

Date: September 5, 2025

To: Medicaid Nursing Facility (NF) Providers  
TennCare Health Plans

From: Kathleen Livingstone, Value-Based Purchasing Director, LTSS

Subject: NF QuILTSS #18 Quality Measurement Period

The purpose of this memo is to notify you of the QuILTSS # 18 metrics and scoring methodology including revisions to the scoring methodology of the Resident and Family Satisfaction measures in the QuILTSS #18 quality monitoring period.

The quality measurement period for QuILTSS #18 is January 1, 2025, through December 31, 2025 with a data submission **deadline of January 31, 2026**. Performance outcome results will be used to determine the quality incentive component of reimbursement rates for the State Fiscal Year (SFY) 2026 rate period which runs from July 1, 2026, through June 30, 2027.

A new scoring methodology will be applied to the Resident and Family Satisfaction measures for QuILTSS#18. Each facility's score will be based on a calculated Satisfaction Rate Average which will reflect overall satisfaction. This score will be compared against a national Satisfaction Rate Average, which will serve as the benchmark for determining facility-level performance. The scoring changes for the Resident and Family Satisfaction measures aim to align these components with the best available national data and benchmarks. All other metrics and scoring methodologies will be in alignment with QuILTSS #17 and prior.

To support providers in understanding these updates, QBlue Surveys Inc. will host a webinar on Tuesday September 30, 2025, to review the revised methodology and provide an opportunity for questions. Please watch for an upcoming invitation from QBlue Surveys Inc. with the webinar details. Additionally, we will co-host a training session in October 2025, with Myers and Stauffer LC that will focus on submission requirements for the January 30, 2026, deadline, scoring methodologies, and the comprehensive reports that inform quality components of reimbursement rates beginning July 1, 2026.

All other score components and metrics will be **in alignment** with QuILTSS #17 and prior. A detailed overview of the scoring methodology and performance metrics for QuILTSS #18 is to follow, for your reference.

## Quality Measures and Scoring Methodology for QUILTSS #18

### Satisfaction – 35 points

There are three (3) measures under the satisfaction domain - Resident, Family, and Employee Satisfaction. Each measure will be scored independently, and points will be awarded as follows:

#### 1. Resident Satisfaction – 15 Points

Scoring will be based on the CoreQ recommendation question, “In recommending this facility to your friends and family, how would you rate it overall?”.

- Facilities that meet or exceed the national satisfaction rate average<sup>(1)</sup> will be awarded 15 points.
- Facilities that do not meet or exceed the national satisfaction rate average<sup>(1)</sup> but meet or exceed 85% of the national satisfaction rate average<sup>(1)</sup> will be awarded 10 points.
- Facilities that do not meet or exceed 85% of the national satisfaction rate average<sup>(1)</sup> but meet or exceed 75% of the national satisfaction rate average<sup>(1)</sup> will be awarded 7.5 points.
- Facilities that do not meet the first three conditions but improve their Top Box Score of Excellent by at least 5 percentage points (e.g., 40% to 45%) compared to the previous year will be awarded 5 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

#### 2. Family Satisfaction – 10 Points

Scoring will be based on the CoreQ recommendation question, “In recommending this facility to your friends and family, how would you rate it overall?”.

- Facilities that meet or exceed the national satisfaction rate average<sup>(1)</sup> will be awarded 10 points.
- Facilities that do not meet or exceed the national satisfaction rate average<sup>(1)</sup> but meet or exceed 85% of the national satisfaction rate average<sup>(1)</sup> will be awarded 7.5 points.
- Facilities that do not meet or exceed 85% of the national satisfaction rate average<sup>(1)</sup> but meet or exceed 75% of the national satisfaction rate average<sup>(1)</sup> will be awarded 5 points.
- Facilities that do not meet the first three conditions but improve their Top Box Score of Excellent by at least 5 percentage points (e.g., 40% to 45%) compared to the previous year will be awarded 3 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

#### 3. Employee Satisfaction – 10 Points

Scoring will be based on the behavioral-based recommendation question, “Overall, would you recommend this facility as a place to work?”.

- Facilities that meet or exceed the Tennessee state average Recommendation score of Yes, Definitely (Top Box Score) will be awarded 10 points.

- Facilities that do not meet the Tennessee state benchmark of Yes, Definitely but meet or exceed the combined state average for Yes definitely and Yes Mostly (Top 2 Box Score) will be awarded 5 points.
- Facilities that do not meet the first two conditions but improve their Top Box score of Yes, Definitely by at least 5 percentage points (e.g., from 40% to 45%) compared to the previous year will be awarded 3 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

<sup>(1)</sup> Satisfaction Rate Average is the simple average of the Top Box Percent (Excellent), Top 2 Box Percent (Excellent + Very Good), and the Top 3 Box Percent (Excellent, Very Good, and Good). Both the national and facility-specific Satisfaction Rate Average will be used for Resident and Family Satisfaction.

