

# PBJ quarterly check-in

Prepping for PBJ quarterly success: Critical answers to your top questions

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**SimplePBJ™**

*SIMPLELTC™*  
A BRIGGS HEALTHCARE COMPANY

Jan. 27, 2021



# Agenda

- Current Updates
- Five-Star Staffing Calculations
- Back to Basics
- SimplePBJ™
- Live Q&A
- Best Practices
- PBJ 101

# Submit early, enter to win!

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Submit your PBJ report to CMS by **Feb. 5** and get automatically entered to win one of five \$100 Target gift cards.

*\*Must submit through SimplePBJ™ to qualify*



**SimplePBJ™**

# Live Poll

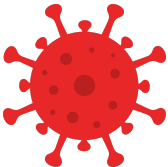


# Current Updates - Audits

Your Average Daily Resident Census is being updated automatically from CMS MDS records!

[Q3 2020](#)

92.1538



COVID  
IMPACT

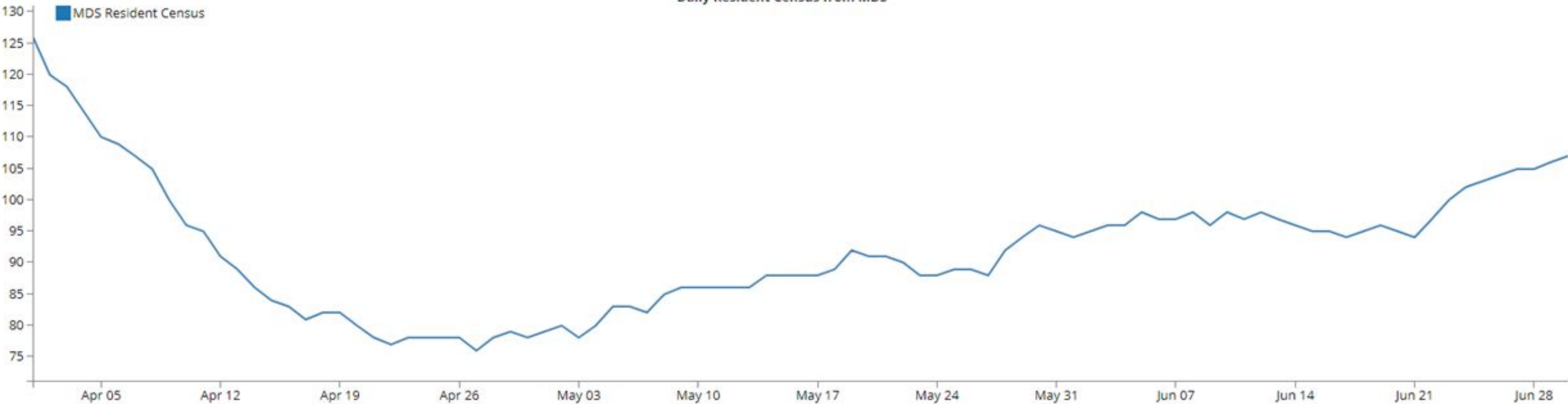
[Q2 2020](#)

143.1099

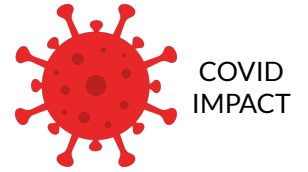
[Q1 2020](#)

143.0326

Daily Resident Census from MDS



# Current Updates - Rating Suppression



Beginning with the January 2021 refresh, facilities that did not report staffing for the November 14, 2020 deadline or that reported four or more days in the quarter with no registered nurse will have their staffing ratings suppressed. Their staffing ratings will show “Not Available” with the January, February, and March refreshes. Starting with the April 2021 refresh of Care Compare, when staffing data submitted by the February 14, 2021 deadline will be reported and used for the five-star ratings, nursing homes that do not report staffing data for October – December 2020 or that report four or more days in the quarter with no registered nurse will have their staffing ratings reduced to one star.

