



Payroll-Based Journal Reporting – Lessons from Early Submissions

Carl Moellenkamp, CliftonLarsonAllen
Don Feige, ezPBJ

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- A professional services firm with three distinct business lines
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 - Outsourcing
 - Audit, Tax, and Consulting
- More than 4,500 employees
- Offices coast to coast
- Serve more than 6,800 health care clients



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About ezPBJ

- ezPBJ transforms any **timekeeping, payroll, and vendor data** into the PBJ compliant format while giving users tools to **modify and optimize** their staffing data to PBJ.
- Built-in **error checks validate your staffing data** prior to CMS submission

The logo for ezPBJ features a large blue stylized 'e' containing a white checkmark, followed by the text 'ezPBJ' in a bold, sans-serif font. The 'ez' is blue and the 'PBJ' is black.

Speaker Introductions

- **Carl Moellenkamp**

Carl Moellenkamp is an engagement director on CLA's senior living team. He brings extensive experience in the nonprofit industry with a special focus on senior living and social service entities. Carl offers versatile expertise and experience in leadership, project management, software implementation, and resource allocation.

- **Don Feige, ezPBJ**

Don Feige is a software entrepreneur specializing in workforce solutions that solve the toughest staffing, scheduling, and reporting challenges in health care. As CEO of ezPBJ Don has worked with hundreds of skilled nursing facilities in understanding the PBJ policy, designing data capture processes needed for PBJ reporting and converting data from dozens of timekeeping and payroll systems into PBJ format.

Learning Objectives

- At the end of this session, you will be able to:
 - Discuss the basic requirements of PBJ as defined by CMS
 - Recognize PBJ data that nursing facilities have found difficult to report
 - Identify opportunities to efficiently provide accurate data to the CMS PBJ system based on experiences of other nursing care providers



Today's Agenda

- Highlights of the PBJ policy and new PBJ rules
- Understanding the PBJ format
- Working with your data
- Panel
- PBJ best practices

The screenshot shows the 'Add New Employee' form in the CMS Payroll Based Journal system. The form includes the following fields and controls:

- Facility:** A dropdown menu with a red asterisk indicating it is a required field.
- Employee ID:** A text input field with a red asterisk indicating it is a required field.
- Hire Date:** A date input field with a calendar icon and a red asterisk indicating it is a required field.
- Termination Date:** A date input field with a calendar icon.
- Pay Type Code:** A dropdown menu with a red asterisk indicating it is a required field.

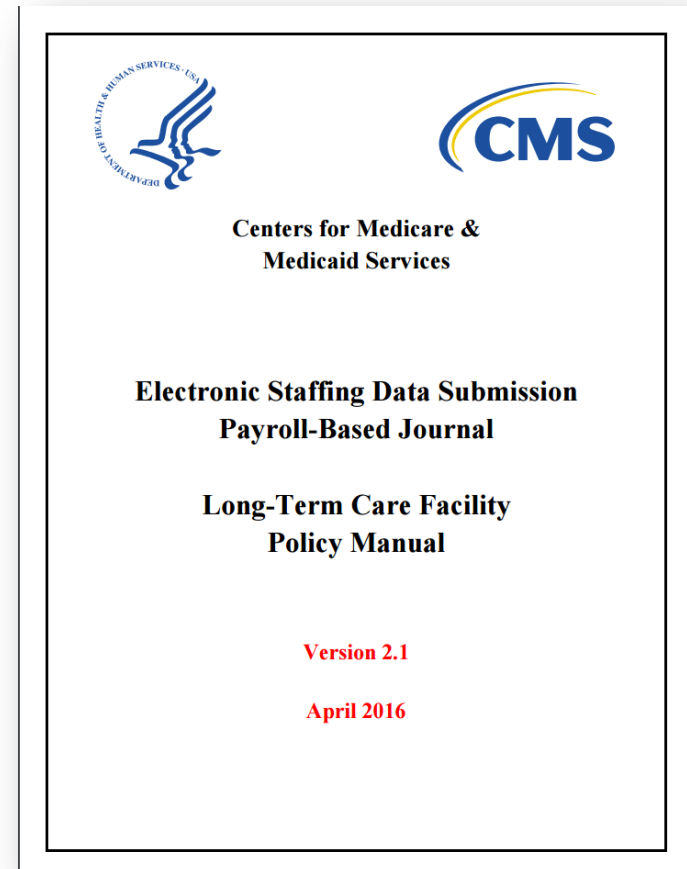
At the bottom of the form, there are two buttons: 'SAVE NEW EMPLOYEE' and 'CANCEL'. The footer of the page contains the text 'Developed under contract with the Centers for Medicare & Medicaid Services (CMS)' and a link to the 'Accessibility Policy'.



