

Organizational Impact and Preparing for CMS Payroll Based Journal and Electronic Staffing Data Collection Update

March 25, 2016

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor. | ©2016 CliftonLarsonAllen LLP



About CliftonLarsonAllen

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

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC.





Speaker Introductions

Deb Freeland

Deb Freeland is a principal specializing in reimbursement and assurance services for senior living facilities and hospitals. She has extensive experience handling the distinctive issues facing health care organizations in today's challenging environment. Her experience includes cost report auditing, cost report preparation, Disproportionate Share Hospital audits and consulting, reimbursement methodology consulting, upper payment limit calculations, claim reviews, and expert witness testimony.



Speaker Introductions

Rick Hamilton

Rick is a principal with extensive experience in Medicare, Medicaid, Managed Care Programs, clinical coverage, documentation, billing, audit triggers, and managed care contracting. His specialties include enhancing compliance and optimizing Medicare reimbursement. Rick has more than 25 years of senior living/health care experience in operations, administration, long-term care pharmacy services, and rehabilitation programs. He has extensive knowledge in SNF Medicare compliance, rate optimization, clinical coverage/documentation, and health information systems.



Speaker Introductions

Lou Shiber

Lou is an engagement director specializing in reimbursement consulting in proprietary and nonprofit senior living organizations. He has thirty-two years of extensive experience in senior living financial operations which includes providing client services in reimbursement theory and cost report preparation, third-party audits and appeals, rate appeals and analysis, compliance oversight, expert witness testimonies, and an extensive background in the federal privacy rules, regulations, and application.



Learning Objectives

- At the end of this session, you will be able to:
 - Discuss the CMS Payroll Based Journal voluntary reporting and how to best prepare for mandatory reporting as of July 1, 2016
 - Review the process from initial online registration through submission and what is needed to comply with the new regulation
 - Analyze the payroll data requirements and discuss direct vs. indirect, contract vs. employee, as well as other data that must be submitted
 - Review the classification of employees (i.e. Nurse Supervisor,
 R.N., and dual role employees) and how they are to be properly categorized for PBJ reporting.



Regulatory Overview

- Final Rule published August 4, 2015 in the Federal Register
- Section 6106 of the Affordable Care Act requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data
- This data, when combined with census information, is to be reported on the level of staff in each nursing home
- This data is to report employee turnover and tenure
- Intent is to link payroll staffing records to the CMS five star rating system





Welcome to the CMS QIES Systems for Providers

The QIES scheduled downtime begins Friday December 11th at 8:00 PM (ET) and ends on Monday December 14th at 6:00 AM (ET).

MDS and ePOC User Registration

Initial Registration ———— Payroll Based Journal User Registration

MDS 3.0 Submissions

All Future Submissions ———>

PBJ Submissions

Payroll Based Journal (PBJ) Provider User Guide

MDS 3.0 Provider User's Guide Choose a Section

✓ Select

CASPER Reporting User's Guide for MDS Providers:

Choose a Section

✓ Select

<u>CASPER Reporting</u> - Select this link to access the Final Validation and Provider reports.

QIES User Maintenance Application

QIES User Maintenance Application User's Guide

ASPEN Access (ePOC)

https://web.giesnet.org/giesmds/mds_home.html

12/15/2015





Payroll Based Journal - Overview

CMS has long identified staffing as one of the vital components of a nursing home's ability to provide care. Over time, CMS has utilized staffing data for many purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. Staffing is used in the Nursing Home Five Star Rating System to help consumers understand the level of difference of staffing in nursing homes.

- Voluntary Reporting Period: Begins October 1, 2015
- MANDATORY Reporting Period: Begins July 1, 2016



Current System: Staffing Domain as it Affects Your 5 Star Rating

There is considerable evidence of a relationship between nursing home staffing levels and resident outcomes. The CMS Staffing Study found a clear association between nurse staffing ratios and nursing home quality of care, identifying specific ratios of staff to residents below which residents are at substantially higher risk of quality problems.

