MDS Alert

PBJ: Are You Ready To Report Your Staffing Data? Your Bottom Line Is At Stake

Heed new instructions for logging hours when an employee has multiple roles.

The time to begin collecting your staffing and census data to submit to the Payroll-Based Journal (PBJ) system is only days away. Here's what you need to know to get off to a productive start.

Gear Up Now 🡲 CMS is Serious

You must begin collecting data on July 1, and the first reporting period will end on Sept. 30. The mandatory reporting deadline is no later than 15 days from the end of the quarter 🡲 this means the deadline is Nov. 14, 2016.

Remember: "Money could be tied to higher staffing and retention," says **Barbara Cronin-LaPerche** of **Harmony Healthcare International**. "Failure to comply with the submission of data could potentially result in civil money penalties."

To successfully submit your staffing data, you must:

- Identify the direct care staff;
- Code staff according to the **Centers for Medicare & Medicaid Services** (CMS) title and category;
- Verify contract/agency staff hours;
- Gather hours and census data; and
- Submit this data to the PBJ system.

"Census data submission is based on the resident census for the last date of each month for the fiscal quarter which is being reported," Cronin-LaPerche notes. The census data categories are based on the primary payer (Medicare, Medicaid, Other).

CMS Changes Instructions for Reporting 'Primary Role'

"First, providers have to look at how they're going to classify their employees amongst the 37 different job classifications" that are set out under the PBJ requirements, says **Peter Corless**, executive vice president of software company **OnShift**.

In a set of Frequently Asked Questions (FAQs), CMS recently clarified a few points regarding how to comply with PBJ requirements.

CMS addressed how to report for staff who perform different roles or duties during the workday (for instance, a Director of Nursing who performs administrative work for a few hours, then provides some direct care to residents due to an acute change in condition).

Pay attention: In this case, CMS had previously instructed you to report based on the employee's "primary role." Now, CMS adds:

"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)."

Keep in mind: Additionally, CMS had said that when it comes to tracking physicians, therapy, respiratory, pharmacy, dietary, and other contract staff, the data you report must be "auditable and able to be verified through either payroll, invoices, and/or tied back to a contract."

Mistake: CMS now adds a reminder that you should not report practitioner (physician, nurse practitioner, etc.) visits to residents billed to Medicare or another payer, nor hours for services provided by hospice staff and private duty nurses.

You'll also need to figure out how to deal with paid employees versus "contractors who are not straightforward, normal employees of the facility," Corless notes.

Don't Over-Report Hours for Group Therapy

A new question that CMS addressed recently covered how to report hours for physical, occupational, and speech therapy. You must report hours for such therapy that's paid for under Medicare Part A or B.

Example: If the therapist provides therapy to a resident on a Part A stay from 1 p.m. to 2 p.m., and then therapy to a resident accessing his Part B benefit from 2 p.m. to 3 p.m., then you would report two hours in the PBJ system.

But if the therapist is providing therapy concurrently or for a group, then you would report only the "absolute hours." For instance, if two residents are receiving 60 minutes of therapy at the same time, from 1 p.m. to 2 p.m., you should report only one hour (not two hours for 120 minutes).

Also, you should not report hours for services provided to non-nursing home residents, CMS reminds. For example, you should not report hours for outpatient therapy services provided to community-based individuals.

Don't worry: Another new question that CMS addressed asked how to report on laboratory and radiology staff. "Due to many questions on this subject and complexity of starting a new program, reporting for laboratory and radiology staff is optional at this time," CMS states.

Make Midnight the Cutoff Point

Other new FAQs addressed salaried employees and reporting hours per day. You must submit only the hours paid for a salaried employee, but you can submit hours for an extra shift if you pay a bonus for working such additional hours only under certain conditions.

To submit hours for an extra shift, the bonus payment must directly correlate to the hours worked and must be distinguishable from other payments, meaning it cannot be a performance-based or holiday bonus. Also, the bonus pay "must be reasonable compensation for the services provided," CMS says.

Another important instruction to keep in mind is that midnight is the cutoff for each day you report. So for certain shifts, you may need to split the hours per day.

Example: A nurse works a shift that starts at 11p.m. on June 5 and ends at 7 a.m on June 6. In this case, you would need to split the hours reported based on the actual calendar day. So you would report one hour worked for June 5 and seven hours for June 6.

Evaluate Your Data Collection

For further information about PBJ reporting requirements and much more, be sure to check out CMS's "Staffing Data Submission PBJ" webpage at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html. The webpage has important policy and technical information, as well as timely updates on PBJ activities.

On June 7, CMS posted newly created Excel templates to convert PBJ Excel data to V1.00.1 XML format. You can access these templates in the Downloads section at the bottom of the PBJ webpage.

Best strategy: You should be evaluating your current systems and processes, ensuring that the data you're collecting will work for the PBJ system and performing a test submission with CMS, Cronin-LaPerche advises. "Staying PBJ-compliant and effectively managing costs will certainly pose a challenge for many facilities."