

CENTER FOR HEALTH INFORMATION AND ANALYSIS

Data Submission Manual

Nursing Facility Baseline COVID-19 Testing Report

May 20, 2020



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1. Introduction

Pursuant to [MassHealth Nursing Facility Bulletin 146](#), issued May 2020, nursing facilities enrolled as MassHealth providers are required to submit to CHIA information that demonstrates that baseline testing of **90% of residents and 90% of staff for COVID-19** was conducted between April 8, 2020 and May 25, 2020.

A complete submission includes (1) a signed and scanned copy of the attestation document available in Appendix A of the [Bulletin 146](#), as well as (2) a report, including all of the information described below, via the CHIA submissions portal, on or before May 25, 2020.

Failure to complete the baseline testing requirements, including the submission of this report, will result in ineligibility for certain supplemental payments.

2. Deadlines and Data Periods

Nursing facility providers shall submit this filing on or before May 25, 2020. The data submission is due at 11:59pm on the due date. All dates below are for calendar year 2020.

| Due Date | Data Period Begin Date | Data Period End Date |
|----------------|------------------------|----------------------|
| Monday, May 25 | Wednesday, April 8 | Monday, May 25 |

3. Submission Instructions

Nursing facilities shall submit the testing report using the [CHIA submissions](#) web portal, available at <https://chiasubmissions.chia.state.ma.us/covidtestingreport>. 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 upload the signed and scanned [Nursing Facility Provider Attestation to COVID-19 Baseline Testing Policies](#) document. Next, the submitter will enter the data into all required fields. When completed, the submitter will press **Submit**. 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.**

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

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4. Field Definitions

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

General Definitions:

- **Residents:** Includes all residents of the nursing facility as of May 7, 2020, except those that are on medical or non-medical leave of absence, or those who tested positive for COVID-19 prior to April 8, 2020.
- **Staff:** Includes all clinical and non-clinical full-time, part-time, and per diem employees and contractors employed by the nursing facility on May 7, 2020, but not including staff employed through temporary nurse staffing agencies or staff provided at the Commonwealth’s expense (such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard). Staff that are per diem employees will be included in the definition if they had worked at the facility within one week before or worked at the facility within one week after May 7, 2020. Staff does not include staff on extended leave of absences as of May 7, 2020, non-direct care staff that work remotely 100% of the time, nor staff who tested positive for COVID-19 prior to April 8, 2020.
- **State-directed testing:** Includes baseline testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider.
- **Facility-organized testing:** Includes any non-state-directed testing by which the facility secures baseline testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with Department of Public Health and Centers for Disease Control guidance.

Note: The number of state-directed and facility-organized baseline testing may not sum to the total number of tests completed because some testing falls into neither category. For facilities to complete baseline testing by the deadline, the Commonwealth expects that facilities will use either facility-organized or state-directed testing to efficiently coordinate testing. Nevertheless, in certain cases, residents or staff may have been tested without the state’s direction or the facility’s coordination (such as at a hospital or through the individual’s own PCP). **All tests, including state-directed, facility-organized, or other, should be reported as part of Residents: Total Tested and Staff: Total Tested, as appropriate.**

| Bulletin Citation | Data Field | Instructions |
|-------------------------------------|---------------------------|--|
| A. Resident and Staff Totals | | |
| 1 | Number of Total Residents | The number of total residents of the nursing facility as of May 7, 2020, excluding (1) those that are on medical or non-medical leave of absence, and (2) those who tested positive for COVID-19 prior to April 8, 2020. |
| 1 | Number of Total Staff | The number of total staff, including all clinical and non-clinical full-time, part-time, and per diem employees and contractors employed by the nursing facility on May 7, 2020, excluding staff who tested positive for COVID-19 prior to April 8, 2020. This definition of |

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| Bulletin Citation | Data Field | Instructions |
|-------------------|--|--|
| | | staff also should also exclude (1) staff employed through a temporary nurse staffing agency, (2) staff provided at the Commonwealth’s expense (such as a clinical rapid response team or the Massachusetts National Guard), (3) staff on extended leave of absences as of May 7, 2020, and (4) non-direct care staff that work remotely 100% of the time. |
| B. Testing | | |
| 2 | Residents: Total Tested, Facility-Organized 4/27 – 5/10 | The total number of residents, as defined above, tested using a facility-organized testing method between April 27, 2020, and May 10, 2020, if any. Facility-organized testing methods include any non-state-directed testing by which the facility secures baseline testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with Department of Public Health (DPH) and Centers for Disease Control and Prevention (CDC) guidance. |
| 2 | Staff: Total Tested, Facility-Organized 4/27 – 5/10 | The total number of staff, as defined above, tested using a facility-organized testing method between April 27, 2020, and May 10, 2020, if any. Facility-organized testing methods include any non-state-directed testing by which the facility secures baseline testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with DPH and CDC guidance. |
| 3 | Residents: Total Tested, State-Directed 4/27 – 5/10 | The total number of residents, as defined above, tested using a state-directed testing method between April 27, 2020, and May 10, 2020, if any. State-directed testing methods include baseline testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider. |
| 3 | Staff: Total Tested, State-Directed 4/27 – 5/10 | The total number of staff, as defined above, tested using a state-directed testing method between April 27, 2020, and May 10, 2020, if any. State-directed testing methods include baseline testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider. |
| 4 | Residents: Total Tested, Facility-Organized 5/11 – 5/25 | The total number of residents, as defined above, tested using a facility-organized testing method between May 11, 2020, and May 25, 2020, if any. Facility-organized testing methods include any non- |