The rating for staffing is based on two case-mix adjusted measures:

- Total nursing hours per resident date (RN + LPN + nurse aide hours)
- RN hours per resident day

The source data for the staffing measures is CMS form CMS-671 (Long Term Care Facility Application for Medicare and Medicaid) from CASPER. The resident census is based on the count of total residents from CMS form CMS-672 (Resident Census and Conditions of Residents). The specific fields that are used in the RN, LPN, and nurse aide hours calculations are:

• RN hours: Includes registered nurses (tag number F41 on the CMS-671 form), RN director of nursing (F39), and nurses with administrative duties (F40).







Current System: Staffing Domain as it Affects Your 5 Star Rating

Full-	Time			P		Cime		ATE.							
				S	33	- Si	s)		-	-0	tour	50	Contract		
S		- 333	357	S	333	- 856			_						
					333	1835									
SS 30	22		3.00			-		333	-52	- 3	1.5	100	1		
34 3	- 22	:	3.0		_			8					1		
84 3	22		30						_			1			
													1		
				2.33	533	724	58	256	. 555	.539	5.83	-63	1		
									1						
						-							-		
	_												1		
1 1															
					_										
	1				_	-									
	_					-									
153 60	1 0	- 23	90	333	100	2.2	45.5	. 0.5	-30	- 2.53	2.53	36	-37		
													-		
3 - 3	ı	- 33	100	- 30	133	100	630	-25	2357	2.0	333	-838	33		
			-						-						
	1		_								-				
-															
-								-	-				-		
						-						_	_		
	-	-		- 1											
	1		_					\vdash	-	-			_		
-		-		_		_			-			_	-		
				_							-	-	-		
				_											
				-	- 1	- 1			\vdash	\vdash	_		-		
	1				- 1				\vdash	\vdash					
	-			- 1											
	-					_			-						
					- 1	_			-						
30 30		- 33	1,000	14.2	500	755	133.7	333	1257.5	3.50	38.5	4500	133		
100		133	32	- 22		- 1	35	32.5	33.5	3.163	53.2	13-5	35		
83 :25		11.5	333	100			550	-05	- 374	-33	233	-223	1		
		3.5	555	30	-	7.7	15.5	1	23.5	32	-33	200			
97 30	1	-			_	-						-			
93 30					-				-		-				
ı	30 35 30 35 31 35							17	Time	Time	Time	Time	Time		

Name of Person Completing Form

Signature

Date

Form CMS-671 (12/02)





Current System: Staffing Domain as it Affects Your 5 Star Rating

Table 4
National Star Cut Points for Staffing Measures, Based on Case-Mix Adjusted Hours per Resident
Day (updated April 2012)

Staff type	1 star	2 stars lower	2 stars upper	3 stars lower	3 stars upper	4 stars lower	4 stars upper	5 stars
RN	< 0.283	<u>≥</u> 0.283	< 0.379	<u>></u> 0.379	< 0.513	<u>></u> 0.513	< 0.710	<u>></u> 0.710
Total	< 3.262	<u>≥</u> 3.262	< 3.661	<u>></u> 3.661	< 4.173	<u>></u> 4.173	< 4.418	<u>></u> 4.418

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

Rating Methodology

Facility ratings for overall staffing are based on the combination of RN and total nurse (RNs, LPNs, LVNs, and CNAs) staffing ratings as shown in Table 5. To receive a five-star rating, facilities must meet or exceed the five-star level for both RN and total staffing. To receive a four-star staffing rating, facilities must receive at least a three-star rating on both RN and total nurse staffing and must receive a rating of four or five stars on one of these domains.

Table 5
Staffing Points and Rating (updated February 2015)

RN r	ating and hours	Total nurse staffing rating and hours (RN, LPN and nurse aide)					
		1	2	3	4	5	
		<3.262	3.262 - 3.660	3.661 – 4.172	4.173 – 4.417	<u>></u> 4.418	
1	<0.283	*	*	**	**	***	
2	0.283 - 0.378	*	**	***	***	***	
3	0.379 - 0.512	**	***	***	****	****	
4	0.513 - 0.709	**	***	****	***	****	
5	<u>≥</u> 0.710	***	***	****	***	****	

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.





