# Payroll Based Journals Update

Jennifer Breen, Assistant Director of Reimbursement California Association of Health Facilities

2201 K Street, Sacramento, CA 95816

# PBJ IS and What PBJ ISN'T Payroll Based Journal Direct Care Staff Hours (CMS Definition) Case Mix and Censes Data (per MDS) Will be used to calculate portions of the 5Star Rating starting in 2018 Required by CMS Peanut Butter and Jelly Nursing Hours (CA Definition) Census Data per dally survey Used to Calculate 3.2 (or 3.5/2.4) Direct Care Hours Complete Data

### **PBJ Timeline**

- ▶ July 1, 2016: First Mandatory reporting period began. Submission due 45 days after end of quarter.
- ▶ September 2017: CMS began suppressing 5-Star ratings for facilities who did no Submit
- ▶ November 1, 2017: PBJ Public Use Files (PUF) were made available on the CMS Website.
- ▶ APRIL 2018: CMS began using PBJ data in calculating 5-Star.
  - ► CY 2017 Q4 was first PBJ data set used for 5-Star.
  - ► CMS revised the Star Rating Thresholds in conjunction with the implementation of the PBJ data in 5-Stars – Keeping the relative proportion of facilities in each star category the same nationwide.
- ► April 2019: CMS Updated 5-Star Scoring methodology

# **PBJ & 5-Star Reporting Periods**

Year	PBJ Data Period	PBJ Submission Deadline	5-Star Updated
2017	Oct - Dec	February 14, 2018	April, 2018
	Jan - Mar	May 15, 2018	July, 2018
2	April - June	August 14, 2018	October, 2018
2018	July - Sep	November 14, 2018	January, 2019
	Oct - Dec	February 14, 2019	April, 2019
2019	Jan - Mar	May 15, 2019	July, 2019

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## **Early PBJ Issues**

MDS Bed Day over counting.

- MDS Bed Day over counting is caused by delayed discharge MDS' being processed.
- $\bullet$  CMS's documentation also addresses the MDS Bed Day over counting.

Inaccurate Reporting of Hours by facilities

- $\bullet$  Some Facilities have NO RN hours reported, or NO LPN Hours reported
- Issues with facilities properly cross-walking/ time-coding

Understated Nursing Hours Per Patient Day due to issues 1 and 2 above.

 NHPPD is not reported directly in PUF however can be calculated simply based on the data provided in the PUF.

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# April 2019 5-Star Update

Changes in all 5-Star Domains:

- Survey
  - Unfreezing Surveys and incorporating new survey method into 5-Star
- Quality
- Removed physical restraints measure
- Added long stay hospitalization and Emergency Department visits measures.
- Special Focus Facilities
  - Nursing Home Compare no longer ratings for Special Focus Facilities

# April 2019 5-Star Update -Focus on RN Staffing

### **RN Staffing Requirement Changes**

- CMS was already assigning 1-star staffing rating to facilities with 7 or more days in a quarter with no RN.
- Now 4 or more days in quarter with no RN will result in a 1-Star rating.

Updates star thresholds for RN and Total Nursing Hours

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# April 2019 5-Star Update - Focus on RN Staffing

RN Staffing	New	Old
☆	<0.316	<0.246
tht.	0.316 - 0.500	0.246 - 0.382
****	0.501 - 0.723	0.383- 0.586
นำนำนำนำ	0.724 - 1.041	0.578 - 0.883
*******	≥1.042	≥0.884

Total Nursing	New	Old
☆	<3.107	<3.176
ಭರ್ಷ	3.107 – 3.573	3.176 – 3.551
ಭರ್ಭ	3.574 – 4.037	3.550 – 4.009
*********	4.038 - 4.403	4.010 - 4.237
*****	≥4.404	≥4.238

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# April 2019 5-Star Update – Focus on RN Staffing

RN r	ating and hours	Total	nurse staffing ra	ting and hours (F	RN, LPN and nur	se aide)
		1	2	3	4	5
		< 3.107	3.107 - 3.573	3.574 - 4.037	4.038 - 4.403	≥4.404
1	< 0.316	*	*	**	**	***
2	0.316 - 0.500	**	**	**	***	***
3	0.501 - 0.723	**	***	***	***	****
4	0.724 - 1.041	***	***	****	****	****
5	≥1.042	***	****	****	****	****

Overall Staffing is average of RN and Total Staffing. If not a whole number "Round towards" the RN rating.

