

AHI PPS Workforce Compensation and Benefits Analysis Frequently Asked Questions (FAQs)

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AHI PPS Workforce Compensation and Benefits Analysis Frequently Asked Questions (FAQs)

General

- 1. What is the purpose of this survey?**
 - a. The New York State Department of Health requires each PPS to submit a Compensation and Benefits Analysis during years 1, 3 and 5 in an effort to understand and measure the impact of project implementation and progress towards our target workforce state. This is our final analysis.
- 2. If my organization has different locations do I need to fill out multiple surveys?**
 - a. No. If you are the same facility/provider type in multiple locations (i.e, Article 28 Hospital Outpatient Clinics with sites in Clinton and Saratoga), it is not required that you complete a survey for each location. Though you may do so if you wish, as long as the site is in one of the nine counties that AHI includes. Please refer to the directions for definitions of each facility type.
- 3. My organization has multiple facility types, do I need to fill out multiple assessments?**
 - a. Yes. If you have multiple facility types within your organization, you must complete one assessment for each facility/provider type, even if the facilities are in the same location. Please refer to the directions for definitions of each facility type.
- 4. What are the nine counties that AHI includes?**
 - a. Clinton
 - b. Essex
 - c. Franklin
 - d. Fulton
 - e. Hamilton
 - f. St. Lawrence
 - g. Saratoga
 - h. Warren
 - i. Washington
- 5. If my organization has a site that is not in one of the nine counties in the AHI PPS, do I still include it?**
 - a. No. If one the sites falls in a county other than the nine, it should not be included on the survey.
 - b. Only report staff in those counties that are included in the AHI PPS, all other staff should be excluded.
 - c. Reference question #17 for guidance on how to document staff in FTEs.

Technical

- 6. What software do I need on my computer in order to access and complete the survey?**
 - a. Adobe Acrobat Reader DC
 - b. <https://get.adobe.com/reader/>

7. How do I save the survey to my computer?

- a. First, download the survey to see the PDF in its entirety. Then, save the PDF to your computer using a unique naming convention as described in question #8.

8. What naming convention should I use when saving the survey?

- a. PPS_OrganizationName_Address, for example:
 - i. AHI_GlensFallsHospital_100ParkSt

9. When is my survey due?

- a. The survey should be submitted no later than **November 8, 2019**. The due date is also stated at the top of the survey and in the instructions.

10. How should I submit the survey?

- a. Create a new email addressed to surveys@chwsny.org and attaching the saved, completed survey.

Security and Protections

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

- a. It is a requirement of the DSRIP program to be collected in DY1, DY3 and DY5. This information is required to look at workforce trends/impacts within each PPS and for PPSs to use in planning for workforce trends.

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, but data will only be reported in the aggregate. In addition, it 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 30, 2019, and the data will be more than 90 days old as required by law before 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 facility.

Resources

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

- a. There is an attachment within the initial survey email, and it is also posted on our website <http://www.chwsny.org/ahi-dsrip-workforce-survey/>

15. Who do I contact if I need additional technical assistance?

- a. You may email CHWS at surveys@chwsny.org 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 as best as possible. For example, behavioral health tech may equate to psychiatric tech/aide.
- b. If no match, list them in the "other" category and complete the information as requested.

17. What is an FTE?

- a. The number of full-time equivalents. For example, if normal work hours for a week is 40, and the staff member works 30, his or her FTE is 0.75 (30/40). Since a normal work week for residents and fellows is 60 to 80 hours per week, consider their normal work hours when calculating FTEs. For example, a resident working

60 hours in an 80 week would be consider .75 FTEs (60/80) or a resident working 40 hours in a 60 hour week would be .67 FTEs.

18. How old can the information be?

- a. Complete the survey using your personnel data as of September 30, 2019.

Completing the Survey

19. I contract for physicians 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 (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 your PPS and/or CHWS.

20. Do I include attending physicians?

- a. No; if the attending physician(s) are not being paid by your facility then they are excluded from the survey.

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

- a. No; while all of Section I must be completed, 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.

22. What is the purpose of the "other" fields?

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

23. Does salary need to be expressed in a specific format?

24. Please express salary at an hourly rate. What classifies as average hourly wage?

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

25. What should not be included as average hourly wage?

- a. Do not include bonuses, reimbursements, allowances, shift differential, overtime pay, uniform allowance, or on-call pay.

26. Do I have to fill in fringe benefit rate for every position if I have already filled it out in Section I?

- a. No. If fringe benefit rate is the same for every position then you only have to complete this field in Section I. If, fringe benefit rate varies across job titles, you need to select 'No' in Section I and then specify for each job title in Section II.

27. 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 to include the addresses for those locations in the survey.

28. 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.