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

Q*1*: 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.

Q*2*: 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.

Q*3*: I have staff that sometimes work through their lunch break, or a portion of it. Why must I deduct 30 minutes for a meal break, regardless of whether or not the employee actually ate? A: First, for staff that work through lunch (paid or unpaid), there is no way to verify (e.g., from payroll) the portion of their meal break that was spent working vs. eating. Also, some facilities pay for meal breaks, and some do not. Allowing some facilities to report hours for paid meal breaks would result in reporting higher or lower levels of staffing based on whether or not a facility pays for meal breaks, instead of actual differences in the amount of direct resident care their staff provide. Therefore, in order to measure all facilities equally, we require all facilities to deduct 30 minutes per shift (see PBJ Policy Manual section 2.2.c).

Q4: If the employee takes less than a 30-minute meal break, do I still need to deduct the full 30 minutes? If I do need to deduct the full 30 minutes, then my payroll will show more time paid then worked. Would this be an issue in the case of an audit? *A: Yes. While an employee may take a shorter meal break, the policy is that a 30-minute meal break must be deducted for each 8-hour shift worked. If an audit were to occur, the facility would be compliant with PBJ policy by deducting the full meal break and the auditors would not penalize the facility for the timekeeping records showing shorter breaks than the payroll records.*

Q*5*: 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 should be included.

Q*6*: How are we expected to report for staff who perform different roles or duties throughout their day? For example, a Director of Nursing (DON) comes in and does administrative work for a couple of hours, then provides some direct care to residents because of an acute change in condition. Or how do we report time for "universal care workers" that perform a variety of duties?

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 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).

For facilities that use the universal care workers, facilities must use a reasonable methodology to separate the time that the universal care worker spends performing their primary role, from their time that is spent performing other activities. For example, assume a universal care worker is paid to work 7.5 hours each day (excluding a 30-minute mealtime). Of the 7.5 hours, 5.5 hours are spent performing CNA-related duties, one hour is spent providing cooking services, and one hour is spent providing cleaning services. In this situation, the facility shall only report 5.5 hours of CNA time. Additionally, the facility may report one hour of housekeeping time, and one hour of "other services" time as reporting of these categories is optional (see Table 1 of the PBJ Policy Manual).

Q*7*: 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 onsite shall be reported.

Q8: If our facility hires a nurse consultant, can the hours of the nurse consultant be reported?

A: If the consultant is paid by the facility to be onsite and available to provide direct care to residents, and are not performing monitoring tasks, such as helping the facility prepare for a survey or resident chart reviews, then those hours may be reported in PBJ. They would use the

code for RN or RN with administrative duties, depending on the primary duties assigned.

Q*9*: 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.

Q*10*: 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.

Q1*1*: 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 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.

Q1*2*: 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.

Q13: 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.

Q14: 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.

Q15: Can hours for nursing staff who work remotely be reported?

A: No. Hours for nursing staff can only be reported if they are worked onsite, as they must be available to provide direct care if needed.

Q16: 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.

Q17: How do I register to submit data?

A: Please view the following information:

Registration Training:

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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://qtso.cms.gov/providers/cmsnet-submission-access)*

- Obtain a PBJ QIES Provider ID for CASPER Reporting and PBJ system access. *(https://web.qiesnet.org/qiesmds/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://qtso.cms.gov/access-forms)*

Q18: If a provider can prove that they had an RN onsite for 8 consecutive hours and in PBJ they report 7.5 hours after removing 30 minutes for lunch, will that adversely impact them when surveyors review RN coverage?

A: Surveyors should be aware of the PBJ meal break policy. A facility should be able to show a surveyor that they deducted time for meals when submitting hours in PBJ. The facility should not be cited if they can show proof that there was an RN onsite for 8 consecutive hours a day, 7 days a week.

Q19: If there are facilities that have an RN waiver for having an RN onsite 8 hours a day, 7 days a week, are they able to share this information with CMS for consideration in the PBJ submissions?

A: The facility would need to contact CMS so CMS can verify they have the RN waiver. Once this is verified, the facility would not be downgraded to a 1 star for staffing as long as they have an RN onsite for a minimum of 40 hours per week as is required by regulation when an RN waiver is granted.

Q20: 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? ***Is there a cap to the hours that can be reported for salaried employees or can hours be reported if they are worked and paid?***

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. *Also, if an employee's salary is based on more than 40 hours a week, and this is supported in their contract, then the total hours specified in their contract, minus meal breaks, may be reported.*

Q21: 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 that 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.

Q22: 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 can go back to the Manual Data Entry section and see that data immediately. *In addition, running the staffing reports in CASPER will show what was included in the final PBJ submission.*

Q23: 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.

Q2*4*: My PBJ data for the current quarter was successfully submitted before the submission deadline. When will my facility's staffing information and star rating be updated on the Care Compare website?

A: The staffing information is updated on a quarterly basis. The PBJ submission deadlines are listed below along with the month that the timely submitted data will be reflected in the star ratings.

FISCAL	QUARTER REPORTING PERIOD	DUE DATE	NH COMPARE UPDATE
1	October 1 –December 31	February 14	*Last* Wednesday in April
2	January 1 –March 31	May 15	*Last* Wednesday in July
3	April 1 –June 30	August 14	*Last* Wednesday in October
4	July 1 –September 30	November 14	*Last* Wednesday in January

Care Compare is typically updated on the *last* Wednesday of the month. *The only exception to this is the November update. Due to the holidays, the November update typically occurs on the*

1st Wednesday of December and there is no additional update in December.

Facilities that fail to submit complete PBJ data by the submission deadline will be assigned a 1-star rating for the quarter. For more information, please refer to the Quality, Safety and Oversight memorandum that was released in April 2018, and can be found here: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions-items/qso18-17-nh.

In addition, providers that fail to submit staffing data or submit erroneous data will receive the lowest score possible for corresponding staff turnover measures. For more information, please refer to the Quality, Safety and Oversight memorandum that was released in October 2024, and can be found here: https://www.cms.gov/files/document/qso-25-01-nh.pdf.

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

Q25: If a provider fails a PBJ audit and would like to appeal the decision, is there a way for them to do so?

A: Yes. Providers are given instructions on how to file for a reconsideration in their audit results letter. There are some reasons why a facility would fail an audit where no reconsideration would be available. For example, if an audit reveals that a facility grouped contract employees under one ID instead of creating a unique ID for each contract employee, the audit is not completed. Grouped IDs will cause a significant variance because turnover cannot be calculated accurately. In that case, the results letter would not contain reconsideration instructions.

Q26: Our understanding is that a "significant variance between the hours reported and verified" would trigger a failed PBJ audit. Is that correct? Are there any other conditions that would trigger a PBJ audit failure?

A: Yes, a significant variance between the hours that were reported in PBJ and the hours that were verifiable back to payroll would result in an audit failure. A significant variance could also occur if a facility did not complete all MDS discharge assessments timely, resulting in an inaccurate census calculation. In addition, a failure to respond to an audit request or to submit all required documentation would also trigger a failed PBJ audit.

Q27: Can you clarify that all communication regarding the audit and appeal is through the auditors and not directly from CMS?

A: The audit request and all subsequent communication regarding the audit would come directly from the current audit contractor and not from CMS. This includes the final results

letter and, if a reconsideration is requested, the results of that request. Please note that all reconsiderations are sent to CMS for review and final decision, however, the final decision would be communicated by the audit contractor.