

**NURSING HOME VALUE BASED PURCHASING DEMONSTRATION
DATA COLLECTION FORM
SECTION A: GENERAL INFORMATION**

Name of Facility:	Medicare Provider ID
-------------------	----------------------

Name, phone number, and email address of current person to be contacted in matters involving the demonstration:

Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1039. The time required to complete this information collection is estimated to average 12 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**NURSING HOME VALUE-BASED PURCHASING DEMONSTRATION
SECTION B: RESIDENT CENSUS**

This section collects information on total resident days, for the period 10/1/09 through 12/31/09. This information should be based on the daily resident census information for this period.

Category		Number of Days
B1	Total Medicare days	
B2	Total Medicaid days	
B3	Total other days	
B4	Total resident days	0

Instructions:

B1: Total Medicare Days: Enter the total number of resident days from 10/1/09 - 12/31/09 for which Medicare was the primary payor.

B2: Total Medicaid days: Total number of resident days from 10/1/09 - 12/31/09 for which Medicaid was the primary payor.

B3: Total other days: Total number of resident days from 10/1/09 - 12/31/09 for which neither Medicare nor Medicaid was the primary payor.

B4: Total resident days: Total resident days from 10/1/09 - 12/31/09. This will equal the sum of rows B1-B3.

Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1039. The time required to complete this information collection is estimated to average 1 hour, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

NURSING HOME VALUE-BASED PURCHASING DEMONSTRATION

SECTION C: PAYROLL DATA

One data record (row of data) should be submitted for each nursing employee who worked at your nursing home in the previous quarter. The following information should be included in columns in each data record: the nursing home's provider number, a unique identifier for the employee (e.g., their employee number), the employees' job category and starting date, the employee's termination date (if applicable), the pay period start and end dates, the number of hours worked in the payroll period and the number of non-productive hours during the payroll period. Each of these data elements is described in greater detail below.

Note that if the payroll period that includes October 1, 2009 began prior to October 1, then this payroll period should have already been reported in your last submission so it does not need to be reported again. But if the payroll period that includes December 31, 2009 ends after December 31, then data from the entire payroll period should be reported with this submission.

The following fields are included in the payroll reporting form:

Medicare provider number

This is the facility's assigned six-digit provider code. The first two digits identify the state and the 3rd-6th digits uniquely identify the facility.

Employee number or other unique identifier

A unique employee identifier must be submitted with each payroll record. The unique employee identification should *not* contain identifying information such as name or social security number. The same employee identifier should be used throughout the employee's tenure with the nursing home. If the employee leaves the nursing home and returns to its employ at a later point in time the facility may choose to retain the original employee ID or assign a new employee ID. A new employee ID should *not* be assigned when an employee is promoted within a nursing home facility.

Employee Start Date

The Employee Start Date is the date the employee began their employment at the nursing home. For employees with multiple periods of employment with the nursing home, the most recent start date should be reported.

Employee Termination Date

The Employee Termination Date is the date of the employee's last day of employment. A termination date should be reported for both voluntary and involuntary departures. For employees who were not terminated during the reporting period, leave this field blank. Do not report instances of temporary leave of absences such as maternity leave or other absences covered under the Family and Medical Leave Act.

Employee job category

Nursing homes are required to classify staff into one of the four job categories as defined below. Staff should be classified into one of the four job categories based on the job title on the first day of the pay period being reported. **IF YOUR ORGANIZATION USES DIFFERENT TITLES THAN THE FOUR LISTED BELOW, PLEASE RE-CATEGORIZE INTO ONE OF THE FOUR TITLES. ONLY JOB TITLES THAT CAN BE CLASSIFIED INTO ONE OF THESE FOUR CATEGORIES CAN BE USED IN THE STAFFING CALCULATIONS.**

- **Director of Nursing (DON)** – Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. This category includes RN assistant directors of nursing (ADONs).
- **Registered Nurse (RN)** – Those persons licensed to practice as registered nurses in the State where the facility is located.
- **Licensed Practical/Vocational Nurse (LPN)**– Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located.
- **Certified Nurse Aide (CNA)** – Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150(a) and (3) and who are providing nursing or nursing-related services to residents. This category includes State certified Medication Aides and Restorative Aides. CNAs in training should not be included. If an individual works in two positions (e.g., CNA and housekeeping) all hours for this employee should be reported as CNA hours.

Use the following coding for the employee job categories (do not place periods within these codes):

DON= Director of Nursing (***Please list at least one staff member as a DON***)

RN= Registered Nurse

LPN=Licensed/vocational nurse

CNA= Certified nurse aide

Note that nursing homes should not submit payroll-based staffing information for non-nursing staff.

Pay Period Start Date

The Pay Period Start Date is the first day of the pay period being reported. The date should not overlap with prior pay periods.

Pay Period End Date

The Pay Period End Date is the last day of the pay period being reported. The date should not overlap with subsequent payroll periods. The number of days between the pay period start and end dates will be equal to either 7, 14, bi-monthly, or monthly pay period.

Number of hours worked

The number of hours worked includes the total number of hours worked during the pay period. This number *cannot* include hours for vacation leave, sick leave, corrections to reconcile errors from previous pay periods, etc. This number does reflect hours worked in both direct and non-direct patient care. If an employee covers a shift at a facility within a nursing home corporation, the hours worked should be assigned to the respective facility and not allocated to a “home” or “primary” facility. If no productive hours were worked during a pay period the data element should be submitted with zero hours. Fractional hours should be reported at the level of precision with which they are recorded in your payroll system.

Nonproductive Hours

Nonproductive hours include the total number of hours paid during the pay period for leave (sick, vacation, holidays, disability, administrative), bonuses, employee payouts, etc. If no nonproductive hours were paid during the pay period the data element should be submitted with zero hours. Fractional hours should be reported at the level of precision with which they are recorded in your payroll system.

Note that agency staff should not be in the data submission. These should be reported in Section D of the NHVBP Data Collection Form.

**NURSING HOME VALUE-BASED PURCHASING DEMONSTRATION
SECTION D: NURSING TEMPORARY AGENCY STAFF**

Record the total number of nursing temporary agency staff hours worked during the period 10/1/09 - 12/31/09 by staff type.

	Staff Type	Total number of nursing temporary agency staff hours: 10/1/09 - 12/31/09
D1	Director of Nursing	
D2	RN	
D3	LPN/LVN	
D4	Certified nurse aide (CNA)	

Instructions:

Record the total number of nursing temporary agency staff hours worked during the period 10/1/09 - 12/31/09, by staff type. Nursing temporary agency staff include individuals who work at the facility but who are not paid through the facility's payroll system. Hours worked by these individuals should not be recorded in Section C. Temporary agency staff employees should be classified into one of four job categories described below:

- **Director of Nursing (DON)** – Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. This category includes RN assistant directors of nursing (ADONs).
- **Registered Nurse (RN)** – Those persons licensed to practice as registered nurses in the State where the facility is located.
- **Licensed Practical/Vocational Nurse (LPN)**– Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located.
- **Certified Nurse Aide (CNA)** – Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150(a) and (3) and who are providing nursing or nursing-related services to residents. This category includes State certified Medication Aides and Restorative Aides. CNAs in training should not be included. If an individual works in two positions (e.g., CNA and housekeeping) all hours for this employee should be reported as CNA hours.

Fractional hours should be reported at the level of precision at which they are recorded in the invoices that you receive from staffing agencies. If an invoice overlaps the beginning or end dates, then apportion the invoice hours by the number of days the invoice is in the quarter being reported.

Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1039. The time required to complete this information collection is estimated to average 24 minutes for nursing homes that use agency staff, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.