Data Submission Manual Nursing Facility Staffing Hours Reporting

April 30, 2021 April 29, 2021



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1. Introduction

Pursuant to 101 CMR 206.13: Standard Payments to Nursing Facilities, issued October 2020, and Nursing Facility Bulletin 163, issued March 2021, nursing facilities participating in MassHealth are required to submit reports to the Center for Health Information and Analysis (CHIA) which include information about staffing levels and resident days.

Nursing facility providers will submit data on the total number of productive hours, summed across shifts, for each day of a given month. These hours will be reported by Pay Type (exempt, non-exempt, and contract) and Job Title (RN, LPN, CNA, and so forth). Definitions for each of these fields are included in this manual. In general, data submitters should utilize the same definitions applied to submissions to the <u>Electronic Staffing Data Submission Payroll-Based Journal</u>.

2. Deadlines and Data Periods

Nursing facilities shall submit data for each provider on the tenth business day of each month, reflecting the previous month-long reporting period. The table below outlines the due dates and the dates that each data submission reflects. Data is due at 12:00pm on the due date.

Reporting P	Submissions Deadline (12:00 p.m. (noon) on the tenth business day of each month)	
State Date	End Date	
Thursday, April 1, 2021	– Friday, April 30, 2021	Friday, May 14, 2021
Saturday, May 1, 2021	- Monday, May 31, 2021	Monday, June 14, 2021
Tuesday, June 1, 2021	- Wednesday, June 30, 2021	Thursday, July 15, 2021
Thursday, July 1, 2021	- Saturday, July 31, 2021	Friday, August 13, 2021
Sunday, August 1, 2021	- Tuesday, August 31, 2021	Wednesday, September 15, 2021
Wednesday, September 1, 2021	- Thursday, September 30, 2021	Friday, October 15, 2021
Friday, October 1, 2021	- Sunday, October 31, 2021	Monday, November 15, 2021
Monday, November 1, 2021	- Tuesday, November 30, 2021	Tuesday, December 14, 2021
Wednesday, December 1, 2021	- Friday, December 31, 2021	Friday, January 14, 2022

4. Submission Instructions

Nursing facilities shall submit the report using the <u>CHIA submissions</u> web portal, available at https://chiasubmissions.chia.state.ma.us/NHPDR/. Submitters will access the web based survey using the username: nursinghomereport and password: weeklyreport1.

Once logged in, the submitter will click on the submitting nursing facility provider name on the left-hand menu, and proceed to enter the data into the fields. When completed, the submitter will press **Save Changes**. The submitter will be prompted to confirm the nursing facility for which they are submitting. **Detailed** instructions with screenshots are available in Appendix A of this submission guide.

Reminder: The "Upload" button on the application is for submitters to upload their attestation <u>only</u>. It should not be used to upload Excel templates. Note that Excel templates uploaded here are not counted as submissions; submitters are required to manually enter the data into the application.

Note: Internet Explorer does not support this application; please use Google Chrome to access the CHIA Submissions web portal.

For technical assistance, please email CHIANursingFacilityData@state.ma.us.

6. Field Definitions

Nursing facility providers will submit data for the following fields in accordance with the definitions below.

Note: In accordance with CMS guidance, submitters shall report **hours paid** for services performed onsite for the residents of the facility, excluding paid time off (e.g., vacation, sick leave, lunch, etc.). For example, if a salaried employee works 10 hours but is only paid for 8 hours, only 8 hours shall be reported.

After selecting the correct Nursing Facility from the list, the submitter shall click the red **Start New** button to enter data into the fields:

Data Field	Instructions		
A. Reporting Period			
Reporting Period Date	Select the correct Reporting Period Date, which is the month for which data is being reported		
B. Contact Information	and Staffing Preparedness		
Email Address	Report the email address of the data submitter, or a contact for questions about the data.		
First Name	Report the first name of the data submitter, or a contact for questions about the data.		
Last Name	Report the last name of the data submitter, or a contact for questions about the data.		
Number of Current Signed Contracts with	Enter the number of current signed contracts with temporary nursing agencies to provide the facility with staff in the event that the facility experiences a		
Nursing Service Agencies	temporary staffing shortage.		
C. Submissions by Day – Tables 1-3			
Note: Each Table spans 10 days of the month.			
Day	Each day of the month is listed.		

