should review:
    - **F658:** to determine if the documentation supports a diagnosis in accordance with standards of practice.
    - **F644:** to determine if the facility made a referral to the state designated authority when a newly evident or possible serious mental disorder was identified.
    - **F605:** to evaluate psychotropic medication use based on a comprehensive assessment.
    - **F841:** to evaluate the medical director's oversight of medical care.

Implications: **Schizophrenia Surveys**

- **QSO-23-05-NH:**

  - In 2016, CMS launched focused schizophrenia onsite surveys to specifically address the issue of erroneous coding of schizophrenia in nursing homes. These surveys identified facilities with patterns of erroneous coding of residents with a diagnosis of schizophrenia.

  - To increase our focus on this issue, CMS will begin conducting offsite audits to assess the accuracy of Minimum Data Set (MDS) data. Specifically, we will examine the <u>facility's evidence for appropriately documenting, assessing, and coding a diagnosis of schizophrenia</u> in the MDS for residents in a facility.

  - Facilities that have coding inaccuracies identified through the schizophrenia MDS audit will have their QM ratings adjusted as follows:

    - The Overall QM and long stay QM ratings will be downgraded to one star for six months (this drops the facility's overall star rating by one star).

    - The short stay QM rating will be suppressed for six months.

    - The long stay antipsychotic QM will be suppressed for 12 months.

Implications: **Schizophrenia Surveys**

- **QSO-23-05-NH:**

  - Also, CMS plans to <u>offer facilities the opportunity to forego the audit by admitting they have errors and committing to correct the issue</u>. This will reduce the burden of conducting audits for CMS and nursing homes, and allow CMS to audit more facilities.

  - <u>To incentivize this admission and to promote improvement, for facilities that admit miscoding after being notified by CMS that the facility will be audited, but prior to the start of the audit, CMS will consider a lesser action</u> related to their star ratings than those listed above, such as suppression of the QM ratings (rather than downgrade).

  - For all facilities where patterns of coding inaccuracies were identified, either through an audit or through a facility's admission, <u>CMS will monitor each audited facility's data to identify if the information indicates they have addressed the identified issues, and if any downgrades or suppressions that are applied should be lifted at the timeframes indicated above</u>. Also, a follow-up audit may be conducted to confirm the issue is corrected.

Implications: **Schizophrenia Surveys**

- ## QSO-23-05-NH:
    - **<u>Nursing homes should work with their psychiatric providers and medical directors</u>** to ensure the appropriate professional standards and processes are being implemented related to diagnosing individuals with schizophrenia.

Implications: **State Medicaid Rate Quality Add On**

- ## **Ex. Kentucky**

Quality Measure	KY Specific QM Benchmark and point values					Percent of Residents	Points Assigned
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5		
	20	40	60	80	100		
	Minimum value allowed for each range						
Percentage of long stay residents with a urinary tract infection	100.00%	4.50%	2.72%	1.60%	0.70%	1.92%	60
Percentage of long stay residents experiencing one or mor falls with major injury	100.00%	5.14%	3.56%	2.46%	1.34%	1.26%	100
Percentage of long stay residents with pressure ulcers	100.00%	7.97%	5.97%	4.45%	2.88%	4.79%	60
Percentage of long stay residents who received an antipsychotic medication	100.00%	20.39%	15.08%	11.37%	7.49%	11.56%	60
Occupancy	25.00%	60.00%	80.00%	90.00%	95.00%	91.32%	80
Medicaid Utilization	25.00%	60.00%	70.00%	80.00%	90.00%	79.22%	60

- ## **Ex. Ohio**

Antipsychotic %					
Q1 '24	Q2 '24	Q3 '24	Q4 '24	Q Avg	Antipsych 7.5 pts
11.4%	2.8%	5.3%	0.0%	4.9%	6.75
28.6%	30.6%	29.2%	29.2%	29.4%	0
3.9%	7.1%	3.9%	0.0%	3.7%	7.5

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Next Steps

- Managing this quality measures and the implications should always be an IDT approach.
- Always consider the effect that antipsychotic medication will have on the resident. This should be an IDT decision.
- Understanding and monitoring this quality measures is a must for the IDT.
- MDS coding accuracy is the foundation. Follow the guidelines as they are written.
- Code according to pharmacological classification
- Only code a diagnosis of schizophrenia if the criteria have been met.
- Understand the changes to the long stay QM. Download the revised technical specifications.
- Take a proactive approach to the IQIES reports to understand where an antipsychotic may have been prescribed that was not captured on the MDS or where a diagnosis of schizophrenia was also captured/not captured.
- Be prepared to respond to schizophrenia audit/survey requests.
- DON'T FORGET State Medicaid Add on Implications

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QUESTIONS?

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