ANNUAL MEDICAID WAGE SURVEY 2018

<u>Directions for Accessing the Survey</u>

The Wage Survey is an online survey form combined with uploading an Excel file. To begin the survey, go to:
https://mmcp.health.maryland.gov/longtermcare/Pages/wagesurvey.aspx

Download the following documents:
- Wage Survey Instructions – 2018/2019
- Reporting Shift Differentials
- Wage Survey

<u>Instructions for Data Entry in Wage Survey Template Spreadsheet</u>

At the top of the survey are blue shaded cells. Clicking on each cell results in a drop-down menu describing the data required. Fill in the data requested and move to the next shaded cell.

Opening the wage survey file and clicking under the heading for three of the employee data fields: Occupation, Status, and DOE, results in drop down menus describing the data required. To access the menus, click on the cell you wish to complete. Occupation and Status have listed choices and a down arrow to the right. Clicking on the down arrow gives a list of choices on the left. Click on your choice and it will be entered into the database. It is crucial that you have the following hard copy field descriptions close at hand in order to accurately enter data in all of the fields. **Please format all fields with values in number format and do not place any commas or dollar signs in these fields**.

<u>Field Descriptions</u>

<u>Employee ID</u>

Enter the individual's payroll number on each line pertaining to that employee. Often employees will have multiple lines due to varying rates of pay caused by shift differentials.

Please be sure to enter only one Employee ID for each employee, and to have a distinct ID for each employee.

Occupation

Enter the number of the occupation title that describes the employee:

1. DON - Director or Assistant Director of Nursing
2. RN - Registered Nurse
3. LPN - Licensed Practical Nurse
4. NA - Nurse Aide
5. CMA - Certified Medication Aide
6. FA - Feeding Assistant
7. RT- Respiratory Therapist

Status

Enter the number of the status code (Employee - 1, Agency - 2) that fits the individual's status. Select **EMPLOYEE - 1** if the individual was hired directly by your company and is on your payroll. Select **AGENCY - 2** if the individual was provided through an outside employment agency. Enter the status on each line pertaining to that employee. Often employees will have multiple lines due to varying rates of pay caused by shift differentials.

$Pay/Regular Hour.

$Pay/Regular Hour. ($ per regular hour) is the total amount earned on an hourly basis for working a particular shift, including regular hourly rate of pay plus any hourly shift differential and/or hourly bonus incentive. For example, if the worker is paid $12.00 per hour and has an hourly shift differential of $1.50 then their $Pay /Regular Hour is $13.50 for as many hours as that shift differential applies. This means there may be multiple entries for some employees that earn varying shift differentials, e.g., $12.00 per hour for 20 hours (no shift differential), $13.50 for 40 hours ($1.50 shift differential) and $14.00 for 20 hours ($2.00 shift differential). **Do not include rates of pay for overtime hours.**

Please be sure to scan payroll data for shift differential amounts and include them in the hourly rates of pay as described above. **No hourly rate should be less than the Maryland minimum wage of $10.10. Also, be sure that pay amounts are reflected as dollars and cents and are rounded to the nearest cent.** For example, an hourly rate should be displayed as 15.00, not 15. Also, pay amounts should be displayed as 532.47, not 532.4683. When recording overtime, please enter overtime hours only, not overtime payment amounts. **Finally, please do not include data that were an adjustment for a prior pay period.**

In order to fully understand the correct manner to enter shift differentials, please refer to the excel spreadsheet titled, "How to Report Shift Differentials."

Regular Hours.

Regular hours are the regular shift hours worked. Do not include overtime hours. Also, do not include vacation hours, sick-time hours, or any other reimbursed time for which the individual was not working.

Regular hours for employees shall not exceed 80, unless there are more than 14 hours in the pay period. Nursing hours greater than 80 hours should be identified as overtime hours for which there is an occupation code but no rates of pay entered in the survey. Overtime hours are included because they are a significant part of the nursing care provided by nursing homes.

Regular Pay.

This calculation is done by the software. Regular pay is calculated as $ /Reg.Hr. times the number of hours entered as Reg. Hrs. Providers should check the calculation to verify that correct data have been entered in the $/Reg.Hr. and Reg.Hrs. fields; i.e., that one times the other equals the regular pay during the pay period.

Overtime Hours.

Overtime hours are those hours worked beyond the shift hours for which the individual is paid an overtime rate. Report only the number of overtime hours worked and the applicable occupation title for each individual working overtime hours during the pay period. **As stated above, do not include rates of pay for overtime hours.**

Leave Hours.

Leave hours (Lv. Hrs.) are those hours for which the individual is not on duty but is paid as if working. Leave hours include vacation days, sick leave and paid holidays. Do not include any pay rates associated with leave hours.

Date of Employment.

Date of employment refers to the employee's first date of employment at this facility, even if that date was under a previous owner. Do not include an earlier date that the employee worked for the same company if it was not at the current facility. The format for entry of the date is MM/DD/YYYY. **When there are multiple lines for the same employee, please be sure to enter the same date of employment on each line for that employee.** Do not enter a date of employment for agency employees.

Submission of Wage Survey File

Your wage survey Excel file must be submitted via the **online wage survey form**. Please change the name of the file from "wagesurveytemplate.xlsx" to **WSxxxxxxxxx.xlsx** for which the 9 Xs before the .xlsx extension are your facility's 9-digit Medicaid provider number. Be certain to enter the correct Medicaid provider number, especially if there has been a recent change of ownership. The simplest way to save the file is to open the completed file and click on "file" and "save as" and replace the old name with the new one. Please save the file as a CSV (Comma Delimited) file. You can select this from the drop down "save as type" menu.

Navigating the Online Survey Form

Your completed wage survey file must be submitted via an online survey form. Please click on www.dhmhucr.org to open this online survey form. Click on the ***Back*** and ***Next*** buttons to go back and forth in the survey. Please answer all required questions on each page and click ***Next*** button to proceed.

1. **Instruction page**. Download the Wage Survey documents and Wage Survey Template spreadsheet here.

2. **Facility Information**. Select your facility's provider number, name and address from the dropdown list. If you can't find this information from the dropdown list, please manually enter your provider number, name, and address into the online form.

3. **Administrator Information**. Please enter the wage survey administrator's name and email address. It is imperative that the e-mail address be entered correctly

as the administrator will automatically receive a confirmation email after submission.

4. **Facilities' Residential Information**. In order to minimize the impact of having a one-day census, the survey asks for the daily census as entered on the daily midnight bed census form, as referenced at COMAR 10.09.10.15B(3), for the fourteen days; space is available for day 15 and day 16 if staff are paid bi-monthly.

5. **Checklist Information**. Please check the box for each question verifying that the statement is true.

6. **Uploading Documents.** There is an upload function on this page. Please upload your completed CSV wage survey file.

7. **Contact Information.** If you have any questions or problems while filling out the form, please contact using the information provided.

8. **Summary of Responses.** This page provides you an opportunity to review your responses and go back and change any of your responses that may have been entered incorrectly. If you need to change a response, click on the Back button at the bottom right of the screen until you have reached the response that you need to change. You may also download a PDF summary of your responses for your records. **To submit your survey data, you must click on the "Next" button at the bottom right of the page.**