MGMA

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DEFINITIONS

MGMA DATA DEFINITIONS

These definitions are intended to serve as a reference guide when benchmarking against the MGMA data. Benchmarks and filters may be limited to specific data sets, which we have denoted next to each definition..

PROVIDER COMPENSATION DATA SET

ACADEMIC COMPENSATION DATA SET

PROVIDER STARTING SALARY DATA SET

MEDICAL DIRECTORSHIP COMPENSATION DATA SET

ON-CALL COMPENSATION DATA SET

PROCEDURAL PROFILE DATA SET

MANAGEMENT & STAFF COMPENSATION DATA SET

FINANCIALS & OPERATIONS DATA SET

> **11** *access the full list and description of the MGMA Chart of Accounts.*

A/R, COLLECTIONS, PAYER MIX

Accounts Receivable

The age of a practice's accounts receivable (to the nearest whole dollar). Accounts assigned to collection agencies are not included.

Adjusted Fee-for-Service Collection Percentage

Also referred to as: Net collection percentage

$$\frac{(\text{Net FFS revenue}) \times 100}{(\text{Adjusted FFS charges})}$$

Current to 30 Days, 31 to 60 Days, 61 to 90 Days, 91 to 120 Days, Over 120 Days

Amounts owed to the practice by patients, third-party payers, employer groups, and unions for fee-for-service activities before adjustments for anticipated payment reductions, allowances for adjustments, or bad debts. Amounts assigned to "Accounts receivable" are due to "Gross fee-for-service charges." Assigning a charge into "Accounts receivable" initiates at the time a practice submits an invoice to the payer or patient for payment. For example, if an obstetrics practice establishes an open account for accumulation of charges when a patient is accepted into a prenatal program and the account will not be invoiced until after delivery, then "Accounts receivable" will not reflect these charges until the creation of an invoice. Deletion of charges from "Accounts receivable" is done when the practice receives payment, turns over debt to a collection agency, or writes off the account as bad debt. This is the net amount owed after patient refunds.

Not included:
- Capitation payments owed to the practice by HMOs.

Days of Adjusted Fee-for-Service Charges in Accounts Receivable

$$\frac{(\text{Total accounts receivable})}{(\text{Adjusted FFS charges}) \times (1/365)}$$

Days of Gross Fee-for-Service Charges in Accounts Receivable

$$\frac{(\text{Total accounts receivable})}{(\text{Gross FFS charges}) \times (1/365)}$$

Gross Fee-for-Service Collection Percentage

$$\frac{(\text{Net FFS revenue}) \times 100}{(\text{Gross FFS charges})}$$

Gross Fee-for-Service Plus Capitation Collection Percentage

$$\frac{((\text{Net FFS revenue}) + (\text{Net capitation revenue})) \times 100}{(\text{Total gross charges})}$$

Months of Adjusted Fee-for-Service Charges in Accounts Receivable

(Total accounts receivable)

(Adjusted FFS charges) x (1/12)

Months of Gross Fee-for-Service Charges in Accounts Receivable

(Total accounts receivable)

(Gross FFS charges) x (1/12)

Net Capitation Revenue Percentage of Gross Capitation Charges

(Net capitation revenue) x 100

(Gross capitation charges)

Payer Mix

The percentage of a practice's "Total gross charges" by type of payer. The sum of the percentages for Medicare, Medicaid, Commercial, Workers' compensation, Charity care, Self-pay, and other federal government payers must have added to 100 percent.

Medicare

The sum of all fee-for-service, managed care fee-for-service and capitated charges for all services provided to Medicare patients.

Medicaid

The sum of all fee-for-service, managed care fee-for-service and capitated charges for all services provided to Medicaid or similar state healthcare program patients.

Commercial

The sum of all fee-for-service, managed care fee-for-service and capitated charges for all services provided patients under a commercial capitated contact.

Workers' Compensation

Fee-for-service gross charges, at the practice's undiscounted rates, for all services provided to patients covered by workers' compensation insurance.

Not included:

- Charges for Medicare patients;
- Charges for Medicaid patients;
- Charges for charity or professional courtesy patients; or
- Charges for self-pay patients.

Charity Care

Fee-for-service gross charges, at the practice's undiscounted rates, for all services provided to charity patients. Charity patients are patients not covered by either commercial insurance or federal, state, or local governmental healthcare programs and who do not have the resources to pay for services. Charity patients must be identified at the time that service is provided so that a bill for service is not prepared.

Self-Pay

Fee-for-service gross charges, at the practice's undiscounted rates, for all services provided to patients who pay the medical practice directly. Note that these patients may or may not have insurance.

Included:
- Charges for patients who have no insurance but do have the resources to pay for their own care and do so; and
- Charges for patients who have insurance but choose to pay for their own care and submit claims to their insurance company directly. Since the practice may or may not be aware of this situation, all charges paid directly by the patient should be considered as self-pay.

Other Federal Government Payers

Fee-for-service gross charges, at the practice's undiscounted rates, for all services provided to patients who are covered by other federal government payers other than Medicare.

Included:
- Charges for TRICARE patients.

Not included:
- Charges for Medicare and Medicaid patients.

Re-Aged and Not Re-Aged Accounts Receivable

Accounts receivables that were re-aged (or not re-aged) when a second insurance company or the patient was billed after the first insurance company refused to pay the entire billed amount.

BENCHMARK RATIOS

Base Compensation as a Percentage of Total Compensation

$$\frac{\text{Base Compensation} \times 100}{\text{Total Compensation}}$$

Compensation to Gross Charges Ratio

$$\frac{\text{Total Compensation}}{\text{Gross Charges}}$$

Collections to ASA Units Ratio

$$\frac{\text{Collections}}{\text{ASA Units}}$$

Compensation to Total RVUs Ratio

$$\frac{\text{Total Compensation}}{\text{Total RVUs}}$$

Collections to Total RVUs Ratio

$$\frac{\text{Collections}}{\text{Total RVUs}}$$

Compensation to Work RVUs Ratio

$$\frac{\text{Total Compensation}}{\text{Work RVUs}}$$

Collections to Work RVUs Ratio

$$\frac{\text{Collections}}{\text{Work RVUs}}$$

Retirement Benefits as a Percent of Total Compensation

$$\frac{\text{Retirement Benefits} \times 100}{\text{Total Compensation}}$$

Compensation to ASA Units Ratio

$$\frac{\text{Total Compensation}}{\text{ASA Units}}$$

Standardized Productivity

$$\frac{\text{Productivity Measure} \times 100}{\text{Percentage of Billable Clinical Activity}}$$

Compensation to Collections Ratio

$$\frac{\text{Total Compensation}}{\text{Collections}}$$

Work RVUs to Total Encounters Ratio

$$\frac{\text{Work RVUs}}{\text{Total Encounters}}$$

Note: All formulas that generate a ratio are from providers that submitted data for both benchmarks.

BENEFITS BENCHMARKS

Amount Paid to Relocate
Also referred to as: Relocation expenses
The dollar value that the provider received in his/her contract for expenses associated with relocation.

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

- **Amount of CME Paid**
  The total dollar value allocated to each individual for continuing education (CE). For physicians, it's the dollar value the physician received in his/her contract for CME.
- **CME Weeks Paid Time Off**
  The number of weeks the provider was given for continuing medical education (CME) in his/her first year of placement.

Paid Time Off (PTO) Offered (in Hours)

The amount of paid time off allocated to each FTE provider/employee per year. This will only reflect practices that combine vacation and sick time.

Included:

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

Not included:

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

Retirement Benefits

All annual employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b) and Keogh Plans, and any nonqualified funded retirement plan.

Not included:

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

Sick Time Offered (in Hours)

The amount of sick time allocated to each FTE provider/employee per year. This will only reflect practices that separate out vacation and sick time.

Not included:

- Any paid time off for continuing medical education (CME).

Signing Bonus Amount

The dollar value the provider received in his/her contract as incentive to sign a contract and join the organization.

Not included:

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

Starting Bonus Amount ⚲

The dollar value the provider received in his/her contract as incentive at the start of his/her employment with the organization.

Not included:
- The dollar value of stipends, student loan repayments or relocation expenses.

Vacation Offered (in Hours) 🎓 🩺 ⚲ 👥

The amount of vacation time allocated to each FTE provider/employee per year. This will only reflect practices that separate out vacation and sick time.

Not included:
- Any paid time off for continuing medical education (CME).

CHARGES, REVENUE BENCHMARKS

Total Gross Charges ⚙

The sum of "Gross fee-for-service charges" and "Gross charges for patients covered by capitation contracts."

Total Medical Revenue ⚙

The sum of "Total net fee-for-service collections/revenue," "Net capitation revenue," and "Net other medical revenue."

Total Medical Revenue after Operating Cost ⚙

The difference between "Total operating cost" and "Total medical revenue."

Total Medical Revenue after Operating and Advanced Practice Provider Cost ⚙

"Total operating cost" plus "Total medical revenue" minus "Total advanced practice provider cost."

Total Net Fee-for-Service Collections/Revenue [4300-4330, 4350-4420] [11] ⚙

The total technical and professional net fee-for-service revenue. If the practice used accrual basis accounting, "Total net fee-for- service collections/revenue" equals "Gross fee-for-service charges" minus "Adjustments to fee-for-service charges," minus "Bad debts due to fee-for-service activity."

Gross Fee-for-Service Charges (excludes capitation charges) [4100-4130] [11]

The full value, at the practice's undiscounted rates, of all services provided to fee-for-service, discounted fee-for-service, and non-capitated patients for all payers.

Included:
- Professional services provided by physicians, advanced practice providers, and other physician extenders such as nurses and medical assistants;
- Both the professional and technical components (TC) of laboratory, radiology, medical diagnostic, and surgical procedures;
- Drug charges, including vaccinations, allergy injections, immunizations, and chemotherapy and anti-nausea drugs;
- Charges for supplies consumed during a patient encounter inside the practice's facilities. Charges for supplies sold to patients for consumption outside the practice's facilities are reported as a subset of "Revenue from the sale of medical goods and services";
- Facility fees. Examples of facility fees include fees for the operation of an ambulatory surgery unit or fees for the operation of a medical practice owned by a hospital where split billing for professional and facility services is utilized;
- Charges for fee-for-service services allowed under the terms of capitation contracts;
- Charges for professional services provided on a case-rate reimbursement basis; and
- Charges for purchased services for fee-for-service patients. Purchased services for fee-for-service patients are defined as services that are purchased by the practice from external providers and facilities on behalf of the practice's fee-for-service patients.

For purchased services, note the following:
- The revenue for such services is included in "Total net fee-for-service collections/ revenue";
- The cost for such services is included, as appropriate, in "Clinical laboratory," "Radiology and imaging" or "Other ancillary services"; and
- The count of the number of purchased procedures for fee-for-service patients are included in Total Procedures.

Not included:
- Charges for services provided to capitation patients. Such charges are included in "Gross charges for patients covered by capitation contracts";
- Charges for pharmaceuticals, medical supplies and equipment sold to patients primarily for use outside the practice. Examples include prescription drugs, hearing aids, optical goods, orthopedic supplies, etc. The revenue generated by such charges is included in "Revenue from the sale of medical goods and services"; or
- Charges for any other activities that generate the revenue reported in "Revenue from the sale of medical goods and services."

Adjustments to Fee-for-Service Charges [4200-4240, 4500-4600] [11]

The difference between "Gross fee-for-service charges" and the amount expected to be paid by or back to patients or third- party payers. This represents the value of services performed for which payment is not expected.

Included:

- Medicare/Medicaid charge restrictions (the difference between the practice's full, undiscounted charge and the Medicare limiting charge);
- Third-party payer contractual adjustments (commercial insurance and/or managed care organization);
- Charitable, professional courtesy or employee adjustments; and
- The difference between a gross charge and the Federally Qualified Health Center (FQHC) payment. This could be a positive or negative adjustment.
- Refunds for overpayments, duplicate payments or for amounts which should not have been collected.

Adjusted to Fee-for-Service Charges

The difference between "Gross fee-for-service charges" and "Adjustments to fee-for-service charges."

Bad Debts Due to Fee-for-Service Activity [6900-6920] [11]

The difference between "Adjusted fee-for-service charges" and the amount collected.

Included:

- Losses on settlements for less than the billed amount;
- Accounts written off as not collectible;
- Accounts assigned to collection agencies; and
- In the case of accrual accounting, the provision for bad debts.

Net Capitation Revenue

The difference between "Purchased services for capitation patients" and "Gross capitation revenue."

Gross Charges for Patients Covered by Capitation Contracts [4170] [11]

Also known as fee-for-service equivalent gross charges. The full value, at a practice's undiscounted rates, of all covered services provided to patients covered by all capitation contracts, regardless of payer.

Included:

Fee-for-service equivalent gross charges for all services covered under the terms of the practice's capitation contracts, such as:

- Professional services provided by physicians, advanced practice providers, and other physician extenders such as nurses and medical assistants;
- Both the professional and technical components (TC) of laboratory, radiology, medical diagnostic, and surgical procedures;
- Drug charges, including vaccinations, allergy injections, immunizations, and chemotherapy and antinausea drugs;
- Charges for supplies consumed during a patient encounter inside the practice's facilities. Charges for supplies sold to patients for consumption outside the practice's facilities are reported as a subset of "Revenue from the sale of medical goods and services"; and
- Facility fees. Examples of facility fees include fees for the operation of an ambulatory surgery unit or fees for the operation of a medical practice owned by a hospital where split billing for professional and facility services is utilized.

Not included:

- Pharmaceuticals, medical supplies, and equipment sold to patients primarily for use outside the practice. Examples include prescription drugs, hearing aids, optical goods, orthopedic supplies, etc. If such goods are not covered under the capitation contract, the revenue from these charges is included in "Revenue from the sale of medical goods and services";
- The value of purchased services from external providers and facilities on behalf of the practice's capitation patients. The cost of these purchased services is included in "Purchased services for capitation patients";
- Charges for fee-for-service activity allowed under the terms of capitation contracts. Such charges are reported as "Gross fee-for-service charges"; or
- Capitation revenue.

Gross Capitation Revenue [4700-4770] [11]

Revenue received in a fixed per member payment, usually on a prospective and monthly basis, to pay for all covered goods and services due to capitation patients.

