



**IROQUOIS**  
*Healthcare Association*

# **Compensation & Benefits Analysis Milestone: Antitrust Issues and Data Elements**

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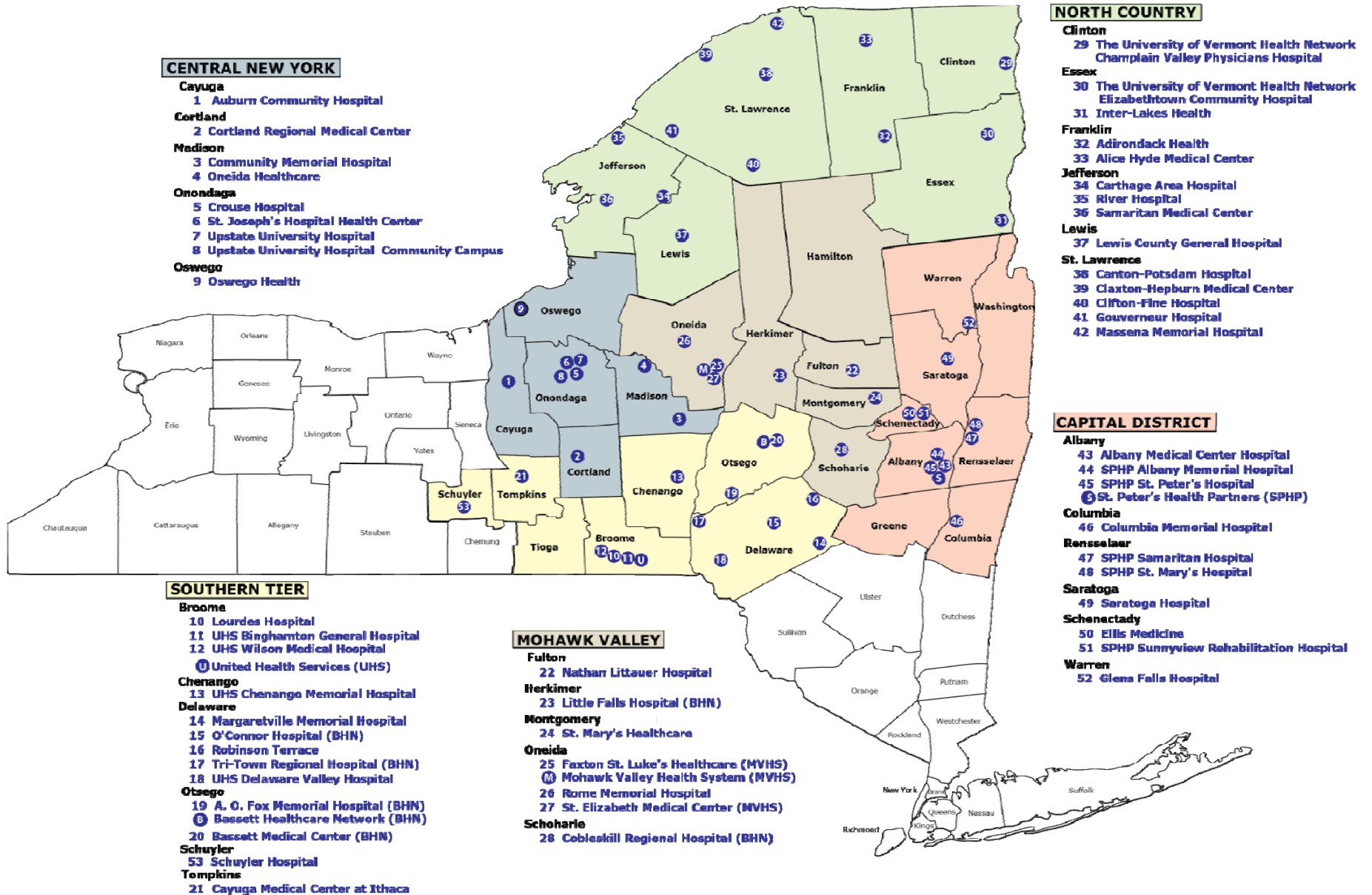




