Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

CMS Certification Number:

Date November 28, 2022

ADMINISTRATOR
XXXX
XXXX

SUBJECT: Antipsychotic Medication Quality Measure Pilot Audit

Dear Administrator,

The Centers for Medicare and Medicaid Services (CMS) and their audit contractor (Myers and Stauffer LC) are conducting a pilot audit to assess the accuracy of Minimum Data Set (MDS) data. Specifically, this pilot audit will examine the process for appropriately assessing and coding a diagnosis of schizophrenia in the MDS for residents of your long-term care facility.

Enclosed are instructions to obtain web portal access (Attachments D, E and F) which must be completed no later than the close of business on the **second business day after the receipt date of this email** Please note that Attachment B is a checklist to ensure that all requested documentation and information is submitted appropriately and Attachment C details instructions for validation of submission. Attachments A and C can be emailed to CMSQMAudits@mslc.com prior to scheduling the entrance conference.

After review of all documents and timely submission of the requested information, please contact Amy Wahl at CMSQMAudits@mslc.com to schedule an entrance conference. For this pilot audit, the auditor will need access to your electronic health record (EHR) system to review supporting documentation. In the event the facility does not use an EHR system, a paper-based health record system upload will be utilized.

The findings from this audit, or failure to submit the required documents, may result in a downgrade of your facility's Five Star Quality Measure Rating for up to one year. You may opt to forgo this audit and accept a lower penalty based on an attestation to correct inaccuracies (see Attachment C).

For further questions regarding the pilot audit or requested supporting documentation, please contact Amy Wahl at the email above.

Sincerely,

Evan Shulman
Director, Division of Nursing Homes

ATTACHMENT A – <u>Facility Survey</u>

CCN: **FACILITY NAME:**

1) Provide information for the facility staff listed below to address any questions and/or requests for additional information.	
Administrator's Name (please print):	Administrator in Position since Month/Year:
Administrator Phone:	Contact Email:
MDS Contact Name (please print): Please note if the facility has an MDS consultant	MDS in position since Month/Year:
MDS Contact Phone:	Contact Email:
Director of Nursing (please print):	Director of Nursing in position since Month/Year:
Director of Nursing Phone:	Contact Email:
Medical Director Name:	Medical Director in position since Month/Year:
Medical Director Phone:	Contact Email:
Facility Liaison (Main point of contact for auditor):	
Facility Liaison Phone:	Contact Email:

2) Please provide the electronic health record (EHR) that is used at the facility and when this system was initiated, if applicable. If the EHR has been in place less than 5 years, what was the prior medical record system?

3) Please provide facility bed size and current census:
Bed Size:
Current Census:

4) Is this facility part of a corporation, chain, or associated with another facility? If so, provide the name of the corporation or associated facility(ies).

Supporting documentation must be submitted for the residents identified by CMS. A list of residents will be provided through the Web Portal following the entrance conference. <u>Do NOT provide information for any other residents</u>.

☐ Completed copy of the Facility Survey (Attachment A)

☐ Signed copy of the Attestation Form (Attachment C)

<u>Note:</u> Attachment C is an attestation of the accuracy of the information submitted, to be completed by the facility's administrator or their designee who has authority to officially represent the facility. If no attestation of inaccuracy is provided, the audit will proceed. If during the audit there are findings of noncompliance, there may be a downgrade of your facility's Five Star Quality Measure Rating for up to one year. In the case of attestation of inaccuracy prior to start of the audit that includes an immediate resolution of the self-identified deficiencies, the penalty period would be lessened.

☐ Completed copy of the Web Portal Registration (Attachment G)

☐ Scheduled entrance conference with Amy Wahl (CMSQMAudits@mslc.com)

☐ [**Electronic health record system**] Auditor access of the system will be granted within two business days after the completion of the entrance conference. Supporting documentation that the auditor will need access to includes, but is not limited to:
   a. MDS assessments at time of admission, the first assessment that was completed with the resident being coded for a schizophrenia diagnosis, and the most recently completed MDS assessment
   Note: Ensure that Section Z, the MDS staff signature page, as well as contact information for each staff member(s) that completed sections of the MDS assessments, are included.
   b. Behavioral health records, including practitioner(s) assessments pertaining to the diagnosis of schizophrenia
   Note: Ensure that practitioner(s) contact information is included.
   c. Medication administration records, progress notes (i.e. gradual dose reduction attempts, etc.), and medication orders, pertaining to antipsychotic medication use, if prescribed
   d. Other associated information related to the resident's schizophrenia diagnosis and antipsychotic medication use, if prescribed

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

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<u>ATTESTATION FORM</u>

Antipsychotic Medication Quality Measure Accuracy

☐ I attest that, to the best of my knowledge and belief, all facility supporting documentation (i.e., MDS assessments and other medical records-related information) is accurate.

