

# Performing Provider System (PPS) Workforce Survey: NYP & NYP/Q

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## FAQs

### General

#### 1. What is the purpose of this survey?

- a. To document your current staff's compensation and benefits, this is a Delivery System Reform Incentive Payment (DSRIP) reporting requirement to the New York State Department of Health.

#### 2. Why do I need to fill out this survey?

- a. The NYS Department of Health requires that all providers of PPS's participating in the DSRIP program complete a workforce survey regarding their staff's compensation and benefits.

#### 3. How many surveys do I need to complete if I have multiple facilities types within my organization?

- a. NYSDOH is requiring that workforce compensation and benefits data be separated by facility type. When you complete Section I of the survey, you will be asked to identify the facility type. It is a drop down menu and you are only able to select one.
- b. For each facility within an organization, you must complete one survey. For example, a hospital (Article 28 Outpatient Clinic) with an outpatient behavioral health program will need to complete two separate surveys, allocating their employees to the respective programs.

### Technical

#### 4. How do I use the online option of the survey?

- a. The online version of the survey can be accessed through a link on the web page.
- b. 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.
- c. 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.
- d. If you have more than one facility type, you need to complete the surveys one at a time.

#### 5. What software do I need on my computer in order to access and complete the PDF version of the survey?

- a. Adobe Acrobat Reader DC version 10 or 11.
- b. <https://get.adobe.com/reader/>

#### 6. How do I save the PDF version of the survey to my computer?

- a. First, download the survey to see the PDF in its entirety. Then, save the PDF to a computer using a unique naming convention as described in question 6. If you are using a Mac, please open the survey in Adobe reader and **not** application preview.

#### 7. What is a good file naming convention for the PDF?

- a. OrganizationName\_OrganizationAddress\_FacilityType

#### 8. When does the survey need to be submitted?

- a. The survey should be submitted no later than **Friday, November 8, 2019.**

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#### 9. What is the best way to submit the PDF version of the survey?

- a. Creating a brand new email, addressed to [surveys@chwsny.org](mailto:surveys@chwsny.org) and attaching the saved, completed survey. **DO NOT** send the survey back to your PPS.

#### 10. I am working on a Mac. Why can I not save the work on the PDF?

- a. If you are filling out the PDF survey using an Apple Mac computer, make sure that you are not using Apple's Preview application. Save the fillable PDF to your computer's desktop first. Then, open Acrobat Reader on your computer and open the saved fillable PDF survey in Acrobat Reader. Complete the survey in Acrobat Reader and save it. The data will not be saved if you work in Apple's Preview application.

### Protections and Security

#### 11. Why do I need to provide wage and benefit information?

- a. It is a requirement of the DSRIP program, and it will be collected in future years (DY3 and DY5) as well. This information is required to help ascertain the impact of DSRIP implementation on the workforce related to actual numbers and salary.

#### 12. Does the provision of wage and benefit information violate anti-trust laws?

- a. We are following all specific anti-trust rules. First, as third-party vendors, CHWS can collect this information. Data will only be reported in the aggregate and will not be reported for any facility type with less than 5 records or where one facility accounts for more than 25% of the total information. Additionally, data is being collected as of September 30th, 2019, therefore the data will be more than 90 days old, as required by law, when it is shared.

#### 13. Does providing other workforce data violate any laws?

- a. Information on the number of employees and FTEs of staff is not protected and may be provided by individual organizations to the PPSs.

### Resources

#### 14. Where do I find job descriptions that correspond with the job titles?

- a. The job descriptions can be found on our website:  
<http://www.chwsny.org/chws-dsrip-pps-workforce-assessment/>

#### 15. Who do I contact if I need additional technical assistance in completing this survey?

- a. You may email Kris Stiegler at [kstiegl@albany.edu](mailto:kstiegl@albany.edu) or call (518) 402-0250 if you need additional assistance.

#### 16. What if I have job titles that do not appear on the job description list?

- a. Using the job descriptions provided, match the job titles as best as possible. For example, behavior health tech may equate to psychiatric tech/aide.
- b. If no match, list the staff in the "other" category and complete the information as requested.

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#### 17. What is an FTE?

- a. The number of full-time equivalents. For example, if normal full-time hours for a week is 40, and the staff member works 30 hours, his or her FTE is 0.75 (30/40).

#### 18. What does CBA stand for?

- a. CBA stands for collective bargaining agreement. DSRIP requires positions covered by a CBA to be documented.

#### 19. How old can the information be?

- a. The survey should be completed using your personnel data as of September 30<sup>th</sup>, 2019.

### Completing the Survey

#### 20. I contract for physician services. How do I account for them?

- a. Acute care facilities/hospitals and/or skilled nursing facilities (SNFs) providing data for physicians should only include employed (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 documented contracted physicians, please contact CHWS.

#### 21. Do I include voluntary or attending physicians?

- a. No; if the voluntary or attending physician(s) are not receiving a paycheck from your facility, they should be excluded from the survey.

#### 22. Where should I include per diem staff?

- a. If your organization/facility employs other staff who are per diem or floating, include their information in the 'other' field(s) in their appropriate categories in Section II of the survey.

#### 23. Does every box need to be filled out for every job title?

- a. In Section II, only check those boxes for the job titles that are relevant to your organization. All data elements within activated rows must be completed.

#### 24. How do I include an employee who works under one or more job titles?

- a. Example: an employee who works as a Registered Nurse 20 hours per week and a Certified Diabetes Educator 10 hours per week. The employee would be included in column 'b' (number) for both job titles. However, assuming full-time hours for both positions is 40 hours, the employee would be recorded as 0.5 FTE as an RN and 0.25 FTE as a Certified Diabetes Educator.

#### 25. What is the purpose of the "other" fields?

- a. For current job titles not already captured within the list of job titles.

#### 26. Does the average hourly wage need to be expressed in a specific format?

- a. If wages are not recorded by hour, please convert them into an hourly wage rate.

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**27. What classifies as average hourly wage?**

- a. Base rate, cost-of-living allowance and longevity pay.

**28. What should not be included as average hourly wage?**

- a. Bonuses, reimbursements, allowances, shift differential, overtime pay, uniform allowance, or on-call pay.

**29. What classifies as fringe benefit rate?**

- a. Required: FICA, disability, workman's compensation.
- b. Optional: Life insurance, health insurance, retirement.

**30. What is the purpose of Section III?**

- a. Section III is for organizations or providers that choose to complete one survey for multiple facility locations. Please include the addresses for those locations included in the survey in Section III.

**31. How many rows in Section III do I need to complete if I choose to include multiple other sites in this survey?**

- a. Complete Section III for all locations included in a single survey. Example: If you indicated in Section I that the survey is being completed for five locations, then one location should be entered in Section I, with the remaining four locations entered in Section III.