

2018 MGMA Compensation and Production Survey Guide

Due Date: February 16, 2018



This questionnaire collects data for Provider and Management Compensation and Production. These reports will provide comparison data on physician and non-physician provider compensation and production as well as management and staff compensation to help evaluate decisions made in a medical practice.

This document is intended to serve as a guide for completing the MGMA 2018 Compensation and Production Survey. An explanation of each survey question and the provided answer options are included. For additional participation resources, including FAQs, Excel Survey help, change notices and participation benefits, check out our Survey Participation Resources page (mgma.org/participate).

**Note: Physician CEOs/Medical Directorships can be included in both Provider Compensation and Management Compensation sections.*

Getting Started:

- Find available surveys on data.mgma.org in the participation section.
- The Practice Profile must be completed in full before beginning any of the MGMA surveys. It is intended to help tailor your survey to be relevant to your practice and therefore must be completed first.
- The quality of our reported results depends upon the completeness and accuracy of every response. The more you give, the more you get. Learn more (www.mgma.org/industry-data/participate/benefits).
- Questions with an asterisk * are required. Questionnaires with required questions left blank may not be eligible for submission.

Guide Contents:

- Practice Demographics
- Provider Demographics
- FTE Demographics
- Provider Compensation
- Additional Provider Information
- Provider Production
- Additional Questions for Newly Placed Providers
- Staff Demographics
- Staff Compensation



PRACTICE DEMOGRAPHICS

*Practice NPI

What is your practice NPI number? The National Provider Number (NPI) is a unique, 10-digit identification number assigned to healthcare providers to submit claims or conduct other transactions specified by the Health Insurance Portability and Accountability Act (HIPAA). A healthcare provider is defined as an individual, practice or organization that provides medical or other health services. If you are unsure of your practice's NPI number, you can look it up here:

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do?>

*University Name <Academic Only>

Select your University Name from the list provided. If your university is not listed, please select "Other" and type the name in the other text box.

*Medical School Name <Academic Only>

Enter the name of the medical school for which the data is being reported.

*Department Name <Academic Only>

Select your Department Name from the list provided. If your department is not listed, please select "Other" and type the name in the other text box.

*For the purpose of reporting the information in this survey, what fiscal year was used?

Enter the beginning month, beginning year, end month and end year of your most recently completed fiscal year. **Data reported for periods less than 12 months will not be eligible for submission.** If your medical practice was involved in a merger or acquisition during the 2017 fiscal period and you cannot assemble 12 months of practice data, you may not be able to participate. Please call Data Solutions at 877.275.6462, ext. 1895, if you are uncertain about your eligibility to participate.

***Beginning month:** Enter the beginning month of your most recently completed fiscal year.

***Beginning year:** Enter the year that your most recently completed fiscal year began.

***Ending month:** Enter the ending month of your most recently completed fiscal year.

***Ending year:** Enter the year that your most recently completed fiscal year ended.



What is your practice's legal organization?

- **Business corporation:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.
- **Limited liability company:** A legal entity that is a hybrid between a corporation and a partnership, because it provides limited liability to owners like a corporation while passing profits and losses through to owners like a partnership.
- **Not-for-profit corporation/foundation:** An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational, or research purpose.
- **Partnership:** An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets, and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.
- **Professional corporation/association:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders must be licensed in the profession practiced by the organization.
- **Sole proprietorship:** An organization with a single owner who is responsible for all profit, losses, assets, and liabilities.
- **Other:** If your practice's legal organization is not listed, describe in the "Other" text box.

Practice is Federally Qualified Health Center

FQHC: A reimbursement designation that refers to several health programs funded under Section 330 of the Public Health Service Act of the US Federal Government. These 330 grantees in the Health Center Program include:

- Community Health Centers which serve a variety of underserved populations and areas;
- Migrant Health Centers which serve migrant and seasonal agricultural workers;
- Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

FQHCs are community based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.

Practice is Rural Health Clinic

RHC: A clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is to improve access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and nonphysician providers (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with a nonphysician provider. RHCs may also provide other healthcare services, such as mental health or vision services, but reimbursement for those services may not be based on their allowable costs.



*Is your program sponsored by a medical school, or is it a nonmedical-school-sponsored program?

<Academic Only>

Select "Medical-school-sponsored program" if the program is accredited by the Accreditation Council of Graduate Medical Education (ACGME), is a direct branch of a university medical school, and staffed with university faculty. Select "Nonmedical-school-sponsored program" if the residency/fellowship is an ACGME-accredited program that is not sponsored by a university medical school. If your training program is not ACGME accredited, you may not be able to participate this year. Please call Data Solutions (877.275.6462, ext. 1895) to determine your eligibility to participate.

*Total physician FTE in practice

Report the practice's full-time-equivalent (FTE) physician count. If an exact number is not known, a best estimate is acceptable.

*Total physician faculty FTE in department

<Academic Only>

Report the full-time equivalency of all department faculty with an MD or DO degree (or equivalent) and a minimum rank of instructor.

Include:

- All clinical, research, academic, and administrative activities performed in a department, faculty practice plan, medical school, hospital, or Veterans' Administration (VA) setting. The minimum number of weekly work hours for 1.0 FTE is the number of hours that your department considers to be a normal workweek. The normal workweek could be 37.5, 40, or 50 hours per week, depending on your department. Regardless of the number of hours worked, a faculty member cannot be counted as more than 1.0 FTE.

Do not include:

- Individuals with a faculty rank of less than instructor or uncompensated (volunteer) faculty. To report the FTE of part-time physician faculty, divide the total hours worked by the physician faculty on behalf of your department by 40 (or the number used by the department to define a normal workweek). For example, faculty working in a clinic or hospital on behalf of the department for 20 hours compared to a normal work week of 40 hours would be classified as 0.5 FTE. Likewise, faculty working full-time for six months during a 12-month reporting period would be classified as 0.5 FTE. The total number of FTE physician faculty equals the sum of full-time physician faculty and the full-time equivalent of the part-time physician faculty. All other faculty: Report the fulltime equivalency of all department faculty with a degree other than an MD or DO and a minimum rank of instructor, except nonphysician providers.



*Total other faculty FTE in department

Report the full-time equivalency of all other department faculty.

*Total nonphysician provider FTE in practice

Report the number of FTE nonphysician providers in your practice. Nonphysician providers are specially trained and licensed providers who can provide medical care and billable services. Examples of nonphysician providers include audiologists, certified registered nurse anesthetists (CRNAs), dietitians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, and surgeon assistants.

*Total support staff FTE in practice

Report the total support staff FTE in your practice. This should include business operations staff such as managers or administrators, front office support staff, clinical support staff, ancillary support staff, and contracted support staff.

How did the practice store information for the majority of patients served by your practice?

Choose the method in which the practice stored health/medical records for the majority of patients served by the practice. A fully functional Electronic Health Record (EHR) would include the following four functions:

- Collect patient data;
- Display test results;
- Allow providers to enter medical orders and prescriptions; and
- Aid physicians in making treatment decisions.

How many years has your EHR been fully implemented in your organization?

Enter the number of years that an EHR has been fully implemented. If your practice has had more than one EHR, enter the number since the first EHR was fully implemented.

*What was the total medical revenue for your practice or department?

<Academic Only>

- **Total medical revenue** is the sum of fee-for-service collections (revenue collected from patients and third-party payers for services provided to fee-for service, discounted fee-for-service, and non-capitated Medicare/Medicaid patients), capitation payments (gross capitation revenue minus purchased services for capitation payments), and other medical activity revenues.
- **Other medical revenue** includes grants, honoraria, research contract revenues, government support payments, and educational subsidies plus the revenue from the sale of medical goods and services.



*What was the total patient care revenue for your department?

In general, all revenue received by the department from patient care activities, net of all refunds, returned checks, contractual discounts and allowances, bad debts and write-offs. The sum of total fee-for-service (FFS) revenue, net prepaid (capitation/subcapitation) revenue and net other patient care/medical services revenue equals total patient care revenue.

- **Total FFS revenue:** Include net collections (receipts) from patients who are self-insured, or reimbursements from a third party insurer that compensates the department (practice plan) on a fee-for-service, or discounted fee-for service basis.
- **Net prepaid (capitation/subcapitation) revenue:** Include all capitation revenue received from Health Maintenance Organizations (HMOs), risk-sharing revenue, hospital/utilization withholds, co-payments and revenue received from a benefits coordination and/or reinsurance recovery situation minus professional and medical services purchased from outside providers.
- **Net other patient care/medical services revenue:** Include all revenue received from the sale of goods and services such as durable medical equipment rental, revenue from medical service contracts with nursing homes or ambulatory care centers, hospital reimbursements for direct patient care, and revenue from providing ancillary services on a fixed fee or percentage contract that are not billed as fee-for-service.

What is your Accountable Care Organization (ACO) affiliation?

ACO PRACTICES ONLY

Indicate your accountable care organization affiliation by selecting from the options listed:

- **Commercial Insurance Company:** A privately formed health insurance company whose objective is to make a profit.
- **State or Federal Government Insurance:** A State or Federal Government provided health insurance such as Medicare or Medicaid.
- **Both Government and Commercial**

How is your PCMH accredited/recognized? (Select all that apply)

PCMH PRACTICES ONLY

- **Accreditation Association of Ambulatory Health Care (AAAHC):** A private, not-for-profit organization formed in 1979 to assist ambulatory healthcare organizations in improving the quality of care provided to patients. They establish, review, and revise standards; measure performance; and provide consultation and education.
- **Bridges to Excellence:** A program that measures the quality of care delivered in provider practices. They emphasize managing patients with chronic conditions who are most at risk of incurring potentially avoidable complications.
- **The Joint Commission (JC):** An independent, not-for-profit organization, which accredits and certifies thousands of healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.



- **National Committee for Quality Assurance (NCQA):** A private, 501(c) (3) not-for-profit organization dedicated to improving healthcare quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the healthcare system, helping to elevate the issue of healthcare quality to the top of the national agenda.
- **Utilization Review Accreditation Commission (URAC):** An independent, not-for-profit organization, which is a well-known leader in promoting healthcare quality through its accreditation, education, and measurement programs. URAC offers a wide range of quality benchmarking programs and services that model the rapid changes in the healthcare system and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire healthcare industry.
- **Not formally accredited**



PROVIDER DEMOGRAPHICS

Include all providers employed by the practice for the full fiscal year indicated in the Practice Demographics section, as well as any new hires during the same fiscal year. Providers that left the practice during the fiscal year may be included, but you must select the corresponding employment status. Providers that did not work at all during the fiscal year should not be included. Enter each provider on a separate row; do not group multiple providers together on the same line.

*Provider Name

Enter a unique name, ID, or tracking code for each provider. This may be the provider's actual name, initials, NPI, last four numbers of SSN, or an internal code used to identify the provider. If we have questions on your submission, we will refer to your providers by the name entered here.

*Provider NPI

Indicate the provider's National Provider ID (NPI), which is 10 digits in length. If you do not know your provider's NPI number, you can find it on the following link: <https://npiregistry.cms.hhs.gov/>

***** Choose either a physician specialty OR a nonphysician provider specialty for each provider entered. Do not enter a value for both columns on the same row *****

*Physician Specialty

Select only one specialty for each physician using the specialties listed in the dropdown provided. A physician should be classified in the specialty or subspecialty where he or she spends 50 percent or more time. If you select "Other specialty," type the specialty in the "Other" box provided.

NOTE: If the appropriate subspecialty is not available in the drop down list, please select the main specialty or "Other Specialty" and type the subspecialty in the "Other Physician Specialty" column.



*Nonphysician Provider Specialty

Select only one specialty for each nonphysician provider using the specialties listed in the dropdown provided. A nonphysician provider should be classified in the specialty or subspecialty where he or she spends 50 percent or more time. If you select "Other specialty" write the specialty in the "Other" box provided.

NOTE: If the appropriate subspecialty is not available in the drop down list, please select the main specialty or "Other Specialty" and write-in the subspecialty in the "Other NPP Specialty" column.

*Provider Rank <Academic Only>

There are multiple provider statuses to choose from in the dropdown, including: Non-Academic Provider, Non-Faculty Academic Provider, Instructor, Assistant Professor, Associate Professor, Professor, Division Chair/Chief, and Department Chair. It is important to select the provider status in which you wish to have benchmarked.

Provider Gender

Report gender for which each individual provider identifies as by choosing "Male" or "Female" from the dropdown provided or by selecting "Prefer not to Answer" if you do not wish to provide this information.

*Employment Status

Answer "new hire" if the provider was hired by the practice during the 2017 fiscal year. Answer "Actively employed" if the provider was employed for the full 2017 fiscal year. If the provider was hired during the 2017 fiscal year, but is not expected to begin work until the 2018 fiscal year, do not enter this provider on this survey. Answer "No longer employed" if the provider left the practice, for any reason, during the 2017 fiscal year.

*Type of On-Call Coverage Provided

Select the type of call that most closely describes that which was provided by the provider.

No call provided

Restricted: A type of on-call coverage in which the provider must be present at the facility throughout the additional block.

Unrestricted: A type of on-call coverage in which the provider must be available to respond to pages as necessary. Also referred to as "beeper only" coverage.

Both Restricted/Unrestricted: A type of on-call coverage in which the provider must be present at the facility for part of the additional block and is available to respond to pages, as necessary, for the other part of his or her coverage.

Trauma Call—Level 1: The provider must only be available for emergency trauma call while providing on-call coverage.

Trauma Call—Level 2: The provider must only be available for emergency trauma call while providing on-call coverage.

