



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Nursing Facility Bulletin 158
December 2020

TO: Nursing Facilities Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Updated COVID-19 Ongoing Surveillance Testing Requirements for Nursing Facilities

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth is implementing measures to protect against the spread of COVID-19. Specifically, MassHealth is issuing this bulletin, which supersedes [MassHealth Nursing Facility Bulletin 152](#), to align with and incorporate the testing requirements established under the [Department of Public Health's Updates to Long-Term Care Surveillance Testing guidance](#) (DPH LTC Testing Guidance). The requirements of this bulletin will be effective and will supersede MassHealth Nursing Facility Bulletin 157 beginning January 1, 2021.

To demonstrate compliance with the testing requirements of this bulletin, which incorporates the requirements of the DPH LTC Testing Guidance, a nursing facility must meet the reporting requirements described herein and must comply with any audits or requests for additional documentation with respect to the requirements of this bulletin.

This bulletin is being issued pursuant to 101 CMR 206.10(4)(d): *Additional Guidance* and applies to all nursing facilities that are enrolled as MassHealth providers effective November 26, 2020.

Payment Provisions

Staff surveillance testing conducted in accordance with this bulletin, which incorporates the requirements of the DPH LTC Testing Guidance, and with 101 CMR 206.10(4)(a): *Completed Qualifying COVID-19 Staff Tests*, will be eligible for the COVID-19 staff surveillance testing supplemental payments calculated under 101 CMR 206.10(4)(b): *Calculation of Supplemental Payments*.

Nursing facilities that fail to comply with the testing and reporting requirements of this bulletin are ineligible for COVID-19 support supplemental payments under 101 CMR 206.10(5): *Supplemental Support Payments for Nursing Facilities During the COVID-19 Public Health Emergency* and will be ineligible to operate a COVID-19 isolation space under 101 CMR 206.10(3): *COVID-19 Isolation Space Supplemental Payment*.

Staff surveillance testing conducted in accordance with 101 CMR 206.10(4) is eligible for payment as of October 1, 2020.

Beginning January 1, 2021, the per test payment used to calculate facilities monthly supplemental payment for surveillance testing will be \$70, the market rate as determined by EOHHS in accordance with 101 CMR 206.10(4)(b)2. EOHHS will reevaluate the market rate and update the per test payment amount, as necessary, on a quarterly basis.

Testing Requirements

Nursing facilities must comply with the requirements of the most recent [DPH LTC Testing Guidance](#), which may be updated from time to time in response to further recommendations from DPH, CMS, or the Centers for Disease Control and Prevention (CDC). The DPH LTC Testing Guidance and all of its requirements are incorporated into this bulletin by reference. Facilities must also comply with all reporting requirements as outlined in [Long-Term Care Facility Staff and Resident Roster Reporting to the Center for Health Information and Analysis \(CHIA\)](#).

In accordance with the DPH LTC Testing Guidance, nursing facilities must ensure that at least 90% of staff, as defined in the DPH LTC Testing Guidance, are tested **every week**. This testing requirement applies regardless of the positivity rate of the county in which the facility is located.

The term “week” will have the same meaning ascribed to it in the DPH LTC Testing Guidance, running from Thursday at 7:00 a.m. through the following Thursday at 6:59 a.m. The start of each week will be the start of a new weekly testing period. For reference, the first weekly testing period of this updated surveillance testing regimen ran from Thursday, November 26, 2020, at 7:00 a.m. through Thursday, December 3, 2020, at 6:59 a.m. and is required to continue each week.

In the event that a facility identifies a COVID-19-positive staff member or resident, it must ensure that all potentially exposed staff and residents are tested, in accordance with the requirements of section B of the DPH LTC Testing Guidance. If a resident who has been exposed or who is showing symptoms consistent with COVID-19 refuses to be tested, the resident must be quarantined until they are no longer a potential vector for the virus, in accordance with the most recent infection control guidance issued by DPH.

For the purposes of this surveillance testing program, facilities must follow the DPH LTC Testing Guidance when determining if recovered staff or residents who have previously tested positive should be re-tested for COVID-19.