Data Field	Instructions				
Total Residents	Number of individual residents residing in the nursing facility for each day of the week.				
Pay Type	Classification of whether the staff member is a direct employee of the facility (exempt or non-exempt), or employed under contract paid by the facility (see Table A).				
Job Title	Identifies the Job Title(s) that matches the role(s) of the staff member for the associated number of hours that the role(s) was performed (see <u>Table B</u>).				
Hours	Submit the sum of all hours paid for each Job Type and Job Title. Facilities must submit the number of hours each staff member (including agency and contract staff) is paid to deliver direct care services for each day worked. Do not count meal break hours or hours paid for any type of leave or non-work related absence from the facility or for any unpaid time worked. Time entered is calculated in fractions, not as direct hours and minutes. Users will need to round to the nearest 10th when converting minutes to fractions. When entering an employee's hours enter them using the following conversions: 01 to 06 Minutes = 0.1 07 to 12 Minutes = 0.2 13 to 18 Minutes = 0.3 19 to 24 Minutes = 0.4 25 to 30 Minutes = 0.5 31 to 36 Minutes = 0.6 37 to 42 Minutes = 0.7 43 to 48 Minutes = 0.8 49 to 54 Minutes = 0.9				
	49 to 54 Minutes = 0.9 55 to 60 Minutes = 1.0				

7. Field Codes and Descriptions

Table A: Pay Type Definitions

Field Name	Code	Definition		
Exempt	1	Employees whose jobs are governed by the Fair Labor Standards Act (FLSA) who are not entitled to overtime pay.		
Non-Exempt	2	Employees whose jobs are governed by the Fair Labor Standards Act (FLSA who are entitled to overtime pay.		
Contract	3	Contract staff includes individuals under contract as well as individuals who provide services through organizations that are under contract (e.g., an agency to provide nurses)		

Table B: Job Title Definitions

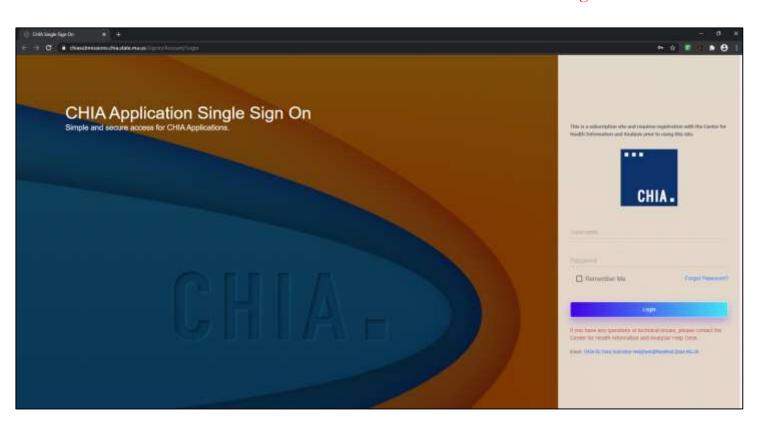
Field Name	Code	Definition			
RN: DON	5	Registered Nurse Director of Nursing (RN: DON): Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.			
RN: Admin	6	care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director o Nursing is conducting educational/in-service.			
RN	Registered Nurse (RN): Those persons licensed to practice as registered nurses in Massachusetts. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not Physician-delegated tasks.				
LPN/Vocational Nurse: Admin (LPN: Admin): Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located, an not perform direct care functions. Also include other nurses whose productions are spent conducting administrative functions. For example, the		practical/vocational nurses in the State where the facility is located, and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the LPN Charge Nurse is conducting educational/in-service, or other duties which are			

