

2020 MGMA State Salary Survey Guide

Due Date: February 14, 2020



This document is intended to serve as a guide for completing the 2020 MGMA State Salary 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.com/participate).

***NOTE** *Physician Executives/Medical Directorships can be included in both Provider and Staff sections.*

***NOTE** *To maintain the integrity of our data, surveys must be submitted on behalf of the entire practice. This prevents duplicate data from being submitted and allows us to have a more holistic view of the practice.*

Getting Started:

- You have received a special link to the 2020 MGMA State Salary Survey. Please log in to your MGMA account to access the survey portal. If you don't have an MGMA account, please create a national MGMA account on mgma.com.
- You must accept the legal agreement and answer practice information before completing staff information for this survey.
- Please provide the requested information on your organization to the extent you can provide it. The quality of our reported results depends upon the completeness and accuracy of every response.
- You will need to select if you would like to have your staff information prefilled from last year or if you would like a blank survey.
- Questions with an asterisk * are required. Questionnaires with required questions left blank are not be eligible for submission.
- Survey participants receive complimentary, single-user MGMA DataDive access to the results of the survey they participate in. **Please note:** by participating in the 2020 MGMA State Salary Survey you will receive national and state-specific results to the questions that you answer. If you wish to receive additional benchmarks and filters, please participate in the full 2020 MGMA Compensation and Production Survey, by logging in at data.mgma.com.

Guide Contents:

- Practice Information
- Practice Demographics
- Provider Demographics
- FTE Demographics
- Provider Compensation
- Provider Production
- Placement Information
- Staff Information





PRACTICE PROFILE INFO

This section contains demographic information regarding your practice(s). It must be completed fully before beginning your survey.

*Practice Name

Enter a unique name, ID or tracking code for your practice(s), one per row, under the Practice Name header.

Practice Address

Enter the street address of the organization for which the data is being reported.

Practice City

Enter the city of the organization for which the data is being reported.

*Practice State

Enter the state of the organization for which the data is being reported.

*Practice Zip

Enter the zip code of the organization for which the data is being reported.

*What type of organization do you work for?

Select your work organization type from the list provided. If the type of work organization you work for isn't listed, please select "Other" and enter the type of entity in the corresponding write-in field.

Medical Group Practice: Physicians working in associations with the joint use of equipment and technical personnel and with centralized administration and financial organization.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.



Management Services Organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician Practice Management Company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Independent Practice Association (IPA): An IPA is an association of independent physicians, or other organizations that contract with independent physicians, and provides services to managed care organizations on a negotiated per capita rate, flat retainer fee, or negotiated fee-for-service basis.

Health Maintenance Organization (HMO): An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

Freestanding Ambulatory Surgery Center (ASC): An ASC is a freestanding entity that is specifically licensed to provide surgery services that are performed on a same-day outpatient basis. A freestanding ambulatory surgery center does not employ physicians and therefore is **NOT ELIGIBLE TO PARTICIPATE**.

Physician Hospital Organization (PHO): PHOs are group practice arrangements where hospitals and physicians organize for contracting with managed care organizations. These relationships are formal, contractual, or corporate in nature and include physicians outside the hospital's medical staff.

Medical School Administration (University Level): A medical school administration (university level) is a centralized administrative department which provides administrative services to multiple areas and departments within the university whole.

Medical School Faculty Practice Plan: A medical school faculty practice plan is an organized group of physicians and other healthcare professionals that treat patients referred to an academic medical center.

Medical School Clinical Science Department (Department Level): A medical school clinical science department (department level) is a graduate school department within a university that offers study leading to a medical degree.

Medical School (School of Medicine Level): A medical school (school of medicine level) is a graduate school of medicine within a university that offers study leading to a medical degree.

University Hospital: A university hospital (or teaching hospital) is a hospital that provides clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients. They are generally affiliated with medical schools or universities, and may be owned by a university or may form part of a wider regional or national health system.

