

PBJ quarterly check-in

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

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A BRIGGS HEALTHCARE COMPANY

April 28, 2021



Agenda

- In the News
- Current Updates
- Five-Star Staffing Calculations
- Back to Basics
- Live Q&A
- Best Practices

Submit early, enter to win!

Submit your PBJ report to CMS by **May 7** and get automatically entered to win one of five \$100 Target gift cards.

**Must submit through SimplePBJ™ to qualify*



SimplePBJ™

In the News - PBJ Staffing and Turnover

Three new studies published in March

OIG Report

- *CMS Use of Data on Nursing Home Staffing: Progress and Opportunities To Do More*
<https://oig.hhs.gov/oei/reports/OEI-04-18-00451.pdf>

UCLA - Harvard Report

- *High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information*
<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00957>

NY Times Report

- *Maggots, Rape and Yet Five Stars: How U.S. Ratings of Nursing Homes Mislead the Public*
<https://www.nytimes.com/2021/03/13/business/nursing-homes-ratings-medicare-covid.html>

In the News - PBJ Staffing and Turnover

OIG Report Recommendations

- *CMS Use of Data on Nursing Home Staffing: Progress and Opportunities To Do More*
 - ✓ Provide data to consumers on **nurse staff turnover and tenure** (as required by federal law)
 - ✓ Ensure the accuracy of **non-nurse staffing data** used on Care Compare
therapy | critical non-nurse staff - administrators - medical directors - dietitians - pharmacists | social workers | activity staff
 - ✓ Incorporate acuity (residents' level of need) when identifying nursing homes for **weekend inspections**
 - ✓ Strengthen oversight of nursing home staffing by more fully leveraging the staffing **information collected and provided to State Survey Agencies**

dates which had the lowest staffing levels | dates that staffing levels fell below minimum requirements

In the News - PBJ Staffing and Turnover

UCLA - Harvard Report Findings and Recommendations

- *High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information*
 - ✓ High total nursing staff turnover rates (**calculated using PBJ data**) tied to lower overall star ratings
 - ✓ PBJ data could be used to calculate additional measures of staffing stability (**retention**)
 - ✓ CMS should disseminate facilities' **nursing staff turnover rates** on Care Compare

NY Times Report Recommendations

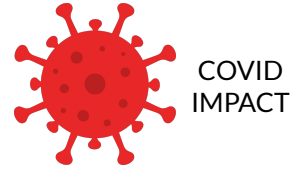
- *Maggots, Rape and Yet Five Stars: How U.S. Ratings of Nursing Homes Mislead the Public*
 - ✓ Staffing data on Care Compare should show the breakdown between administrative nurses and registered nurses who care for patients

In the News - PBJ Staffing and Turnover

TAKEAWAYS

- PBJ data will continue to be incorporated into future measurements
- CMS has defined a measure for staff turnover and is working toward timely implementation
- CMS can analyze whether an Employee ID has associated worked hours quarter to quarter
- If you have ever changed Employee IDs at your facility, you need to submit an Employee ID linking file to CMS

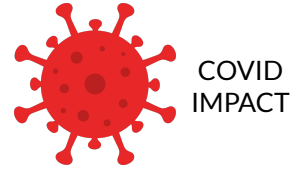
Current Updates - Rating Suppression



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 - Nurse Aides

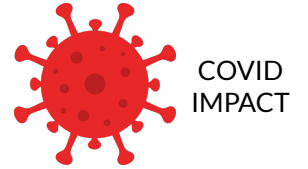


Is the waiver for PCAs still in place? What are the rules related to temp nurses hired during COVID-19?

<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).

Current Updates - Nurse Aides



<https://www.cms.gov/files/document/qso-21-17-nh.pdf>

CMS officially recommends states evaluate their Nurse Aide Training and Competency Evaluation Programs (NATCEP) and consider allowing some of the time worked by nurse aides during the Public Health Emergency (PHE) to count toward the 75-hour training requirement.

The four-month regulatory timeframe for nurse aides working at a facility to complete mandatory requirements will be reinstated when the blanket waiver ends and will start at that time.

Five-Star Staffing Calculation

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

Adjusted HPRD = (Reported HPRD / Case Mix HPRD) \square 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

What is RN coverage? Can an administrative nurse meet the requirement as well as a direct care nurse? How do we count the hours of our DON or DSD working on the floor - as RN or both DON and RN? How do we properly report salaried employees who work in direct care (RN, LPN)? Our MDS Nurse is reported as RN with Admin Duties - but is this classified as direct or indirect for care type?