#### Culture Change/Quality of Life – 30 Points

There are four (4) metrics within the culture change/quality of life domain. Points will be awarded based on the following criteria:

##### 1. Respectful Treatment – 10 Points

Scoring will be based on the behavioral-based question, “Do staff treat you with dignity and respect?”.

- Facilities that meet or exceed the Tennessee state average Yes, Definitely recommendation (Top Box Score) will be awarded 10 points.
- Facilities that do not meet the Yes, Definitely Tennessee state benchmark but meet or exceed the combined state average for Yes, Definitely, and Yes, Mostly (Top 2 Box Score) will be awarded 5 points.
- Facilities that do not meet the first two conditions but improve their Top Box score of Yes, Definitely by at least 5 percentage points (e.g., from 40% to 45%) compared to the previous year will be awarded 3 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

##### 2. Resident Choice – 10 Points

Scoring will be based on the behavioral-based question, “Are you satisfied with the way your personal choices are met?”.

- Facilities that meet or exceed the Tennessee state average Yes, Definitely recommendation (Top Box Score) will be awarded 10 points.
- Facilities that do not meet the Yes, Definitely Tennessee state benchmark but meet or exceed the combined state average for Yes, Definitely and Yes, Mostly (Top 2 Box Score) will be awarded 5 points.

- Facilities that do not meet the first two conditions but improve their Top Box score of Yes, Definitely by at least 5 percentage points (e.g., from 40% to 45%) compared to the previous year will be awarded 3 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

### 3. Resident and Family Input – 5 Points

Scoring will be based on the behavioral-based question, “Overall, do you and your family have enough input or say in your care?”.

- Facilities that meet or exceed the Tennessee state average Yes, Definitely recommendation (Top Box Score) will be awarded 5 points.
- Facilities that do not meet the Yes, Definitely Tennessee state benchmark but meet or exceed the combined state average for Yes, Definitely, and Yes, Mostly (Top 2 Box Score) will receive 2.5 points.
- Facilities that do not meet the first two conditions but improve their Top Box score of Yes, Definitely by at least 5 percentage points (e.g., from 40% to 45%) compared to the previous year will be awarded 2 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

### 4. Meaningful Activities – 5 Points

Scoring will be based on the behavioral-based question, “Are activities meaningful and enjoyable?”

- Facilities that meet or exceed the Tennessee state average Yes, Definitely recommendation (Top Box Score) will be awarded 5 points.
- Facilities that do not meet the Yes, Definitely Tennessee state benchmark but meet or exceed the combined state average for Yes, Definitely, and Yes, Mostly (Top 2 Box Score) will be awarded 2.5 points.
- Facilities that do not meet the first two conditions but improve their Top Box score of Yes, Definitely by at least 5 percentage points (e.g., from 40% to 45%) compared to the previous year will be awarded 2 points.
- No points will be awarded if none of the scoring criteria are met, or if there is evidence or reasonable cause to believe that survey results have been falsified, manipulated, or otherwise compromised, regardless of intent.

### Staffing/Staff Competency – 25 Points

There are five (5) metrics within the Staffing and Staff Competency domain. Each metric is worth up to five (5) points, with scoring details outlined below:

1. CNA Hours per Resident per Day – 5 Points

Case-Mix Nurse Aide Staffing Hours per Resident per Day will be sourced from the CMS Provider Information Report published in January 2026, which is expected to reflect data from the third quarter of 2025 (July 1 – September 30, 2025). This data will be used to determine the national benchmark. Facilities will be scored based on the following criteria:

- 5 points: Facility metric exceeds the national average
- 3 points: Facility metric above 90% but less than or equal to 100% of the national average
- 1 point: Facility metric above 80% but less than or equal to 90% of the national average
- 0 points: Facility metric less than or equal to 80% of the national average

2. RN Hours per Resident per Day – 5 Points

Case-Mix RN Staffing Hours per Resident per Day will be sourced from the CMS Provider Information Report published in January 2026, which is expected to reflect data from the third quarter of 2025 (July 1 – September 30, 2025). This data will be used to determine the national benchmark. Facilities will be scored based on the following criteria:

- 5 points: Facility metric exceeds the national average
- 3 points: Facility metric above 90% but less than or equal to 100% of the national average
- 1 point: Facility metric above 80% but less than or equal to 90% of the national average
- 0 points: Facility metric less than or equal to 80% of the national average

3. Consistent Staff Assignment – 5 Points

Facilities may earn points for consistent staff assignments based on the percentage of long-stay residents cared for by 12 or fewer caregivers. Facilities must report data for at least three months, including one between October and December 2025, using TennCare's Consistent Assignment Tracking tool v1.8. Data submitted in any other format will **not** be scored. Scoring will be as follows:

- 5 points:  $\geq 90\%$  of long-stay residents cared for by 12 or fewer caregivers
- 4 points: 80% to  $< 90\%$  of long-stay residents cared for by 12 or fewer caregivers
- 3 points: 70% to  $< 80\%$  of long-stay residents cared for by 12 or fewer caregivers
- 2 points: 60% to  $< 70\%$  of long-stay residents cared for by 12 or fewer caregivers
- 1 point:  $< 60\%$  (participation credit)
- 0 points: Facilities who do not participate, who submit data in an unacceptable format, or if there is evidence or reasonable cause to believe that consistent staff assignment data has been falsified, manipulated, or otherwise compromised, regardless of intent.

