

May 12, 2025

<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 Section 10.7.D. Nursing Facility Quality Measure Initiative (QMI) of the Nursing Facility Cost Reporting & Reimbursement Appendix of the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, Health Services has established the nursing facility (NF) QMI. The QMI provides payments to NFs based on their average [Nursing Home Compare \(NHC\)](#) quality measure domain star ratings and factors in the submission of resident satisfaction survey data.

Effective for the rate year beginning on October 1, 2025, 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 acceptable 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, Health Services 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:
 - The number or percentage of surveys completed by residents,
 - The number or percentage of surveys completed by the residents' guardian or designee on the residents' behalf, and
 - The total number of surveys completed.

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- The survey date range (i.e., the date the survey was sent out, through the deadline for submission).
- The survey frequency (i.e., annually, quarterly, monthly, etc.).
- The entity that conducted the survey (i.e., the facility, an organization independent from the NF, etc.).
- The survey data collection methods (phone, mail, live interview, etc.).
- An explanation of how the provider uses the survey results to improve the quality of resident care.

*The survey, survey responses, and survey checklist must not include any protected health information.

Health Services 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 Health Services, etc.). However, the survey must be a resident satisfaction survey. Any other type of survey will not be accepted in place of a resident satisfaction survey (i.e., family satisfaction survey data, employee satisfaction survey data, etc.). The survey must have occurred no earlier than June 27, 2024, and the survey data must not be from survey data submitted for prior year QMI payments. 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 Health Services Long-Term Care Operations Section via email as an attachment at MDHHS-NFQMI@michigan.gov by **August 15, 2025**. The attachments are encouraged to be in the form of a PDF, Word, or Excel document. Links to cloud platforms or SharePoint sites will not be accepted. If corrections are necessary, the Health Services Long-Term Care Operations Section will contact the provider with the reasons for non-acceptance and necessary changes. The provider will have 5 business days of the correction notice to return the requested information. If the information is not received within the 5 business days, the resident satisfaction survey will be rejected.

You will receive an automatic reply upon submission. This automatic reply is your receipt that the documentation was submitted. If you do not receive an automatic reply, please verify that the documentation was submitted correctly and resubmit. **Please note:** Scan to email submissions will not render an automatic reply. It is the provider's responsibility to assure the documentation was received.

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.

An electronic version of this document is available at www.michigan.gov/medicaidproviders
>> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Chief Deputy Director
Health Services

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 CCN #:	
Facility License #:	
Has there been a change of ownership in the last 18 months? If yes, please list the name of the previous facility:	
Facility Address:	
Facility Contact:	
Contact's Email:	
Contact's Phone Number:	
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 Operations Section.

Resident Satisfaction Survey Checklist	
Copy of Survey Questions:	
Summary of Survey Responses:	
This Survey Submission Does Not Include Protected Health Information:	
Number of Residents at the Facility at the Time of the Survey:	
Number of Residents Who Received the Survey:	
Number or Percentage of Surveys Completed by Residents:	
Number or Percentage of Surveys Completed by the Residents' Guardian or Designee on the Residents' Behalf:	
Total Number of Surveys Completed:	
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 Operations 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 updated April 2025