

DATE: November 9, 2023

TO: Medicaid Nursing Facilities (NF) Providers
TennCare Health Plans

FROM: Mark Lynn, Value Based Purchasing Director, LTSS

SUBJECT: Requirements for QuILTSS #16 Quality Measures

The purpose of this memo is to outline the requirements and expectations for the QuILTSS #16 evaluation. The review period for QuILTSS #16 runs from January 1, 2023, to December 31, 2023, with a data submission deadline of January 31, 2024. Performance outcomes from the review will be used to set the quality incentive component of the reimbursement rates effective July 1, 2024. Full participation in this year's evaluation period is strongly encouraged as the option to use earlier QuILTSS scores as proxy has terminated with the end of the Public Health Emergency. Please review the memo circulated on August 16, 2023, for details. That memo also announces our recent partnership with QBlue, for the administration of our surveys. A copy of the memo can be accessed [here](#).

We invite you to join us **November 29 at 1:00 CST and Nov 30 at 1:00 CST** for a webinar co-hosted with QBlue to learn about the survey administration process for this year as well as other requirements for the QuILTSS #16 evaluation. Please mark your calendars and utilize the following links to attend one of these the trainings:

Date and time: **Wednesday, November 29, 2023 1:00 PM | (UTC-06:00) Central Time (US & Canada) This webinar will be recorded.**

Join link: <https://tn.webex.com/tn/j.php?MTID=m8cdbf7e4936de10f3c58706d9f9ce6b6>

Webinar number: 2301 942 5968

Webinar password: MNiJq7Jt9g4 (66457758 from phones and video systems)

Join by phone: +1 615-747-4911 Webex Call-In

+1-415-655-0001 US Toll

Access code: 230 194 25968

Date and time: Thursday, November 30, 2023 1:00 PM | (UTC-06:00) Central Time (US & Canada)

Join link: <https://tn.webex.com/tn/j.php?MTID=m877c04a256b5a033655f0b960b1d2dbb>

Webinar number: 2317 186 6349

Webinar password: brGCJZJZ426 (27425959 from phones and video systems)

Join by phone: +1 615-747-4911 Webex Call-In or +1-415-655-0001 US Toll

Access code: 231 718 66349

We have also included an informational score report for your review, demonstrating the potential impact of your overall quality tier ranking if you choose not to participate in this year's evaluation. Please click [here](#) to download a copy of the informative report.

The quality metrics remain unchanged for QuILTSS#16. To qualify for the quality component of the NF reimbursement, you must satisfy the threshold measures and performance indicators described below.

Threshold Measures

1. The facility must be current on its payment of the NF Assessment Fee. Anytime a facility is more than 30 days delinquent on its NF Assessment Fee, the quality-based component of the per-diem payment for NF services shall be suspended, and the facility shall forfeit any quality-based component of its per diem reimbursement rate until such time that the NF is current on its Assessment Fee payments. This shall be operationalized as an MCO rate withhold, pursuant to TCA 71-5-1006.
2. The facility must not have been found to have knowingly provided false information on a previous QuILTSS submission. A NF shall not be entitled to a quality-based component of the per diem payment for any NF services provided if the facility has not complied with quality performance reporting requirements, or if the facility knowingly submits, or causes or allows to be submitted any such data used for purposes of setting quality-based rate components that is determined (including upon post-payment audit or review) to be inaccurate or incomplete.

Quality Measures

1. Satisfaction

35 Potential Points

- a. Resident 15 points
- b. Family 10 points
- c. Staff 10 points

Starting with QuILTSS#12, to obtain **full** points for the resident and family satisfaction measures, facilities must meet or exceed the CoreQ national average top box score of “Excellent” for the willingness to recommend question. To earn **full** points in the staff satisfaction measure, facilities must meet or exceed the Tennessee state average top box score of “Yes Definitely” in the overall willingness to recommend question.

To meet our shared goal of driving quality improvement and performance, partial points can also be earned if the outcomes in the resident and family satisfaction meets or exceed the CoreQ national average combined top 3 box score (Excellent, Very Good, and Good), or if a year-over-year improvement of five percentage points or more is achieved in the recommendation top box score of "Excellent" only. Partial points for staff satisfaction can be earned if the outcomes meet or exceed the Tennessee state average combined top 2 box score (Yes Definitely, Yes Mostly), or if a year-over-year improvement of five percentage points or more is achieved in the recommendation top box score of “Yes Definitely” only.

Points will not be awarded to facilities that do not meet the prescribed benchmarks, do not demonstrate the required level of improvement, or do not follow the prescribed survey methodology for scoring purposes.

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| 2. Culture Change/Quality of Life | 30 Potential Points |
| a. Respectful Treatment | 10 points |
| b. Resident Choice | 10 points |
| c. Resident and Family Input | 5 points |
| d. Meaningful Activities | 5 points |

Starting with QuILTSS#12, to obtain **full** points for the culture change and quality of life measures, facilities must meet or exceed the Tennessee state average top box score of “Yes Definitely” in the behavioral based, overall questions asked of each metric. To meet our shared goal of driving quality improvement and performance, partial points can also be earned if the outcomes meets or exceeds the Tennessee state average combined top 2 box score (Yes Definitely, Yes Mostly), or if a year-over-year improvement of five percentage points or more is

achieved in the recommendation top box score of “Yes Definitely” only.