Highlights of the PBJ Policy and New PBJ Rules

Purpose of the New Payroll-Based Journal Rule

- Improve accuracy of measuring staffing as one of the components of a nursing home's ability to provide quality care
- Include (eventually) in Nursing Home Five Star Quality Rating System
- Ensure accuracy by making data verifiable and auditable vs. self-reported
- Collect data (and update staffing star ratings) more frequently than before



Key New Features

- Measuring direct care staff hours

- Employees
- Contractors
- Daily hours worked
- Exclusions and allocations

- Data must be verifiable and auditable

- From payroll data for employees
- From contracts / invoices for non-employees
- Your data may be audited by CMS

- Turnover and tenure added to quality

- Hire / termination dates
- First date vendor worked at facility



Mapping to PBJ Labor Categories

- 40 categories – **slightly different than the CMS 671**
- Mapping for your **future job codes is important**
- Several optional categories – **decision to be made**



Contractors Are Staff: ID Their Roles

Labor Category	Labor Description	Job Title	Job Description
1	Administration Services	1	Administrator
2	Physician Services	2	Medical Director
2	Physician Services	3	Other Physician
2	Physician Services	4	Physician Assistant
3	Nursing Services	5	Registered Nurse Director of Nursing
3	Nursing Services	6	Registered Nurse with Administrative Duties
3	Nursing Services	7	Registered Nurse
3	Nursing Services	8	Licensed Practical/Vocational Nurse with Administrative Duties
3	Nursing Services	9	Licensed Practical/Vocational Nurse
3	Nursing Services	10	Certified Nurse Aide
3	Nursing Services	11	Nurse Aide in Training
3	Nursing Services	12	Medication Aide/Technician
3	Nursing Services	13	Nurse Practitioner
3	Nursing Services	14	Clinical Nurse Specialist
4	Pharmacy Services	15	Pharmacist
5	Dietary Services	16	Dietitian
5	Dietary Services	17	Paid Feeding Assistant
6	Therapeutic Services	18	Occupational Therapist
6	Therapeutic Services	19	Occupational Therapy Assistant
6	Therapeutic Services	20	Occupational Therapy Aide

Labor Category	Labor Description	Job Title	Job Description
6	Therapeutic Services	21	Physical Therapist
6	Therapeutic Services	22	Physical Therapy Assistant
6	Therapeutic Services	23	Physical Therapy Aide
6	Therapeutic Services	24	Respiratory Therapist
6	Therapeutic Services	25	Respiratory Therapy Technician
6	Therapeutic Services	26	Speech/Language Pathologist
6	Therapeutic Services	27	Therapeutic Recreation Specialist
6	Therapeutic Services	28	Qualified Activities Professional
6	Therapeutic Services	29	Other Activities Staff
6	Therapeutic Services	30	Qualified Social Worker
6	Therapeutic Services	31	Other Social Worker
7	Dental Services	32	Dentist
8	Podiatry Services	33	Podiatrist
9	Mental Health Services	34	Mental Health Service Worker
10	Vocational Services	35	Vocational Service Worker
11	Clinical Laboratory Services	36	Clinical Laboratory Service Worker
12	Diagnostic X-ray Services	37	Diagnostic X-ray Service Worker
13	Administration & Storage of Blood Services	38	Blood Service Worker (OPTIONAL)
14	Housekeeping Services	39	Housekeeping Service Worker (OPTIONAL)
15	Other Services	40	Other Service Worker (OPTIONAL)