# Current Updates - Version 4.00.0

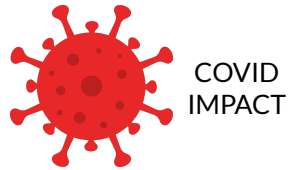
When we do move to the 4.0 how different is it?



The required move to Version 4.00.0 is still suspended indefinitely. In January 2019, CMS released Version 4.00.0 and announced that older versions (2.00.0. and 2.00.3) would not be accepted after June 2020. Because of the COVID-19 Public Health emergency, CMS in April 2020 suspended the requirement and announced that (in addition to Version 4.00.0) older versions would still be accepted. You should not see any discernible difference as a user with 4.00.0 - the new version removes census tags from the XML file specifications.

# Current Updates - Allowable Hours

We had the National Guard in to cover shifts. Can I include those hours?



Hours worked by members of the National Guard or State strike teams deployed to facilities during the PHE can be reported in PBJ as long as the facility obtains a statement from FEMA or the State (a) verifying the staffing provided to the facility and (b) validating the hours reported by the facility for this additional staff.



# Current Updates - Allowable Hours

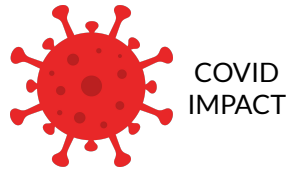
How do we account for FEMA hours if they haven't sent the facility a statement?



You cannot report FEMA hours in PBJ unless you have the documentation.

# Current Updates - Allowable Hours

Is the waiver for PCAs still in place? What about temporary staffing during COVID-19?



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

Waivers for (a) the Training and Certification of Nurse Aides and (b) In-Service Training are currently still in effect. If you want to include the hours of these temporary aides, you need to classify them as Nurse Aide in Training (PBJ Job Title 11). You cannot include their hours as Certified Nurse Aide (PBJ Job Title 10).

# Live Poll



# Five-Star Staffing Calculation

$$\text{Hours}_{\text{Adjusted}} = (\text{Hours}_{\text{Reported}} / \text{Hours}_{\text{Case-Mix}}) * \text{Hours}_{\text{National Average}}$$

$$\text{Adjusted HPRD} = (\text{Reported HPRD} / \text{Case Mix HPRD}) \square \text{National Average HPRD}$$

HPRD = Hours Per Resident Day

HPRD = Total Hours / Total Census

HPRD = Total Hours / Average Daily Census / Number of Days in the Quarter

- Variables Needed:**
- ✓ Reported Nursing Hours
  - ✓ Case-Mix Hours
  - ✓ National Average Hours
  - ✓ Census

# Five-Star Staffing Calculation

**RN Hours** = Registered Nurse Director of Nursing + Registered Nurse with Administrative Duties + Registered Nurse

**Total Nursing Hours** = Total RN + Total LPN + Total Aide

Registered Nurse Director of Nursing + Registered Nurse with Administrative Duties + Registered Nurse + Licensed Practical/Vocational Nurse with Administrative Duties + Licensed Practical/Vocational Nurse + Certified Nurse Aide + Nurse Aide in Training + Medication Aide/Technician

# Five-Star Staffing Calculation

**Reported Hours** - Hours submitted by facility for PBJ reporting.

**Case-Mix Hours** - CMS adjusts the reported staffing ratios for case-mix, using the Resource Utilization Group (RUG-IV) case-mix system. The CMS Staff Time Resource Intensity Verification (STRIVE) Study measured the 9 average number of RN, LPN, and nurse aide minutes associated with each RUG-IV group (using the 66 group version of RUG-IV). These are referred to as “case-mix” hours”.

**National Average Hours** - National average hours for a given staff type represent the national mean of case-mix hours across all facilities active on the last day of the quarter that submitted valid nurse staffing data for the quarter. The National Average Hours are updated every quarter and will be available in the State US Averages table in the Provider Data Catalog on CMS.gov.