Points will not be awarded to facilities that do not meet the prescribed benchmarks, do not demonstrate the required level of improvement, or do not follow the prescribed survey methodology for scoring purposes. The survey methodology is described below for your convenience. Facilities must:

- Enter in an agreement with QBlue to conduct surveys and submit data to TennCare
- Identify the population of all Medicaid residents with a BIMS score of 8 or above (regardless of length of stay)
- Identify the population of all long-stay residents with a BIMS score of 8 or above and have lived in the skilled nursing center for more than 100 days as of December 31, 2023 (move in by September 21, 2023)
- Upload through the QBlue portal the names and contact information for all participants, this includes:
 - Eligible resident names with room number
 - Eligible family member name, email address, and phone number
 - Eligible employee name, email address, and phone number
- Identify at least as many family members/responsible party as Medicaid residents and long-stay residents (regardless of payor)
- Be diligent about encouraging survey completion for residents, family members, and staff

3. Staffing/Staff Competency	25 Potential Points
a. Nursing Assistant (NA) hours per resident per day	5 points
b. Registered Nurse (RN) hours per resident per day	5 points
c. Consistent Staff Assignment	5 points
d. Staff Retention	5 points
e. Staff Training	5 Points

NA/RN hours will be collected from the data available in Nursing Home Compare Payroll-Based Journal (PBJ) as of January 1 each year. Hours will be adjusted using CMS’ adjusted ratio and used for scoring purposes to account for resident acuity. A maximum of five (5) points will be awarded to those facilities above the national average. We will also reward performance of facilities approaching this benchmark as follows: three (3) points will be awarded to facilities that are above 90% but less than or equal to 100% of the national average; and one (1) point will be

awarded to facilities that are above 80% but less than or equal to 90% of the national average.

To be eligible for consistent staff assignment points, a facility must submit at least three (3) months of data from the current QuILTSS reporting calendar year with at least one (1) month from the last quarter (October – December). Data will be tracked using TennCare’s Consistent Staff Assignment data collection tool and submitted to TennCare via Formstack. The latest version of the tracking tool can be downloaded from the TennCare website [here](#).

Staff Retention shall be defined as the percent of specified staff that have been employed (or contracted) by the NF for at least one (1) year. Specified staff shall include only RNs, LPNs, and NAs. RNs shall include registered nurses, RN directors of nursing, and nurses with administrative duties. LPNs shall include licensed practical/licensed vocational nurses. NAs shall include certified nurse aides, aides in training, and medication aides/technicians. Points will be awarded based on percentage of staff that were continuously employed or contracted for the previous 12 months. Data for this metric will be tracked using the TennCare’s Staff Roster excel spreadsheet and submitted TennCare via Formstack. The latest version of the tracking tool can be downloaded from the TennCare website [here](#).

There are no specific staff training requirements for the QuILTSS#16 evaluation. We recognize that facilities have been diligent in ensuring that staff is adequately trained and competent in their roles, as such, we will be awarding full points to all participating facilities.

4. Clinical Performance

10 Potential Points

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| a. Antipsychotic Medication | 5 points |
| b. Urinary Tract Infection | 5 points |

The use of Antipsychotics medication and urinary tract infection data will be collected from the last four quarters available in Nursing Home Compare as of January 2024. Each NF’s performance for each quarter of the 2024 measurement period will be compared to the national average for that period and a total of five (5) points shall be awarded to the facility if the facility’s score is lower than the national average. Consistent with the commitment to rewarding quality improvement as well as performance, if a facility’s score is not lower than the national average during any quarter, the facility will be awarded three (3) points for that quarter if the facility’s

rate of reduction during that quarter was greater than the national average rate of reduction for that same period.

5. Quality Initiative Bonus

10 Potential Points

A NF may earn ten (10) bonus points for qualifying awards and/or accreditations that evidence the facility's commitment to quality improvement processes. Qualifying awards or accreditations must be current in the review period and are restricted to the following:

- a. Membership in Eden Registry, which must be active during the period in which bonus points are sought
- b. Achievement of the Malcolm Baldrige Quality Award. This includes AHCA Award (Bronze, Silver, or Gold) and the TN Center for Performance Excellence Award (Level 2, 3, or 4, which correspond with the Commitment Award, Achievement Award, and Excellence Award; the Level 1 Interest Award is specifically excluded from points). Any such award must have been achieved within the three (3) years prior to the end of the period in which bonus points are sought.
- c. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
- d. Accreditation by the Joint Commission

To earn Bonus Points for QuILTSS#16, a NF must submit proof of the qualifying award or accreditation that is current in the review period, even if its valid for more than one review period.

As a reminder, TennCare intends to audit data submitted through the QuILTSS process because these values will be used to set the per diem payment for nursing facility services. Any quality-based rate components based on false information will be subject to recoupment and to potential penalties for violations of the False Claims Act, as well as ineligibility for quality payments for a specified period. Questions regarding QuILTSS, including the Quality Framework, quality measures, point values, and performance benchmarks, submission process and schedule of QuILTSS submissions, should be directed QuILTSS@tn.gov.

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QBlue