Field Name	Code	Definition			
LPN/Vocational		Licensed Practical/Vocational Nurse: Those persons licensed to practice			
Nurse	9	as licensed practical/vocational nurses in Massachusetts. Do not include			
		those hours of LPN/LVNs reported elsewhere.			
		Certified Nurse Aide: Individuals who have completed a State approved			
		training and competency evaluation program, or competency evaluation			
CNA	10	program approved by the State, or have been determined competent as			
		provided in 483.150 and who are providing nursing or nursing-related			
		services to residents. Do not include volunteers.			
		Nurse Aide in Training: Individuals who are in the first 4 months of			
		employment and who are receiving training in a State approved Nurse Aide			
Nurse Aide in	11	training and competency evaluation program and are providing nursing or			
		Nursing related services for which they have been trained and are under the			
Training		supervision of a licensed or registered nurse. Do not include volunteers.			
		Please report any Resident Care Assistants (RCA) in this category.			
Madiantian		Medication Aide/Technician: Individuals, other than a licensed			
Medication	12	professional, who fulfill the State requirement for approval to administer			
Aide/Technician		medications to residents			

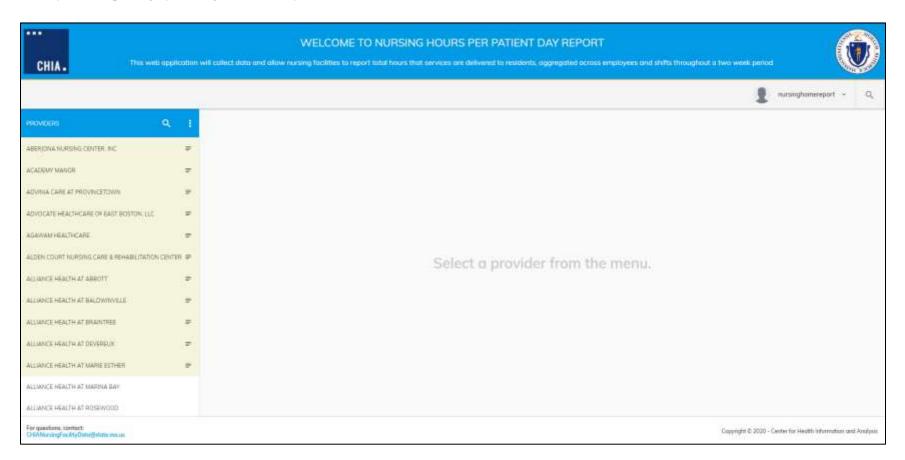
Appendix A: Detailed Submission Instructions

- 1. Access CHIA's online submission platform at https://chiasubmissions.chia.state.ma.us/NHPDR/. Enter the following username and password into the fields indicated in the screenshot below. Then press "login."
 - Username: nursinghomereport
 - Password: weeklyreport1

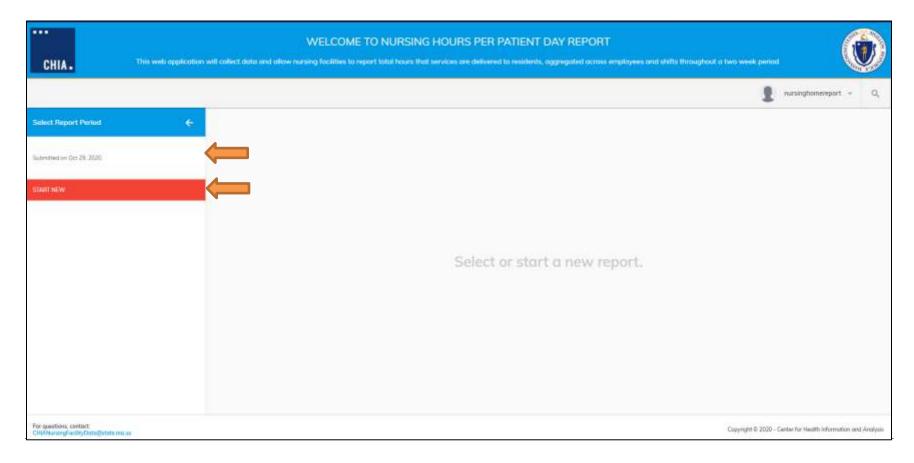
Please Note: CHIA Submissions works best with Google Chrome.