Potential contractor staff



- You must collect daily paid hours for non-employee staff providing direct care

Reporting Logistics

**Nov
14**



CMS DEADLINE

for first PBJ
submission

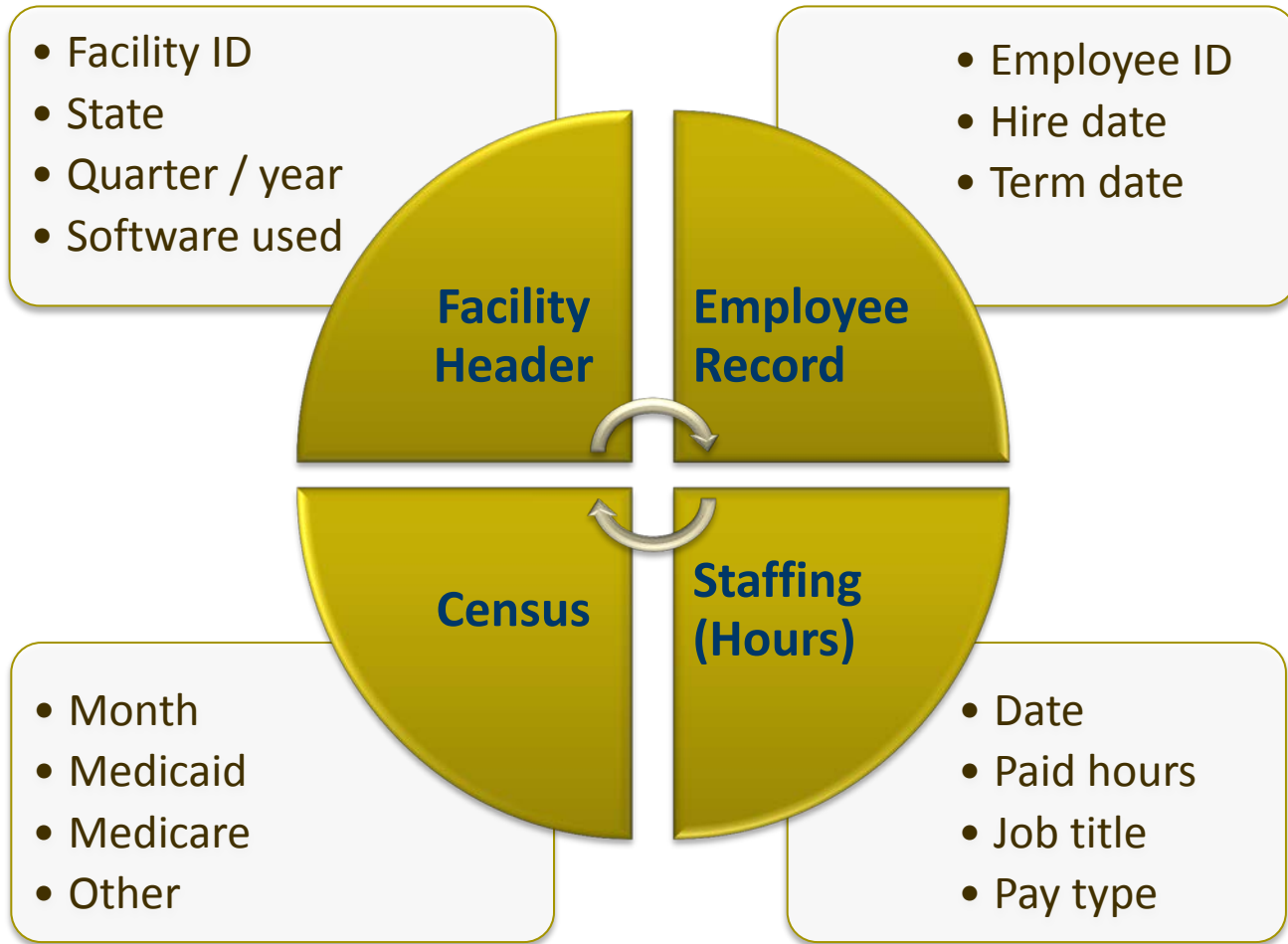
(45th day after last day
of each fiscal quarter)