# **Impact of April Update**

Star change	Total Staffing	RN Staffing		
Lost 1 or more	615	565		
No change	505	573		
Gained 1 or more	77	59		

CMS Calculates an Adjusted NHPPD for use in 5-Star based on:

Actual NHPPD (PBJ) Expected NHPPD (MDS) National Average NHPPD (PBJ)

 $Adj \ NHPPD = \frac{Actual}{Expcted} * Nationwide \ Ave$ 

# Resources on Reported / Expected/ Adjusted **Staffing Hours**

- Nursing Home Compare Staffing Data Set:
  - Reported Staffing
  - Expected (or "Case-Mix staffing")
  - Adjusted Staffing
  - $\bullet \ \ \text{Does not specifically show nationwide averages} \text{but can calculate based on data} \\$ available.

    - RN Staffing = 0.375 (June 2019 5-Star Q4 2018 data)
       Total Staffing = 3.207 (June 2019 5-Star Q4 2018 data)

stimates	G-IV Base	ed Case-Mix	Adjusted I	Nurse and A	ide Staffing	Minute				
sumates			STRIVE SE	udy Average Ti	mes (Minutes)					
Major RUG Group	RUG-IV Code	RN	LPN	Total Licensed	Nurse Aide	Total Nurse (RN+LPN+Aide)				
	RUX	68.37	111.44	179.81	131.11	310.92	5.18			
	RUL	109.06	63.87	172.93	199.94	372.87	6.21			
	RVX	29.24	95.88	125.12	145.94	271.06				
Rehab Plus	RVL	67.74	97.39	165.13	139.99	305.12	4.52			
Extensive	RHX	128.79	51.92	180.71	155.24	335.95	5.93			
CALCULATE	RHL	67.28	48.41	115.69	135.32	251.01	4.18			
	RMX	97.54	74.61	172.15	148.44	320.59	5.34			
	RML	133.82	84.01	217.83	153.24	371.07				
	RLX	133.82	84.01	217.83	153.24	371.07	6.18			
	RUC	27.80	66.41	94.21	148.95	243.16				
	RUB	45.01	71.09	116.10	141.03	257.13				
	RUA	35.18	54.55	89.73	101.01	190.74				
	RVC	34.22	68.45	102.67	156.53	259.20				
	RVB	28.86	56.56	85.42	119.90	205.32				
	RVA	31.30	59.35	90.65	113.73	204.38				
Rehab	RHC	36.62	54.88	91.50	156.14	247.64				
nenao	RH8	36.42	47.88	84.30	119.48	203.78				
	RHA	27.09	51.76	78.85	99.82	178.67				
	RMC	32.58	56.05	88.63	148.87	237.50				

Expected Nursin	_					VI
Nami 80.6	Nursing GG-based Function Score	# of Stays	% of Stays	Avg. WWST		CMS has not formally
ES3	0.14	5.40	0.35	429	7	•
ES2	0-14	11.02	0.65	318		announced how the Expected
ESI	0-14	20,08	1.15	303		·
HD62	0.5	6,54	0.3%	249		Nursing Score will transition
HDEI	0.5	73,03	3.8%	207	3.45	S .
HBC2	6-14	10,92	0.65	231		under PDPM.
HBC1	6-14	167,80	8.8%	192		
LDI2	0.5	7,20	0.45	215		
LDEI	0.5	109,783	5.8%	179		and the second second
LBC2	6-14	8,43	0.45	178		However, the Acumen study
LBCI	6-14	183,34		149		C 000041
CDE2	0.5	7,22		194		for PDPM included this chart of
CDEI	0.5	114,14		166		
CBC2	6-14	17,23		160		Average Wage-weighted Staff
CA2	15-16	1,943		113	2.3	Time by DDDMin-
CBCI	6-14	466,461		138	2.3	Time by PDPM nursing
CAI BAR2	15-16	48,84		99		catogony
BABI	11-16	61.57	3.25	100		category.
PDE2	0.5	2.02	0.15	163		
POLI	0.5	88.19		153		
1963	6.14	5,50		125		
PAZ	15.16	28		71		
PRO	6:14	421.38	22.25	115		
PAL	15.16	28.32		- 69	1.15	
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PBJ	Pitfal	ls
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- Late Submissions
  - Always due 45 days after reporting quarter ends
     11:59 PM Eastern (8:59 PM Pacific)
  - CMS will  $\underline{\text{\bf NOT}}$  accept late submissions or corrections!
- More than 4 days without RN in quarter
- Excessively High or Low reporting
  - Indicative of reporting errors
- Audit discrepancies and/or non-response to audit request