OR

☐ I have personal knowledge that some facility supporting documentation, referenced in Attachment B, is **not** accurate.
   a. Please describe the inaccurate information and the circumstances that make the information inaccurate; and
   b. State what actions the facility is taking to correct the inaccurate information or make the information complete.
   Please provide responses in the space below. If you require more space, attach other sheet(s) of paper.

_____
_____
_____
_____
_____
_____
_____
_____

If no attestation of inaccuracy is provided, the audit will proceed. If during the audit there are findings of noncompliance, there may be a downgrade of your facility's Five Star Quality Measure Rating for up to one year. In the case of attestation of inaccuracy prior to start of the audit that includes an immediate resolution of the self-identified deficiencies, the penalty period would be lessened.

_____   _____
Printed Name   Title

_____   _____
Signature (Administrator of Facility or Designee)   Date

DUE DATE: 2nd business day after the delivery date of this letter.

As some of the requested information will contain details regarding your facility residents, the information MUST be uploaded to our web portal. Follow the instructions below to set up a user account.

1. Complete the Web Portal Registration Form included in this mailing. See Attachment G. **Follow the instructions on the form to obtain your IP address.** Be sure to include only those contacts that need to upload/download documents.

2. Email your completed form to <u>CMSQMAudits@mslc.com.</u> You will receive an email when your IP address is submitted for approval. Please note that the process from submission to approval could take one to two business days. **A SUBSEQUENT EMAIL WILL BE SENT WHEN YOUR ACCOUNT IS FINALIZED.**

3. See Attachment F for instructions on how to access the Myers and Stauffer Web Portal once you have received the account approval email.

ATTACHMENT E – <u>Web Portal Instructions</u>

Instructions for First Time Access to the Myers and Stauffer Web Portal
(Attachment G must be completed and approved before this step)

1. Use your web browser to navigate to the web portal located at the following address: https://dsh.mslc.com. NOTE: If the website reports "Could not be found" this means your supplied IP address was incorrect, has changed, or has not been approved. Please contact Amanda Caton or Brandy Fitez at CMSQMAudits@mslc.com to verify.

   You will see username and password fields and a CAPTCHA field which ensures human interface. Your username is your email address. The first time you access this site, you will need to set your password.

   -Click the 'Forgot Password' link

   -Enter your email address **(Do not enter your email address until you have clicked forgot password)**

   Send Forgot Password

   Email: [_____]

   SBDHW
   Try another
   Enter the text you see above:
   [_____]
   Send Forgot Password Email

2. On the Forgot Password screen, enter your email address and the value shown in the captcha field (case-sensitive), then click 'Send Forgot Password' button.

3. You will receive an email notification containing a hyperlink within a few minutes. Click on this hyperlink to be redirected to the Change Password site on the web portal.

4. On the Change Password site, enter your new password in the New Password and Confirm Password fields, and then click the 'Change Password' button. For security purposes, make sure your password contains a mix of upper and lowercase letters, numbers and at least one symbol. Please remember this password as you will need to log in to download your final results when our review is complete or for future audits.

5. After your password has been successfully set, you will automatically be redirected to the Login Screen. Enter your full email address (as it was provided to Myers and Stauffer), your Password and complete the captcha field. When all three fields are entered, click the 'Login' button.

6. The first time you access the web portal, you will also be required to read and accept the web portal terms of use agreement by clicking the 'Accept' button.

7. After accepting the agreement, you will automatically be redirected to the homepage of the web portal where you will see the list of available projects. Click **on "CMS QM Pilot"** to access the CMS project. There you will see a dropdown for your facility.

8. There will be a separate event associated with each resident where all documentation related to that individual resident will be uploaded. To submit an item, click on the cloud with an upward arrow on the right-hand side of your screen for that particular item. A box will pop up and you will click the 'Choose File' button. Browse to the file you wish to upload, add any comments regarding the file being uploaded in the space provided and then click the 'Upload File' button. You will know the upload was successful when a new line appears under the event titled "upload."

Event Date	Event	Expect Date	Response Date	UserID	Action
4/19/2022	Resident 1	4/26/2022		ACATON	☁ ⚑

Upload File   ✕

File: [Browse...] No file selected.
Notes:

1000 characters left

[Upload] [Close]

9. If a specific event is not applicable to your facility please click on the flag on the right side of the screen for that particular event. A new line will appear under the event titled "N/A."

Event Date	Event	Expect Date	Response Date	UserID	Action
4/19/2022	Resident 1	4/26/2022		ACATON	☁ ⚑

10. Once an exit conference has been held and the pilot audit is complete, your final results will be loaded to the web portal. You will receive an email when your results are ready for download.
To download your letter, click the yellow cloud and follow the prompts. After your letter has been downloaded, click the yellow lightning bolt to let us know you have received your letter.

Event Date	Event	Expect Date	Response Date	UserID	Action
2/24/2020	Final Letter Sent	6/3/2020		ACATON	☁ ⚡ 🔍

If you have questions or need assistance please contact Amanda Caton at 410.581.4540 or CMSQMAudits@mslc.com.