



MEDICARE WAGE INDEX OCCUPATIONAL MIX SURVEY

Date: ___ / ___ / ___
Provider Number: _____
Provider Contact Name: _____
Provider Contact Phone Number: _____
Reporting Period: **01/01/2019 – 12/31/2019***

Introduction

Section 304(c) of Public Law 106-554 amended section 1886(d)(3)(E) of the Act to require CMS to collect data every 3 years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index. The law also requires the application of the occupational mix adjustment to the wage index beginning October 1, 2004.

This survey provides for the collection of occupational mix data for a 12-month period, that is, *from pay periods ending between January 1, 2019 and December 31, 2019 to be applied to the FY 2022 wage index. Specifically, the survey’s begin date cannot be earlier than December 17, 2018, and the survey’s end date cannot end later than December 31, 2019. Complete the survey for any hospital that is subject to the inpatient prospective payment system (IPPS), or any hospital that would be subject to IPPS if not granted a waiver¹. [Note: Do not complete this survey if you are a no/low Medicare utilization provider. Check with your Medicare Administrative Contractors (MAC) to confirm your status.] It is important for

¹ **Note: Critical Access Hospitals (CAHs) are not paid under the IPPS, therefore, CAHs are not required to complete the survey. Also, hospitals that terminated participation in the Medicare program before January 1, 2019, or terminated after January 1, 2019, but before December 2019, resulting in less than 11 months of data from CY 2019, are not required to complete the survey.**

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 **xxxx-xxxx**. The time required to complete this information collection is estimated to average 480 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Tehila Lipschutz/ Noel Manlove, (410) 786-1344 / (410)

hospitals to ensure that the data reported on the survey are accurate and verifiable through supporting documentation.

Completed occupational mix surveys must be submitted to MACs (not directly to CMS), on the Excel hospital reporting form, by July 1, 2020, via email attachment or overnight delivery.

The Excel version of the occupational mix survey may be obtained from MACs or downloaded from CMS's website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Wage-Index-Files.html>

Instructions and definitions for the data elements and the occupational categories are attached.

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Instructions and Definitions

Instructions

Complete this survey for employees who are full-time and part-time, directly hired, and acquired under contract. Do not include employees in areas excluded from IPPS via Worksheet S-3, Part II, Lines 9 and 10, such as skilled-nursing facilities, psychiatric, or rehabilitation units or facilities. This exclusion applies to directly-hired and contract employees who provide either direct or indirect patient care services in IPPS excluded areas. Also, do not include employees whose services are excluded from the IPPS, such as physician Part B, and interns and residents. Include employees who are allocated from the home office or related organizations to IPPS reimbursable cost centers and outpatient departments of the hospital that are included in the wage index (i.e., outpatient clinic, emergency room).

Employees in the home office, related organizations, or general services costs centers (Worksheet S-3, Part II, Lines 8, 14.01, 14.02 and Lines 26 through 43) typically provide services throughout the hospital, including the IPPS-excluded areas (Lines 9 and 10). In completing the survey, a hospital should apply the same methodology it uses for allocating home office and related organization costs on Worksheet S-3, Part II, and exclude from the survey such costs associated with excluded areas. If home office or related organization personnel provide only administrative services, report their wages and hours in the “All Other Occupations” category. To the extent that there are home office or related organization personnel that are engaged in nursing activities, they must be reported in the appropriate nursing subcategory.

Additionally, hospitals should apply the methodology that is used in the wage index calculation for allocating general service salaries and hours to excluded areas. (See Step 4 of the wage index calculation in 76 FR 51592, August 18, 2011, or in the Wage Index Calculator at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Wage-Index-Files-Items/FY-2019-Wage-Index-Home-Page.html>.) Note that, although wage-related costs are included in the general service allocation methodology for Worksheet S-3, wage-related costs should be excluded from the general service allocation methodology for the occupational mix survey because the occupational mix survey excludes wage-related costs.

Nursing personnel working in the following cost centers as used for Medicare cost reporting purposes must be included in the appropriate nursing subcategory. These cost centers reflect where the majority of nursing employees are assigned in hospitals and are selected to ensure consistent reporting among hospitals. The wages and hours for nursing personnel working in other areas of the hospital that are reimbursable under the IPPS or OPSS, or nurses who are performing solely administrative functions, would be included in the “All Other Occupations” category.

COST CENTER DESCRIPTIONS

Cost Centers

Nursing Administration	13
Adults and Pediatrics (General Routine Care)	30
Intensive Care Unit	31
Coronary Care Unit	32
Burn Intensive Care Unit	33
Surgical Intensive Care Unit	34
Other Special Care (specify)	35
Nursery	43
Operating Room	50
Recovery Room	51
Labor Room and Delivery Room	52
Electrocardiology	69
Renal Dialysis	74
Ambulatory Surgical Center (Non-Distinct Part)	75
Other Ancillary	76
Clinics	90
Emergency	91
Observation Beds	92

Note: Subscripted cost centers that would normally fall into one of these cost centers should be included on the survey.

Definitions

Paid Salaries and Paid Hours:

Paid Salaries – Include the total of **paid** wages and salaries for the specified category of hospital employees including overtime, vacation, holiday, sick, lunch, and other paid-time-off, severance, and bonuses. Do not include fringe benefits or wage-related costs as defined in Provider Reimbursement Manual, Part II, Section 4005.2.

Paid Hours – Include the total **paid** hours for the specified category of hospital employees. Paid hours include regular hours, overtime hours, paid holiday, vacation, sick, and other paid-time-off hours, and hours associated with severance pay. Do not include non-paid lunch periods and on-call hours in the total paid hours. (Note: On-call hours for the occupational mix survey must be treated the same as on-call hours for Worksheet S-3 wage data; see Provider Reimbursement Manual, Part II, section 4005.2, column 5 instructions). Overtime hours must be

calculated as one hour when an employee is paid time and a half. No hours are required for bonus pay. The hours reported for salaried employees who are paid a fixed rate must be recorded based on 40 hours per week or the number of hours in the hospital's standard workweek.