Included:

- Per member per month capitation payments including those received from an HMO, Medicare AAPCC (average annual per capita cost) payments, state capitation payments for Medicaid beneficiaries, and capitation payments from other medical groups;
- Portions of the capitation withholds returned to a practice as part of a risk-sharing arrangement;
- Bonuses and incentive payments paid to a practice for good capitation contract performance;
- Patient copayments or other direct payments made by capitation patients;
- Payments received due to a coordination of benefits and/or reinsurance recovery situation for capitation patients; and
- Payments made by other payers for care provided to capitation patients.

Not included:

- Payments paid to a practice by an HMO under the terms of a discounted fee-for-service managed care contract. Such payments are included in "Total net fee-for-service collections/revenue."

Purchased Services for Capitation Patients [7810-7828] [11]

Fees paid to healthcare providers and organizations external to the practice for services provided to capitation patients under the terms of capitation contracts.

Included:

- Payments to providers outside the practice for physician professional, advanced practice professional, clinical laboratory, radiology and imaging, hospital inpatient and emergency, ambulance, out of area emergency and pharmacy services; and
- Accrued expenses for "incurred but not reported" (IBNR) claims for purchased services for capitation patients for which invoices have not been received.

Net Other Medical Revenue

The difference between "Cost of sales and/or cost of other medical activities" and "Gross revenue from other medical activities."

Gross Revenue from Other Medical Activities

The sum of "Incentive-based revenue," "Other medical revenue" and "Revenue from the sale of medical goods and services."

Not included:

- Interest income, which is reported as "Nonmedical revenue";
- Income from practice nonmedical property such as parking areas or commercial real estate, which is reported as "Nonmedical revenue";
- Income from business ventures such as a billing service or parking lot, which is reported as "Nonmedical revenue";
- One-time gains from the sale of equipment or property, which is reported as "Nonmedical revenue"; or
- Cash received from loans, which is not reported anywhere in this survey.

Incentive-Based Revenue [4800-4860] [11]

Payments received from insurance companies and government agencies for incentive-based activities such as pay-for-performance, risk-sharing, shared savings, quality and technology.

Included:

- Pay-for-performance payments for reporting quality, efficiency, or patient satisfaction metrics for patients insured under feed-for-service payment contracts;
- Risk pool insurance;
- Shared savings payments (i.e. Accountable Care Organization (ACO)); and
- Incentive payments for adopting Certified EHR Technology and/or meeting quality standards (i.e. MACRA/MIPS).

Other Medical Revenue [4900-4950, 4970] [11]

Other sources of medical revenue such as grants, research/clinical studies, educational subsidies, donations, honoraria and more.

Included:

- Payments received for the reproduction of patient records;
- Medical directorship revenue received by the practice and not a specific individual for providing medical administration to hospitals, skilled nursing facilities, long-term care facilities, and other healthcare organizations;
- Grant revenue from federal, state, or local government or private foundation grants for research, provision of patient care to the indigent, or case management of the frail and elderly;
- Research and clinical studies revenue from pharmaceutical studies, medical device studies, and other research activities conducted by the practice;
- Educational subsidies received by the practice for graduate medical education and training of medical, nursing and medical technician students;
- Any endowment or gift received by the organization;
- Revenue for medical-related activities such as honoraria, education seminars, expert witness testimonies;
- Payment to the practice for physicians working in a hospital emergency room; and
- Contract revenue from a school district for physician services in conducting physical examinations or other services.

Not included:

- Charges for the delivery of services made possible by subsidies or grants were included in "Gross fee-for-service charges" and/or "Gross charges for patients covered by capitation contracts";
- Operating and nonoperating subsidies received from a parent organization such as a hospital, health system, PPMC, or MSO. Such items should be included in, "Financial support from parent organization (subsidies)"; or
- Paycheck Protection Program (PPP) loan forgiveness payment. Such items should be included in, "Extraordinary nonmedical revenue."

Revenue from the Sale of Medical Goods and Services
[4340-4349] [11]

Income from the sale of medical products and revenue paid to the practice for professional services provided by practice physicians and staff members.

Included:
- Revenue from pharmaceuticals, medical supplies and equipment sold to patients primarily for use outside the practice. This amount should be net of write-offs and discounts. Examples include prescription drugs, hearing aids, optical goods, orthopedic supplies, etc.;
- Compensation paid by a hospital, skilled nursing facility, or insurance company to a practice physician for services as a medical director;
- The hourly wages of physicians working in a hospital emergency room;
- Contract revenue from a hospital for physician services in staffing a hospital indigent care clinic or emergency room;
- Contract revenue from a school district for physician services in conducting physical exams for high school athletes;
- Revenue from the preparation of court depositions, expert testimony, postmortem reports, and other special reports; and
- Fees received from patients for the photocopying of patient medical records.

Not included:
- Capitation revenue used to pay for covered goods and services for capitation patients. Such revenue is included in "Gross capitation revenue."

Cost of Sales and/or Cost of Other Medical Activities
[7900- 7919] [11]

Cost of activities that generate revenue included in "Revenue from the sale of medical goods and services," as long as this cost is not also included in "Total operating cost" or "Nonmedical cost."

Included:
- Cost of pharmaceuticals, medical supplies and equipment sold to patients primarily for use outside the practice. Examples include prescription drugs, hearing aids, optical goods, and orthopedic supplies; and
- Any provider consultant cost(s).

Not included:
- Cost of drugs used in providing services including vaccinations, allergy injections, immunizations, chemotherapy, and anti-nausea drugs. Such cost is included in "Drug supply"; or
- Cost of medical/surgical supplies and instruments used in providing medical/surgical services. Such cost is included in "Medical and surgical supply."

Net Nonmedical Income or Loss

The sum of ("Nonmedical revenue," "Extraordinary nonmedical revenue," and "Financial support from parent organization"), minus ("Goodwill amortization," "Nonmedical cost," and "Extraordinary nonmedical cost").

Nonmedical Revenue [9100-9140, 9160-9170, 9190] [11]

Included:

- Interest and investment revenue such as interest, dividends, and/or capital gains earned on savings accounts, certificates of deposit, securities, stocks, bonds, and other short-term or long-term investments;
- Gross rental revenue such as rent, or lease income earned from practice-owned property not used in practice operations;
- Capital gains on the sale of practice real estate or equipment, etc.;
- Interest paid by insurance companies for failure to pay claims on time;
- Bounced check charges paid by patients; and
- Gross revenue from business ventures such as a billing service or parking lot. The direct costs of such ventures should be reported as "Nonmedical cost."

Not included:

- Cash received from loans, which is not reported anywhere our survey.

Extraordinary Nonmedical Revenue [9150, 9700] [11]

Revenue that is unusual in nature and infrequent in occurrence.

Included:

- Legal settlement receipts;
- Environmental disaster recovery funds; and
- Paycheck Protection Program (PPP) loan forgiveness payment.

Not included:

- Revenues included in "Nonmedical revenue."

Financial Support from Parent Organization [4960, 9180] [11]

Medical practices may receive financial support from a parent organization such as a hospital, health system, PPMC or MSO.

Included:

- Operating subsidy income provided to the practice from a parent organization; and
- Nonoperating subsidy income received from a parent organization (i.e. Capitalization projects such as a facility construction).

Not Included:

- Payments received by the practice and not a specified individual for providing medical administration to hospitals, skilled nursing facilities, long-term care facilities, and other healthcare organizations. Such items should be included in "Other Medical Revenue".

Goodwill Amortization [9250] [11]

The annual amortization or impairment cost of goodwill. When an IDS, hospital, or PPMC purchases a medical practice, the purchase price can be thought of as having two components — the value of the tangible assets and the value of the goodwill. Goodwill is the premium paid in excess of the value of the tangible and identifiable intangible assets. If financial statements are maintained in accordance with the income tax basis of accounting, goodwill may be amortized over a period of time. If financial statements are reported in accordance with generally accepted accounting principles, goodwill is periodically reviewed for impairment. The tangible and identifiable intangible assets are typically depreciated/amortized over a period of time.

Not Included:
- Depreciation of tangible or identifiable intangible assets such as the building or equipment. These depreciation costs are reported as a component of "Information technology" cost, "Building depreciation" cost, "Furniture and equipment depreciation" cost, "Clinical laboratory" cost, "Radiology and imaging" cost, and "Other ancillary services" cost.

Nonmedical Cost [9200-9210, 9230-9240, 9260, 9300-9530] [11]

Included:
- Income taxes based on net profit that is paid to federal, state, or local government. For cash basis accounting, income taxes equal the cash payment or refund for the most recent tax year paid or received in the most recent tax year plus, periodic withholding paid for those taxes. For accrual accounting, the income tax equals the total tax liability for the most recent tax year regardless of when the tax was paid, or refunds were received;
- All costs required to maintain the productivity of income producing rental property and parking lots;
- Losses on the sale of real estate or equipment and losses from the sale of marketable securities;
- Other nonmedical cost;
- All direct costs related to business ventures such as rental property, parking lots, or billing services, for which gross revenue is reported as "Nonmedical revenue"; and
- State taxes on medical revenue.

Extraordinary Nonmedical Cost [9220, 9600, 9800] [11]

Cost that is unusual in nature and infrequent in occurrence.

Included:
- Legal settlement cost; and
- Environmental disaster recovery cost.

Not Included:
- Cost included in "Nonmedical cost."

Net Income, Excluding Financial Support (All Practices)

Also referred to as: Investment per physician, loss per physician

"Total medical revenue" minus "Operating cost" minus "Provider cost" plus "Net nonmedical income or loss" for all practices, regardless of whether they received financial support for operating costs or not.

Net Income, Practices with Financial Support

Also referred to as: Investment per physician, loss per physician

"Total medical revenue" minus "Operating cost" minus "Provider cost" plus "Net nonmedical income or loss" for all practices that reported a value for "Financial support for operating cost."

Net Income, Practices without Financial Support

Also referred to as: Investment per physician, loss per physician

"Total medical revenue" minus "Operating cost" minus "Provider cost" plus "Net nonmedical income or loss" for all practices that did not report a value for "Financial support for operating cost."

COMPENSATION BENCHMARKS

Annualized Compensation

The total compensation for medical directorship duties expected for the fiscal year. This figure is only for medical directorship duties and the hourly, monthly, weekly, etc. rates are annualized to represent a full 12-month period.

Base Compensation

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

Not included:

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

Bonus/Incentive

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

Compensation per On-Call Coverage Method

On-call is the scheduled state of availability to return to duty, work ready, within a specified period of time. This is the amount compensated per provider, per the method that the provider made for taking call. Perform a blend if different rates are paid at the practice, hospitals, or for different days, excluding holiday or weekend pay in the blend. For example, if the provider is compensated $600 at the practice and $700 at the hospital, $650 is reported as the on-call compensation.

Directorship Compensation per Method

The amount the provider is compensated per the method for directorship duties.

Guaranteed Compensation

The first-year guaranteed total contract dollar amount.

Not included:
- 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.

Holiday On-Call Compensation Amount (per day)

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

Hourly Rate Compensation

The hourly compensation rate paid to the individual. This is not an annualized number.

Overtime Compensation

The annual overtime compensation accrual, this amount is included in the total annual compensation amount.

Supervisory Duty Compensation

Additional pay provided to the physician for overseeing and managing others alongside their regular responsibilities.

Total Compensation

Also referred to as: Total cash compensation (TCC), compensation, salary

The amount reported as direct compensation on a W2, 1099, or K1 (for partnerships) plus all voluntary salary reductions such as 401(k), 403(b), Section 125 Tax Savings Plan, and Medical Savings Plan. The amount includes salary, bonus and/or incentive payments, research stipends, honoraria, and distribution of profits. However, it does not include the dollar value of expense reimbursements; fringe benefits paid by the medical practice such as retirement plan contributions; life and health insurance; automobile allowances; or any employer contributions to a 401(k), 403(b), or Keogh Plan.

Included:
- Total Medicare wages – this includes On-Call compensation;
- On-Call compensation – included in total Medicare wages;
- Employee contributions:
    - o 401K/retirement;
    - o Health insurance;
    - o Life insurance; and
    - o Other pre-taxed deductions.

Not included:
- Expense reimbursements;
- Fringe benefits paid by the medical practice;
- Flex spending accounts (FSA);
- Employer contributions:
    - o 401k/Retirement;
    - o Health insurance;
    - o Life insurance; or
    - o Other employer contributions.

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

For partnerships (or LLCs that file as a partnership) the dollar amount reported as direct compensation in Box 1 plus Box 4 minus Box 12 minus Box 13 from the individual's K-1 form 1065.

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

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

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

Standardized (Benchmarks Standardized to 100% Billable Clinical Activity) 🎓

Benchmarks reported for providers who have less than 100% billable clinical activity are standardized to 100% billable clinical. For example, if a provider is indicated as 50% billable clinical with 1,000 work RVUs, their billable clinical percentage is multiplied by 2 to standardize to 100% (50%*2 = 100%), and the same multiplier is used for their work RVUs (1,000*2 = 2,000). Note: Unless specified as Standardized (Std) or otherwise, all academic productivity benchmarks reported are for providers with more than 67% billable clinical activity.

Weekend On-Call Compensation Amount (per day) 📞

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

EXPENSE BENCHMARKS

Total Provider Cost

The sum of "Total advanced practice provider" and "Total physician" costs.

Total Physician Cost

The sum of "Primary care physicians," "Nonsurgical specialty physicians," and "Surgical specialty physicians" costs.

Total Physician Compensation Cost [8110-8116, 8119, 8210-8216, 8219, 8310-8316, 8319, 8610-8616, 8619] [11]

The total compensation paid to physicians.

Included:
- Compensation for shareholders/partners, associates on salary, employed physicians, contract physicians, locum tenens, residents, and fellows;
- Compensation for full-time and part-time physicians;
- Provider wages reported as direct compensation in:
    - Box 5 on the W2.
    - Box 7 on the 1099.
    - Box 1 plus Box 4 minus Box 12 minus Box 13 from the provider's K-1 form 1065.
    - Box 5 (Medicare wages and tips) from the providers W-2 plus Box 1 minus Box 11 minus Box 12 from the provider's K- 1 form 1120S.
- Bonus and/or incentive payments, research stipends, honoraria, distribution of profits;
- Voluntary employee salary deductions used as contributions to 401(k), 403(b),or Section 12 plans; and
- Compensation attributable to activities related to revenue in "Nonmedical revenue.

Not included:
- Amounts included in "Total physician benefit cost," Cost column;
- Provider consultant cost;
- Expense reimbursements;
- Fringe benefits paid by the medical practice (such as retirement plan contributions, life and health insurance, automobile allowances); or
- Any employer contributions to a 401(k), 403(b), or Keogh Plan.