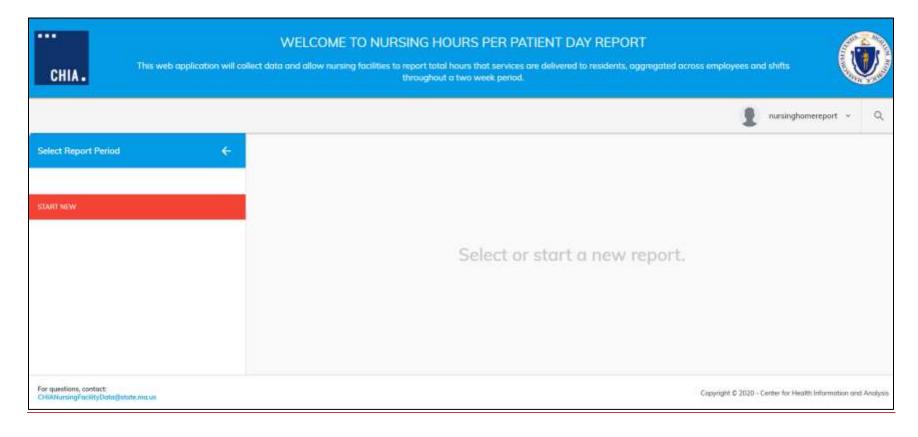


2. Successful access brings you to the report page. On the left-hand side of the screen will appear a list of nursing facilities. Select the facility for which you are reporting by clicking on the facility name.

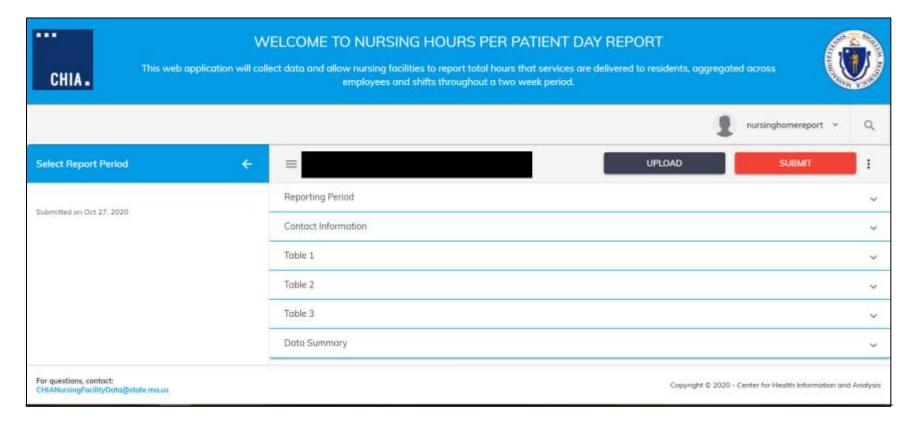


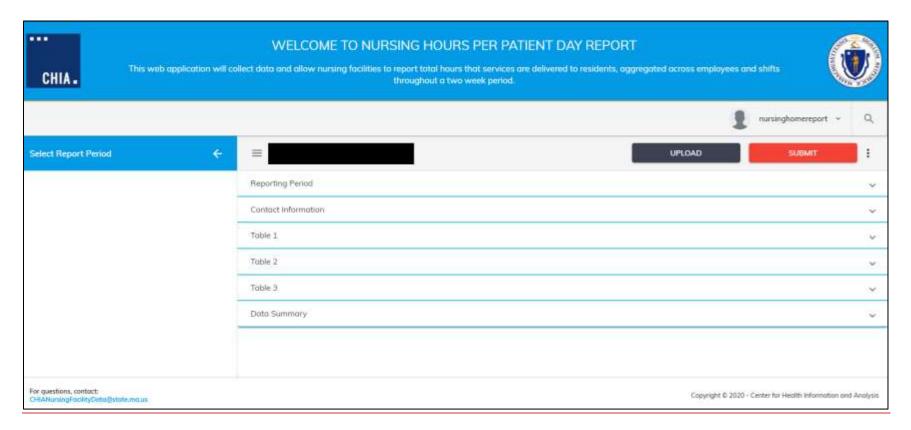
3.	Once you select the facility name, click "Start New" to begin a new report.	, or, if ret	turning to	edit a p	reviously	submitted	report,	select the
	appropriate Report Period. See 6. Field Definitions in this submission g	guide for	guidance o	on perio	od end da	ites.		



