



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Ref: S&C: 16-13-NH**

**DATE:** March 18, 2016

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Payroll-Based Journal (PBJ) - Implementation of required electronic submission of Staffing Data for Long Term Care (LTC) Facilities

**Memorandum Summary**

**Information about the requirement for LTC facilities to electronically submit staffing data through the PBJ:**

- We remind providers of the voluntary submission period ending June 30, 2016, and the mandatory submission period beginning July 1, 2016.
- Restate instructions on how to register and where to find instructions to submit data.
- Notify stakeholders of the posting of the revised and final PBJ policy manual and related information at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- Note, the Centers for Medicare & Medicaid Services (CMS) may use its enforcement authority for noncompliance with the requirement to submit data.

The contents of this letter supports activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

**Background**

In August 2015, CMS finalized a proposed rule implementing section 6106 of the Affordable Care Act regarding the electronic submission of staffing information based on payroll and other verifiable and auditable data. This rule added a provision to the Requirements for Participation for LTC Facilities under 42 CFR §483.75:

- (u) Mandatory submission of staffing information based on payroll data in a uniform format. LTC facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

- (1) 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).
- (2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:
  - (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);
  - (ii) Resident census data; and
  - (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).
- (3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.
- (4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.
- (5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.

The PBJ system was developed for facilities to meet this requirement and all LTC facilities have access to this system.

### **Submission Periods**

LTC facilities may submit staffing data on a voluntary basis for the period ending June 30, 2016. The purpose of the voluntary submission period is for facilities and vendors to test their processes to submit data in the required format in advance of the mandatory submission period. We strongly recommend facilities start submitting data in preparation for the mandatory reporting period to be compliant with the new requirement. To test their processes, facilities may submit data for each quarter of the voluntary period, or data for any time-frame within the voluntary period (e.g., a month, a few days, etc.). Also, during this period, data may be submitted at any time (does not need to be after the end of a quarter). Voluntary data will not be used for survey or enforcement purposes and not used in the Five Star Quality Rating system.

The mandatory submission period begins July 1, 2016 and all LTC facilities are required to submit data in accordance with CMS specifications.

### **Registration and Training**

LTC facilities should use the following information for registering to the PBJ system and training on how to submit data:

- **Step 1:** Obtain a CMSNet User ID for PBJ Individual, Corporate and Third Party users, if you don't already have one for other QIES applications at <https://www.qtso.com/cmsnet.html> (many users may already have this access for MDS submission).
- **Step 2:** Obtain a PBJ QIES Provider ID for CASPER Reporting and **PBJ system access** at [https://mds.qiesnet.org/mds\\_home.html](https://mds.qiesnet.org/mds_home.html).

Once registered, training on how to submit data can be found at the below link. Again, we strongly recommend facilities submit data to prepare to meet this new requirement.

- **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>.

### **PBJ Policy Manual**

Several months ago CMS posted a draft PBJ policy manual that provides guidance on how data should be submitted. The policy manual was updated to reflect minor edits to the PBJ submission guidelines based on questions received from providers. For example, we provide clarification on which providers are subject to the new PBJ reporting requirements, who should be reported under Administration Services, and how facilities may report hours for staff who switch primary roles within a day.

The PBJ policy was finalized and is posted at the link listed in the resources section below.

### **Enforcement**

As with all Requirements for Participation, CMS expects LTC facilities to comply with the requirements set forth in 42 CFR §483.75(u) according to CMS specifications. CMS maintains authority to issue enforcement remedies, such as the imposition of civil money penalties (CMPs), for noncompliance with this requirement. As providers are adjusting to this new requirement, we may refrain from imposing enforcement remedies (e.g., for good faith efforts). Additionally, we will provide feedback mechanisms to providers, such as warnings, that will help facilitate compliance with this requirement.

### **Resources**

For additional information, please visit the PBJ webpage at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.

The materials on the PBJ webpage provides information such as the timing of submissions, sample entry screens, and how we expect facilities to electronically submit their staffing data, whether through an uploaded file (e.g., from a payroll system) or through manual entry. We encourage States and other stakeholder to make sure nursing homes are aware of the information

provided on the CMS website, and encourage nursing homes to forward information to their payroll or time and attendance vendors to evaluate the technical specifications.

**Contact:** For questions on this memorandum, please email: [NHStaffing@cms.hhs.gov](mailto:NHStaffing@cms.hhs.gov). Technical questions from vendors or software developers related to the PBJ Data Submission Specifications should be sent to: [NursingHomePBJTechIssues@cms.hhs.gov](mailto:NursingHomePBJTechIssues@cms.hhs.gov).

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum. The contents of this letter supports activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management