Trauma Call—Level 3: The provider must only be available for emergency trauma call while providing on-call coverage.

Trauma Call—Level 4: The provider must only be available for emergency trauma call while providing on-call coverage.



General ED Call: The provider must only be available for general emergency department call while providing on-call coverage.

Other Call: The provider must provide a type of coverage other than those listed above, please describe.

*Provider had Medical Directorship Duties

Answer “yes” if the provider had medical directorship duties.

Type of Compensation Tax Form

Select the form (W2, K1, 1099) you use to report employee wages.

Years in Specialty

Report the number of years each physician and nonphysician provider has practiced in the specialty reported. The count of the number of years should begin at the time the physician completes the latter of the residency or fellowship.



FTE DEMOGRAPHICS

*Full-Time Equivalent

Report the full-time equivalent this provider is considered to be employed by your practice. A 1.0 FTE provider works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours, or some other standard. To compute FTE of a part-time provider, divide the total hours worked by the provider by the total number of hours that your medical practice considers to be a normal workweek. For example, a physician working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours). Do not report a provider as more than 1.0 FTE regardless of the number of hours worked.

*% Billable Clinical

Report in whole numbers the billable clinical percent for each provider listed. Billable clinical percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Clinical effort and activities include direct patient care and consultation, individually or in a team-care setting, where a patient bill is generated or a fee-for-service equivalent charge is recorded. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

*% Administrative

Report in whole numbers the administrative percent for each provider listed. Administrative percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Administrative effort includes medical directorships as well as other administrative duties.



*% Teaching

Report the percent of time the provider spent in teaching activities such as classroom time, office hours, grading papers, and class preparation. For example, a faculty member spending approximately 40 percent of his/her time in teaching activities should report "40."

Include:

- Academic activities including teaching, tutoring, lecturing, and supervision of laboratory course work and residents where patient care is not provided; and
- Nonclinical classroom time.

*% Research

Report the percent of time the provider spent in research activities. For example, a faculty member spending approximately 30 percent of his/her time in research activities should report "30."

Include:

- Research activities including specific research, training, and other projects that are separately budgeted and accounted for by the medical school; and
- Clinical research, funded or nonfunded.

*% Other

Report in whole numbers the other percent for each provider listed. Other percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Other effort and activities include all activities not included in clinical, administrative, teaching or research effort, such as professional development.

Actual Hours Worked per Week

Report the average number of hours the provider worked per week which should include hours for taking on call because it is reflective of total compensation.

Actual Hours Worked per Year

Report the actual number of hours the provider worked over the fiscal year which should include hours for taking on call because it is reflective of total compensation.

Vacation Offered (in Weeks)

Report the number of weeks that the provider was given for vacation.

Do not include:

- Any paid time off for continuing medical education (CME) for their first year of placement.

CME: Educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of healthcare to the public.



PROVIDER COMPENSATION

*Base Compensation <Academic Only>

Report the amount paid as routine or regular compensation, regardless of the provider's funding sources or productivity. This amount is guaranteed by the hospital, practice, medical school, practice plan, or Veterans Administration to the provider.

Do not include:

- Incentive payments, honoraria, bonuses, profit-sharing distributions, expense reimbursements, fringe benefits paid by the medical school or department such as life and health insurance, retirement plan contributions, automobile allowances, or any employer contributions to 401(k), 403(b), or Keogh Plan.

*Total Compensation

Please read all instructions first to find what scenario fits your medical practice. There are separate instructions for how to report total compensation depending on your medical practice's tax status.

For C corporations (under United States federal income tax law, this refers to any corporation that is taxed separately from its owners), state the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the provider's W-2.

Include:

- Total Medicare wages – this includes On-Call compensation;
- On-Call compensation – included in total Medicare wages;
- 401K;
- Life insurance and
- Any other pre-taxed deductions (Employee contributions).

Do not include:

- Expense reimbursements;
- Fringe benefits paid by the medical practice;
- Flex spending accounts (FSA);
- Health insurance or
- Employer contributions.

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An example has been provided:

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9 Verification code		10 Dependent care benefits
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans
					12a
				13 Statutory employee <input type="checkbox"/>	12b
				Retirement plan <input type="checkbox"/>	12c
				Third-party sick pay <input type="checkbox"/>	12d
				14 Other	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

2018 MGMA Compensation and Production Survey Guide



For partnerships (or LLCs that file as a partnership) state the dollar amount reported as direct compensation in Box 1 plus Box 4 minus Box 12 minus Box 13 from the provider's K-1 form 1065. An example has been provided:

Include:

- In box 13:
 - Codes A through W (this includes 401K)

651113
OMB No. 1545-0123

Final K-1 Amended K-1

Schedule K-1 (Form 1065) 2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year beginning _____, 2017 ending _____, 20____

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																																															
<p>A Partnership's employer identification number _____</p> <p>I1 What type of entity is this partner? _____</p> <p>I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/></p> <p>J Partner's share of profit, loss, and capital (see instructions):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Beginning</th> <th colspan="2">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> </tbody> </table> <p>K Partner's share of liabilities at year end:</p> <p>Nonrecourse \$ _____</p> <p>Qualified nonrecourse financing . . . \$ _____</p> <p>Recourse \$ _____</p> <p>L Partner's capital account analysis:</p> <p>Beginning capital account \$ _____</p> <p>Capital contributed during the year \$ _____</p> <p>Current year increase (decrease) . \$ _____</p> <p>Withdrawals & distributions . . . \$ (_____)</p> <p>Ending capital account \$ _____</p> <p><input type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book</p> <p><input type="checkbox"/> Other (explain) _____</p> <p>M Did the partner contribute property with a built-in gain or loss?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," attach statement (see instructions)</p>	Beginning		Ending		Profit	%	%	%	Loss	%	%	%	Capital	%	%	%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 75%;">Ordinary business income (loss)</td> <td style="width: 10%;"></td> <td style="width: 10%;">Credits</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Net rental real estate income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Other net rental income (loss)</td> <td style="text-align: center;">16</td> <td>Foreign transactions</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Guaranteed payments</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td>Interest income</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">12</td> <td>Section 179 deduction</td> <td style="text-align: center;">19</td> <td>Distributions</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Other deductions</td> <td style="text-align: center;">20</td> <td>Other information</td> </tr> <tr> <td style="text-align: center;">14</td> <td>Self-employment earnings (loss)</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*See attached statement for additional information.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">For IRS Use Only</p>	1	Ordinary business income (loss)		Credits	2	Net rental real estate income (loss)			3	Other net rental income (loss)	16	Foreign transactions	4	Guaranteed payments			5	Interest income			12	Section 179 deduction	19	Distributions	13	Other deductions	20	Other information	14	Self-employment earnings (loss)		
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14	Self-employment earnings (loss)																																																



For S corporations (or LLCs that file as an S corporation) state the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the provider's W-2 **PLUS** Box 1 minus Box 11 minus Box 12 from the provider's K-1 form 1120S (combine amounts from both forms). An example has been provided:

Include:

- In box 12:
 - Codes A through S (this includes 401K)

671113

Final K-1 Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120S)
 Department of the Treasury
 Internal Revenue Service

2017

For calendar year 2017, or tax year beginning _____, 2017
 ending _____, 20____

Shareholder's Share of Income, Deductions, Credits, etc.
 ▶ See back of form and separate instructions.

Part II Information About the Shareholder	Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
For IRS Use Only	1	Ordinary business income (loss)	13	Credits
	2	Net rental real estate income (loss)		
	3	Other net rental income (loss)		
	4	Interest income		
	11	Section 179 deduction	16	Items affecting shareholder basis
	12	Other deductions		
			17	Other information

* See attached statement for additional information.



*First Year Guaranteed Compensation <New Hires Only>

Report the first year guaranteed contract dollar amount.

Do not include:

- The dollar value of a signing bonus and other dollar amounts received through a bonus system such as production-based bonuses; or
- The dollar value of expense reimbursements, fringe benefits paid by the medical practice such as retirement plan contributions, life and health insurance or automobile allowances or any employer contributions to a 401(k), 403(b) or Keogh Plan.

*Indicate the percentage of each method that is used to compensate the provider:

Indicate the percentage of each method for the provider's compensation plan utilized in your practice. Provide the whole-number proportion that each method makes up of the entire plan, ensuring that all percentages add up to 100.

***Indicate the % of Total Compensation based on Straight/Base Salary:** Compensation is a fixed, guaranteed salary.

***Indicate the % of Total Compensation based on Productivity or Equal Share of Compensation Pool %:** Productivity measures volume of physician work RVUs, collections, etc. This also includes equal share of compensation pool. A "compensation pool" is equal to the total practice revenues net of practice overhead expenses. Such plans generally treat practice overhead as a cost of doing business that is borne by the group as a whole and not allocated to individual physicians (with the potential exception of physician-specific direct expenses). Such plans may be referred to as "team" or "group-oriented" compensation methods. The production metric is measured on the individual physician's output level.

***Indicate the % of Total Compensation based on Quality and Patient Experience Metrics:**

Examples of quality measures include, but are not limited to, clinical process/effectiveness, patient safety, care coordination, patient and family engagement, efficient use of healthcare resources, population/public health and patient satisfaction.

***Indicate the % of Total Compensation based on On-Call Compensation:** Compensation based on "on-call" time.

***Indicate the % of Total Compensation based on Other Compensation Metrics:** A compensation plan metric that is not listed here (medical directorship stipend, honoraria, etc.).



*Method by which the Provider is Compensated for On-Call Coverage

From the options listed, select the period for which the compensation amount was paid for each provider.

Hourly Rate: The provider is paid a defined amount for each hour that is spent providing on-call coverage.

Daily Stipend: The provider is paid a defined amount for each day that is spent providing on-call coverage.

Weekly Stipend: The provider is paid a defined amount for each week that is spent providing on-call coverage.

Monthly Stipend: The provider is paid a defined amount for each month that is spent providing on-call coverage.

Annual Stipend: The provider is paid a defined amount for the entire year for all time spent providing on-call coverage.

Per Work RVU: The provider is paid a defined amount for each work RVU that is generated while providing on-call coverage.

Per Procedure: The provider is paid a defined amount for each procedure that is completed while providing on-call coverage.

Other: If the provider is compensated based on a method other than those listed above, select "Other" and describe the compensation method in the "Other" box.

No Additional Compensation: The provider is not paid additional compensation for providing on-call coverage.

Not applicable: The options provided do not pertain to the provider for type of compensation for on-call coverage.

*Amount Compensated per On-Call Coverage Method

On-call is the scheduled state of availability to return to duty, work ready, within a specified period of time. List the amount compensated per provider, per the method that was selected in the "Method by which the Provider is Compensated for On-Call Coverage" question. Perform a blend if different rates are paid at the practice, hospitals, or for different days, excluding holiday or weekend pay in the blend. For example, if the provider is compensated \$600 at the practice and \$700 at the hospital, report \$650 as the on-call compensation.

*Number of Hours per On-Call Coverage Method

Indicate the number of hours spent on-call per method (from the "Method by which the Provider is Compensated for On-Call Coverage" question). For example, if the provider is compensated a "Daily Stipend," indicate the number of hours the provider works per day for on-call coverage.

Holiday On-Call Compensation Amount (per day)

List the amount compensated per day for holiday on-call coverage, even if the holiday on-call compensation is part of the provider's overall compensation.

Weekend On-Call Compensation Amount (per day)

List the amount compensated per day for weekend (i.e. Saturday or Sunday) on-call coverage, even if the weekend on-call compensation is part of the provider's overall compensation.



*Method by which the Medical Director is Compensated:

Hourly Rate: The provider is paid a defined amount for each hour that is spent performing medical directorship duties.

Daily Stipend: The provider is paid a defined amount for each day that is spent performing medical directorship duties.

Weekly Stipend: The provider is paid a defined amount for each week that is spent performing medical directorship duties.

Monthly Stipend: The provider is paid a defined amount for each month that is spent performing medical directorship duties.

Quarterly Stipend: The provider is paid a defined amount for each quarter that is spent performing medical directorship duties.

Annual Stipend: The provider is paid a defined amount for the entire year for all time spent performing medical directorship duties.

Deferred Compensation: The provider receives some type of deferred compensation, which is paid after the regular pay period, such as an annuity or pension plan, for time spent performing medical directorship duties.

Other Method (please describe): A method that is not described by one of the above methods. Please provide a brief description.

No Additional Compensation: The provider is not paid additional compensation for performing medical directorship duties.

Not applicable: The options provided do not pertain to the provider for additional compensation for performing medical directorship duties.

*Directorship Compensation per Method

State the amount the provider is compensated per the method selected under "Compensation Method."

Directorship Hours per Week

Indicate the number of hours the physician works on directorship duties during a normal (typical) workweek.

*Total Annualized Directorship Compensation

Enter the total compensation for medical directorship duties earned for the fiscal year reported in the Practice Demographics. This figure should only be for medical directorship duties and annualized to represent a full 12-month period.



ADDITIONAL PROVIDER INFORMATION

Additional Compensation

Report all additional compensation contributed to the provider not already reported in the Total Compensation, Retirement Benefits, and Bonus/Incentive Amount questions.