New York Times Article

Medicare Star Ratings Allow Nursing Homes to Game the System

By KATIE THOMAS AUG. 24, 2014

339 COMMENTS







Save

CARMICHAEL, Calif. — The lobby of Rosewood Post-Acute Rehab, a nursing home in this Sacramento suburb, bears all the touches of a luxury hotel, including high ceilings, leather club chairs and paintings of bucolic landscapes.



http://topics.nytimes.com/top/reference/timestopics/people/t/k...

But an examination of the rating system by The New York Times has found that Rosewood and many other top-ranked nursing homes have been given a seal of approval that is based on incomplete information and that can seriously mislead consumers, investors, and others about conditions at the homes.





NEW Reporting Requirement - Staffing Data

Long-term care facilities must electronically submit to CMS complete and accurate <u>direct care</u> staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

- Direct Care Staff 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).

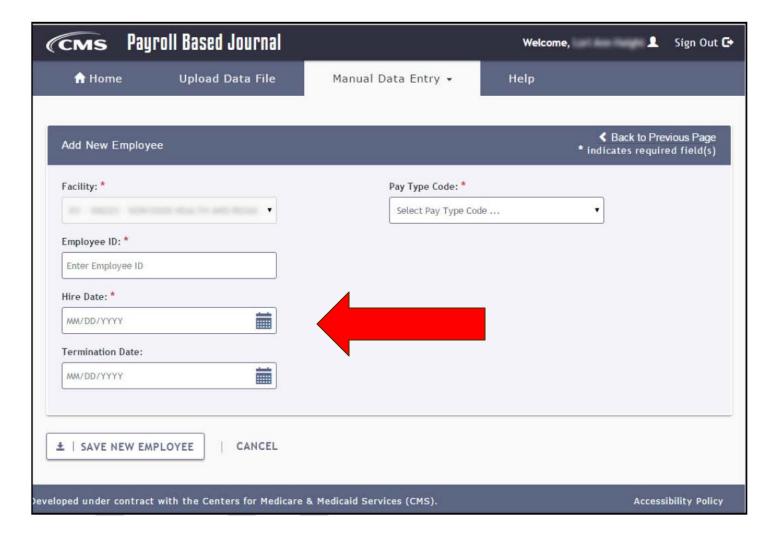


NEW Reporting Requirement - Staffing Data (Cont'd)

- Submission requirements. The facility must electronically submit to CMS complete and accurate <u>direct care</u> staffing information
 - Direct care staff included but not limited to: R.N., L.P.N.,
 L.V.N., C.N.A., therapist, or other type of medical personnel;
 - Resident census data;
 - Information on direct care staff turnover and tenure,
 - hours of care provided by each category of staff per resident per day
 - ♦ start date, end date (as applicable)
 - ♦ hours worked for each individual.



NEW Reporting Requirement - Staffing Data (Cont'd)





NEW Reporting Requirement - Staffing Data (Cont'd)

 Need to distinguish employee from agency and contract staff.

- Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.
- Submission schedule: Quarterly.

