

FREQUENTLY ASKED QUESTIONS - as of Sept. 12, 2014

Q: If a facility has Medicaid Trachs, special rate and Medicaid Vents, are they included in the acuity calculation?	The acuity calculation is made using data reported on the facility's mandatory Minimum Data Set (MDS) reports, which is used to establish a Case Mix Index (CMI) for each facility. No adjustment is made to the calculation to reflect any of these special rates.
Q: Are Medicare Advantage days excluded from the tax calculation?	Medicare Advantage Days are, per the memo sent out to NFs on 8/15/14, included as Medicare days and as such are excluded from the tax calculation.
Q: From what service period do the patient days come from that are used in the calculation of the assessment?	The patient days used for the calculation of the assessment come from the most recent submitted cost report by the facility. This is the same data used to establish the daily rate for SFY15.
Q: Will the new pass through of \$10.30 be effective July 1, 2014?	Yes.
Q: Are the accuity and the quaility payments part of the \$10.30 pass through? Also, if our daily per diem will be changing quartley - are there mechanisms in place to communicate better with the MCOs? We typically have problems getting the rates adjusted timely with our MCOs.	The acuity and quality payments will be made quarterly and are not part of the \$10.30 included in the regular daily rate.
If our daily per diem will be changing quartley - are there mechanisms in place to communicate better with the MCOs?	The daily rate established for your facility as of 7/1/14 will not be changing quarterly.
Q: AS an all private facility currently paying \$240,000 per year in TN bed tax fees and NOW projected to pay \$350,000 in the form of a bed tax assessment, I'm curious to know if thought has ever been given to allowing us reimbursement for co-pays related to Medicare Part A stays? We find ourselves discharging many short term patients on day 21 for lack of a payment source causing them to finish their remaining short stay days in another facility.	As options are considered for a new per diem method for SFY16, this may be considered.
Q: As we have a 5% penalty as we are late on our payments, will the MCO's be assessed a 5% penalty if they are late in payment to the facility?	MCOs that are late in payment will be assessed a fine of \$100 per day per late payment.
Q: Can we print a copy of the slide presentation	The webinar presentation is available to download, print and share at http://www.tenncaresolutions.com/files/nursing-facility-assessment-fee/nf-assessment-fee-webinar-presentation.pdf .
Q: Do you have format that we could fill in to be a basis of our quarterly reports?	There are no quarterly reports required as part of the assessment fee or as part of your acuity payment. Data that is to be submitted quarterly for Quality are to be submitted using the tools provided by the State; for more information please see: http://www.tn.gov/tenncare/long_quiltss.shtml
Q: do you know what RUG Grouper is going to be used in 2015?	The RUG version we are using is the RUG-IV 48 grouper index maximizing.
Q: When will the first assessment payment be due to the Bureau of TennCare?	November 1, 2014. This is a change from the 10/25/14 date shared in the webinar.

