

Direct Care Cost Quotient (DCC-Q) Interim Report Filing Form - Instructions

Massachusetts Nursing Facilities that participate in the MassHealth program are required to complete interim and final filings for the Direct Care Cost Quotient (DCC-Q). MassHealth regulations at 101 CMR 206.12 ([link](#)) specify the details of this requirement.

This document provides instructions for nursing facilities to complete the Direct Care Cost Quotient (DCC-Q) Report Interim Filing.

The deadline for submitting the DCC-Q Interim Report is March 1st, 2021. Failure to file the Form by March 1st, 2021 may result in a recoupment of funds received.

1. Electronic Submission of Forms

Forms must be filed electronically and can be accessed at the following website:

<https://www.uenter.org/NF/>.

Registered users will need to enter their UserID and the password they received after registering. To register to receive a UserID and password, please e-mail NFRreporting@umassmed.edu.

Using the Webform

Once users log in, they will be able to select any of the facilities for which they registered. Once in the Form for that facility, users should enter values into each field. **Note: The Form auto-calculates totals and formulas.**

Users can click the **“Save Only”** button to save the data already entered. Please note there is a timeout function which erases any data that has not been saved after 20 minutes. **Users are encouraged to click “Save Only” during their sessions to ensure data is not lost.** Once **“Save Only”** is selected, the user will be brought to a printer-friendly version of the report they can print via their web browser’s print feature. The user will also be able to return to their homepage to select a different nursing facility’s form to complete. Users can return and edit any form that has **not been** submitted, to continue entering information at any time until the submission deadline. After the form has been submitted, users may view their submission, but may not edit it.

To submit the Form for a facility, an Owner, Partner, or Officer authorizing the submission must review the Form and enter their name, title, and check the box certifying that the submission is accurate. Owners, Partners, and Officers do not need their own user accounts; they may use their staff members’ accounts. However, facilities should retain documentation, such as an e-mail trail, as proof of the owner, partner, or officer’s approval.

Note: Once a user submits this Form to MassHealth, no further changes can be made. To save without submitting, hit **“Save Only,” as described above.**

Once the user hits **“Submit to MassHealth,”** the user will be brought to a print-screen version of the form. It is recommended that users **print out a copy of the submitted form** as proof of submission and for their own reference as the website may not be available at times due to preparations for the next round of reporting. To print a report, users should use their web browser’s print feature.

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2. Directions on Filling Out the Form

Contact information. The user's name, e-mail, and phone number are auto filled based on their registration for their user account. Users should enter their titles.

Data Reporting Period

10/1/2020 – 12/31/2020

Section A: Direct Care Staff Expenses

- a. Employee Compensation. For the reporting period, please enter the total compensation for each employee type listed in lines 1-21.¹ Compensation includes salaries, bonuses, health and life insurance benefits, payroll taxes, retirement plan contributions, shift or other differentials, overtime pay, and other employee benefits. Compensation includes amounts paid for worked time and paid time off.
Facilities should report data based on the payroll week ending that includes the applicable dates. For example, 3/10/2020 is a Tuesday. A facility pays employees on a weekly basis, so on 3/20/2020, a facility paid employees for the week of 3/8/2020 – 3/14/2020. The facility should report data from the 3/20/2020 payroll run for the 3/14/2020 period. The facility does not need to exclude the two days prior to 3/10/2020 from the report.
- b. Contracted/Purchased Services. For the reporting period, if applicable, please enter the total contracted or purchased services for each employee type listed in lines 1-21. Contract and purchased services include temporary nursing services, per diem compensation, and any contracted services for support services, such as laundry and housekeeping.
- c. Subtotal: Staff Expenses. This amount auto-calculates on the Form. The amount is the total "Employee Compensation" or "Contracted/Purchased Services" for each employee type.
- d. Total Adjusted Staff Expenses. This amount auto-calculates on the Form. The amount is the "Subtotal: Staff Expenses" for each employee type, which is then multiplied by a multiplier, if applicable, to create a new total.
- e. Line 22, Columns 1-3 & 5, Subtotal: Staff Compensation. This amount auto-calculates on the Form. The amount is the total of "Employee Compensation," "Contracted/Purchased Services," "Subtotal: Staff Expenses," and "Total Adjusted Staff Expenses."