Requirement for Nursing Facilities to Facilitate Tests

A nursing facility must secure or facilitate all COVID-19 staff testing required by this bulletin, and must ensure that the testing is conducted at no cost to the staff members who must be tested. Nursing facilities may not require or encourage staff members to obtain testing on their own time or at their own cost. However, staff members may choose to facilitate and obtain their own testing under certain circumstances (such as through their own primary care practitioner or a rapid testing site due to possible COVID-19 exposure or symptoms). In such circumstances, the nursing facility may count those staff members who were tested elsewhere toward the number of total staff tested in any given testing period in which they also worked at the nursing facility, provided that the nursing facility has a copy of the original laboratory report or other documented evidence from the testing laboratory that supports the completion of the reported COVID-19 testing in that testing period, and provided that each individual staff member is counted only once in any given testing period.

Each nursing facility must provide written notice to all staff that: 1) they are required to participate in surveillance COVID-19 testing, as required under this bulletin and the DPH LTC Testing Guidance; and 2) the facility is prohibited from encouraging, requesting, requiring, or pressuring the staff to obtain such testing on their own time or at their own cost. A high rate of staff tests obtained elsewhere may trigger an audit to ensure that facilities are not pressuring staff to obtain

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tests elsewhere and have provided adequate notice, as required and as attested to through Appendix A of this bulletin.

Nursing facilities may secure or facilitate testing for its staff using any available method that includes the collection of specimens sufficient for diagnostic testing, the processing of a COVID-19 diagnostic test by a FDA approved method, and the furnishing of results to all appropriate parties in accordance with DPH and CDC guidance. The test used must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95% sensitivity and greater than 90% specificity, within 48 hours of conducting the test, as required in the DPH LTC Testing Guidance. Nursing facilities may partner or contract with entities including, but not limited to, hospitals, community health centers, ambulance/emergency medical services providers, clinical laboratories, or other entities able to provide COVID-19 testing services. Nursing facilities may, but are not required to, partner with other MassHealth-enrolled providers.

Reporting Requirements and Attestation Requirements

Nursing facilities must complete the attestation and reporting requirements of this provider bulletin, as further described below.

Long-term care facilities must also adhere to all requirements outlined in the guidance, [Long-Term Care Facility Staff and Resident Roster Reporting to the Center for Health Information and Analysis \(CHIA\)](#). Specifically, facilities are required to report rosters of all residents and staff, as defined for surveillance testing purposes, to CHIA once every two weeks using the prescribed reporting form, via the CHIA submissions portal, by 12:00 p.m. every other Friday beginning Friday, December 11, 2020. A unique login is not required to access the online survey. Roster information to be reported to CHIA must include the names, date of births and addresses of the long-term care facility's residents and staff.

An administrator or other appropriate representative from each nursing facility must submit a signed and scanned copy of the executed attestation, attached to this nursing facility bulletin as Appendix A, as well as a report, including all of the information described below, using the prescribed reporting form, via [online survey](#), by 12:00 p.m. each Friday after the facility's weekly testing period. *A login is not required to access the online survey.* With reasonable notice to all nursing facilities, EOHHS may change the format and manner in which nursing facilities are required to submit reporting.

Facilities should report no more than one test result per person per weekly testing period. If a person was tested multiple times in the prior week, the facility should report the most recent test result.

Specifically, the nursing facility must include the following.

1. The number of total staff who worked during the weekly testing period, and the number of such staff who
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19;
 - c. had inconclusive results;
 - d. have previously tested positive for COVID-19 and were not required to be re-tested under the DPH LTC Testing Guidance;

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- e. were identified as exposed to a staff person or resident who tested positive for COVID-19, and required to be tested under the DPH LTC Testing Guidance;
 - f. were not tested and haven't previously tested positive for COVID-19;
 - g. were tested through a method that was secured, facilitated, or funded by the nursing facility; and
 - h. were tested through a method that was not secured, facilitated, or funded by the nursing facility.
2. The number of total residents who were exposed to COVID-19 or that showed COVID-19 symptoms during the weekly testing period and the number of such residents who
 - a. tested positive for COVID-19;
 - b. tested negative for COVID-19;
 - c. had inconclusive results;
 - d. refused to be tested and were quarantined in accordance with the latest DPH infection control guidance; and
 - e. refused to be tested and were not quarantined in accordance with the latest DPH infection control guidance.
 3. The number of total new residents who were admitted during the weekly testing period and the number of such residents who
 - a. are confirmed positive for COVID-19;
 - b. are confirmed negative for COVID-19; and
 - c. are of unknown status.
 4. All partner providers or entities involved in any of the completed testing secured, facilitated, or funded by the nursing facility.
 5. Confirmation that the nursing facility has provided notice to all staff that, at a minimum, informed them that they may be required to receive COVID-19 testing and that the facility may not encourage, request, require, or pressure staff to obtain testing at their own cost or on their own time.
 6. Submission of required resident and staff rosters to CHIA once every two weeks in accordance with the [Long-Term Care Facility Staff and Resident Roster Reporting to the Center for Health Information and Analysis \(CHIA\)](#), including the names, date of births and addresses of the long-term care facility's residents and staff.
 7. Such other information as required and requested by EOHHS through the online survey submission tool.