Q: How were Medicare Advantage patient days identified?	Per the August 15, 2014 memo distributed by TennCare facilities that had not classified their Medicare Advantage Days as Medicare days were asked to submit corrected days.
Q: Is there a pending approval from CMS relative to the change from the bed tax to the provider tax and will a separate SPA be submitted relative to the reimbursement change methodology?	CMS has approved the new NF Assessment Fee. The method of determining and paying the daily rate has not changed so no change to the State Plan is needed for this interim year.
Q: Will detail computations relative to costs which are CMI adjusted be provided on the quarterly rate updates?	The per diem will not change. The quarterly acuity and quality payments may change depending on the changes in acuity scores or quality performance. If a facility has reason to believe its acuity or quality data is materially incorrect, please let TennCare know.
Q: How does one determine the accuracy of the data on the Assessment Payment?	The data used to establish the Assessment payment for a facility is taken from data sources including cost reports. The invoice will show the basis for the calculation of the Assessment amount.
Q: Is low occupancy (unused beds) still a penalty under the new system?	The per diem system has not changed for SFY14 and the low occupancy penalty is still in effect.
Q: Are the quarterly payments paid by the provider anticipated to be higher than the past bed tax?	For most providers the Assessment amount is expected to be higher than the previous amount paid under the bed tax.
Q: The Choices Program is normally very late in their payments to us. Do we have assurance that our quarterly payments are on time?	MCO performance in the payment of the quarterly acuity and quality amounts will be monitored by the Bureau of TennCare.
Q: Can the calculator: 30% Acuity A, 30% Acuity B, and 20% Quality...can any of these calculation be a negative calculation?	No.
Q: Instead of snail mail, when will TennCare go to a login, internet based system for communication. Similar to logging to see a PAE, we should be able to log in and see correspondence sent to us, i.e. rate information.	We appreciate your suggestion and will consider it as we look to enhance our systems.
Q: How will the bed tax be counted when MA patient transfers to Medicare?	The bed tax has been discontinued and we have transitioned to a new Assessment Fee. The amount of the Assessment Fee a facility pays is determined by the number of non-Medicare days reported in the most recent cost report. As Medicare Advantage days are considered as Medicare days, in this instance there would be no change in how the days are counted for the next cost report.
Q: How will this be calculated for a 100% private pay facility?	The Assessment per diem will be assessed on all non-Medicare days as required in the legislation.
Q: how will this effect facilities that are at or close to the ceiling ?	The per diem calculation process is unchanged for SFY14.
Q: How will we receive payment from MCO? Will it be monthly or per patient day?	MCOs will provide lump sum payments once per quarter.
Q: Where can I find out how acuity is calculated from MDS data?	This process is a common one and documentation of how to do so is widely available.

Q: In 2016 will the method of calculating rate change or will it continue as explained today? Will we still get daily rate with addition of lump sums for acuity and quality or will this change?	We expect that this method used this year, in SFY15 - per diem with additional payments for quality and acuity - will change for SFY16.
Q: If a facility continues to mail the monthly checks for payment, will the credits show up on the quarterly coupon?	Any facility still sending in monthly checks should stop immediately. Monthly checks sent in error for August 2014 will be credited in the first quarter Assessment invoice.
Q: Are the quarterly quality and acuity payments lump sum or are they per resident?	MCOs will provide lump sum payments once per quarter.
Q: If facility has no Medicaid beds, but has Medicare days, how will you eliminate Mcdr Part D days? They are "other" days in skilled unit on Medicare report, but no Medicaid report is filed. How will you assess proper days for non-medicare charge to facility?	The Assessment is allocated according to non-Medicare days per the most recent cost report received and reviewed by the Office of the Comptroller or, in a handful of cases, the most recent available Joint Annual report (JAR). Medicare days are defined as including both Medicare and Medicare Advantage days.
Q: Will new daily rates be set for current year payments or will we continue to receive same rate since last year's rate change?	Per past practice, the Office of the Comptroller is establishing the per diems for SFY15 which will be effective July 1, 2014.
Q: If our facility is only a Medicare certified facility and does not have a Medicaid Provider in which we do not receive reimbursement from an MCO on TennCare patients, it is unclear on how our bed assessment tax be calculated. I had understood that the Acuity and Quality based information was related to the reimbursement.	For facilities with no TennCare Members, the data used to establish your Assessment fee was taken from cost reports and Joint Annual Reports (JARs). The amount of your facility Assessment will be determined using your number of non-Medicare days consistent with way it is done for all facilities. Acuity and quality information is used to establish quarterly payments but is not used to establish the Assessment or the Pass-Through.
Q: In calculating the occupancy rate, have you thought about using a "beds in service" versus a "licensed bed" number?	For SFY15 the per diem process remains unchanged. As options are considered for a new approach in SFY16 this may be considered.
Q: Is Tennessee going to Case Mix State?	Tennessee is moving to include Case Mix Index (CMI) scores as a measure of acuity by facility.
Q: is the \$12.66 assessment per diem going to be the rate used for 1st qtr for all facilities? or will it differ for each facility?	The \$12.66 Assessment Fee per diem will be applied uniformly across all facilities.
Q: will the per diem rate come out quarterly or remain once a year?	For SFY15 the per diem will be set once for the year, per past practice.
Q: Is the \$6.10 per day going away? Being replaced by this methodology?	The \$6.10 per day that was included in your per diem prior to SFY15 was related to the Bed Tax, which has been discontinued and replaced by the Assessment Fee.
Q: Is there going to be a standardized resident satisfaction survey that will be used to assure that all are measuring same leaving of quality and satisfaction of services?	The State has not yet determined if there will be a standardized Resident Satisfaction Survey for FY 16.
Q: Is this fee due Oct 20, 2014 or Oct 20, 2015?	The first quarterly payment will be due to the Bureau of TennCare by no later than Nov. 1, 2014. This is a change from the 10/25/14 deadline we discussed during the webinar.
Q: on average how much are these quarterly payments going to be per facility?	Given the wide variation in size of facilities and number of non-Medicare days, we believe an "average" quarterly payment is not a useful figure and has the potential to be misleading.

