

## COVID 19 Supplemental Funding Final Report Filing Form Instructions

This document provides instructions for nursing facilities to complete the COVID 19 Supplemental Funding Final Report Filing Form (Form). Please refer to [Administrative Bulletin-20-53: Accountability and Support Supplemental Nursing Facility Payment](#) for requirements and to the Frequently Asked Questions (“FAQ”) document issued by EOHHS that responds to questions submitted by facilities.

**The deadline for submitting the COVID 19 Supplemental Funding Final Report Filing Form (Form) is Wednesday, September 30, 2020. Failure to file the Form by 9/30/20 may result in a recoupment of the supplemental payments received.**

### 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: [NFReporting@umassmed.edu](mailto:NFReporting@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.

In order 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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## 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 Periods

**Base Period: 10/1/2019-12/31/2019    Rate Period: 3/10/2020 –8/31/2020**

## Schedule A. Section 1: Increased Staff Spending

- a. Total Number of Resident Days. Report the total number of resident days for the base period and the rate period.
- b. Increased Wages for Existing Staff. This section is required, even if the facility did not issue wage increases. Report the Base Period Hours in Column A; Base Period Wages in Column B; Rate Period Hours in Column C; Rate Period Wages in Column D; Base Period Full Time Equivalent in Column E; and, Rate Period Full Time Equivalent in Column F. For base and rate period hours, include regular, overtime, and paid time off (e.g. vacation, sick, personal) hours. When reporting base and rate period wages, include regular compensation, overtime, premium pay, paid time off, and shift or other differentials. Retention and signing bonuses paid during the rate period should not be included in rate period wages (Column D.). These are reported separately, see c below. Any other bonuses paid during the base period can be reported here. Reporting of wages is an accrual basis meaning report wage expenditures for the pay period ending that includes March 10, 2020 and the pay period ending that includes August 31, 2020.
- c. Retention Bonuses and Signing Bonuses. Report Retention Bonuses paid during the Rate Period in Column G for each of the staff/positions (Lines 1-15) and report Signing Bonuses during the Rate Period in Column H for each of eligible position/staff hired (Lines 1-7, 10, 11) between May 1, 2020 and July 31, 2020.
- d. Line 16 will auto calculate the subtotal of the base period hours and wages, the rate period hours and wages, retention bonuses, and signing bonuses.
- e. Line 17 enter in Columns B, D, G, and H the amount of the Employer Payroll Taxes Paid for each of the staff/positions that the facility used supplemental payments to increase wages and/or pay retention or signing bonuses.
- f. Line 18 - Total Wages and Payroll Taxes. *The Total Wages and Payroll Taxes auto-calculates on the Form.* This amount is the sum of Lines 16 and 17 for Columns A-D, G and H.
- g. Line 19 - Wage and Payroll Spending per Hour. The amount for the Base Period is the product of the Total Base Period Wages (Col. B, Line 18) divided by the Total Base Period Hours (Col. A, Line 18). The amount for the Rate Period is the product of the Total Rate Period Wages (Col. D, Line 18) divided by the Total Rate Period Hours (Col. C, Line 18).
- h. Line 20 - Change in Wages and Spending per Hour. *This amount auto-calculates on the Form.* This amount is the difference between the Wage and Payroll Spending/hour for the Rate Period (Col. B, Line 19) and the Wage and Payroll Spending/hour for the Base Period (Col. A, Line 19).
- i. Line 21 - Rate Period Hours. *This value is auto populated.* The value is equal to the total Rate Period Hours reported in Column C, Line 18.
- j. Line 22, Column B - Total Amount of Increased Wages. *This product auto-calculates on the Form.* The amount in Column B, Line 22 is the product of the change in Wages and Spending per Hour (Line 20) times the Rate Period Hours (Line 21).

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- k. Line 22, Column C – Claimed Amount of Increased Wages. The user must enter the amount claimed for the purposes of the supplemental payment program. The amount claimed may not exceed the amount calculated in Line 22, Column B.
- l. Line 23, Column B - Total Amount of Bonuses Paid. This amount auto-calculates on the Form. The amount is the sum of the Retention Bonuses Paid During the Rate Period plus the Signing Bonuses Paid During the Rate Period (Line 18, Column G + Column H).
- m. Line 23, Column C – Claimed Amount of Bonuses Paid. The user must enter the amount claimed for the purposes of the supplemental payment program. The amount claimed may not exceed the amount calculated in Line 23, Column B.
- n. Line 24, Columns B & C, Subtotal: Increased Wages and Bonuses. This amount auto-calculates on the Form. The amount is the sum of the Total of Increased Wages plus the Total Amount of Bonuses Paid (Column B, Line 22 + Line 23).

### Schedule A. Sections 2, 3, 4, and 5

In Column A, facilities must report the total amount the facility spent on the specified items, regardless of funding source. In Column B, facilities must report the amount claimed against the amount funded by EOHHS NF COVID 19 Supplemental Payments as per administrative bulletin 20-53.

Example: A facility spent \$15,000 on PPE during the rate period. The facility received a \$5,000 grant from a private foundation for PPE.

