

May 27, 2026

<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, 2026, 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 and not another type of survey (i.e., family satisfaction survey data, employee satisfaction survey data, etc.). Another survey type will not be accepted in place of a resident satisfaction survey. The survey must have occurred no earlier than June 27, 2025, 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](mailto:MDHHS-NFQMI@michigan.gov) by **August 14, 2026**. 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. Additional data or information requested by the Health Services Long-Term Care Operations Section relating to a resident satisfaction survey data submission must be submitted within five business days of the request for the submission to be accepted.

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 ensure 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](mailto:MDHHS-NFQMI@michigan.gov).

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://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**

| <b>Facility Contact Information</b>   |  |
|---|--|
| <b>Facility Name:</b>   |  |
| <b>Facility NPI:</b>  |  |
| <b>Facility CCN #:</b>  |  |
| <b>Facility License #:</b>  |  |
| <b>Has there been a change of ownership in the last 18 months? If yes, please list the name of the previous facility:</b> |  |
| <b>Facility Address:</b>  |  |
| <b>Facility Contact:</b>  |  |
| <b>Contact's Email:</b>   |  |
| <b>Contact's Phone Number:</b>  |  |
| <b>Submission Date:</b>   |  |

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.

| <b>Resident Satisfaction Survey Checklist</b>   |  |
|---|--|
| <b>Copy of Survey Questions:</b>  |  |
| <b>Summary of Survey Responses:</b>   |  |
| <b>This Survey Submission Does Not Include Protected Health Information:</b>                                      |  |
| <b>Number of Residents at the Facility at the Time of the Survey:</b>   |  |
| <b>Number of Residents Who Received the Survey:</b>   |  |
| <b>Number or Percentage of Surveys Completed by Residents:</b>  |  |
| <b>Number or Percentage of Surveys Completed by the Residents' Guardian or Designee on the Residents' Behalf:</b> |  |
| <b>Total Number of Surveys Completed:</b>   |  |
| <b>Survey Date Range:</b>   |  |
| <b>Survey Frequency:</b>  |  |
| <b>Entity That Conducted the Survey:</b>  |  |
| <b>Survey Data Collection Method(s):</b>  |  |
| <b>Explanation of How the Survey Results Will be Used to Improve Resident Care:</b>                               |  |

A completed checklist, any accompanying documentation and data should be submitted to the Long-Term Care Operations Section email [MDHHS-NFQMI@michigan.gov](mailto:MDHHS-NFQMI@michigan.gov).

**Authority:** Title XIX of the Social Security Act

**Completion:** Is Voluntary