

FREQUENTLY ASKED QUESTIONS

Navigating the PBJ chaos: How COVID-19 is impacting PBJ reporting

On Wed, June 17, 2020, SimpleLTC and ezPBJ™ hosted a live [webinar](#) on PBJ reporting, covering the impacts of PBJ changes implemented during COVID-19 and answering your PBJ questions in an extended Q&A session. Based on questions asked, Jenn Moenck Feige with ezPBJ prepared this follow-up FAQ document.

PBJ Waiver (COVID-19)

Note: The answers in this section have been updated based on the June 25 [letter](#) released by CMS ending the PBJ staffing data submission waiver.

Will I eventually need to submit January-March PBJ data?

No, CMS is not requiring you to submit your January-March PBJ data. However, CMS is still encouraging all nursing homes to submit information for the January-March period and will post the data in a public use file on data.cms.gov.

When is the next quarter due? When will we start reporting again?

Your April-June data is still due August 14 by 11:59 pm EST.

My understanding is that due to the reduction in paper, under the waiver, the PBJ is on hold until January 2021. Can you please clarify?

This is not the case. CMS is not requiring you to submit your January-March PBJ data, but they are requiring you to submit your April-June data by the normal August 14 deadline.

Can you confirm if CMS stated that January-March PBJ will be due by August 14 when April-June is due? What exact quarters need to be reported by August 14?

January-March PBJ data is not due by August 14. CMS is no longer requiring you to submit January-March data. The staffing data due by August 14 covers April 1-June 30.

If my star rating was better for Quarter October-December and it is lower for Quarter January-March, should I wait until the last possible date to upload my data? Will that lessen the time that my star rating will be lower?

CMS will not be using your January March staffing data for Five-Star staffing ratings. The ratings that normally would have been published in July will instead hold constant the current rating from your October - December data. The next release of new Five-Star staffing ratings will post the end of October, and be based on your April-June 2020 data.

How will delayed reporting for January-March impact Star ratings? Will it be the sooner you get it in, the sooner you are able to positively impact your star rating or is it suppressed entirely for this quarter?

Your January-March staffing data will not be used for Five-Star staffing calculations. Instead, CMS will hold constant the current Five-Star rating based on your October-December data. Updated Five-Star ratings based on your April-June data will post the end of October.

We are currently coding all extra COVID related hours regardless of job type to a specific cost center – should we add that cost center to capture all of those jobs and not just the required job type we submit now? When entering the new quarter, I have a few staff that got paid as if they were working under the COVID-19 code (but were really out due to COVID-19 or on reserve for COVID-19). Is there a new code in PBJ to enter these hours as COVID-19?

From a PBJ perspective, any hours you report must be categorized into one of the forty PBJ Job Titles listed in the PBJ Policy Manual. Following normal PBJ reporting parameters for hours worked, any nursing hours you include must have been performed onsite at the facility. So if you do have a specific cost center that is pulling out all COVID hours, you're still going to need to be able (from a PBJ audit perspective) to tie those hours to a specific PBJ job title. There are no new PBJ job title codes for capturing these COVID-19 hours. Therefore it might make sense to not only code them as COVID, but as COVID/RN or COVID/CNA (for example).

The staff that DPH had at our facility, but we did not pay, cannot be counted?

That is correct. You may only include hours for which you paid (with the exception of Therapy).

I assume using PPP money is still the facility paying and we can continue to count these hours. Correct?

I don't have clear information from CMS on this, and have not dug into how they are classifying PPP payments. If you'd like, I can certainly contact CMS and see if they can offer any further clarification.

CMS response: For the PPP money, as long as the hours are auditable and verifiable back to facility payroll, they can be reported.

Telehealth/Remote Hours (COVID-19)

Can we include the hours for physicians, pharmacists, etc. who are working “remotely” or via telehealth?