Fiscal Quarter	Date Range	Submission Deadline
1	October 1 – December 31	February 14
2	January 1 – March 31	May 15
3	April 1 – June 30	August 14
4	July 1 – September 30	November 14



Understanding the PBJ Format

Data Breakdown – What is Submitted to CMS



What A Zipped XML File Looks Like



PBJ-12345_04-22-2016.zip

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Data Formatting Lessons

Challenges



Strategies

- **Enter data manually or upload an XML file**
What's the best way to prepare and submit PBJ reports?
- **Paid hours by calendar day**
Must report paid hours by calendar day (**midnight to midnight**)

- **Evaluate trade-offs**
 - Time and effort to manually enter
 - Cost and quality of PBJ software
 - Impact on Five Star rating
- **Use the Right Tools**
 - Timekeeping systems usually better data than payroll, but error prone
 - Need specialized reports or converter





Working with Your Data

Capturing and submitting daily paid hours for all direct care staff

Collect and Report Direct Care Staffing Data



• 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**”



• Use primary role (job title)

- The reported hours for each staff member must be categorized into one of the 40 CMS provided job codes and descriptions



• Not direct care

- Primary duty is maintaining the physical environment of the facility
- Expanded definition – includes more staff

• Other direct care exclusions

- This is an area of significant confusion

Refer to the CMS job title codes and descriptions

Data Collection Lessons

Challenges



Strategies

- **Paid hours for exempt staff**

Track daily paid hours for exempt (salaried) employees

- **Multiple roles per staff**

For employees in multiple roles, have a method to track which role they are working for each shift

- **Build audit trail for exempts**

- Auto-fill or punch clocks daily
- Track paid (8 hours) not worked
- Can > 40 hrs if meet certain criteria

- **Automate data capture**

- Have staff punch in and out of roles
- Time study allocation
- Document all roles for audit trail (job descriptions, titles)

Contractor Data Collection Lessons

Challenges



Strategies

- **Paid hours for contractors**

Track daily paid hours for all contractors providing direct care

- **ID's and hire dates**

Collect the demographic data for all your contractors too.

- **Determine your data collection strategies**

- Vendor provided files
- Vendor punching clocks
- SNF internal logging

- **Contractor tenure matters**

- Make the effort to get first date worked at SNF for contractors
- Have a clean ID structure to avoid duplication and no PII



Lessons on Accurately Measuring Paid Hours

Challenges



Strategies

- Only report directly paid direct care hours

- Exclude non-paid hours

Must report paid hours by calendar day (**midnight to midnight**)

- **If you don't pay, don't report**
 - Don't report services billed to Medicare or Medicaid or other payers
 - Exclude non-SNF services to assisted or independent living, or day care
- **Filter non-reportable hours**
 - Automate tracking of: paid time off, sick time, in-service, or training
 - No exempt hours over paid (>40)



Lessons on Timekeeping or Payroll Software

- ✓ **Confirm that your timekeeping or payroll system:**
- Can report paid hours by calendar day, not shift day (or give punch reports)
 - Includes job title and pay type on the hours (shifts) report
 - Handles punch policies for cross over roles, training, and non paid tracking







PBJ Best Practices

**HOW IMPORTANT WILL IT BE
TO YOU TO KNOW WHAT YOU
ARE SUBMITTING EVERY DAY?**



What We're Hearing in the Field

- “We have PBJ covered”
- “Help us make some final decisions” (or what they think are final)
- “We are using a variety of reporting tools” (i.e. Onshift, Kronos, etc)
- “Our therapy company (or other outsource company) will report the data for us so we do not have to worry about that component”
- “We do not know how we are going to accomplish this because:
 - Staff do not have expertise or we have had turnover
 - We do not understand how to get data from our various systems or which systems are best
 - We do not know how to tell if we are doing it correctly”