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| Bulletin Citation | Data Field | Instructions |
|-------------------|---|---|
| | | state-directed baseline testing by which the facility secures testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with Department of Public Health and Centers for Disease Control guidance. |
| 4 | Staff: Total Tested, Facility-Organized 5/11 – 5/25 | The total number of staff, as defined above, tested using a facility-organized testing method between May 11, 2020, and May 25, 2020, if any. Facility-organized testing methods include any non-state-directed baseline testing by which the facility secures testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with Department of Public Health and Centers for Disease Control guidance. |
| 5 | Residents: Total Tested, State-Directed 5/11 – 5/25 | The total number of residents, as defined above, tested using a state-directed testing method between May 11, 2020, and May 25, 2020, if any. State-directed testing methods include baseline testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider. |
| 5 | Staff: Total Tested, State-Directed 5/11 – 5/25 | The total number of staff, as defined above, tested using a state-directed testing method between May 11, 2020, and May 25, 2020, if any. State-directed testing methods include baseline testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider. |
| C. Results | | |
| 6a | Residents: Total Tested | The total number of residents who received baseline testing for COVID-19 by any method between April 8, 2020, and May 25, 2020 and who did not test positive prior to April 8, 2020. For this field, total residents (6a) are equal to 6b+6c+6d. |
| 6b | Residents: COVID-19 Result Positive | The total number of residents whose test results were positive for COVID-19 by any testing method between April 8, 2020 and May 25, 2020. |
| 6c | Residents: COVID-19 Result Negative | The total number of residents whose test results were negative for COVID-19 by any testing method between April 8, 2020 and May 25, 2020. |
| 6d | Residents: COVID-19 Result Inconclusive | The total number of residents whose test results were inconclusive, or had a “bad result”, for COVID-19 by any testing method between April 8, 2020 and May 25, 2020. |

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| Bulletin Citation | Data Field | Instructions |
|-----------------------------|--|--|
| 7a | Staff: Total Tested | The total number of staff who received baseline testing for COVID-19 by any method between April 8, 2020, and May 25, 2020 and who did not test positive prior to April 8, 2020. For this field, total staff (7a) are equal to 7b+7c+7d |
| 7b | Staff: COVID-19 Result Positive | The total number of staff who tested positive for COVID-19 by any testing method between April 8, 2020 and May 25, 2020. |
| 7c | Staff: COVID-19 Result Negative | The total number of staff whose test results were negative for COVID-19 by any testing method between April 8, 2020 and May 25, 2020. |
| 7d | Staff: COVID-19 Result Inconclusive | The total number of staff whose test results were inconclusive, or had a “bad result”, for COVID-19 by any testing method between April 8, 2020 and May 25, 2020 |
| D. Testing Providers | | |
| 8 | Date | The date the baseline testing was performed at the facility. If the baseline testing took places over more than one day, enter two lines for that same testing provider with the different dates. |
| 8 | Type | <p>Identify if the testing provider was facility-organized or state-directed or neither.</p> <p>Facility-organized testing methods include any non-state-directed testing by which the facility secures testing for its residents or staff, including the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a qualified laboratory, and the furnishing of results to all appropriate parties in accordance with Department of Public Health and Centers for Disease Control guidance.</p> <p>State-directed testing methods include testing conducted by the Massachusetts National Guard or a state-contracted mobile testing provider.</p> <p>Mark “neither” if residents or staff were tested without the state’s direction or the facility’s coordination (such as at a hospital or through the individual’s own PCP)</p> |
| 8 | Testing Entity/Company name | Enter the entity that provided the testing. If multiple entities were used, such as one entity to provide specimen collection kits and another to analyze the specimen, provide both/all entity names, if known. |
| 8 | Ordering Provider Name <i>(if applicable)</i> | Enter the name of the provider that ordered the COVID-19 diagnostic test, if applicable. |
| 8 | Ordering Provider National Provider ID (NPI) <i>(if applicable)</i> | Enter the NPI of the provider that ordered the COVID-19 diagnostic test, if applicable. |