CMS has told us that for non-nursing staff, if the typical parameters apply to those worked hours, then you may include them. Typical parameters being: the only hours you are able to include for PBJ reporting are paid worked hours. And the payment must come from the facility – not Medicare, Medicaid or a third-party payor (except for Therapy).

How do we submit information for providers providing remote services, such as our dietitian and pharmacist?

If, for example, the dietitian and the pharmacist – instead of coming on-site – performed their duties off-site, and you paid those providers for those hours worked, you may include those hours just as you would have included them previously had they been on-site. What you need to be thinking about is having data that is audit ready for CMS – because if you were to get audited, you need to prove to CMS that the hours you reported for those non-nursing staff, whether onsite or offsite, were actually worked and paid for by the facility.

How do you code MDS RN and LPN who are working remotely?

If you want to include MDS RN and/or MDS LPN hours worked remotely, you will need to include those hours as 40 Other Service Worker (Optional) – PBJ Job Title 40. All nursing hours included in PBJ reporting MUST be worked on-site.

Temporary Positions (COVID-19)

CMS has issued certain blanket waivers affecting skilled nursing facilities who may experience staffing issues due to the public health emergency posed by COVID-19. Due to a shortage of staff, some facilities relied on nursing assistants and home health aides with providing care to patients. How does this affect the mapping of such employees who fall outside of the required CMS job code? Would we be able to map HHA employees to a CNA job code and the like?

Instead of having to get all of the training and certification done as a CNA within four months of being hired, CMS has relaxed this – and the same with the inservice training requirement that would need to have been done.

If individuals hired under the waiver are providing certified nurse aide care at your facility, CMS has said that you may NOT include the hours as a Certified Nurse Aide (PBJ Job Title 10). You may – if you want to include the individuals – claim them as a Nurse Aide in Training (PBJ Job Title 11). Reread the relaxed parameters listed by CMS in the waiver to ensure that the individuals you're temporarily assigning as CNA adhere to the relaxed rules:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

How do we classify the nursing assistant that doesn't have their license yet and I am bringing them in under the waiver? We are planning to hire two new graduates from Nursing Assistance school. They are going to work as CNA and they will get training and orientation first before they work on the set. How do I report their hours on PBJ?

These individuals should be classified as Nurse Aide in Training (PBJ Job Title 11). You may classify them as CNA (PBJ Job Title 10) once they are officially certified.

It was mentioned that companion/sitters could not be claimed as CNA in training (during COVID) as they were not trained to do general CNA duties, but would have to be claimed as 40 - Other Service Worker. Do you think this would be qualified to classify them as Other Activities or Other Social Work as they are there for the enhancement of the residents mental health during isolation?

- **29 – Other Activities Staff: Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.**
- **31 – Other Social Worker: Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.**

You should classify those individuals based on the job they are performing (and being paid to perform). If companion/sitters are performing the duties described above (per the PBJ Policy Manual) of Other Activities Staff or Other Social Worker – and their pay is reflective of those positions – you could certainly make the case for classification. Just remember that – from an audit perspective – you will need justification for the discrepancy (individuals hired as companion/sitters yet classified for PBJ purposes as activities staff or social workers).

We had licensed nurses working as CNAs during isolation for COVID-19. Do we still report them as licensed nurse and have our CNAs report short?

If licensed nurses are working as CNAs, CMS wants you to classify those licensed nurse hours as CNA for PBJ reporting.

So if an LPN who works as a CNA, it should be recorded as a CNA but if a CNA works as a LPN, they would still be reported as a CNA?

That is (unfortunately) correct.

With the waiver, can we hire LPNs with a provisional license? If so, what would their coding be for PBJ? This is not addressed in the PBJ Policy Manual Job Title Codes. Would it be nurse aide since that's the non-provisional license she does have?

You can include those hours worked – but you must report them according to how the individual is currently licensed. CMS made it very clear that although someone might be provisionally acting as an LPN (even though they are licensed as a CNA), you may only record their hours as a CNA for PBJ reporting.