Approach of a Best Practice Facility

- Successfully **submit practice data** from contractors, payroll and manually through the CMS PBJ website before Sept 30
- Verify the submitted **data is complete and accurate**
- Analyze if your submitted PBJ data will provide the **same or a better staffing ratio** as your current staffing rating in Nursing Home Compare
- Assess if your process is **efficient and automated** so that the PBJ process will not take a considerable amount of time going forward



Know Your Staffing Data

- Large payroll software vendors are **not fully prepared** yet for PBJ
- Payroll contains only 80% of the data needed for PBJ – electronically capturing **the other data** is a key concern
- Time and attendance systems have basic reporting. **Confirm your PBJ reports handle** midnight splits, staff allocated less than 100% to PBJ, and staff working in more than one role
- Prepare an **additional audit trail** including job descriptions, contracts, invoice,s and time

Reconcile your initial PBJ reports to an offline “what’s expected” calculation of staff and hours



Get Your Facility Organized

- The first submission **takes longer than you plan**
- **Done** does NOT equal **correct**
- November 14th is only **90 days away**
- Internally, leaders should be clear as to **who is responsible** for all the parts of PBJ (employees, contractors, census, validation)
- Nursing communities must wrestle with **significant interpretation issues** and conflicting interpretations and guidance from CMS
- For any unfunded mandate, **efficiency is key** – some third party software may be more efficient

Get started now to build your PBJ submission team with multiple people and project management techniques



Build Your Auditable Vendor Process

- **Verify all hours** they report to you as CMS holds the **facility responsible**
- Vendor **tenure is important** – get “first date worked” as far back as you can
- Verify which of your vendors are providing PBJ data
- Local vendors often don’t have the systems needed – you may need to **track their hours yourself**
- Create a vendor ID naming system to **avoid any duplication**
- Collect documentation of vendor roles / job titles to **ensure audit trail**

Hours and tenure will drive quality ratings – take the time to get the most from your auditable vendor data



Don't Under Report Hours

- Report hours for all staff just as you would on the 671
- Assess and capture vendor hours – don't rely just on what they tell you
- Identify where you have additional staff (other business units, central office, occasional vendors) providing direct care and capture their hours
- Exempt staff covering a non-exempt role beyond their salaried hours

Hours and tenure will drive quality ratings – take the time to identify and capture ALL direct care hours



Make Sound Decisions on Interpretations

- Key Interpretations of the CMS PBJ Manual
 - Primary role (differences from CMS 671)
 - Role changes during a workday
 - Administrators, DONs, and ADONs
 - Medical directors, dentists, podiatrists, etc.
 - Activities and social workers
 - Optional and other categories
 - Housekeeping and maintenance

Get help with gray areas. Consult peers, experts, CMS, and webinars.



Other Key Issues??

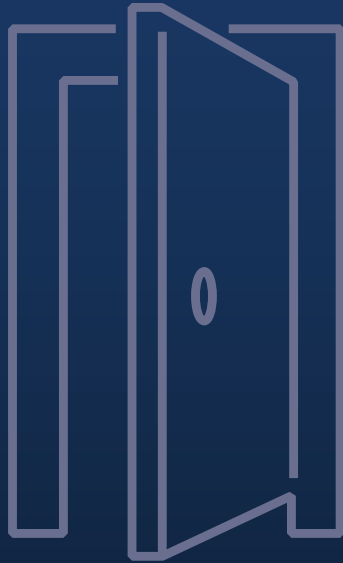
- Temporary agency staff, staff whose time is not reported on community payroll, and other unusual issues have not typically been investigated fully
- Convenience fees for outside medical providers such as dentists, audiologists, etc.
- Clients requesting to “test their decisions” and “provide answers” to interpretations of CMS PBJ Manual v.2.1 which is vague and lacks definition as to how the data will be used in the future
- Allocations of hours worked to CMS certified beds is challenging – many questions very specific to each community

Monitor over time as interpretations will evolve.



Questions?





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