

Performing Provider System (PPS) Workforce Survey Instructions: General Survey

The Center for Health Workforce Studies (CHWS) and SOMOS are documenting your current staffing configuration as well as compensation and benefits as part of required DSRIP reporting. Please complete the fillable PDF to the best of your ability.

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. Additionally, all compensation and benefits data will not be reported until it is at least 90 days old.

Please save this file to your computer using a name unique to your organization, location, and facility type (e.g., Organization_Address listed in section 1_Facility type OR JohnDoePhysicians_46MainSt_OPWDD). Once completed, the saved form can either be emailed back to CHWS or emailed to CHWS via the 'Submit by E-Mail' button at the end of the survey.

If your organization is partnering with multiple PPSs, please be sure to mark all PPSs that you are affiliated with in the space provided. Please note that CHWS is collecting data for eight of the eleven mentioned PPSs; therefore, if you are affiliated with PPSs other than the aforementioned, you may need to address their requirements separately.

Organizations must complete one survey per each location and facility type. For example, if you have two primary care offices in Brooklyn, you will need to complete a separate survey for each office. For organizations with multiple facility types within one site location, please separate the facility types and complete one survey for each facility type within that location (i.e. hospitals, nursing homes, home health agencies, Article 16 agencies, Article 31 agencies, Article 32 agencies, and non-licensed CBOs). Only respond to this survey for sites located in Bronx, Brooklyn, Manhattan, and Queens. If you have employees that work in various sites, we ask that you prorate their full-time hours and/or full-time equivalency (FTE), where applicable.

Please skip Job Titles^(a) not employed at your facility or organization. Please indicate all administrative staff in Number^(b) (Headcount) and utilize the FTE cell to ensure the employee is not double counted.

Please complete the survey using your personnel data as of June 30, 2019.

Section I

Required Information:

- **Organization/Facility Name:** The legal name of the health care provider for which this survey is being completed for.
- **Reporting Site Name:** The name of the specific site in which the survey is being completed for.
- **Site Street Address:** The physical location of the specific site for which the survey data is reported.
- **Borough:** The borough of the provider site or organization for which the survey data is reported.
- **Primary Contact:** First and last name of the primary person responsible for the survey.
- **Zip Code:** Zip code of the provider site or organization for which the survey data is reported.
- **Email Address:** Email address of the primary contact.
- **Phone Number:** Direct phone number of the primary contact.
- **Organizational NPI:** The National Provider Identifier is a standard unique identifier for health care providers that was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This field should reflect the 10-digit NPI assigned to your organization. If your organization does not have an organizational NPI, you may leave this blank.
- **Organizational MMIS ID:** The Medicaid Management Information System Identification Number is an integrated group of procedures and computer processing operations designed to meet principal objectives of Medicaid. This field should reflect the 8-digit MMIS ID assigned to your organization.
- **Reporting Site NPI:** The National Provider Identifier is a standard unique identifier for health care providers that was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This field should reflect the 10-digit NPI assigned to your specific site.
- **Reporting Site MMIS ID:** The Medicaid Management Information System Identification Number is an integrated group of procedures and computer processing operations

designed to meet principal objectives of Medicaid. This field should reflect the 8-digit MMIS ID assigned to your specific site.

- **PPS Network(s) Joined:** Using the provided list, please check all PPSs that your organization/facility is affiliated with.
- **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 SOMOS or 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.

Section II

Under each occupational category is a list of job **Titles** ^(a). 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 Excel file of job title descriptions that can be found on our website for clarification on appropriate job title based on function. Title classification should be based on job title, not license. For example, if a Registered Nurse is working as a Care Manager, please identify as Care Manager. For each **Title** ^(a), we ask that you complete the following data elements as of June 30, 2019.

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 CHWS.

If your organization or facility employs per diem or floating RNs who are assigned to units or sites as needed, document the information on line 22. If your organization or facility employs other staff who are per diem or floating, include the information in the "other" field(s) in the appropriate sections.

- **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. For example, if you have 10 staff in a certain job title, 5 working full time at 40 hours per week and 5 working half time at 20 hours per week the FTEs would be 7.5 ((5 x 1)+(5 x .5)).
- **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 catered to the SOMOS network in an effort to collect information on current training opportunities being offered to the employees of each organization.

Contact Kris Stiegler at (518) 402-0250 or surveys@chwsny.org with any questions that cannot be answered through our [website](#).

Responses are due back no later than August 30, 2019.

Thank you for your assistance in completing this survey!