Are we allowed to include temporary National Guard CNA/RN/EMT in PBJ if we have not paid for their services? We do anticipate to pay.

Traditionally with CMS, you should be able to include the hours as long as they have been paid. From an audit perspective, CMS can say you've over reported hours that have not yet been paid. If you'd like, I can certainly contact CMS and see if they can offer any further guidance.

CMS response: The employees must be paid to report their hours in PBJ. If they have not been paid, the hours cannot be reported as there would be no way to track the hours worked back to payroll. Members of the National Guard should be receiving their pay from the National Guard, not the facility.

We had certified nurse assistant students working when short-staffed during isolation period. We didn't pay them, so is there any way to record their hours for PBJ?

Unfortunately, no. CMS is very clear in that the only hours you are able to record for PBJ are hours that have been worked AND paid.

During the pandemic, can hours worked by therapists or therapist assistants covering CNA shifts be counted in PBJ time?

I would say that comes down to meeting the mandatory requirements for CNA certification. If those therapists are performing within that temporary CNA expansion of training and certification, and you are classifying them as such, then you would likely be able to include those hours as Nurse Aide in Training (PBJ Job Title 11). Because the therapists/therapist assistants are likely not licensed as CNAs, they would not be able to be included as a CNA for PBJ reporting.

What will happen to the temporary CNAs after the pandemic is over?

That's an excellent question. Theoretically, CMS' temporary relaxation of training and certification means that once the public health emergency is over, you would need to get those temporary CNAs licensed and trained within the normal time parameter requirements in order to include them as CNAs or Nurse Aides in Training. If you are unable to do this, then presumably they would not no longer be able to be included in your PBJ staffing counts.

Will the temporary nurse aides that did an online 8 hour course and performed their skills at the facility in which they are working be able to sit for state exams and be classified as CNAs eventually? Will the temporary CNA hours count as the clinical hours that they need for clinicals, in order to take the state exam?

I believe this would be left to the discretion of each state doing the certification.

Classifying Hours

Do the MDS nurse hours count in PBJ?

If the MDS nurse is onsite performing their job, the hours may be included in the administrative position (RN with Administrative Duties or LPN with Administrative Duties).

If the MDS nurse is working from home, can they be reported?

Unfortunately, no. CMS has repeatedly said the only nursing hours that you can include are those hours paid and worked onsite at the facility.

Is MDS coded for PBJ with nurses? For clarification, all MDS hours can be counted in PBJ reporting as long as they are in the facility, and coded as RN/LPN with Administrative Duties?

MDS positions are generally coded as RN with Admin Duties (PBJ Job Title 6) or LPN with Admin (PBJ Job Title 8), depending on the credentials of the MDS nurse. These hours may be included as long as they were performed onsite.

Is my ADNS RN classified as RN or RN with Administrative Duties?

That's going to be up to your interpretation of the definitions found in the back of the PBJ policy manual:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V25-11-19-2018.pdf>.

You need to read the descriptions for both RN with Admin Duties (PBJ Job Title 6) and RN (PBJ Job Title 7) and then decide – based on those descriptions – which best matches the duties performed by your ADNS. Most of our customers put their ADNS in the administrative position versus a straight up RN position. As a reminder – right now from a Five-Star staffing perspective, all three nursing categories (DON – PBJ Job Title 5, RN with Admin Duties – PBJ Job Title 6, and RN – PBJ Job Title 7) are equally counted and equally weighted in the Five-Star staffing calculation. (This differs from the days of 671/672 – when pulling out those clinical floor hours were critical.)

We have Corporate staff with RN licenses. However, some work off site. Could we report off site, Corporate RN staff?

You can include corporate RN staff hours only when they are performing RN duties onsite at a specific facility.

Is a nurse practitioner counted as nursing hours?

Nurse practitioner hours are not included in nursing hours for PBJ reporting (they are instead included under the labor description of physician services).

I am an LPN who works as a charge nurse two days a week and then I work on the MDS/care plan the other days. How do I classify myself?

