Electronic Staffing Data Submission Payroll-Based Journal (PBJ)
Frequently Asked Questions

Q1: Are facilities required to report hours paid or hours worked?
A: Facilities (SNF/NF) will report hours paid for services performed onsite for the residents of the facility, with the exception of paid time off (e.g., vacation, sick leave, lunch, etc.). For example, if a salaried employee works 10 hours but is only paid for 8 hours, only 8 hours shall be reported.

Q2: Which providers are subject to the PBJ reporting requirements?
A: 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.

Q3: Can you please provide clarification of "direct care staff" as it relates to the PBJ staffing submission?
A: 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). Please refer to Table 1 in the Policy Manual for a complete list of direct care staff that shall be included.

Q4: How are we expected to report for staff who perform different roles or duties throughout their day? For example, a Director of Nursing (DON) who comes in and does administrative work for a couple of hours, and then provides some direct care to residents because of an acute change in condition.
A: Reporting shall be based on the employee's primary role. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out when needed). Facilities shall still report just the total hours of that employee based on their primary role. However, CMS recognizes that staff may completely shift their primary role 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).

Q5: If someone from corporate is at my facility performing activities that fit into one of the job categories as defined in Table 1, can their hours be included? If yes, does the corporate person need to be on facility's payroll?

A: If someone from the corporate office is in the facility and is performing duties involving resident care, the hours spent performing that care can be reported, even though the person may be paid through the corporate payroll, rather than the facility's. This would include instances when a corporate nurse is filling in for the Director of Nursing when she/he is on vacation. However, you shall not include hours that a corporate nurse spends performing monitoring tasks, such as helping the facility prepare for a survey or resident chart reviews. Additionally, only hours paid to work on-site shall be reported.

Q6: How do we report the hours for a Medical Director who spends the entire day in the building, but some of that time is spent conducting Medical Director responsibilities and some is spent seeing residents as an attending physician?

A: CMS understands it may be difficult to identify the exact hours a physician spends performing medical director activities versus primary care activities. Data reported shall be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent conducting primary responsibilities. For example, if a medical director is contracted for a certain fee (e.g., per month) to participate in Quality Improvement meetings and review a certain number of medical records each month, the facility shall have a reasonable methodology for converting those activities into the number of hours paid to work.

Q7: Our physicians, therapy, pharmacy, dietary, and contract staff also provide these services to all of our Nursing Homes, but we don't know exactly when they are in any one facility. How do we report their hours?

A: Data reported shall be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract.   We understand it may be difficult to identify the exact hours a specialist contractor (e.g., non-agency nursing staff) provides services to residents. However, there shall be some expectation of accountability for services provided. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent conducting primary responsibilities, based on payments made for those services. Reminder: Practitioner (e.g., physician, nurse practitioner) visits to residents billed to Medicare or another payer, hours for services provided by hospice staff and private duty nurses shall not be reported.

Q8: How do I report hours for Physical, Occupational, Respiratory, and Speech Therapy?

A: Hours for physical, occupational, respiratory, and speech therapy services, regardless of payer, shall be reported. If the therapist provides therapy to a nursing home resident from 1pm to 2pm, and then therapy to a resident from 2pm to 3pm, then 2 hours would be reported. If the therapy is being conducted concurrently or for a group, only the absolute hours shall be reported. For example, if two residents are receiving 60 minutes of therapy at the same time from 1pm to 2pm, only 1 hour shall be reported (not 2 hours for 120 minutes). Also, hours for

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services provided to non-nursing home residents shall not be reported. For example, hours for outpatient therapy services provided to community-based individuals shall not be reported.

Q9: Some of our staff provide services throughout the acute care hospital in which we are located and which is owned by the same entity. The hours they work are not solely dedicated to our nursing home unit. How would you suggest we track these hours as the staff may be on and off the unit throughout the day?

A: Facilities will need to report the hours that are allocated to the SNF/NF residents and shall not include hours for staff providing services to non SNF/NF residents.

Q10: Are we required to submit hours for contract staff? If so, please outline how hours for contract staff who are not in our payroll system or time and attendance system are to be submitted.

A: Yes, contract staff hours are required to be reported.   Facilities have several options for including contract hours including the examples listed below:

1. Facilities can include contract staff hours in their attendance system (e.g., have contractors "swipe in and out"), or enter contractor hours manually through the PBJ online data entry process.
2. Facilities can have the contract staff enter hours as a designee of the facility in the PBJ system.
3. The vendor can provide the facility with an XML file that meets the technical specifications, and the files can be uploaded and merged.

Q11: How should facilities report hours for staff who are attending training? For example, a CNA might work in the morning for 4 hours with residents and then have 3 hours of in-service training in the afternoon.

A: Hours for staff (e.g. CNA) who are attending training (either onsite or offsite) and are not available to perform their primary role, such as providing resident care, shall not be reported. Also, if another staff member is called in to fill in for staff (e.g. nurse) that is participating in training, the hours for the called-in nurse shall be submitted. However, the hours for the nurse in training shall not be submitted.

Q12: How should a facility enter a hire and termination date for an employee?