Total Physician Benefit Cost [8117-8118, 8120-8180, 8217-8218, 8220-8280, 8317-8318, 8320-8380,8617-8618, 8620-8680] [11]

The total benefits paid to physicians.

Included:
- Employer's share of Federal Insurance Contributions Act (FICA), payroll, and unemployment insurance taxes;
- Employer's share of health, disability, life, and workers' compensation insurance;
- Employer payments to defined benefit and contribution, 401(k), 403(b), and nonqualified retirement plans;
- Deferred compensation paid or expensed during the year;
- Dues and memberships in professional organizations, state, and local license fees;
- Allowances for education, professional meetings, travel, and automobile; and
- Entertainment, country/athletic club membership, and travel for spouse.

Not included:
- Voluntary employee salary deductions used as contributions to 401(k) and 403(b) plans; or
- Expense reimbursements.

Total Advanced Practice Provider Cost

The sum of the cost for full-time advanced practice providers and part-time advanced practice providers.

Advanced Practice Provider Compensation Cost [8410-8416, 8419, 8510-8516, 8519] [11]

The number of FTE advanced practice providers in the practice. The total compensation paid to advanced practice providers who comprise the count of "Total advanced practice provider," Cost column.

Included:
- Compensation for both employed and contracted advanced practice providers;
- Compensation for full-time and part-time advanced practice providers;
- Provider wages reported as direct compensation in:
  - o Box 5 on the W2.
  - o Box 7 on the 1099.
  - o Box 1 plus Box 4 minus Box 12 minus Box 13 from the provider's K-1 form 1065.
  - o 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.
- Bonus and/or incentive payments, research stipends, honoraria, distribution of profits; and
- Voluntary employee salary deductions used as contributions to 401(k), 403(b), or Section 125 plans.

Not included:
- Amounts included in "Advanced practice provider benefit cost," Cost column;
- Expense reimbursements;
- Fringe benefits paid by the medical practice (such as retirement plan contributions, life and health insurance, automobile allowances); or
- Any employer contributions to a 401(k), 403(b), or Keogh Plan.

Advanced Practice Provider Benefit Cost [8417-8418, 8420-8480, 8517-8518, 8520-8580] [11]

Included:

- Employer's share of FICA, payroll, and unemployment insurance taxes;
- Employer's share of health, disability, life, and workers' compensation insurance;
- Employer payments to defined benefit and contribution, 401(k), 403(b), and nonqualified retirement plans;
- Deferred compensation paid or expensed during the year;
- Dues and memberships in professional organizations, state, and local license fees;
- Allowances for education, professional meetings, travel, automobile; and
- Entertainment, country/athletic club membership, travel for spouse, etc.

Not included:

- Voluntary employee salary deductions used as contributions to 401(k) and 403(b) plans; or
- Expense reimbursements.

Staff Expenses:

Included:

- Salaries, bonuses, incentive payments, honoraria, and profit distributions;
- Voluntary employee salary deductions used as contributions to 401(k), 403(b), or Section 125 plans;
- Compensation paid to the total FTE count;
- Compensation for all support staff employed by all the legal entities working in support of the medical practice represented on this survey;
- The allocated support staff cost where the practice consists of multiple legal entities; and
- Compensation for both full-time and part-time employed support staff.

Not included:

- Expense reimbursements; or
- Any benefits or the cost of contracted support staff who do not work for any of the legal entities that comprise the medical practice.

Total Support Staff Cost

The sum of "Total support staff cost," "Total employed support staff cost" and "Total contracted support staff cost."

Total Employed Support Staff Cost [5100, 5200] [11]

The "Total employed support staff benefit cost" benchmark represents the total benefits of all employed support staff reported in "Total employed support staff" FTE.

Included:
- Employer's share of Federal Insurance Contributions Act (FICA), payroll and unemployment insurance taxes;
- Employer's share of health, disability, life, and workers' compensation insurance;
- Employer payments to defined benefit and contribution, 401(k), 403(b), and nonqualified retirement plans;
- Deferred compensation paid or expensed during the year;
- Dues and memberships in professional organizations, state, and local license fees;
- Allowances for education, professional meetings, travel, and automobile; and
- Entertainment, country/athletic club membership, travel for spouse.

Not included:
- Voluntary employee salary deductions used as contributions to 401(k) and 403(b) plans; or
- Expense reimbursements.

Total Contracted Support Staff Cost (Temporary) [5500-5570] [11]

Contracted support staff represents all the staff hired on a contract basis, not employed by any of the legal entities that comprise the medical practice. The utilization of contracted support staff occurs when the medical practice (including all the associated legal entities that comprise the medical practice) decides not to hire support staff as employees to conduct the ongoing support staff activities. Instead, the practice contracts to have these full-time and/or ongoing activities conducted by contracted staff.

One example of this type of cost would be purchased services for billing and collections activities. When a practice decides to hire a billing company to conduct billing activities that the practice employees, it is often not possible to track the hours that the billing company devotes to the given practice. Such cost is reported as "Billing and collections purchased services."

Included:
- Temporary staff working for temporary agencies; and
- Traveling nurses.

Not included:
- The cost of support staff employed directly by the practice or any of the legal entities comprising the medical practice. Such related costs are included in the "Total Employed Support Staff" section; or
- The cost for legal, accounting, management, and/or other consultants for services performed on a one time or sporadic basis. The costs for these types of consultants are reported as "Legal fees," "Consulting fees," and/or "Outside professional fees."

Total Business Operations Support Staff Cost

The sum of the costs for "General administrative," "Patient accounting," "General accounting," "Managed care administrative," "Information technology" and "Housekeeping, maintenance, security."

- **General Administrative Cost** [5110-5111, 5117, 5210-5211, 5217] **11**
- **Patient Accounting Cost** [5112, 5212] **11**
- **General Accounting Cost** [5113, 5213] **11**
- **Managed Care Administrative Cost** [5114, 5214] **11**
- **Information Technology Cost** [5115, 5215] **11**
- **Housekeeping, Maintenance, Security Cost** [5116, 5216] **11**

See Staffing Benchmarks section.

Total Front Office Support Staff Cost [5120, 5220] **11**

A sum of the costs for "Medical receptionists," "Medical secretaries, transcribers," "Medical records" and "Other administrative support."

- Medical Receptionists Cost [5121, 5221] **11**
- Medical Secretaries, Transcribers Cost [5122, 5222] **11**
- Medical Records Cost [5123, 5223] **11**
- Other Administrative Support Cost [5124, 5224] **11**

See Staffing Benchmarks section.

Total Clinical Support Staff Cost [5130, 5230] **11**

A sum of the costs for "Registered nurses," "Licensed practical nurses" and "Medical assistants, nurse's aides."

- **Registered Nurses Cost** [5131, 5231] **11**
- **Licensed Practical Nurses Cost** [5132, 5232] **11**
- **Medical Assistances, Nurse's Aides Cost** [5133, 5134, 5233, 5234] **11**

See Staffing Benchmarks section.

Total Ancillary Support Staff Cost [5140, 5240] [11] ⊙⅊

A sum of the costs for "Clinical laboratory," "Radiology and imaging" and "Other medical support services."

- **Clinical Laboratory Cost** [5142,5242] [11]
- **Radiology and Imaging Cost** [5141, 5241] [11]
- **Other Medical Support Services Cost** [5143-5160, 5243-5260] [11]

See Staffing Benchmarks section.

Operating Expenses:

Not included:
- "Cost of sales and/or cost of other medical activities";
- Support staff cost, which is included in the Business Operations, Front Office, Clinical and Ancillary staff sections;
- Provider costs, which is included in the Providers section;
- Cost included in "Purchased services for capitation patients"; and
- Nonmedical cost."

Total General Operating Cost ⊙⅊

A sum of "Information technology" through "Cost allocated to medical practice from parent organization."

Information Technology [6800-6860] [11] ⊙⅊

Cost of practice-wide data processing, computer, telephone, and telecommunications services.

Included:
- Cost of local and long-distance telephone, radio paging, and internet service providers;
- Rental and/or depreciation cost of major data processing, computer and telecommunications furniture, equipment, hardware, and software subject to capitalization;
- Hardware and software repair and maintenance contract cost;
- Cost of data processing services purchased from an outside service bureau;
- Cost of data processing supplies and minor software and equipment not subject to capitalization; and
- Cost of IT purchased services including maintaining of EHRs and patient portals.

Not included:
- Cost of specialized information services equipment dedicated for exclusive use in the departments of clinical laboratory, radiology, and imaging, or other ancillary services departments. Such cost is included in "Clinical laboratory," "Radiology and imaging," and "Other ancillary services"; or
- Cost of contract programmers, which is included in "Total contracted support staff".

Drug Supply [7210-7213] [11]

Cost of drugs purchased for general practice use.

Included:

- Cost of chemotherapy drugs, allergy drugs, and vaccines used in providing medical/surgical services.

Not included:

- Cost of specialized supplies dedicated for exclusive use in the departments of clinical laboratory, radiology and imaging, or other ancillary services departments. Such cost is included in "Clinical laboratory," "Radiology and imaging," and "Other ancillary services"; or
- Cost of pharmaceuticals, medical supplies and equipment sold to patients primarily for use outside the practice and not used in providing medical/surgical services. Examples include prescription drugs, hearing aids, optical goods, and orthopedic supplies. Such cost is included in "Cost of sales and/or cost of other medical activities".

Medical and Surgical Supply [7200, 7220-7224, 7720] [11]

Cost of supplies purchased for general practice use.

Included:

- Cost of medical/surgical supplies and instruments used in providing medical/surgical services; and
- Cost of laundry and linens.

Not included:

- Cost of specialized supplies dedicated for exclusive use in the departments of clinical laboratory, radiology and imaging, or other ancillary services departments. Such cost is included in "Clinical laboratory," "Radiology and imaging," and "Other ancillary services";
- Cost of pharmaceuticals, medical supplies and equipment sold to patients primarily for use outside the practice and not used in providing medical/surgical services. Examples include prescription drugs, hearing aids, optical goods, and orthopedic supplies. Such cost is included in "Cost of sales and/or cost of other medical activities"; or
- The cost of any equipment subject to depreciation. Such cost is reported as a subset in "Information technology," "Furniture and equipment," "Clinical laboratory," "Radiology and imaging," and "Other ancillary services."

Building and Occupancy [6100, 6120-6190] [11]

Cost of general operation of buildings and grounds.

Included:

- Rental, operating lease, and leasehold improvements for buildings and grounds;
- Interest paid on loans for real estate used in practice operations;
- Cost of utilities such as water, electric power, space heating fuels, etc.;
- Cost of supplies and materials used in housekeeping and maintenance; and
- Other costs such as building repairs and security systems.

Not included:

- Interest paid on short-term loans, which is included in "Miscellaneous operating cost";
- Interest paid on loans for real estate not used in practice operations, such as nonmedical office space in practice-owned properties. Such interest is included in "Nonmedical cost";
- Cost of producing revenue from sources such as parking lots or leased office space from practice owned properties. Such cost is included in "Nonmedical cost"; or
- Depreciation costs.

Building Depreciation [6110-6113] [11]

Depreciation cost for buildings and grounds.

Not included:

- Interest paid on short-term loans, which is included in "Miscellaneous operating cost";
- Interest paid on loans for real estate not used in operations such as nonmedical office space in practice-owned properties;
- Rental, operating lease, and leasehold improvements for buildings and grounds;
- Interest paid on loans for real estate used in ASC operations;
- Cost of utilities such as water, electric power, and space heating fuels;
- Cost of supplies and materials used in housekeeping and maintenance; or
- Other costs such as building repairs and security systems.

Furniture and Equipment [6200,6220-6230,7100, 7120, 7130, 7710, 7712-7713] [11]

Cost of furniture and equipment in general use in the practice.

Included:

- Rental cost of furniture and equipment used in reception areas, patient treatment/exam rooms, physician offices, and administrative areas; and
- Other costs related to clinic furniture and equipment, such as maintenance cost.

Not included:

- Cost of specialized furniture and equipment dedicated for exclusive use in the information technology, clinical laboratory, radiology and imaging, or other ancillary services departments. Such cost is reported as a subset in "Information technology," "Clinical laboratory," "Radiology and imaging," and "Other ancillary services"; or
- Depreciation costs.

Furniture and Equipment Depreciation [6210, 7110, 7711] [11]

Depreciation cost of furniture and equipment in general use in the practice.

Included:

- Depreciation cost of furniture and equipment used in reception areas, patient treatment/ exam rooms, physician offices, and administrative areas.

Not included:

- Cost of specialized furniture and equipment dedicated for exclusive use in the information technology, clinical laboratory, radiology and imaging, or other ancillary services departments. Such cost is included in "Information technology," "Clinical laboratory," "Radiology and imaging," and "Other ancillary services"; or
- Other costs related to clinic furniture and equipment such as maintenance cost.

Administrative Supplies and Services [6300-6336, 6346, 6350-6353, 6356, 6358, 6361, 6161-6524, 7230-7240 7730] [11]

Cost of printing, postage, books, subscriptions, administrative and medical forms, stationery, payroll services, practice regulatory, licensure and accreditation, employee relations dinners, picnics, entertainment, practice uniforms, business vehicle/ transportation, recruiting, job position classified advertising, moving costs and other administrative supplies and services.

Included:

- Purchased medical transcription services; and
- Purchased answering services.

Professional Liability Insurance Premiums [6270-6726] [11]

Also referred to as: Malpractice insurance

Premiums paid or self-insurance cost for malpractice and professional liability insurance for practice physicians, advanced practice providers, and employees.

Other Insurance Premiums [6700-6718] [11]

Cost of other policies such as cyber insurance, fire, flood, theft, casualty, general liability, officers' and directors' liability, and reinsurance.

Legal Fees [6342] [11]

Fees for professional legal services performed on a one-time or sporadic basis and are not employees of the organization.

Included:
- Fees related to legal services paid to attorneys who are not employees of the organization.

Consulting Fees [6345] [11]

Fees for professional consulting services preformed on a one-time or sporadic basis.

Included:
- Fees for management, financial, and other outside consulting services.

Outside Professional Fees [6340-6341, 6343-5344, 7830-7839] [11]

Fees for professional services performed on a one-time or sporadic basis.

Included:
- Fees for accounting services; and
- Fees for actuarial consultants, and other professional fees not listed.

Not included:
- Information services, architectural and public relations consultant fees. Such costs are included in "Information technology," "Building and occupancy," and "Promotion and marketing";
- Cost for contracted support staff, which is reported as "Total contracted support staff,"; or
- Cost for contracted physicians and locum tenens, which is reported as "Total physician" FTE and Cost.

