

Performing Provider System (PPS) Workforce Survey Instructions

The Center for Health Workforce Studies (CHWS) and the NewYork-Presbyterian Performing Provider System (NYP PPS) and New York Presbyterian Queens Performing Provider System (NYP/Q PPS) are documenting your current staffing configuration and staff's compensation and benefits as part of required DSRIP reporting. Please complete the fillable PDF to the best of your ability. The survey is due by **December 1st, 2017**. **Please note that the due date has been extended until Friday, January 19, 2018.**

Confidentiality: All recorded compensation and benefits data are confidential. Any compensation and benefits data reported publicly or to the PPS will be provided only in the aggregate and will not identify specific organizations. Additionally, anti-trust provisions will be followed. Compensation and benefits data will not be reported when there are less than five respondents in a category or when one organization represents more than 25% of the aggregated number. All compensation and benefits data will not be reported until it is at least 90 days old.

Using the online version of the survey:

- The online version of the survey can be accessed through a link on the web page.
- You can close and open the survey multiple times from the same computer and get back to where you left off. If you try to open an existing submission on a different computer, it will start a new submission.
- Please note that if you get to the end of the survey, it will not allow you to go back in. To better understand what is required, print out the PDF version of the survey before you start the online version.
- If you have more than one facility type, you need to complete the surveys one at a time.

How to complete the survey:

Section I - NYSDOH is requiring that workforce data be separated by facility type.

When you complete Section I of the survey, you will be asked to identify facility type. It is a drop down menu and you are only able to select one. For **each facility type** within an organization, you must complete **one survey**.

- For example, Humane Services, a community-based organization located at 1 Elm Street, with Article 16 (OPWDD), Article 31 (Behavioral Health), Article 32 (Substance), and non-licensed day programs would need to complete four separate surveys.

Section II

In Section II, you may skip job **Titles(a)** not employed at your facility or organization. For administrative or other staff that provide oversight or services across multiple facility types, please count them in each survey in **Number(b)** (Headcount), but apportion them across all facility types. In the example above, the CEO would be counted four times in terms of the head count, but the FTEs would be 0.25 in each of the surveys.

Please complete the survey using your personnel data as of September 30, 2017.

Required Information (Section I):

- Please provide your **Organization / Facility Name, Facility Street Address, City/Town** facility is located in, **Primary Contact Name, Zip Code, Email Address, and Phone Number**.
 - Note: 'Street address' refers to physical service site that the PPS' contact works from. 'Primary Contact' refers to the name of the primary person responsible for the survey.
- **PPS Network(s):** Please indicate which PPS you are completing the survey for. If you are affiliated with both PPSs you may complete just one survey and the data will be allocated appropriately.
- **Facility Type:** Select the type of facility your location is classified as from the drop-down menu. If you do not know how your facility is being classified, check with your PPS or with CHWS.
- **Full-time Hours:** Please indicate the number of work hours considered full-time (e.g., 35, 37.5, 40, etc.). If hours are the same for all employees, check 'Yes' in Section I, then type in the number of hours in the freeform box. If hours vary by title, check 'No' in Section I, then indicate the average full-time hours per job title in the appropriate rows in Section II.

- **Fringe Benefit Rate (%):** Fringe benefits include payment for accrued time, health benefits, retirement, etc. If rate is the same for all employees, check 'Yes' in Section I, then type in the rate in the freeform box. If rate varies by title, check 'No' in Section I, then indicate the average rate per title in the appropriate rows in Section II.
- **Are you responding for:** As the primary contact of facility, indicate if your organization has a single location or multiple site locations. If there is only a single site, the 'street address' and 'city/town' listed above should match that site. If the organization is spread across more than one site, please choose 'multiple sites' and also indicate the total number of sites your organization has. If your facility has multiple sites, you will need to provide the additional information for these sites in Section III (pg.4).

Reminder: Each organization is expected to complete one survey for each *facility type*. You may either complete one survey per site or, if all employment information is available to the survey contact, you may combine staff across multiple sites, as long as they are of the same *facility type*.

Section II

Under each occupational category is a list of job **Titles**. Please check the box to the left of the job titles if, and only if, your facility employs at least one person with that title. Review the job title descriptions Excel file that is provided on the CHWS webpage for clarification on the appropriate job title based on function. For each **Title**, we ask that you complete the following data elements as of September 30, 2017.

❖ **Note:** Acute care facilities/hospitals and/or skilled nursing facilities (SNFs) providing data for physicians should only include employed physicians (physicians on payroll) and contracted physicians. Please exclude voluntary or attending physicians (medical staff physicians who have privileges to provide care, but do not receive direct compensation from the hospital or other facility, should not be included as they would be included by the organization that provides their compensation). If you need assistance in documenting contracted physicians, please contact your PPS and/or CHWS.

- **Number(b) (Headcount):** (*Individuals Employed, #*): The number of staff in each title, excluding positions filled by agency or temporary staff; headcount.
- **FTEs(c):** (*Full Placement (>=95% comp.), #*): The number of full-time equivalents (FTEs) in each title, excluding positions filled with agency or temporary staff.
- **Number of Vacancies(d) (FTEs):** (*Vacancies/Intend to Fill, #*): The number of budgeted positions that are vacant and actively being recruited for. Please indicate the number in terms of FTEs.
- **Full-Time Hours(e):** Please indicate what is considered full-time hours for the individual titles, if different than the organization/facility hours.
- **Average Hourly Wage(f):** (*Average cash compensation rate, \$*): The average hourly wage for each title. If wages are not recorded by hour or year, please convert them into an hourly wage rate. Wages should include base rate, cost-of-living allowance, and longevity pay. Please exclude bonuses, reimbursements, allowances, shift differential, overtime pay, uniform allowance, or on-call pay.
- **Fringe Benefit Rate(g)(%):** (*Benefits, as a percentage of compensation*): The fringe benefit rate for the individual titles, if different than the facility rate. See instructions above for filling column correctly.
- **CBA(h)(CBA Status):** Indicate if the title(s) of this location are covered by a collective bargaining agreement.

Section III

This section is reserved for contacts who indicated in Section I that they were responding for multiple sites. The number highlighted rows reflect the additional number of sites listed in Section I. For example, if in Section I you marked 'A single Site' to the question, "Are you responding for", you will notice that the section is not highlighted, and therefore, have finished the survey. If, however, you chose 'Multiple Sites' and listed '4' in response to "How many" you will notice that three rows are highlighted for completion. The address listed in Section I is included in the total count; please do not repeat it in Section III.

Contact Robert Martiniano at (518) 402-0250 or rmartiniano@albany.edu with any questions that cannot be

answered through our [website](#). Instructions for survey submission can be found at the end of the survey.
Responses are due back no later than **December 1st, 2017**.

Thank you for your assistance in completing this survey!