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

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SUBJECT: QuILTSS #12 Quality Measurement Period

The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information regarding specific requirements for the QuILTSS #12 submission process. The measurement period for QuILTSS #12 is January 1 – December 31, 2019, except that the NRC Health survey process for QuILTSS #12 will take place in January 2020 in order to both avoid the holidays and also provide a roughly annual interval since the baseline survey was conducted. Data from QuILTSS #12 will be used for purposes of setting nursing facility rates that will be effective July 1, 2020.

2019 was a landmark year as we worked together with you, THCA, and NRC Health to launch standardized instruments and data collection methods for the three Satisfaction measures (Resident, Family and Staff) and the four Culture Change/Quality of Life measures (Resident Choice, Respectful Treatment, Resident/Family Input, and Meaningful Activities). Combined, these seven measures comprise 65 of the 100 possible quality performance points (excluding bonus points) in QuILTSS.

For the most part, facilities worked diligently to implement these surveys and to collect baseline data that will allow us to drive and measure quality improvement going forward. **We are incredibly grateful for the continued partnership and commitment to developing a system that promotes and rewards high quality, person-centered care.**

As with any new process, however, there are also opportunities for learning and improvement. In this memo, we will clarify expectations that facilities will be required to meet in order to qualify for Satisfaction and Culture Change/Quality of Life points in QuILTSS #12.

Required Survey Methodology

Beginning with QuILTSS #12, **a facility must follow the methodology set forth by TennCare and NRC Health for each survey in order to be eligible for points.** This includes (but is not limited to) the following:

- Identifying the population of **all Medicaid residents and all long-stay residents** (those in the facility 100 days or more), regardless of payer source, **with a BIMS score of 8 or above.**
- Requesting from NRC Health and disseminating to each such resident a resident survey.
- Providing to NRC Health the names and current mailing addresses of each family contact for all Medicaid residents and all long-stay residents—*regardless* of BIMS score. Note all of the following:
 - Family surveys are not limited based on the resident’s BIMS score.
 - If a resident has multiple family contacts, each should receive a survey.
 - Facilities are expected to maintain current contact information for family members for many reasons, and facilities should be diligent about obtaining and maintaining this information throughout the year. While we recognize that a resident may occasionally not have a family contact, it should be the exception and not the rule.
 - As a rule of thumb, a facility should identify at least as many family members as they have Medicaid residents and long-stay residents (regardless of payer source). This is because some residents will have more than one family contact to more than account for the few residents who might not.
 - Facilities should be diligent about encouraging survey completion—for residents, family members, and staff. Scheduling the survey following the holidays provides a great opportunity to remind families that the survey is coming and to encourage them to complete it.
- Making available to every employed or contracted staff a staff survey. As with resident and family surveys, facilities should be diligent about encouraging survey completion.

Facilities who do not adhere to the methodology for a particular survey or who do not obtain survey results sufficient for measurement purposes will not be eligible for points for applicable measures in QuILTSS #12. For the resident surveys, this includes points for Resident Satisfaction, as well as the full set of Culture Change/Quality of Life measures, which are encompassed in that survey instrument (a total of 45 points). Facilities not eligible for QuILTSS #12 points for these measures may also be ineligible for improvement points in the subsequent measurement period.

While some leniency was granted to facilities by the Reconsideration Committee for QuILTSS #11, the Committee also made clear that:

- *“A half-hearted attempt will not earn any points going forward.”*
- *“Failure to follow survey methodology and attempt to gather as much data as possible will result in lower payments.”*
- *“There is no excuse for not having good contact information for at least one family member/responsible party for every single resident. If that was a problem getting survey results for your facility, you need to create a process for improving your data.”*

A high degree of accountability should be expected going forward.

Facilities are also strongly encouraged, but not required, to attend all NRC Health webinars regarding the survey process in order to best position themselves both for successful quality measurement, but more importantly, to use their results to drive quality improvement.

QuILTSS #12 (January-December 2019) Quality Measurement Period Detailed Description

Threshold Measures

Threshold measures have not changed for QuILTSS 12.

1. The facility must be current on payment of the NF Assessment Fee. The facility must not be 60 or more days late in paying the fee. Failure to meet this threshold will result in the facility's quality payments being suspended until such time as they are current on their assessment fee.
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

- | | |
|------------------------|------------------|
| A. Satisfaction | 35 Points |
| 1. Resident | 15 Points |
| 2. Family | 10 Points |
| 3. Staff | 10 Points |

In QuILTSS #11, facilities were asked to obtain baseline data during our first year partnership with NRC Health. Starting with QuILTSS #12, in order to obtain **full** points for each Satisfaction measure, facilities must meet or exceed the national average score of excellent for the willingness to recommend question. For staff, this is the willingness to recommend as a place to work (rather than live). Other questions and correlation data can be used by facilities to drive facility-specific improvement plans.