Promotion and Marketing [6600] [11]

Cost of promotion, advertising and marketing activities, including patient newsletters, information booklets, flyers, brochures, yellow page listings, and public relations consultants.

Clinical Laboratory [7400-7440] [11] ⚙

Cost of clinical laboratory and pathology procedures defined by CPT codes 80047-89398, 36415, and 36416.

Included:

- Rental and/or depreciation cost of major furniture and equipment subject to capitalization;
- Repair and maintenance contract cost;
- Cost of supplies and minor equipment not subject to capitalization;
- Other costs unique to the clinical laboratory; and
- Cost of purchased laboratory technical services for fee-for-service patients.

Not included:

- Cost of purchased laboratory technical services for capitation patients. Such cost is reported as "Purchased services for capitation patients."

Radiology and Imaging [7300-7340] [11] ⚙

Cost of diagnostic radiology and imaging procedures defined by diagnostic radiology CPT codes 70010-76499, diagnostic ultrasound CPT codes 76506-76999, diagnostic nuclear medicine CPT codes 78012-78999, echocardiography CPT codes 93303- 93355, noninvasive vascular diagnostic studies CPT codes 93880-93998, and electrocardiography CPT codes 93000-93042.

Included:

- Rental and/or depreciation cost of major furniture and equipment subject to capitalization;
- Repair and maintenance contract cost;
- Cost of radiological diagnostics (isotopes);
- Cost of supplies and minor equipment not subject to capitalization. This amount is the net after subtracting the revenue from silver recovery from X-ray film and processing fixer;
- Other costs unique to the radiology and imaging department; and
- Cost of purchased radiology technical services for fee-for-service patients.

Not included:

- Cost of purchased radiology technical services for capitation patients. Such costs are reported as "Purchased services for capitation patients"; or
- Cost of procedures for radiation oncology CPT codes 77261-77799 or therapeutic nuclear medicine CPT codes 79005-79999. Such costs are included in "Other ancillary services."

Other Ancillary Services [7500-7640] [11]

Operating costs for all ancillary services departments except clinical laboratory and radiology and imaging.

Included:
- Operating costs for departments such as physical therapy, optical, ambulatory surgery, radiation oncology, therapeutic nuclear medicine, etc.;
- Rental and/or depreciation cost of major furniture and equipment subject to capitalization;
- Repair and maintenance cost;
- Cost of supplies and minor equipment not subject to capitalization;
- Other costs unique to the ancillary services departments; and
- Cost of purchased "other ancillary" technical services for fee-for-service patients.

Not included:
- Cost of purchased "other ancillary" technical services for capitation patients. Such costs are reported as "Purchased services for capitation patients";
- Cost of physical therapy and orthopedic items, such as crutches and braces, sold to patients. Such cost is included in "Cost of sales and/or cost of other medical activities"; or
- Cost of optical items, such as eyeglasses and contact lenses, sold to patients. Such cost is included in "Cost of sales and/or cost of other medical activities."

Billing and Collections Purchased Services [6354-6355, 6357, 6930] [11]

When a medical practice decides to purchase billing and collections services from an outside organization as opposed to hiring and developing its own employed staff to conduct billing and collections activities, the cost for such purchased services is considered "Billing and collections purchased services."

Included:
- Claims clearinghouse cost.

Management Fees Paid to an MSO or PPMC [6360, 6362] [11]

Medical practices may receive management or other services from an MSO, PPMC, hospital or other parent organization in return for a fee. The fee could be a contracted fixed amount, a percentage of collections or any other mutually agreed upon arrangement.

Included:
- Fees paid to an MSO/PPMC, hospital or parent organization for management services including management, administrative, and/or related support services; and
- The cost of support staff employed by the MSO/PPMC, if these costs were not reported separately in the Staff section.

Not included:
- The cost of support staff employed by the MSO/PPMC, if these costs were reported in the "Staff" section.

Miscellaneous Operating Cost [7740] [11]

Operating cost not included previously.

Not Included:
- Federal or state income taxes, which are included in "Nonmedical cost;" or
- Principal paid on loans, which is not reported anywhere in this data set.

Cost Allocated to Medical Practice from Parent Organization

When a medical practice is owned by a hospital, integrated delivery system, or other entity, the parent organization often allocates indirect costs to the medical practice. These indirect costs may have different names depending on the situation. Examples of alternative names are "shared services costs" or "uncontrollable costs." These costs may be arbitrarily assigned to the medical practice may be the result of negotiations between the practice and the parent organization, or the result of some sort of cost accounting system. Often, these indirect costs include a portion of the salaries of the senior management team of the parent organization, a portion of corporate human resources costs, or a portion of corporate marketing costs.

Depending on the type of cost, the cost may be allocated to the medical practice as a function of the ratio of medical practice FTE to total system FTE, the ratio of medical practice square footage to total system square footage, or the ratio of medical practice gross charges to total system gross charges. Depending on the culture of the integrated system, these indirect costs may or may not even show up on the financial statements of the medical practice.

Not included:
- Cash loans made to subsidiaries. Cash for loans does not appear anywhere in this data set.

Total Operating Cost

Also referred to as: Overhead

The sum of "Total support staff cost" and "Total general operating cost."

Total Operating and Advanced Practice Provider Cost

The sum of "Total operating cost," and "Total advanced practice provider cost."

Total Cost

The sum of "Total operating cost," "Total physician cost," and "Total advanced practice provider cost."

PRACTICE OPERATIONAL BENCHMARKS

Charge-Posting Lag Time
The number of days between when a patient was seen (date of service) and when the claim was posted for third-party payment.

Claim
A written request for payment submitted to a third-party for services rendered to patients by providers.

Hours of Operation
The days of the week and hours per day a practice is open to see patients.

Inbound Call Abandonment Rate
The percentage of total inbound calls that were disconnected and/or not answered.

Patient Portal
An online platform where patients can perform administrative tasks associated with their care. Examples of these tasks include scheduling appointments, paying bills, accessing test results, communicating with providers and medical staff, viewing medical records, filling new prescriptions, and requesting prescription refills.

Payer Contract
An agreement that outlines the terms and conditions under which a payer promises to pay the practice or specific provider for medically necessary services it provides patients.

PRODUCTIVITY BENCHMARKS

ASA Units
American Society of Anesthesiologists (ASA) units. The ASA units for a given procedure consist of three components: Base unit, time in 15-minute increments, and risk factors.

Included:
- Adjustments where a physician supervises a CRNA that is not employed by the reporting practices; and
- Units on a per case basis.

Not included:
- Duplicate units for split bills.

Collections % TC

The actual dollars collected that can be attributed to a physician for all professional services.

Included:

- Fee-for-service collections;
- Allocated capitation payments;
- Personally performed administration of chemotherapy drugs; and
- Personally performed administration of immunizations.

Not included:

- Collections on drug charges, including vaccinations, allergy injections, and immunizations, as well as chemotherapy and antinauseant drugs;
- The technical component (TC) associated with any laboratory, radiology, medical diagnostic or surgical procedure collections;
- Collections attributed to the advanced practice providers;
- Infusion-related collections;
- Facility fees;
- Supplies; or
- Revenue associated with the sale of hearing aids, eyeglasses, contact lenses, etc.

Encounters

A documented interaction, regardless of setting (including tele-visits and e-visits), between a patient and healthcare provider(s) for the purpose of providing medical services, assessing illness or injury, and determining the patient's health status. If a patient sees two different providers on the same day for one diagnosis, it is one encounter. However, if a patient sees two different providers from two different specialties/practices for the same diagnosis on the same day, it is considered two encounters. If a patient sees two different providers on the same day for two unrelated issues, then it is considered two encounters. Encounters are procedures from the evaluation and management chapter (CPT codes 99202-99499) or the medicine chapter (CPT codes 90281-99607) of the Physicians' Current Procedural Terminology, Fourth Edition, copyrighted by the American Medical Association (AMA).

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

Not included:
- Encounters attributed to advanced practice providers.
- Encounters with direct provider to patient interaction for the specialties of pathology or diagnostic radiology (see third bullet above under "Included");
- Visits where there is not an identifiable contact between a patient and a physician or advanced practice provider (i.e., patient comes into the practice solely for an injection, vein puncture, EKGs, EEGs, etc. administered by an RN or technician);
- Non-personally performed administration of chemotherapy drugs; or
- Non-personally performed administration of immunizations.

Evaluation and Management (E/M) Codes

Inpatient Codes

Included:
- 99221-99223, 99231-99233, 99238-99239, hospital inpatient services;
- 99251-99255, inpatient consultations;
- 99291-99292, 99471-99472, 99468-99469, critical care services;
- 99356-99359, prolonged physician service in the inpatient setting;
- 99360, physician standby services;
- 99366-99368, medical team conference;
- 99460, 99462-99465, newborn care;
- 99466-99467, pediatric patient transport;
- 99468-99476, inpatient neonatal and pediatric critical care;
- 99477, initial hospital care, neonatal intensive care services;
- 99478-99480, subsequent hospital care, neonatal intensive care services;
- 99487-99490, complex chronic care coordination;
- 99495-99496, transitional care management services; and
- 99497-99498, advance care planning.

Not included:
- 99499, unlisted evaluation and management services; or
- Evaluation and management codes attributed to advanced practice providers.

Evaluation and Management (E/M) Codes 🎓 🩺

Outpatient Codes

Included:
- 90791, 99201-99499, Psychiatric diagnostic evaluation;
- 90792, 99201-99499, Psychiatric diagnostic evaluation with medical services;
- 99201-99205, 99211-99215, office or other outpatient services;
- 99217, 99220-99226, 99234-99236, hospital observation services;
- 99241-99245, office consultations;
- 99281-99288, emergency department services;
- 99304-99310, 99315-99316, 99318, nursing facility services;
- 99324-99328, 99334-99337, domiciliary, rest home or custodial care services;
- 99339-99340, domiciliary, rest home, or home care plan overnight services;
- 99341-99345, 99347-99350, home services;
- 99354-99355, prolonged physician service in the office or outpatient setting;
- 99366-99368, medical team conference;
- 99374-99375, 99377-99380, care plan oversight services;
- 99381-99387, 99391-99397, 99401-99404, 99406-99409, 99411-99412, 99420, 99429, preventive medicine services;
- 99441-99444, non-face-to-face physician services;
- 99446-99449, interprofessional telephone/internet consultations;
- 99450, 99455-99456, special evaluation and management services;
- 99461, normal newborn care in other than hospital or birthing room setting;
- 99483, cognitive assessment and care plan services; and
- 99492-99494, psychiatric collaborative care management services.

Not included:
- 99499, unlisted evaluation and management services; or
- Evaluation and management codes attributed to advanced practice providers.

Gross Charges % TC

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, and bad debts. For both Medicare participating and nonparticipating providers, gross charges include the practice's full, undiscounted charge and not the Medicare limiting charge.

Included:
- Fee-for-service charges;
- In-house equivalent gross fee-for-service charges for capitated patients;
- Personally performed administration of chemotherapy drugs; and
- Personally performed administration of immunizations.

Not included:
- 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;
- Charges attributed to advanced practice providers;
- Infusion-related charges;
- Facility fees;
- Supplies; or
- Charges associated with the sale of hearing aids, eyeglasses, contact lenses, etc.

Undiscounted rates: The full retail prices before Medicare/Medicaid charge restrictions, third-party payer such as commercial insurance and/or managed care organization contractual adjustments, and other charitable, professional courtesy or employee adjustments.

Hours Per On-Call Coverage Method

The number of hours spent on-call per method.

Hours Spent on Directorship per Week

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

Hours Worked per Week

The actual number of hours the individual worked per week.

Modifier

A factor that causes an increase or decrease to RVU values such as modifiers 21, 22, 51, and 80 for additional complexity or multiple procedures.

Number of Exam/Treatment Rooms

The number of exam/treatment rooms located in the practice.
- This is available for per FTE Physician and per FTE Provider data cut selections only.

Panel Size <Cardiology and Primary Care Practices Only>

The "set of patients cared for by a physician" as the number of individual, unique patients that have been seen by any provider within the practice over the past 18 months. The following methodologies are used to calculate panel size:

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

Patients

The total number of individual patients who received services from the practice during a 12-month reporting period.

Included:

- Fee-for-service and capitation patients. A patient is simply a person who received at least one service from the practice during the 12-month reporting period, regardless of the number of encounters or procedures received by that person. If a person was a patient during the most recent fiscal year but did not receive any services at all during that fiscal year, that person would not be counted as a patient. A patient is not the same as a covered life. The number of capitated patients, for example, could be less than the number of capitated covered lives if a subset of the covered lives did not utilize any services during the 12-month reporting period.

Relative Value Units (RVUs)

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, advanced practice providers, and other health care professionals.

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. There are two different types of practice expense RVUs: 1. Fully implemented nonfacility practice expense RVUs; and 2. Fully implemented facility 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.

"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.

Total RVUs

The total RVUs reported in the compensation data sets will only reflect those performed by the physician or advanced practice provider in the practice.

Included:
- RVUs for the "physician work RVUs," "practice expense," and "malpractice RVUs," including any adjustments made because of modifier usage;
- RVUs for all professional medical and surgical services performed by providers;
- RVUs for the professional component of laboratory, radiology, medical diagnostic and surgical procedures;
- RVUs for procedures for both fee-for-service and capitation patients; and
- RVUs for all payers, not just Medicare.

Not included:
- RVUs for other scales such as McGraw-Hill, California;
- The technical component (TC) associated with any medical diagnostic, laboratory, radiology, or surgical procedure;
- 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

The work RVUs reported in the compensation data sets will only reflect those performed by the physician or advanced practice provider in the practice.

Included:

- RVUs for the "physician work RVUs" only, including any adjustments made because 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 postoperative management care; and
- All RVUs associated with professional charges, including both medically necessary and cosmetic RVUs.

Not included:

- RVUs for "malpractice RVUs" or "practice expense RVUs";
- 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 where the Geographic Practice Cost Index (GPCI) equals any value other than one. The GPCI must be set to 1.000 (neutral); or
- Work RVUs produced from the administration of chemotherapy drugs by someone other than the physician (i.e. nurses, techs, etc.).

Square Footage

The total number of finished and occupied square feet within outside walls for all the facilities (both administrative and clinical) that comprise the practice. Hallways, closets, elevators, stairways and other such spaces are included. For anesthesia practices, any leased or rented administrative office space are included, regardless of whether it is inside or outside the hospital setting.