Consulting Firm: A consulting firm is a person or group of persons who provide professional advice to an organization for a fee.

Recruitment Services Firm: A recruitment services firm is a person or group of persons who provide recruitment services to an organization for a fee.



Other: If your work organization is not listed, select “other” and enter the type of entity in the corresponding write-in field.

*DataDive Access Recipient Email

Enter the email address of the person who will receive access to the complimentary, single-user report. The email address must be associated with an MGMA account in order to grant access to the results in MGMA DataDive.

*Who is your practice’s majority owner?

From the options listed, select the choice that represents the majority owner of your practice. If your practice’s ownership is not listed in the options provided, please select “Other” and enter the type of entity in the corresponding write-in field.

Physicians: Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.

Nonphysician Providers: Any nonphysician provider (e.g. nurse practitioners, physical therapists, etc.) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.

Management services organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician practice management company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Insurance company or health maintenance organization (HMO): An insurance company is an organization that indemnifies an insured party against a specified loss in return for premiums paid, as stipulated by a contract. An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

University or medical school: A university is an institution of higher learning with teaching and research facilities comprising undergraduate, graduate and professional schools. A medical school is an institution that trains physicians and awards medical and osteopathic degrees.

Government: A governmental organization at the federal, state, or local level. Government funding is not a sufficient criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility.



Private investor(s): A private investor is a company or individual that takes their own money and uses it to fund another organization. Some investors have the option to invest passively, which means they give their funding and play no further role, while others have a more significant role in the organization.

Telehealth: A telehealth practice uses electronic information and telecommunication technologies to support and deliver long-distance clinical healthcare, patient and professional health-related education, public health, and health administration.

Other: If your majority owner is not listed, select "other" and enter the type of entity in the corresponding write-in field.

*What is your practice's practice or specialty type?

Select the practice type or single specialty that most closely describes your practice. If your single specialty is not listed, select "Other Single Specialty" and enter the practice or specialty type in the corresponding write-in field.



PRACTICE DEMOGRAPHICS

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, group 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>

*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 2019 fiscal period and you cannot assemble 12 months of practice data, you may not be able to participate. Please contact Data Solutions at 877.275.6462, ext. 1895 or survey@mgma.com, 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.

*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 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.

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

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.



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.

*Employment Status

New hire: If the provider was hired by the practice during the 2019 fiscal year.

Actively employed: The provider was employed for the full 2019 fiscal year. If the provider was hired during the 2019 fiscal year, but is not expected to begin work until the 2020 fiscal year, do not enter this provider on this survey.

No longer employed: If the provider left the practice, for any reason, during the 2019 fiscal year.

Locum tenens: If the provider is temporary or they are hired to fill a spot for a temporary period of time during the 2019 fiscal year.



*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 more than 50 percent of their time.

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

***** 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. *****

*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 more than 50 percent of their time.

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

***** 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. *****

*Provider Rank

Select the applicable provider status from the dropdown options, including:

Non-Academic Provider: A clinical provider in a non-academic organization.

Non-Faculty Academic Provider: A clinical provider in an academic organization, who isn't faculty/ doesn't teach.

Instructor: An academic provider who teaches (a non-tenure-track).

Assistant Professor: An academic provider who assists with teaching, usually immediately below an associate professor.

Associate Professor: An academic provider who teaches, usually a mid-level ranked faculty member.

Professor: An academic provider who teaches, usually the highest ranking faculty member.

Division Chair/Chief: An academic provider who serves as head of a division.

Department Chair: An academic provider who serves as head of the department.



FTE DEMOGRAPHICS

*Full-Time Equivalent (FTE)

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. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

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.

*% 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 administrative 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. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

Include:

- Medical directorships; and
- Other administrative duties.

*% Teaching

Report in **whole numbers** 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." The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

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 in **whole numbers** 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." The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

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 effort and activities include all activities not included in clinical, administrative, teaching or research effort, such as professional development. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.



