

Date: August 29, 2025

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

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

Subject: Proposed Revisions to QuILTSS Measures and Scoring Methodology Pending Rule Approval

This memo serves as notification of the proposed revisions to the quality metrics and scoring methodologies planned for QuILTSS #19, pending formal rule approval. The proposed revisions below aim to improve the accuracy, consistency, and transparency of the evaluation process. They also reflect revised quality improvement priorities for long-term services and supports (LTSS) providers.

The timing of this memo is to ensure ample notice of changes to the quality outcome measures for Staffing and Staff Competency and the quality outcome measures for Clinical Performance in advance of the data collection period for QuILTSS #19 (January 1, 2026 through December 31, 2026). If approved, data used to evaluate QuILTSS scores for QuILTSS #19 will be used to determine the quality incentive component for the reimbursement rates **beginning July 1, 2027**, and continuing thereafter for a minimum of three (3) years.

The proposed revisions will **not** impact QuILTSS #18 or the quality incentive component of the reimbursement rates for SFY 2026 rate periods (July 1, 2026 – June 30, 2027). Further information regarding QuILTSS #18 scoring methodologies, submission requirements, and survey process will be forthcoming. QuILTSS #18 score components and metrics will be in **alignment** with QuILTSS #17 and prior.

Proposed Revisions to Staffing and Staff Competency Quality Outcome Measures– Effective QuILTSS #19

Proposed revisions to the Staffing and Staff Competency quality metrics will change how these are assessed within the existing framework. Staff training will be removed as a quality outcome measure, and its associated points will be reallocated to a new measure focused on Clinical Performance, as outlined in the Clinical Performance section below.

Staffing and Staff Competency will include four (4) quality outcome measures, each worth five (5) points, for a total of twenty (20) points:

- Registered Nurse (RN) case-mix adjusted hours per day and Licensed Practical/Vocational Nurse (LPN/LVN) case-mix adjusted hours per day will be combined into a single metric reflecting total licensed nursing care. This information will be sourced from the CMS Provider Information Report published in January of

each year. For QuILTSS #19, this quality outcome measure is expected to contain data from the third quarter of 2026 (7/1/2026 – 9/30/2026) and will be sourced from CMS in January 2027.

- Certified nursing assistant (CNA) case-mix adjusted hours will continue to be measured as in previous QuILTSS periods.
- Consistent staff assignment will continue to be measured as in previous QuILTSS periods.
- Staff retention will continue to be measured as in previous QuILTSS periods.

Proposed Revisions to Clinical Performance Quality Outcome Measures – Effective QuILTSS #19

The Clinical Performance quality metrics will also be revised. The current quality outcome measures will be removed and replaced by three (3) new quality outcome measures. Each measure will be scored according to the methodology outlined in the CMS MDS 3.0 Quality Measures User's Manual, and data for these measures will be sourced from the CMS MDS Quality Measures report, published in January of each year. For QuILTSS #19, the measures are anticipated to contain data for the periods of Q4 2025 through Q3 2026 (10/1/2025 – 9/30/2026) and will be sourced from CMS in January 2027.

Clinical Performance will include three (3) quality outcome measures, each worth five (5) points, for a total of fifteen (15) points:

- Percentage of long-stay residents with a catheter inserted and left in their bladder
- Percentage of long-stay residents with pressure ulcers
- Percentage of long-stay residents who experience significant weight loss

Please note that the proposed revisions in this memo will not affect your routine reporting processes. Data will continue to be sourced from CMS Provider Information Report and the MDS Quality Measures Report, as available. All other QuILTSS score components will remain unchanged.

For questions about QuILTSS measures, scoring, benchmarks, or submissions, contact 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 [Myers and Stauffer website](#) or contact TNCasemix@mslc.com.

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