Standardized
(Benchmarks Standardized to 100% Billable Clinical Activity) 🎓

Benchmarks reported for providers who have less than 100% billable clinical activity are standardized to 100% billable clinical. For example, if a provider is indicated as 50% billable clinical with 1,000 work RVUs, their billable clinical percentage is multiplied by 2 to standardize to 100% (50%*2 = 100%), and the same multiplier is used for their work RVUs (1,000*2 = 2,000).

Note: Unless specified as Standardized (Std) or otherwise, all academic productivity benchmarks reported are for providers with more than 67% billable clinical activity.

Total Procedures

The sum of "Medical procedures conducted inside the practice," "Medical procedures conducted outside the practice," "Surgery/anesthesia procedures conducted inside the practice," "Surgery/anesthesia procedures conducted outside the practice," "Clinical laboratory and pathology procedures," and "Diagnostic radiology and imaging procedures."

SCHEDULING BENCHMARKS

Appointment Time

A designated block of time spent providing patient care.

Cancellation Rate

The rate measuring appointments that were scheduled but cancelled by the patient, as a percent of total appointments. Rescheduled within 30 days after cancellation: the percentage of appointments that were rescheduled within 30 days of cancelling their patient's original appointments.

Established Patient

An individual who has previously received care from a provider in the same group practice, within the past three years.

New Patient

An individual who has not previously received care from a provider in the same group practice, within the past three years.

No-Show Fee

The amount charged when a patient does not show for a scheduled appointment.

No-Show Rate

The rate measuring appointments that were scheduled but patients did not show up for their scheduled time, as a percent of total appointments.

Preventive Care Visit

Typically, a yearly appointment intended to prevent illness and detect health concerns early before symptoms are noticeable.

Same-Day Appointments

The total number of appointment slots per day that are scheduled for same-day patients to accommodate for last-minute appointment requests.

Third Next Available Appointment

The number of business days from the start of each day to the third open appointment. This does not count days when the office is closed for business, however, days where the provider is unavailable due to vacation, administrative time, sick leave, etc. should be included in the count. Appointment slots reserved for same-day appointments, should not be included the count for third next available appointment.

Throughput/Total Cycle Time

The number of minutes between when a patient arrives at the practice and when they leave the practice including time spent waiting in the waiting area, exam room and checkout time.

Unfilled Appointment Slot

Total appointment slots that were not filled by a scheduled patient visit or purposely unscheduled per day.

Wait Time

The average time spent by a patient before receiving care in the waiting area or exam room.

STAFFING BENCHMARKS

Advanced Practice Provider (APP)

Also referred to as: Advanced practice practitioners, nonphysician providers (NPPs), physician extenders, mid-levels, etc.

Advanced practice providers are specially trained and licensed providers who can provide medical care and billable services. Examples of advanced practice providers include audiologists, certified registered nurse anesthetists (CRNAs), dieticians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, and surgeon's assistants.

NOTE: Residents are not considered advanced practice providers in MGMA data sets.

Hire Rate

The number of individuals hired for a given position, divided by the total number of positions within a practice.

Total Ancillary Support Staff

The sum of "Clinical laboratory," "Radiology and imaging" and "Other medical support services."

Clinical Laboratory Staff [5142, 5242] [11]

The clinical laboratory and pathology department conducts procedures for clinical laboratory and pathology CPT codes 80047-89398, 36415, and 36416.

Included:
- Support staff such as nurses, phlebotomists, secretaries and technicians; and
- Department director or manager.

Position titles included (but not limited to):
- Laboratory Services Manager
- Lab Section Supervisor
- Histotechnologist
- Laboratory Assistant
- Medical Lab Technician
- Medical Technologist
- Phlebotomist

Radiology and Imaging Staff [5141, 5241] [11]

Film library staff and the diagnostic radiology and imaging department conduct procedures for diagnostic radiology CPT codes 70010-76499, diagnostic ultrasound CPT codes 76506-76999, and diagnostic nuclear medicine CPT codes 78012-78999, echocardiography CPT codes 93303-93355, noninvasive vascular diagnostic studies CPT codes 93880-93998, and electrocardiography CPT codes 93000-93042.

Included:
- Support staff such as nurses, secretaries, and technicians; and
- Department director or manager.

Not included:
- Support staff for radiation oncology CPT codes 77261-77799 or therapeutic nuclear medicine CPT codes 79005-79999. Such positions should be included as "Other medical support services."

Position titles included (but not limited to):
- Radiology Services Manager
- EKG Technician
- EEG Lab Supervisor
- Mammography Technician
- EKG Lab Supervisor
- MRI Tech
- CAT Scan Technician
- Radiology Technologist
- Echocardiographer/Echo Tech
- Ultrasound Technician
- EEG Technician

Other Medical Support Services Staff [5143-5160, 5243-5260] [11] ⊚🗂

Support staff in any ancillary services department other than "Clinical laboratory" and "Radiology and imaging".

Included:
- Support staff who provide assistance to patients, such as patient relations staff or lay counselors;
- Support staff such as nurses, secretaries, technicians, physical therapy aides and assistants in ancillary services departments such as physical therapy, optical, ambulatory surgery, radiation oncology, therapeutic nuclear medicine, clinical research, pharmacists, and pharmacy support staff; and
- Department directors and managers in these ancillary services departments.

Not included:
- Advanced practice providers such as nurse practitioners, physician's assistants and physical therapists. These providers should be reported in "Advanced practice providers."

Position titles included (but not limited to):
- Aesthetician
- Athletic Trainer
- Cardiovascular Technologist
- Clinic Research Manager
- Clinical Research Coordinator
- Dental Assistant
- Dental Hygienist
- DME Technician
- Dosimetrist
- Endoscopy Technician
- Health Coach
- Massage Therapist
- Medical Interpreter
- Nuclear Medicine Technologist
- Occupational Therapy Assistant
- Ophthalmic Assistant
- Ophthalmic Technician
- Optical Shop Supervisor
- Optician
- Orthopedic/Cast Technician
- Paramedic
- Pharmacist
- Pharmacy Technician
- Physical Therapist Aide
- Physical Therapy Assistant
- Physicist
- Polysomnographic/Sleep Technician
- PT Education Coordinator
- Radiation Therapist
- Respiratory Therapist
- Social Worker (non-clinical)
- Speech Therapist
- Surgical Technologist
- Sterile Processing Technician
- Therapist/Counselor

Total Business Operations Support Staff

The sum of "General administrative," "Patient accounting," "General accounting," "Managed care administrative," "Information technology" and "Housekeeping, maintenance, security."

General Administrative Staff [5110-5111, 5117, 5210-5211, 5217] [11]

General administrative and practice management staff, supporting secretaries, and administrative assistants.

Included:

- Executive staff such as administrator, assistant administrator, chief financial officer, medical director, site/branch/office managers, human resources, marketing, credentialing, and purchasing department staff.

Not included:

- Directors of departments listed separately. Examples include information technology director, medical records director, laboratory director, and radiology director. Such positions should be included in "Information technology," "Medical records," "Clinical laboratory," or "Radiology and imaging," as appropriate; or
- Credentialing staff as they pertain to managed care departments, such positions should be included in "Managed care administrative."

Position titles included (but not limited to):

- Associate/Assistant Medical Director
- Chief Medical Officer (CMO)
- Medical Director
- Physician Chief Executive Officer (CEO/President)
- Administrator
- Chief Department Administrator (CDA)
- Associate/Assistant Department Administrator
- Assistant Administrator
- Chief Compliance Officer
- Chief Executive Officer (CEO)/ Executive Director
- Chief Financial Officer (CFO)
- Department Financial Officer
- Chief Information Officer (CIO)
- Chief Nursing/Clinical Officer (CNO)
- Chief Operating Officer (COO)
- Chief Legal Counsel
- Chief Strategy Officer
- Human Resources Executive
- Marketing Executive
- MSO Administrator/Executive Director

- Patient Care Executive
- Ambulatory/Clinical Services Director
- Ancillary Services Director
- Branch/Satellite Clinic Director
- Building and Grounds Director
- Business Services Director
- Clinical Research Director
- Compliance Director
- Contracting Director
- Development Director
- Education and Training Director
- Finance Director
- Health Plan Director
- Human Resources Director
- Information Systems Director
- Laboratory Services Director
- Managed Care Director
- Marketing and Sales Director
- Materials Management Director
- Medical Records Director
- Nursing Services Director
- Operations Director
- Pharmacy Services Director

- Physician Recruitment Director
- Physician Relations Director
- Quality Improvement/Quality Assurance Director
- Radiology Services Director
- Reimbursement Director
- Revenue Cycle Director
- Strategy/Business Planning Director
- Branch/Satellite Clinic Manager
- Business Office Manager
- Call Center Manger
- Clinical Department Manager
- Clinical Practice Manager
- Compliance Manager
- Front Office Manager
- Human Resources Manager
- Marketing Manager
- Materials Management Manager
- Office Manager
- Operations Manager
- Training/Education Manager
- Human Resources Specialist
- Marketing/Communications Specialist
- Recruiter
- Business Office Supervisor
- Clinic Supervisor
- Front Office Supervisor
- Administrative Assistant
- Administrative Secretary
- Business Office Assistant Manager
- Business Office Staff
- Data Analyst
- Executive Assistant
- Human Resources Generalist

Patient Accounting Staff [5112, 5212] [11]

Patient accounting (billing and collections) staff, such as department supervisor, billing/accounts receivable manager, financial counselor, coding, charge entry, insurance, billing, collections, payment posting, refund, adjustment, and cashiering staff.

Position titles included (but not limited to):

- Authorization Specialist
- Billing Manager
- Billing Staff
- Cashier
- Coding Specialist
- Coding Manager
- Coder
- Collections Staff
- Credit/Collections Manager
- Insurance Clerk
- Insurance Manager
- Patient Accounting Manager
- Patient Accounts Representative
- Reimbursement/Collections Manager

General Accounting Staff [5113, 5213] [11]

General accounting office staff, such as department supervisor, controller, financial accounting manager, accounts payable, payroll, bookkeeping, and financial accounting input staff.

Position titles included (but not limited to):

- Benefits Manager
- Accounting Staff
- General Accounting Manager
- Bookkeeper
- Accountant
- Financial Analyst
- Benefits/Payroll Specialist
- Workers Compensation Liaison

Managed Care Administrative Staff [5114, 5214] [11]

Managed care administrative staff, such as supporting secretaries and administrative assistants.

Included:
- HMO/PPO contract administrators, case management staff, actuaries, managed care medical directors and managed care marketing, quality assurance, referral coordinators, utilization review, credentialing staff, patient care coordinators and case managers.

Position titles included (but not limited to):
- Utilization Review Manager
- Managed Care Coordinator
- Credentialing Specialist
- QA/QI Coordinator
- Care Coordinator
- QA/UR Nurse
- Care/Case Manager
- Referral Coordinator

Information Technology Staff [5115, 5215] [11]

Information technology staff, such as data processing, computer programming, telecommunications staff, EHR or initiative compliance specialists, department director or manager.

Position titles included (but not limited to):
- IS Manager/Network Administrator
- Information Systems Manager
- IT Implementation Specialist
- IT Programming Staff
- IT Support Technician

Housekeeping, Maintenance, Security Staff [5116, 5216] [11]

Housekeeping, maintenance, and security staff.

Position titles included (but not limited to):
- Building and Grounds Manager
- Building Engineer/Maintenance
- Housekeeping Supervisor
- Housekeeper

Total Clinical Support Staff

The sum of "Registered nurses," "Licensed practical nurses" and "Medical assistants, nurse's aides."

Registered Nurses Staff [5131, 5231] [11]

Registered nurse staff and registered nurses working as frontline managers or lead nurses including home health nurses.

Not included:
- Advanced practice providers such as nurse practitioners, certified registered nurse anesthetists (CRNAs), or nurse midwives, who are included in "Advanced practice providers"; or
- Registered nurses who worked exclusively in the departments of clinical laboratory, radiology and imaging or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):
- Infusion Nurse
- Registered Nurse
- Nursing Manager
- Triage Nurse
- Nursing Supervisor*
  categorize based on credentials

Licensed Practical Nurses Staff [5132, 5232] [11]

Not included:
- Licensed practical nurses who worked exclusively in the departments of clinical laboratory, radiology and imaging, or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):
- Nursing Supervisor*
  * categorize based on credentials
- Licensed Practical Nurse

Medical Assistants, Nurse's Aides Staff [5133, 5134, 5233, 5234] [11]

Not included:
- Medical assistants and nurse aides who worked exclusively in the departments of clinical laboratory, radiology and imaging, or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):
- Certified Nursing Assistant
- Medical Assistant
- Patient Care Assistant
- Nursing Supervisor*
  categorize based on credentials

Total Front Office Support Staff

The sum of "Medical receptionists," "Medical secretaries, transcribers," "Medical records" and "Other administrative support."

Medical Receptionist Staff [5121, 5221] [11]

Medical receptionist staff, such as switchboard operators, schedulers, and appointment staff.

Not included:

- Medical receptionists who worked exclusively in the departments of clinical laboratory, radiology and imaging, or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):

- Appointment Secretary
- Front Desk Staff
- Scheduling Staff (excluding Surgical Scheduler)
- Patient Service Coordinator
- Surgical Scheduler
- Receptionist
- Switchboard Operator

Medical Secretaries, Transcribers Staff [5122, 5222] [11]

Medical secretaries and transcribers.

Not included:

- Medical secretaries and transcribers who worked exclusively in the departments of clinical laboratory, radiology and imaging, or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):

- Medical Transcription Manager
- Transcription Manager
- Medical Scribe
- Medical Secretary
- Transcriptionist

Medical Records Staff [5123, 5223] [11]

Medical records staff such as medical records clerks and department director or manager.

Not included:

- Medical records and coding staff who worked exclusively in the departments of clinical laboratory, radiology and imaging or other ancillary departments. Such positions should be included in "Clinical laboratory," "Radiology and imaging," and "Other medical support services."

Position titles included (but not limited to):

- Medical Records Manager
- Medical Records Staff
- Clinical Documentation Specialist

Other Administrative Support Staff [5124, 5224] [11]

Other administrative staff such as shipping and receiving, cafeteria, mailroom, and laundry staff.

Position titles included (but not limited to):
- Courier

Total Contracted Support Staff FTE (Temporary)

The sum of all total temporary/contracted support staff.

