Electronic Staffing Data Submission Payroll-Based Journal (PBJ) System
Data Submission Frequently Asked Questions
Updated: 12/21/2016

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 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: How do we report on Laboratory and Radiology staff?
A: 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.

Q10: 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.

Q11: 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.

Q12: 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.

Q13: For employee reporting, do we have to track hire and termination date for contracted staff? The contracting agencies generally do not share this information with the facility. This applies to contract (agency) nursing staff, but also other types of staff.

A: 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 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). **If unsure, do not fill in an end date**. For example, if an agency nurse was hired by their nurse employment agency on 3/1/2015, but didn't start working at the nursing home until 5/15/2015, then 5/15/2015 would be that agency nurse's hire date for that nursing home. If the nursing home told the nurse's employment agency that they did not want that particular nurse to return to their facility after 7/1/2015, the facility would use the termination date of 7/1/2015, even though that nurse may continue to be employed by that employment agency past that date (and perform services at unrelated facilities). 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.

Q14: How should a facility enter a hire and rehire date for an employee who is hired and rehired within the same quarter?

A: For questions related to entering the hire and rehire dates for employees, please see Section 8.4 ("Manual Data Entry and XML Submission Rehire Process") of the PBJ User Manual, which can be found here, https://www.qtso.com/pbjtrain.html.

Q15: 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 shall do everything possible to retain the same employee ID numbers. If it is not possible, then the facility needs to understand that the PBJ system will identify these new employee IDs as new employees, which can affect their turnover and tenure data.

Q16: How does collecting the census on the last day of the month equate with the daily staffing data reported?

A: Based on feedback from providers who participated in a pilot (and in the interest of reducing provider burden), we are only collecting census data for the last day of each month. We understand that this could have implications for quality measures for public reporting. At this time, providers shall focus on the submission of accurate data. We will communicate quality measure information in advance of public reporting.

Q17: 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/)

Q18: 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.

Q19: 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.

Q20: 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

Q21: 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 Casper Reporting.

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