

### Are you ready?

Payroll-Based Journal reporting, or “PBJ” as it’s more commonly referred to, is scheduled to be released on June 26, 2016 and will become 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 Federal Fiscal Quarter. The first submission is due no later than 11:59 pm EST on November 14, 2016.

Fiscal Quarter	Date Range	Submission Deadline
1	10/1 – 12/31	2/14
2	1/1 – 3/31	5/15
3	4/1 – 6/30	8/14
4	7/1 – 9/30	11/14

### The goal of PBJ

Developed by the Centers for Medicare & Medicaid Services (CMS), the staffing data, when combined with census information, can then be used to not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure, which can help determine the impact and quality of patient care.

### What it means for providers

The system will focus providers’ attention on staffing, scheduling and the associated labor costs, which represent the single largest operating cost in the long-term care industry.

Current Practices	Future Practices
Collected annually during survey	Quarterly electronic reporting
Reported via 671 / 672	Staff, contracted/agency employees, medical professionals
Typically reported staff hours only	Auditable document trail

*There is no better time than now to analyze your current reporting and data collection practices related to staffing and to begin to plan, redesign and formulate a new workflow for the accurate reporting of not only direct care staff members, but contractors as well who also serve in the roles defined by CMS.*



### Did you know?

*Patients with the least number of nursing home workers were more likely to suffer from bedsores, malnutrition, weight loss, dehydration, pneumonia and serious blood-borne infections?*

- J. Natl. Med. Assoc. 2002



### Mark your calendars!

*CMS intends to collect staffing and census data through the PBJ system on a mandatory basis beginning July 1, 2016!*

- CMS.gov

## **What defines direct care staff?**

*Direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychological well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the facility; for example, housekeeping.*

*Some examples include Administrator, Medical Director, Physician Assistant, Registered Nurse, Certified Nurse Aide, Medication Aide/Technician, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist, Dietitian & Feeding Assistant.*

## **Some Q&A**

**Q.** *How do we report the hours for a Medical Director who spends the entire day in the building, but some of that time is spent conducting Medical Director responsibilities and some is spent seeing residents as an attending physician?*

**A:** *CMS understands it may be difficult to identify the exact hours a physician spends performing medical director activities versus primary care activities. Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. Facilities must use a reasonable methodology for calculating and reporting the number of hours spent on site conducting primary responsibilities.*

**Q.** *Our physicians, therapy, respiratory, pharmacy, dietary, and contract staff also provide these services to all of our Nursing Homes, but we don't know exactly when they are in any one center. How do we report their hours?*

**A:** *Data reported should be auditable and able to be verified through either payroll, invoices, and/or tied back to a contract. We understand it may be difficult to identify the exact hours a specialist contractor (e.g., non-agency nursing staff) is in-house. However, there should be some expectation of accountability for services provided.*

*More frequently asked questions can be found on the CMS website by [following this link](#).*

## **The NOVAtime Advantage**

*We're following the Payroll-Based Journal as it continually evolves. The specifications, currently at Version 2.0 are stated to go into effect on June 26<sup>th</sup>, 2016 and the development of our customized PBJ reporting module is underway.*

Not only will the NOVAtime PBJ reporting module allow for the configuration of the necessary time and attendance details, it will also allow for optional manual entry of the necessary, non-payroll based data required in order to generate a report that is fully compliant with Section 6106. The new NOVAtime PBJ Reporting module is set to be released on June 4, 2016 for all NOVA5000 SaaS clients.



## **NOVAtime has YOU covered!**

*At NOVAtime, we're working tirelessly to develop and implement a new reporting module, specifically based on CMS's data specifications, scheduled to be released June 4, 2016.*



# ACA Reporting Guidelines for Long-Term Care Facilities

## *CMS Payroll-Based Journal*

[www.novatime.com](http://www.novatime.com)

### ***Assumptions and Constraints***

The NOVAtime Payroll-Based Journal Reporting Module will be available for all NOVA5000 SaaS clients. We encourage all customers who are on previous versions of NOVAtime to contact their support representatives for information and assistance in upgrading.

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NOVAtime Technology, Inc. was established in 1999 and is headquartered in Diamond Bar, California. By applying the most innovative technology and providing best practice services, NOVAtime has become a leader in the Time and Attendance / Workforce Management industry. Over 10,000 organizations have benefitted from the use of NOVAtime solutions, and the world's best-managed companies continue to select NOVAtime as the preferred solution provider. For more information about NOVAtime, please visit [www.novatime.com](http://www.novatime.com) or call 1-877-486-6682

