

New “Peanut Butter & Jelly” Guidelines

Payroll Based Journal (PBJ) Reporting: Voluntary Beginning October 2015 / Mandated July 2016

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Recently, the Centers for Medicare and Medicaid Services (CMS) issued various documents related to the electronic submission of Staffing and Census information in an effort to promote greater accountability for long-term care facilities (both Skilled Nursing Facilities and Nursing facilities). Referred to as “Payroll Data Submission – Payroll Based Journal (PBJ) Reporting,” this subject matter has been addressed both in the Proposed Rule for FY 2016 Skilled Nursing Facility PPS and Consolidated Billing Update, published on April 20, 2015, and in a draft Policy Manual that was released in April 2015.

The goal of PBJ.

CMS has long recognized the connection between facility staffing and quality of care as a key component related to beneficiary outcomes. The goals of the PBJ Staffing Data Submission Program are to 1) standardize reporting requirements and 2) collect information related to direct care staffing (including agency and contract staff) and facility census on a more frequent basis, in an electronic format. These mandatory compliance measures are being undertaken in connection with Section 6106 of The Affordable Care Act.

As currently structured, reporting will be **mandatory effective July 1, 2016**. Providers will be required to file both staffing and census data no later than 45 days after the last day of each fiscal quarter (i.e. for the quarter ended September 30, 2016 electronic reporting must be completed no later than 11:59 pm EST on November 14, 2016). CMS is offering providers the opportunity to submit this information on a **“Voluntary Basis” beginning on October 1, 2015** using their newly developed software system. CMS continues to work on the development of the software, which is designed to be user-friendly and will allow for both manual input and electronic upload.

What do these additional reporting requirements mean to providers?

The collection of staffing data in a standardized format will allow providers to level the playing field relative to the consistent reporting of those considered to be direct care workers or Certified Employees. The system will focus providers’ attention on staffing, scheduling and the related cost of labor, which represents the single largest operating cost in the long term care industry.

Current Practices

- Collected annually during survey.
- Reported via 671 / 672.
- Typically reported staff hours only.

Future Practices

- Quarterly electronic reporting.
- Staff, contracted/agency employees, medical professionals.
- Auditable document trail.

How do you approach and/or implement the changes?

Providers should partner with time and attendance/scheduling software vendors to plan the methods of collecting, assembling, storing and reporting this type of data to CMS in a timely and efficient manner. Now is an opportune time to analyze the facility's current reporting and data collection processes related to staffing and begin to plan, redesign and formulate a **new process** that will assure the complete and accurate reporting of staffing information for both employees of the organization as well as contract staff who serve in the roles defined by CMS.

Challenging factors that must be considered.

One of the most challenging factors will be developing systems whereby the hours worked within a facility by agency and contracted employees can be assembled and monitored. More importantly, consideration must be given to evaluating whether these systems can produce an **auditable document trail**.

➤ **Direct care positions include but are not limited to (think broad scope):**

Directors of Nursing, Assistant Director of Nursing, Care Coordinators, RNs, LPN/LVNs, STNAs, Restorative Nurses or Aides, Medical Director, Nurse Practitioners, Therapists, Therapy Assistants, Therapy Aides, Diagnostic X-ray Service Providers, Podiatrists, Dentists, and, Clinical Laboratory Workers to name a few.

➤ **Methods of documenting staff while in the building:**

Some of the aforementioned individuals are not accustomed to using a time clock or scanning an identification card to document their presence in a facility. However utilizing sign-in and sign-out sheets allows for significant non-compliance.

➤ **Evaluate your time & attendance, scheduling and human resource software solution:**

Several software solutions are available that will provide you the tools you need. Whether you use them as a standalone product or select one that integrates with your current electronic health record is a consideration.

Prepare, prepare, prepare.

As often happens in our industry, we spend so much time keeping up with current regulatory requirements that we leave little time to look ahead and prepare for the future. Managing the business

of care is something that is vital. Take some time and evaluate your current systems and reporting practices to prepare your organization for the future.

About the Authors

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Coast to coast, PamSki Solutions offers a multitude of operational solutions for long-term care, hospitals, pharmacies and senior living markets. We have over 25 years of experience in solutions for accounts payable, billing, clinical, regulatory compliance/governmental relations, education, general ledger, PointClickCare implementations, project management, and general consulting. Let our Solutions be your remedy for quality healthcare.

Pam Skrzynski, President of PamSki Solutions, and her team of nurses, medical records, reimbursement and billing consultants provide a depth of experience that is second to none for restructuring and optimizing best practice operational policies and procedures for the long term care, senior living, acute care and pharmaceutical settings. PamSki Solutions provides impressive detail to support corporate efficiencies for CEOs and CFOs across the country. Helping health care providers streamline their claims reimbursement/cost management and corporate compliance systems, they have repeatedly facilitated bottom line improvements that don't sacrifice patient care; they improve it.

Jody Carleton
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Jodie Carleton has more than sixteen years of experience in the Long Term Care industry. Jodie graduated as a Programmer Analyst in 1999 and started her career with StaffScheduleCare in the Client Care Department. Jodie's understanding of the Long Term Care industry and her programming knowledge allowed her to quickly take the lead as the Director Programming. Jodie later took a position as a Corporate Consultant in a multi chain home, where her role had her providing leadership and guidance to the management teams of the homes, specializing in time management, scheduling, payroll and benefits. Jodie returned to StaffScheduleCare as the Manager of Client Care and with experience as both a client and a vendor, she is uniquely aware of the staffing and human resource challenges facing the Long Term Care industry today.

Jodie is passionate about using technology to solve real world problems and believes that proper management of human capital will improve employee engagement resulting in an improved resident experience. Jodie brings with her expertise and knowledge in time and attendance, scheduling, payroll processing, change management, budgeting, information systems and software development.