

2025 PRMR Roundtable Measure Summary

Measure Title
Percent of Residents Who Received an Antipsychotic Medication (LS)
Measure Steward
Centers for Medicare & Medicaid Services (CMS)
Administration and National Health Care Priority
Priority Topic Area: Safety
Rationale for Consideration: CMS is considering this measure because it could fulfill the Administration’s priorities, including those outlined under the Making America Healthy Again (MAHA) initiative. MAHA reflects a shift toward patient-centered care, emphasizing primary, secondary, and tertiary prevention; patient empowerment; nutrition and physical activity; and improvements in overall well-being and quality of life.

Measure Overview
Measure rationale: Not available
Measure history: Measure is currently used in the Nursing Home Quality Initiative program and inactive in the Long-Term Care Hospital Quality Reporting and Skilled Nursing Facility Quality Reporting programs.
Numerator: Long-stay residents with a selected target assessment who received antipsychotic medication(s). This condition is defined as follows: <ol style="list-style-type: none"> 1. For assessments with target dates within the target period: N0415A1 = [1]. OR <ol style="list-style-type: none"> 2. The resident has a claim or encounter record for antipsychotic medication during the target period while the resident is in the facility.¹ <ol style="list-style-type: none"> 2.1. Resident has a Medicaid RX (Pharmacy) or Medicare Part D claim/encounter record for antipsychotic medication² during the NH stay. The timing of the record is determined by the fill date field in the claim/encounter record. OR <ol style="list-style-type: none"> 2.2. Resident has Medicaid OT (Other Services) claim or Medicare OP (outpatient)/PB (physician/carrier) claim/encounter record for physician-administered antipsychotic medication³ with a beginning service date/service date during the NH stay. The timing of

¹ Antipsychotic medication use found in Medicare or Medicaid data occurring during the target period and while the resident is discharged from the facility is not included in the numerator

² See the supplemental file available in the Downloads section of the [NHQI Quality Measures](#) website for the list of National Drug Codes (NDCs) used to identify antipsychotic medications in claims/encounter data.

³ See the supplemental file available in the Downloads section of the [NHQI Quality Measures](#) website for the list

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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.

Exclusions: N/A

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.
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.
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)⁴:
 - 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

Healthcare Common Procedures Coding System (HCPCS) codes used to identify physician-administered antipsychotic medications in claims/encounter data.

⁴ Medicare or Medicaid claims/encounter data include Inpatient (IP), Outpatient (OP), Physician/Carrier (PB), Home Health (HH), and Hospice (HS) settings in Medicare claims/encounter data and IP and Other Services (OT) files in Medicaid claims/encounter data.

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date/ending service date occurring during the one-year pre-admission lookback window.⁵

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.
- 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.
- 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.
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.⁶

⁵ See the supplemental file available in the Downloads section of the [NHQI Quality Measures](#) website for the list of ICD-10 codes used to identify excluded diagnoses.

⁶ See the supplemental file available in the Downloads section of the [NHQI Quality Measures](#) website for list of HCPCS, Current Procedural Terminology (CPT), revenue, type of bill, place of service, type of service, CMS-64 service category, and eligibility group codes used to identify hospice services in Medicare Part A, Medicaid IP, Long-Term Care (LT) and OT claims/encounter data, and Medicaid eligibility data.

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Exceptions: N/A	
Measure is a composite: Not Available Measure is a paired measure: Not Available Measure is a survey measure: Not Available Measures is a digital measure and/or an eCQM: No	Measure type: Process
Level of analysis: Not Available Settings where measure was tested: Not Available	Data source(s): Non-Digital-Standardized Patient Assessments (paper-based)
CBE endorsement status: Not Endorsed	CBE endorsement history: Never Submitted

Evidence
Type of evidence to support the measure: Not Available
Summary of evidence: Not Available

Feasibility
eCQM feasibility testing/analysis conducted: Not an eCQM
Feasibility: Not available

Performance in Program

Measure is currently used in the Nursing Home Quality Initiative program and is inactive in the Long-Term Care Hospital Quality Reporting and Skilled Nursing Facility Quality Reporting programs.

