



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

Nursing Facility Bulletin 202

DATE: October 2026

TO: Nursing Facilities Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: **Updated Reporting on Staff Hours and Staffing Preparedness for Nursing Facilities**

Background

In accordance with [101 CMR 206.13: Average Staffing Hours Incentive](#), MassHealth is proactively monitoring nursing facilities for safe and adequate staffing levels and ensuring that standards and rate adjustments authorized by the regulation are applied appropriately.

This bulletin is effective as of October 1, 2026, and updates and supersedes [Nursing Facility Bulletin 200: Updated Reporting on Staff Hours and Staffing Preparedness for Nursing Facilities](#). All requirements described in this bulletin apply to nursing facilities that are enrolled as MassHealth providers.

Definitions

For the purposes of this bulletin, the terms listed below have the following meanings.

Contract hours. Hours worked by individuals under contract, as well as individuals who provide services through organizations that are under contract (for example, temporary nursing agencies).

Day. Each 24-hour period from 12:00 a.m. (midnight) through 11:59 p.m.

Exempt hours. Hours worked by nursing facility employees who are not subject to the federal Fair Labor Standards Act and who therefore are not entitled to overtime pay.

Hours Per Patient Day (HPPD). The number of direct care hours worked by nursing staff divided by the total number of patients in the facility.

Non-exempt hours. Hours worked by nursing facility employees who are subject to the federal Fair Labor Standards Act and who therefore may be entitled to overtime pay.

Reporting deadline. The 45th calendar day after the last day of each reporting period, reporting on the previous quarterly reporting period, in accordance with Payroll-Based Journal (PBJ) submission guidance published by Centers for Medicare & Medicaid Services (CMS).

Reporting period. Each calendar quarter-long period reported as part of a single PBJ quarterly submission, in accordance with PBJ submission guidance published by CMS.

Reporting Requirements

Nursing facilities are required, under 42 CFR 483.70(p), to report their staffing levels to the CMS quarterly using CMS's PBJ. MassHealth uses the quarterly reporting each nursing facility submits through the PBJ to determine staffing levels for purposes of calculating the facility's HPPD.

All nursing facilities must complete the reporting requirements outlined in this bulletin by submitting census data and the staffing levels for the staffing categories described below through the PBJ. Facilities must submit their staffing levels through the PBJ quarterly. The PBJ submission deadline is the 45th calendar day after the last day of the calendar quarter. Providers should review the CMS guidance [*Electronic Staffing Data Submission Payroll-Based Journal Long-term Care Facility Policy Manual, Version 2.7*](#), or any subsequent versions or superseding CMS guidance, for further details or updates on submission requirements.

As part of the PBJ quarterly submission, each facility must provide the following information, which must be complete, accurate, and up to date as of the date of submission.

- The exempt hours, non-exempt hours, and contract hours worked each day of the reporting period, as well as the total exempt hours, non-exempt hours, and contract hours worked by each of the following staff categories:
 - Registered nurses who are directors of nursing
 - Registered nurses who have administrative duties
 - Registered nurses who are not directors of nursing or administrators
 - Licensed practical nurses or vocational nurses who have administrative duties
 - Licensed practical nurses or vocational nurses who do not have administrative duties
 - Certified nursing assistants
 - Nurse aides in training*
 - Medication aides or technicians

- The number of residents in the facility on each day of the reporting period, not including residents on medical or non-medical leave of absence for the entire 24 hours of the day.

*Nurse aides in training may be counted only for the first four months of their employment, provided they are enrolled in a state-approved nurse aide training program. After the first four months of employment, the individual who was a nurse aide in training may be counted toward staffing levels only if they obtain certification or other licensure credentials that can be reported through another staffing category.

Nursing facilities should refer to guidance issued by CMS, including the Electronic Staffing Data Submission Payroll-Based Journal Long-term Care Facility Policy Manual, Version 2.7 referenced earlier in this bulletin, or any subsequent versions or superseding CMS guidance, for further details on data submission specifications for the data fields required by this bulletin.

HPPD Averages and Downward Adjustment Percentages

For any calendar quarter from the first calendar quarter of 2021 through the third calendar quarter of 2025, a nursing facility that failed to meet an average of 3.58 HPPD is subject to a 2% downward adjustment on its standard per diem rates for that quarter, in accordance with 101 CMR 206.13(2)(a). The dollar amount resulting from this adjustment will be considered an overpayment pursuant to [130 CMR 450.235](#): *Overpayments*.

For any calendar quarter from the fourth calendar quarter of 2025 through the third calendar quarter of 2026, a nursing facility that failed to meet an average of at least 3.58 HPPD is subject to a downward adjustment on its standard per diem rates for that quarter equal to 0.5% for HPPD between 3.57 and 3.48; 1% for HPPD between 3.47 and 3.38; 1.5% for HPPD between 3.37 and 3.28; and 3% for HPPD at or below 3.27, in accordance with 101 CMR 206.13(2)(b). The dollar amount resulting from this adjustment will be considered an overpayment pursuant to 130 CMR 450.235: *Overpayments*.

