

## How to Audit Your PBJ Staffing Reports

### **Staffing Data Audits**

The Center for Medicare and Medicaid Services (CMS) and its contractor have begun conducting audits aimed at verifying that the staffing hours submitted by facilities are aligned with the hours staff were paid to work over the same timeframe. Below are common errors identified through the CMS audits. Please review these items, and adjust your submissions as necessary to ensure accuracy.

- **Exclude time for meal breaks.** Per the PBJ Policy Manual, “Meal times, paid or unpaid, shall not be reported for all staff (exempt, nonexempt, and contract). Facilities must deduct the time allotted for meals from each employee’s daily hours.” The PBJ Policy manual can be found on the PBJ website through the link at the end of this memorandum.
- **Each employee must have his or her own unique identifier (ID).** Facilities must not use the same ID to submit hours for multiple employees (exempt, nonexempt, or contract).
- **Submit Minimum Data Set (MDS) assessments in accordance with 42 CFR §483.20** and the resident assessment instrument (RAI) 3.0 User’s Manual. Since each facility’s census is calculated using MDS data, it is critical that facilities adhere to the completion and transmission requirements. This includes submitting discharge assessments timely, and completing required assessments for every resident within the certified facility.
- **Exclude hours for staff that provide care to individuals in non-certified areas of a larger institution or institutional complex that houses the certified facility.** For example, for facilities that share staff between the certified nursing home and an area (e.g., unit, wing, and floor) that is separate and not part of the nursing home, like a hospital, assisted living or state licensed area, only those hours of the staff that are dedicated to the residents of the nursing home will be reported.
- **Respond to CMS promptly to the audit contractor if contacted for an audit.** Nursing homes will be contacted via email and certified mail sent to the administrator when they have been selected for an audit. If selected, the facility is required to **upload supporting documentation by a date specified in the audit notification letter.** It is important that facilities respond within the allotted timeframe in order to verify compliance.

CMS will work with facilities to correct discrepancies (minor or significant), so that facilities’ future submissions are more accurate. **Facilities whose audit identifies significant inaccuracies between the hours reported and the hours verified will be presumed to have low levels of staff. This will result in the facility receiving a one-star staffing rating,** which will reduce the facility’s overall (composite) rating by one star for a quarter.

### **Avoid a One-Star Rating**

Examples of significant inaccuracies are instances where the difference between the submitted hours and verified hours is large enough that it would change a facility's star rating, or change how the facility compares to its state's average. ***Also, facilities that do not submit any data by the required deadlines, or do not respond or provide adequate information to an audit request, will also receive a one-star staffing rating for that quarter.***

### **Staffing Measures and Ratings Methodology:**

More details about the technical specifications for staffing measures and ratings' methodology will be available in the Technical User's Guide on or before May 1, 2018, which can be found through a link on Medicare.gov <https://www.medicare.gov/NursingHomeCompare/Data/About.html>

### **Requirements for RN Staffing**

Facilities are required to submit the number of hours staff are paid to work each day, the PBJ data show whether or not facilities have an RN onsite each day. ***We also note that facilities are required to have an RN onsite at least 8 consecutive hours a day, 7 days a week*** under sections 1819(b)(4)(C) and 1919(b)(4)(C) of the Act, and 42 CFR §483.35(b)). Emergency situations can sometimes arise leading to the temporary absence of an RN. CMS also recognizes that there may be instances where an RN was working onsite, but was reported as not being there. CMS is concerned with recurring instances or aberrant patterns of days with no RN onsite.

We believe the presence of an RN onsite every day is extremely important to improving the health and safety of nursing home residents. We are also concerned about the risks that the absence of an RN introduces. ***Therefore, facilities reporting 7 or more days in a quarter with no RN hours will receive a one-star staffing rating***, which will drop their overall (composite) rating by one star. To improve quality, CMS may change the threshold for expected number of days with no RN reported that results in a one-star staffing rating in the future.

### **Rural RN Waiver Requirements**

CMS notes that facilities in rural areas may apply for a waiver of the requirement to have an RN onsite 8 hours a day, 7 days a week.

#### ***Some of the criteria for a waiver includes:***

- Your facility has demonstrated it is has been unable to recruit the needed staff.
- Your facility is located in a rural area where the supply of skilled nursing facility services is not sufficient to meet the needs of residents.
- Your facility has only patients whose physicians have indicated that they do not require the services of a registered nurse or a physician for a 48-hour period.
- The full list of criteria can be found in 42 CFR §483.35(e) and (f), and additional information is found in the State Operations Manual (SOM), Chapter 7.

**Rural RN Waiver Requirements Cont.**

**\*\*CMS will work with facilities, States, and CMS Regional Offices to evaluate waiver requests. *While facilities receiving a waiver of this type are not required to have an RN onsite 8 hours a day, 7 days a week, they are still subject to the staffing rating's methodology.* \*\***

**Reference Source:**

Center for Medicare and Medicaid Services. (2019). *Transition to Payroll-Based Journal (PBJ) Staffing Measures on the Nursing Home Compare tool on Medicare.gov and the Five Star Quality Rating System*. Retrieved July 2, 2019,

from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-17-NH.pdf>