For this measure, the analysis team reviewed the publicly available datasets:

- Data for Measure Code=419 in the file NH_QualityMsr_MDS_Jun2025.csv from the zip file [nursing_homes_including_rehab_services_06_2025.zip](#) were used for the 2024 data in this assessment.
- Data for Measure Code=419 in the file NH_QualityMsr_MDS_Jun2024.csv from the zip file [nursing_homes_including_rehab_services_06_2024.zip](#) were used for the 2023 data in this assessment.
- Data for Measure Code=419 in the file NH_QualityMsr_MDS_Jun2023.csv from the zip file [nursing_homes_including_rehab_services_06_2023.zip](#) were used for the 2023 data in this assessment.

About Figure 1: Figure 1 is a boxplot that shows the distribution of scores and how they have changed over the past 3 years. Each box consists of lines and dots to help visualize the range and distribution of scores. The dots represent the points where the lowest 5% and highest 5% of scores fall, and the line connecting them shows where 90% of the scores are located. The box itself covers the middle half of the scores, from the 25th to the 75th percentile. Inside the box, a horizontal line marks the median score, which is the middle value, while a “+” sign shows the average score. This type of graph makes it easier to see overall trends in the scores over time and to understand how spread out or consistent the results have been.

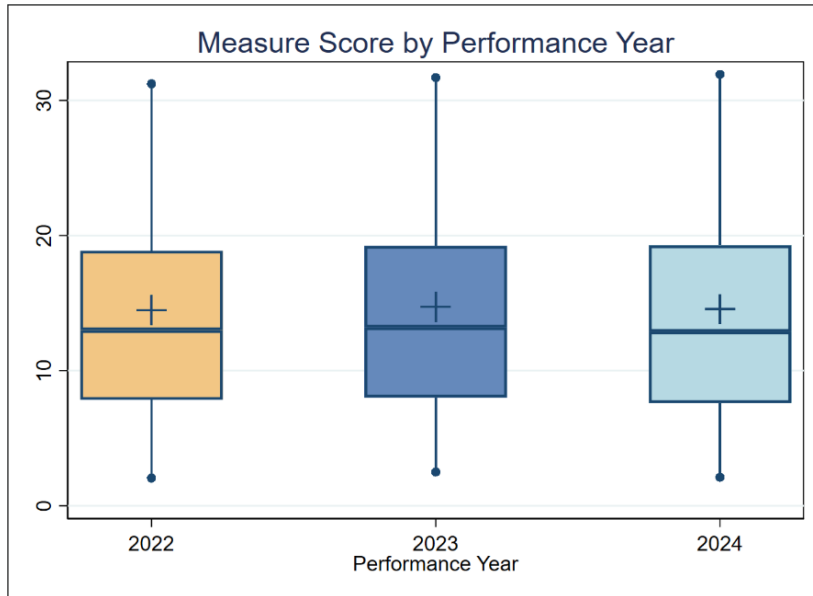


Figure 1. Boxplot of Measure Score by Year

Figure 1 Interpretation: For this measure, a lower score indicates better quality of care. In the boxplot above, there is negligible difference in performance from 2022 to 2024. The median score is 13.0% in 2022, 13.2% in 2023, and 12.9% in 2024.

About Table 1: Table 1 illustrates the distribution of scores and the number of entities represented within each decile. The number of patients for each entity is not available, so it is not possible to infer whether group size is associated with performance scores.

Table 1. Importance (Decile by Measure Score, 2024)

Highest Performers ←—————→ Lowest Performers

	Overall	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Mean Score	14.6	2.0	5.2	7.6	9.8	11.9	14.0	16.4	19.3	23.5	35.8
Number of Organizations	14,043	1,405	1,404	1,404	1,405	1,404	1,404	1,405	1,404	1,404	1,404

Table 1 Interpretation: The average performance of Decile 3 (7.6%) may be considered a “plausible, achievable” score. If the entities in Deciles 4 through 10 improved to reach that score, the number of long-term patients receiving an antipsychotic medication could decrease by 50% or more, which could potentially lead to better health outcomes.