Q: On the QUILTs submission there is no indication of what needs to be entered to earn points for Meaningful activities, Consistent Staff Assignment, Staff Training	During this transitional year (SFY 2015), the State has abbreviated the Quality framework. For this time period, there are several items that relate to Culture Change/Quality of Life and Staffing/Staff Competency. However, the three items mentioned in the question are not specifically assessed during SFY 2015. They are intended to be addressed in the full implementation of the Quality framework (SFY 2016).
Q: We can not charge a private pay patient less than our Medicaid reimbursement; with the payments fluctuating every quarter how can we best determine what our Private pay rates should be.	The only payments that may change each quarter are the Acuity and Quality payments. Your per diem will be effective 7/1/14 per past practice and will not change.
Q: Our facility is a non Medicaid facility and do not have any Medicaid patients, how will new fee be assessed on our facility? Will we just be charged 4.5% of our revenue?	For facilities with no TennCare Members, the data used to establish your Assessment fee was taken from cost reports and Joint Annual Reports (JARs). The amount of your facility Assessment will be determined using your number of non-Medicare days consistent with way it is done for all facilities.
Q: So did I understand correctly that the Quality payment is in addition to our current daily Medicaid rate?	Yes.
Q: So will the 1st payment due in October be the total number of days reported on the 2013 cost report minus the number of Medicare/Medicare Advantage days divided by 365 times 92 days times the \$12.66 assessment fee?	Close - but given the differing days in a quarter, we are dividing the Assessment Fee amount for your facility for SFY15 into four equal payments.
Q: The acronym CMI??	CMI stands for Case Mix Index, a standard method for measuring acuity.
Q: What happens when the MCO payment to the facility is incorrect? They seem to have issues with that already. How will this incorrect payment be corrected and in what timeframe?	The Bureau of TennCare will, in conjunction with the THCA, calculate the amounts of the quarterly quality and acuity payments to each facility and will instruct the MCOs to pay those amounts. If you believe you have received an incorrect quarterly payment please let the MCO and the Bureau of TennCare know.
Q: If an error is discovered in the number of non-medicare days reported in 2013, do we have an opportunity to correct?	Facilities may send corrections to the Bureau of TennCare.
Q: What if we don't agree with the tax calculation?	If you believe the calculation is incorrect, please identify the error in the data or the calculation and notify the Bureau of TennCare.
Q: What is the due date for assessment and when is it considered late?	The due date for the first quarterly payment is no later than Nov. 1, 2014. By law, payment received or postmarked by that date will be on time; payment postmarked after that date will be late and subject to the penalties outlined in the law.
Q: What patient days will be used in the quarter calculation on the invoice?	Patient days were taken from the most recently submitted and reviewed cost reports and, in a small number of cases, from Joint Annual Reports.
Q: When can we expect the Acuity and Quality payments to be made to facilities?	Acuity and Quality payments will be made as close to the due date for payment of the Assessment Fee as possible.

