FIVE-STAR
STAFFING GUIDE

JULY 2022
EDITION

CMS REPORTING UPDATES:
TURNOVER & WEEKEND STAFFING

OnShift

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.

This information can also be found in the updated *Nursing Home Five-Star Quality Rating System: Technical Users' Guide July 2022.*

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. **As of July 2022, these metrics are now used in the Five-Star Quality Rating system.** 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

Example from Medicare.gov/care-compare

not part of PBJ reporting) but rather is based on daily staffing information.

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.

TIME PERIOD USED FOR CALCULATING TURNOVER MEASURES

DENOMINATOR					Q5 is used to track turnovers that occur within the last 60 days in Q4
	NUMERATOR				
BASE QTR (Q0)	1ST QTR (Q1)	2ND QTR (Q2)	3RD QTR (Q3)	4TH QTR (Q4)	BASE QTR (Q5)
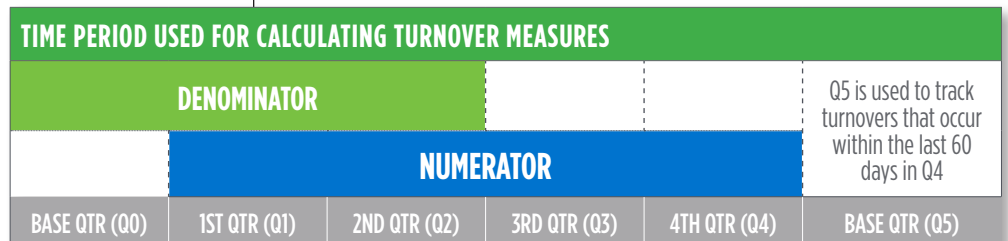
Dividing the numerator by the denominator gives you the turnover percentage. For example, the turnover calculation data for calendar year 2020 would begin on October 1, 2019 and end on March 31, 2021. Numerator would include the number of employees who had a 60-day gap in employment,

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 individuals 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 employees and contracted workers are included in the turnover measure if they work 120 or more hours in a 90-day period.

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 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 and daily resident census data derived from Minimum Data Set, Version 3.0 assessments to calculate the staffing portion of the community's Five-Star Quality Rating. As of July 2022, CMS revised the methodology for calculating the staffing star rating. Points are assigned based on six separate staffing measures - three nurse staffing level measures and three measures of staff turnover. These measures are publicly reported on the Care Compare website, and the points are summed to reach a staffing rating of one-to-five stars.

The six staffing measures CMS uses are:
- Case-mix adjusted total nursing hours per resident day (RN + LPN + nurse aide hours) for a quarter averaged across all days (weekdays and weekends).
- Case-mix adjusted RN hours per resident day for a quarter, averaged across all days (weekdays and weekends).
- Case-mix adjusted total nursing hours per resident day (RN + LPN + nurse aide hours) for a quarter averaged across all weekend days (Saturdays and Sundays).
- Total nurse turnover (the percentage of nursing staff that left the nursing home over a twelve-month period).
- RN turnover, (the percentage of RN staff that left the nursing home over a twelve-month period).
- Administrator turnover, (the number of administrators who left the nursing home over a twelve-month period).

Other factors that go into the staffing calculations are:

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:

ADJUSTED HOURS* = (REPORTED HOURS/CASE-MIX HOURS)
*National Average Hours

Reported hours are those 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.

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3. Full-time, part-time and contracted workers are included in staffing data.

PBJ staffing data includes both facility employees (full-time and part-time) and contracted workers. PBJ staffing data does not include hospice staff, feeding assistants, or private duty nursing staff hired by a resident or his/her family.

The scoring rules for the staffing rating changed in July 2022. Previously, the overall staffing rating was the average of the RN and total nurse staffing rating. Now, points are assigned to each of the six staffing measures mentioned above then summed to provide a total staffing score. There is a maximum of 380 possible points.

For the staffing level measures, more points are earned for higher case-mix adjusted staffing levels. For the turnover measures, more points are earned for lower turnover. Weights and maximum possible points for each measure are:

• **Case-mix adjusted total nurse staffing and case-mix adjusted RN staffing: 100 point maximum each (200 total).**
Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 10 points. Points are increased in 10-point increments so that nursing homes in the highest decile receive 100 points.