Total Employed Support Staff

The sum of "Total business operations support staff," "Total front office support staff," "Total clinical support staff," and "Total ancillary support staff" FTE and costs.

Included:
- The full-time equivalent (FTE) for all support staff employed by all the legal entities working in support of the medical practice; and
- The allocated FTE where the practice consists of multiple legal entities.

Not included:
- Contracted support staff.

Total Physicians

The sum of "Primary care physicians," "Nonsurgical specialty physicians," and "Surgical specialty physicians" FTE and costs.

Total Providers

The sum of "Total advanced practice providers" and "Total physicians" FTE and costs.

Included:
- Practice providers such as shareholders/partners, salaried associates, employed and contracted providers, and locum tenens;
- Residents and fellows working at the practice; and
- Only providers involved in clinical care.

Not included:
- Full-time provider administrators or the time that a provider devotes to medical director activities. The FTE and cost for such activities are included as "General administrative."

Total Support Staff

The sum of "Total employed support staff" and "Total contracted support staff."

Turnover Rate

The number of individuals who left a given position, divided by the total number of positions within a practice.

VALUE BASED BENCHMARKS

30-Day Post-Operative Infection Rate

Post-operative infection is defined as any infection that occurs within 30 days of operation and may be related to the operation itself or the postoperative course. To calculate, divide the number of post-operative infections experienced by patients tied to value-based contracts within 30 days of operation by the total number of patients tied to value-based contracts.

Covered Lives

The number of people (and their dependents) enrolled in a particular health insurance program.

Emergency Department (ED) Utilization

To calculate, divide the number of inpatient and/or outpatient emergency department admissions experienced by patients tied to value-based contracts by the total number of patients tied to value-based contracts.

Hospital 30-Day Readmission Rate

A 30-day hospital readmission refers to when a patient is admitted to a hospital within 30 days or less of being discharged from a hospital for a previous stay. To calculate, divide the number of patients tied to value-based contracts with hospital readmission within 30 days by the total number of hospital discharges for patients tied to value-based contracts.

Hospital Admission Rate

To calculate, divide the number of hospital admissions experienced by patients tied to value-based contracts by the total number of patients tied to value-based contracts.

Value-Based Contracts

Contractual arrangements in which payment for providing healthcare goods and services is tied to terms that are based on clinical quality, patient outcomes, cost effectiveness and other specified measures of the appropriateness and effectiveness of the services rendered.

- **Commercial:** Private insurance excluding Medicare Advantage Programs.
- **Government:** May include CMS's Quality Payment Program (QPP), which includes the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).
- **Medicare Advantage:** Part of the Medicare Program, and may include Part A, B and D benefits, however, the benefits are instead offered through contracts with private insurers.

DEMOGRAPHIC/FILTER DEFINITIONS

Academic Status

Academic: An organization whose majority owner is a university, or their organization type is a medical school or university hospital.
Non-Academic: An organization whose majority owner is not a university, and their organization type is not a medical school or a university hospital.

Accountable Care Organization (ACO)

A group of coordinated health care providers who form a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for their population of patients. The ACO is accountable to patients and the third-party payer for the quality, appropriateness, and efficiency of the care provided.

Advanced Practice Provider to Physician Ratio

The practice's ratio of advanced practice providers to physicians.
- Physicians only
- Fewer than one APP per Physician
- One or more APPs per Physician

American College of Medical Practice Executives (ACMPE) Status

The ACMPE (American College of Medical Practice Executives) status held by the staff member.
- Not certified
- Certified (CMPE)
- Fellow (FACMPE)

Care Team Model <Anesthesiology Only>

According to the American Society of Anesthesiologists, the care team model consists of anesthesiologists supervising qualified advanced practice anesthesia providers and/or resident physicians who are training in the provision of anesthesia care. The anesthesiologist may delegate patient monitoring and appropriate tasks to these advanced practice providers while retaining overall responsibility for the patient.

Members of the Anesthesia Care Team work together to provide the optimal anesthesia experience for all patients. Core members of the anesthesia care team include both physicians (anesthesiologist, anesthesiology fellow, anesthesiology resident) and advanced practice (anesthesiologist assistant, nurse anesthetist, anesthesiologist assistant student, student nurse anesthetist). Other healthcare professionals also make important contributions to the perianesthetic care of the patient.

To provide optimum patient safety, the anesthesiologist directing the Anesthesia Care Team is responsible for management of team personnel, patient pre-anesthetic evaluation, prescribing the anesthetic plan, management of the anesthetic, post- anesthesia care and anesthesia consultation.

Certified in Position

Whether or not the staff is certified in their position.

Clinical Full Time Equivalent (FTE)

Also referred to as: cFTE

A measure based upon the number of hours worked on clinical activities for each provider. A provider cannot be more than 1.0 FTE but may be less. For example, a physician administrator who is 80 percent clinical and 20 percent administrative would be 0.8 clinical FTE; a physician with a normal workweek of 32 hours (4 days) working in a clinic or hospital for 32 hours would be a 1.0 clinical FTE; a physician with a normal workweek of 50 hours (5 days) working 32 clinical or hospital hours would be a 0.64 clinical FTE (32 divided by 50 hours).

Compensation Method

The compensation plan/financial funds flow model that best represents the compensation plan for the individual.

- Hourly
- Salary Only (No Bonus)
- Base Salary + Discretionary Bonus

Compensation Plan

% of Total Compensation Based on On-Call Compensation: Compensation based on "on-call" time.

% 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.

% 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.

% of Total Compensation Based on Straight/Base Salary: Compensation is a fixed, guaranteed salary.

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

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.

Demographic Classification

The county in which the practice is located is defined as a nonmetropolitan or metropolitan county by the Office of Management and Budget (OMB), based on recent Census Bureau data.

Employment Status

Whether the employee was actively employed, newly hired or no longer employed. If the individual was employed the entire fiscal year, they were actively employed. If the individual was newly hired by the practice during the reported fiscal year, their FTE was adjusted to be reflective of the hire date and is not annualized. If the individual left the practice for any reason during the fiscal year, the FTE was adjusted to be reflective of months worked and their compensation and hourly rate would not be annualized.

Exemption Status

Exempt: Individuals who are exempt from receiving overtime compensation as defined by the Fair Labor Standards Act (FLSA). With some limited exceptions, exempt employees must be paid on a salary basis.

Nonexempt: Individuals who are not exempt from overtime provisions as defined by the FLSA and are therefore entitled to minimum wage and overtime pay for all hours worked beyond 40 in a workweek (as well as any state overtime provisions). Nonexempt employees may be paid on a salary, hourly or other basis.

Faculty Rank

The highest academic rank held by the faculty physician.

Included:

- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Division Chair/Chief
- Non-Faculty

Not included:

- Itinerary volunteers or commissioned physicians who teach; or
- Fellows

Federally Qualified Health Center (FQHC)

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

- Community Health Centers which serve a variety of underserved populations and areas;
- Migrant Health Centers which serve migrant and seasonal agricultural workers;
- Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.
- FQHCs are community-based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.

Formal Education Level

The formal education level that best represents the individual.

- High school diploma or the equivalent
- Associate degree or other two-year degree
- Bachelor's degree or other four-year degree
- Master's degree
- PhD, JD, EdD
- MD, DO
- MD or DO (with master's degree)

Freestanding Ambulatory Surgery Center (ASC)

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. ASCs are not included in data sets.

Full Time Equivalent (FTE)

A measure based upon the number of actual hours worked regardless of whether it's spent in clinical or nonclinical activities. A 1.0 FTE provider works the 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. A provider working 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 hours divided by 40 hours). A provider working full-time for three months during a year would be 0.25 FTE (3 months divided by 12 months). Regardless of the number of hours worked, an individual cannot be counted as more than 1.0 FTE.

Full-Time Provider: 0.75 – 1.0 FTE
Part-Time Provider: 0.35 – 0.75 FTE
Standardized Provider: 0.40 – 1.0 clinical FTE

GEOGRAPHIC SECTION
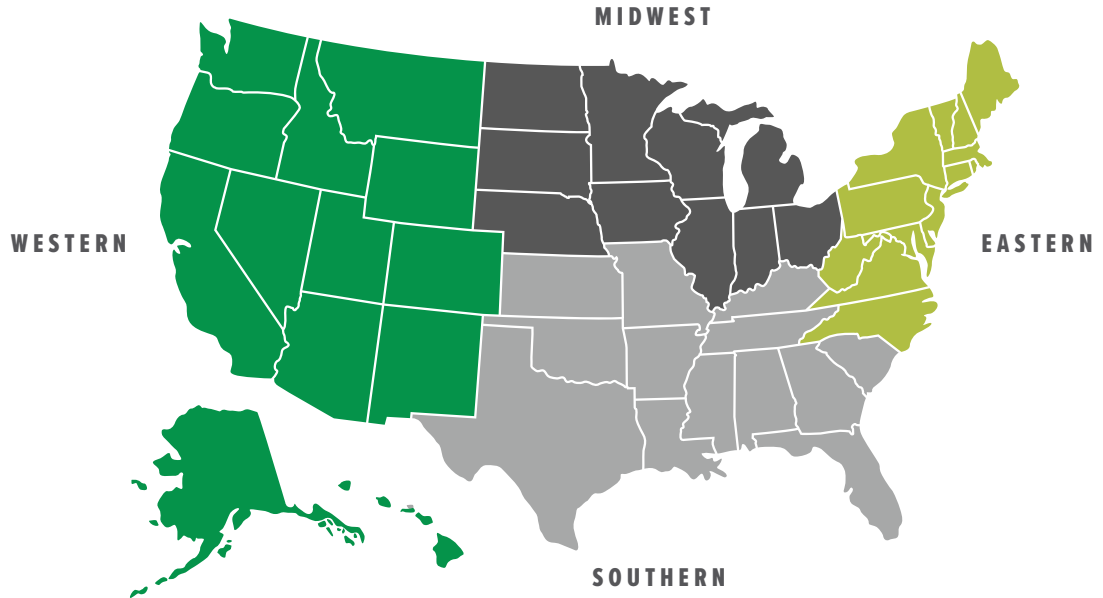
Western Section:
Alaska
Arizona
California
Colorado
Hawaii
Idaho
Montana
Nevada
New Mexico
Oregon
Utah
Washington
Wyoming

Midwest Section:
Illinois
Indiana
Iowa
Michigan
Minnesota
Nebraska
North Dakota
Ohio
South Dakota
Wisconsin

Eastern Section:
Connecticut
Delaware
District of Columbia
Maine
Maryland
Massachusetts
New Hampshire
New Jersey
New York
North Carolina
Pennsylvania
Rhode Island
Vermont
Virginia
West Virginia

Southern Section:
Alabama
Arkansas
Florida
Georgia
Kansas
Kentucky
Louisiana
Mississippi
Missouri
Oklahoma
South Carolina
Tennessee
Texas

Health and Human Services (HHS) Regions

HHS Region 1:
Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

HHS Region 2:
New Jersey
New York

HHS Region 3:
Delaware
District
of Colombia
Maryland
Pennsylvania
Virginia
West Virginia

HHS Region 4:
Alabama
Florida
Georgia
Kentucky
Mississippi
North Carolina
South Carolina
Tennessee

HHS Region 5:
Illinois
Indiana
Michigan
Minnesota
Ohio
Wisconsin

HHS Region 6:
Arkansas
Louisiana
New Mexico
Oklahoma
Texas

HHS Region 7:
Iowa
Kansas
Missouri
Nebraska

HHS Region 8:
Colorado
Montana
North Dakota
South Dakota
Utah
Wyoming

HHS Region 9:
Arizona
California
Hawaii
Nevada

HHS Region 10:
Alaska
Idaho
Oregon
Washington

Hired Out of Residency or Fellowship

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.

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.

Internal or External Directorship

External Directorship: A directorship is considered external if a different federal tax ID is used for the provider's clinical work and directorship duties. For example, if the physician is employed by a medical director for an organization other than the one he or she practices at, the directorship would be considered "External."

Internal Directorship: A directorship is considered internal if the same federal tax ID is used for the provider's clinical work and directorship duties. For example, if the physician is employed by his medical practice for his medical directorship duties, the directorship would be considered "Internal."

Lead in Position

An individual who is considered a lead in the position, demographic in nature.

Legal Organization

Business Corporation: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.

Limited Liability Company (LLC): A legal entity that is a hybrid between a corporation and a partnership, because it provides limited liability to owners like a corporation while passing profits and losses through to owners like a partnership.

Not-for-profit Corporation/Foundation: An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational, or research purpose.

Partnership: An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets, and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.

Professional Corporation/Association: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders must be licensed in the profession practiced by the organization.

Sole Proprietorship: An organization with a single owner who is responsible for all profit, losses, assets, and liabilities.

Loan Forgiveness Amount

The dollar value the provider receives as loan forgiveness in his/her contract.

Medical School

A medical school is an institution that trains physicians and awards medical and osteopathic degrees.

Method for Medical Directorship Compensation

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

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

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

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

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

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

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

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

Method for On-Call Compensation 📞

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

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

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

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

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

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

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

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

Minor Geographic Region

Northeast:
Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

North Atlantic:
New Jersey
New York
Pennsylvania

Northwest:
Idaho
Oregon
Washington

Mid Atlantic:
Delaware
District of Columbia
Maryland
Virginia
West Virginia

Southeast:
Alabama
Florida
Georgia
Mississippi
North Carolina
South Carolina
Tennessee

Eastern Midwest:
Illinois
Indiana
Kentucky
Michigan
Ohio

Upper Midwest:
Iowa
Minnesota
Nebraska
North Dakota
South Dakota
Wisconsin

Lower Midwest:
Arkansas
Kansas
Louisiana
Missouri
Oklahoma
Texas

Rocky Mountain:
Arizona
Colorado
Montana
Nevada
New Mexico
Utah
Wyoming

Pacific:
Alaska
California
Hawaii

Number of FTE Advanced Practice Providers

The practice's full-time-equivalent (FTE) advanced practice provider count. For further detail on FTE or Advanced Practice Providers, see corresponding definitions.

- No advanced practice providers
- 3 or fewer
- 4 to 9
- 10 or more

Number of FTE Physicians

The practice's full-time-equivalent (FTE) physician count. For further detail on FTE, see Full-Time Equivalent above.

- 6 or fewer
- 7 to 10
- 11 to 25
- 26 to 50
- 51 to 75
- 76 to 150
- 151 or more
- 3 or fewer
- 4 to 6
- 7 to 10
- 11 to 25
- 26 to 50
- 51 to 75
- 76 to 150
- 151 or more

Number of FTE Providers

The practice's full-time-equivalent (FTE) provider count. For further detail on FTE or providers, see corresponding definitions.

