

A Whitepaper from OnShift



CMS REPORTING UPDATES:
TURNOVER & WEEKEND STAFFING



In December 2008, The Centers for Medicare & Medicaid Services (CMS) introduced a public quality rating system for nursing homes that participate in Medicare or Medicaid, hosted on the Medicare.gov Care Compare site. Since then, potential residents and their families, hospitals, healthcare providers and other referral sources have relied on the Five-Star Quality Rating to evaluate and compare communities.

According to an analysis by CMS, there is a strong relationship between staffing levels and quality of resident outcomes. As staffing levels increase, quality increases and vice versa. Because of this, it should be of no surprise that a community's staffing levels greatly impact their overall rating and reputation for care.

How Five-Star staffing ratings are determined has evolved over time. Here are the latest updates from CMS and what senior care providers need to know.

New In 2022: Turnover & Weekend Staffing Reports

CMS started publishing weekend staffing and staff turnover data on the Medicare.gov Care Compare website in January 2022. **These metrics will be used in the Five-Star Quality Rating System starting in July 2022.** The way staffing metrics, especially turnover, have historically been calculated can vary greatly by organization. CMS asserts that these new reports will provide additional guidance and standardization on what matters to those selecting skilled nursing facilities.

Staff Turnover

CMS reports staff turnover percentages for RNs, total nursing staff, and nursing home administrators using PBJ data. The percentage is calculated as the number of staff that stopped working at a provider over a 12-month period. The turnover calculation is not based on employee termination dates (which is not part of PBJ reporting) but rather is based on daily staffing information.

Staff turnover

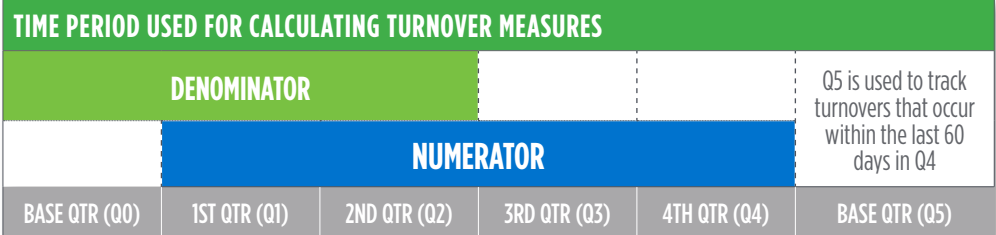
Staff turnover is the percent of nursing staff or number of administrators that stop working in a facility within a given year. Low turnover indicates that facilities generally retain their staff for longer periods of time. Lower turnover is preferred because staff who work in facilities for longer periods of time may become more familiar with the residents and the facility's operating procedures.

Total nursing staff turnover ↓ Lower numbers are better	49.1% National average: 51.6% Ohio average: 56.5%
Registered Nurse turnover ↓ Lower numbers are better	33.3% National average: 49.8% Ohio average: 54.1%
Number of administrators who have left the nursing home ↓ Lower numbers are better	0 National average: 1.1 Ohio average: 1.2

Example from [Medicare.gov/care-compare](https://www.medicare.gov/care-compare)

The turnover rate is calculated based on gaps in days worked, and uses six consecutive quarters of PBJ data. To calculate this rate, CMS uses two metrics:

1. Numerator: The number of individuals who have a period of at least 60 consecutive days in which they did not work at all and are therefore considered by CMS to have terminated employment. This measurement is taken across five quarters.
2. Denominator: The number of individuals who worked at least 120 hours in a 90-day period. This measurement is taken across three quarters, starting with the quarter before the time frame being reported.



Dividing the numerator by the denominator gives you the turnover percentage. For example, the turnover calculation data for calendar year 2020 would begin on October 1, 2019 and end on March 31, 2021. Numerator would include the number of employees who had a 60-day gap in employment, with the gap starting on January 1, 2020 and ending as late as December 31, 2020, hence the inclusion of Q1 2021 data to identify the 60 day gap. Denominator would include the number of

employees who worked at least 120 hours in a 90-day period, with that period starting as early as October 1, 2019 and as late as June 30, 2020.

A few things to note about this calculation:

- Unlike other turnover rate calculation methods, CMS’s method does not allow for a turnover rate exceeding 100%.
- Individuals who return to work after a 60-day or more gap in employment are treated as new employees and this gap is still factored into the turnover calculation.
- Both regular employees and agency staff are included in the turnover measure if they work 120 or more hours in a 90-day period.

per resident. Only Saturdays and Sundays with at least one resident are included in the calculations.

