

**NURSING HOME VALUE-BASED PURCHASING DEMONSTRATION  
SECTION F: USE OF RESIDENT CARE EXPERIENCE SURVEYS**

**This section collects information on resident care experience surveys conducted between March 31, 2008 and March 31, 2009.**

Question	
F1	Did your facility conduct any resident care experience survey in the 12 month period between March 31, 2008 and March 31, 2009?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered "yes" to question 1, please complete questions 2-4 below.</b>	
F2	Was the survey conducted in-house or by an external vendor?
	<input type="checkbox"/> In-house <input type="checkbox"/> External vendor
F3	What percentage of total residents were included in the survey sample?
	<input type="text"/>
F4	How is the survey information used? (check all that apply)
	<input type="checkbox"/> Identifying service-related issues <input type="checkbox"/> As a measure of quality of care <input type="checkbox"/> Identifying strengths and weaknesses <input type="checkbox"/> Peer group comparisons (i.e., benchmarking) <input type="checkbox"/> Identifying service-related issues <input type="checkbox"/> Linked to financial incentives (e.g., bonuses) <input type="checkbox"/> Marketing purposes <input type="checkbox"/> Accreditation purposes <input type="checkbox"/> Other (please specify)

**Section F collects information on any resident care experience surveys conducted at your facility between March 31, 2008 and March 31, 2009.**

**1. Did your facility conduct any resident care experience survey?** The survey must include feedback, for example, on domains such as dining, food quality, staff knowledge and responsiveness, activities, cleanliness and/or communication.

**2. Was the survey conducted in-house or by an external vendor?** Indicate if the survey is administered and analyzed by facility staff or by an outside vendor. A standardized tool developed by an outside vendor but administered by the facility staff should be reported as conducted by in-house staff.

**3. What percentage of total residents were included in the survey sample?** Report the number of residents (or families of residents) who were surveyed as a percent of the total resident census. Use the facility census as of the first day the survey was administered.

**4. How is the survey information used? (Check all that apply).** Check all of the following list that apply:

**Medicare Nursing Home Value-Based Purchasing Demonstration  
Application Instructions**

This application provides an opportunity for eligible nursing homes to apply to participate in the Nursing Home Value-Based Purchasing (NHVBP) demonstration sponsored by the Centers for Medicare & Medicaid Services (CMS).

**Eligible Nursing Homes:**

Participation in the demonstration is voluntary. Medicare-certified nursing homes are eligible to participate in the demonstration as long as their residents are primarily Medicare beneficiaries. Nursing homes that care primarily for pediatric residents are not eligible to participate. A multi-facility organization may submit an application on behalf of the nursing home. However, the organization must submit a separate application for each nursing home.

**Application Submission:**

A complete application consists of the one-page cover sheet (entitled, "Medicare Nursing Home Value-Based Purchasing Demonstration Application") and Sections A through F of the Data Collection Form. The application cover sheet should be signed by an authorized representative and **mailed** to the following address:

Nursing Home Value-Based Purchasing Demonstration  
Abt Associates, Inc. (Attn: Alan White)  
4620 Creekstone Drive Suite 190  
Durham, N.C. 27703

The data collection form must be submitted in electronic format via either email or CD. An Excel spreadsheet may be **emailed** to [NHVBP@ABTASSOC.COM](mailto:NHVBP@ABTASSOC.COM). **Or**, a CD may be **mailed** to the above address.

Blank excel spreadsheets may be downloaded from the following email address:

<http://www.nhvb.com>

(Note: to access each section A through F of the data form, please click on the appropriate tab at the bottom of the excel screen.)

**Due Date:**

To be considered **timely**, an application must meet **both** of the following conditions:

- The application cover sheet must be sent by U.S. mail or commercial delivery service and postmarked by May 1, 2009.
- The data collection form (excel spreadsheet) must be sent either by email dated no later than May 1, 2009; OR, a CD must be mailed and postmarked by May 1, 2009.

**For Further Information:**

Please contact Kathy Pirotte at (410) 786-6774 or Michael Henesch at (410) 786-6685, or email [nhvbp@cms.hhs.gov](mailto:nhvbp@cms.hhs.gov) if you have questions or need further information.

## NURSING HOME VALUE BASED PURCHASING DEMONSTRATION APPLICATION COVER SHEET

Applicant Legal Name				Date submitted
Address				Date Received by CMS
City	County	State		ZIP Code

Name, telephone number, address, fax number (if available) and email address (if available) of person to be contacted on matters involving the application:

**Project Description:**

Nursing Homes that apply for the NHVBP demonstration must submit data according to the attached data collection protocol. Applicants will be assigned to either the demonstration group, the control group, or neither group. Nursing homes that are selected for the demonstration must agree to submit the data per the protocol and to participate in the 3-year demonstration in order to be eligible for awards under the demonstration. The submitted data will be included in the determination of each nursing home's performance score. Nursing homes with superior performance or improvement will be eligible for an annual performance payment award.

Are 50 percent or more of applicant's residents Medicare eligible?

Yes

No

Does the applicant use an electronic health record (EHR) that captures, maintains, and manages patient health information?

Yes

No

If applicant is part of a multi-facility organization, please specify chain name

Applicant's Medicare Provider Number

Is The Applicant a Medicare Provider/Organization in Good Standing? If no, attach an explanation

Yes

No

To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the terms and conditions of the award and applicable Federal requirements if awarded.

Name and Title of Authorized Representative

Telephone Number *(include area code)*

Signature of Authorized Representative

Date Signed *(mm/dd/yyyy)*

**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 15 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  
DATA COLLECTION FORM  
SECTION A: GENERAL INFORMATION**

Name of Facility		Medicare Provider ID
Address		
City	State	ZIP Code

Name, phone number, and email address of person to be contacted in matters involving data submission.