A: The Hire Date and Termination Date fields are now optional. For facilities that still want to enter dates in these fields, hire and termination dates are reported at the facility level, not the company level. These dates must reflect the time each staff member worked at an individual facility, and not the dates hired and terminated at a company. For contract staff, the hire date is the first date worked and billed for at the facility. If they transfer to a new facility, then their hire date shall be the first date that they provide services at the new facility. The termination

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date is the date the facility or the agency communicates that the contract individual will no longer be providing services at that facility (either voluntary or involuntary). For further instructions on entering employee data, please see Section 8.2 and 8.4 of the PBJ User Manual, which can be found here, https://www.qtso.com/pbjtrain.html.

Q13: If a facility moves from manual reporting to a vendor solution or switches vendor solutions and is not able to keep the same unique employee IDs what should they do?
A: The facility should do everything possible to retain the same employee ID numbers. However, if it is not possible, facilities have the capability to link an old employee ID with a new one. Facilities choosing to link employee ID numbers will need to adhere to the requirements in the technical specifications. These requirements can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

Q14: How do I register to submit data?
A: Please view the following information:
> **Registration Training:**
> - PBJ Training Modules for an introduction to the PBJ system and step by step registration instruction are available on QTSO e-University, select the PBJ option. (https://www.qtso.com/webex/qiesclasses.php)
>
> **Registration:**
> - Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications. (https://www.qtso.com/cmsnet.html)
> - Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access. (https://mds.qiesnet.org/mds_home.html)
> - PBJ Corporate and Third-Parties must use the current form based process to register for a QIES ID. Registration forms are available under the Access Request Information / Forms section on the right side of the page. (https://www.qtso.com/)

Q15: I know that only the hours paid for a salaried employee shall be submitted. Can you clarify if I can submit the hours for an extra shift that my salaried employee works, if I pay them a bonus for these additional hours?
A: The hours shall be reported under the following conditions: 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). Additionally, the bonus payment must be reasonable compensation for the services provided.

Q16: When reporting hours per day, are the hours paid to work reported based on the shift start date or based on a calendar day? For example, if an employee works a shift which starts at 11:00 PM on 4/5/2016 and ends at 7:00 AM on 4/6/2016, are all hours paid to work for the shift reported on 4/5/2016, or do the hours need to be split (1 hour for 4/5/2016 and 7 hours for 4/6/2016)?

A: Midnight is the cutoff for each day reported. The hours reported would need to be split based on calendar day (1 hour for 4/5/2016 and 7 hours for 4/6/2016). CMS does not expect providers to change the way they are currently paying their employee. We understand that employees may be paid per shift and not per calendar day, and will consider this when conducting audits.

Q17: How should staffing hours be rounded into PBJ?

A: 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.

For example:
7.1 = 7 hours, 6 minutes
7.5 = 7 hours, 30 minutes
7.8 = 7 hours, 48 minutes

Conversion from minutes to tenths of an hour:

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.

Q18: When entering data manually, how do I know my data has been submitted?

A: The save and submit button serve the same purpose. Once you click the Save button, you will receive a Save Successful message, which means your data has been successfully entered.

You'll be able to go back to the Manual Data Entry section and see that data immediately. If you want reports that reflect the input, you can run them from the CASPER system.

Q19: How is census calculated using MDS data?
A: The method that CMS uses to calculate the daily resident census using MDS data is as follows:

1) Identify the reporting period (quarter) for which the census will be calculated (e.g., Q1 FY 2017: October 1, 2016 – December 31, 2016).

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, using the example reporting period in #1 above, CMS would extract MDS data from October 1, 2015 through December 31, 2016.

3) Identify discharged residents using the following criteria:

   a. If a resident has a MDS discharge assessment, use the discharge date reported on that assessment and assume that the resident no longer resides in the facility as of that date. If there is a subsequent admission assessment, then assume that the resident re-entered the nursing home on the entry date indicated on the admission assessment.

   b. For any resident with an interval of 150 days or more with no assessment, 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).

4) 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.

Note: All data extractions occur after the required deadlines for completing and transmitting MDS assessments to CMS. To ensure a facility's census is calculated accurately, it is critical that facilities comply with the requirements for completing and transmitting assessments. Failure to submit discharge assessments will likely result in an over-estimate of actual resident census since most of these residents likely left the nursing home prior to the 150th day from the last assessment. An over-estimate of resident census will result in the calculation of lower facility staffing levels, since these are measured in terms of nursing hours per resident day. If the census reported below is higher than what your facility's records indicate, this may be because discharge assessments for your facility were not submitted in a timely manner as required.

These requirements can be found in found in Chapter 2 of the MDS Resident Assessment Instrument (RAI) Manual and 42 CFR §483.20.

Q20: My PBJ data for the current quarter was successfully submitted before the submission deadline. Why wasn't the suppression of my overall and staffing star ratings lifted and my icon updated? If my PBJ data is successfully submitted after the submission deadline, when will my ratings suppression be lifted and my icon updated?
A: The nursing home compare website is updated the month after data is received. For example, if data is received by September 30th, a facilities suppressed ratings will be restored by October 30th.

If data is submitted after the deadline and the facility's ratings are not already being suppressed, the suppression is not immediate but takes effect when the nursing home compare website is updated in the following month. The ratings will then remain suppressed for a one month period.

Facilities meeting the criteria for suppression or a negative icon will have at least one month with either action, regardless of when data is submitted. **Note:** Suppression is updated once a month, but icons are updated once a quarter.

NOTE: A final rule implementing the requirement for long-term care facilities to submit staffing data was published August 4, 2015. For more information, please see
https://www.federalregister.gov/articles/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities