

# PBJ- PAYROLL BASED JOURNAL

Presenter: Dianne Gattorno, President  
CHR Consulting Services, Inc.

Presenter: Stephen C. Ryan, CFO and Director  
LW Consulting, Inc.

# OBJECTIVES

**AUDIT TRIGGERS**

**PBJ DATA- INFO REQUESTED**

**PROCESS**

**TIMELINE**

**OUTCOME/RESULTS**

**SURVEYOR USE OF PBJ**

**AVOID PITFALLS/SCENERIOS**



# AUDIT TRIGGERS

- **MEAL BREAKS**

- MUST BE SUBTRACTED FROM PBJ REPORTED TIME REGARDLESS OF WHETHER STAFF WORKED THROUGH LUNCH OR ACTUALLY TOOK A BREAK.
- WHEN REPORTING YOU MUST DEDUCT THE TIME ALLOTTED FOR MEALS FROM EACH EMPLOYEE'S DAILY HOURS
- THIS IS FOR ALL STAFF (EXEMPT, NONEXEMPT AND CONTRACT)



# MEAL BREAKS

- IF A STAFF TAKE A MEAL BREAK THAT IS LONGER THAN 30 MINUTES DURING A SHIFT, THE ACTUAL TIME OF THE MEAL BREAK SHOULD BE REMOVED AND ONLY HOURS ACTUALLY PROVIDING SERVICES SHOULD BE REPORTED.
- SIMILARLY, FACILITES ARE EXPECTED TO DEDUCT TIME FOR MEAL BREAKS FOR STAFF THAT WORK LESS THAN AN 8-HOUR SHIFT, AND ONLY REPORT THE HOURS THAT STAFF ARE PAID TO DELIVER SERVICES TO RESIDENTS.
- KNOW THE COUNTABLE REPORTED HOURS FOR PAID AND UNPAID MEAL TIMES

# RN STAFFING

- ENSURE YOU ARE MEETING THE REQUIREMENT TO HAVE AN RN ONSITE AT LEAST 8 CONSECUTIVE HOURS, SEVEN DAYS PER WEEK, THAT THE REPORTING ACCURATELY REFLECTS THE HOURS AND THE READILY PROVIDE THE BACK UP DOCUMENTATION TO SUPPORT THE REPORTING.

# VARYING ROLES AND UNIVERSAL WORKERS

- CMS RECOGNIZES STAFF MAY SHIFT PRIMARY ROLES IN A GIVEN DAY.
- EXAMPLE, A NURSE WHO SPENDS THE FIRST FOUR HOURS OF A SHIFT AT THE UNIT MANAGER, AND THE LAST 4 HOURS OF A SHIFT AS A FLOOR NURSE. FACILITIES CAN CHANGE THE DESIGNATED JOB TITLE AND REPORT 4 HOURS AS A NURSE WITH ADMINISTRATIVE DUTIES, AND FOUR HOURS AS A NURSE (WITHOUT ADMINISTRATIVE DUTIES).

# HIGH, LOW, and FLUCTUATING HOURS

CMS AND THEIR CONTRACT AUDITORS  
FOCUS ON REPORTING THAT INDICATES

HIGH OR LOW WORK HOURS,

LARGE VARIATIONS IN WEEKDAY VS  
WEEKEND STAFFING

LOW WEEKEND STAFFING

# CALENDAR DAY REPORTING

- STAFF HOURS MUST BE REPORTED ON A CALENDAR DAY BASIS.
- PROVIDERS ARE REQUIRED TO SPLIT SHIFTS INTO CALENDAR DAYS.
- CMS DOES NOT RECOGNIZE THAT EMPLOYEES MAY BE PAID PER SHIFT AND NOT PER CALENDAR DAY AND WILL CONSIDER THIS WHEN CONDUCTING AUDITS.



# TRAINING TIME

- HOURS FOR STAFF WHO ARE ATTENDING TRAINING (EITHER ON SITE OR OFF SITE) AND ARE NOT AVAILABLE TO PERFORM THEIR PRIMARY ROLE, SUCH AS PROVIDING RESIDENT CARE, SHALL NOT BE REPORTED.
- IF ANOTHER STAFF MEMBER IS CALLED IN TO FILL IN FOR STAFF PARTICIPATING IN TRAINING, THE HOURS FOR THE REPLACEMENT EMPLOYEE SHALL BE REPORTED.

# PBJ DATA REVIEW BY REGULATORS

- **Policy-Findings- Hours-Error Rate**
- Non Exempt Meal Time Removal
- Exempt Meal Time Removal
- Contracted Meal Time Removal
- Unpaid Exempt Hours

# PBJ DATA REVIEW BY REGULATORS

- PTO
- Training
- Non- SNF Hours (Ex AL Onsite)
- Overtime
- Manual Entry

# PBJ DATA REVIEW BY REGULATORS

- Software Entry
- Other Errors-
- Non- SNF Hours (Ex AL Onsite)
- Overtime
- Manual Entry

# OUTCOME- RESULTS

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group



# RECEIVE VIA MYERS AND STAUFFER WEB PORTAL

Dear Administrator:

We have completed our review of the information provided to support data submitted to the Payroll-Based Journal (PBJ) system for the quarter ending December 31, 2022. We compared the hours submitted to the hours we verified based on the supporting documentation provided and the policies described in the Payroll-Based Journal Policy Manual. We also compared the facility's reported census that we requested in our original letter to the census obtained from Minimum Data Set (MDS) records, which is provided to us by CMS. We found that the Hours Per Resident Day calculated from our verified PBJ hours and the MDS census did not significantly vary from the Hours Per Resident Day calculated from the reported PBJ hours, but there were instances where hours were not reported in accordance with the PBJ policy manual noted during the review.

Please see the attached report for more details on the findings. There will be no further action as a result of this review. However, if your facility does not adhere to the submission guidelines specified in the PBJ Policy Manual in the future, your facility's staffing rating in the 5-Star Quality Rating System may be reduced to one star.

As these results have been delivered via the Myers and Stauffer Web Portal, the person responsible for downloading this document should immediately forward the letter to the administrator of the identified nursing facility.

If you have any questions concerning the results of your PBJ data review, please contact the review team at [PBInquiry@mslc.com](mailto:PBInquiry@mslc.com).

# USE YOUR CASPER REPORTS

- **1705D**
- THIS STAFFING DATE REPORT IDENTIFIES AREAS OF CONCERN THAT WILL BE TRIGGERED (REQUIRING FOLLOW UP DURING THE SURVEY)

# 5 METRICS

**1. FAILED TO SUBMIT DATA FOR THE QUARTER  
TRIGGERED WHEN NO DATA SUBMITTED FOR THE  
QUARTER**

**2. ONE STAR STAFFING RATING  
TRIGGERED WHEN STAFF STAR RATING = 1**

**3. EXCESSIVELY LOW WEEKEND STAFFING  
TRIGGERED WHEN SUBMITTED WEEKEND  
STAFFING DATA IS EXCESSIVELY LOW**

**4. NO RN HOURS  
TRIGGERED WHEN FOUR OR MORE DAYS WITHIN  
THE QUARTER WITH NO RN HOURS (INFRACTION  
DATES WILL BE LISTED ON PAGE IF TRIGGERED)**



# METRICS

## **5. FAILED TO HAVE LICENSED NURSING COVERAGE 24 HOURS A DAY**

**TRIGGERED WHEN FOUR OR MORE DAYS WITHIN  
THE QUARTER WITH < 24 HOURS/DAY LICENSED  
NURSING COVERAGE . (INFRACTION DATES WILL  
BE LISTED ON PAGE IF TRIGGERED.**

# HOW DO SURVEYORS USE INFO

## **Sufficient and Competent Nurse Staffing Review- Critical Element Pathway**

- \* If the PBJ Staffing Data Report reveals no RN hours (4 or more days) is triggered: is an RN on duty as required throughout the survey?
- \* If the PBJ Staffing Data Report reveals a high number of days without licensed nursing staff (4 or more days) is triggered: is a licensed nurse on duty as required throughout the survey?
- \* If an off-hour survey is conducted because of the PBJ Staffing Data Report (Excessively Low Weekend Staffing), observe staffing coverage and determine whether there are resident/family concerns with staffing, and/or resident quality of life or care concerns?

# HOW DO SURVEYORS USE INFO

- **INTERVIEWS:**
  - **Residents/Resident Representatives or Family Members:**
- \* Are you aware if there is a nurse on duty during the day and night?  
(If the PBJ Staffing Data Report reveals RN or Licensed Nursing Coverage is triggered)

# HOW DO SURVEYORS USE INFO

**PART II - THE BELOW SECTION IS TO BE COMPLETED BY THE TEAM COORDINATOR OR ASSIGNED SURVEYOR:**

## **Facility Documents/Records**

- Review the staffing schedule, including call-ins and staff postings for the past month and/or for the specific timeframes of concern based on the information contained on the PBJ Staffing Data Report (triggered low weekend staffing, RN and/or LPN coverage).
- If the PBJ Staffing Data Report reveals no RN hours (4 or more days) is triggered, determine whether there are continued days without an RN on duty at least 8 hours/day? Request confirmation from the facility.

# HOW DO SURVEYORS USE INFO

If the PBJ Staffing Data Report shows a high number of days (4 or more days) with less than 24 hours of licensed nursing is triggered, determine whether there are continued days without 24 hour licensed coverage?

Review specific policies as needed (e.g., staff response to call device, resident rights, change of condition, position-change alarms, pressure ulcers, incontinence care, and ADLs).

# NHA/DON INTERVIEWS

## **Director of Nursing or Administrator**

### **Interviews:**

If the surveyor is made aware of low weekend staffing:

- How do you determine staffing for the weekends?
- What actions has the facility taken to address the low weekend staffing?
- Have you had weekends with low staffing? If so, why?

# NHA/DON INTERVIEW QUESTIONS

## **Director of Nursing or Administrator Interviews:**

\* If the PBJ Staffing Data Report reveals a high number of days (4 or more days) without an RN, why wasn't an RN on duty [identify specific days from PBJ Staffing Data Report]?

Have you had any additional days without an RN on duty at least 8 hours/day? If so, why?

\* If the PBJ Staffing Data Report shows a high number of days (4 or more days) with less than 24 hours of a licensed nurse, why was there inadequate licensed nursing coverage? Have you had any additional days without 24 hour licensed coverage? If so, why?

# HOW DO SURVEYORS USE INFO

## **Mandatory Submission of Staffing Information:**

Based on the information obtained from the PBJ Staffing Data Report, did the facility fail to submit the required staffing information based on payroll data for the quarter? If not, why not?

**11.** Did the facility submit the required staffing information based on payroll data?  
Yes /No **F851**



# SCENARIOS

Changes in Director of Nursing:  
Job Title Code 5  
ADON Filling in Role Temporarily

- HR/Scheduler Turnover- Agency Input if Applicable
- Submission of Files- Do not wait until the day before the due date
- Know the Quarters- April-June is Qtr 3 for PBJ

# SCENARIOS

- Review PBJ Final File Validation Report
- Review # Files Processed, # Files Accepted
- Review # Employee Records and # Total Staffing Hour Records – Are the two files different numbers?
- Merge (Employee and Therapy)
- Allow Time for NHA Access

# PAYROLL BASED JOURNAL

- THE END



- BUT ONLY THE BEGINNING.

# CONTACT INFORMATION

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Harrisburg, PA 17112  
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# INFORMATION REQUESTS FOR AUDIT

## Web Portal User Account Request

**DUE DATE: 3rd day after the delivery date of  
this certified letter by the U.S. postal service**  
*(This due date is earlier than when the  
documents are due in order to allow time for  
the Web Portal account setup.)*

# AUDIT REQUEST

## Attachment C - Requested Supporting Documentation

**DUE DATE: 7<sup>th</sup> day after the delivery date of this certified letter by the U.S. postal service**  
*(This due date is later than when the Web Portal User Account Request is due.)*

# INFORMATION REQUEST CAN INCLUDE: ATTACHMENT A

#	PBJ Employee ID	Job Code	Pay Type	Total Reported PBJ Hours	Staff Name	Employee ID if Different From PBJ Employee ID
1	78912	10	Non-exempt	846.50		
2	82314	10	Non-exempt	733.50		
3	97459	5	Exempt	504.00		
4	AG1381	10	Contract	879.25		
5	AG3700	10	Contract	874.50		
6	AG4451	7	Contract	770.50		
7	AG2888	10	Contract	707.00		
8	AG6239	10	Contract	706.75		
9	AG8613	10	Contract	671.75		
10	72135	9	Non-exempt	671.00		
11	72058	9	Non-exempt	670.50		
12	84621	9	Non-exempt	662.50		
13	AG5502	10	Contract	650.50		
14	73035	9	Non-exempt	643.75		
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# INFORMATION REQUEST

- \* Payroll records/reports for every employee listed in Attachment A for the quarter which shows detail of hours paid (worked and paid time off) to include regular pay, overtime pay, vacation pay, holiday pay, sick pay, training pay, etc.
- \* Daily time system reports, timecards or punch detail reports for every employee listed in Attachment A with daily totals and punch in and out times.
- \* Invoices to support all contracted personnel listed on Attachment A. Invoices should include name, job title, dates, daily hours, and/or other information used to calculate daily hours worked.



# POLICIES/DAILY CENSUS

\* Company's employee handbook/policy manual detailing both exempt and non-exempt employees work requirements.

\* Daily census summary for each of the 90 days in the (RESPECTIVE) quarter being reviewed. The Census report should be detailed by pay type and should show bed hold days separately and indicate if bed hold days are included in the totals.

# PROVIDER SURVEY

**1) Provide information for the person who should be contacted by the audit team to address any questions or requests for additional information along with the facility's administrator information.**

Contact Name (please print):	Contact Title:
Contact Phone:	Contact Email:
Administrator's Name (please print):	
Administrator's Phone:	Administrator's Email:

**2) Who completed your PBJ staffing hours data submissions for the period under review?**

Name (please print):	Title:
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**3) Explain the process used to submit your PBJ staffing hours data. Include an explanation for how PBJ Employee IDs are assigned. Provide step by step narrative from when an employee enters the building to when the data is submitted to CMS.**

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**4) What method was used to submit PBJ staffing hours for the following employee types?**

Exempt Staff:	XML	Manual	Non-Exempt Staff:	XML	Manual	Contracted or Agency Staff:	XML	Manual
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**5) What type of time keeping and payroll software/vendor was used by the facility? Also indicate type of time keeping system (manual timecard, swipe badge, thumbprint/biometric, etc.) below.**

Indicate the type of time keeping system:	Manual	Swipe Badge	Thumbprint/biometric	Other
Indicate the time keeping system software/vendor:		Indicate below the payroll system software/vendor:		

# PROVIDER SURVEY

6) Indicate the pay periods that include all dates in the (3 MONTHS OF REVIEW) quarter along with the pay or check date. Start with the pay period that has any dates in (X MONTH) and end with the pay period that has any dates in (X MONTH- LAST MONTH OF QUARTER).

Beginning Work Date	Ending Work Date	Pay/Check Date

7) How many non-SNF/NF beds such as ICF, Assisted Living, Personal Care Homes or Acute Care Hospital did you have on (DATE OF LAST DAY OF QUARTER BEING REVIEWED)?

Type:	Type:	Type:	Type:
Number:	Number:	Number:	Number:

7a) Describe how the staffing time for the residents in non-SNF/NF beds was excluded from the PBJ staffing data.

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8) Identify the payroll and/or time keeping codes used to identify non-SNF/NF time in 7. above as well hours to care for residents in SNF/NF beds.

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# PROVIDER SURVEY

9) Is this facility part of a corporation or associated with another facility? If so, provide the name of the corporation or associated facility(ies).

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10) Did your PBJ staffing hours data include any corporate or shared nursing employees who are not included on the payroll of the nursing facility? If yes, provide employee names and PBJ Employee IDs and whether corporate or shared employees are required to record time in the facility's time keeping system.

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11) Indicate below the number of corporate or shared nursing employee hours reported to PBJ that were NOT worked onsite at the facility for the (MONTHS | WILL BE REFLECTED) period. Include the PBJ Employee ID.

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# PROVIDER SURVEY

**12) If shared nursing employees are exempt, what is your process for ensuring that unpaid hours (hours greater than 40 hours per week) are not recorded across multiple facilities?**

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**13) What are the shift times used in your payroll/time system for non-exempt nursing employees (for example, 7am-3pm, 3pm-11pm, 11pm-7am)?**

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**14) What is a typical exempt nursing employee shift time? If exempt employees are not required to punch in and out for each shift, submit your company's policy manual, employee contract or other official document indicating the length of shift time exempt nursing employees are expected to work.**

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**15) How are hours for exempt nursing employees tracked and submitted to PBJ?**

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# PROVIDER SURVEY

**16) Are actual hours for exempt nursing employees (vs. standard 8 hours) recorded in the time keeping system?**

YES

NO



**17) Do exempt nursing employees work for more than 40 hours each week?**

YES

NO

**17a) If YES, are the exempt nursing hours submitted to PBJ?**

**17b) If YES, are the employees compensated for additional hours?**

**18) Does your facility pay for meal breaks for nursing staff? Check YES or NO for each category of staff listed below.**

Exempt Staff:

YES

NO

Non-Exempt Staff:

YES

NO

Contracted or Agency Staff:

YES

NO

# PROVIDER SURVEY

19) Does your facility require staff to clock in and out for meal breaks for nursing staff? Check YES or NO for each category of staff listed below.

Exempt Staff:	YES	NO	Non-Exempt Staff:	YES	NO	Contracted or Agency Staff:	YES	NO
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20) What is the facility's policy on the required length of meal times each shift? Is this policy clearly stated in your Employee Handbook?

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21)

Based on instructions starting on page 2-4 of the October 2018 PBJ Policy Manual Version 2.5, meal times must be deducted from the employee's daily hours reported in PBJ whether or not the staff are paid for meal times and whether or not the staff actually take a meal break. This applies to exempt, nonexempt and contracted staff. Our assessment of the accuracy of your PBJ staffing hours will be based on the CMS standard of 0.5 hours removed for each shift of 8 or more hours and 1.0 hour removed for each shift of 16 or more hours. Additional information on this requirement may also be found at Q2 of the PBJ Policy Manual FAQ 11-19-2018. For the quarter (MONTHS SPELLED OUT), did you follow the CMS standard when reporting PBJ staffing hours?

Exempt Staff:	YES	NO	Non-Exempt Staff:	YES	NO	Contracted or Agency Staff:	YES	NO
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# PROVIDER SURVEY

<b>22) For the nursing staff, were there any hours worked that were <u>not</u> reported in the PBJ staffing data?</b>								
Exempt Staff:	YES	NO	Non-Exempt Staff:	YES	NO	Contracted or Agency Staff:	YES	NO
<b>22a) If YES, indicate in the box below the Employee ID, date and daily hours.</b>								
<b>22b) If YES, indicate in the box below the reason for which all hours worked weren't reported in the PBJ staffing data.</b>								



<b>23) List any nursing staff that also performed non-direct care (housekeeping, dietary, etc.) during the (MONTHS REFLECTED) quarter and indicate how their time was tracked and recorded between non-direct care and direct care?</b>

<b>24) Indicate the PBJ Employee ID and number of hours reported to PBJ for any nursing staff performing their job remotely.</b>



# PROVIDER SURVEY

<b>25) Did you use the midnight cutoff described in the PBJ Policy Manual Page 2-4 to submit your PBJ staffing hours?</b>								
Exempt Staff:	YES	NO	Non-Exempt Staff:	YES	NO	Contracted or Agency Staff:	YES	NO

**26) Training time when an employee is unable to stop and assist residents should be excluded from PBJ staffing hours data. For nursing staff, how did you separate training time that should be excluded from PBJ submissions in your payroll and timekeeping systems? Also indicate if this time was correctly removed from PBJ staffing hours submissions.**

**27) Explain any reconciliation between the payroll/time system and the PBJ staffing hours data submissions for any manual entries or error correction.**

**28) Indicate the facility's certified bed count on (LAST DAY OF QUARTER REVIEWED):**

	<input type="checkbox"/>
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**29) Average Daily Census for the quarter based on the facility's daily census records requested by us in Letter G of Attachment C.**

# CHECKLIST

The following supporting documents are required to be submitted. Place a check in the box beside the item indicating compliance with our request. Sign and date Attachment E – Checklist. All required documents must be submitted or your facility response will be considered inadequate. This will result in your facility receiving a one-star staffing rating in the 5-star Quality Rating System which may reduce the facility’s overall (composite) rating by one star for three months.

- Completed Attachment A.
- Payroll records/reports by pay period or by day.
- Daily time system reports, timecards or punch detail reports.
- Invoices to support all contracted personnel as well as proof of payment. If no contracted personnel are listed in Attachment A, code “NA” in the check box.
- Company's employee handbook/policy manual detailing both exempt and non-exempt employees work requirements. Examples of policies are the required schedules/shifts and/or meal time policies.
- Daily census summary for each of the 90 days in the (DATES INSERTED) quarter.
- Complete Attachment D, Provider Survey.

SIGNATURE OF FACILITY REPRESENTATIVE:

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_