Include:

- The dollar value of expense reimbursements;
- Fringe benefits paid by the medical practice (such as retirement plan contributions, life and health insurance, automobile allowances, CME amount paid, licenses and dues paid);
- The employer side of Social Security and Medicare taxes paid on behalf of the provider;
- Any employer contributions to a 401(k), 403(b), or Keogh Plan;
- Any additional unreported compensation attributed to practice partner/shareholder status; and
- Any additional compensation received from third parties such as stock ownership

Bonus/Incentive Amount

Indicate the total dollar amount for any bonus or incentive payments received by each provider. It is important to understand that any bonus or incentive dollar amounts should NOT be included as percentages of overall productivity.

Retirement Benefits

Report all employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b) and Keogh Plans, and any nonqualified funded retirement plan. For defined benefit plans, estimate the employer's contribution made on behalf of each plan participant by multiplying the employer's total contribution by each plan participant's compensation divided by the total compensation of all plan participants.

Do not include:

- Employer contributions to social security mandated by the Federal Insurance Contributions Act (FICA);
- Voluntary employee contributions that are an allocation of salary to a 401(k), 403(b), or Keogh Plan; or
- The dollar value of any other fringe benefits paid by the practice, such as life and health insurance or automobile allowances.

Compensation Includes Revenue from Separate Facility Fee

Answer "Yes" if the physician received compensation that could be attributed to a separate facility fee. This could include compensation from ownership in an ASC or cath lab, for example.



Internal or External Directorship

If you answered yes to “Provider had medical directorship duties,” indicate whether the directorship was internal or external by choosing the appropriate option from the dropdown box. If the same federal tax ID is used, the directorship is internal. If a different federal tax ID is used, the directorship is external. For example, if the physician is employed by his medical practice for his medical directorship duties, select "Internal." If the physician is a medical director for an organization other than the one he practices at, select "External."



PROVIDER PRODUCTION

*External Providers Included in Productivity <Physicians Only>

For physicians, state if the productivity measures (collections, charges, encounters, E&M procedures, RVUs, ASA units) include productivity attributed to a nonphysician provider working under a physician's supervision by selecting “Yes” or “No.” For nonphysician providers, state whether the productivity measures include productivity attributed to another nonphysician provider by selecting “Yes” or “No.”

*Can Nonphysician Provider Bill Under Themselves <NPPs Only>

For nonphysician providers only, indicate if they can or cannot bill the procedures they perform under themselves, as opposed to under a physician within the practice.

*Total RVUs

Report total RVUs performed only by the physician/nonphysician provider you are submitting. If total RVUs are reported, respondents must complete the question “External Providers Included in Productivity” and “% of TC Included in Collections and Charges.” If your practice cannot break out RVUs only performed by the individual physician/nonphysician provider you are submitting, report RVUs and answer “Yes” to the question regarding external provider productivity. If you can report RVUs only performed by the individual physician/nonphysician provider you are submitting, answer “No” for the question regarding external provider productivity.

Include:

- RVUs for the “physician work RVUs,” “practice expense,” and “malpractice RVUs,” including any adjustments made as a result of modifier usage;
- RVUs for all professional medical and surgical services performed by physicians, nonphysician providers, and other physician extenders such as nurses and medical assistants;
- RVUs for the professional component of laboratory, radiology, medical diagnostic and surgical procedures;
- For procedures with either no listed CPT code or with an RVU value of zero, RVUs can be estimated by dividing the total gross charges for the unlisted or unvalued procedures by the practice's known average charge per RVU for all procedures that are listed and valued;



- RVUs for procedures for both fee-for-service and capitation patients; and
- RVUs for all payers, not just Medicare.

Do not include:

- RVUs for other scales such as McGraw-Hill, California;
- The technical component (TC) associated with any medical diagnostic, laboratory, radiology, or surgical procedure. If your practice cannot break this out, report RVUs and select the appropriate response to the question regarding technical component. If you can report total RVUs without technical component, answer 0% for the technical component question;
- RVUs attributed to nonphysician providers or any other external provider within the physician RVU data or
- RVUs where the Geographic Practice Cost Index (GPCI) equals any value other than one. The GPCI must be set to 1.000 (neutral).

*Work RVUs

Report work RVUs performed only by the physician/nonphysician provider you are submitting. If work RVUs are reported, respondents must complete the question “External Providers Included in Productivity.” If your practice cannot break out RVUs only performed by the individual physician/nonphysician provider you are submitting, report RVUs and answer “Yes” to the question regarding external provider productivity. If you can report RVUs only performed by the individual physician/nonphysician provider you are submitting, answer “No” for the question regarding external provider productivity.

Include:

- RVUs for the “physician work RVUs” only, including any adjustments made as a result of modifier usage;
- Physician work RVUs for all professional medical and surgical services performed by providers;
- Physician work RVUs for the professional component of laboratory, radiology, medical diagnostic, and surgical procedures;
- Physician work RVUs for all procedures performed by the medical practice. For procedures with either no listed CPT code or with an RVU value of zero, RVUs can be estimated by dividing the total gross charges for the unlisted or unvalued procedures by the practice’s known average charge per RVU for all procedures that are listed and valued;
- Physician work RVUs for procedures for both fee-for-service and capitation patients;
- Physician work RVUs for all payers, not just Medicare;
- Physician work RVUs for purchased procedures from external providers on behalf of the practice’s fee-for-service patients;
- Anesthesia practices should provide the physician work component of the RVU for flat fee procedures only such as lines, blocks, critical care visits, intubations, and post-operative management care; and
- All RVUs associated with professional charges, including both medically necessary and cosmetic RVUs.



Do not include:

- RVUs for “malpractice RVUs” or “practice expense RVUs”;
- RVUs attributed to nonphysician providers or any other external provider within the physician RVU data;
- RVUs for other scales such as McGraw-Hill or California;
- RVUs for purchased procedures from external providers on behalf of the practice’s capitation patients;
- RVUs that have been weighted by a conversion factor. Do not weigh the RVUs by a conversion factor;
- RVUs where the Geographic Practice Cost Index (GPCI) equals any value other than one. The GPCI must be set to 1.000 (neutral); or
- Anesthesiology departments. Instead, provide ASA units and leave this question blank.

More information on RVUs

Report the relative value units (RVUs), as measured by the Resource Based Relative Value Scale (RBRVS), not weighted by a conversion factor, attributed to all professional services. An RVU is a nonmonetary standard unit of measure that indicates the value of services provided by physicians, nonphysician providers, and other healthcare professionals. The RVU system is explained in detail in the November 15, 2016 Federal Register, pages 80170-80562. Addendum D: Relative Value Units (RVUs) and Related Information presents a table of RVUs by CPT code. Your billing system vendor should be able to load these RVUs into your system if you are not yet using RVUs for management analysis. When answering this question, note the following:

- The RVUs published in the November 15, 2016 Federal Register, effective for calendar year 2017, should be used; and
- The total RVUs for a given procedure consist of three components:
 - Physician work RVUs;
 - Practice expense (PE) RVUs; and
 - Malpractice RVUs.

Thus, total RVUs = physician work RVUs + practice expense RVUs + malpractice RVUs.
- For 2017, there were two different types of practice expense RVUs:
 - Fully implemented nonfacility practice expense RVUs; and
 - Fully implemented facility practice expense RVUs.
- **“Nonfacility”** refers to RVUs associated with a medical practice that is not affiliated with a hospital and does not utilize a split billing system that itemizes facility (hospital) charges and professional charges. “Nonfacility” also applies to services performed in settings other than a hospital, skilled nursing facility, or ambulatory surgery center. You should report total RVUs that are a function of “nonfacility” practice expense RVUs.
- **“Facility”** refers to RVUs associated with a hospital affiliated medical practice that utilizes a split billing fee schedule where facility (hospital) charges and professional charges are billed separately. “Facility” also refers to services performed in a hospital, skilled nursing facility, or ambulatory surgery center. Do not report total RVUs that are a function of “facility” practice expense RVUs. If you are a hospital affiliated medical practice that utilizes a split billing fee schedule, you should report your total RVUs as if you were a medical practice not affiliated with a hospital.



- To summarize, there are two different types of total RVUs:
 - Fully implemented nonfacility total RVUs; and
 - Fully implemented facility total RVUs.
- The Federal Register Addendum D presents six columns of RVU data. The column labeled “Physician work RVUs” is what you should report as work RVUs. Any adjustments to RVU values through periodic adjustments and updates made by CMS should be included.

ASA Units <Anesthesiology Specialties Only>

For anesthesiology practices, provide the American Society of Anesthesiologists (ASA) units. The ASA units for a given procedure consist of three components:

- Base unit;
- Time in 15-minute increments; and
- Risk factors.

Please note:

- Adjustments should be made if provider supervises a CRNA that is not employed by the reporting practice; and
- Do not duplicate units for split bills. Instead, report units on a per case basis.

Collections for Professional Charges

Report the amount of collections attributed to a physician for all professional services. If collections for professional charges are reported, respondents must complete the questions “External Providers Included in Productivity” and “% of TC Included in Collections and Charges.”

Include:

- Fee-for-service collections;
- Allocated capitation payments;
- Administration of chemotherapy drugs; and
- Administration of immunizations.

Do not include:

- Collections on drug charges, including vaccinations, allergy injections, and immunizations, as well as chemotherapy and antinauseant drugs;
- The technical component associated with any laboratory, radiology, medical diagnostic or surgical procedure collections. If your practice cannot break this out, report collections and answer the appropriate response to the question regarding technical component. If you can report collections without technical component, answer 0% for the technical component question;
- Collections attributed to nonphysician providers. If your practice cannot break this out, report collections and answer “Yes” to the question in this matrix regarding external nonphysician provider productivity. If you can report collections without nonphysician providers, answer “No” for the nonphysician provider question; 4. Infusion-related collections;
- Facility fees;
- Supplies; or
- Revenue associated with the sale of hearing aids, eyeglasses, contact lenses, etc.



Professional Gross Charges

Report the total gross patient charges attributed to a physician for all professional services. If professional gross charges are reported, respondents must complete the questions “External Providers Included in Productivity” and “% of TC Included in Collections and Charges.” Gross patient charges are the full dollar value, at the practice’s established undiscounted rates, of services provided to all patients, before reduction by charitable adjustments, professional courtesy adjustments, contractual adjustments, employee discounts, bad debts, etc. For both Medicare participating and nonparticipating providers, gross charges should include the practice’s full, undiscounted charge and not the Medicare limiting charge.

Include:

- Fee-for-service charges;
- In-house equivalent gross fee-for-service charges for capitated patients;
- Administration of chemotherapy drugs; and
- Administration of immunizations.

Do not include:

- Charges for drugs, including vaccinations, allergy, injections, and immunizations as well as chemotherapy, and antinauseant drugs;
- The technical component associated with any laboratory, radiology, medical diagnostic or surgical procedure. If your practice cannot break this out, report gross charges and answer the appropriate response to the question regarding technical component. If you can report charges without technical component, answer 0% for the technical component question;
- Charges attributed to nonphysician providers. If your practice cannot break this out, report gross charges and answer “Yes” to the last question in this matrix regarding external nonphysician provider productivity. If you can report collections without nonphysician providers, answer “No” for the nonphysician provider question;
- Infusion-related charges;
- Facility fees;
- Supplies; or
- Charges associated with the sale of hearing aids, eyeglasses, contact lenses, etc.

*% of TC Included in Collections and Charges

Collections for professional charges and gross charges for laboratory, radiology, medical diagnostic and surgical procedures may have two components: the physician’s professional charge such as interpretation and the technical charge for the operation and use of the equipment. If collections for professional charges and gross charges did not include the technical component (TC), referred to as professional services only billing, select “0%.” If collections for professional charges and gross charges did include the technical component, referred to as global fee billing, indicate the approximate percentage of charges represented by the technical component by selecting either “1-10%” or greater than “10%.”



Provider Panel Size

Answer the panel size, or set of patients cared for by a physician, as the number of individual unique patients that have been seen by any provider within the practice over the past 18 months.

To determine the panel size per physician, use the following methodologies:

- If a patient has only seen one physician in the practice, assign the patient to that physician.
- If a patient has seen more than one physician in the practice, assign the patient to the physician seen most frequently.
- If a patient has seen more than one physician in the practice the same number of times, assign the patient to the physician who did the patient's last physical.
- If a patient has not had a physical, assign him/her to the physician seen most recently.

Total Number of Patient Encounters

If encounters are reported, respondents must complete the question regarding NPP included in productivity. An encounter is an instance of direct provider to patient interaction, regardless of setting (including tele-visits and e-visits), between a patient and a healthcare provider who is vested with the primary responsibility of diagnosing, evaluating, and/or treating the patient's condition, where the provider exercises clinical judgment that may or may not be billable.

Include:

- Pre- and post-operative visits and other visits associated with a global charge;
- Visits that resulted in a coded procedure;
- For **diagnostic radiologists and pathologists**, report the total number of procedures or reads, regardless of place of service;
- For obstetrics care, where a single CPT-4 code is used for a global service, count each as a separate ambulatory encounter (e.g., each prenatal visit and postnatal visit is one encounter). Count the delivery as a single encounter; and
- Encounters that include procedures from the surgery chapter (CPT codes 10021-69979) or anesthesia chapter (CPT codes 00100-01999).

Do not include:

- Encounters attributed to nonphysician providers. If your practice cannot break this out, report encounters and answer "Yes" on the NPP Productivity Included question;
- Encounters with direct provider to patient interaction for the specialties of pathology or diagnostic radiology (see #3 above under "Include");
- Visits where there is not an identifiable contact between a patient and a physician or nonphysician provider (i.e., patient comes into the practice solely for an injection, vein puncture, EKGs, EEGs, etc. administered by an RN or technician);
- Administration of chemotherapy drugs; or
- Administration of immunizations.