PROVIDER 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 provider’s W-2.

Include:

- Total Medicare wages – this includes on-call compensation;
- On-call compensation – included in total Medicare wages;
- 401(k);
- 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.

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	10 Dependent care benefits		
e Employee’s first name and initial		Last name		Suff.	11 Nonqualified plans	
f Employee’s address and ZIP code		13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
		14 Other		12a		
				12b		
				12c		
				12d		
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

2019

Department of the Treasury—Internal Revenue Service



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 401(k))

Schedule K-1 (Form 1065) 2019
Department of the Treasury Internal Revenue Service

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

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	19	Distributions
12	Section 179 deduction	A	
13	Other deductions	20	Other information

Part I Information About the Partnership

A Partnership's employer identification number

I What type of entity is this partner?

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit		
Loss		
Capital		

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 401(k))

Schedule K-1 (Form 1120S) 2019
Department of the Treasury Internal Revenue Service

beginning / / ending / /

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

1	Ordinary business income (loss)		
11	Section 179 deduction		
12	Other deductions		

Part I Information About the Corporation

A Corporation's employer identification number



*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 or 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 Metrics:** A compensation plan metric that is not listed here (medical directorship stipend, honoraria, etc.).



PROVIDER PRODUCTION

*Total RVUs

RVUs can be calculated with the RVU calculator, which can be accessed on the production tab of your survey.

Report total RVUs performed only by the physician/nonphysician provider you are submitting. If total RVUs are reported, respondents must complete the question “Does this provider’s productivity include any that is not their own?” 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 “Does this provider’s productivity include any that is not their own?.” 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;
- Work RVUs for all professional medical and surgical services performed by providers;
- Work RVUs for the professional component of laboratory, radiology, medical diagnostic, and surgical procedures;
- 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;
- Work RVUs for procedures for both fee-for-service and capitation patients;
- Work RVUs for all payers, not just Medicare;
- 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 23, 2018 Federal Register, pages 59452-60303. 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 23, 2018 Federal Register, effective for calendar year 2019, 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 2019, 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.

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 “Does this provider’s productivity include any that is not their own?” 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 anti-nausea drugs if the physician themselves administer;
- The technical component associated with any laboratory, radiology, medical diagnostic or surgical procedure collections. If your practice cannot break this out, report collections and select 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 section regarding external nonphysician provider productivity. If you can report collections without nonphysician providers, answer “No” for the nonphysician provider question;



- 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 "Does this provider's productivity include any that is not their own?" 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 select 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 section 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.

*Does this provider's productivity include any that is not their own?

<Physicians Only>

For physicians, state if the productivity measures (collections, charges, RVUs) include productivity attributed to a nonphysician provider working under a physician's supervision by selecting "Yes" or "No."



*Can Nonphysician Provider Bill Under Themselves <Nonphysician Providers 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.

*% 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%."



PLACEMENT INFORMATION

*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 continental United States (another country, US territory, etc.), 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.



STAFF INFORMATION

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.

*Employment Status

New hire: The individual was hired by the practice during the 2019 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.

Actively employed: The individual was employed for the full 2019 fiscal year. If the individual was hired during the 2019 fiscal year, but is not expected to begin work until the 2020 fiscal year, do not enter this individual on this survey.

No longer employed: The individual left the practice, for any reason, during the 2019 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.

Temporary/Contracted: The individual was contracted or temporary, or they were hired to fill a spot for a temporary period of time, during the 2019 fiscal year.

*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 a 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;
- Required to be a licensed physician; and
- Usually reports to a 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;
- Senior medical administrative position within a medical practice;
- Physician's time is devoted to both administrative duties and the delivery of healthcare services;
- 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;
- In larger organizations, there may be more than one medical director; and
- Usually reports to a senior physician executive.



- **Physician CEO/President:**

- Position requires candidate to be a licensed physician;
- Primarily performs administrative duties, clinical services are 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 Information Systems (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;
 - 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):**
 - 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:**
 - 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):**
 - 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 a senior physician executive.
- **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 a 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;
 - 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 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:**
 - 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 a 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 a senior physician executive.
- **Vice President of Operations:**
 - Responsible for managing operational and strategic business development;
 - Ensure operational procedures are sustainable and profitable;
 - May supervise or collaborate with department managers to achieve production goals; and
 - Usually reports to the senior physician executive.
- **Vice President of Revenue:**
 - Creates and manages the organization's strategic vision and outcome of the revenue cycle;
 - Perform duties that support efficient and effective revenue cycle performance;
 - Provides leadership to revenue related departments such as billing, accounts receivable and patient registration; 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:**
 - 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:**
 - 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.
- **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:**
 - 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;
 - Supervises training managers; 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, including, 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:**
 - Oversees all functions of an established human resources department within an organization;
 - Develops, implements, and coordinates policies relating to all aspects of personnel administration including 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:**
 - 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/ communications specialists;
 - May oversee the communications function; 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;
 - Responsible for medical and patient record libraries;
 - 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;
 - 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 operational aspects of a practice. Could be responsible for one specific site or 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; 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; and
 - Usually reports to a senior executive manager.
- **Radiology Services Director:**
 - 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 Department Manager:**
 - Manages operation of one or more medical/surgical departments, ancillary service departments, or an ambulatory surgery facility;
 - Assists with budget planning and approves department expenditures;
 - May supervise department nonmedical staff; 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.
- **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.
- **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.
- **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.
- **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:**
 - 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:**
 - 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.



- **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;
 - 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:**
 - 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:**
 - 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;
 - Usually reports to a senior manager; and
 - Should include medical transcription managers.
- **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.

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;
 - Splits time between patient care and supervision of staff;
 - Responsibilities are more limited than the nursing manager; and
 - Usually reports to a general manager.

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;
 - Monitors and tracks patient authorizations; and
 - Should include insurance specialists
- **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 and 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 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/Communications Specialist:**
 - 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.

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 or 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.

- **Billing Staff:**

- Responsible for duties relating to billing, collecting, payment posting, refunding and adjusting.



- **Bookkeeper:**
 - Maintains accounts receivable and payable;
 - Maintains a general ledger;
 - Sends out and prepare bills for distribution;
 - Prepares financial statements, income statements, and cost reports; and
 - Should include accounts receivable support staff.
- **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.
- **Call Center Representative:**
 - Answers incoming calls regarding appointments, authorizations, and billing, among other customer service needs; and
 - May schedule appointments and triage calls as necessary.
- **Cardiovascular Technologist:**
 - Supports providers in treating cardiac and peripheral vascular ailments;
 - Conducts invasive and non-invasive diagnostic tests of cardiovascular and pulmonary systems;
 - Sets up lab for procedures and maintain cardiac catheterization supplies; and
 - May be certified through an accredited cardiovascular technology certification program. Please answer “yes” or “no” to whether the employee is certified in this position in the “Certified in Position” column.
- **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.



- **Care/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 is 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 “Certified in Position” 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 “Certified in Position” 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.