# IROQUOIS HEALTHCARE

Representing healthcare providers in Upstate New York

## ● Iroquois Healthcare Alliance Members by Region & County August 2015

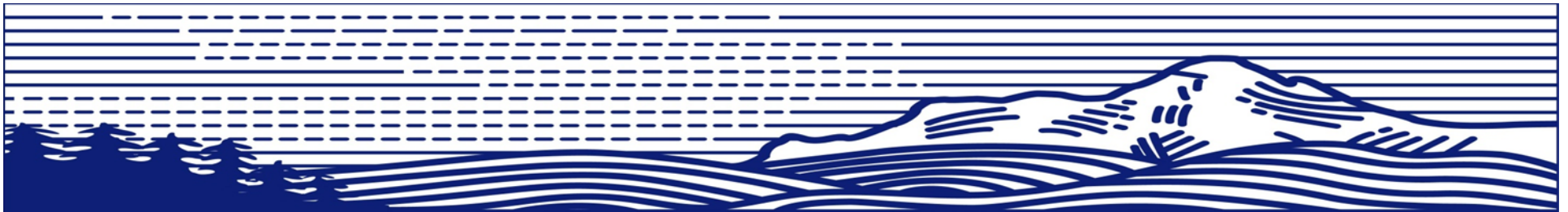




**The Iroquois Survey Solutions program strives to provide strategic and operational human resource information to participating healthcare providers. Iroquois works closely with the Rochester Regional Healthcare Association and the Western New York Healthcare Association, providing survey results to facilities across Upstate New York.**

**Survey Solutions annual surveys include:**

- **General Staff Salary Survey**
- **Administrative/Department Head Salary Survey**
- **Executive Compensation Survey**
- **General Benefits Survey.**
- **Other surveys include "HOT" Jobs Surveys, Employee Pension Surveys, Employee Health Insurance Surveys, Workers' Compensation Surveys, and others as requested from member facilities.**



# Workforce Strategy Prescribed Milestones

- 1. Define target workforce state (in line with DSRIP program's goals)**
  - Finalized PPS target workforce state, signed off by PPS workforce governance body
- 2. Create a workforce transition roadmap for achieving defined target workforce state**
  - Completed workforce transition roadmap, signed off by PPS workforce governance body
- 3. Perform detailed gap analysis between current state assessment of workforce and projected future state**
  - Current state assessment report & gap analysis, signed off by PPS workforce governance body
- 4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements**
  - Compensation and benefit analysis report, signed off by PPS workforce governance body
- 5. Develop training strategy**
  - Finalized training strategy, signed off by PPS workforce governance body



# **DSRIP is About Collaboration**

**Where does a  
Compensation & Benefits Analysis  
fit in?**





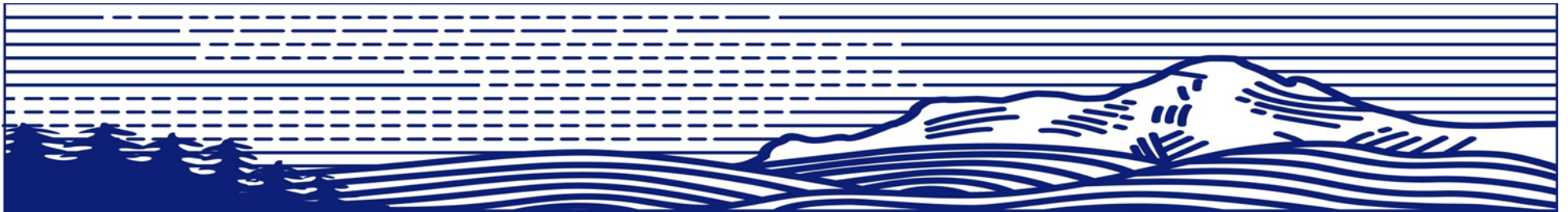
# Sherman Antitrust Act

- **Passed by Congress in 1890**
- **Generally prohibits combinations or “trusts” in restraint of trade**
- **Applies to monopolizing markets, fixing prices, and excluding competitors**



# Federal Trade Commission and Justice Department

- Issued a joint policy statement in 1993
- Provided guidance for employers sharing compensation and benefits information
- Defines an “Antitrust Safety Zone” for exchanges of information about wages, salaries, or benefits



# **Iroquois Healthcare Statement of Antitrust Policies**

**To preserve the integrity of the survey process and comply with antitrust laws, all Iroquois data received by members should be treated as strictly confidential and should not be shared with any other entity or individual outside of the member's organization. Your participation in the survey constitutes your consent to keep all wage, benefit and other survey data received from Iroquois strictly confidential.**