Table 1

HPPD Average (for calendar quarters from 10/1/25 through 9/30/26)	Downward Adjustment Percentage
3.57 – 3.48	0.5%
3.47 – 3.38	1%

HPPD Average (for calendar quarters from 10/1/25 through 9/30/26)	Downward Adjustment Percentage
3.37 – 3.28	1.5%
3.27 or below	3%

Beginning **October 1, 2026**, a nursing facility that fails to meet an average of at least 3.58 HPPD for a calendar quarter is subject to a downward adjustment on its standard per diem rates for that quarter equal to 0.5% for HPPD between 3.57 and 3.48; 1% for HPPD between 3.47 and 3.38; 1.5% for HPPD between 3.37 and 3.28; 3% for HPPD between 3.27 and 3.01; and 8% for HPPD at or below 3.00, in accordance with 101 CMR 206.13(2)(c). The dollar amount resulting from this adjustment will be considered an overpayment pursuant to 130 CMR 450.235: *Overpayments*.

Table 2

HPPD Average (for calendar quarters beginning on or after 10/1/26)	Downward Adjustment Percentage
3.57 – 3.48	0.5%
3.47 – 3.38	1%
3.37 – 3.28	1.5%
3.27 – 3.01	3%
3.00 or below	8%

The downward adjustment percentages in Table 2 will first be applied to staffing data reported for the fourth calendar quarter of 2026 (October 1, 2026, through December 31, 2026).

MassHealth HPPD Overpayment Notices, Dispute Procedures, and Determinations

If it is determined that a facility fell below an average of 3.58 HPPD for a calendar quarter, that facility will receive an Initial Notice of Overpayment (INOP) to inform the facility that they failed to comply with nursing facility program requirements established through 101 CMR 206.00: *Standard Payments to Nursing Facilities*, resulting in an overpayment.

In accordance with 130 CMR 450.237(B): *Timely Reply*, if a facility wants to dispute the identified overpayment or proposed sanction, the facility must reply in writing to the Executive Office of Health and Human Services (EOHHS), and EOHHS must receive the reply within 30 calendar days of the date of the INOP. The reply must specifically identify and address all allegations in the INOP that the facility disagrees with and explain any objection to the identified overpayment. With the reply, the facility may also submit additional data or documentary evidence it wants EOHHS to consider with respect to the identified overpayment.

Although EOHHS will consider any material submitted with the dispute in accordance with 130 CMR 450.237(B), EOHHS suggests submitting the following documents to provide the information needed for EOHHS reconsider its calculation of a facility's PBJ HPPD.

- **For reconsideration of the total number of patient days in that calendar quarter:**
 - Casper report 1704D: list of the residents that the Minimum Data Set (MDS)-based census is comprised of on a given date or dates;
 - Casper report 1704S: daily MDS-based resident census, i.e., the count of residents for each day in a quarter; and
 - a verified/system-generated census, such as a payer-detailed summary census for the quarter in dispute.
- **For reconsideration of the total number of productive hours worked by nursing staff:**
 - Casper report 1702S: staffing summary report (staffing information by job title);
 - Casper report 1702D: individual daily staffing report (facility staffing information during a specified period, including the employee ID and job title codes); and
 - a copy of the facility's automated payroll/attendance in Excel format generated by the facility's payroll system, identifying any misreporting of hours or hours that were not submitted through the PBJ. These hours must be specifically identified as having been left out of or misreported. This report must also include the employee's job title code that is used when reporting for the PBJ.

Upon receipt of a facility's dispute, EOHHS will review all submitted materials and notify the facility of its final determination in a Final Notice of Overpayment (FNOP).

Non-compliance with PBJ Reporting

All participating MassHealth nursing facility providers must submit a complete and accurate report of their staffing levels through the PBJ quarterly. As of January 1, 2021, the staffing level information reported (as required by this bulletin, MassHealth Nursing Facility Bulletin 155, MassHealth Nursing Facility Bulletin 163, MassHealth Nursing Facility Bulletin 166, MassHealth Nursing Facility Bulletin 182, and MassHealth Nursing Facility Bulletin 200) is being used to proactively monitor facilities for safe and adequate staffing, and to determine the facility's average staffing hours per patient day for each calendar quarter.

Facilities that fail to report their staffing levels through the PBJ will be considered to have 0.00 hours per patient day for the time period that was not reported.

Furthermore, if MassHealth determines that a nursing facility provider has dangerously low staffing levels or made false or misleading representations through their PBJ submissions required by this bulletin, MassHealth may pursue sanctions against the provider under 130 CMR 450.238: *Sanctions: General*. MassHealth reserves the right to request and review documentation, conduct onsite audits, and use any information available to determine whether a facility is accurately representing its staffing levels through its submissions under this bulletin.

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

MassHealth Website

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Questions?

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- Email us at provider@masshealthquestions.com