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

**Ref: S&C: 17-45-NH**

**DATE:**         **September 25, 2017**

**TO:**         State Survey Agency Directors

**FROM:**         Director
Survey and Certification Group

**SUBJECT:**   Electronic Staffing Submission - Payroll-Based Journal (PBJ) Public Use File

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### Memorandum Summary

- CMS will begin posting Payroll-Based Journal public use files which will be accessible at https://data.cms.gov/ on November 1, 2017.
- The *Nursing Home Compare* website indicates whether providers have submitted data by the required deadline, and if providers have submitted, complete, incomplete, or inaccurate data.
- We are updating the data submission specifications to give providers the ability to link employee IDs for an employee that has changed employee IDs within a facility.
- We will post an updated PBJ policy manual and related information by October 1, 2017 at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

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### Background

Staffing within long-term care (LTC) facilities significantly affects the care delivered to residents. In August 2015, the Centers for Medicare & Medicaid Services (CMS) amended the Requirements for Participation for LTC facilities to require the electronic submission of staffing data according to specifications established by CMS. The data submitted, through the PBJ, shall be the number of hours direct care staff are paid to work each day, auditable back to other verifiable information. PBJ data are intended to eventually replace data submitted on the CMS–671 Form.  However, facilities are required to continue to submit the CMS-671 Form during their annual survey, until instructed otherwise.

More information can be found on the CMS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

### Payroll-Based Journal Public Use File

To ensure transparency of the data submitted, CMS will begin posting data for viewing by LTC facilities, stakeholders, or the general public. The PBJ public use file will be available at

https://data.cms.gov/ beginning November 1, 2017. The first public use file posted will include data submitted by facilities for the reporting period of calendar quarters 1 and 2, 2017, and submitted by the May 15th and August 14th deadline, respectively (data submitted after the deadline will not be posted). CMS will continue to post subsequent quarters of data as they become available. The data will include the total number of hours submitted for nursing services job categories (e.g., registered nurse, licensed practical nurse, and nurse aides) for each day in the quarter, in addition to each facility's census for each day in the quarter as calculated using minimum data set (MDS) submissions. These files do not include any calculations of measures. Rather, they include the raw number of hours that providers have submitted and have real-time access to view on their own. CMS intends to expand the type of data reported in the public use file in the future (e.g., other job categories). Please see the "About the Payroll-Based Journal Data" section below for more information on how to interpret the data.

## About the Payroll-Based Journal Data

We note that the first mandatory deadline for submitted PBJ staffing data was October 15, 2016. Additionally, providers were able to voluntarily submit data starting October 1, 2015 to prepare for the mandatory submission period. While most providers have successfully submitted data since that time, some have not. Therefore, when reviewing the data, please be aware that data submitted for each facility may not be an accurate representation of the hours staff actually worked. Rather, it may be a function of incomplete or erroneous reporting as some providers continue to fine-tune their data submissions. Furthermore, facilities that did not submit data by the deadline, or whose data does not pass specific quality checks, will not be posted in the public use file. CMS is flagging these facilities on the *Nursing Home Compare* website (see section below).

Staffing measures currently displayed on the *Nursing Home Compare* website are derived from data reported on the CMS-671 and 672 forms. We do not expect data from these forms to exactly match the PBJ data for several reasons. First, the staffing data submitted on the CMS-671 captures only a two-week period prior to the facility's annual survey, whereas the PBJ data captures the staffing of a facility for each day in a quarter. Also, the definitions of certain job categories have been altered for PBJ data as compared to the instructions on the CMS-671 form. Similarly, on the *Nursing Home Compare* website, the total hours for registered nurses (RN) with administrative duties includes licensed practical/vocational nurses with administrative duties. However, the PBJ data has a standalone category for licensed practical/vocational nurses with administrative duties, so these hours can be reported separately. Furthermore, the staffing measures on the *Nursing Home Compare* website use the census for a single date submitted by the facility on the CMS-672 form. The PBJ data includes the census for each day in a quarter and is calculated using MDS submissions. Lastly, the PBJ program requires facilities to submit only those hours that staff are paid to work (in order to audit the data). For example, exempt (salaried) staff that are not paid for hours worked outside their normal schedule, are not reported. In contrast, facilities may have submitted unpaid hours on the CMS-671 form.

States, CMS Regional Offices, and stakeholders should also not interpret the data to indicate noncompliance with other requirements for LTC facilities. For example, 42 CFR §483.35(b) requires facilities to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Due to the factors stated above, it's possible a registered nurse worked hours that

were not reported in PBJ. We believe these instances are infrequent and CMS is evaluating ways to improve reporting.

### *Nursing Home Compare* **Website and the** *Five Star Quality Rating System*

In order to calculate and publically post accurate staffing information, it is critical that all providers complete and submit data on time. Providers that do not submit data by the required deadline will have their overall and staffing star ratings suppressed (e.g., removed) on *Nursing Home Compare*. Also, CMS uses icons to indicate the status of each facility's latest submission. A green icon is used to indicate that a facility has submitted complete data by the deadline. Conversely, a grey icon is used to indicate that a facility has submitted incomplete or inaccurate data. For example, we believe that facilities that have not submitted hours for nurse aides (certified nurse aides or medication aides) for an aberrant (e.g., that deviate from the expected) number of days within a quarter, indicates incomplete data.

CMS will continue to post information on the *Nursing Home Compare* website to indicate the status of data submitted by providers, and may update the methodology used to display icons or ratings to encourage more complete and accurate submissions. Staffing measures posted on the *Nursing Home Compare* website and used in the *Five Star Quality Rating System* are currently calculated using information submitted by facilities on the CMS-671 form. CMS intends to replace these staffing measures (e.g., nursing hours per resident per day) using PBJ data in 2018.

### **Changing Employee Identifiers**

CMS will calculate rates of tenure and turnover using each employee's unique identifier (ID). We have learned that there are occasions when a facility needs to change the unique employee ID of its staff. For example, when changing payroll vendors, some facilities change all employees' IDs. These occurrences would make it difficult to calculate accurate rates of tenure and turnover. Therefore, CMS is providing a method for facilities to link an old employee ID with a new one. This will enable us to track each unique employee's employment, regardless if their ID is changed.

More information on this can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

### **Payroll-Based Journal Resident Census**

CMS will use MDS data to calculate a daily resident census for each facility, and ultimately calculate staffing levels. We believe the ability to use daily census will improve the accuracy of staffing levels while also eliminating the burden associated with reporting resident census information through the PBJ system. Therefore, CMS is making it optional for facilities to electronically submit, through PBJ, resident census data. To ensure a facility's MDS census is calculated accurately, it is critical that facilities comply with the requirements for completing and transmitting assessments found in Chapter 2 of the MDS Resident Assessment Instrument (RAI) Manual and 42 CFR §483.20.

**Contact:** For questions on this memorandum, please email: NHStaffing@cms.hhs.gov. Technical questions from vendors or software developers related to the data submission specifications should be sent to: NursingHomePBJTechIssues@cms.hhs.gov.

The PBJ website, Policy Manual, and Frequently Asked Questions will be updated and available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html by October 1, 2017.

**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.

/s/
David R. Wright

Attachment- Frequently Asked Questions – PBJ Public Use File Released

cc: Survey and Certification Regional Office Management

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