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Appendix A: Detailed Submission Instructions

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

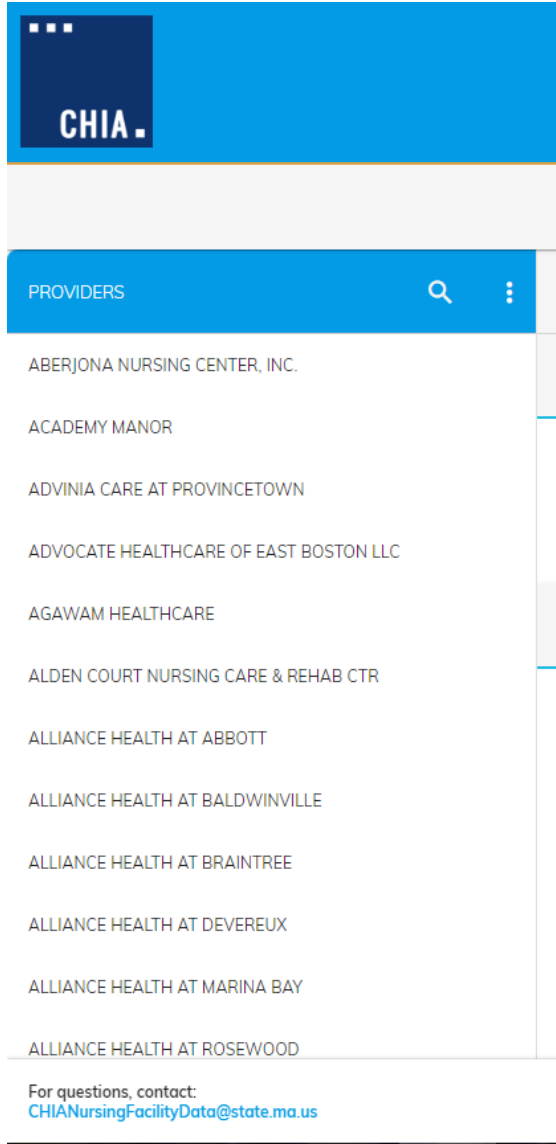
Please Note: CHIA Submissions works best with Google Chrome.



3. Successful access brings you to the report home page. On the left-hand side of the screen will appear

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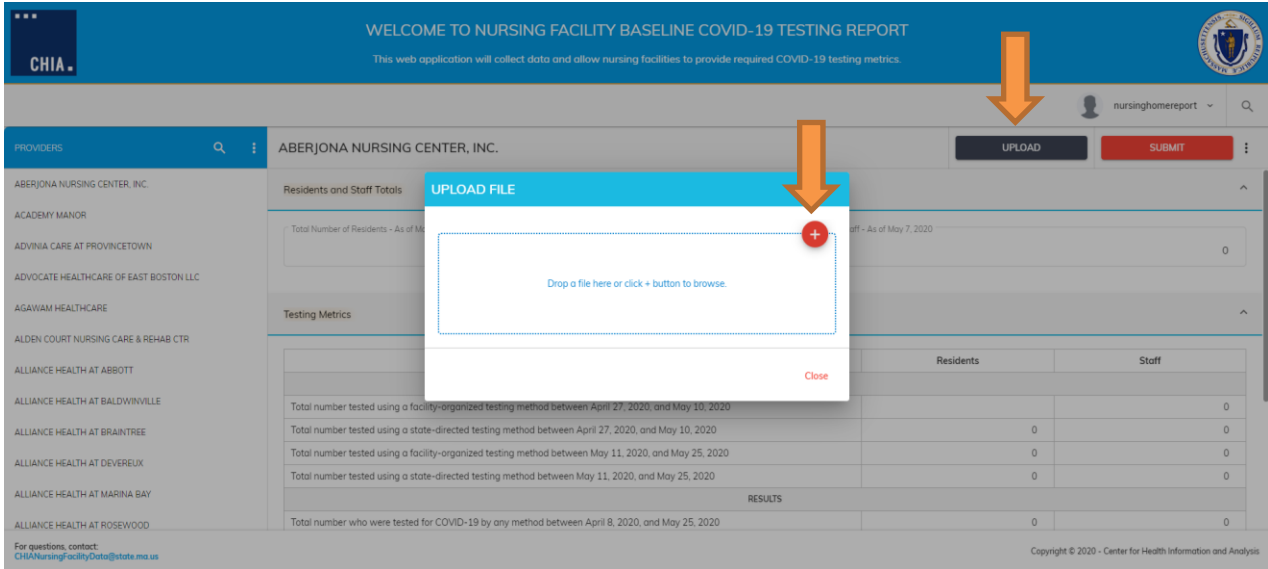
a list of nursing facilities. Select the facility for which you are reporting by clicking on the facility name. You can click on the magnifying glass icon to search.