- In Line 4a, Column A, the facility should report \$15,000.
- In Line 4a, Column B, the facility may report \$10,000 as the amount claimed for the purposes of the supplemental payment program.

Facilities must complete and report the invoices for all claimed amounts in Column B of Schedule A in Schedule B.

### Schedule A. Sections 2: Temporary Nursing and Other Clinical Services

In this section report the amount of spending using the dates the agency staff worked at the facility (service date(s)). The documentation to support the expense, if selected for audit, will be an invoice from the staff agency that itemizes the staff name, type (e.g. CNA), rate, dates, and hours worked.

- a. Certified Nursing Assistants (CNAs). Report the amount of spending using the service date(s) between March 10, 2020 and August 31, 2020 (Rate Period), for temporary nursing agency CNA staff.
- b. Licensed Practical Nurses (LPNs). Report the amount of spending using the service date(s) between March 10, 2020 and August 31, 2020 (Rate Period), for temporary nursing agency LPN staff.
- c. Registered Nurses (RNs). Report the amount of spending using the service date(s) between March 10, 2020 and August 31, 2020 (Rate Period), for temporary nursing agency RN staff.
- d. Other. Report the amount of spending using the service date(s) between March 10, 2020 and August 31, 2020 (Rate Period), for all other clinical (non-nursing) temporary agency staff e.g. infection control specialists, respiratory therapists, nurse practitioners.
- e. Description of Other. Provide a description of each of the clinical temporary agency staff claimed in d.

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- f. Sub-total. This amount auto-calculates on the Form. The amount is the sum of the amounts claimed in a-d.

### Schedule A. Section 3: Infection Control Measures

- a. Additional housekeeping, laundry, dietary, or maintenance contract expenses. Report the amount of spending using the invoice between March 10, 2020 and August 31, 2020 (Rate Period), for **only new** contract expenses that are **over and above** the previously executed agreements.
- b. Servicing of heating, air conditioning, and ventilation. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period), for costs to service the facilities HVAC systems.
- c. COVID-19 Testing for Staff and Residents between May 26, 2020 and June 30, 2020. Report the amount of spending for COVID 19 testing for Staff and Residents using the invoice date between March 10, 2020 and June 30, 2020.
- d. COVID-19 Testing for Residents between July 1 and August 31, 2020 only when primary payer denied payment. Report the amount of spending for COVID 19 testing for Residents in which the Resident's primary payer denied payment for COVID-19 testing between July 1, 2020 and August 31, 2020. Facilities should retain documentation in the event it is selected for audit. The documentation must include the claim submitted to the primary insurer and a copy of the remittance indicating denial of payment due to non-coverage. Facilities **should not** upload this documentation to the web portal.
- e. Difference between the COVID-19 Testing payment amount and actual cost of testing for Staff defined in EOHHS Administrative Bulletin 20-69 (AB 20-69). Report additional cost per test spending for Staff. AB 20-69 reimburses \$100 per test for eligible staff.<sup>1</sup> For example, the testing lab charged \$125 per test and the facility performed 20 tests. In accordance with AB 20-69, EOHHS reimbursed the facility \$2000 (\$100 times 20 Staff tests). The charged amount per test was \$125. The NF can report the difference of \$500 (the additional cost per test of \$25 times 20 Staff tests).
- f. Other. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period) for other infection control measures such as the purchase of infection control equipment such as UV lights, additional PPE carts, and installation of infection control barriers.
- g. Description of Other. Provide a description of each of the items claimed in f.
- h. Sub-total. This amount auto-calculates on the Form. The amount is the sum of the amounts claimed in a-f.

### Schedule A. Section 4: Personal Protective Equipment (PPE)

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<sup>1</sup> Staff includes all persons, paid or unpaid, working or volunteering at the NF's physical location, who have the potential for exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Staff includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel including those employed by temporary nurse staffing agencies, and persons not directly involved in resident care (such as clerical, dietary, house-keeping, laundry, security, maintenance or billing staff, chaplains, and volunteers).

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- a. Personal Protective Equipment (PPE) Spending. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period), for the purchase of PPE. PPE refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness<sup>2</sup>.
- b. Sub-total. *This amount auto-calculates on the Form.*

### Schedule A. Section 5: Additional Items

- a. Temporary Lodging. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period), for expenses to temporarily house staff which may include meals or meal vouchers during such temporary stays, to allow staff to reside closer to the employing facility or isolate staff from family or household after COVID 19 exposure at work.
- b. Meals or Meal Vouchers. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period), for expenses to provide meals or meal vouchers to staff during work hours or those temporarily housed staff.
- c. Tablet Computers or Similar Technology purchased for resident use only. Report the amount of spending using the invoice date between March 10, 2020 and August 31, 2020 (Rate Period), for the purchase of tablet computers or other similar technology for resident use to participate in live video conferencing with family and friends. Purchase of equipment and technology for staff use and increase WiFi/Broadband capacity are examples of not permissible uses.
- d. Other. Report the amount of spending using the invoice date for other additional permissible items. Note these must be for permissible uses only in accordance with the FAQ and follow-up clarifications. Examples of non-permissible items include funeral expenses, flowers, marketing, legal fees, Massachusetts Senior Care Association dues.
- e. Description of Other. Provide a description of each of the additional items claimed in d.
- f. Sub-total. *This amount auto-calculates on the Form.* The amount is the sum of the amounts claimed in a-d.