**Participation by competing providers in surveys of salaries, wages or benefits of personnel, does not necessarily raise antitrust concerns. In fact, such surveys can have significant benefits for health care consumers. Providers can use information derived from compensation and benefit surveys to offer compensation and benefits that attracts highly qualified personnel. However, information exchanges among competing providers should fall within an Antitrust Safety Zone, where the following conditions are satisfied:**



# **Iroquois Healthcare Statement of Antitrust Policies**

*(continued)*

## **Antitrust Safety Zone**

- 1. The surveys are managed by a third-party, like a trade association;**
- 2. The information provided by survey participants is based on data more than 3 months old; and**
- 3. There are at least 5 providers reporting data which each disseminated statistic is based, no individual provider's data represents more than 25 percent on a weighted basis of that statistic, and any information disseminated is sufficiently aggregated such that it would not allow recipients to identify the prices charged or compensation paid by any particular provider.**

# Prescribed Milestone #4: Compensation & Benefits Survey

- The purpose of the Compensation & Benefits Survey is to capture a *snapshot in time* and examine workforce trends within each PPS
  - Informs education and training requirements for PPSs and their partners
  - Guides retraining for redeployed workers and employee support programs
  - Advances health care workforce research and policy development while demonstrating DSRIP impact
- The State is requesting a consistent set of data elements to be collected and reported by all PPSs
- PPSs will collect a set of required elements, but are also encouraged to collect additional data fields that are appropriate for a complete understanding of the workforce (and impact of DSRIP on the workforce) in the PPS

# Bureau of Labor Statistics instructions for reporting wage information

- The PPS workforce surveys and analysis should be developed to be as consistent as possible with the instructions provided by the Bureau of Labor Statistics in their Occupational Employment Report surveys.
  - Average hourly wage rate should be used for reporting purposes
  - For reference, below are the instructions on reporting wage information from the "Occupational Report of Hospitals" survey:

## Instructions for Reporting Wage Information

### For all employees:

- Please use the hourly and annual wage rate categories to report employees. If wages are not recorded by hour or year (bi-weekly, or monthly for example), convert them into an hourly wage rate.
- For part-time workers, please report the specific hourly wage rate, not an average.
- For tip, commission, and piece-rate workers, please estimate the earnings (base pay plus tips, commissions, or piece rates), and report the appropriate wage.
- For salaried workers who do not work a standard 2080 hours per year (40 hours per week), please report wages on an hourly basis. For workers who are paid an annual salary by contract, such as Airline Pilots, report their annual salary.
- Include and/or exclude from pay as follows:

### Include as pay

- Base Rate
- Commissions
- Cost-of-Living Allowance
- Deadheading Pay
- Guaranteed Pay
- Hazard Pay
- Incentive Pay
- Longevity Pay
- Piece Rate
- Portal-to-Portal Rate
- Production Bonus
- Tips

### Exclude as pay

- Attendance Bonus
- Back Pay
- Draw
- Holiday Bonus
- Holiday Premium Pay
- Jury Duty Pay
- Lodging Payments
- Meal Payments
- Merchandise Discounts
- Nonproduction Bonus
- On-call Pay
- Overtime Pay
- Perquisites
- Profit Sharing Payment
- Relocation Allowance
- Severance Pay
- Shift Differential
- Stock Bonuses
- Tool Allowance
- Tuition Repayments
- Uniform Allowance
- Weekend Pay



# Required data collection elements for reporting Compensation & Benefits

- **The following are required data elements for measuring and reporting Compensation & Benefits:**
  - Number employees
  - Number vacancies / intend to fill
  - Compensation rate (mean, median, 25<sup>th</sup> & 75<sup>th</sup> percentile)
    - *Note:* The PPS should collect average compensation rate for each job title at a given facility, and then the PPS's aggregate reporting over all facilities should provide the mean, median, 25<sup>th</sup> & 75<sup>th</sup> percentile of these average compensation rates
  - Benefits as a percentage of compensation
  - Collective Bargaining Agreement (CBA) status
  - For only the “Non-licensed Care Coordination” category:
    - Is there a degree requirement?
    - If yes, what is/are the minimum degree requirement(s)?
- **For each Job Title, PPSs will report in aggregate across all organizations as well as for each Facility Type**

