

MDS Alert

Quality: Get Ready Now For New PBJ Electronic Staffing Data Submission

Know how to spot 'direct care staff' according to CMS's definition.

Mandatory reporting of Payroll-Based Staffing Data is right around the corner, and with the laborious tasks involved in this data collection, now is certainly not too soon to start preparing. Here's what you can expect from the new Payroll Based Journal (PBJ) requirements.

On Aug. 4, the **Centers for Medicare & Medicaid Services** (CMS) released a final rule on the fiscal year (FY) 2016 Prospective Payment System (PPS) for skilled nursing facilities (SNFs). Amid the many changes and updates in the final rule were provisions for Payroll-Based Staffing Data collection. This new requirement stems from provisions in the Affordable Care Act of 2010 (ACA), which added a new section to promote greater accountability for long-term care facilities, as well as from the IMPACT Act of 2014.

CMS also released an informational Survey & Certification (S&C) memo on Aug. 7 that details the Payroll-Based Staffing Data collection requirements.

Understand What Data You Must Submit

Effective July 1, 2016, you must submit direct-care staffing information (facility and agency). The final rule also contains the registration information for the voluntary Payroll-Based Data Submission period, according to a recent report by **Evvie Munley**, senior health policy analyst for Washington, D.C.-based **Leading Age**.

Nursing homes must submit direct-care staffing information that includes:

- Staff turnover and tenure;
- Resident and census data; and
- The category of work for each individual who performs direct care, including but not limited to RNs, LPNs, LVNs, CNAs, therapies, and other medical personnel that CMS specifies.

You must also specify whether the individual is an employee of your facility or engaged as a contractor or through an agency, the S&C memo says.

CMS defines "direct care staff" as "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 facility, such as housekeeping.

According to CMS, you must report hours paid for services performed onsite for the resident, except for paid time off (for example, vacation or sick leave). So if a salaried employee works 10 hours but the facility only pays for eight hours, you would report only eight hours.

How to Properly Categorize Staff

For staff who perform different roles or duties throughout their day, you should base your reporting on the employee's

primary role and official categorical title. For example, a Director of Nursing (DON) might perform administrative work for a few hours and then provide some direct care to residents due to an acute change in condition. Most roles have a variety of non-primary duties that are conducted throughout the day, such as helping out when needed, CMS says.

Still, report only the total hours of that employee based on her primary role. Tip: Refer to how the employee is categorized in the Human Resources system.

Likewise, a physician may spend the entire day in the facility, but some of that time is devoted to conducting, for instance, Medical Director responsibilities while some is spent seeing residents as the attending physician. "Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities," CMS instructs.

Scenario: Your facility contracts with a Medical Director for a certain fee to participate in Quality Improvement meetings and review a certain number of medical records each month. In this case, you should have a reasonable methodology for converting those activities into the number of hours your facility pays the Medical Director to work. "Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract," CMS says.

Caveat: Do not report hours for services performed that you bill to fee-for-service (FFS) Medicare or another payer. For instance, you should not report hours attributable to physicians, hospice staff, or private duty nurses. Also, do not report staff services hours attributable to residents in non-certified beds.

3 Ways to Track Contract Staff Hours

You must report contract staff hours as well, and this may take some extra work because many facilities do not include contract staff in their payroll or time and attendance systems. CMS provides the following suggestions for tracking contract hours:

1. Include contract staff hours in your attendance system (for example, have contractors "swipe in and out"), or enter contractor hours manually through the PBJ online data entry process.
2. Have your contract staff enter their hours as a designee of your facility in the PBJ system.
3. Have the vendor provide your facility with an XML file that meets the technical specifications, and then upload and merge the files.

Test Your Methods to Get a Head Start

You must submit the payroll-based staffing data electronically and in a uniform format at least quarterly, Munley said. "During initial implementation of electronic submission, CMS will continue to require use of forms 671 and 672."

You can test your electronic submission methods starting this month on a voluntary basis. Keep in mind that this is for testing purposes only □ CMS will not use the data collected during the voluntary submission period in calculating quality measures, Munley noted. The voluntary submission registration is open to all long-term care facilities.

To register for voluntary submission, you must first obtain a CMSNet User ID (at www.qtso.com/cmsnet.html) for PBJ Individual, Corporate and Third Party users who don't already have one for other QIES applications. Then, you must obtain a PBJ QIES Provider ID for PBJ system access at https://mds.qiesnet.org/mds_home.html.

The CASPER Reporting and PBJ systems will be available after Oct. 1, 2015. You will be able to submit XML files or manually enter staffing and census data for work performed on or after Oct. 1.

Check Out These PBJ Resources

CMS stated in the S&C memo that it will issue further instructions on the submission requirements in "subregulatory guidance."

Until CMS publishes more details, know that CMS offers a plethora of resources on the PBJ system, including the draft PBJ Manual at

www.cms.gov/Medicare/QualityInitiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-SubmissionPBJ.html. You can also access the PBJ Training Modules, which contain step-by-step registration instructions at www.qtso.com/webex/qiesclasses.php. And the PBJ Training Modules for the CASPER Reporting and PBJ systems are available on QTSO eUniversity, under the PBJ option, at this same web address.

To read S&C: 15-49-NH, go to

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-49.pdf. To view the SNF PPS final rule, go to

www.federalregister.gov/articles/2015/08/04/2015-18950/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities. CMS is directing all related inquiries to the email address

NHStaffing@cms.hhs.gov.

Additionally, you can review the PBJ Data Specification V1.00.1 Errata document, which CMS updated on Aug. 31, at

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Data-Specs-Errata-8-24-2015.pdf.