CMS would ideally want you to classify yourself based on your primary job performed. So on the days you're working as an MDS nurse, you would be classified as an LPN with Admin Duties (PBJ Job Title 8) and on the days you're working as an LPN you would be classified as an LPN (PBJ Job Title 9).

Can you include screening time of staff and visitors when performed by CNA or LPN?

Hours included in the CNA category or LPN category must encompass the duties therein. If screening is included as part of their job duties, then that time may be included.

Our company employs patient support aides. In this case, would we continue to use Job Title 40 (Other Service Worker) since this is not a licensed position?

Since this is not a licensed position, then yes – you would want to report them as Other Service Worker (Optional) – PBJ Job Title 40.

When a facility (nursing home – non SNF) uses “human sitters” for resident-safety, can they be coded to PBJ even if not a CNA?

Only skilled nursing facilities are required to submit PBJ data. In terms of being able to code human sitters as a CNA – no, you would need to classify those individuals as Other Service Worker (Optional) – PBJ Job Title 40.

Regarding activities/life enrichment, if they are certified (CNAs), can their hours be counted?

The only hours you can include as a CNA are those performed under that function. So if (for example) six hours are performed as a CNA, but for two additional hours that CNA is filling in for activity staff, six hours would be included and coded as a CNA (PBJ Job Title 10) and two hours would be included and coded as Other Activities Staff (PBJ Job Title 29).

If we have a provider perform rounding, but the provider is not compensated by the facility for this time, does it get reported? If a provider/or outside consultant is rounding in a facility and they're compensated by the facility with a contract, do these hours count?

A facility can only include worked AND paid hours. In the first instance, where a provider is performing rounding but that rounding is not paid for by the facility, then no – those hours cannot be included. In the second instance, where a provider is performing rounding and those hours are paid for by the facility via contract, then yes – those hours can be included (for physicians performing rounding, the hours would be reported as Other Physician – PBJ Job Title 3).

Outside of telehealth, should we be excluding hours for providers when they are seeing patients if we are billing Medicare directly for those encounters?

If you are billing Medicare directly for those encounters, you cannot include the hours. Aside from therapy, any hours that are billed directly to Medicare, Medicaid or a third-party payor cannot be included for PBJ reporting. If, for example, you have a physician that you pay for X number of hours a week/month to provide care, but that physician comes in and performs additional rounding that you don't pay for (the physician bills Medicare/Medicaid/third party payor directly), you are not to include those additional hours.

So when the pharmacist checks our charting off-site we do not use his hours? Also, we do not pay for vision, dental, wound care – they bill their own, I do not include their hours in PBJ?

Pharmacist hours should be tied directly to the hours paid for by the facility. For services not paid for by the facility but billed directly to Medicare/Medicaid/third party payor – in this example vision, dental and wound care – the hours are not included in PBJ reporting (with the exception of Therapy).

I currently put time in for pharmacist, RT and dietitian for PBJ. Is it really necessary or beneficial?

Necessary: yes. If you pay for the hours performed by individuals in these positions (e.g., pharmacist, RT and dietitian) at your facility, then you are required to report the hours for PBJ purposes, as these positions are not listed as Optional in the PBJ Policy Manual.

Beneficial: it depends on your viewpoint. From a strictly Five-Star staffing perspective, these positions do not factor into the calculation for your staffing Five Star (the nursing positions included in the Five-Star staffing calculation are PBJ Job Titles 5 -12: DON, RN with Admin Duties, RN, LPN/LVN with Admin Duties, LPN/LVN, CNA, Nurse Aide in Training, and Medication Aide). From a staff and work management perspective, tracking the hours can certainly assist facilities. Additionally, as this COVID-19 public health emergency has shown, the hours for these positions could eventually be used in ways not yet imagined (such as the recent publishing of Average Daily Staffing Counts).

Is there any movement from CMS on counting actual hours worked for salaried employees? DONs and Unit Managers etc. typically work more than 8 hours a day and the hours should be counted.