# Five-Star Staffing Calculation

Census - Derived from MDS resident assessments and calculated as follows:

1. Identify the reporting period (quarter) for which the census will be calculated (e.g., CY 2018 Q2: April 1–June 30, 2018).
2. Extract MDS assessment data for all residents of a facility beginning one year prior to the reporting period to identify all residents that may reside in the facility (i.e., any resident with an MDS assessment may still reside in the facility). For example, for the CY 2018 Q2 reporting period, extract MDS data from April 1, 2017 through June 30, 2018.
3. Identify discharged/deceased residents using the following criteria: a) If a resident has an MDS Discharge assessment or Death in Facility tracking record, use the date reported on that assessment and assume that the resident no longer resides in the facility as of the date of discharge/death on the last assessment.

In the case of discharges, if there is a subsequent admission assessment, then assume that the resident re-entered the nursing home on the entry date indicated on the entry assessment. b) For any resident with an interval of 150 days or more with no assessments, assume the resident no longer resides in the facility as of the 150th day from the last assessment. (This assumption is based on the requirement for facilities to complete MDS assessments on all residents at least quarterly). If no assessment is present, assume the resident was discharged, but the facility did not transmit a Discharge assessment. For any particular date, residents whose assessments do not meet the criteria in #3 above prior to that date are assumed to reside in the facility. The count of these residents is the census for that particular day.

# Five-Star Example

CMS Five Star Staffing Rating				
Overall Staffing Rating: ★★☆☆☆		Resident Census (from MDS): 108.9239		
	Aides	LPNs	RNs	Total Nursing
Reported HPRD (by you)	2.42853 2 hours 26 minutes	1.42316 1 hour 25 minutes	0.52012 31 minutes	4.37181 4 hours 22 minutes
Case-Mix HPRD (from Strive & RUGS)	2.1478 2 hours 9 minutes	0.76598 46 minutes	0.36338 22 minutes	3.27714 3 hours 17 minutes
National Avg (CMS reported)	Not Provided	Not Provided	0.37638 23 minutes	3.20666 3 hours 12 minutes
Adjusted HPRD (calculated)	2.34999 2 hours 21 minutes	1.39711 1 hour 24 minutes	<b>0.53874</b> 32 minutes	<b>4.27779</b> 4 hours 17 minutes
Rating	N/A	N/A	★★★★☆	★★★★★
Share of Total Nursing Reported Hours	56%	33%	12%	100%
Hourly Wage	\$ 13.00	\$ 19.00	\$ 28.00	

Overall Staffing Hours and Rating						
RN Rating		Total Nurse Staffing Rating (RN, LPN and 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.

Add One Star to Overall Rating (if greater than health inspection rating)

Subtract One Star from Overall Rating



## What If Testing

What would it have taken to move up or down a star level? Try moving the sliders.



	RNs Rating	Total Nursing Rating	Overall Staffing Rating (based on RNs and Total Nursing Ratings)
This Quarter's Rating	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★
Selected Goal Rating	★ ★ ★ ★ ★	★ ★ ★ ★ ★	★ ★ ★ ★ ★

	RNs	Total Nursing
Reported Total Hours (for Quarter)	5,212.12	43,809.90
Reported HPRD (by you)	0.52012 31 minutes	4.37181 4 hours 22 minutes
Goal HPRD (Adjusted, provided by CMS)	0.731 - 1.048 44 minutes - 1 hour 3 minutes	≥ 4.408 ≥ 4 hours 24 minutes
Adjusted HPRD Required to Achieve Goal (Existing Census and Case-Mix)	42 minutes (0.706)	4 hours 30 minutes (4.505)
Selected Goal Rating	★ ★ ★ ★ ★	★ ★ ★ ★ ★
Change in Reported HPRD Required to Achieve Goal	11 minutes (0.186)	8 minutes (0.133)
Additional Daily Hours to Achieve Goal	20 hours 13 minutes	14 hours 30 minutes
Additional Quarterly Hours to Achieve Goal	1,860 hours 13 minutes (1,860.214)	1,333 hours 32 minutes (1,333.540)
Percent Change in Hours	26%	3%
Reported Total Quarterly Nursing Staff Cost	\$145,939.41	\$733,279.47
Additional Quarterly Cost to Meet Goal (adding Aides/removing LPNs first)	\$52,085.99	\$17,336.02
Overall Staffing Rating Achieved	★ ★ ★ ★ ★	

# Five-Star “What-Ifs”

# Live Poll



# Back to Basics - Meal Breaks

Do lunch breaks still need to be deducted even if the staff signed a lunch waiver?