4. Staff Retention – 5 Points

Facilities can earn points for Staff Retention, which is measured by the percentage of specified staff continuously employed or contracted by the nursing facility (NF) for at least 12 months. Specified staff include RNs (registered nurses, directors of nursing, and nurses with administrative duties), LPNs (licensed practical/vocational nurses), and NAs (certified nurse aides, aides in training, and medication aides/technicians).

Facilities must report data using TennCare's Staff Retention report to be eligible for scoring. Scoring will be based on the reported retention rate as follows:

- 5 points: Retention rate of 75% or higher
- 3 points: Retention rate between 70% and < 75%
- 1 point: Retention rate between 60% and < 70%
- 0 points: Facilities who do not participate, who submit data in an unacceptable format, or if there is evidence or reasonable cause to believe that staff retention data has been falsified, manipulated, or otherwise compromised, regardless of intent.

#### 5. Staff training

This metric recognizes staff training. All participating facilities will receive full points (5 points) in acknowledgment of their continued efforts to support and train staff.

#### Clinical Performance – 10 points

There are two (2) metrics within the Clinical Performance domain. Each metric is worth up to five (5) points, with scoring details outlined below:

1. Percent of Long-stay Residents Receiving Antipsychotic Medications
2. Percent of Long-stay Residents with Urinary Tract Infections

Data from each of these metrics will be sourced from the CMS MDS Quality Measures Report published in January 2026, which is expected to reflect data from Q4 2024 through Q3 2025 (October 1, 2024 – September 30, 2025). This data will be used to determine the national benchmark. Facilities will be evaluated quarterly by comparing their performance scores to the national average for each respective period. Scoring for each quarter is determined as follows:

- 5 points: Awarded if a facility's score is lower than the national average.
- 3 points: Awarded if the score is not lower than the national average, but the facility's rate of reduction exceeds the national average rate of reduction for that quarter.

The scores will be weighted for quarterly measures as follows unless the most recent quarter is not the highest score:

- 50% for the fourth quarter of the calendar year
- 25% for the third quarter of the calendar year
- 15% for the second quarter of the calendar year
- 10% for the first quarter of the calendar year

If the most recent quarter isn't the facility's highest score, two scoring methods will be used, one with the weights described as above, and another with equal weighting for each quarter. The highest score from these methods will be used.

If any quarterly data is missing for a measure, the weighting will be applied as follows:

If there is one blank:

- 60% weight for the most recent quarter of the calendar year
- 30% weight for the second most recent quarter of the calendar year
- 10% weight for the least recent quarter of the calendar year

If there are two blanks:

- 2/3 weight for the most recent quarter of the calendar year

- 1/3 weight for the second most recent quarter of the calendar year

#### Bonus Points – 10 Points

Nursing Facilities may earn ten (10) bonus points for holding qualifying awards or accreditations that demonstrate a sustained commitment to quality improvement. To be eligible, the award or accreditation must be current during the review period and must fall within one of the approved categories listed below:

1. The Eden Alternative – Only Growth or Certified members are eligible.
2. Malcolm Baldrige Quality Award – Includes the AHCA/NCAL Awards (Bronze, Silver, or Gold) and the Tennessee Center for Performance Excellence Awards (Levels II, III, or IV). The award must have been received within the three years before the end of the review period when the bonus points are being requested.
3. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
4. Accreditation by The Joint Commission

TennCare and/or its designated partners will review all data submitted through the QuILTSS process, as this data directly affects the per diem payments for nursing facility services. Any quality-based rate components based on inaccurate or false information may be subject to recoupment. Facilities found to have submitted false data may also face penalties under the False Claims Act and be ineligible for quality payments for a specified period.

For questions about QuILTSS measures, scoring, benchmarks, or submissions, contact [QUI.LTSS@tn.gov](mailto:QUI.LTSS@tn.gov) or visit the [TennCare Value Based Purchasing website](#). For additional QuILTSS related resources, such as prior period trainings or rate setting information, please visit the [Myers and Stauffer website](#) or contact [TNCaseMix@mslc.com](mailto:TNCaseMix@mslc.com).

cc: Katie Evans, Director of LTSS  
Tennessee HealthCare Association (THCA)  
Christian Brown, Deputy Chief Financial Officer  
Meghann Galland, Deputy Director of LTSS  
Caitlin Rogers, Deputy Director of LTSS Quality and Innovation