Number of Outpatient E&M Codes

If Outpatient E&M codes are reported, respondents must complete the question regarding NPP included in productivity.

Include:

- 90791, Psychiatric diagnostic evaluation;
- 90792, Psychiatric diagnostic evaluation with medical services;
- 99201-99205, 99211- 99215, office or other outpatient services;
- 99241-99245, office consultations;
- 99281-99288, emergency department services;
- 99304-99310, 99315-99316, 99318, nursing facility services;
- 99324-99328, 99334-99337, domiciliary, rest home or custodial care services;
- 99339- 99340, domiciliary, rest home, or home care plan overnight services;
- 99341-99345, 99347-99350, home services;
- 99354-99355, prolonged physician service in the office or outpatient setting;
- 99363-99364, anticoagulant management;
- 99374-99375, 99377-99380, care plan oversight services;
- 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, preventive medicine services;
- 99441-99444, non-face-to-face physician services;
- 99450, 99455-99456, special evaluation and management services; and
- 99461, normal newborn care in other than hospital or birthing room setting.

Do not include:

- 99499, unlisted evaluation and management services; or
- Evaluation and management codes attributed to nonphysician providers. If your practice cannot break this out, please answer “Yes” to the question in this matrix regarding external nonphysician provider productivity. If you can report without nonphysician providers, answer “No” to the nonphysician provider question.

Number of Inpatient E&M Codes

If Inpatient E&M codes are reported, respondents must complete the question regarding NPP included in productivity.

Include:

- 99217-99220, 99234-99236, hospital observation services;
- 99221-99223, 99231-99233, 99238-99239, hospital inpatient services;
- 99251-99255, inpatient consultations;
- 99291-99292, 99471- 99472, 99468-99469, critical care services;
- 99356-99359, prolonged physician service in the inpatient setting;
- 99360, physician standby services;
- 99366-99368, medical team conference;
- 99460, 99462-99465, newborn care;
- 99466-99467, pediatric patient transport;
- 99477, initial hospital care;



- 99478-99480, continuing intensive care services;
- 99485-99489, critical care; and
- 99495-99496, transitional care management services.

Do not include:

- 99499, unlisted evaluation and management services; or
- Evaluation and management codes attributed to nonphysician providers. If your practice cannot break this out, please answer “Yes” to the question in this matrix regarding external nonphysician provider productivity. If you can report without nonphysician provider productivity, answer “No” to the nonphysician provider question.



ADDITIONAL QUESTIONS FOR NEWLY PLACED PROVIDERS

*Which State did the Provider Relocate from?

If the provider relocated, report the state from which the provider relocated. If the provider was relocated from outside of the United States, please choose "Out of Country" for this question.

*Hired Out of Residency or Fellowship <Physicians Only>

Select "Yes" if the physician was hired out of residency or fellowship. Select "No" if the physician was not hired out of residency or fellowship.

Residency: A period of advanced medical training and education that normally follows graduation from medical school and licensing to practice medicine. This process consists of supervised practice of a specialty in a hospital and in its outpatient department and instruction from specialists on the hospital staff.

Fellow: A physician who has completed training as a resident and has been granted a position allowing him or her to do further study or research in a specialty.

Amount of Relocation Expenses Paid

Report the dollar value that the provider received in his or her contract for expenses associated with relocation. If relocation expenses were not offered by the practice, enter \$0.

Production Bonus Amount

Report the dollar value the provider was offered as a bonus based on his or her production during the first year. If no production bonus was offered by the practice, enter \$0.

Nose Coverage Amount

Report the dollar value of nose coverage offered to the provider in his or her contract. If nose coverage was not offered by the practice, enter \$0.



Tail Coverage Amount

Report the dollar value of tail coverage offered to the provider in his or her contract. If tail coverage is not offered by the practice, enter \$0.

Signing Bonus Amount

Provide the dollar value that the provider received as a signing bonus in his or her contract. If no signing bonus was offered by the practice, enter \$0.

Do not include:

- The dollar value of stipends, student loan repayments or relocation expenses.

Loan Forgiveness Amount

Select the category that best represents that dollar value that the provider received as loan forgiveness in his or her contract. If tail coverage was not offered by the practice, enter \$0.

First Year CME Paid Time Off (in Weeks)

Report the number of weeks that the provider was given for continuing medical education (CME) in his or her first year of placement.

CME: Educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of healthcare to the public.

Amount of CME Paid

Report the dollar value that the provider received for CME in his or her contract.



STAFF DEMOGRAPHICS

Include all managers and staff employed by the practice for the full fiscal year indicated in the Practice Demographics section, as well as any new hires during the same fiscal year. You may include individuals that left the practice during the fiscal year, but you must select the corresponding employment status for each individual and provide their hourly rate, if applicable. Enter each manager and staff on a separate row; do not group multiple individuals together on the same line, even if they have the same position title.

*Staff Name

Enter a unique name or ID for each manager or staff member. This may be the individual's name, initials, last four numbers of SSN, or an internal code used to identify the individual. If we have questions on your submission, we will refer to your staff by the name entered here. Please note: if you have previously participated in this survey, your submitted staff names will be carried over from year to year. We do not recommend assigning a previously used staff name to other individuals.



*Position Title

Select one position title that best describes each individual's responsibilities from the list provided. Positions are listed in alphabetical order within each management level, which include physician executives, executive management, senior management, general management, specialists, supervisors and support staff. If a position is not provided, select the appropriate "Other" option and enter the position title in the corresponding write-in field. Please read the list of position titles carefully before selecting an "other" option as those will not be included in any reported data. Other options are: "Other Executive"; "Other Director"; "Other Manager"; "Other Specialist"; "Other Supervisor"; and "Other Staff."

Please note: There are no standard definitions for position titles in the industry. Our position descriptions are intended to be all encompassing. The more specific the position description, the less applicable it becomes to all participating practices and influences the amount of data reported. Please read the description and select the position title that most closely reflects the responsibilities of the employee.

Select **one** of the following position titles for each individual staff:

PHYSICIAN EXECUTIVE POSITIONS

- **Associate/Assistant Medical Director:**

- Position requires candidate to be a licensed physician;
- Time is devoted to both administrative duties and the delivery of healthcare services;
- Typically assists the medical director in all respects, from the administration of medical care and clinical services to utilization review and medical protocol development. If there are multiple associate/assistant medical directors, the functional areas of medical administration are usually divided up among physicians with this position title; and
- Usually reports to the senior physician executive.

- **Chief Medical Officer (CMO):**

- Elected by the medical staff and acts as a liaison between the medical staff and administration;
- Ensures that projects and policies are completed in a timely manner;
- Principle duty is to ensure that the executive decisions are carried out and oversee that staff members follow these guidelines;
- Typically, a one to two-year term;
- Required to be a licensed physician; and
- Usually reports to the senior physician executive.

- **Chief Medical Informatics Officer (CMIO):**

- Develops and manages the organization's capabilities in information systems and tools that are applied to medical information;
- Coordinates analytical support for medical management, including profiling, health economics and business analytics/performance metrics;
- Works with the Information Systems Department to prioritize medical management needs; and
- Usually reports to the senior executive manager.



- **Medical Director:**

- Position requires candidate to be a licensed physician;
- The senior medical administrative position within a medical practice;
- Physician's time is devoted to both administrative duties and the delivery of healthcare services;
- In larger organizations, there may be more than one medical director;
- Responsible for all activities related to the delivery of medical care and clinical services such as cost management, utilization review, quality assurance, and medical protocol development;
- Typically oversees the activities of group physicians, including the recruiting and credentialing processes; and
- Usually reports to the senior physician executive.

- **Physician CEO/President:**

- Position requires candidate to be a licensed physician;
- Usually found in larger practices or in some form of an integrated system or network, such as physician hospital organization (PHO) or management services organization (MSO);
- Since administrative duties are substantial, the delivery of healthcare services is minimal;
- Develops and monitors organizational policy with other management personnel and board of directors;
- Responsible for the overall operation of the organization, including patient care and contract relations;
- Oversees activities related to the growth and expansion of the organization;
- Plays a major role in the organization's strategic process;
- Typically serves as the liaison between the organization, the community, and the board of directors;
- Oversees a team of senior management personnel; and
- Usually reports to the governing body of the organization.

EXECUTIVE MANAGEMENT POSITIONS

- **Administrator:**

- The top nonphysician professional administrative position with less authority than a CEO;
- Maintains broad responsibilities for all administrative functions of the medical practice, including operations, marketing, finance, managed care/third party contracting, physician compensation and reimbursement, human resources, medical and business information systems, and planning and development;
- Typically oversees management personnel with direct responsibilities for the specific functional areas of the organization; and
- Reports to the governing body of the organization.



- **Chief Department Administrator (CDA):**
 - Top administrative officer of one or more clinical science departments;
 - Oversees, plans, guides and evaluates the nonmedical activities of the department including full or partial direct responsibility for the operation of ambulatory services;
 - Broad responsibilities within the department include development of the department budget and approval of department expenditures;
 - Responsibilities may include full or partial management of hospital functions, supervising the department administrative staff; and
 - Assists and reports to the department chair.
- **Associate/Assistant Department Administrator:**
 - Generally, consults, advises, and assists the top departmental administrator in providing leadership and direction in planning and coordinating activities;
 - Generally, has a limited scope of responsibility such as marketing or human resources;
 - Multiple associate/assistant administrators may assume leadership of the department in the absence of the top administrator; and
 - Reports to the top administrative officer.
- **Contracts/Grants Department Administrator:**
 - Oversees the disbursement, financial reporting, and the use of all extramural funds associated with the department's clinical and basic research programs;
 - Coordinates the development and submission of grant and contract proposals to internal and external agencies; and
 - Reports to the CDA.
- **Division/Section Administrator:**
 - Top administrative officer of one or more divisions or sections of a clinical science department;
 - Manages the nonclinical activities of the division(s) or section(s) and typically supervises the division or section administrative staff; and
 - Usually reports to the CDA and/or a division/section chair.
- **IS Manager/Network Administrator:**
 - Coordinates the activities of the IS department including determining data processing requirements, managing department networks, determining feasibility of data projects, and performing analysis of department production; and
 - Maintains and upgrades hardware and software.
- **Assistant Administrator:**
 - Provides assistance to the CEO and/or administrator with the management of one or more functional areas of the medical practice such as administration, managed care, human resources marketing, patient accounting, or operations;
 - Has a more limited scope of responsibility than a chief operating officer (COO);
 - A medical practice may have multiple assistant administrators;
 - Responsible for assisting the CEO and/or administrator in accomplishing organizational objectives; and
 - Usually reports to a senior executive manager.



- **Chief Compliance Officer:**
 - Develops and reviews policies and procedures for the general operation of the organization to prevent improper and/or illegal conduct;
 - Manages day-to-day operations of the implemented policies;
 - Investigates any reported violations of policies or procedures;
 - Works with the Human Resources Department and other appropriate areas to develop effective compliance training; and
 - Usually reports to a senior executive manager.
- **Chief Executive Officer (CEO)/Executive Director:**
 - Highest nonphysician executive position in the organization;
 - Typically found in larger practices, or in some form of an integrated system such as PHO or MSO;
 - Develops and monitors organizational policy in conjunction with other management personnel and board of directors;
 - Responsible for the overall operation of the organization, including patient care, contract relations, and activities that relate to the future growth of the organization such as strategic planning and marketing;
 - Oversees a team of senior management personnel who have direct responsibility for specific functional areas of the organization;
 - Typically serves as a liaison between the organization and staff members, businesses, individuals in the community, and board of directors; and
 - Usually reports to the governing body of the organization.
- **Chief Financial Officer (CFO):**
 - Usually the organization's senior financial position;
 - Develops financial policies and oversees their implementation;
 - Typically monitors a variety of financial activities, including budgeting, analysis, accounting, billing, payer contracting, collections, and the preparation of tax returns;
 - Usually prepares or oversees the preparation of annual reports and long-term projections to ensure that the organization's financial obligations are met;
 - May obtain funds for capital development;
 - May hold a designation as a certified public accountant (CPA); and
 - Usually reports to a senior executive manager.
- **Department Financial Officer:**
 - Top financial position, which develops financial policies and oversees their implementation;
 - Prepares short range and long-term projections to ensure that the department's financial obligations are met;
 - Develops growth plans for the department; and
 - Reports to the CDA or the department chair.



- **Chief Information Officer (CIO):**
 - Usually found in large organizations;
 - The top level contact in information systems development and solutions;
 - Contributes to general business planning regarding technology;
 - Accountable for directing data integrity and confidentiality of the medical practice’s patient care information;
 - Identifies new developments in information systems technology, and strategizes organizational modifications;
 - Requires a masters or bachelor’s degree in MIS, CIS, or a related field; and
 - Usually reports to the senior physician executive.
- **Chief Operating Officer (COO):**
 - Consults, advises, and assists the CEO and/or administrator in providing leadership and direction in planning, directing, and coordinating both patient and non-patient care activities;
 - May be the second senior administrative position, and assume the duties of the top administrator when necessary;
 - Oversees the daily operations of the medical practice and/or other affiliated healthcare organizations;
 - Responsibilities may include facilities management, business services, human resources management; and
 - Usually reports to a senior executive manager.
- **Chief Nursing/Clinical Officer (CNO):**
 - Provides leadership to assure standardization of clinical care work processes through collaboration of all organization disciplines;
 - Possesses current licensure as a registered nurse;
 - Responsible for the overall direction of patient care services, monitoring standards of patient care, and setting facility performance goals; and
 - Usually reports to the senior physician executive.
- **Chief Legal Counsel:**
 - Serves as chief legal advisor to the senior leadership;
 - Responsible for coordination of all legal issues and ensuring compliance with state and federal rules, laws, and regulations;
 - Reviews, drafts, and negotiates contracts with payers and/or providers;
 - Builds, manages, and mentors a team of legal professionals/outsourced legal resources in accordance with practice needs; and
 - Usually reports to a senior physician executive.