### Schedule A. Section 6: Preliminary Final Compliance Calculation

- a. Amount of the Facility's Supplemental Payment. *This amount is automatically pre-filled.*
- b. Total Claimed Amount. *This amount auto-calculates on the Form.* The amount is the sum of Total Wages and Expenses (Section 1, Line 24) plus the Subtotal of Temporary Nursing and Other Clinical Services (Section 2, f.) plus the Subtotal of Infection Control Measures (Section 3, h.) plus the Subtotal of Personal Protective Equipment (Section 4, b.) plus the subtotal of Additional Items (Section 5, f.).
- c. Line 85, Amount Unspent, not less than zero. *This amount auto-calculates on the Form.* The amount is the difference between the Amount of the Facility's Supplemental Payment (Section 6, a.) and the Total Amount Claimed (Section 6, b.).

Comment: Space is available for any additional information or explanation the facility wishes to report to MassHealth.

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<sup>2</sup> Personal Protective Equipment for Infection Control, U.S. Food and Drug Administration  
<https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/personal-protective-equipment-infection-control>

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**Certification:** A facility owner, partner, or officer must certify the accuracy of the reported data before the COVID Supplemental Funding Final Filing Form can be submitted to MassHealth.

### Schedule B: Supporting Documentation Log

Facilities are required to complete this schedule for all claimed amounts for Sections 2, 3, 4, and 5 on Schedule A, Column B. Facilities **must save** Schedule A before accessing Schedule B. **Note: Do not report any payroll expenses on Schedule B, including per diem staff.**

The purpose of this section is to record invoices for each claimed amount for Temporary Nursing and Other Clinical Services (Section 2); Infection Control Measures (Section 3); Personal Protective Equipment (Section 4), and Additional Items (Section 5). Facilities must report **all** invoices for all claimed amounts in Schedule A, Column B.

The first column entitled Item Category is a drop down menu that will include the following: Temporary Nursing and Clinical Services; Infection Control Measures ; Personal Protective Equipment ; Temporary Lodging; Meals or Meal Vouchers; and Tablet Computers.

**Column A: Description of Item.** Provide a clear description of the **permissible item or service** purchased. Examples: Face masks, gowns, shoe coverings, RN hours, cleaning of HVAC system.

**Column B: Vendor Name.** Record the name of the vendor from whom the item or service was purchased. Examples: PPE items purchased from Medline Industries or Massachusetts Senior Care Association, Temporary RNs, LPN and CNA hours purchased from MSG Staffing, Inc. Do not record the method of payment (American Express, Pay Pal).

**Column C: Date of Invoice/Service Dates.** Record the date of the invoice and for Section 2 above the service date.

**Column D: Date Invoice Paid.** Record the date payment was made to vendor. If the invoice is not yet paid, the facility may leave this blank.

**Column E: Amount of Invoice.** This is the total amount of the invoice (Amount paid or to be paid).

**Column F: Notes.** This column should be used to provide any additional information/clarification of the invoice.

#### Notes:

- Be sure to record only permissible items and services. Provide a clear description of each item or service. For example, for PPE list what items were purchased.
- In circumstances in which an employee purchased an item record the description of the supply or service, the vendor that provided the supply or service, and note in Column F that the employee purchased the item and was reimbursed by the facility.
- Do not record how the vendor was paid in lieu of the name of the vendor. For example, do not report the credit card used (e.g. American Express, MasterCard) as a vendor.
- In circumstances in which one corporate owned facility purchases items/services for several facilities, the items for each facility must be listed for each facility separately and not simply "allocation to other facilities."

Below is an example of how to properly complete Schedule B.

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	<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>	<b>F.</b>
<b>Item Category</b>	<b>Description of Item</b>	<b>Vendor Name</b>	<b>Date of Invoice/Service Dates</b>	<b>Date Invoice Paid</b>	<b>Amount of Invoice</b>	<b>Notes</b>
Temporary Nursing and Clinical Services	Staffing hours for RNs, LPNs and CNAs	Omni Health Care Staffing, Inc	July 7-July 15, 2020	July 31, 2020	\$2, 453.29	For nursing staff to work the 3-11 shift on July 7-15th
Infection Control Measures	UV Lights	Rockland Medical Supply	August 2, 2020	August 10, 2020	\$500.00	
Personal Protective Equipment	Masks, Face Shields, Shoe Coverings	Medline Industries	July 23, 2020	August 1, 2020	\$ 795.63	
Meals or Meal Vouchers	Pizza, Salads, and cold drinks	Roma Kitchen	July 29, 2020	July 29, 2020	\$ 250.76	Provided dinner for staff working double shift. Nursing supervisor paid and was reimbursed from Petty Cash