



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

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**Ref: S&C: 17-25-NH**

**DATE:** April 21, 2017

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Electronic Staffing Submission - Payroll-Based Journal Update

**Memorandum Summary**

- **Mandatory staffing data submission** through the Payroll-Based Journal began July 1, 2016. Providers are reminded that they have until the 45<sup>th</sup> day after the end of each quarter to submit data.
- To help providers improve their submissions, the Centers for Medicare & Medicaid Services (CMS) is providing feedback on each facility's data through their monthly Provider Preview reports.
- The *Nursing Home Compare* website now reflects whether providers have submitted data by the required deadline. Additionally, providers that have not submitted any data for two consecutive deadlines will have their overall and staffing star ratings suppressed.
- **We are updating the data submission requirements related to hire and termination dates, and converting three job codes as optional for submission.**

**Background**

Staffing within long-term care (LTC) facilities significantly effects the type of care delivered to residents. In August 2015, CMS amended the Requirements for Participation for LTC facilities to electronically submit staffing data according to specifications established by CMS. The data submitted shall be the number of hours direct care staff work each day, and is based on payroll and other verifiable information. The data is submitted through the Payroll-Based Journal and will greatly improve our ability to publically report the level of staff, tenure, and turnover.

More information can be found at 42 CFR §483.70(q), and on the CMS website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.

**Feedback to Providers**

Approximately 91% of LTC facilities submitted staffing data by the last deadline of February 14, 2017. CMS appreciates providers' efforts to date, and intends to help providers continue to improve the accuracy and completeness of their submissions. Each facility is receiving feedback in their monthly *Nursing Home Compare* Provider Preview, which is available in their CMS's

Certification and Survey Provider Enhanced Reports (CASPER) folder. The feedback includes analyses of the staffing data submitted by the facility for October 1, 2016 to December 31, 2016, that was successfully submitted by the deadline of February 14, 2017. The feedback includes:

- Whether a facility has reported nurse staffing information for each day in the quarter. If a facility did not report hours for nursing staff for each day, we believe that may indicate that the facility has not submitted complete data.
- Whether a facility has reported over 80 hours worked for any one staff member over a one week period, or over 300 hours worked in a month. While possible, we believe it is unlikely that a staff member works this many hours, and therefore this may indicate erroneous reporting.
- A comparison of the facility's reported census information to a census calculated using Minimum Data Set (MDS) data. CMS is exploring using this MDS data instead of using the facility's reported census. This data can be used to calculate a census for each day within a quarter, instead of the census for only the last date of each month in a quarter, which is what is currently being collected. We believe this can improve accuracy and reduce provider burden.

We intend to provide additional feedback in future months, so providers can continue to improve the accuracy and completeness of their future submissions. Concurrently, CMS is developing an audit process that will include onsite and offsite audits to verify the accuracy of the data submitted.

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

Currently, the data submitted is not being used to calculate a staffing measure on the *Nursing Home Compare* website, or being used to calculate a rating in the *Five Star Quality Rating System*. CMS intends to use the data to calculate staffing measures for the *Five Star Quality Rating System* in 2018, and will communicate with providers in advance of any postings. At this time, the data is being used to inform stakeholders of the level of staffing data submitted by each facility.

The website currently includes icons next to each facility to reflect whether that facility has submitted data by the last deadline of February 14, 2017. Icons will continue to be used to indicate whether a facility has, or has not submitted data by the next deadline of May 15, 2017 (for hours worked between January 1, 2017 through March 31, 2017). Additionally, providers that have not submitted any data for two consecutive deadlines (May 15 and February 14) will have their overall and staffing star ratings suppressed (i.e., removed) until data is received.

We strongly encourage providers to submit data throughout the quarter, and not wait until the last 24 hours before the deadline. Data must be submitted successfully to be considered timely. Once a facility uploads their data file, they need to check their final Validation Report, which can be accessed in the Certification and Survey Provider Enhanced Reporting (CASPER) folder, to verify that the data was successfully submitted. It may take up to 24 hours to receive the validation report, so providers must allow for time to correct any errors and resubmit, if necessary.

CMS will continue to post information on the *Nursing Home Compare* website to indicate the level of staffing data submitted by providers, and may update the methodology used to display icons or ratings to encourage more complete and accurate submissions.

### **Data Specification Updates**

CMS is making two changes to make it easier for providers to submit data, reduce burden, and improve accuracy. First, some providers experienced difficulty submitting the hire, termination, and rehire dates for employees. We have now made it optional to submit these data. For those that wish to continue to submit this information, we have altered the system so that it can be submitted more easily. This information was originally intended to be used to calculate rates of tenure and turnover. However, based on analyses of the data submitted, and the challenges providers have experienced, we now intend to calculate these rates using the actual hours worked by staff each day. We believe this will improve the accuracy of the rates, and reduce the burden associated with submitting the data. As a reminder, when a provider changes payroll or timekeeping vendors, CMS strongly encourages providers to work with vendors to maintain the same employee IDs to avoid effecting a facility's turnover and tenure data.

Additionally, we are converting three types of labor categories from mandatory to optional submission. These categories are Dental Services (Job Title Code 32), Podiatry Services (Job Title Code 33), and Vocational Services (Job Title Code 35). We believe that individuals who provide these services play a very important role in the care delivered to residents. However, there have been many questions related to how to submit data for these providers. While we evaluate the guidelines, submitting data for these staff is optional. CMS will provide advance notice to providers for any future changes to the optional or mandatory status of these or any other labor categories.

**Contact:** For questions on this memorandum, please email: [NHStaffing@cms.hhs.gov](mailto: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](mailto:NursingHomePBJTechIssues@cms.hhs.gov).

More information can be found in the Policy Manual for Electronic Staffing Data Submission on the CMS website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

**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

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.*