Five-Star Staffing Calculation

Currently: all RN positions
equally weighted | all LPN and
Aide positions equally weighted

RN staff = 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

Direct Care Staff: 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).

- 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.
- CMS recognizes that staff may completely shift primary roles in a given day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).

How can I raise my staffing five star rating?

Holding census and acuity constant,
increase your reported nursing hours

- ✓ Increase RN hours
- ✓ Increase total nursing hours

Holding RN and total nursing hours
constant, lower your case-mix and/or
census

- ✓ Drop in acuity
- ✓ Drop in census

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

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

State Staffing Ratios (vs. Five Star Staffing Calculation)

- ✓ Vary by state
- ✓ Higher staffing minimums than defined by CMS
- ✓ More restrictive *direct care staff* definition
- ✓ Administrative and monetary penalties for non-compliance

Example: California requires 3.5 direct care service hours per patient day, of which a minimum of 2.4 hours per patient day must be performed by CNAs

- Direct caregiver means a registered nurse, as referred to in section 2732 of the Business and Professions Code; a licensed vocational nurse, as referred to in section 2864 of the Business and Professions Code; a psychiatric technician, as referred to in section 4516 of the Business and Professions Code; and a certified nurse assistant, or a nursing assistant participating in an approved training program, as defined in HSC section 1337, while performing nursing services as described in CCR Title 22, section 72309, section 72311, and section 72315.
- A licensed nurse serving as a minimum data set coordinator is a direct caregiver and CDPH will include the hours worked in producing resident assessments in the nursing hours computation. A person serving as the director of nursing services (DON) in a facility with 60 or more licensed beds or a director of staff development (DSD) is considered a direct caregiver when providing nursing services beyond the hours required to carry out the duties of these positions, as long as these additional nursing hours are separately documented.

Back to Basics - Meal Breaks

Clarification on deducting .5 for every 8 hours worked - do we go by PBJ rules or our company policy?

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. **At a minimum:** 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). The actual amount deducted should follow your internal work rules.

Back to Basics - Training Hours

Should in-service time and orientation time in the classroom be excluded from PBJ?

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 - Exempt Nursing Hours

My salaried nurse manager picks up shifts on the floor but does not get any additional compensation besides her salary. Can I count the hours?

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.

Back to Basics - Infection Prevention Hours

Can we include LVN/LPN/RN infection prevention hours as direct care?

If the LVN/LPN/RN is not providing hands-on care to the residents, the hours can be reported as LVN/LPN/RN with Administrative Duties.

Back to Basics - Nursing Consultant Hours

Should we count the hours of the nursing consultant?

Hours for a nursing consultant would only be included if the consultant was performing duties at the facility involving resident care, not hours spent performing monitoring tasks (e.g., helping the facility prepare for survey or resident chart reviews).

Back to Basics - Other Hours

What disciplines other than nursing are needed for PBJ reporting?

What positions are included/excluded in PBJ?

Nursing facilities must report staff hours (salary, hourly and contract/agency) that have been paid and worked.

CMS has 40 PBJ Job Titles to use for classifying staff hours worked - 32 Job Titles are considered required for reporting (should staff have worked hours in the category) and 8 Job Titles are considered not required/optional (should staff have worked hours in the category).

Aside from therapy, do not include staff hours billed directly to Medicare/Medicaid/third party payer.

Hours provided by hospice staff and private duty nurses should be excluded.

Back to Basics - Contract Hours

Is it required to report contract positions such as physicians?

CMS requires for PBJ Reporting all contract hours worked and paid for by the facilities.

In this case, if the contract physician is paid by the facility for the hours worked, then those hours need to be included. If instead of being paid by the facility the contract physician bills Medicare/Medicaid/third party payer for the hours worked, then those hours would not be included.

Back to Basics - Contract Hours

Can we include Dietitian and Pharmacist hours worked offsite? What about other contract positions worked offsite?

CMS has expanded telehealth rules during the COVID Public Health Emergency. Non-nursing staff hours worked offsite via telehealth may be included in PBJ reporting.

Back to Basics - Contract Hours

How does an independent contractor/part-time Nursing Home Administrator get reported in PBJ?

An independent contractor working part-time as a Nursing Home Administrator would have hours worked recorded as PBJ Job Title 1 (Administrator) and PBJ Pay Type Code 3 (Contract).

Back to Basics - Census

How do I correct my census?