# Job Titles & Facility Types

- **Where possible, approximately 75 job titles crosswalk to Bureau of Labor Statistics (BLS) 2010 Standard Occupational Classification**
- **PPS's will collect and report data by 9 different facility type categories**





## PPS Job Titles

## BLS 2010 SOC Codes and Job Titles

Administrative Support -- All Titles	
Office Clerks	43-9060 Office Clerks, General
Secretaries and Administrative Assistants	43-6010 Secretaries and Administrative Assistants
Coders/Billers	29-2071 Medical Records and Health Information Technicians
Dietary/Food Service	11-9051 Food Service Managers
Financial Service Representatives	41-3031 Securities, Commodities, and Financial Services Sales Agents
Housekeeping	37-1011 First-Line Supervisors of Housekeeping and Janitorial Workers
Medical Interpreters	27-3091 Interpreters and Translators
Patient Service Representatives	43-4051 Customer Service Representatives
Transportation	No classification identified for this title
Other	
Janitors and cleaners	37-2011 Janitors and Cleaners
Health Information Technology	
Health Information Technology Managers	11-3021 Computer and Information Systems Managers
Hardware Maintenance	No classification identified for this title
Software Programmers	15-1130 Software Developers and Programmers
Technical Support	15-1150 Computer Support Specialists
Other	
Home Health Care	
Certified Home Health Aides	31-1011 Home Health Aides
Personal Care Aides	39-9021 Personal Care Aides
Other	
Other Allied Health	
Nutritionists/Dietitians	29-1031 Dietitians and Nutritionists
Occupational Therapists	29-1122 Occupational Therapists
Occupational Therapy Assistants/Aides	31-2010 Occupational Therapy Assistants and Aides
Pharmacists	29-1051 Pharmacists
Pharmacy Technicians	29-2052 Pharmacy Technicians
Physical Therapists	29-1123 Physical Therapists
Physical Therapy Assistants/Aides	31-2020 Physical Therapist Assistants and Aides
Respiratory Therapists	29-1126 Respiratory Therapists
Speech Language Pathologists	29-1127 Speech-Language Pathologists
Other	

## PPS Job Titles

## BLS 2010 SOC Codes and Job Titles

Nursing Care Managers/Coordinators/Navigators/Coaches	
RN Care Coordinators/Case Managers/Care Transitions	Not differentiated from 29-1141 (Registered Nurses) and/or 29-1171 (Nurse Practitioners)
LPN Care Coordinators/Case Managers	Not differentiated from 29-2061 (Licensed Practical and Licensed Vocational Nurses)
Social Worker Case Management/Care Management	21-1022 Healthcare Social Workers
Bachelor's Social Work	No classification identified for this title
Licensed Masters Social Workers	No classification identified for this title
Social Worker Care Coordinators/Case Managers/Care Transition	21-1022 Healthcare Social Workers
Other	
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	
Care Manager/Coordinator	No classification identified for this title
Care or Patient Navigator	No classification identified for this title
Community Health Worker	21-1094 Community Health Workers
Peer Support Worker	Not differentiated from 21-1094 (Community Health Workers)
Patient Education	Not differentiated as a separate category from 21-1091 Health Educators
Certified Asthma Educators	Not differentiated as a separate category from 21-1091 Health Educators
Certified Diabetes Educators	Not differentiated as a separate category from 21-1091 Health Educators
Health Coach	No classification identified for this title
Health Educators	21-1091 Health Educators
Other	
Administrative Staff -- All Titles	
Executive Staff	11-1011 Chief Executives and 11-1021 General and Operations Managers
Financial	11-3031 Financial Managers and 43-3000 Financial Clerks
Human Resources	11-3121 Human Resources Managers and 43-4161 Human Resources Assistants, Except Payroll and Timekeeping
Other	