- 10 or fewer
- 11 to 25
- 26 to 50
- 51 to 100
- 101 to 150
- 151 or more

Number of FTE Support Staff

The practice's total support staff FTE including business operations staff, front office support staff, clinical support staff, ancillary support staff, and contracted support staff.

- No support staff
- 3 or fewer
- 4 to 9
- 10 or more
- 3 or fewer
- 4 to 6
- 7 to 10
- 11 to 25
- 26 to 50
- 51 to 75
- 76 to 150
- 151 to 250
- 251 to 500
- 501 or more

Organization Ownership

Hospital/IDS Owned:

- **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 or Integrated Delivery System (IDS):** A network of organizations that provide or coordinate and arrange for the provision of a continuum of health care 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 entity organized to provide various forms of practice management and administrative support services to health care 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 health care 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):** Publicly held or entrepreneurial directed enterprises that acquire total or partial ownership interests in physician organizations. PPMCs are a type of MSO, however their motivations, goals, strategies, and structures arising from their unequivocal ownership character – development of growth and profits for their investors, not for participating providers – differentiate them from other MSO models.

Physician Owned:

- **Advanced Practice Providers:** Any advanced practice provider (e.g. nurse practitioners, physical therapists, etc.) duly licensed and qualified under the law of jurisdiction in which treatment is received.
- **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.

Other Majority Owner:

- **Insurance company (including HMO and PPO):** 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.
- **Government:** A governmental organization at the federal, state, or local level. Government funding is not enough criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility.
- **Privately Operated:** 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. Includes non-clinical investors or owners.
- **University or Medical School:** 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.
- **Foundation:** Foundations are very similar to nonprofit legal entities to allow physicians, organizations or other healthcare providers a mechanism to provide medical services or perform research. Foundations are generally organizations that do not qualify as a public charity, but are often set up via an endowment to support charitable purposes or as a memorial or similar healthcare related purpose. They are usually nonstock corporations and are eligible for federal tax exempt status.

Patient Care Revenue

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

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

Patient Centered Medical Home (PCMH)

A care delivery model where patient treatment and care is coordinated through their primary care provider to ensure they receive high quality care when care is necessary. The objective is collaboration between the patient and physicians with care delivered in a way the patient can understand. PCMHs seek to improve the quality, effectiveness, and efficiency of the care delivered while focusing on meeting patient needs first.

Physician Title (Physicians Only)

Doctor of Medicine (M.D): A physician who has earned a degree in medicine and specifically allopathic medicine.

Doctor of Osteopathic (D.O): A physician who has earned a degree in osteopathic medicine or osteopathy.

Physician Work Hours Allocation

The percentage of a physician's total work hours allotted to billable clinical, administrative, teaching, research and/or other work.

% Administrative: Administrative percent can be calculated a variety of ways. In general, the calculations are all the same – the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Administrative effort includes medical directorships as well as other administrative duties.

% Billable Clinical: Those activities performed by the physician in which patients are seen in the office, outpatient clinic, emergency room, nursing home, operating room, or labor and delivery; any time spent on hospital rounds, telephone conversations with patients, consultations with providers, interpretation of diagnostic tests, and chart review. This should also include "on-call" hours if the provider is required to be present in the medical facility, such as a medical clinic or hospital. Billable clinical percent can be calculated a variety of ways. In general, the calculations are all the same — the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Clinical effort and activities include direct patient care and consultation, individually or in a team-care setting, where a patient bill is generated, or a fee-for-service equivalent charge is recorded.

% Research: Measures used by the department to track productivity of research efforts. The 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."

Included:

- 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.

% Teaching: Measures used by the department to track effectiveness and/or productivity of teaching efforts. 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."

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

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

Practice Type

Multispecialty: A medical practice that consists of physicians practicing in different specialties.
- **Multispecialty with Primary and Specialty Care:** Medical practices that consist of physicians practicing in different specialties, including at least one primary care specialty listed below:
    - Family Medicine: General
    - Family Medicine: Sports Medicine
    - Family Medicine: With Obstetrics
    - Family Medicine: Without Obstetrics
    - Geriatrics
    - Internal Medicine: General
    - Pediatrics: Adolescent Medicine
    - Pediatrics: General
    - Pediatrics: Sports Medicine
    - Urgent Care
- **Multispecialty with Primary Care Only:** A medical practice that consists of physicians practicing in more than one of the primary care specialties listed above or one of the specialties below:
    - Obstetrics/Gynecology
    - Gynecology (Only)
    - Obstetrics (Only)
- **Multispecialty with Specialty Care Only:** A medical practice that consists of physicians practicing in different specialties, none of which are the primary care specialties listed above. Single Specialty: A medical practice that focuses its clinical work in one specialty. The determining factor for classifying the type of specialty is the focus of clinical work and not necessarily the specialties of the physicians in the practice.

Physician had Supervisory Duties

Whether or not a physician supervised advanced practice providers or equivalent, excluding resident(s), or not in their practice.

Primary Shift

First Shift (or Day Shift): Provider/employee's primary shift is daytime hours.
Second Shift (or Swing Shift): Provider/employee's primary shift runs from afternoon to evening.
Third Shift (or Night Shift): Provider/employee's primary shift runs from evening to early morning.

Provider

Both physician and advanced practice providers (APP) that provide medical care and billable services.

Relocation of Placement

The state from which the provider relocated. If the provider was relocated from outside of the United States, "Out of Country" was indicated.

Rent vs. Own Practice Space

Whether a practice rents or owns their medical practice space.

Rural Health Clinic (RHC)

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

Signing Bonus Offered

Whether or not a provider was offered a signing bonus as part of the contract offer or negotiation.

Signing Bonus

A signing bonus is a financial award offered by a practice to a new employee as an incentive to sign a contract and join the organization.

Signing Bonus Payback Required

Full Payback: Full payback of the signing bonus from the provider to the practice.
Prorated Payback: A prorated amount of the signing bonus.
Not Required: The provider is not required to pay back the signing bonus.

Staffing Model for Anesthesiology Practices <Anesthesiology Only>

Designation for various Anesthesiology practice staffing models.
- Physician Only
- Fewer than 1 CRNA/Anesthesia Assistant (AA) per Physician
- 1 CRNA/Anesthesia Assistant (AA) per Physician or more

Starting Bonus Offered

Whether or not a provider was offered a starting bonus as part of the contract offer or negotiation.

Starting Bonus

A starting bonus is a financial award offered by a practice to a new employee as an incentive at the start of his/her employment with the organization.

Technical Component (TC)

Modifier-TC, when attached to an appropriate CPT code, represents the technical component of the procedure and includes the cost of equipment and supplies to perform that procedure. This modifier corresponds to the equipment/facility part of a given procedure.

- 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, that would be considered "0% TC." If collections for professional charges and gross charges did include the technical component, referred to as global fee billing, we provide approximate percentage of charges represented by the technical component, which will be either "1-10%" or "greater than 10%.

Total Medical Revenue

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.

- **Net Prepaid (Capitation/Subcapitation) Revenue:** Include all capitation revenue received from Health Maintenance Organizations (HMOs), risk-sharing revenue, hospital/utilization withholds, co-payments and revenue received from a benefits coordination and/or reinsurance recovery situation minus professional and medical services purchased from outside providers.
- **Net Other Patient Care/Medical Services Revenue:** Include all revenue received from the sale of goods and services such as durable medical equipment rental, revenue from medical service contracts with nursing homes or ambulatory care centers, hospital reimbursements for direct patient care, and revenue from providing ancillary services on a fixed fee or percentage contract that are not billed as fee-for-service.
- **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.
- **Total Department Revenue:** all revenue received by the department from patient care activities, net of all refunds, returned checks, contractual discounts and allowances, bad debts and write-offs. The sum of total fee-for-service (FFS) revenue, net prepaid (capitation/subcapitation) revenue and net other patient care/medical services revenue equals total patient care revenue.
- **Total FFS Revenue:** Include net collections (receipts) from patients who are self-insured, or reimbursements from a third-party insurer that compensates the department (practice plan) on a fee-for-service, or discounted fee-for service basis

Type of Compensation Tax Form

The form (W2, K1, 1099) used to report employee wages.

Type of On-Call Coverage Provided 📞

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

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

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

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

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

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

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

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

Other Call: Coverage outside of those listed above

Work Status 🩺

- Full-Time 0.75 – 1.0 FTE and ≥ 75% billable clinical
- Part-Time 0.35 – 0.75 FTE and ≥ 75% billable clinical
- Partially Clinical 0.75 – 1.0 FTE and 35% - 75% billable clinical

Years of Experience 👥

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

Years in Specialty 🎓 🩺 👆 📋

The number of years the physician or advanced practice provider has practiced in the specialty reported. The count of the number of years begins at the time the physician completes the latter of the residency or fellowship.

SPECIALTY ROLLUPS AND POSITION TITLE DEFINITIONS

Specialty Rollups

Primary Care

- Family Medicine (with OB)
- Family Medicine (without OB)
- Family Medicine: Ambulatory Only (No Inpatient Work)
- Family Medicine: Sports Medicine
- Geriatrics
- Hospice/Palliative Care
- Hospitalist: Family Medicine
- Hospitalist: Internal Medicine
- Hospitalist: Neurology
- Hospitalist: Nocturnist
- Hospitalist: OB/GYN
- Internal Medicine: General
- Internal Medicine: Ambulatory Only (No Inpatient Work)
- OB/GYN: General
- OB/GYN: Gynecology (Only)
- Pediatrics: General
- Pediatrics: Adolescent Medicine
- Pediatrics: Hospitalist
- Pediatrics: Hospitalist-Internal Medicine
- Pediatrics: Internal Medicine
- Pediatrics: Sports Medicine
- Pediatrics: Urgent Care
- Urgent Care

Nonsurgical Specialist

- Allergy/Immunology
- Bariatrics (Nonsurgical)/Obesity Medicine
- Cardiology: Electrophysiology
- Cardiology: Invasive
- Cardiology: Invasive-Interventional
- Cardiology: Noninvasive
- Clinical Pharmacology
- Critical Care: Intensivist
- Dentistry
- Dermatology
- Dermatology: Dermatopathology
- Emergency Medicine
- Endocrinology/Metabolism
- Gastroenterology
- Gastroenterology: Hepatology
- Genetics
- Hematology/Oncology
- Hematology/Oncology: Oncology (Only)
- Hyperbaric Medicine/Wound Care
- Infectious Disease
- Nephrology
- Neurology
- Neurology: Epilepsy/EEG
- Neurology: Neurocritical Care
- Neurology: Neuromuscular
- Neurology: Stroke Medicine
- OB/GYN: Gynecological Oncology
- OB/GYN: Maternal and Fetal Medicine
- OB/GYN: Reproductive Endocrinology
- OB/GYN: Urogynecology
- Occupational Medicine
- Orthopedics (Nonsurgical)
- Pain Management: Nonanesthesia
- Pathology: Anatomic and Clinical
- Pathology: Anatomic
- Pathology: Anatomic-Autopsy
- Pathology: Anatomic-Cytopathology
- Pathology: Anatomic-Neuropathology
- Pathology: Anatomic-Renal
- Pathology: Clinical
- Pathology: Clinical-Hematopathology
- Pathology: Clinical-Transfusion Medicine
- Pediatrics: Allergy/Immunology
- Pediatrics: Bone Marrow Transplant
- Pediatrics: Cardiology
- Pediatrics: Child Development
- Pediatrics: Clinical and Lab Immunology
- Pediatrics: Critical Care/Intensivist
- Pediatrics: Dermatology
- Pediatrics: Emergency Medicine
- Pediatrics: Endocrinology
- Pediatrics: Gastroenterology
- Pediatrics: Genetics
- Pediatrics: Hematology/Oncology
- Pediatrics: Infectious Disease
- Pediatrics: Neonatal Medicine
- Pediatrics: Nephrology
- Pediatrics: Neurology
- Pediatrics: Pulmonology
- Pediatrics: Radiology
- Pediatrics: Rheumatology
- Physiatry (Physical Medicine and Rehabilitation)
- Podiatry: General
- Psychiatry: General
- Psychiatry: Addiction Medicine
- Psychiatry: Chemical Dependency
- Psychiatry: Child and Adolescent
- Psychiatry: Forensic
- Psychiatry: Geriatric
- Pulmonary Medicine: General
- Pulmonary Medicine: Critical Care
- Pulmonary Medicine: General and Critical Care
- Radiation Oncology
- Radiology: Interventional
- Radiology: Diagnostic
- Radiology: Neurological
- Radiology: Nuclear Medicine
- Rheumatology
- Sleep Medicine

Surgical Specialist

- Anesthesiology
- Anesthesiology: Cardiology
- Anesthesiology: Pain Management
- Dermatology: Mohs Surgery
- Nephrology: Transplant
- OB/GYN: Minimally Invasive Gynecologic Surgery
- Ophthalmology
- Ophthalmology: Corneal and Refractive Surgery
- Ophthalmology: Glaucoma
- Ophthalmology: Neurology
- Ophthalmology: Oculoplastic and Reconstructive Surgery
- Ophthalmology: Retina
- Orthopedic Surgery: General
- Orthopedic Surgery: Foot and Ankle
- Orthopedic Surgery: Hand
- Orthopedic Surgery: Hip and Joint
- Orthopedic Surgery: Oncology
- Orthopedic Surgery: Shoulder/Elbow
- Orthopedic Surgery: Spine
- Orthopedic Surgery: Trauma
- Orthopedic Surgery: Sports Medicine
- Otorhinolaryngology
- Pathology: Surgical
- Pediatrics: Anesthesiology
- Pediatrics: Cardiothoracic Surgery
- Pediatrics: Cardiovascular Surgery
- Pediatrics: Neurosurgery
- Pediatrics: Ophthalmology
- Pediatrics: Orthopedic Surgery
- Pediatrics: Otorhinolaryngology
- Pediatrics: Plastic and Reconstructive Surgery
- Pediatrics: Surgery
- Pediatrics: Urology
- Podiatry: Surgery
- Surgery: General
- Surgery: Bariatric
- Surgery: Breast
- Surgery: Cardiothoracic
- Surgery: Cardiovascular
- Surgery: Colon and Rectal
- Surgery: Endocrine
- Surgery: Endovascular (Primary)
- Surgery: Neurological
- Surgery: Oncology
- Surgery: Oral
- Surgery: Plastic and Reconstruction
- Surgery: Plastic and Reconstruction-Hand
- Surgery: Thoracic (Primary)
- Surgery: Transplant
- Surgery: Transplant-Heart
- Surgery: Transplant-Heart/Lung
- Surgery: Transplant-Kidney
- Surgery: Transplant-Liver
- Surgery: Trauma
- Surgery: Trauma-Burn
- Surgery: Vascular (Primary)
- Urology