Q: Will the MCOS have a deadline to get retro payments to facilities?	The Bureau of TennCare will monitor the implementation of retro payments with the introduction of new per diems effective 7/1/2014.
Q: How will quality information be captured after the transitional year?	The State intends to use the Quality Framework outlined in the attachment to the 8/5/14 memo. The exact methodology has not yet been finalized. The memo and attachment are available here: http://www.tn.gov/tenncare/long_quiltss.shtml
Q: When will we know the dollar amounts for the acuity and quality payments?	The State intends to communicate each quarter's Acuity and Quality payment amount to each facility prior to the payment being made.
Q: where is the 2013 acuity payment defined in the public chapter	The \$23.6 million nonrecurring payment to Nursing Facilities was included in the SFY2013 State budget legislation.
Q: Using THCA previous projections, is this correct? a) Pass-through = 10.30 ppd. In addition, from \$300 million less \$64 million pass-through, there are \$236 million (or \$36.29 ppd) available funds for the 19%, 1%, 30%, 30%, and 20% payments. Therefore, the average nursing home would expect 80% of the \$36.29 ppd via quality & acuity? or 80% of the differential from the former Funds after Pass-thru of \$29.69, net \$6.60 x 80% ppd?	No, this is not correct. The amount available for distribution through the Acuity and Quality payments will be drawn from the increased revenues over the 2014 bed tax collections. Those funds will also be used to offset the 1% rate reduction required in the SFY2015 budget.
Q: Which Case Mix Grouper are you using? Does Method A contain all payer MDS or just non-Medicare?	The RUG version we are using is the RUG-IV 48 grouper index maximizing. Acuity "Method A" uses both CMIs from all payors and just from TennCare.
Q: Does Myers and Stauffer have material availalbe on the 48 RUG grouper so we know how we need to document and what services trigger?	Myers & Stauffer is not contracted with the State to provide technical assistance to facilities, and their doing so would be a conflict of interest with their role in accurately and impartially calculating CMI scores.
Q: Who will be auditing facilities on acuity, Myers and Stauffer or the state?	The State will establish its audit approach to MDS data in the near future.
Q: Will 2014 cost reports be submitted on the same forms with separate Level I & II reports?	At this point we believe the same cost report formats will be used.
Q: Will level II rates eventually disappear?	As we consider how the per diem process for SFY16 may be restructured, this is under discussion.
Q: Will a list of the 48 RUGS and there weight used to calculate the CMI be posted?	We do not at this time plan to broadly share detail data on CMIs.
Q: Will the acuity and quality payments be direct deposited or paper checks?	That will be determined by each MCO.
Q: Will the acuity- and quality-based payment system to facilities be effective July 1, 2014?	Yes.
Q: Will we be paid on each patient based on their individual RUG score, like we are with Medicare?	No, this process is different than the Medicare process. This will use an average CMI for a facility.
Q: Will the provider tax be calculated based on the prior year's cost report data and not change each quarter?	Yes.

Q: Will VA days be calculated in the assessment?	All non-Medicare days are included in the calculation of a facility's Assessment Fee.
Q: Will we have a chance to review the CMI data you are accumulating for pur payment during SFY 2015 by quarter - Total Facility and Medicaid with patient rosters showing the scores you are using by patient?	We do not at this time plan to broadly share detail data on CMIs.
Q: Will we obtain the CMI and QuilTSS funds priod to the Oct 20 tax due date?	Acuity and Quality payments will be made as close to the due date for payment of the Assessment Fee as possible.
Q: Will you be able to pay by e check?	Facilities need to pay their quarterly Assessment Fee amount by paper check, using the coupon sent to the facility along with the invoice. MCO payment methods for the quarterly Acuity and Quality amounts may vary.
Q: You mentioned the provider assessment is the 1st component of the reimbursement system to be established by July 1, 2015. What are the other reimbursement components? Thanks!	For the purposes of the webinar the Assessment Fee was described as the first component, with the second being the Pass-Through amount to be included in your SFY15 per diem.
Q:The assessment will be based on the non-Medicare days. These days will not include Medicare HMO / Replacement days -correct?	Medicare Advantage days are counted as Medicare days for the Assessment.
Q: If overpayments or underpayments were made, what is the procedure a provider must follow to revise payment or receive a refund?	Monthly checks sent in error for August 2014 will be credited in the first quarter Assessment invoice.