**Nursing Home Value Based Purchasing Demonstration Revised Data Collection**

The original data collection that was approved on March 25, 2008 included an application, electronic payroll submission guidelines, and a data collection form with sections A through E (other data). The data collection form could be submitted either electronically or via paper. The revised data collection includes the following changes:

* The application is omitted. Reason: It was a one-time application and is no longer needed.
* All data are required to be submitted electronically. Reason: Having two separate submissions (i.e., payroll and other data) via different modes (electronic and paper) was inefficient and confusing.
* The data collection form has been revised by deleting two of the sections and including the payroll data as a section. Reason: CMS has determined that the two “developmental measures” that were under consideration for inclusion in the demonstration will not be needed. Payroll was added as a section to consolidate the data collection into one form.

Detail regarding the changes to the data collection form is as follows:

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| Section | Original | Revised |
|  A | General information | General informationChanges: Deleted physical address; added name and email address of contact person.Reason: Physical address does not change, so it is not needed with every submission. Contact person may change over time, and we need current information.  |
|  B | Resident census | Resident censusChanges: Consolidated 2 lines on form (Medicaid dual eligible days and Medicaid only days) into one line (Medicaid days).Reason: It was difficult for nursing homes to break out Medicaid resident days by “dual eligible” and “other”, and we did not need this break out for purposes of the demonstration. |
|  C (original) | Nursing Agency Staff | Recast as Section D (see below).Reason: Section C was the logical place to include payroll data in the collection form. |
|  C (revised) |  | Payroll dataChanges (to original payroll submission guidelines): Deleted “facility name” from the form; added employee termination date. Reason: Since we are collecting the facility provider ID, the name was unnecessary; the termination date will help us calculate the staff turnover measure.Changes: Deleted sample data record; added blank spreadsheet.Reason: The example is no longer needed; the blank spreadsheet can be downloaded and filled out.Changes: Added a paragraph to the instructions explaining how to report pay periods that overlap quarters.Reason: To clarify the instructions. |
|  D(original) | Staff Influenza Immunizations | Deleted.Reason: Measure will not be needed for the demonstration. |
|  D(revised)  |  | Nursing Agency staffChanges (to original section C): Added instructions regarding how fractional hours should be reported and how invoices that overlap quarter end dates should be apportioned. Clarified the definition of certified nurse aide.Reason: To clarify the instructions. |
|  E | Use of Resident Care Experience Surveys | Deleted.Reason: Measure will not be needed for the demonstration. |