

April 23, 2018

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

RE: Nursing Facility Quality Measure Initiative Resident Satisfaction Survey Data

Pursuant with final policy bulletin MSA 17-28, the Medical Services Administration (MSA) has established the nursing facility (NF) Quality Measure Initiative (QMI). Pending approval from the Centers for Medicare and Medicaid Services (CMS), the QMI will provide payments to NFs based on their average [Nursing Home Compare \(NHC\)](#) quality measure domain star ratings. Policies and letters are located at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Effective for the rate year beginning on October 1, 2018, an adjustment will be made to QMI payments for the submission of resident satisfaction survey data from recently performed surveys. Per-bed QMI payments will be multiplied by 100% for NFs that submit acceptable resident satisfaction survey data and documentation. Payments will be multiplied by 85% for providers who do not submit the data and documentation (i.e., a provider who submits the resident satisfaction survey data will receive their standard QMI payment while a provider who does not will receive 85% of their standard payment).

In order for a provider to receive credit for submitting resident satisfaction survey data, MSA will require the following data and documentation:

- A copy of all the questions from the survey.
- A summary of the survey response results.
- The number of residents residing at the NF at the time of the survey.
- The number of residents who received the survey.
- The number of completed surveys, and a breakdown of who completed the survey for the residents (e.g., at NF X, 100% of the surveys were completed by the residents themselves, at NF Y, 50% of the surveys were completed by the residents themselves and 50% of the surveys were completed by the residents' guardians on their behalf, etc.).
- The survey date range (i.e., date the survey was sent out through the deadline for submission).
- The survey frequency (e.g., annual, quarterly, monthly, etc.).
- The entity that conducted the survey (e.g., the facility, an organization independent from the NF, etc.).
- The survey data collection method(s) (e.g., phone, mail, live interview, etc.).

- An explanation of how the provider uses the survey results to improve the quality of resident care.

MSA does not require the resident satisfaction survey to be completed in a specific method (e.g., the survey does not have to be a live interview, the survey does not have to include a specific set of survey questions chosen by MSA, etc.). However, the survey must be a resident satisfaction survey and not another type of survey (i.e., family satisfaction survey data, employee satisfaction survey data, etc. will not be accepted in place of a resident satisfaction survey). The survey must have occurred no earlier than 12 months prior to April 23, 2018, to be accepted. NFs that have completed multiple surveys within that time period should submit data from the most recent survey.

The resident satisfaction survey data and documentation must be submitted electronically to the MSA Long Term Care Policy Section via email MDHHS-NFQMI@michigan.gov by August 17, 2018.

To assist providers with the data and documentation submission, a checklist has been included with this letter. Any questions regarding this letter should be directed to MDHHS-NFQMI@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration

Attachment

Michigan Department of Health and Human Services

**Nursing Facility Quality Measure Initiative Resident Satisfaction Survey Data
Submission Checklist**

Facility Contact Information	
Facility Name:	
Facility NPI:	
Facility Address:	
Facility Contact:	
Contact's Email:	
Contact's Phone Number:	
Checklist Submission Date:	

This checklist has been developed to assist providers with the submission of resident satisfaction survey data and documentation to the Long Term Care Policy Section.

Resident Satisfaction Survey Checklist	
Copy of Survey Questions:	
Summary of Survey Responses:	
Number of Residents at the Facility at the Time of the Survey:	
Number of Residents Who Received the Survey:	
Number of Completed Surveys, and Breakdown of Who Completed the Survey for the Residents:	
Survey Date Range:	
Survey Frequency:	
Entity That Conducted the Survey:	
Survey Data Collection Method(s):	
Explanation of How the Survey Results Will be Used to Improve Resident Care:	

A completed checklist, any accompanying documentation and data should be submitted to the Long Term Care Policy Section email MDHHS-NFQMI@michigan.gov.

Authority: Title XIX of the Social Security Act

Completion: Is Voluntary

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.

Last revised April 2018