- **Chief Strategy Officer:**

- Provides assistance in developing and implementing a strategic plan for the organization/company to ensure continued growth and success;
- Coaches the management team so they understand long-term profit and performance goals, and provides ongoing support and expertise to all management personnel;
- Ensures that the organization's policies and procedures meet legal and ethical compliance with all laws and regulations; and
- Usually reports to a senior physician executive.

- **Human Resources Executive:**

- Usually found in larger practices or hospitals;
- Recommends and establishes company policies and procedures;
- Oversees all functions of an established human resources department within an organization;
- Develops, implements, and coordinates policies relating to all aspects of personnel administration using the organization's objectives. This includes recruitment, salary and benefits administration, EEO/AA and labor law compliance, and employee relations; and
- Usually reports to the CEO.

- **Marketing Executive:**

- The top marketing position in an organization with a distinct marketing and sales function;
- Directs and coordinates company sales, marketing functions, and implementation or related policies and procedures that relate to the promotion of the organization;
- May oversee the communications function;
- Develops marketing policies and programs that reflect the organization's goals and objectives;
- Oversees or conducts research designed to evaluate the organization's market position; and
- Usually reports to the senior physician executive.

- **MSO Administrator/Executive Director:**

- Oversees all activities of a hospital or investor owned MSO that provides practice management services to physician practices and clinics;
- Responsibilities range from the daily operations of multiple sites to developing strategic plans;
- Monitors the marketing of MSO services to physician clients;
- Typically serves as a liaison between various organization levels, from the physicians to the governing entities of the organization such as a hospital or health system, investors in the MSO, or a board of directors;
- Oversees the provision of management services to newly integrated practices; and
- Usually reports to a senior physician executive.

- **Patient Care Executive:**

- Responsible for the overall administration of patient services, including coordination of services with the interdisciplinary team;
- Appropriately delegates responsibility to nursing coordinators/team leaders, social workers, chaplains, and therapists; and
- Usually reports to the senior physician executive.



SENIOR MANAGEMENT POSITIONS

• **Ambulatory/Clinical Services Director:**

- A clinical operations position;
- Monitors the daily operations of the organization's clinical function;
- Develops, implements, and monitors policies and procedures;
- Monitors the activities of the nonphysician technical staff such as radiology and laboratory technicians; and
- Usually reports to a senior executive manager.

• **Ancillary Services Director:**

- Formulates policies, programs and procedures related to ancillary services;
- Develops and implements programs for expansion or contraction of patient care services as necessary;
- Oversees Joint Commission on the Accreditation of Healthcare Organization (JCAHO) standards of compliance within the ancillary departments;
- May manage laboratory, radiology, transportation/stores and pharmacy supervisors;
- Coordinates with other departments in clinic activities and in developing measures of success;
- Aligns ancillary department initiatives with the larger organization's strategic goals and mission; and
- Usually reports to a senior executive manager.

• **Branch/Satellite Clinic Director:**

- Oversees the administrative and operations activities of multiple clinical practice sites;
- Develops financial policy for the clinical operation in concert with the organization's top financial officer;
- Oversees the implementation of the organization's policies and procedures, including budget management, human resources management, and compliance with state and federal regulations;
- Supervises clinic managers and indirectly supervises clinic staff; and
- Usually reports to a senior executive manager.

• **Building and Grounds Director:**

- Usually found in an organization with a facilities or building services department;
- Develops and implements policies and procedures related to the organization's physical facilities such as buildings;
- Oversees related activities such as building maintenance, housekeeping, grounds preservation; and
- Usually reports to a senior executive manager.



- **Business Services Director:**

- Usually found in large organizations;
- Directs and coordinates business office activities in an organization that has a top administrator;
- Monitors the medical billing system;
- Oversees areas of responsibility such as third-party reimbursement, physician billing, collections, contract administration, and management reporting; and
- Usually reports to a senior executive manager.

- **Clinical Research Director:**

- Analyzes and summarizes clinical data and outcomes with responsibility for research design, methodology, and data collection protocols;
- Prepares grant proposals;
- Participates in investigator meetings, seminars, and regional or national research conferences;
- Coordinates the activities of associates and investigators to ensure compliance with protocols and overall research objectives; and
- Usually reports to a senior physician executive.

- **Compliance Director:**

- Develops, plans, organizes, and administers programs to comply with applicable state and federal statutes, regulations, policies, and procedures within the organization to ensure administrative and operational objectives are met;
- Identifies operational business risk issues;
- Develops a Corporate Compliance Plan or a Code of Conduct Handbook; and
- Usually reports to a senior executive manager.

- **Contracting Director:**

- Responsible for the overseeing, negotiations, and maintenance of the organization's medical revenue contracts;
- The contracts include commercial and/or governmental, capitated and/or non-capitated; and
- Usually reports to an executive manager.

- **Development Director:**

- Directs and coordinates fundraising programs for the organization, such as the annual fund, planned (deferred) giving, foundation and corporate fundraising, direct mail and phone solicitations, grant proposals, donor research, donor recordkeeping, donor recognition, special fundraising events, etc.; and
- Usually reports to an executive manager.



- **Education and Training Director:**
 - Only found in very large organizations with multiple locations;
 - Supervises training managers;
 - Develops and delivers education and training programs for the training needs of the organization’s staff and patients;
 - Evaluates programs to determine whether the training goals and objectives have been met;
 - Monitors the delivery of ongoing programs; and
 - Usually reports to a senior executive manager.
- **Finance Director:**
 - Responsible for preparing financial statements and all general accounting functions;
 - Develops, implements, and monitors tax compliance such as income, sales, and use and has payroll oversight;
 - Responsible for internal accounting policies and procedures;
 - Supervises the financial department;
 - Directs all statistical analysis and reporting including monthly operating and medical management statistics; and
 - Usually reports to a senior executive manager.
- **Health Plan Director:**
 - In charge of all basic non-medical operations, i.e., plan operations, membership enrollment, plan marketing, claims processing/reporting, and health plan quality assurance data collection/reporting; and
 - Usually reports to an executive manager.
- **Human Resources Director:**
 - Usually found in larger practices;
 - Oversees all functions of an established human resources department within an organization;
 - Using the organization’s objectives and philosophies as a guide, develops, implements, and coordinates policies relating to all aspects of personnel administration. This includes recruitment, salary and benefits administration, EEO/AA and labor law compliance, and employee relations; and
 - Usually reports to a senior executive manager.
- **Information Systems Director:**
 - Implements and monitors all activities that relate to the organization’s information system, including functions such as physician practice billing, scheduling, data processing, networking, and system security;
 - Oversees or resolves systems implementation and integration issues;
 - Performs programming tasks when necessary; and
 - Usually reports to a senior executive manager.



- **Laboratory Services Director:**

- Responsible for all activities related to the operations of a laboratory or several laboratories from the initiation and implementation of test procedures to the oversight of laboratory personnel;
- May perform and monitor testing procedures in addition to administrative duties;
- Monitors budget activities that relate to the laboratory function; and
- Usually reports to a senior executive manager.

- **Managed Care Director:**

- Initiates and maintains relationships with managed care organizations as well as physician and ancillary providers;
- Develops and directs all managed care activities of the organization including contract negotiations, product development, and capitation payment procedures;
- May oversee risk and utilization management activities or claims administration for professional/ medical purchased services; and
- Usually reports to a senior physician executive.

- **Marketing and Sales Director:**

- The top marketing position in an organization without a marketing and sales executive, that has a distinct marketing and sales function;
- Typically found in larger organizations;
- May oversee the communications function;
- Develops marketing policies and programs that reflect the organization's goals and objectives;
- Oversees or conducts research designed to evaluate the organization's market position;
- Directs the implementation of policies and procedures that relate to the promotion of the organization;
- Performs administrative tasks such as department budgeting and supervises marketing/ communication specialists; and
- Usually reports to a senior executive manager.

- **Materials Management Director:**

- Provides overall leadership above all material managers;
- Obtains and reviews bids for vendors;
- Performs audits to determine items needing restock and to prevent loss and damage; and
- Usually reports to an executive manager.

- **Medical Records Director:**

- The individual in this position usually holds professional licensure in the area of medical records management;
- Usually found in large organizations and is considered part of the senior management team;
- Responsible for medical records library such as patient records;
- Oversees all medical records personnel;
- Monitors budget activities that relate to the medical records function; and
- Usually reports to a senior executive manager.



- **Nursing Services Director:**
 - Oversees all aspects of the organization’s nursing practices;
 - Typically found in large organizations;
 - Is part of the senior management team;
 - In most cases, requires certification as a registered nurse (RN);
 - Oversees the nursing staff; and
 - Usually reports to a senior executive manager.
- **Operations Director:**
 - Oversees all aspects of the practice operations for a specific site(s) (often times a single location for organizations with multiple locations);
 - Directs, administers, and controls the day to day operations and activities of the practice;
 - Ensures compliance with established company and regulatory guidelines and procedures within the facility;
 - Typically found in large organizations; and
 - Usually reports to a senior executive manager.
- **Pharmacy Services Director:**
 - Directs and coordinates subordinate supervisory personnel, activities, and functions of hospital pharmacy;
 - Utilizes pharmacy information systems to manage inventory control;
 - Ensures compliance with all state and federal legal, accreditation, and certification requirements;
 - Initiates and implements quality improvement for the pharmacy department;
 - Prepares and dispenses medicines, chemicals, and pharmaceutical preparations according to written orders by authorized medical practitioners;
 - Provides hospital staff with timely information relative to new drugs, policies and standards of care that relate to medication use/safety; and
 - Usually reports to a senior executive manager.
- **Physician Recruitment Director:**
 - Researches and recruits physicians and other allied health personnel;
 - Completes the entire recruitment cycle from initial contact to contract by organizing schedules, problem resolution, spouse and children considerations, travel, hotel arrangements, meals, references, license, housing, banking, and all other general hosting of candidates; and
 - Usually reports to a senior executive manager.
- **Physician Relations Director:**
 - Directs and oversees programs designed to foster positive relations between physicians and the hospital or healthcare facility;
 - Promotes the organization among members of the medical community in order to establish partnerships and affiliations; and
 - Usually reports to a senior manager.



- **Quality Improvement/Quality Assurance Director:**
 - Develops and monitors programs designed to improve the quality of healthcare delivery such as outcome measurement;
 - Develops policies and procedures designed to measure the quantitative and qualitative aspects of healthcare delivery;
 - More likely to be found in larger organizations with some degree of integration with other healthcare organizations; and
 - Usually reports to a senior executive manager.
- **Radiology Services Director:**
 - Usually found in large organizations with several radiology departments;
 - Responsible for all activities relating to the delivery of radiological services including the development of policies and procedures;
 - Oversees radiology personnel activities;
 - Monitors the quality of all film products used;
 - Monitors budget activities related to the radiology departments; and
 - Usually reports to a senior executive manager.
- **Reimbursement Director:**
 - Oversees payment services for the practice including establishing and maintaining the practice's fee schedules and fees that relate to managed care activities;
 - Conducts regular analyses of reimbursement rates;
 - Oversees coding activities; and
 - Usually reports to a senior executive manager.
- **Revenue Cycle Director:**
 - Implements appropriate revenue management procedures to ensure the financial success and soundness of the organization;
 - Assists and/or oversees recovering patient accounts receivable; and
 - Usually reports to an executive manager.
- **Strategy/Business Planning Director:**
 - Works with the senior management team to evaluate the business direction and strategy;
 - Ensures that commercial goals of the organization are met while simultaneously maintaining financial control and asset protection; and
 - Usually reports to an executive manager.

GENERAL MANAGEMENT POSITIONS

- **Benefits Manager:**
 - Oversees all aspects of the organization's salary/wage administration program as well as the benefits program;
 - Determines eligibility for the benefits program;
 - May provide assistance and information to employees with the selection of benefits and filing claims; and
 - Usually reports to a senior executive manager.



- **Billing Manager:**
 - Plans and manages registration, patient insurance, billing and collections, and data processing to ensure accurate and efficient account collection;
 - Monitors daily operating activity of department and makes adjustments as necessary;
 - Responsible for addressing collection and business office problems; and
 - Usually reports to a senior executive manager.
- **Branch/Satellite Clinic Manager:**
 - Oversees the daily administrative and operations activities of an assigned clinic in an organization with multiple clinics;
 - Prepares the clinic’s annual budget and supervises clinic staff;
 - Oversees financial transactions such as purchasing of supplies; and
 - Usually reports to a senior executive manager.
- **Building and Grounds Manager:**
 - Responsible for major building projects and facilities expansions, space planning, remodeling of current facilities, and maintenance of equipment;
 - Responsible for operation and maintenance of facility; and
 - Usually reports to a senior manager.
- **Business Office Manager:**
 - Responsible for directing and coordinating the overall functions of the business office;
 - The top business office position in a mid-size or small organization without a director of business services;
 - Exercises general supervision over business office staff;
 - Plans and directs registration, patient insurance, billing, collections, and data processing to ensure accurate patient billing and efficient account collection; and
 - Usually reports to an executive manager.
- **Clinical Practice Manager:**
 - Coordinates and prioritizes resources, including staff, space and equipment;
 - Manages all aspects of the facility such as an ambulatory clinic, including building operations;
 - Develops and implements practice standards and oversees all tasks related to the financial performance of the practice, including strategic planning such as forecasting, developing projections, and providing recommendations and justifications; and
 - May report to the CDA or to the top administrative position in charge of ambulatory services.
- **Clinical Department Manager:**
 - Manages operation of one or more medical/surgical departments, ancillary service departments, or an ambulatory surgery facility;
 - Usually found in larger practices;
 - Assists with budget planning and approves department expenditures;
 - May supervise department nonmedical staff; and
 - Usually reports to an executive manager.