Section B: Additional Direct Care Expenses for Resident Care Only

- a. Food and Dietary Supplies. For the reporting period, please enter any expenses incurred regarding food and dietary supplies related to resident care.
- b. Laundry and Housekeeping Supplies. For the reporting period, please enter any expenses incurred regarding laundry and housekeeping supplies related to resident care.
- c. Line 25, Column 1, Subtotal: Additional Direct Care Expenses. This amount auto-calculates on the Form. The amount is the total of "Food and Dietary Supplies" and "Laundry and Housekeeping Supplies."

¹ Examples of "in-house clerical staff who regularly interact with residents" are receptionists, business office staff working onsite, and admissions staff. A nursing facility administrator **does not** fall under this category.

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Section C: Facility Revenue

- a. Nursing Facility Payer Revenue. For the reporting period, please enter any revenue received from payers for resident care. Do not include interest, investment income, or revenue from non-nursing facility services.
- d. Residential Care Revenue (Level IV). For the reporting period, please enter any revenue received for residents who are occupying a Residential Care (Level IV) bed.²
- e. Line 28, Column 1, Subtotal: Facility Revenue. This amount auto-calculates on the Form. The amount is the total of “Nursing Facility Payer Revenue” and “Residential Care Revenue (Level IV).”
- f. Lines 29-34, Column 1, Revenue Adjustments. For the reporting period, please enter any applicable revenue adjustments for the categories stated in lines 29-34. Please note that adjustments entered **must be negative**.
- g. Line 35, Column 1, Subtotal: Medicare Ancillary Costs Sum. This amount auto-calculates on the Form. The amount is the total of the revenue adjustment categories stated in lines 29-34.
- h. Line 36, Column 1, Total Adjusted Facility Revenue. This amount auto-calculates on the Form. The amount is the total of reported “Facility Revenue” and “Medicare Ancillary Costs.”

Section D: Direct Care Cost Quotient

- a. Line 37, Column 1, Total Adjusted Staff Expenses. This amount is the “Total Adjusted Staff Expenses” calculated in Section A, Line 22, Column 5.
- b. Line 38, Column 1, Additional Direct Care Expense. This amount is the “Additional Direct Care Expense” calculated in Section B, Line 25, Column 1.
- c. Line 39, Column 1, Total Direct Care Expenses. This amount auto-calculates on the Form. The amount is the total of Line 37, Column 1, “Total Adjusted Staff Expenses” and Line 38, Column 1, “Additional Direct Care Expense.”
- d. Line 40, Column 1, Total Adjusted Nursing Facility Revenue. This amount is the “Total Adjusted Facility Revenue” calculated in Section C, Line 36, Column 1.
- e. Line 41, Column 1, Direct Care Cost Quotient. This amount auto-calculates on the Form. The amount is the product of Line 39, Column 1, “Total Direct Care Expenses” divided by Line 40, Column 1, “Total Adjusted Nursing Facility Revenue.”

Section E: Downward Adjustment (If Applicable)

- a. Line 42, Column 1, Direct Care Cost Threshold. This value is pre-populated on the Form and cannot be changed.
- b. Line 43, Column 1, Percentage Points Below Threshold. This amount auto-calculates on the Form. This amount is the number of whole percentage points below the Direct Care threshold.
- c. Line 44, Column 1, Per Percentage Point Downward Adjustment. This value is pre-populated on the Form and cannot be changed. This amount is 0.5% for each percentage point below the Direct Care Threshold of 75%, not to exceed 5%.

² As defined in [105 CMR 150.000: Standards for Long-Term Care Facilities](#), “a resident care facility[y] (Level IV) or rest home shall mean a facility or units thereof that provides or arranges to provide in addition to the minimum basic care and services required in 105 CMR 150.000, a supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or III nursing care or other medically related services on a routine basis.”

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- d. Line 45, Column 1, Downward Adjustment. This amount auto-calculates on the Form. The amount is the product of Line 43, Column 1, "Percentage Points Below Threshold" multiplied by Line 44, Column 1, "Downward Adjustment."

Section F: Additional Information

- a. MassHealth Fee-for-Service and Managed Care Days. For the reporting period, please enter any MassHealth Fee-for-Service and Managed Care days.
- b. Total Resident Days. For the reporting period, please enter total resident days for all payers, including residential care (level IV) days.
- c. Reserve for Bad Debt. For the reporting period, please enter the facility's reserve for bad debt for the reporting period.

Section G: Notes and Additional Information & Certification and Signature

- a. Notes and Additional Information. Please enter any applicable notes or additional information in this section.
- b. Certification and Signature. An Owner, Partner, or authorizing Officer must sign this section.