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



	roll Based Journal				Welcome,	🚨 Sign O
☆ Home	Upload Data File	Manual Data Entry +	Help			
Manual Staffing H	ours Data Entry				⊀ Bak * indicate	ck to Previous Pa s required field(
Facility: *			Federal Fiscal Qua	nrter: *		,
	•		Quarter 4 2015 (Ju	ly 1 - September 30]	•	
Staffing Hours					+ ADD N	NEW EMPLOYEE
✓ Previous We	ek	Week of 08/09,	/2015 - 08/15/201	5		Next week >
Employee ID	(Hit Enter to Submit) Employee Staffing Details					
Employee 1	Registered Nurse with Administra Registered Nurse	08/09 08	10n Tue 1/10 08/11 8.00 8.00	Wed 08/12 08/13 8.00	8.00 Sat	32.00 8.00
Employee 1 Employee 2	Registered Nurse with Administra Registered Nurse Add New Work Entry	tiv •	8.00 8.00 8.00 8.00	8.00 8.00	8.00	32.00
	Registered Nurse with Administra Registered Nurse	0.00 tile Sun	0.08 00.8	8.00	00.8	32.00 8.00 00 40.00 Total
	Registered Nurse with Administra Registered Nurse + Add New Work Entry Labor Category/Job Til Administrator + Add New Work Entry Labor Category/Job Til	tiv • 0.00	8.00 8.00 8.00 8.00 8.00 8.00	8.00 S.00 S.00 Wed 08/12 08/13 S.00 S.00	8.00 0.0 Fri Sat 08/14 08/15 8.00 0.0 Fri Sat 08/14 08/15	32.00 8.00 40.00 Total 40.00 40.00 Total
Employee 2	Registered Nurse with Administra Registered Nurse + Add New Work Entry Labor Category/Job Til Administrator + Add New Work Entry	tiv • 0.00	8.00 8.00 8.00 8.00 8.00 8.00 Ion Tue 98/11 8.00 8.00 8.00 8.00	8.00 8.00 8.00 8.00 8.00 Wed Thu 08/13 8.00 8.00 8.00 Wed Thu	8.00 0.0 Fri Sat 08/14 08/15 8.00 0.0 Fri Sat 08/14 08/15	32.00 8.00 40.00 Total 40.00 40.00 Total 40.00 40.00
Employee 2	Registered Nurse with Administra Registered Nurse + Add New Work Entry Labor Category/Job Til Administrator + Add New Work Entry Labor Category/Job Til Licensed Practical/Vocational Nurse	tiv • 0.00	8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	8.00 8.00 8.00 8.00 8.00 Wed 08/12 08/13 8.00 8.00 8.00 Wed 08/12 08/13	8.00 0.0 8.00 0.0 Fri	32.00 8.00 8.00 40.00 Total 40.00 40.00 40.00 Total Total

PAYROLL SCREEN



NEW - Submission Timeliness and Accuracy

Staffing and census data will be collected for each fiscal quarter.

Staffing data includes the number of hours worked by each staff member each day within a quarter.

Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows:



October 1 – December 31, 2015 –
 Voluntary Period Begins



January 1 – March 31, 2016
 VOLUNTARY



April 1 – June 30, 2016 VOLUNTARY



July 1 – September 30, 2016 –
 Mandatory Period Starts





NEW - Submission Timeliness and Accuracy

Deadline: Submissions must be received by the end of the **45th calendar day** after the last day in each fiscal quarter in order to be considered timely.

- Facilities may enter and submit data throughout a quarter.
- Facilities may view their data submitted through Certification and Survey Provider Enhanced Reports (CASPER) and via the PBJ Online System.
- Staffing information is required to be an accurate and complete submission of a facility's staffing records. <u>CMS will conduct audits to</u> <u>assess a facility's compliance related to this requirement</u>.

** Facilities that do not meet these requirements will be considered noncompliant and subject to enforcement actions by CMS.



NEW - Registration Process:

Registration consists of 2 components:

Step One:

Obtain: CMS Net Portal Access

Step Two:

Enroll: Payroll Based Journal (PBJ) registration.



NEW - Methods of Submission

- There are two primary submission methods:
 - Manual data entry
 - Upload data electronically
- Entering information manually information about employees, hours worked, and census
- Uploading data <u>directly from multiple sources</u>
- Electronic submission file MUST be in XML format and in a .Zip file ONLY.





Working with Clients – Issues Identified

- CMS WILL prevent access to any other program (i.e. Internet explorer, Chrome, Payroll System, Outlook, Excel, etc.) on the individual computer used WHILE LOGGED INTO THE PBJ SYSTEM!
 - Have all the necessary data/information available at the time you log in.
- Payroll does not report "daily" hours, only a lump sum.
- Time and Attendance software..... Produce .xml file?

NEW - Labor and Job Codes

Reporting should be based on the employee's primary role and their official categorical title.