- **Clinic Research Manager:**
 - Collects and analyzes clinical data and outcomes;
 - The top clinic research position in a mid-size or small organization without a clinical research director; and
 - Usually reports to a senior executive manager.
- **Compliance Manager:**
 - Oversees all aspects of professional billing compliance;
 - Responsible for adhering to all regulatory, credentialing, and licensing requirements, and for developing compliance policies and standards, overseeing and monitoring compliance activities, and achieving and maintaining compliance;
 - May also have responsibility for research grants and contracts compliance; and
 - Usually reports to the CDA.
- **Coding Manager:**
 - Responsible for managing and coordinating the medical coding staff;
 - Has expertise in ICD-9, ICD-10, and CPT coding;
 - Responsible for the security and accuracy of the patient records;
 - Accountable for designing, implementing and enforcing coding policies and procedures;
 - Has knowledge of reimbursement systems, regulations, and policies pertaining to documentation, coding, and billing; and
 - Usually reports to a senior executive manager.
- **Credit/Collections Manager:**
 - Supervises personnel involved in the mailing of collection letters and counselors who interview patients to arrange methods of payment or extension of credit;
 - Interviews patients, evaluates credit history, and determines payment dates based on patient's ability to pay and clinic policy; and
 - Makes decisions on which delinquent accounts to turn over to a collection agency or recommends such action.
- **General Accounting Manager:**
 - The second or third highest financial position in the organization;
 - Assists the CFO or finance director with the financial responsibilities of the organization;
 - Develops and oversees activities related to implementing and maintaining the integrity of the organization's financial reporting system;
 - Assists with or oversees the budgeting process; and
 - Usually reports to a senior executive manager.
- **Human Resources Manager:**
 - Assists with all aspects of human resource activities, including recruitment, employment, compensation, labor relations, benefits, training, and development;
 - Serves as a link between management and employees by handling questions, interpreting and administering contracts, and helping resolve work-related issues; and
 - Usually reports to an executive manager.



- **Information Systems Manager:**
 - Manages backup, security, and user help systems;
 - Researches and recommends new systems and hardware;
 - Oversees system and software installation and maintenance;
 - Schedules upgrades and security backups of hardware and software systems; and
 - Usually reports to an executive manager.
- **Insurance Manager:**
 - Responsible for supervision and coordination of all medical group patient third-party indemnity insurance and state and federal medical assistance programs (Medicare, Medicaid, etc.);
 - Involved in the implementation of insurance systems with the data processing department; and
 - Supervises all insurance personnel.
- **Laboratory Services Manager:**
 - The top laboratory position in a mid-size or small organization without a laboratory services director;
 - Responsible for the activities related to the delivery of laboratory services;
 - Monitors the quality of services, products, and supplies used;
 - May monitor budget activities related to the laboratory department; and
 - Usually reports to a senior executive manager.
- **Materials Management Manager:**
 - Usually found in organizations with a separate purchasing department or function;
 - Oversees all activities that involve the acquisition of equipment and supplies;
 - May monitor budget activities, including the capital equipment budget; and
 - Usually reports to a senior executive manager.
- **Medical Records Manager:**
 - The top medical records position in a mid-size or small organization without a medical records director;
 - Oversees and coordinates all activities of the medical library from maintenance tasks to the movement of patient records;
 - Oversees all medical records personnel;
 - May monitor budget activities that relate to the medical records function; and
 - Usually reports to a senior executive manager.
- **Medical Transcription Manager:**
 - Directs the functions and staff of the transcription department to provide timely, accurate medical transcription services for the medical practice.



- **Nursing Manager:**
 - Responsible for managing, supervising, and administering the patient/nursing services in the practice;
 - In most cases, requires certification as a registered nurse (RN);
 - Supervises nursing staff; and
 - Usually reports to an executive manager.
- **Office Manager:**
 - Manages the nonmedical activities of a larger medical practice;
 - Typically found in a practice that does not have an administrator;
 - The focus of this position usually rests on the daily operations of the organization;
 - May oversee some financial activities such as billing and collections; and
 - Usually reports to an executive manager.
- **Operations Manager:**
 - Assists the top operations administrator;
 - Coordinates and directs the overall operation of specific departments;
 - Coordinates between departments to ensure that the organization meets internal and external regulatory requirements; and
 - Usually reports to a senior executive manager.
- **Patient Accounting Manager:**
 - Manages the billing process and billing staff for the practice;
 - Manages insurance and other reimbursement functions; and
 - Usually reports to a senior executive manager.
- **Radiology Services Manager:**
 - Not a director or senior management level position;
 - The top radiology position in a mid-size or small organization without a radiology director;
 - Responsible for activities related to the delivery of radiological services;
 - Monitors the quality of all film products used;
 - May monitor budget activities related to the radiology departments; and
 - Usually reports to a senior executive manager.
- **Reimbursement/Collection Manager:**
 - Oversees payment and collection services for the department including establishing and maintaining the department's fee schedules and fees that relate to managed care activities;
 - Conducts regular analyses of reimbursement rates;
 - Negotiates out-of-network fees;
 - May be responsible for the practice's central billing office;
 - Oversees coding activities; and
 - Usually reports to the managed care director, the CFO, or the senior administrative officer.



- **Training/Education Manager:**
 - Assists in delivering education and training programs for staff members and patients;
 - Helps to identify the training needs;
 - Evaluates programs to determine whether the goals and objectives have been met;
 - Monitors the delivery of ongoing programs; and
 - Usually reports to an executive manager.
- **Transcription Manager:**
 - Oversees all medical transcription staff;
 - Assists the process of converting voice-recorded reports dictated by physician and other healthcare professionals into text format;
 - Creates procedures to ensure accuracy; and
 - Usually reports to a senior manager.
- **Utilization Review Manager:**
 - Directs collections, monitoring, and assessment of data pertaining to patient services and treatment;
 - Conducts audits to ensure quality patient care and appropriateness of services within contracts; and
 - Evaluates aspects of patient care, such as timeliness of services, number of bed days used in a hospital, amount of prescribed medication, patient's recovery time, etc.

SPECIALISTS

- **Accountant:**
 - Performs tasks related to bookkeeping and standard accounting functions;
 - Accountable for completing journal entries and reconciling balance sheet accounts;
 - Prepares statements and reports relating to assigned areas of responsibility; and
 - Usually reports to a general accounting manager.
- **Authorization Specialist:**
 - Ensures payment for services by verifying benefits with insurance providers;
 - Obtains, reviews and submits insurance authorizations and referrals prior to patient services; and
 - Monitors and tracks patient authorizations.
- **Benefits/Payroll Specialist:**
 - Oversees the entire payroll system, which includes implementing and converting the payroll system for newly acquired sites;
 - Recommends policies and standards that pertain to payroll activities;
 - Responsible for the accuracy of the payroll system; and
 - Usually reports to a senior general manager.
- **Billing Specialist:**
 - Responsible for collecting, posting and managing account payments;
 - Responsible for submitting claims and following up with insurance companies; and
 - Generally, reports to a billing supervisor or office manager.



- **Clinical Documentation Specialist:**
 - Maintains proper records keeping;
 - Ensures all patient documents and records are maintained in accordance with legal guidelines;
 - Works with clinical staff to obtain information for patient records; and
 - Reviews accuracy, quality and completeness of clinical records.
- **Coding Specialist:**
 - Maintains procedure code master file;
 - Reviews reimbursement from third-party payers;
 - Maintains diagnosis code master files;
 - Audits, corrects patient demographic information and total charges; and
 - Works to resolve coding issues and maintains fee schedules for Medicare, fee for service, health maintenance organizations.
- **Credentialing Specialist:**
 - Provides support to medical credentialing functions within the appointment and evaluation process of physicians and healthcare professionals;
 - Receives and reviews applications for all required legal and organization documentation;
 - Reviews privilege requests; and
 - Usually reports to a senior executive manager.
- **Human Resources Generalist:**
 - Guides managers in recruiting and employee relations;
 - Administers employee compensation, training and benefit programs;
 - Processes, verifies and maintains documentation relating to HR activities such as staffing, training and performance evaluations; and
 - Usually works under the direction of a human resources director or manager.
- **Human Resources Specialist:**
 - Provides support for various human resources (HR) employee programs;
 - Develops, monitors, and maintains HR documents and databases;
 - Interprets labor laws and administers them accordingly;
 - Supports hiring process by placing employment ads, screening applicants, scheduling interviews, etc.; and
 - Usually reports to a human resources manager.
- **IT Implementation Specialist:**
 - Responsible for the EHR program from implementation to daily operations;
 - Manages internal EHR and IT projects;
 - Acts as liaison between management and IT department to enhance workflow and meet systems requirements; and
 - Duties include training, development, support, and upgrading of the EHR system.



- **Marketing/Communication Specialist:**

- Usually found in organizations in which there is a separate publications/communications function;
- In some organizations, this person may be known as the “Public Relations Manager” and may report to the top marketing and sales position;
- Represents the organization at all media and other public relations events;
- May oversee the activities of public relations/communications staff; and
- Usually reports to a senior executive manager.

- **Recruiter:**

- Works with human resources staff to develop and execute recruiting plans;
- Drives and manages the recruiting process for both hiring managers and applicants; and
- Networks through industry contacts, association memberships, trade groups, and employees.

SUPERVISORS

- **Business Office Supervisor:**

- Responsible for supervising and coordinating activities of the business office;
- This position may be implemented in a multiple clinic setting;
- Supervises assigned business office staff; and
- Usually reports to a senior general manager.

- **Clinic Supervisor:**

- Exercises supervision over assigned staff;
- Responsible for supervising and coordinating day to day activities of the clinic; and
- Usually reports to a general manager.

- **EEG Lab Supervisor:**

- Responsible for the operation of the EEG (electroencephalography) lab, evoked potential lab, and all night sleep lab; and
- Supervises, plans, and reviews the work of the technical staff and performs their duties when required.

- **EKG Lab Supervisor:**

- Responsible for the supervision of all electrocardiography (EKG) lab personnel; and
- Proficient in the use of EKG machines, Holter monitor scanners, treadmill equipment, and heart station computers.

- **Front Office Supervisor:**

- Responsible for supervising the front office;
- Maintains and coordinates the policies and procedures;
- Responsible for training and daily activities of front office staff; and
- Usually reports to a general manager.



- **Housekeeping Supervisor:**
 - Directs and administers the housekeeping program;
 - Establishes and maintains standards, work procedures, schedules, training and supervision for the housekeeping staff; and
 - Interviews, hires, and terminates housekeeping personnel.
- **Lab Section Supervisor:**
 - Assigns, coordinates, supervises, and evaluates individual categories of procedures as well as the personnel assigned to a specific section in the lab; and
 - Usually reports to the laboratory director.
- **Nursing Supervisor:**
 - Supervises nursing staff;
 - In a large organization, may be one of several supervisors;
 - Splits time between patient care and supervision of staff;
 - Responsibilities are more limited than the nursing manager; and
 - Usually reports to a general manager.
- **Optical Shop Supervisor:**
 - Supervises the dispensing, fitting, and fabricating of eyeglasses and other eyewear;
 - Negotiates with lens and frame manufacturers; and
 - Considerable time may be spent working as an optician.

SUPPORT STAFF

- **Accounting Staff:**
 - Maintains general ledger and records of financial activities within the organization;
 - Analyzes financial data to prepare financial reports; and
 - Generates financial records and statements for management.
- **Accredited Records Tech (ART):**
 - Responsible for preparing and coding statistical reports, diagnoses, and procedures;
 - Maintains indexes according to established plans and procedures; and
 - Accredited by the American Association of Medical Record Administrators.
- **Administrative Assistant:**
 - Carries out work projects assigned by the CEO/administrator relative to the total clinic operation or to specific patient services;
 - Investigates procedures and operations and gathers data for preparation of statistical and operational reports and makes recommendations for revision; and
 - Performs administrative duties as directed.
- **Administrative Secretary:**
 - Assists members of the administrative staff by performing secretarial, clerical, and minor executive duties; and
 - Answers telephone, interviews and screens office callers, makes appointments, and composes correspondence and memoranda.