In order to obtain full points for each Culture Change/Quality of Life measure, a facility must meet or exceed the Tennessee state average score of excellent for the overall question in each section. This is because there is not a national average for comparison. Other questions and correlation data will be used to drive facility-specific improvement plans, with opportunities for refinement of measurement approach

In order to meet our shared objective of driving quality *improvement* as well as *performance*, **partial** points may be earned for each measure in two different ways:

- 1) If the facility meets or exceeds the national average combined good and excellent scores (top 2 box); or
- 2) If the facility achieves a year over year, 5 percentage points or more improvement in the recommendation score of excellent only. (Note that this is 5 percentage points, not 5 percent. A score that improves from 40 to 45—5 percentage points would be eligible, while a score that changes from 40 to 42—5 percent would not.)

Facilities that neither meet the national average benchmark of excellent or the national benchmark for the combined score of good and excellent, nor show the required level of improvement will receive **0 points**. A facility will not be eligible for points if it does not follow the prescribed survey methodology or if sufficient results are not obtained for measurement purposes, as previously described in this memo.

Points will be awarded as follows:

1. Resident:

- a. Facilities that meet or exceed the national average Recommendation Score of excellent will be awarded **15 points**.
- b. Facilities that do not meet the national benchmark of excellent only, but meet or exceed the national average combined good and excellent scores will receive **7.5 points**.
- c. Facilities that do not meet either of the national benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their average Recommendation Score of excellent only from their previous year score will receive **5 points**.
- d. Facilities that do not meet either of the national benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

2. Family:

- a. Facilities that meet or exceed the national average Recommendation Score of excellent will be awarded **10 points**.
- b. Facilities that do not meet the national benchmark of excellent only, but meet or exceed the national average combined good and excellent scores will receive **5 points**.
- c. Facilities that do not meet either of the national benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their average Recommendation Score of excellent only from their previous year score will receive **3 points**.
- d. Facilities that do not meet either of the national benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

3. **Staff:**
 - a. Facilities that meet or exceed the national average Recommendation Score of excellent will be awarded **10 points**.
 - b. Facilities that do not meet the national benchmark of excellent only, but meet or exceed the national average combined good and excellent scores will receive **5 points**.
 - c. Facilities that do not meet either of the national benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their average Recommendation Score of excellent only from their previous year score will receive **3 points**.
 - d. Facilities that do not meet either of the national benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

B. Culture Change/Quality of Life	30 Points
1. Respectful Treatment	10 Points
2. Resident Choice	10 Points
3. Member/Resident and Family Input	5 Points
4. Meaningful Activities	5 Points

Points will be awarded as follows:

1. **Respectful Treatment:**
 - a. Facilities that meet or exceed the Tennessee state average score of excellent in the Respectful Treatment Domain will be awarded **10 points**.
 - b. Facilities that do not meet the Tennessee benchmark of excellent only, but meet or exceed the Tennessee average combined good and excellent scores will receive **5 points**.
 - c. Facilities that do not meet either of the state benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their excellent only score from their previous year will receive **3 points**.
 - d. Facilities that do not meet either of the state benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

2. **Resident Choice:**
 - a. Facilities that meet or exceed the Tennessee state average score of excellent in the Respectful Treatment Domain will be awarded **10 points**.
 - b. Facilities that do not meet the Tennessee benchmark of excellent only, but meet or exceed the Tennessee average combined good and excellent scores will receive **5 points**.

- c. Facilities that do not meet either of the state benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their excellent only score from their previous year will receive **3 points**.
- d. Facilities that do not meet either of the state benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

3. Member/Resident and Family Input:

- a. Facilities that meet or exceed the Tennessee state average score of excellent in the Respectful Treatment Domain will be awarded **5 points**.
- b. Facilities that do not meet the Tennessee benchmark of excellent only, but meet or exceed the Tennessee average combined good and excellent scores will receive **2.5 points**.
- c. Facilities that do not meet either of the state benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their excellent only score from their previous year will receive **2 points**.
- d. Facilities that do not meet either of the state benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

4. Meaningful Activities:

- a. Facilities that meet or exceed the Tennessee state average score of excellent in the Respectful Treatment Domain will be awarded **5 points**.
- b. Facilities that do not meet the Tennessee benchmark of excellent only, but meet or exceed the Tennessee average combined good and excellent scores will receive **2.5 points**.
- c. Facilities that do not meet either of the state benchmarks but exhibit at least 5 percentage points (for example, 40-45%) improvement in their excellent only score from their previous year will receive **2 points**.
- d. Facilities that do not meet either of the state benchmarks, do not show 5 percentage points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will receive **0 points**.

C. Staffing/Staff Competency	25 Points
1. CNA hours per day	5 Points
2. RN hours per day	5 Points
3. Consistent Staff Assignment	5 Points
4. Staff Retention	5 Points
5. Staff Training	5 Points

1. **CNA hours per resident per day** - CNA hours shall be collected from the data available in Nursing Home Compare as of January 1, 2020.

A maximum of five (5) points will be awarded only to those facilities who meet the longstanding performance benchmark for this measure. 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.

2. **RN hours per resident per day** - RN hours shall be collected from the data available in Nursing Home Compare as of January 1, 2020.

Similar to the approach noted above, the maximum of five (5) points will be awarded to facilities above the national average. 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.

3. **Consistent Staff Assignment**

As you may be aware, in mid-July, CMS's contract with Telligen to operate the National Nursing Home Quality Improvement Campaign (NNHQIC) ended. While many of the NNHQIC Campaign tools and resources will continue to be available, facilities will no longer be able to use the Campaign website to report or trend data over time. In light of this change, while the Consistent Staffing measure has not changed, **the process for inputting and submitting data will change.**

The tracking tool NNHQIC used will now be available and may be downloaded from the TennCare website: (<https://www.tn.gov/tenncare/long-term-services-supports/value-based-purchasing.html>). It is titled, "[Consistent Assignment Tracking Tool](#)." The tool works in exactly the same way as it did on the NNHQIC website. The Excel Sheet provides detailed instructions. If facilities still have the tracking tool template from NNHQIC, it can also be used to submit data using the process described below. NFs must enter consistent staff assignment data into the spreadsheet and submit the spreadsheet for each month reported in a zip file with their QuILTSS submission **directly** to TennCare via Formstack.

In order to be eligible for points in QuILTSS #12, a facility must submit at least three months of data from 2019. At least one month must be from the last quarter of 2019 (Oct-Dec). All 3 months could be for the last quarter, or a facility that submitted data to NNHQIC and downloaded that data prior to mid-July may be able to use 2 months of data from earlier in the year. Facilities are to submit one sheet for each month. If reporting multiple months, a facility must have multiple sheets.

Facilities may earn points for Consistent Staff Assignment based on the facility's percent of long stay residents with a maximum of 12 caregivers over each measurement period. **Only** long-stay data will be used for scoring. Facilities are encouraged to participate *every* month, as the number of months of required reporting will continue to increase over time. For scoring purposes and to remain consistent, the most advantageous month will be used for each QuILTSS measurement period.

In order to be eligible for these points, a facility must:

1. **Track performance** for the specified number of months using the Tracking Tool
2. **Submit** data directly to TennCare via Formstack in a zip file containing each sheet per month reported

Points will be awarded as follows:

- Facilities with **90% or more** of their residents with a max of 12 caregivers will be awarded **5 points**;
- Facilities with **at least 80% but less than 90%** of their residents with a max of 12 caregivers will be awarded **4 points**;
- Facilities with **at least 70% but less than 80%** of their residents with a max of 12 caregivers will be awarded **3 points**;
- Facilities with **at least 60% but less than 70%** of their residents with a max of 12 caregivers will be awarded **2 points**;
- Facilities with **less than 60%** of their residents with a max of 12 caregivers who submit the required data will be awarded **1 point for participation**.

4. Staff Retention

As in previous submissions, facilities will submit the Excel spreadsheet, [Staff Roster](#), designed by TennCare. This is located on the TennCare website at <https://www.tn.gov/tenncare/long-term-services-supports/value-based-purchasing.html> under Nursing Facility QuILTSS. 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.

Points will be awarded as follows:

- Facilities with **75% or more of staff retained** for at least 1 year will be awarded **5 points**.
- Facilities with **70% or more, but less than 75%** of staff retained for at least 1 year will be awarded **3 points**.

- Facilities **with 60% or more, but less than 70%** of staff retained for at least 1 year will be awarded **1 point**.

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.

- 5. Staff Training** As previously advised, our intent is to begin awarding points for the Staff Training measure for completion of specified training modules in the competency-based QuILTSS Workforce Development training program that is being developed by the QuILTSS Institute based on CMS-identified core competencies. As a way to familiarize your leadership and your staff with the new training program, for QuILTSS #12, Staff Training points shall be awarded based on completion of an orientation to the QuILTSS Institute Workforce Development Training Program by Leadership and Staff. Members of management will have the opportunity to participate in a one-hour orientation on The QuILTSS Institute and its workforce development program during the month of October. All 100% of your home's leadership team must complete the orientation during October. During November and December, you will have the opportunity to invite your employees to participate in an orientation, designed specifically for them. Details on how to complete the management orientation will be provided in September. The orientation will be available online and require less than an hour to complete. Because Leadership buy-in is such a critical part of the success of any training effort, completion of the orientation by Leadership is a threshold measure that must be completed to receive any points for this measure. Points will be awarded based on completion of the orientation by Leadership and the applicable % of a facility's staff.

Points will be awarded as follows:

- Leadership plus greater than 80% of your staff completes QuILTSS Institute Orientation will be awarded **5 points**.
- Leadership plus greater than 60-79% of your staff completes QuILTSS Institute Orientation will be awarded **4 points**.
- Leadership plus greater than 40-59% of your staff completes QuILTSS Institute Orientation will be awarded **3 points**.
- Leadership plus greater than 20-39% of your staff completes QuILTSS Institute Orientation will be awarded **2 points**.
- Leadership completes QuILTSS Institute Orientation will be awarded **1 point**.
- Leadership does **not** complete QuILTSS Institute Orientation will be awarded **0 points**.