Nursing facilities that have not received complete test results by the relevant reporting deadline must still submit the report by the reporting deadline, report as pending any test results that they are still waiting to receive, and resubmit the report with the required testing results through the online survey within two business days of receipt of the completed results.

Applicable Sanctions and Enforcement

All information included in the reports is subject to verification and audit by MassHealth. If MassHealth determines that a nursing facility provider has made false or misleading representations through the submissions required by this bulletin, MassHealth may pursue sanctions against such provider under 130 CMR 450.238: *Sanctions: General*. Additionally, in accordance with 130 CMR 450.235: *Overpayments*, MassHealth may recoup as an overpayment any payments made under 101 CMR 206.10(4), if it determines that payments were made for tests that did not occur or could not be verified.

Further, in accordance with 101 CMR 206.10(6): *Disallowance of COVID-19-Related Supplemental Payments*:

- MassHealth will disallow any further payments under 101 CMR 206.10(3): *COVID-19 Isolation Space Supplemental Payment* for any non-compliance with the staff surveillance testing threshold requirements or the reporting requirements of this bulletin.
- MassHealth will disallow any further payments under 101 CMR 206.10(4): *COVID-19 Staff Testing Supplemental Payment* or 101 CMR 206.10(5): *Supplemental Support Payments for Nursing Facilities During the COVID-19 Public Health Emergency* if the facility is out of compliance with the staff surveillance testing threshold requirements or the reporting requirements of this bulletin for three or more testing periods within a 60-day time period.

For the purposes of determining non-compliance triggering such disallowance of further payments, MassHealth will consider only staff testing threshold compliance and complete and timely reporting compliance. Compliance with testing requirements for residents or staff that have had an exposure or are determined close contacts, and compliance with outbreak testing pursuant to DPH guidance will not be considered when determining eligibility or disallowance of the supplemental payments described in this section. The disallowance of payments in accordance with 101 CMR 206.10(6) is effective for testing periods on and after October 15, 2020.

MassHealth reserves the right to request and review documentation, conduct onsite audits, or use any information available to it to determine if a facility is in compliance with its submissions under this bulletin.

MassHealth will refer providers to the Medicaid Fraud Division in the Attorney General's Office, as appropriate.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have questions about the information in this bulletin, please email your inquiry to CHIANursingFacilityData@massmail.state.ma.us

Appendix A

Nursing Facility Provider Attestation to COVID-19 Testing Policies

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____ (hereinafter “nursing facility”), and that the information provided in this attestation is a true and accurate representation of the COVID-19 testing procedure implemented and COVID-19 testing results at such nursing facility. Specifically, I represent and warrant that:

The nursing facility completed the required testing for COVID-19 for the nursing facility’s staff that worked during the relevant weekly testing period, beginning _____, in accordance with all applicable requirements of MassHealth Nursing Facility Bulletin 158.

The nursing facility completed the required testing for COVID-19 for residents of the nursing facility that were symptomatic or exposed to staff or other residents that were identified as COVID-19 positive during the relevant weekly testing period, beginning _____, in accordance with all applicable requirements of MassHealth Nursing Facility Bulletin 158.

The report accompanying this attestation and submitted to MassHealth via the Center for Health Information and Analysis (CHIA) submissions portal to demonstrate compliance with the requirements of MassHealth Nursing Facility Bulletin 158 are complete and accurate.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name _____

Title _____

Signature _____

Date _____

Please submit a scanned copy of the executed attestation via the CHIA [online survey tool \(www.surveygizmo.com/s3/5678159/covid-nf-surveillance\)](http://www.surveygizmo.com/s3/5678159/covid-nf-surveillance), as well as the accompanying report, by the baseline testing and weekly reporting deadlines established in MassHealth Nursing Facility Bulletin 158.

The nursing facility should maintain the original executed copy of each submitted attestation, along with the accompanying documentation, receipts, invoices, and report, in its files.