How The Five-Star Staffing Rating Is Calculated

For skilled nursing communities, CMS publicly lists an Overall Quality rating of one-to-five stars, with more stars indicating higher quality. The overall score is comprised of three components—Health Inspections, Quality Measures, and Staffing, each of which has its own rating.

CMS uses quarterly submitted Payroll-Based Journal (PBJ) data to calculate the staffing portion of a community’s Five-Star Quality Rating. Specifically, CMS measures total nursing hours per resident per day (RN, LPN, and Nurse Aide) and RN hours per resident per day for the staffing rating and makes these measures public on the Care Compare website.

Here is a summary of how ratings are currently calculated:

1. Census is based on MDS submissions over the quarter.

Submitting complete Minimum Data Set (MDS) discharge assessments is key in ensuring a provider’s daily average census is accurately calculated. With its method for calculating census, CMS assumes residents that do not have a discharge assessment are still living at your community, potentially inflating your census numbers. Not submitting discharge assessments in a timely manner could make your staffing levels look lower than they actually are, and as a result, could negatively impact your staffing rating.

2. Risk adjustments use RUG-IV.

All measures used in Five-Star ratings are risk adjusted using the Resource Utilization Group (RUG-IV) patient classification system. CMS calculates case-mix adjusted hours per resident day (HPRD) for each facility for each staff type using this formula:

$$\text{ADJUSTED HOURS}^* = (\text{REPORTED HOURS}/\text{CASE-MIX HOURS})$$

*National Average Hours

Reported hours are what is submitted by the facility through PBJ.

Case-mix hours are based on the daily distribution of residents by RUG-IV group, as reported in PBJ data.

National average hours are the national average of case-mix hours across all active facilities that submitted valid nurse staffing data for the quarter.

Registered Nurse (RN) staffing rating



Below average

Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.

Average number of residents per day	109.7 National average: 76.1 Ohio average: 66.1
Registered Nurse hours per resident per day ⬆ Higher numbers are better	31 minutes National average: 42 minutes Ohio average: 38 minutes
NEW! Registered Nurse hours per resident per day on the weekend ⬆ Higher numbers are better	22 minutes National average: 29 minutes Ohio average: 25 minutes

Example from [Medicare.gov/care-compare](https://www.medicare.gov/care-compare)

Weekend Staffing

CMS defines weekend staffing as: “The level of total nurse and registered nurse (RN) staffing on weekends (Saturdays and Sundays) provided by each nursing home over a quarter.” CMS uses PBJ data to report the total number of nurse staff hours per resident day on the weekend and the total number of RN hours per resident day on the weekend to the Medicare.gov Care Compare website.

Weekend staffing is calculated quarterly, similarly to full-week staffing. Nursing hours reported through PBJ and the MDS census are summed across all Saturdays and Sundays in a quarter. Then, this number is divided by the sum of residents across all Saturdays and Sundays in the same quarter to get the weekend nurse staffing hours

3. Two PBJ measures are used to calculate the Five-Star staffing rating.

Five-Star staffing ratings are based on the combination of Risk Adjusted RN HPRD and Risk Adjusted Total Nursing HPRD reported in PBJ staffing data. Keep in mind that this data includes full-time, part-time, and agency contractors, but does not include private duty nursing staff, hospice staff, or feeding assistants.

In most cases, the overall staffing rating is the average of the RN and total nurse staffing rating. However, if this average is not a whole number, the overall staffing rating rounds towards the RN staffing rating, meaning RN staffing levels are weighted more heavily. This is reflected in the table below.

STAFFING AND RATING (UPDATED APRIL 2019)						
RN RATING & HOURS		TOTAL NURSE STAFFING RATING & HOURS (RN, LPN, & NURSE AIDE)				
		1	2	3	4	5
		<3.108	3.108- 3.579	3.580-4.037	4.038-4.407	≥4.408
1	<0.317	★	★	★★	★★	★★★★
2	0.317 - 0.507	★★	★★	★★	★★★★	★★★★
3	0.508- 0.730	★★	★★★★	★★★★	★★★★	★★★★★
4	0.731- 1.048	★★★★	★★★★	★★★★★	★★★★★	★★★★★
5	≥1.049	★★★★	★★★★★	★★★★★	★★★★★	★★★★★

Note: Adjusted staffing values are rounded to the three decimal places before the cut points are applied.

