



# CMS adjusting the quality measures based on erroneous schizophrenia coding

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# CMS QSO : audit of Schizophrenia diagnosis and Antipsychotic use.

- QSO 23-05 dated 1/18/23 provided background on schizophrenia coding in 2008.
  - CMS was concerned about erroneously coding schizophrenia masking the “true rate” of antipsychotics.
  - This triggered CMS to begin offsite audits of MDS coding
  - \* specifically, they will examine the facility for appropriately documenting, assessing and coding a diagnosis of schizophrenia in the MDS for residents. They seem to be targeting diagnosis after admission.

# Results of Pilot CMS audits- reflect the white house efforts to decrease use of antipsychotic medications

- ▶ During these pilot audits CMS found several issues related to the inaccurate MDS coding of residents with schizophrenia.
  - ▶ Examples included:
    - ▶ Absence of comprehensive psychiatric evaluation with behavior documentation,
    - ▶ Many residents has only sporadic behaviors noted in their medical records
    - ▶ Many of these behaviors were related to dementia and NOT schizophrenia.



# Process for the OFF-SITE audits

- Facilities will receive a certified letter explaining the purpose of the audit, process, instructions for providing supporting documentation, and an attestation with information about forgoing the audit and admitting inaccurate coding.
- During this audit, the facilities will have the opportunity to ask questions and seek clarification as needed.
- At the conclusion, the facility will have the opportunity to discuss the results with CMS. It is for this reason, that there is NO appeal process.

Audits will be conducted offsite via a web portal. These audits are conducted by Myers and Stauffer.



# CMS Process

- CMS will examine for evidence for appropriately documenting, assessment and coding in MDS
  - Comprehensive psychiatric evaluation, behaviors documents , MARS and GDR.
  - They are looking mainly at diagnosis after admission to the facility and those admitted with a history of schizophrenia
  - They will review data for the last four quarters, but if required, they will look back for diagnoses which occurred when the resident was first admitted **years** earlier.



# CMS penalties associated with MDS coding error

- The overall QM and long stay QM ratings will be downgraded to 1 star for 6 months (This drops the facility's overall star rating by 1 star)
- The short stay QM rating will be suppressed by 6 months
- The long stay antipsychotic QM will be suppressed for 12 months.



# CMS provides and opportunity to forgo the audits and committing to correct errors

- In forgoing the audits, it will reduce the burden to CMS and allow CMS more opportunities to audit additional facilities.
- To incentivize this admission and to promote improvement by admitting miscoding, PRIOR to the start of the audit, CMS will consider a lesser action related to the star rating such as suppression of the QM vs. downgrading.
- POC is provided to CMS
- CMS indicated that “suppression” indicated that it will not show if it is suppressed and will have a note that says the data couldn’t be verified, or something similar.
- **It is important to assure you have completed and followed up on your POC!!**



# Further CMS oversight includes

- For all facilities where **pattern** (not defined) of coding inaccuracies identified either through an audit or through the facilities admission, CMS will monitor each audited facility to identify if all issues were addressed/ corrected and if any downgrades or suppression applied should be lifted at the time frame indicated above.
- SNF should works with their psychiatrist and medical directors to ensure the appropriate profession standards and processes are being implemented.
- Resources included SOM F tags 658, 740, and 758 and MDS RAI page 2 of the Errata (v2) effective July 15, 2022.





# What do we know about these Audits ?

- What criteria is CMS using to determine who will be selected for a Schizophrenia Audit?
  - AHCA understands CMS will primarily be using MDS assessment to look for inappropriate documenting, assessing and coding of a diagnosis of schizophrenia. Our understanding is that faculties with a “pattern” overtime of resident with a new diagnosis of schizophrenia and use of antipsychotic could flag the audit. (CMS did not define pattern but indicated 1 error is still an error.



# What we Know

- Will facilities receive a citation if inaccurate coding is found?
  - 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.



# AHCA FAQ

- 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 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 information complete.



# Continue FAQ

- 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 residents' documentation to avoid penalties?
  - A. CMS emphasizes that the statement in the QSO of the word “ pattern” regarding this question. AHCA is unaware of a set threshold to pass or fail the audit. Facilities should continue to ensure they have correctly coded diagnosis and complete self- audits of any resident with a diagnosis of schizophrenia to ensure it was coded accurately.