**PPS Job Titles**

**BLS 2010 SOC Codes and Job Titles**

Physicians	
Primary Care	29-1062 Family and General Practitioners and 29-1065 Pediatricians, General
Other Specialties (Except Psychiatrists)	not 29-1062 or 29-1075 (also exclude 29-1066 Psychiatrists)
Physician Assistants	29-1071 Physician Assistants
Primary Care	"Primary Care" is not differentiated as a separate category from 29-1071 Physician Assistants
Other Specialties	29-1071 Physician Assistants (need to exclude "Primary Care")
Nurse Practitioners	29-1171 Nurse Practitioners
Primary Care	"Primary Care" and "Psychiatric NPs" are not differentiated as a separate category from 29-1171 Nurse Practitioners
Other Specialties (Except Psychiatric NPs)	29-1171 Nurse Practitioners (need to exclude "Primary Care" and "Psychiatric NPs")
Midwives	29-1161 Nurse Midwives
Nursing	
Nurse Managers/Supervisors	11-9111 Medical and Health Services Managers "Nurse Managers" are not broken out as a separate category
Staff Registered Nurses	29-1141 Registered Nurses
Other Registered Nurses (Utilization Review, Staff Development, etc.)	Not differentiated as a separate category from 29-1141
LPNs	29-2061 Licensed Practical and Licensed Vocational Nurses
Other	
Clinical Support	
Medical Assistants	31-9092 Medical Assistants
Nurse Aides/Assistants	31-1014 Nursing Assistants
Patient Care Techs	29-2030 Diagnostic Related Technologists and Technicians and 29-2050 Health Practitioner Support Technologists and Technicians and 29-2090 Miscellaneous Health Technologists and Technicians
Clinical Laboratory Technologists and Technicians	29-2010 Clinical Laboratory Technologists and Technicians
Other	
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	
Psychiatrists	29-1066 Psychiatrists
Psychologists	19-3031 Clinical, Counseling, and School Psychologists
Psychiatric Nurse Practitioners	Not differentiated as a separate category from 29-1171
Licensed Clinical Social Workers	21-1023 Mental Health and Substance Abuse Social Workers
Substance Abuse and Behavioral Disorder Counselors	21-1011 Substance Abuse and Behavioral Disorder Counselors
Other Mental Health/Substance Abuse Titles Requiring Certification	
Social and Human Service Assistants	21-1093 Social and Human Service Assistants
Psychiatric Aides/Techs	31-1013 Psychiatric Aides and 29-2053 Psychiatric Technicians
Other	

## Slide 16

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### **SBJ3**

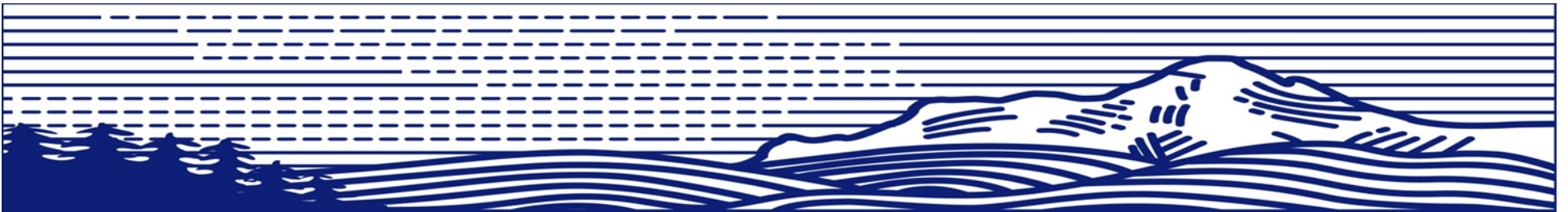
Consider adding context to slides 19-21, at least referencing the 2010 SOC as the source for the right hand column and putting a header on the left hand column that identifies these as the job titles PPSs will report against

Scholten, Brigida J, 12/1/2015

## **DOH DSRIP Facility Types**

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- Clinics OPWDD (Article 16)
- Diagnostic & Treatment Centers (Article 28)
- Home Care Agency
- Hospital Outpatient Clinics (Article 28)
- Inpatient
- Non-licensed CBO
- Nursing Home/SNF
- Outpatient Behavioral Health (Articles 31 & 32)
- Private Provider Practice





## Milestone #4: Sample data reporting grid

### *Data collection for each facility*

- A sample data grid is shown here for collecting information about all Job Titles of workers at each facility:

Facility code	Facility Type (select from defined list)	Job category (select from defined list)	Individuals Employed, #	Vacancies/ Intend to fill, #	Average cash compensation rate, \$	Benefits, as a percentage of compensation	CBA* Status, Y or N
Hospital A123	Inpatient	Nurse practitioners	88	4	\$48.56	27%	N
		Registered nurses	1,263	163	\$37.98	27%	Y
Hospital B123	Hospital Article 28 Outpatient Clinic	Nurse practitioners	44	6	\$45.19	29%	N
		Registered nurses	767	21	\$33.13	29%	N