Meal breaks (paid or unpaid) shall not reported for any staff (exempt, nonexempt and/or contract). Facilities must deduct a meal break from each employee's daily hours. For each full shift that staff (exempt, nonexempt and/or contract) are paid to work, a 30 minute meal break must be deducted from their shift (whether or not the employee actually takes a meal break).

This means - at a minimum - one 30-minute break removed for every 8 hours worked.

# Back to Basics - Training Hours

Can I include training hours in PBJ? How do I code education hours?

Hours for staff who are attending training (either onsite or offsite) and are not available to perform their primary role (e.g., providing resident care) shall not be reported. Additionally, if another staff member fills in for the staff member participating in training, the hours for the staff member in training shall not be reported.

# Back to Basics - Training Hours

How do others account for the orientation period of clinical staff? Is it just classroom time that can't be reported in PBJ?

In order to report an individual's hours for PBJ, the individual must be (a) licensed (if applicable) for the position reporting, (b) working in the position reporting, (c) scheduled to work (or working) in the position reporting, and (d) not replaced during the orientation/training by another staff member.

# Back to Basics - Training Hours

At what point can you count a graduate nurse as a RN in PBJ?

A graduate nurse may be included as an RN in PBJ once they are licensed to practice as a registered nurse in the State where the facility is located.

# Back to Basics - Exempt Nursing Hours

How do I record 8 hours of RN duty on 7 days a week?

CMS caps the amount of allowable PBJ hours for Exempt Staff at 40/week. CMS only allows the reporting of hours in excess of 40 under the following conditions: (1) The payment must be directly correlated to the hours worked and must be distinguishable from other payments. (e.g., cannot be a performance-based or holiday bonus). (2) Additionally, the bonus payment must be reasonable compensation for the services provided. However, if your Exempt employee works 7 days a week, you can select which dates (and associated hours) to include in the 40-hour maximum.

# Back to Basics - CNA Hours

Can I report hours as CNA if someone is performing CNA duties but isn't licensed?

The only hours that can be reported as CNA (PBJ Job Title 10) are hours for individuals that are licensed CNAs. However, if you are using temporary CNAs per the COVID waiver, you could include those hours as Nurse Aide in Training (PBJ Job Title 11).



# Back to Basics - CNA Hours

What if the hours aren't direct patient care (e.g., taking out the trash)?

In terms of direct care hours, the definition provided in the PBJ Policy Manual is rather broad:

Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

So when deciding which hours fall under a particular Job Title, you need to look at the primary role being performed.

# Back to Basics - CNA Hours

What if the hours aren't direct patient care (e.g., taking out the trash)?

In this case, if the primary job performed is CNA and the CNA just happens to empty the trash, you can code the hours as CNA. If the CNA is no longer working as a CNA but is working as housekeeping, those hours would need to be captured as Housekeeping Service Worker (Optional).

From the policy manual:

Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities shall still report just the total hours of that employee based on their primary role.

# Back to Basics - CNA Hours

What if the hours aren't direct patient care (e.g., taking out the trash)?

Special care must be taken with “Universal Care Workers”:

Some facilities use staff called, “universal care workers.” These staff are typically CNAs that provide other non-CNA services, such as cleaning or cooking. For these staff, facilities must use a reasonable methodology to separate the time that the universal care worker spends performing their primary role, from their time that is spent performing other activities. For example, assume a universal care worker is paid to work 7.5 hours each day (excluding a 30 minute meal-time). Of the 7.5 hours, 5.5 hours are spent performing CNA-related duties, one hour is spent providing cooking services, and one hour is spent providing cleaning services. In this situation, the facility shall only report 5.5 hours of CNA time. Additionally, the facility may report one hour of housekeeping time, and one hour of “other services” time, however, reporting of these categories is optional.