As of now, we are not aware of any. However, a number of long-term care associations are aware of the issue – suggesting the possibility of eventually moving the discussion forward.

Salaried/Exempt employees working and paid more than 40 hours per week – do we report the hours more than 40?

Generally speaking, salaried/exempt employees may only be recorded for a maximum of 40 hours/week – regardless of how many hours they actually worked. The exception to this rule is if the salaried/exempt employee received additional payment (commensurate with their salary or average hourly rate) for those additional hours worked.

For example, if your salaried DON fills in on the weekend for the scheduled RN, and you pay your salaried DON an additional amount (above and beyond their salaried amount) for those additional weekend hours worked, then you may include those additional weekend hours for PBJ reporting. A reminder that for an audit, you will need to be able to prove payment for those additional hours.

How can we report staff that do not fall neatly under the Job Categories?

My best advice is to read the associated Description of Services tied to the PBJ Job Title and determine which best fits the duties being performed by the individual. If an individual performs work in multiple job categories, hours can be split amongst those categories accordingly. If none of the job categories match an individual, then you are best placing the hours worked under Other Service Worker (Optional) – PBJ Job Title 40.

Can you please simplify the definition of training hours? If staff meet for 10-15 minutes off the floor, is this considered training hours?

Technically, yes, it would be considered training hours. You can include the hours for nursing staff only if they meet certain parameters: (1) nursing staff must have already been scheduled to work their regular shift, (2) you can't have pulled in another individual to replace them during the training, and (3) nursing staff attending the training must be available to residents to provide direct care should it be necessary.

We have skilled and long-term care residents (all beds dual-certified). Should we be excluding hours worked with LTC residents?

As stated in the PBJ Policy Manual: Only long-term care facilities that are subject to meeting the Requirements for Participation as specified in 42 CFR Part 483, Subpart B are subject to the PBJ reporting requirements. This requirement does not apply to swing beds. Therefore if both your skilled and long-term care residents fall within the requirements, then you should report both. Hours that should be excluded are those dedicated to non-SNF/NF residents (such as assisted living).

And what about ALF jobs? We do not report them at all and so CMS would not be able to see them as part of the count.

You should not be including any ALF hours for PBJ reporting.

Software Questions

If we report monthly, does ezPBJ provide a star rating analysis projected out for the entire quarter?

Yes, ezPBJ will provide a projected star rating for the entire quarter (based on data held constant for the month currently reported).

If our organization subscribes to SimpleLTC, does that mean we automatically have ezPBJ or is that a different/additional service?

ezPBJ is an additional service to SimpleLTC.

We upload the time through SimpleLTC and then in CMS, we make corrections and updates. Is there any possible way to upload a corrected time file without uploading first and then going in to make the corrections example (lunches taken)?

It depends on the type of file you are uploading. XML files are not easy to correct prior to uploading. If your initial file is an excel or CSV, you can make changes in that file before converting it to a PBJ XML file for uploading. ezPBJ allows you to make edits regardless of file type – meaning you can upload all of your files (XML and excel/CSV) into our software and make all corrections there. Once the data is corrected and ready to go, ezPBJ produces one final XML file that you can send to CMS directly through the software. ezPBJ also has the ability to automatically deduct meal breaks from your files.

If we pull an ADP time for one of our facilities, we take the file and upload it to SimpleLTC, then send an excel file to the facility and ask them to review the ADP time. They make necessary time adjustments for any of their employees (ex: lunch), send it back and then I make the corrections in CMS and it is very time-consuming! We are looking for a better way to curve this. Any suggestions?

Using ezPBJ would allow you to upload your ADP file into our software, where each facility could review their own data and make corrections directly in our system. Additionally, ezPBJ provides the ability to automatically deduct lunch breaks when importing the file. We have a series of over two dozen validation checks to assist with data review. Once each community is satisfied with the accuracy of the data, they (or you) can then send the finalized report directly to CMS from ezPBJ.