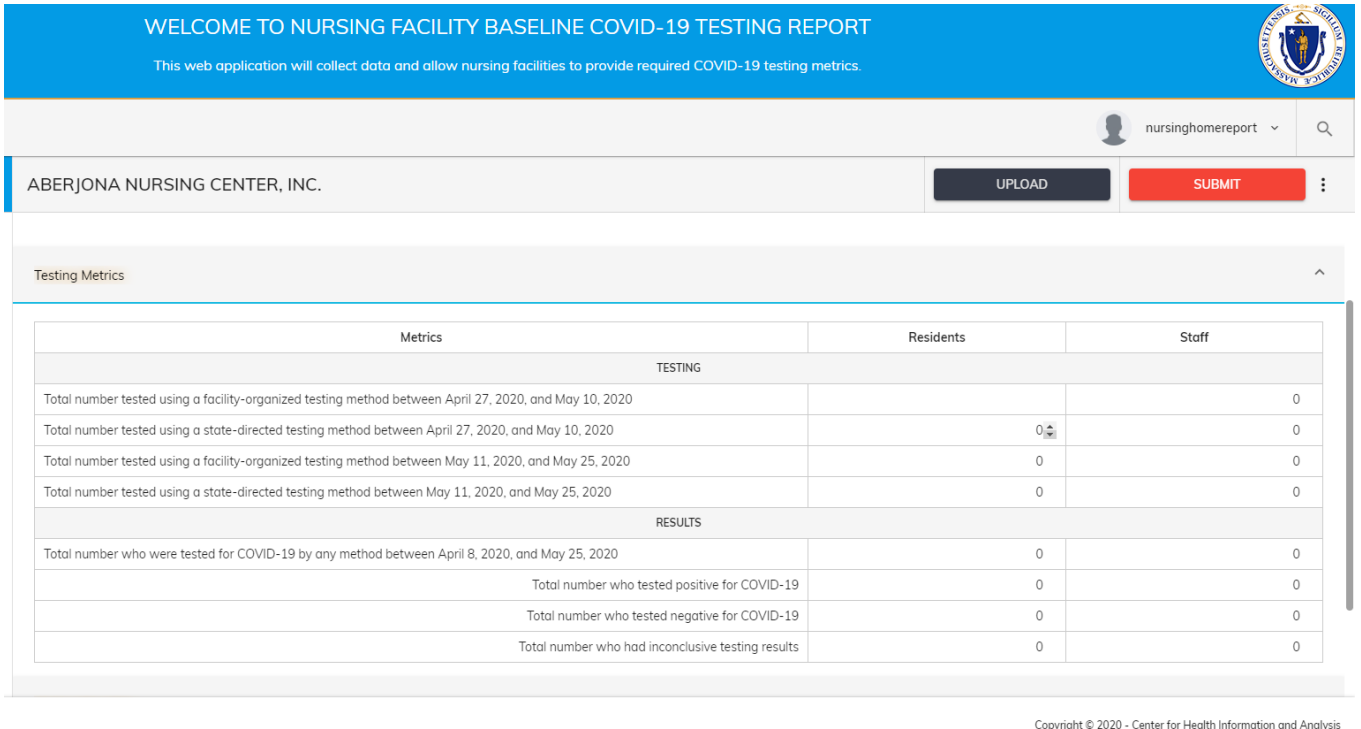
4. Next, click on the “Upload” button in the upper left corner to submit the attestation form. Once the

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attachment window pops up, press the red + sign to add your files.



- Once you have attached your attestation document, you should proceed to enter data into the fields. Click on the arrows in each field to select the number of residents and staff for each field.



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- Once you have finished entering data in the Resident and Staff Totals, Testing Metrics, and Testing

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Providers sections, press the red **Submit** button in the upper right-hand corner. A window will pop up to confirm you wish submit for the facility you have selected. If correct, press **Continue**. If you selected and entered data for the incorrect facility, click “No” and begin from step 1 above by selecting the correct provider. If you press “Cancel”, the window will close.

WELCOME TO NURSING FACILITY BASELINE COVID-19 TESTING REPORT

This web application will collect data and allow nursing facilities to provide required COVID-19 testing metrics.



nursinghomereport

ABERJONA NURSING CENTER, INC.

Residents and Staff Totals

Testing Metrics

Testing Providers

| Date | Type | Testing Entity/Company Name | Ordering Provider Name | Ordering Provider NPI | |
|--|------|-----------------------------|------------------------|-----------------------|--|
| <input type="button" value="+ Add row"/> | | | | | |

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Your submission was received successfully if you receive the message below:

