



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 Great Circle Road  
Nashville, Tennessee 37243

**IMPORTANT MEMO**

**DATE:** June 16, 2015

**TO:** Medicaid Nursing Facility (NF) Providers  
TennCare Managed Care Organizations

**FROM:** Jay Taylor, Deputy of Audit and Compliance  
Long Term Services and Supports

**C:** Patti Killingsworth, Assistant Commissioner  
Chief of Long Term Services and Supports

**SUBJECT:** QuILTSS #5 Bridge Payment Submission

**The purpose of this memo is to provide additional IMPORTANT and TIME-SENSITIVE information about the QuILTSS #5 Bridge Payment submission.**

Based on input from the QuILTSS stakeholders committee, QuILTSS #5 will be an **optional submission**. Each facility will have the option of accepting its highest total scoring submission among QuILTSS #1 through #4, or completing submission #5 in an effort to achieve a higher score. Should a facility receive a score lower than their highest score from QuILTSS #1 through #4, the high score will still be counted for submission #5. Facilities satisfied with their highest score from submissions #1 through #4 will have the option to accept that score and not make a submission for QuILTSS #5.

The **data from CMS Nursing Home Compare will be updated for all nursing facilities**, regardless of whether you choose to complete submission #5. This means even if you choose to accept the highest score to date, that score may change based on updated information from CMS. The scoring of measures related to RN hours per day, CNA hours per day, Urinary Tract Infection and Antipsychotic Use will be adjusted depending on the facility's CMS data.

**Beginning with QuILTSS #6**, there will be significant changes to the criteria for submitting documentation and to the criteria TennCare uses while evaluating those submissions. More information on QuILTSS #6 will be provided in a future communication. Allowing #5 to be optional will allow facilities who choose not to submit #5 additional time to focus on preparing for #6 changes.

The QuILTSS submission portal will open for **QuILTSS #5 on July 1, 2015, and remain open until 4:30 p.m. CT on July 27, 2015.** If a facility wishes to accept its highest score to date, no QuILTSS #5 submission is necessary. The QuILTSS #5 submission can be found at [QuILTSS #5](#), beginning at 8:00 a.m. CT on July 1, 2015. For facilities choosing to submit QuILTSS #5, the submission questionnaire has had only minor changes since the QuILTSS #4 submission. If choosing to submit documentation for QuILTSS #5, facilities should review the information and feedback offered below:

- **Points earned for QuILTSS #1 through #4 submissions for the following measures will be carried forward to the QuILTSS #5 submission:** having conducted Resident/Family/Staff Satisfaction Surveys; having conducted an assessment of Person-Centered Practices and/or Culture Change Practices; having demonstrated an active resident/family council; and actively seeking the input of residents/family in the development of individual care plans. Those facilities seeking to achieve points in one of these areas for the first time will find directions advising them on how to provide their documentation during this submission period. For facilities that have not received points for a specific survey/assessment in a previous submission, the entire survey report must be submitted.
- Evidence must continue to be submitted for consideration of points related to taking new actions during this measurement period based on the results of a survey/assessment and input of council. **IMPORTANT: To receive credit, the actions must be dated and the date of the actions must be on or after April 1, 2015 and before July 1, 2015.** Actions that are not dated with a complete date (MM/DD/YYYY) will **not** earn points. In spite of clear instruction, facilities have continued to miss earning points for failure to include dates that will allow us to confirm that actions were completed during the measurement period.
- Submission/Documents regarding actions taken based on a survey/assessment must contain evidence of a new action and you must submit a copy of the results report from which your action was taken. The instructions found on the submission portal are *“Your submission should include a copy of the relevant section of the results report with the area(s) for improvement clearly indicated by circling or highlighting, etc. Without a copy of the results report, we will not be able to determine if your action was taken as a result of the survey. It is not necessary to submit the entire report, just copy and submit the section or page that relates to your actions.”*
- Credit will not be given for the same action occurring in multiple submission periods. Action(s) submitted must indicate that a new action occurred. For example, if on a previous submission, your facility received points for “selective menus implemented at lunch,” this submission’s new action could be “selective menus expanded to breakfast and dinner.” However, if a previous submission’s action was “implemented selective menus,” this period’s action should pertain to something other than selective menus.
- Facilities **do not need to resubmit information related to Staff Retention.** As you recall from the Quality Framework, this item was measured during the QuILTSS #1 submission only, with performance being carried forward to subsequent submissions.
- **TennCare will continue to obtain data from CMS for measures related to:** RN hours per resident, per day; CNA hours per resident, per day; Anti-Psychotic Medications; and Urinary Tract Infections.
- **Information pertaining to Bonus Points was accepted during the QuILTSS #1 submission only.** TennCare is not accepting new information in this area and this item has been removed from the submission questionnaire. Points awarded during the QuILTSS #1 evaluation period will carry forward to QuILTSS #5 subject to the following:
  - the facility continues active *participation* (not just registration) in the Advancing Excellence in America’s Nursing Homes campaign;

- the facility continues active membership in the Eden Registry;
- the facility's Joint Commission Accreditation or CARF Accreditation remains current; or
- the facility's Malcolm Baldrige quality award, AHCA Bronze, Silver or Gold quality award, or Tennessee Center for Performance Excellence award which uses the Baldrige criteria) was received on or **after January 1, 2010** (such that the award is reflective of recent quality improvement activities; facilities receiving an award prior to 2010 that have not achieved advanced award levels will not receive additional bonus points).

Prior to submitting the form, we strongly recommend that you take the opportunity to **navigate back through the submission to ensure you are ready to complete your submission**. You should double check that you have completed all applicable questions, attached all relevant documents in response to the appropriate areas and that all your answers are accurate.

Please note that the submission software does not have a "save" functionality, so we are unable to accommodate this request at this time.

In addition, please ensure that you identify each attachment on the initial page of the document in the pdf. Facilities must write or type "Attachment 1" (or whichever number is appropriate) on the upper right hand corner of their attachments prior to scanning as a pdf.

Questions regarding the *Quality Framework*, including submission and training processes should be directed to Jay Taylor, Deputy of LTSS Audit and Compliance at [jay.taylor@tn.gov](mailto:jay.taylor@tn.gov).