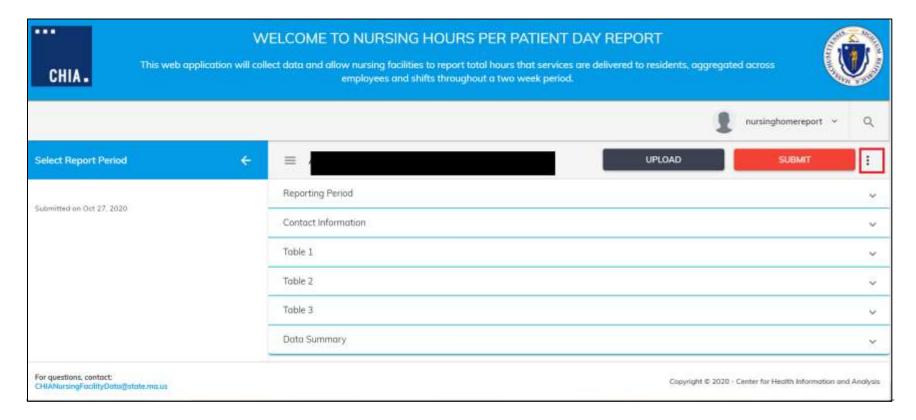


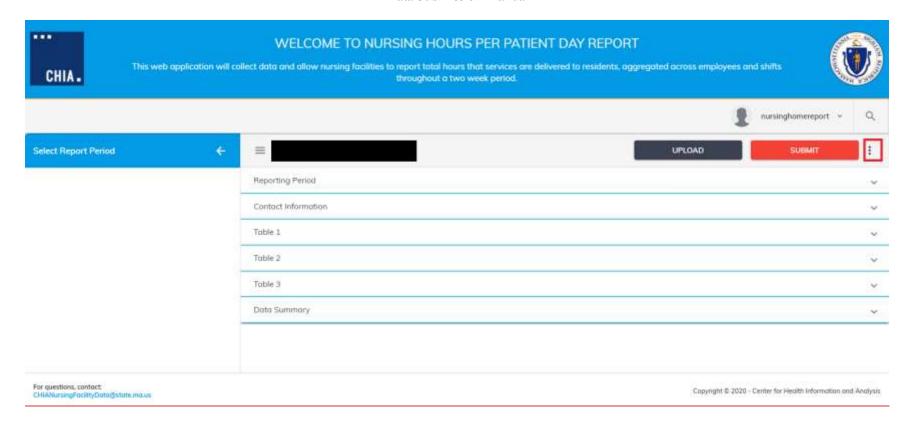
4. Starting a new report brings you to the following screen:



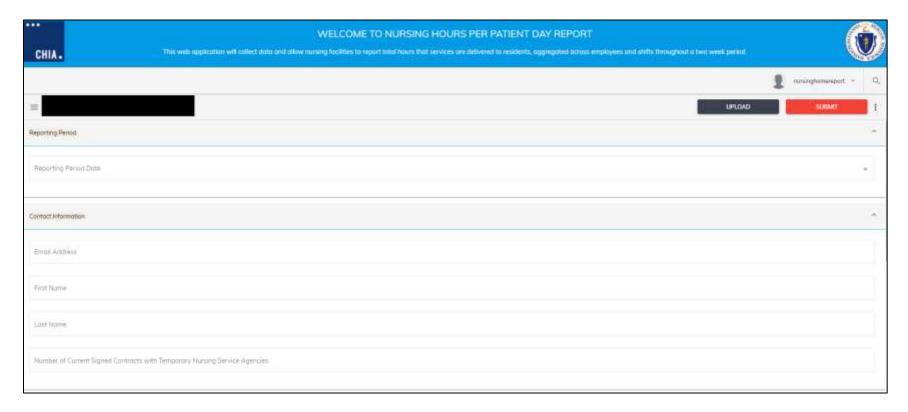


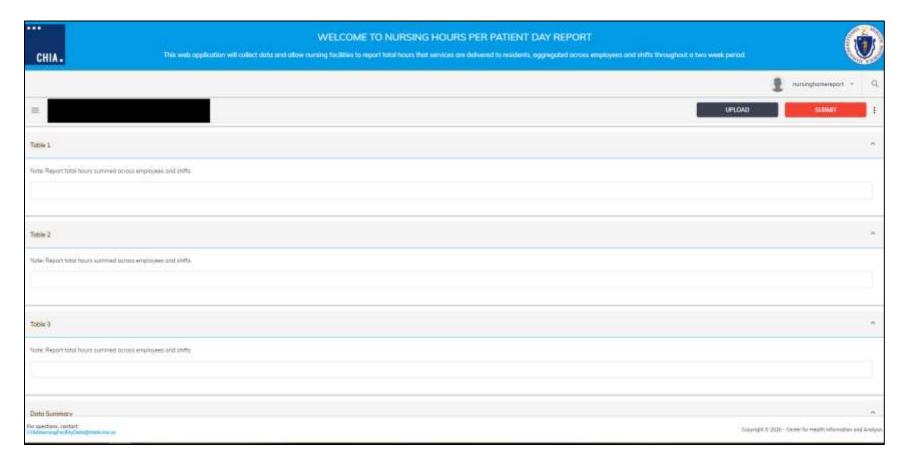
5.	Before entering any data, click on the 3 dots next to the red Submit button and select "Expand All" to see all possible fields.					



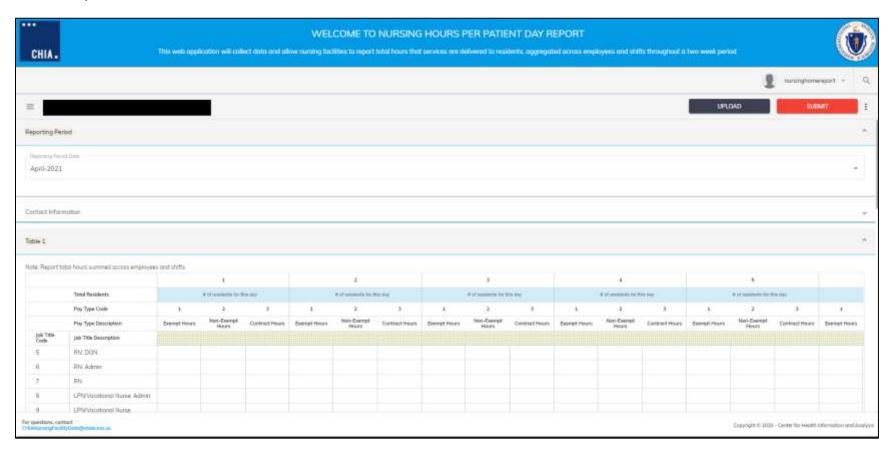


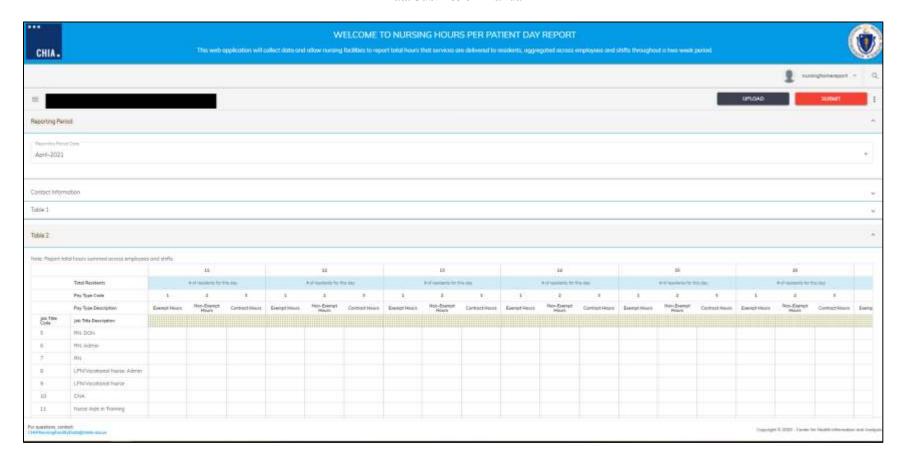
[&]quot;Expand All" produces the following view:

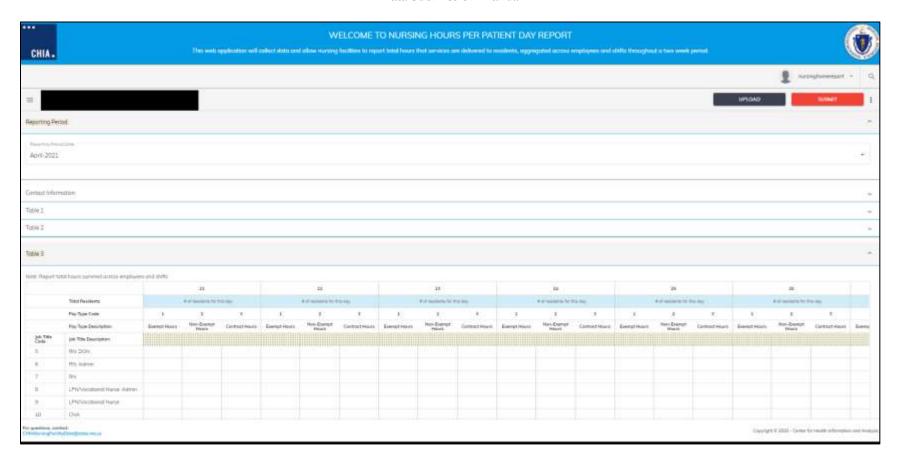




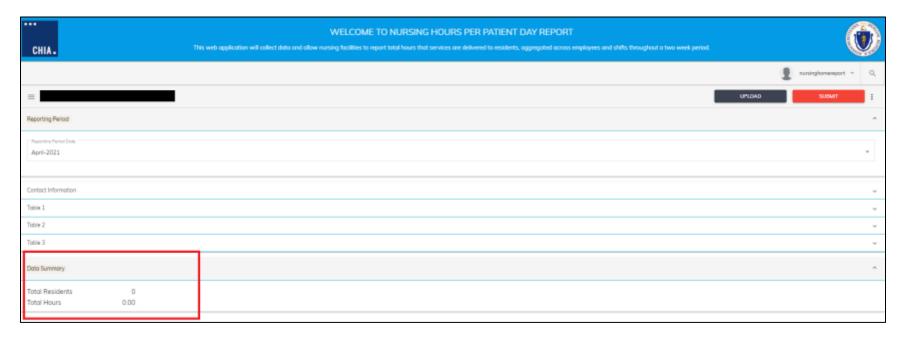
6. Note: You must enter in a Reporting Period Date to expand the view of Tables 1-3. Once a Reporting Date is selected, the form is fully populated and data can be entered. See below for an example; after selecting April-2021 as the Reporting Date, all Tables now display the data entry form.







7. Next, enter data into the all fields (if submitting new), or edit fields as needed. See **6. Field Definitions** for guidance on definitions. **Please** note: The "Data Summary" tab at the bottom of the application will sum the reported hours and residents. The submitter can double check their work by ensuring that the summed hours and residents is what is expected.



8. When you have finished entering all data, click the red button in the upper right-hand corner that says **Submit**. You will receive a pop-up notice confirming you wish to submit data for the facility that you selected. If you selected and entered data for the incorrect facility, please email CHIANursingFacilityData@state.ma.us for assistance.