• **Case-mix adjusted total nurse staffing on the weekends: 50 point maximum.**
Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the lowest decile receive 5 points. Points are increased in 5-point increments so that nursing homes in the highest decile receive 50 points.

• **Total nurse turnover and RN turnover: 50 point maximum each (100 total).**
Nursing homes are grouped into deciles based on the national distribution of each measure. Nursing homes in the decile with the highest turnover receive 5 points. Points are increased in 5-point increments so that nursing homes in the decile with the lowest turnover receive 50 points.

• **Administrator turnover: 30 point maximum.**
Nursing homes with no administrator departures during the measurement period receive 30 points; nursing homes with one administrator departure receive 25 points; and nursing homes with two or more administrator departures during the annual measurement period receive 10 points.

The sum of these points correspond to the staffing star rating, as defined in the following table. If the staffing rating is five stars, then one star is added to the overall star rating. If the staffing rating is one star, then one star is subtracted from the overall rating. Note that before July 2022, facilities with a four star staffing rating received an extra star in their overall rating. This is no longer the case. CMS says this new limitation in star upgrades is to ensure that more weight is given to the onsite visits from trained surveyors, reflected in the health inspection rating.

STAFFING STAR RATING (UPDATED JULY 2022)

POINT RANGES FOR THE STAFFING RATING (maximum possible score = 380 points)

1 STAR	2 STARS	3 STARS	4 STARS	5 STARS
<155	155-204	205-254	255-319	320-380

Note: These cut points are applied after any necessary rescaling of the staffing score to have a maximum possible value of 380 points. The rescaled score is rounded to the nearest integer.

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 or over all weekend days in the quarter with at least one resident is higher than 12.0 HPRD.
2. Total reported nurse aide hours over all days or over all weekend days in the quarter with at least one resident is higher than 5.25 HPRD.
3. Total reported nurse hours over all days or over all weekend days in the quarter with at least one resident is zero.

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 staffing rating).
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.

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 individual
- Submission of inaccurate or delayed MDS assessments
- Failing to exclude time staff spends providing care to individuals in non-certified beds

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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 workers

Five-Star Success With OnShift

OnShift helps providers ensure compliance and staff consistently with real time visibility, proactive punch notifications, and CMS-ready PBJ reports. Contact us to see for yourself.

- Control excess labor costs and ensure you're staffed consistently for quality care and service with a predictive and proactive staff scheduling system.
- 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.
- Submit timely and accurate PBJ data with software that automatically generates submission-ready, CMS-compliant reports.
- Bring staff a mobile, contactless timekeeping experience built for our modern world and a modern workforce.
- Empower employees to better manage their expenses with earned wage access between paychecks and free financial benefits.
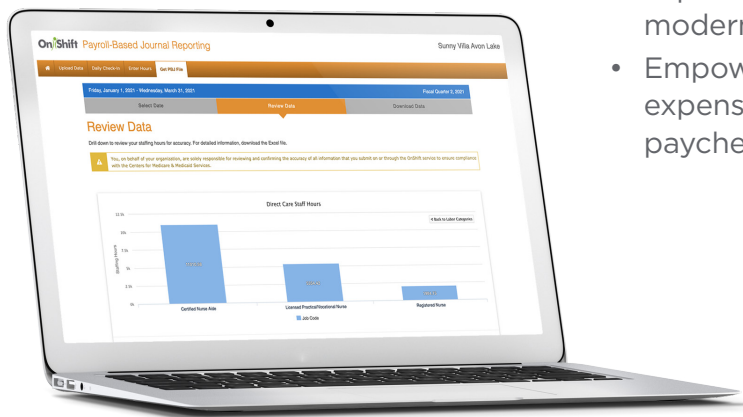
"We love OnShift for PBJ Reporting. It is so easy to use, it's borderline fun. It took me less than 10 minutes to download our PBJ file and submit to CMS for the entire quarter."
- *Lisa Whited, HR Director, Washington Odd Fellows Home*

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