*all numbers and data elements in this table are intended for illustrative purposes only*

*\*CBA = Collective Bargaining Agreement*

Unique code that identifies each facility

If a given facility serves multiple functions, multiple "Facility Type" lines may be required under a single facility code

Hourly rates are calculated from salaries e.g., 40hrs/week = 2080 hours per year

## Milestone #4: Aggregating collected data

### *Sample compensation report by Job Title*

<b>Job Title: Registered Nurse</b>										
Organization Category	Number organizations	Number CBA* organizations	Number employees	Number of vacancies	Position vacancy rate	25 <sup>th</sup> percentile average cash comp. rate, \$	Mean average cash comp. rate, \$	Median average cash comp. rate, \$	75 <sup>th</sup> percentile average cash comp. rate, \$	Benefits, as % of average comp.
All organizations	124	14	1797	107	5.95%	\$30.23	\$36.92	\$37.31	\$39.24	26%
Outpatient Behavioral Health (Article 31 & 32)	15	2	31	6	1.94%	\$30.51	\$28.97	\$29.78	\$29.58	22%
Article 28 Diagnostic & Treatment Centers	33	2	423	10	2.36%	\$29.34	\$29.01	\$31.20	\$29.88	24%
Article 16 Clinics (OPWDD)	7	1	29	3	10.34%	\$30.61	\$30.65	\$30.99	\$29.93	27%
Home Care Agency	6	2	18	2	11.11%	\$30.44	\$31.46	\$31.58	\$30.39	25%
Hospital Article 28 Outpatient Clinics	19	2	79	29	36.71%	\$31.31	\$29.62	\$29.73	\$31.26	27%
Inpatient	6	3	1057	51	4.82%	\$28.77	\$29.57	\$29.45	\$30.23	28%
Non-licensed CBO	9	0	22	2	9.09%	\$30.52	\$31.18	\$28.91	\$31.60	24%
Nursing Home/SNF	7	4	109	3	2.75%	\$30.37	\$30.39	\$30.43	\$30.06	26%
Private Provider Practice	27	0	29	1	3.45%	\$29.72	\$31.30	\$31.15	\$29.12	28%

**Note: all numbers and data elements in this table are intended for illustrative purposes only**

**\*CBA = Collective Bargaining Agreement**

# FAQs

- **Anti-trust concerns should be considered by PPSs in doing workforce surveys. Please consult legal counsel and/or your workforce vendor to assure you have the appropriate firewalls in place and understand all governing conditions regarding the collection, use, and sharing of data.**
- **If a PPS has already done a comp/bene survey, do they need to do it again between release of new guidance and the deadline?**
  - No. The comp/bene survey (and board approval of final survey/report) must have been done between the start of DY1 and the deadline.
- **If a comp/bene survey has already been done, what should a PPS do if they are missing a "standard data element"?**
  - In DY1, if a PPS has already completed the survey, there is no need to re-survey
  - If, however, the survey isn't already completed, the PPS should use as a minimum the "standard data elements" for comp/bene provided in this workforce guidance

## Are PPSs surveying everyone, or can a sampling be done?

- **Survey methodologies should be consistent, verifiable to allow for internal consistency, and enable tracking and trending over time**
- **Workforce Survey – Current State:**
  - The initial current-state assessment for workforce composition should consider the entire PPS network as much as possible in order to make the workforce projections that are part of reporting requirements.
- **Workforce Projections:**
  - The reporting reflects the workforce impact that is expected (at baseline) or measured (in future updates) across the entire PPS, including new hires, redeployments and reductions.
  - Workforce impact reporting should reflect projections of the workers that are affected by DSRIP goals and projects to the degree possible. There are other healthcare reforms that may be difficult to sort out impact and, in these cases, they should be included in the impacted staff projections.
- **Compensation and Benefits Survey:**
  - May survey everyone; or,
  - Draw from market data by sector such as collective bargaining wage rates for standard job categories that exist in a region for institutional providers; and
  - Do statistically relevant sampling, as appropriate to the PPS provider network particularly for non-institutional settings and those whose staff consist of the “emerging titles”.

**Slide 21**

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**SBJ2**

Consider adjusting format to fit all text onto the slide

Scholten, Brigida J, 12/1/2015





**IROQUOIS**  
*Healthcare Association*

***Thank you!***

***Greg DeWitt***

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