All result in a 1 Star for the 5-Star Staffing Domain!

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PBJ Audits	
CMS has hired outside firms to audit the accuracy of submitted PBJ Data.     Myers and Stauffer and Granite Dolphin	
<ul> <li>Focused on examining payroll and other records to identify if staffing is accurately reported in PBJ.</li> </ul>	
Document requests may include:     Payroll records     Timekeeping records     Invoices or contracts for contracted staff     Interviews with staff responsible for PBJ data and submission	
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2201 K Steet, Sacramento, CA 46816	
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Special Issues with PBJ	
Salaried Staff working more than 8 hours: Only 8 hours per day is captured by PBJ for salaried staff. If a separate payment is made additional hours can be counted for salaried overtime: Payment must directly correlate to hours worked and be distinguishable for other payments. Payment must be reasonable compensation for services provided.	
<ul> <li>Meal Breaks:</li> <li>"For each full shift that staff (exempt, non-exempt, or contract) are paid to work, a 30 minute meal break must be deducted from their shift (whether or not the employee actually takes a meal break)."</li> </ul>	
2201 K Street, Sacramento, CA 96816	
Special Issues with PBJ	
Corporate Staff:	
<ul> <li>May be reported if working on-site providing resident care, even though paid through corporate vs facility pay roll. This includes instances of corporate staff filling in for DON while on leave.</li> </ul>	
<ul> <li>Do not count time spent in monitoring tasks – such as helping facility prepare for survey or chart reviews.</li> </ul>	
Staff Training:     Do not count hours for staff who are in training and are <b>NOT</b> available to preform	

# **PBJ Employee ID Linking**

- ► CMS is tracking turnover based on Employee ID.
  - ► May effect 5-Star in future.
- ► Employee ID may change due to:
  - ► Change in ownership
  - ► Change in job classification
  - ► Change in payroll system



CMS has Employee ID Linking Methodology to account for these Changes. <a href="https://www.cms.gov/hedicare/Quality-Initiatives-Patient-Assessment-instruments/NursingthomeQualityInits/Downloads/PB-Linking-Methodology.pdf">https://www.cms.gov/hedicare/Quality-Initiatives-Patient-Assessment-instruments/NursingthomeQualityInits/Downloads/PB-Linking-Methodology.pdf</a>

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# **PBJ vs CDPH Staffing Audits**

PBJ staffing definitions are NOT 1-to-1 with CA Direct Care Staffing definitions.

- Includes DON hours for all facilities.
- Does not include overtime worked by salaried employee
  - Unless paid separately for that time
- Does not make distinction between SNF and Subacute
- Based on PBJ reported data and MDS Bed Count not detailed facility logs and census.

 $\label{lem:condition} \mbox{CDPH can utilize PBJ as supplemental data in preforming their audits}$ 

### (AFL 17-26)

 MDS Census from PBJ should not be used! Data issues with MDS Census reports (used in PBJ calculations) make it a poor source for census data.

2201 K Street, Sacramento, CA 95816

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Questions?	
Thank you!	
Jennifer Breen, Assistant Director of Reimbursement California Association of Health Facilities	
Jbreen@cahf.org	
2201 K Street, Sacramento, CA 95816	