Any suppressed ratings will be restored approximately one month following the re-submission of PBJ data. Exclusion criteria for full week and weekend staffing are not applied separately. If a facility reports excessively high staffing for the weekend but normal staffing for the full week, CMS will report both metrics as “Not Available” on the Care Compare website, and vice versa. For example, if full-week nurse staffing is 11 HPRD but weekend nurse staffing is 12.5 HPRD, then both full-week and weekend staffing will be reported as “Not Available.”

Causes For One-Star Staffing Rating

Missing or bad PBJ data submissions can result in the immediate issue of a one-star staffing rating, including when:

1. PBJ data is submitted past the quarterly deadline.
2. Auditing of PBJ data shows significant discrepancies between hours reported and hours verified. (Note: In this case, a one-star rating for overall staffing and RN staffing will show for a three-month period).
3. Zero RN hours are reported for four or more days in a quarter. This includes hours from RNs, RNs with administrative duties and Director of Nursing hours.
4. Zero total nurse staffing hours are reported over all days in the quarter.
5. Zero total nurse staffing hours are reported over all weekend days in the quarter.

Penalties For Missing Or Bad PBJ Data

Causes For “Not Available” Data Listing

If a provider reports what CMS considers “excessively high” or improbable staffing numbers, their staffing data will be reported as “Not Available” on Medicare.gov’s Care Compare website. Specifically, the following exclusion criteria result in a “Not Available” listing:

1. Total reported nurse staffing over all days is higher than 12.0 HPRD.
2. Total reported nurse staffing over all weekend days is higher than 12.0 HPRD.
3. Total reported nurse aide hours over all days is higher than 5.25 HPRD.
4. Total reported nurse aide hours over all weekend days is higher than 5.25 HPRD.

Payroll-Based Journal Audits & Common Errors

CMS regularly conducts PBJ data audits in cases where data appears to be inaccurate or unattainable, such as the reporting of an employee working more than 300 hours in a single month. Verification of staffing hours can be conducted both on- or off-site and providers have two weeks from receiving notice of non compliance to provide any requested materials.

Meal Breaks

The policy around the reporting of meal breaks has caused a lot of confusion for providers and has been a

common flag for CMS during their audits. Per the PBJ Policy Manual, providers must deduct a 30-minute meal break for each 8-hour shift worked regardless if that break is taken or not and regardless of whether or not that break is paid or unpaid. CMS added this policy in an attempt to maintain consistency in reporting and ensure all communities are held to the same standard. Providers who do not exclude time for meal breaks from each employee's daily hours (whether exempt, non-exempt, or contracted) will be flagged as non-compliant.

Other Common Errors

Other common errors found during CMS audits include:

- Failing to assign a unique identifier for each employee
- Submission of inaccurate or delayed MDS assessments
- Failing to exclude time staff spends providing care to individuals in non-certified beds

Auditing Your PBJ Data Before Submission

Providers need to consistently analyze their staffing and scheduling efforts to set themselves up for Five-Star success. In addition, they need to ensure the data reported from PBJ is accurate and submitted in a timely manner.

Here are some common reporting errors to flag and check for accuracy prior to submitting to CMS:

- Employees who are reported as working more than 300+ hours
- Days with no reported RN hours
- Employees who do not show a 30-minute meal break deduction after each 8 hours worked
- Inclusion of any non-direct care hours provided by universal workersCare” to “OnShift Is Here To Help With Human Capital Management Software, Purpose-Built For Senior Care”

OnShift Is Here To Help With Human Capital Management Software, Purpose-Built For Senior Care

OnShift can help you reach 5-star success. We're dedicated to delivering purpose-built software to help you staff more effectively and efficiently, all while delivering an experience you and your employees will love. [Contact us](#) for a demo.



- Ensure compliance and staff consistently with real time staffing visibility, proactive punch notifications, and CMS-ready PBJ reports.
- Retain employees with tools that help you foster communication, promote work-life balance, and reward contributions.
- Hire better employees faster with an applicant tracking system that makes it easy to source, recruit, and hire top talent.

“We love OnShift for PBJ Reporting. It is so easy to use, it’s borderline fun. It took me less than 10 minutes to download our PBJ file and submit to CMS for the entire quarter.”

- Lisa Whited, HR Director, Washington Odd Fellows Home

About OnShift, Inc.

OnShift's next-generation human capital management platform fundamentally transforms the relationship between healthcare organizations and their employees. Our innovative approach to recruitment, hiring, workforce management, pay and engagement fosters a culture where people want to work. That's why thousands of healthcare organizations rely on OnShift's integrated suite of software and services to dramatically reduce turnover rates, decrease costs and improve the quality and continuity of care. For more information, visit www.onshift.com.