- **Dental Assistant:**
 - Prepares and maintains treatment room, as well as dental tools and machinery;
 - Performs clerical duties such as obtaining patient records, handling insurance and patient billing, and inventory; and
 - May take impressions and/or x-rays, at the provider’s discretion.
- **Dental Hygienist:**
 - Performs direct patient care duties such as reviewing a patient’s oral history, polishing teeth, removing tartar, plaque and stains, and counseling patients on oral hygiene techniques; and
 - May be certified through an accredited training program - please answer “yes” or “no” to whether the employee is certified in this position in the “Certified in Position” column.
- **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 a medical physicist and/or 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 “Certified in Position” 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 “Certified in Position” 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 “Certified in Position” column.
- **Endoscopy Technician:**
 - Prepares and maintains procedure room and inventory;
 - Assists providers or registered nurses in conducting endoscopic procedures; and
 - Collects patient biopsies and specimens for examination.
- **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 “Certified in Position” 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.
- **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.
- **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 “Certified in Position” 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 “Certified in Position” 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 “Certified in Position” column.
- **Medical Interpreter:**
 - Assists 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 “Certified in Position” 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 “Certified in Position” 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 “Certified in Position” 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 “Certified in Position” column.
- **Ophthalmic Assistant:**
 - Usually 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 “Certified in Position” column.
- **Optician:**
 - Interprets prescriptions written by ophthalmologists and optometrists;
 - Operates manual lensometer and other tools to achieve proper fittings for patients;
 - Collects patient eye measurements;
 - Educates patients on their corrective lens options and care; and
 - Manage inventory of frames and contact lenses to ensure optimum customer satisfaction and product variety.
- **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 “Certified in Position” 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 Education Coordinator:**
 - Responsible for determining the patient education needs of the clinic;
 - Develops, implements and evaluates programs to address education needs; and
 - Coordinates and supervises community healthcare needs of patients in an ambulatory setting.
- **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 “Certified in Position” 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 “Certified in Position” 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.
- **Polysomnographic/Sleep Technician:**
 - Works to provide comprehensive evaluation and treatment of sleep disorders including in center and home sleep apnea testing, diagnostic and therapeutic interventions, comprehensive patient care and direct patient education.
- **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.
- **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.
- **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 “Certified in Position” 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 “Certified in Position” 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 are available;
 - Answers telephones; and
 - May schedule return visits and make appointments.
- **Referral Coordinator**
 - Works with patients to arrange and schedule referral appointments. This can include providing patients with referrals to other care providers, managing incoming patient referrals, or both; and
 - Sets appointments, sends reminders, and provides patients with information about referral 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 “Certified in Position” 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.



*Note: Licensed Clinical Social Workers should be submitted in the provider section.

- **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.
- **Sterile Processing Technician:**
 - Prepares, sterilizes and assembles laboratory and healthcare equipment used for surgeries, examinations and other medical procedures;
 - Ensures safety and cleanliness of equipment, supplies and instruments; and
 - Maintains records of sterilization procedures and sterilized items.
- **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 “Certified in Position” 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 “Certified in Position” 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 “Certified in Position” column.
 - **Workers Compensation 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.

*Full-Time Equivalent (FTE)

Report the full-time equivalent this individual is considered to be employed by your practice. An 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.



*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:

- 401(k);
- 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.

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		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
						13 Statutory employee Retirement plan Third-party sick pay		12b
						14 Other		12c
								12d
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

2019

Department of the Treasury—Internal Revenue Service



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 401(k))

651111
OMB No. 1545-0099

2019

Final K-1 Amended K-1

Schedule K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

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	
A Partnership's employer identification number		1 Ordinary business income (loss)	15 Credits
I What type of entity is this partner?		2 Net rental real estate income (loss)	
J Partner's share of profit, loss, and capital (see instructions):		3 Other net rental income (loss)	16 Foreign transactions
Beginning	Ending	4 Guaranteed payments	
Profit		5 Interest income	19 Distributions
Loss		12 Section 179 deduction	A
Capital		13 Other deductions	20 Other information



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 401(k))

The image shows a 2019 Schedule K-1 (Form 1120S) from the Department of the Treasury, Internal Revenue Service. The form is for the year 2019 and includes the OMB No. 1545-0123 and the number 671117. The form is divided into several parts. Part I, 'Information About the Corporation', includes the Corporation's employer identification number. Part III, 'Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items', is the primary focus. It contains a table with the following rows highlighted in red:

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
1	Ordinary business income (loss)
11	Section 179 deduction
12	Other deductions

The word 'Minus' is written in red next to rows 11 and 12, indicating that these amounts are subtracted from the total income.

*Hourly Rate Compensation <Support Staff Only>

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