Example:

Pay Type Code	Pay Type Description				
1	Exempt				
2	Non-Exempt				
3	Contract				

• For direct care consultants, data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract.

** All agency and direct care contract staff hours MUST be reported.





Hours Excluded from Nursing Home PBJ Reporting

- Hours NOT worked but paid (i.e. PTO, Sick Time, FMLA, Etc.)
- In-service/training hours (internal and/or external)
- Hours for services performed that are billable (i.e. to Medicare FFS, Medicaid, other payers etc.)
- Staff hours providing services to non-nursing home residents (e.g. shared staff with ALF, ILF, ADHC, etc.)



Non Direct Care Examples Specifically Mentioned by CMS As Excluded From This Reporting Requirement

- Food Service Supervisor
- Housekeeping Services Supervisor
- Facility Engineer
- Volunteers
- Questions have arisen as to other categories, positions, and departments



Categories, Positions, and Departments Included in PBJ Reporting

(except hours billed to payers i.e. Medicare FFS or other payer(s))

- Administrative Staff: Administrator, Asst. Administrator
- Medical Director, Salaried Physician, PA
- Nursing Services: DON, RN w/ Admin Duties, RN, LPN or LVN w/ Admin Duties, LPN or LVN, C.N.A., Nurse Aide in Training, Medication Aide/Technician, NP, Clinical Nurse Specialist
- A Licensed Pharmacist used for consultation
- Dietary Services: RD or Dietician, Paid Feeding Assistant(s)
- Therapeutic Services: OT, OTR, COTA, OT Aide, RPT, PT, PTA, PT
 Aide, RT, RT Tech, SLP, Therapeutic Recreation Specialist (Licensed
 or certified), Qualified Activities Professional, Other Activities Staff,
 Qualified Social Worker Licensed, Other Social Worker





Categories, Positions, and Departments Included in PBJ Reporting (cont'd)

(except hours billed to payers i.e. Medicare FFS or other payer(s))

- Dentist/Podiatrist
- Mental Health Services Staff
- Vocational Services Worker
- Clinical Laboratory Service Worker
- Diagnostic X-Ray Service Worker



Categories, Positions and Departments Not Required/Optional in PBJ Reporting

Blood Service, Housekeeping, Other Service Worker



New Census Data Reporting Requirement

Month End Date:

Facilities must enter the resident census for the categories below, for the last date of each month.

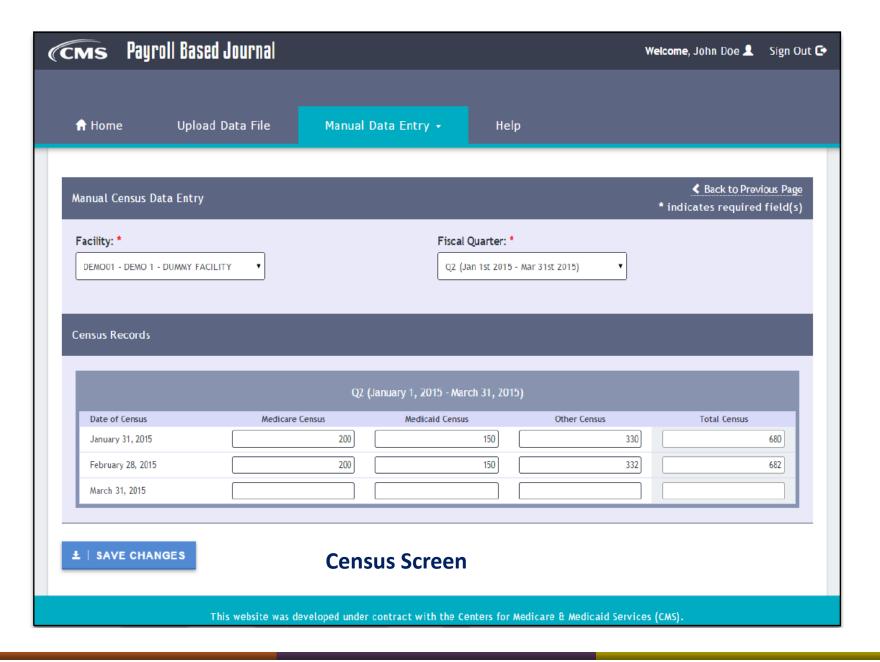
Due Date:

45th calendar day, after the last day, in each fiscal quarter.