- **Aesthetician:**
 - Performs facials, waxing, facial peels, acne treatments, laser hair removal, microdermabrasion, makeup application and skin care consultations.
- **Appointment Secretary:**
 - Assesses patient's appointment needs;
 - Schedules, changes, cancels, or confirms appointments as appropriate;
 - Schedules tests, procedures, or surgeries as requested; and
 - Sends appropriate forms, questionnaires, and instructions to patients as needed.
- **Athletic Trainer:**
 - Provides athletic training in office in therapy environment under the direction of providers; and
 - May be certified through ATC credentialing or a similar organization - please answer “yes” or “no” to whether the employee is certified in this position in the “Certified in Position” column.
- **Bookkeeper:**
 - Maintains accounts receivable and payable;
 - Maintains a general ledger;
 - Sends out and prepare bills for distribution; and
 - Prepares financial statements, income statements, and cost reports.
- **Billing Staff:**
 - Responsible for duties relating to billing, collecting, payment posting, refunding and adjusting.
- **Building Engineer/Maintenance:**
 - Repairs routine to difficult electrical, plumbing, heating, and ventilating equipment problems;
 - Develops and carries out the preventive maintenance program for the mechanical, electrical, steam, plumbing, heating, and air conditioning systems; and
 - Monitors energy consumption to control cost and use.
- **Business Office Assistant Manager:**
 - Responsible for the direction of one or more major functions of the business office; and
 - Is involved with difficult or unusual billing or insurance problems.
- **Business Office Staff:**
 - Performs routine clerical work involving an elementary degree of skill and responsibility;
 - Typical duties include filing, sorting, recording, answering telephone, and typing; and
 - Responds to inquiries and requests from referring facilities.
- **Care Coordinator:**
 - Cares for patients by formulating, developing and implementing individual treatment plans;
 - Communicates test results and care plans to patients/families;
 - Manages/coordinates referrals and interactions with specialists; and
 - Maintains records of utilization activity and coordinates utilization review of managed care contracts.



- **Case Manager:**
 - Addresses needs of the patient beyond healthcare including housing, food assistance, domestic violence, etc.; and
 - Assesses, plans, facilitates and advocates for options and services to meet the individual's health needs through communication and resources.
- **Cashier:**
 - Collects payment and posts payment for services rendered;
 - Works with billing of patients; and
 - Verifies account balances.
- **CAT Scan Technician:**
 - Operates the computed axial tomography machine;
 - Applies prescribed radiation for the purpose of obtaining diagnostic information; and
 - Typically, a graduate of an accredited program for radiographers with experience in special procedure or may be certified – please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Certified Nursing Assistant:**
 - Provides patient care by assisting patients with basic needs such as bathing, dressing, mobility, positioning, eating, grooming etc.;
 - Observes patient conditions, measures and records food and liquid intake, and vital signs; and
 - Assists with direct patient care under the supervision of the RN or medical professional.
- **Clinical Research Coordinator:**
 - Provides direction and support for all clinical research activities including paperwork, registration, monitoring and reporting.
- **Coder:**
 - Analyzes and codes surgeries, procedures and diagnoses from health records by using appropriate classification systems, standards and procedures;
 - Links diagnoses with procedures and adds appropriate modifiers;
 - Validates charge classification systems, standards and procedures;
 - Confers with providers to assure complete, current medical records;
 - Audits incomplete records; and
 - May be certified by AAPC, or a similar organization- please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Collections Staff:**
 - Coordinates resolution of past due accounts by arranging for payment;
 - Researches, compiles, maintains and manages data related to collection efforts; and
 - Contacts customers to resolve billing issues.
- **Courier:**
 - Moves and distributes information, documents, and small packages; and
 - Picks up and delivers letters, important business documents, or packages that need to be sent or received quickly within a local area.



- **Dosimetrist:**
 - Has overall knowledge of radiation oncology treatment machines and equipment;
 - Is familiar with the procedures commonly used in brachytherapy; and
 - Can generate radiation dose distributions/calculations in collaboration with the medical physicist and radiation oncologist.
- **Echocardiographer/Echo Tech:**
 - Performs high-quality ultrasound imaging of the heart; and
 - May be credentialed through an organization such as the American Registry for Diagnostic Medical Sonography (ARDMS) or the Cardiovascular Credentialing International (CCI) – please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **EEG Technician:**
 - Operates electroencephalograph (EEG) machine for use in diagnosing brain disorders; and
 - May be a graduate of a two-year technical school with an EEG Tech. program - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **EKG Technician:**
 - Records electromotive variations in action of the heart muscle on an electrocardiograph (EKG);
 - Attaches electrodes to specified areas of patient's body and removes electrodes after completing test;
 - Reviews recording from each electrode for clarity and for deviations from the norm; and
 - Requires high school degree and may require completion in an approved training course in EKG techniques or certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Executive Assistant:**
 - Provides high-level administrative support to executive level;
 - Maintains scheduling meetings and prioritizing calendar requests;
 - Makes travel arrangements, prepares itineraries and expense reports;
 - Manages incoming and outgoing phone calls; and
 - Monitors office supply inventory.
- **Financial Analyst:**
 - Compiles and analyzes data to monitor trends and variances;
 - Creates financial models and forecasts to assist with decision support; and
 - May perform other tasks related to financial data, not restricted to elements of the revenue cycle.



- **Front Desk Staff:**
 - Assists patients and visitors by providing directions and information;
 - Usually stationed by main entrance;
 - Registers patients who do not have an appointment, and may schedule return visits;
 - May take payments and also provide check-out services;
 - Checks that all records needed by provider are available and notifies physician of patient's arrival; and
 - Answers telephones.
- **Histotechnologist:**
 - Member of a laboratory team who employs histologic technology to diagnose diseases or conduct research as requested by pathologists;
 - Ensures accurate completion of all histology laboratory records; and
 - May be certified through the ASCP Board of Certification or a similar organization- please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Housekeeper:**
 - Maintains an assigned area of the building in a clean, orderly, and attractive condition; and
 - Dusts and damp mops floors, cleans window sills, blinds, furniture, fixtures, and equipment within hand reach.
- **Insurance Clerk:**
 - Collects and posts payments for services rendered;
 - Reviews EOBs for appropriate contractual write-offs and other adjustments to charges;
 - Researches and appeals inappropriate denials; and
 - Verifies patient account balances prior to preparing patient statements.
- **IT Programming Staff:**
 - Responsible for system analysis, program design, coding, documentation, and other programming tasks.
- **IT Support Technician:**
 - Responds to hardware and software requests and troubleshoots issues;
 - Installs, updates, and repairs software issues on organization systems; and
 - Maintains current inventory.
- **Laboratory Assistant:**
 - Performs routine tests in various areas of the lab using standard techniques and equipment;
 - Prepares simple stains, solutions, and culture media;
 - May perform simple laboratory tests such as qualitative determinations of sugar and albumin in urine;
 - Keeps records of specimens held in the laboratory;
 - May perform minor repairs to laboratory apparatus or clean laboratory equipment; and
 - May be certified from the Board of Certified Laboratory Assistants - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.



- **Licensed Practical Nurse:**
 - Performs assigned nursing procedures for the comfort and well-being of patients;
 - Takes and records patient's vital signs and collects specimens for analysis;
 - Dresses wounds and administers prescribed medications and procedures utilizing a variety of medical equipment when necessary; and
 - Must be state licensed.
- **Mammography Technician:**
 - Responsible for screening and diagnostic exams of the breast, aiding in the early detection of breast cancer; and
 - May require ARRT certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Managed Care Coordinator:**
 - Responsible for maintaining information flow in the managed care referral process for all contracted managed care health plans.
- **Massage Therapist:**
 - Performs therapeutic manipulations of soft tissues and joints to control pain or promote wellness;
 - May evaluate range of motion, muscle strength and propose therapy plans; and
 - Must be licensed.
- **Medical Assistant:**
 - Prepares treatment rooms as well as sterilizes and cleans instruments;
 - Assists physician with materials, instruments, procedures, and equipment during exam;
 - Collects specimens and takes blood pressure, pulse, and temperature;
 - Maintains inventory of supplies;
 - Completes paperwork for lab tests, x-rays, and referrals; and
 - May be a graduate of and certified from a technical school medical assistant program - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Medical Interpreter:**
 - Assist non-English speaking patients during patient visits to translate patient’s native language;
 - Uses proper medical terminology when communicating with medical staff; and
 - Can be certified in a medical interpreter certificate program.
- **Medical Lab Technician (MLT):**
 - Conducts routine tests in clinical labs for use in the treatment and diagnosis of disease;
 - Prepares sterile media for use in growing bacterial cultures;
 - Keeps detailed records of all tests performed and reports lab findings to authorized personnel; and
 - Graduation from a technical school either as a MLT or ASCP certification may be required — please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.



- **Medical Records Staff:**
 - Files charts returned to record room and sends charts out upon request; and
 - Keeps medical records in correct filing order.
- **Medical Scribe:**
 - Works to facilitate patient flow and ensure an accurate and complete medical record for each patient;
 - Accompanies physician into the patient examination room in order to transcribe a history and physician exam; and
 - Accurately documents the physician’s encounter with the patient.
- **Medical Secretary:**
 - Performs secretarial duties utilizing knowledge of medical terminology and hospital, clinic, or laboratory procedures;
 - Takes dictation in shorthand or uses transcribing machine; and
 - Compiles and records medical charts, records, and correspondence.
- **Medical Technologist:**
 - Performs variety of microscopic, chemical, and bacterial tests to obtain data for use in diagnosis and treatment of disease;
 - Performs routine and special laboratory tests in accordance with written requisition of physician;
 - May perform clinical tests in any one or combination of areas of specialization in smaller labs, and may be more specialized in one area of clinical pathology in larger labs; and
 - May require ASCP certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **MRI Technologist:**
 - Operates magnetic resonance imaging equipment to produce images of the body for diagnostic purposes;
 - Explains procedures to patient, positions patients and observes scans under the direction of a physician;
 - Reviews and evaluates computer generated information to determine quality of images; and
 - May require ARRT certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Nuclear Medicine Technologist:**
 - Responsible for administering radiopharmaceuticals to patients for diagnostic purposes;
 - May also perform radioimmunoassay studies; and
 - May require ARRT certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Ophthalmic Assistant:**
 - Usually employee is trained in history-taking, basic skills in lensometry, and instrument maintenance; and
 - May assist patients in proper insertion, removal, and care of contact lenses.



- **Ophthalmic Technician:**
 - Assists ophthalmologist or optometrist with patient care;
 - Performs different levels of eye tests such as visual fields, tonometry, and ocular motility required by ophthalmologist;
 - May assist ophthalmologist in surgery; and
 - May be certified by JCAHPO (Joint Commission on Allied Health Personnel in Ophthalmology) as a COT (Certified Ophthalmic Technician) - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Orthopedic/Cast Technician:**
 - Assists physicians and nursing personnel with orthopedic casting procedures to include the application and removal of a variety of casts and splints; and
 - May be certified by the National Board for Certification of Orthopaedic Technologists (NBCOT) – please answer “yes” or “no” to whether the employee is certified in their position in the “Certification” column.
- **Paramedic:**
 - Responds to calls for emergency assistance;
 - Transports patients to other medical facilities; and
 - Requires certification.
- **Patient Accounts Representative:**
 - Interviews and assists patients;
 - Works with patient and patient's insurance carrier to determine benefits available and assist families in getting financial aid; and
 - Responsible for billing, servicing, and collecting delinquent accounts receivable.
- **Patient Care Assistant:**
 - Takes vital signs, assists with daily living activities, overserves patients, documents changes in health or behavior, escorts patients and obtains lab specimens; and
 - Generally works under supervision of a registered nurse.
- **Patient Service Coordinator:**
 - Performs a variety of tasks related to handling patients and paperwork;
 - Maintains and processes visitor schedule; and
 - Provides clerical support, patient registration and customer service (greeting, screening and transporting patients).
- **Pharmacist:**
 - Prepares, reviews and dispenses prescription medications to ensure accuracy, and compliance with professional, state and federal regulatory requirements;
 - Educates patients on medication use, storage and side effects;
 - Primarily works for pharmacies and drug stores but may be employed by hospitals and clinics to dispense medications directly to patients; and
 - May collaborate with other healthcare professionals to plan, monitor, review and evaluate patient effectiveness.



- **Pharmacy Technician:**
 - Helps licensed pharmacists prepare prescription medications, provide customer service, and perform administrative duties within a pharmacy setting;
 - Is generally responsible for receiving prescription requests, counting tablets, and labeling bottles;
 - May perform administrative functions such as answering phones, stocking shelves, and operating cash registers; and
 - May be certified by the Pharmacy Technician Certification Board (PTCB), National Healthcare Association (NHA), or similar organization - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Phlebotomist:**
 - Responsible for drawing blood and other body fluids for sampling;
 - Assists in other assigned laboratory functions; and
 - May be certified by the NHA or similar organization – please answer “yes” or “no” to whether the employee is certified in their position in the “Certification” column.
- **Physical Therapist Aide:**
 - Performs specific nonclinical physical therapy procedures and related tasks under the direction of a physical therapist or physical therapy assistant.
- **Physical Therapy Assistant:**
 - Prepares patients and equipment for therapy;
 - Assists physical therapist in administering treatments;
 - Maintains department in an orderly condition; and
 - Requires a two-year technical degree.
- **Physicist:**
 - Maintains and uses equipment and lab space;
 - Designs, conducts and evaluates the results of experiments, methodologies, and quality control tests;
 - Communicates results to researchers, students, funders, the public, and other audiences; and
 - Generally, requires significant graduate-level education.
- **PT Education Coordinator:**
 - Responsible for determining the patient education needs of the clinic;
 - Developing, implementing and evaluating programs to address education needs; and
 - Coordinates and supervises community healthcare needs of patients in an ambulatory setting.
- **QA/UR Nurse:**
 - Implements programs designed to improve the quality of healthcare delivery;
 - Measures the quantitative and qualitative aspects of healthcare delivery;
 - Likely to be found in larger organizations with some degree of integration with other healthcare organizations; and
 - Monitors inpatient and outpatient care activities to ensure that accepted utilization management procedures are maintained.