Work with your MDS coordinator to ensure that:

- All MDS resident discharge assessments have been submitted in a timely manner
- All MDS items have been captured accurately (residents have been assigned the correct Resident Internal ID)

CASPER reports available to run:

- MDS Census Summary
- MDS Census Detail
- MDS Missing Assessment

Back to Basics - Census

How do I correct my census?

If you discover an error:

- Submit any missing discharge assessments immediately
- Contact your state RAI Coordinator or State Automation Coordinator to correct any additional errors that arose during assessment submission

Back to Basics - CMS

What is currently triggering an audit?

Audit risks include:

- High total nurse staffing HRD
- Significant change in total nurse staffing HRD from prior quarter
- Exempt nursing staff with more than 40 hours/week
- Nursing staff with unusually high weekly or monthly hours

Back to Basics - CMS

When will PDPM be incorporated?

CMS has not provided a date for switching from RUG-IV to PDPM scoring for reported PBJ staffing five-star calculations.

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 (by 11:59 pm EST) 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

No late PBJ submissions are allowed.

PBJ 101

What are the specific 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

What are the CMS PBJ Job Title codes?

PBJ Job Title Code	Job Title Description	PBJ Job Title Code	Job Title Description	PBJ Job Title Code	Job Title Description
1	Administrator	15	Pharmacist	29	Other Activities Staff
2	Medical Director	16	Dietitian	30	Qualified Social Worker
3	Other Physician	17	Paid Feeding Assistant	31	Other Social Worker
4	Physician Assistant	18	Occupational Therapist	32	Dentist (NOT REQUIRED/OPTIONAL)
5	Registered Nurse Director of Nursing	19	Occupational Therapy Assistant	33	Podiatrist (NOT REQUIRED/OPTIONAL)
6	Registered Nurse with Administrative Duties	20	Occupational Therapy Aide	34	Mental Health Service Worker
7	Registered Nurse	21	Physical Therapist	35	Vocational Service Worker (NOT REQUIRED/OPTIONAL)
8	Licensed Practical/Vocational Nurse with Administrative Duties	22	Physical Therapy Assistant	36	Clinical Laboratory Service Worker (NOT REQUIRED/OPTIONAL)
9	Licensed Practical/Vocational Nurse	23	Physical Therapy Aide	37	Diagnostic X-ray Service Worker (NOT REQUIRED/OPTIONAL)
10	Certified Nurse Aide	24	Respiratory Therapist	38	Blood Service Worker (NOT REQUIRED/OPTIONAL)
11	Nurse Aide in Training	25	Respiratory Therapy Technician	39	Housekeeping Service Worker (NOT REQUIRED/OPTIONAL)
12	Medication Aide/Technician	26	Speech/Language Pathologist	40	Other Service Worker (NOT REQUIRED/OPTIONAL)
13	Nurse Practitioner	27	Therapeutic Recreation Specialist		
24	Clinical Nurse Specialist	28	Qualified Activities Professional		

PBJ 101

How do I calculate timecard hours? If the timecard shows 8.25, how is that entered for PBJ?

Time entered is calculated in fractions, not as direct hours and minutes. Users will need to round to the nearest 10th when converting minutes to fractions. When entering an employee's hours enter them using the following conversions:

01 to 06 Minutes = 0.1
07 to 12 Minutes = 0.2
13 to 18 Minutes = 0.3
19 to 24 Minutes = 0.4
25 to 30 Minutes = 0.5
31 to 36 Minutes = 0.6
37 to 42 Minutes = 0.7
43 to 48 Minutes = 0.8
49 to 54 Minutes = 0.9
55 to 60 Minutes = 1.0

Facilities may opt to round to the nearest 100th when entering hours. Please note, actual minutes worked shall not be reported. For example, if an employee works 7 hours and 33 minutes, 7.33 shall not be reported. The correct time to report would be 7.6 hours or 7.55 hours.

Back to Basics - CMS

How does a merge file work? Does it potentially duplicate hours?

CMS allows PBJ submission files to be formatted technically as “Replace” files or “Merge” files

- A **merge** file will merge the file data with any data already captured in CMS
- A **replace** file will delete any data already captured in CMS and replace it with the file data

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

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

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

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

800-339-9313

PBJ policy questions:

PBJ Policy Mailbox

nhstaffing@cms.hhs.gov

SimplePBJ questions:

SimplePBJ Support Desk

support@simplepbj.com

469-916-2818

SimplePBJ login:

<https://app.simplepbj.com>

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Thank you for attending!

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