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 10 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, overall and for the period 1/1/09 through 3/31/09. This information should be based on the daily resident census information for this period.**

<b>Category</b>		<b>Number of Days</b>
B1	Total Medicare days	
B2	Total Medicaid days	
B3	Total other days	
B4	Total resident days	

**Instructions:**

**B1: Total Medicare Days:** Enter the total number of resident days from 1/1/09 - 3/31/09 for which Medicare was the primary payor.

**B2: Total Medicaid days:** Total number of resident days from 1/1/09 - 3/31/09 for which Medicaid was the primary payor.

**B3: Total other days:** Total number of resident days from 1/1/09 - 3/31/09 for which neither Medicare nor Medicaid was the primary payor.

**B4: Total resident days:** Total resident days from 1/1/09 through 3/31/09. This should equal the sum of rows B1-B4.

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 2 hours, 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 and facility name, a unique identifier for the employee (e.g., their employee number), the employees' job category and starting date, 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 January 1, 2009 began prior to January 1, then data from the entire payroll period should be reported; similarly, if the payroll period that includes March 31, 2009 ends after March 31, then data from the entire payroll period should be reported.

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 3<sup>rd</sup>-6<sup>th</sup> 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 job category**

Nursing homes are required to classify nursing staff into one of the four job categories as defined below. Staff should be assigned to the appropriate job category based on their job title on the first day of the pay period being reported. Nursing staff should be classified into one of the four job categories described below, based on the their job title on the first day of the pay period being reported.

- **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:

DON= Director of Nursing

RN= Registered Nurse

LPN=Licensed/vocational nurse

CNA= Certified nurse aide

Note that nursing homes are not required to 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.**

### Sample Payroll Data Record:

The following illustration shows the payroll data for a single employee at a nursing home with bi-weekly pay periods.

- The provider ID and employee ID are reported on all rows of data for this employee.
- This individual was employed as an RN throughout this period. If they had changed jobs, this should be reflected in the job category field at the appropriate pay period.
- The nursing home has bi-weekly payroll records. One record should be reported for each payroll period. Note that January 1 and March 31 are in the middle of payroll periods for this nursing home, so the report includes the payroll period that started 12/20/08 and also the payroll period that ended 4/10/09, ensuring that data for the January 1 – March 31 period are included.
- This employee missed work due to vacation and sick days at several points during the quarter. The hours that the employee was paid for this time are recorded in the non-productive hours column, but not the productive hours field. For example, the employee had 40 hours of non-productive time during the 2/14/09 – 2/27/09 payroll period and 8 non-productive hours for the 1/3/09 – 1/16/09 payroll period.

Medicare Provider ID	Employee ID	Employee starting date	Employee job category	Payroll period start date	Payroll period end date	Productive hours	Non-productive hours
012345	13563	5/17/2007	RN	12/20/2008	1/2/2009	80	0
012345	13563	5/17/2007	RN	1/3/2009	1/16/2009	64	8
012345	13563	5/17/2007	RN	1/17/2009	1/30/2009	75	0
012345	13563	5/17/2007	RN	1/31/2009	2/13/2009	83	0
012345	13563	5/17/2007	RN	2/14/2009	2/27/2009	40	40
012345	13563	5/17/2007	RN	2/28/2009	3/13/2009	80	0
012345	13563	5/17/2007	RN	3/14/2009	3/27/2009	85	0
012345	13563	5/17/2007	RN	3/28/2009	4/10/2009	84	0

**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 1/1/09 - 3/31/09, by staff type.

	<b>Staff Type</b>	<b>Total number of nursing temporary agency staff hours: 1/1/09 - 3/31/09</b>
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 1/1/09 - 3/31/09, 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.

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 11 hours 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.

**NURSING HOME VALUE-BASED PURCHASING DEMONSTRATION  
SECTION E: STAFF INFLUENZA IMMUNIZATIONS**

**This section collects information on total resident days, overall and by payor type, for the period 1/1/09 through 3/31/09.**

Item		Value
E1	Total number of staff employed (as of 2/1/09)	
E2a	Total number of staff immunized (as of 3/31/09, of staff employed on 2/1/09)	
E2b	Total number of staff (of staff employed as of 2/1/09) that did not receive the vaccine due to contraindications.	
E2c	Total number of staff not immunized (of staff employed on 2/1/09)	
E2d	Indicate whether there was an insufficient supply of influenza vaccine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available

**Section E collects information on influenza immunization for staff who were employed at your nursing home as of February 1, 2009.**

**1. Number of Staff Employed** - Report the number of staff in all departments employed at the facility as of February 1, 2009. Count full, part-time and per diem (or on-call) staff. Count per diem staff if they worked four or more hours in the last 30 days. Enter N/A if this information is not available.

**2a. Number of staff immunized** - Of staff employed at your nursing home as of 2/1/09, report the number who received the recommended influenza vaccine for the 2008-2009 influenza season (i.e., between November 2008- March 2009). Include staff who received the vaccine from the facility as well as those who report having received the vaccine from an outside source (e.g., clinic, physician). Enter N/A if this information is not available.

**2b. Number of staff not eligible for immunization** - Of staff employed at your nursing home as of 2/1/09, report the number who were not eligible to receive the vaccination due to contraindications. Enter N/A if this information is not available.

**2c. Number of staff not immunized** - Of staff employed at your nursing home as of 2/1/09, report the number who were eligible to receive the vaccination but did not receive it during the 2008 - 2009 influenza season. Enter N/A if this information is not available.

**2d. Insufficient supply** - Check if there was an insufficient supply of influenza vaccine. Enter N/A if this information is not available.

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 4 hours, 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.