- **QA/QI Coordinator:**
 - Assists in monitoring patient health to improve the quality of healthcare delivery;
 - Provides patient outreach for specific target patient populations, especially surrounding chronic care and preventative care maintenance; and
 - Works with healthcare team to improve patient health outcomes and ensure high-quality patient experiences.
- **Radiation Therapist:**
 - Responsible for administering radiation treatment to patients under the direction of a radiation oncologist; and
 - May be certified by the ARRT - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Radiology Technologist:**
 - Provides technical skills involving radiology and fluoroscopy;
 - Takes and may develop radiographs of various parts of the body to assist physician in the detection of foreign bodies and diagnosis of disease or injury; and
 - May be certified by the ARRT - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Receptionist:**
 - Greets patients or others arriving for appointments;
 - Obtains information, answers questions, and provides assistance or directions as appropriate;
 - Notifies physician of patient's arrival;
 - Checks to assure all records needed by physician are available;
 - Answers telephones; and
 - May schedule return visits and make appointments.
- **Registered Nurse:**
 - Renders professional nursing care for the comfort and well-being of the patients;
 - Prepares equipment and assists physician during examinations and treatments;
 - Administers prescribed medications, changes dressings, cleans wounds, and monitors patient's vital signs;
 - Observes and maintains records on patient's care, conditions, reaction, and progress; and
 - Must be state licensed and a graduate of a registered nurse program.
- **Respiratory Therapist:**
 - Responsible for evaluating, treating, and caring for patients with breathing or other cardiopulmonary disorders under the direction of a physician;
 - May supervise respiratory therapy technicians; and
 - May be certified by the National Board for Respiratory Care - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Scheduling Staff (excluding Surgical Scheduler):**
 - Responsible for scheduling appointments for patients following medical practice procedures.



- **Social Worker:**
 - Gathers relevant information regarding case and patient issues;
 - Facilitates education, support groups and referrals;
 - Maintains caseload, documentation and reevaluates patients at appropriate intervals;
 - Assesses and treats patients and their families in understanding and coping with emotional and social problems; and
 - Provides advocacy and resource services for the patient.
- **Speech Therapist:**
 - Administers and evaluates hearing, speech and language tests and results to diagnose and treat speech, language, social communication, cognitive communication and swallowing disorders in children and adults.
- **Surgical Scheduler:**
 - Responsible for scheduling surgical procedures and tests under the direction of providers and clinical staff.
- **Surgical Technologist:**
 - Responsible for assisting in surgical operations as part of a team under the supervision of surgeons, registered nurses, or other surgical personnel;
 - Helps prepare operating room by setting up surgical instruments and equipment, sterile drapes, and sterile solutions; and
 - Certification or licensure may be required dependent upon state – please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.
- **Switchboard Operator:**
 - Operates a telephone switchboard to relay incoming and outgoing calls; and
 - Pages personnel over the intercom system.
- **Therapist/Counselor:**
 - Provides counseling and/or cognitive therapy to treat emotional or mental disorders and promote mental well-being;
 - May work within the context of substance abuse counseling, marriage/family counseling, or child/adolescent counseling;
 - Works to develop coping strategies, provides emotional support, or assists with environmental adaptation; and
 - May develop individualized treatment plans, including referral of patients and case management.
- **Transcriptionist:**
 - Responsible for transcribing dictated recordings made by physicians and other healthcare professionals into medical reports, correspondence, and other administrative material, which typically become part of patients’ permanent files; and
 - May require CMT certificate – please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.



- **Triage Nurse:**

- Primarily responsible for screening and placement of patients who walk in or telephone with medical problems or questions;
- Orders medical record and takes medical history;
- Administers first aid as appropriate;
- Sets up appointment with appropriate department as necessary; and
- Requires a registered nurse degree and a state license.

- **Ultrasound Technician:**

- At the direction of a qualified physician, performs a variety of procedures requiring independent judgment and initiative in the utilization of ultrasonic equipment for the diagnosis of disease in humans; and
- Must be a graduate of a formal ultra-sonographer program or trained on the job by a radiologist and eligible for certification - please answer “yes” or “no” to whether the employee is certified in this position in the “Certification” column.

- **Workers Comp Liaison:**

- Provides communication, paperwork, authorization and information for staff and providers on workers’ compensation claim activities.

*Certified in Position

If the individual is certified in their position, please answer “Yes.” For example, if you are submitting a Medical Assistant and that individual is a Certified Medical Assistant, answer “Yes” – required for all technical-skilled staff.

Lead in Position

If the individual in the position title is considered the lead of a team, answer “Yes.” For example, if you are submitting a Front Office Staff who is the team lead for the front office, answer “Yes.”

*Employment Status

Answer "new hire" if the individual was hired by the practice during the 2017 fiscal year. If the individual is classified as staff, please also submit an hourly wage. If the individual is classified as management, submit the total annual compensation. Answer "Actively employed" if the individual was employed for the full 2017 fiscal year. If the individual was hired during the 2017 fiscal year, but is not expected to begin work until the 2018 fiscal year, do not enter this individual on this survey. Answer "No longer employed" if the individual left the practice, for any reason, during the 2017 fiscal year. If the reported FTE worked less than a full fiscal year, please report the actual compensation earned (do not annualize) and adjust the FTE accordingly.

*Full-Time Equivalent

Report the full-time equivalent this individual is considered to be employed by your practice. A 1.0 FTE individual works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours, or some other standard.

- To compute FTE of a part-time individual, divide the total hours worked by the individual by the total number of hours that your medical practice considers to be a normal workweek.
 - For example, an individual working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours).



- To compute FTE for individuals with an employment status of "New Hire" or "No Longer Employed", adjust FTE to be reflective of months worked out of the reported fiscal year.
 - For example, an individual working in a clinic or hospital on behalf of the practice for 40 hours (normal workweek) but was only employed by the practice for 9 out of 12 months in the fiscal year would be considered 0.75 FTE (9 divided by 12 months).
- Do not report an individual as more than 1.0 FTE regardless of the number of hours worked.
 - Enter each manager and staff on a separate row; do not group multiple individuals together on the same line and combine their FTE values, even if they have the same position title.

Actual Hours Worked per Week

Report the average number of hours this employee worked per week.

Staff Gender

Report the gender for which each employee identifies as by choosing "Male" or "Female" from the dropdown provided or by selecting "Prefer not to Answer" if you do not wish to provide this information.

ACMPE Status

Using the choices provided, select the ACMPE (American College of Medical Practice Executives) status that best represents the individual. Participants can earn ACMPE credit (3 credits for submitting management and staff data) by participating in MGMA surveys.

- Not Certified
- Certified (CMPE)
- Fellow (FACMPE)

Formal Education

Using the choices provided, select the formal education level that best represents the individual listed. If the education level is not listed, select "Other," and specify the education level in the corresponding write-in field.

Years of Position Experience

Report the total years of experience in the individual's current reported position.



STAFF COMPENSATION

*Total Compensation

Please read all instructions first to find what scenario fits your medical practice. There are separate instructions for how to report total compensation depending on your medical practice's tax status.

For C corporations (under United States federal income tax law, this refers to any corporation that is taxed separately from its owners), state the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the employee's W-2.

Include:

- Total Medicare wages - this includes On-Call compensation;
- On-Call compensation – included in total Medicare wages;
- 401K;
- Life insurance; and
- Any other pre-taxed deductions (Employee contributions).

Do not include:

- Expense reimbursements;
- Fringe benefits paid by the medical practice;
- Flex spending accounts (FSA);
- Health insurance; or
- Employer contributions.

2018 MGMA Compensation and Production Survey Guide



An example has been provided:

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
d Control number			9 Verification code		10 Dependent care benefits
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans
					12a
				13 Statutory employee <input type="checkbox"/>	12b
				Retirement plan <input type="checkbox"/>	12c
				Third-party sick pay <input type="checkbox"/>	12d
				14 Other	
f Employee's address and ZIP code					
15 State		Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
					19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

2018 MGMA Compensation and Production Survey Guide



For partnerships (or LLCs that file as a partnership) state the dollar amount reported as direct compensation in Box 1 plus Box 4 minus Box 12 minus Box 13 from the employee's K-1 form 1065. An example has been provided:

Include:

- In box 13:
 - Codes A through W (this includes 401K)

651113
OMB No. 1545-0123

Final K-1 Amended K-1

Schedule K-1 (Form 1065) 2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year beginning _____, 2017 ending _____, 20____

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership		Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items																																															
<p>A Partnership's employer identification number _____</p> <p>I1 What type of entity is this partner? _____</p> <p>I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/></p> <p>J Partner's share of profit, loss, and capital (see instructions):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Beginning</th> <th colspan="2">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> <td style="text-align: right;">%</td> </tr> </tbody> </table> <p>K Partner's share of liabilities at year end:</p> <p>Nonrecourse \$ _____</p> <p>Qualified nonrecourse financing \$ _____</p> <p>Recourse \$ _____</p> <p>L Partner's capital account analysis:</p> <p>Beginning capital account \$ _____</p> <p>Capital contributed during the year \$ _____</p> <p>Current year increase (decrease) \$ _____</p> <p>Withdrawals & distributions \$ (_____)</p> <p>Ending capital account \$ _____</p> <p><input type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book</p> <p><input type="checkbox"/> Other (explain) _____</p> <p>M Did the partner contribute property with a built-in gain or loss?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," attach statement (see instructions)</p>	Beginning		Ending		Profit	%	%	%	Loss	%	%	%	Capital	%	%	%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 75%;">Ordinary business income (loss)</td> <td style="width: 10%;"></td> <td style="width: 10%;">15 Credits</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Net rental real estate income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Other net rental income (loss)</td> <td></td> <td>16 Foreign transactions</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Guaranteed payments</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td>Interest income</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">12</td> <td>Section 179 deduction</td> <td></td> <td>19 Distributions</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Other deductions</td> <td></td> <td>20 Other information</td> </tr> <tr> <td style="text-align: center;">14</td> <td>Self-employment earnings (loss)</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">*See attached statement for additional information.</p> <div style="border: 1px solid black; padding: 5px; width: 100px; float: left; margin-top: 20px;">For IRS Use Only</div>	1	Ordinary business income (loss)		15 Credits	2	Net rental real estate income (loss)			3	Other net rental income (loss)		16 Foreign transactions	4	Guaranteed payments			5	Interest income			12	Section 179 deduction		19 Distributions	13	Other deductions		20 Other information	14	Self-employment earnings (loss)		
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Capital	%	%	%																																														
1	Ordinary business income (loss)		15 Credits																																														
2	Net rental real estate income (loss)																																																
3	Other net rental income (loss)		16 Foreign transactions																																														
4	Guaranteed payments																																																
5	Interest income																																																
12	Section 179 deduction		19 Distributions																																														
13	Other deductions		20 Other information																																														
14	Self-employment earnings (loss)																																																



For S corporations (or LLCs that file as an S corporation) state the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the employee’s W-2 PLUS Box 1 minus Box 11 minus Box 12 from the employee’s K-1 form 1120S (combine amounts from both forms). An example has been provided:

Include:

- Box 12:
 - Codes A through S (this includes 401K)

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 Final K-1 Amended K-1 OMB No. 1545-0123

Schedule K-1
(Form 1120S)
Department of the Treasury
Internal Revenue Service

2017

For calendar year 2017, or tax
year beginning _____, 2017
ending _____, 20__

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions.

	Part II Information About the Shareholder		Part III	
For IRS Use Only		1	Ordinary business income (loss)	
		2	Net rental real estate income (loss)	
		3	Other net rental income (loss)	
		4	Interest income	
		11	Section 179 deduction	
		12	Other deductions	
			13	Credits
			16	Items affecting shareholder basis
			17	Other information
		* See attached statement for additional information.		



*Hourly Rate Compensation

Indicate the amount the individual was paid hourly, if applicable. Do not annualize this number.

Compensation Method

Using the choices provided, select the compensation plan/financial funds flow model that best represents the compensation plan for the individual listed. If your compensation plan is not provided, select "Other" and specify the compensation method in the corresponding write-in field.

Annual Overtime Compensation

- Report the individual's annual overtime compensation accrual.
- The amount listed as overtime should be included in the "Total Annual Compensation" amount.

Annual Bonus/Incentive Amount

- Report the total dollar amount of any bonus or incentive payments received by each individual.
- The amount listed as a bonus/incentive should be included in the "Total Annual Compensation" amount.

Annual Retirement Benefits excluding FICA

Report all employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b), and Keogh Plans, and any non-qualified funded retirement plan. For defined benefit plans, estimate the employer's contribution made on behalf of each plan participant by multiplying the employer's total contribution by each plan participant's compensation divided by the total compensation of all plan participants.

Do not include:

- Employer contributions to social security mandated by the Federal Insurance Contributions Act (FICA);
- Voluntary employee contributions that are an allocation of salary to a 401(k), 403(b), or Keogh Plan; or
- The dollar value of any other fringe benefits paid by the practice, such as life and health insurance or automobile allowances.

Total Paid Time Off (PTO) Offered (in Hours)

Report the amount of paid time off allocated to each FTE per year.

Include:

- Vacation days;
- Sick leave; and
- Personal days.

Do not include:

- Holidays;
- Short-term or long-term disability leave;
- Workers' compensation leave;
- Family and medical leave;
- Sabbatical leave; or
- Community service leave.



Total Paid Time Off for Continuing Education (in Hours)

Report the total amount of paid time off allocated to each FTE for continuing education (CE).

Continuing Education Amount Offered (in Dollars)

Report the dollar value allocated to each FTE for continuing education (CE).