Number of residents whose primary payer is:

- Medicaid
- Medicare
- Other







Advice to Clients

- Start Early Voluntary submission began October 1, 2015
- Review Long-Term Care Facility Manual, Version 2, March 2016
- Obtain: CMS Net Portal Access
- Enroll: Payroll Based Journal (PBJ) registration
- **Discuss** with your payroll vendors parameters and uploading of data to comply with this new regulatory requirement. Organizations may need to update their provider agreement with their payroll vendor and time and attendance software system. (many agreements require the payroll time and attendance vendors to update their software based on new regulatory requirements)
- Determine which Job Title Code descriptions apply to your Direct Care
 Workers along with Agency and Contract Labor Staffing
- Establish and update Policies and Procedures to insure compliance
- Questions can be emailed to: nhstaffing@cms.hhs.gov
- Watch for CMS Changes / Clarifications / Updates





CMS PBJ References:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Draft-V11.pdf

Questions regarding the PBJ Data Specifications should be directed to NursingHomePBJTechIssues@cms.hhs.gov. Software developers or vendors that provide services such as automated payroll or time and attendance systems that will support electronic submissions should use this address.





Questions

If you have questions related to Payroll Based Journal Reporting, please email them to

dan.voors@CLAconnect.com with the subject "PBJ Question"

Depending on the breadth and depth of questions we receive, we intend to present a session to address your specific questions related to this topic on this topic again within the coming weeks.



Presenters:



Deb Freeland, Principal 317-569-6230 Deb.freeland@claconnect.com

Richard Hamilton, Principal 617-984-8142
Richard.hamilton@claconnect.com

Lou Shiber, Engagement Director 267-419-1656 Lou.Shiber@claconnect.com

If you have any questions related to Payroll Based Journal Reporting, please email them to dan.voors@CLAconnect.com with the subject "PBJ Question"











Chad Kunze, Principal (Phoenix) 602-604-3534 Chad.kunze@claconnect.com

Dan Frein, Principal (Seattle) 425-250-6037 Dan.frein@claconnect.com

Sally Hoffart, Reimbursement Director (Milwaukee) 414-721-7534 Sally.hoffart@claconnect.com

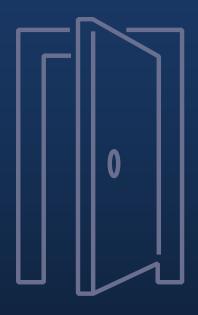
If you have any questions related to Payroll Based Journal Reporting, please email them to dan.voors@CLAconnect.com with the subject "PBJ Question"











Kevin Wellen, Reimbursement Director (St Louis) 314-925-4446
Kevin.Wellen@claconnect.com

Kevin Buckley, Health Care Consultant (Boston) 617-984-8100 Kevin.buckley@claconnect.com

Barbara McLaren, Senior Health Care Consultant (Boston) 617-984-4434
Barbara.mclaren@claconnect.com

If you have any questions related to Payroll Based Journal Reporting, please email them to dan.voors@CLAconnect.com with the subject "PBJ Question"











Kathy Urbanovic, Reimbursement Director (Orlando) 407-802-1278 Kathy.urbanovic@claconnect.com

Abbie Zoellner, Engagement Director (Dallas) 972-383-5705 Abigail.zoellner@claconnect.com

Greg TaBelle, Reimbursement Director (Minneapolis) 617-984-4434 Greg.tabelle@claconnect.com











Emily Wetsel, Manager (Charlotte) 704-998-5252 Emily.wetsel@claconnect.com

If you have any questions related to Payroll Based Journal Reporting, please email them to dan.voors@CLAconnect.com with the subject "PBJ Question"