# Live Poll



# Back to Basics - Hours in Multiple Facilities

What is the impact of LVN hours if the hours are split between two communities?

Employees working in two communities should report only hours worked at each specific location. Ideally the employee punches in and out with different credentials at each location. If this is not the case and the hours need to be split as a percentage, the organization should use a reasonable methodology to determine the appropriate split of hours.

# Back to Basics - CMS

Where do I find information on rejections, contacts for questions, uploading data, etc.?

Most submission questions should be submitted to the QIES Help Desk:

[igies@cms.hhs.gov](mailto:igies@cms.hhs.gov)

800.339.9313

Questions regarding PBJ Policy should be submitted to:

[nhstaffing@cms.hhs.gov](mailto:nhstaffing@cms.hhs.gov)

# Back to Basics - CMS

Explain “Not Available.”

Ratings data displayed as Not Available means CMS has suppressed the star rating. Some reasons for this include:

- No MDS census data were available for the facility
- Facility is Too New to Rate
- The total reported staffing HRD were excessively low (<1.5 HRD)
- The total reported staffing HRD were excessively high (>12.0 HRD)
- The total reported nurse aide HRD were excessively high (>5.25 HRD)
- A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request

# Back to Basics - CMS

Our facility has been closed since September 2020. Do I need to report or submit anything?

You need to submit PBJ reporting if your facility had a census of 1 or more during any of the days in the quarter. Since this upcoming quarter is for October - December and your facility closed in September, you should not have to submit a PBJ report.



# Back to Basics - CMS

How long do we need to keep terminated file numbers and how do we delete?

CMS has not issued any formal guidance regarding length of time to retain staffing records. The records should only be needed if you get audited, and most audits for a reporting quarter are completed by the next reporting quarter deadline. U.S. EEOC regulations require that employers keep all personnel/employment records for one year – and if an employee is involuntarily terminated, the personnel records must be retained for one year from the date of termination. Under ADEA and FLSA recordkeeping requirements, employers must keep all payroll records for at least three years.

# Back to Basics - CMS

Is there an easier way to login to the CMS system?

If logging into CMS manually, doing so during off hours and/or several days before the quarter ends should help.

SimplePBJ allows facilities to submit to CMS directly through the app - meaning you no longer need to login to CMS for anything PBJ-related.



The new flag for Total Nurse Staffing High - does this mean I have too many hours being reported? How do I fix this so we do not go to a 1 star?

This new check is based on the most recent round of audits, which often arose when Total Nurse Staffing was high. Triggering the check will not affect your star rating, but does make it more likely you will receive an audit. We simply want you to be sure your hours are correct so you have accurate data to substantiate your PBJ report.





What is the new Staff Count by Job Title and Pay Type report?

This report – when combined with our Hours by Job Title and Pay Type report – contains the same information found in the CASPER 1702S report.





We finally can submit straight from SimplePBJ to CMS. What is involved with that process?

Once you create your report in SimplePBJ, you simply click the green Send to CMS button. SimplePBJ will then connect with CMS on the back end and transmit your report. Your final validation report will also be pulled and available for review.





What is the best way to format uploads of employee and staffing data?

In SimplePBJ, if your system of record produces an XML file formatted to CMS PBJ specs that is the easiest file to upload. Because XML files do not contain employee names, we also recommend producing an excel/csv file that contains the Employee ID and Name, which will make the review process much easier. If your system does not produce an XML file, a CSV file that contains Employee ID, Name (Optional), Work Date, Job Title Worked, Pay Type Worked, Punch In/Out Times (if your system doesn't split hours at midnight), and Hours Worked will allow you to create a customized, reusable template in SimplePBJ.



# Live Q&A



# Top PBJ Mistakes

1. Not removing meal breaks for all employees
2. Submitting overnight hours by shift start or end date
3. Underestimating the importance of census and acuity
4. Not auditing your data before submitting
5. Waiting until the last minute to submit



# PBJ Best Practices

- Know your data
- Know the PBJ rules
- Know how your Five-Star rating is calculated
- Know your competition
- Know your goals

# PBJ 101

What is PBJ?

Payroll-Based Journal (PBJ) reporting is the method CMS uses to collect nursing home staffing data.

# PBJ 101

What is the purpose of PBJ?

CMS historically has utilized staffing data in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. As such, CMS utilizes PBJ data in the Nursing Home Five-Star Quality Rating System to help consumers better understand the level and differences of staffing in nursing homes.

# PBJ 101

What is required for PBJ?

Section 6106 of the Affordable Care Act requires facilities on a regular and frequent basis to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data.

# PBJ 101

Mandatory data for hours worked by any staff member must include:

- ✓ Employee ID
- ✓ Shift date
- ✓ Hours worked
- ✓ Job Title worked
- ✓ Pay Type worked

# PBJ 101

PBJ data is collected each fiscal quarter and due to CMS no later than 45 days after the end of the quarter:

Fiscal Quarter	Time Period	Date Due
Quarter 1	October 1 - December 31	February 14
Quarter 2	January 1 - March 31	May 15
Quarter 3	April 1 - June 30	August 14
Quarter 4	July 1 - September 30	November 14

# PBJ 101

What are the PBJ Rules and Regulations?

PBJ Rules and Regulations can be found in the **CMS PBJ Policy Manual** available as a PDF download on the CMS PBJ website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ>

# PBJ 101

Is there a check-off sheet we can use to make sure we have included everything that is needed for the PBJ report?

CMS recommends reviewing the following CASPER Reports to ensure the completeness and accuracy of your PBJ data:

- PBJ Final Validation Report (if you uploaded any XML files)
- 1700D Employee Report
- 1702D Individual Daily Staffing Report
- 1702S Staffing Summary Report
- 1703D Job Title Report
- 1704D Daily MDS Census Detail Report
- 1704S Daily MDS Census Summary Report



# Live Q&A



# PBJ Resources

CMS PBJ official website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ>

Access to CMS PBJ:

<https://qtso.cms.gov/access-forms/pbj-individual-access>

CMS PBJ training materials:

<https://qtso.cms.gov/training-materials/payroll-based-journal-pbj>

# PBJ Resources

CMS PBJ FAQs:

[https://qtso.cms.gov/system/files/qtso/PBJ\\_FAQ\\_052020.pdf](https://qtso.cms.gov/system/files/qtso/PBJ_FAQ_052020.pdf)

CMS PBJ Policy Manual:

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

CMS PBJ Policy Manual FAQs:

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

# PBJ Resources

CMS PBJ User Manual:

[https://qtso.cms.gov/system/files/qtso/PBJ\\_Provider\\_User\\_Guide\\_4.00.1.pdf](https://qtso.cms.gov/system/files/qtso/PBJ_Provider_User_Guide_4.00.1.pdf)

CMS PBJ CASPER Reporting User's Guide:

<https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-pbj-providers>

CMS Nursing Home Five-Star Technical Users' Guide:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>

# PBJ Resources

PBJ submission and system questions:

QIES Help Desk

[iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov)

800-339-9313

PBJ policy questions:

PBJ Policy Mailbox

[nhstaffing@cms.hhs.gov](mailto:nhstaffing@cms.hhs.gov)

SimplePBJ questions:

SimplePBJ Support Desk

[support@simplepbj.com](mailto:support@simplepbj.com)

469-916-2818

SimplePBJ login:

<https://app.simplepbj.com>



## Your one-stop shop for PBJ success

Assemble, validate and submit your PBJ

Predict Staffing Five-Star ratings

Submit PBJ reports with one click

Benchmark results against other facilities

[Request demo](#)



# Thank you for attending!

Recording and handouts are available at  
[simpleltc.com/pbj-quarterly-check-in](https://simpleltc.com/pbj-quarterly-check-in)