Occupational Categories:

[The occupational categories and definitions included in this survey derive directly from the U. S. Bureau of Labor Statistics (BLS), 2017 Occupational Employment Statistics survey at https://www.bls.gov/oes/current/oes_stru.htm. The numbers in parentheses are the BLS standard occupational categories (SOCs). As with the BLS survey, workers should be classified in the occupation that requires their highest level of skill. If no measurable difference in skills, workers are to be included in the occupation that they spend the most time.]

Registered Nurses (RNs, SOC 29-1141) - Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. *RNs who have specialized formal, post-basic education and who function in highly autonomous and specialized roles, may be assigned a variety of roles such as staff nurse, advanced practice nurse, case manager, nursing educator, infection control nurse, performance improvement nurse, and community health nurse. We note that the 2017 BLS definition for Registered Nurses includes clinical nurse specialists. However, advanced practice nurses (APNs) (that is, nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) are usually paid by Medicare under a Part B fee schedule and not the IPPS. APNs must be excluded from the survey if they are excluded from Worksheet S-3, Part II but should be included on the survey if they are included in one of the cost centers for the survey and are included on Worksheet S-3, Part II.*

Licensed Practical and Licensed Vocational Nurses (LPNs, SOC 29-2061) and Surgical Technologists (SOC 29-2055)** – **LPNs:** Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required. **Surgical Technologists:** Assist in operations, under the supervision of surgeons, registered nurses, or other surgical personnel. May help set up operating room, prepare and transport patients for surgery, adjust lights and equipment, pass instruments and other supplies to surgeons and surgeon's assistants, hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments.

Nursing Assistants (SOC 31-1014) and Orderlies (31-1015) - **Nursing Assistants:** Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants. **Orderlies:** Transport patients to areas such as operating

rooms or x-ray rooms using wheelchairs, stretchers, or moveable beds. May maintain stocks of supplies or clean and transport equipment.

Medical Assistants (SOC 31-9092)** - Performs administrative and certain clinical duties under the direction of physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician. Exclude “Physician Assistants” (29-1071).

Include only those employees who perform administrative and certain clinical functions under the direction of a physician in the IPPS cost centers and outpatient areas of the hospital that are listed above. Do not include phlebotomists, information technology personnel, health information management personnel, medical secretaries, ward clerks, and general business office personnel.

****Note: Medical Assistants and Surgical Technologists are “nursing” employees for purposes of the occupational mix survey. Whenever the terms “nursing staff”, “nursing personnel”, “nursing occupations”, “nursing employees”, or “nursing categories” are used with regards to the occupational mix survey, they are deemed to include medical assistants and surgical technologists.**

Note: Only nurses, surgical technologists, nursing aides/orderlies/attendants, and medical assistants, as defined on the survey, can be included in the respective RNs, LPNs, Surgical Technologists, Aides/Orderlies/Attendants, and MAs categories. Do not include other occupations that may provide similar services as nursing personnel. Instead, those occupations (if assigned to IPPS/OPPS areas of the hospital) must be included in the All Other Occupations category. For example, hospital-based paramedics may provide services that are similar to those provided by nursing personnel; however, on the occupational mix survey, these non-nursing occupations must be included in All Other Occupations. This is to ensure consistent reporting among hospitals.

All Other Occupations – Non-nursing employees (directly hired and under contract) in IPPS reimbursable cost centers and outpatient departments that are included in the wage index (i.e., outpatient clinic, emergency room) must be included in the “All Other Occupations” category. In addition, this category would include the wages and hours of nurses (including APNs) that function solely in administrative or leadership roles, that do not directly supervise staff nurses who provide patient care, and do not provide any direct patient care themselves. This category must not include occupations that are excluded from the wage index (such as physician Part B services, interns, residents, and the services of APNs - nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists – that are excluded from the wage index because their services are billable under a Part B fee schedule). Also, the “All Other Occupations” category must not include employees in areas of the hospital that are excluded from the wage index via Worksheet S-3, Part II, Lines 8 and 8.01, such as skilled nursing, psychiatric, and rehabilitation units and facilities. Therapists and therapy assistants, equipment technologists and technicians, medical and clinical laboratory staff, pharmacists and pharmacy technicians, administrators (other than nursing), computer specialists, dietary, and housekeeping staff are examples of employees who should be reported in the “All Other Occupations” category. Also include the wages and hours of personnel from the home office or related organizations if they perform solely

administrative functions and work in IPPS cost centers and outpatient departments that are included in the wage index.

Note: Do not include salaries and hours for APNs (nurse practitioners, clinical nurse specialists, nurse midwives, or certified registered nurse anesthetists) in any of the Nursing or All Other Occupations categories if their services are billable under Medicare Part B. The services of these nurses are generally billable under a Part B fee schedule and excluded from the wage index because they are not paid under the hospital inpatient prospective payment system (IPPS).

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Reporting Period: **Pay Periods Ending Between 01/01/2019 and 12/31/2019**

Report Paid Salaries and Paid Hours in whole numbers. Round Average Hourly Wage to 2 decimal places.

Occupational Category	Paid Salaries	Paid Hours	Average Hourly Wage (Salaries/Hours)
Nursing Occupations			
RNs			
LPNs, LVNs, and Surgical Technologists			
Nursing Assistants and Orderlies			
Medical Assistants			
Total Nursing			
All Other Occupations			
Total (Nursing and All Other)			

Note: Do not mark in shaded areas.