Advanced Practice Provider

- Anesthesia Assistant
- Audiologist
- Certified Registered Nurse Anesthetist
- Chiropractor
- Clinical Nurse Specialist
- Dietician/Nutritionist
- Genetic Counselor
- Licensed Clinical Social Worker
- Nurse Midwife
- NP (Surgical)
    - NP: Anesthesiology
    - NP: Cardiothoracic Surgery
    - NP: Cardiovascular Surgery
    - NP: Neurosurgery
    - NP: Orthopedics (Surgical)
    - NP: Otorhinolaryngology
    - NP: Surgery: General
    - NP: Urology
    - NP: Vascular Surgery
- NP (Primary Care)
    - NP: Adult
    - NP: Family Medicine (with OB)
    - NP: Family Medicine (without OB)
    - NP: Gerontology/Elder Health
    - NP: Hospice/Palliative Care
    - NP: Hospitalist (Primary Care)
    - NP: Internal Medicine
    - NP: OB/GYN/Women's Health
    - NP: Pediatric/Child Health
    - NP: Urgent Care
- NP (Nonsurgical/Nonprimary Care)
    - NP: Acute Care
    - NP: Allergy/Immunology
    - NP: Behavioral Medicine
    - NP: Cardiology
    - NP: Dermatology
    - NP: Emergency Medicine
    - NP: Endocrinology
    - NP: Gastroenterology
    - NP: Hematology/Oncology
    - NP: Hospitalist (Nonsurgical/ Nonprimary Care)
    - NP: Hyperbaric Medicine/ Wound Care
- NP: Infectious Disease
- NP: Neonatal/Perinatal
- NP: Nephrology
- NP: Neurology
- NP: Orthopedics (Nonsurgical/ Nonprimary Care)
- NP: Physiatry
- NP: Psychiatry
- NP: Pulmonary Medicine
- NP: Rheumatology
- Occupational Therapist
- Optometrist
- Orthotist/Prosthetist
- Perfusionist
- PhD
- Physical Therapist
- PA (Surgical)
    - PA: Anesthesiology
    - PA: Cardiothoracic Surgery
    - PA: Neurosurgery
    - PA: Orthopedics (Surgical)
    - PA: Otorhinolaryngology
    - PA: Surgery: General
    - PA: Urology
    - PA: Vascular Surgery
- PA (Primary Care)
    - PA: Adult
    - PA: Family Medicine (with OB)
    - PA: Family Medicine (without OB)
    - PA: Gerontology/Elder health
    - PA: Hospice/Palliative Care
    - PA: Hospitalist (Primary Care)
    - PA: Internal Medicine
    - PA: OB/GYN/Women's Health
    - PA: Pediatric/Child Health
    - PA: Urgent Care
- PA (Nonsurgical/Nonprimary Care)
    - PA: Acute Care
    - PA: Allergy
    - PA: Behavioral Medicine
    - PA: Cardiology
    - PA: Dermatology
    - PA: Emergency Medicine
    - PA: Endocrinology

- o   PA: Gastroenterology
- o   PA: Hematology/Oncology
- o   PA: Hospitalist (Nonsurgical/ Nonprimary Care)
- o   PA: Hyperbaric Medicine/ Wound Care
- o   PA: Infectious Disease
- o   PA: Neonatal/Perinatal
- o   PA: Nephrology
- o   PA: Neurology
- o   PA: Orthopedics (Nonsurgical/ Nonprimary Care)
- o   PA: Physiatry
- o   PA: Psychiatry
- o   PA: Pulmonary Medicine
- o   PA: Rheumatology
- •   Psychologist
- •   Research
- •   Research: MD
- •   Surgeon Assistant

Physician Specialty Rollups

Allergy/Immunology
Anesthesiology: All — Anesthesiology, Anesthesiology: Cardiology, Anesthesiology: Pain Management
Cardiology: Electrophysiology
Cardiology: Invasive
Cardiology: Invasive-Interventional
Cardiology: Noninvasive
Critical Care: Intensivist
Dermatology — Dermatology, Dermatology: Dermatopathology, Dermatology: Mohs Surgery
Emergency Medicine
Endocrinology/Metabolism
Family Medicine: All — Family Medicine (with OB), Family Medicine (without OB), Family Medicine: Ambulatory Only (No Inpatient Work), Family Medicine: Sports Medicine
Gastroenterology — Gastroenterology, Gastroenterology: Hepatology
Hematology/Oncology — Hematology/Oncology, Hematology/Oncology: Oncology (Only)
Hospice/Palliative Care
Hospitalist — Hospitalist: Family Medicine, Hospitalist: Internal Medicine, Hospitalist: Neurology, Hospitalist: Nocturnist, Hospitalist: OB/GYN
Infectious Disease
Internal Medicine — Internal Medicine: General, Internal Medicine: Ambulatory Only (No Inpatient Work)
Nephrology — Nephrology, Nephrology: Transplant
Neurology — Neurology, Neurology: Epilepsy/EEG, Neurology: Neurocritical Care, Neurology: Neuromuscular, Neurology: Stroke Medicine
Obstetrics/Gynecology — OB/GYN: General, OB/GYN: Gynecology (Only), OB/GYN: Gynecological Oncology, OB/GYN: Maternal and Fetal Medicine, OB/GYN: Minimally Invasive Gynecologic Surgery, OB/GYN: Reproductive Endocrinology, OB/GYN: Urogynecology
Occupational Medicine
Ophthalmology — Ophthalmology, Ophthalmology: Corneal and Refractive Surgery, Ophthalmology: Glaucoma, Ophthalmology: Neurology, Ophthalmology: Oculoplastic and Reconstructive Surgery, Ophthalmology: Retina

Orthopedic Surgery: All — Orthopedic Surgery: General, Orthopedic Surgery: Foot and Ankle, Orthopedic Surgery: Hand, Orthopedic Surgery: Hip and Joint, Orthopedic Surgery: Oncology, Orthopedic Surgery: Shoulder/Elbow, Orthopedic Surgery: Spine, Orthopedic Surgery: Trauma, Orthopedic Surgery: Sports Medicine

Otorhinolaryngology

Pathology — Pathology: Anatomic and Clinical, Pathology: Anatomic, Pathology: Anatomic-Autopsy, Pathology: Anatomic-Cytopathology, Pathology: Anatomic-Neuropathology, Pathology: Anatomic-Renal, Pathology: Clinical, Pathology: Clinical-Hematopathology, Pathology: Clinical-Transfusion Medicine, Pathology: Surgical

Pediatrics: General

Pediatrics: Primary Care — Pediatrics: Adolescent Medicine, Pediatrics: Hospitalist, Pediatrics: Hospitalist-Internal Medicine, Pediatrics: Internal Medicine, Pediatrics: Sports Medicine, Pediatrics: Urgent Care

Pediatrics: Nonsurgical —Pediatrics: Allergy/Immunology, Pediatrics: Bone Marrow Transplant, Pediatrics: Cardiology, Pediatrics: Child Development, Pediatrics: Clinical And Lab Immunology, Pediatrics: Critical Care/Intensivist, Pediatrics: Dermatology, Pediatrics: Emergency Medicine, Pediatrics: Endocrinology, Pediatrics: Gastroenterology, Pediatrics: Genetics, Pediatrics: Hematology/Oncology, Pediatrics: Infectious Disease, Pediatrics: Neonatal Medicine, Pediatrics: Nephrology, Pediatrics: Neurology, Pediatrics: Pulmonology, Pediatrics: Radiology, Pediatrics: Rheumatology

Pediatrics: Surgical — Pediatrics: Anesthesiology, Pediatrics: Cardiothoracic Surgery, Pediatrics: Cardiovascular Surgery, Pediatrics: Neurosurgery, Pediatrics: Ophthalmology, Pediatrics: Orthopedic Surgery, Pediatrics: Otorhinolaryngology, Pediatrics: Plastic and Reconstructive Surgery, Pediatrics: Surgery, Pediatrics: Urology

Physiatry (Physical Medicine and Rehabilitation)

Podiatry — Podiatry: General, Podiatry: Surgery

Psychiatry — Psychiatry: General, Psychiatry: Addiction Medicine, Psychiatry: Behavioral Medicine, Psychiatry: Chemical Dependency, Psychiatry: Child and Adolescent, Psychiatry: Forensic, Psychiatry: Geriatric

Pulmonary Medicine — Pulmonary Medicine: General, Pulmonary Medicine: Critical Care, Pulmonary Medicine: General and Critical Care

Radiation Oncology

Radiology: All — Radiology: Interventional, Radiology: Diagnostic, Radiology: Neurological, Radiology: Nuclear Medicine

Rheumatology

Sleep Medicine

Surgery: General

Surgery: Cardiovascular

Surgery: Neurological

Surgery: Plastic and Reconstruction (All) — Surgery: Plastic and Reconstruction, Surgery: Plastic and Reconstruction-Hand

Surgery: Trauma

Surgery: Vascular (Primary)

Surgery: All Other — Surgery: Bariatric, Surgery: Breast, Surgery: Cardiothoracic, Surgery: Colon and Rectal, Surgery: Endocrine, Surgery: Endovascular (Primary), Surgery: Oncology, Surgery: Oral, Surgery: Thoracic (Primary), Surgery: Transplant, Surgery: Transplant-Heart, Surgery: Transplant-Heart/Lung, Surgery: Transplant-Kidney, Surgery: Transplant-Liver, Surgery: Trauma-Burn
Urgent Care
Urology
Other Primary Care Specialty —Geriatrics
Other Nonsurgical Specialty — Bariatrics (Nonsurgical), Clinical Pharmacology, Dentistry, Genetics, Hyperbaric Medicine/Wound Care, Orthopedics (Nonsurgical)
Other Nonsurgical Subspecialty — Pain Management: Nonanesthesia

Advanced Practice Provider Specialty Rollups

Anesthesia Assistant
Certified Registered Nurse Anesthetist
Nurse Midwife
NP (Surgical) – NP (Surgical), NP: Anesthesiology, NP: Cardiothoracic Surgery, NP: Cardiovascular Surgery, NP: Neurosurgery, NP: Orthopedics (Surgical), NP: Otorhinolaryngology, NP: Surgery: General, NP: Urology, NP: Vascular Surgery
NP (Primary Care) – NP (Primary Care), NP: Adult, NP: Family Medicine (with OB), NP: Family Medicine (without OB), NP: Gerontology/Elder Health, NP: Hospice/Palliative Care, NP: Hospitalist (Primary Care), NP: Internal Medicine, NP: OB/GYN/Women's Health, NP: Pediatric/Child Health, NP: Urgent Care
NP (Nonsurgical/Nonprimary Care) — NP: (Nonsurgical/Nonprimary care), NP: Acute Care, NP: Allergy/Immunology, NP: Behavioral Medicine, NP: Cardiology, NP: Dermatology, NP: Emergency Medicine, NP: Endocrinology, NP: Gastroenterology, NP: Hematology/Oncology, NP: Hospitalist (Nonsurgical/Nonprimary Care), NP: Hyperbaric Medicine/Wound Care, NP: Infectious Disease, NP: Neonatal/Perinatal, NP: Nephrology, NP: Neurology, NP: Orthopedics (Nonsurgical/Nonprimary Care), NP: Physiatry, NP: Psychiatry, NP: Pulmonary Medicine, NP: Rheumatology
PA (Surgical) — PA (Surgical), PA: Anesthesiology, PA: Cardiothoracic Surgery, PA: Cardiovascular Surgery, PA: Neurosurgery, PA: Orthopedics (Surgical), PA: Otorhinolaryngology, PA: Surgery: General, PA: Urology, PA: Vascular Surgery
PA (Primary Care) — PA (Primary Care), PA: Adult, PA: Family Medicine (with OB), PA: Family Medicine (without OB), PA: Gerontology/Elder Health, PA: Hospice/Palliative Care, PA: Hospitalist (Primary Care), PA: Internal Medicine, PA: OB/GYN/Women's Health, PA: Pediatric/Child Health, PA: Urgent Care
PA (Nonsurgical/Nonprimary Care) — PA (Nonsurgical/Nonprimary Care), PA: Acute Care, PA: Allergy, PA: Behavioral Medicine, PA: Cardiology, PA: Dermatology, PA: Emergency Medicine, PA: Endocrinology, PA: Gastroenterology, PA: Hematology/Oncology, PA: Hospitalist (Nonsurgical/Nonprimary Care), PA: Hyperbaric Medicine/Wound Care, PA: Infectious Disease, PA: Neonatal/Perinatal, PA: Nephrology, PA: Neurology, PA: Orthopedics (Nonsurgical/Nonprimary care), PA: Physiatry, PA: Psychiatry, PA: Pulmonary Medicine, PA: Rheumatology

POSITION TITLE ROLLUPS

Physician Executives

- Associate/Assistant Medical Director
- Chief Medical Officer (CMO)
- Medical Director
- Physician CEO/President

Executive Management Positions

- Administrator
- Assistant Administrator
- Associate/Assistant Department Administrator
- Chief Department Administrator (CDA)
- Chief Executive Officer (CEO)/ Executive Director
- Chief Compliance Officer
- Chief Operating Officer (COO)
- Chief Financial Officer (CFO)
- Chief Information Officer (CIO)
- Chief Nursing/Clinical Officer (CNO)
- Chief Legal Counsel
- Chief Strategy Officer
- Contracts/Grants Department Administrator
- Department Financial Officer
- Division Chair
- Division/Section Administrator
- Human Resources Executive
- IS Manager/Network Administrator
- Marketing Executive
- MSO Administrator/Exec Director
- Other Executive
- Patient Care Executive
- Vice President of Operations
- Vice President of Revenue

Senior Management Positions

- Ambulatory/Clinical Services Director
- Ancillary Services Director
- Branch/Satellite Clinic Director
- Building and Grounds Director
- Business Services Director
- Clinical Research Director
- Compliance Director
- Development Director
- Education and Training Director
- Finance Director
- Health Plan Director
- Human Resources Director
- Information Systems Director
- Laboratory Services Director
- Managed Care Director
- Marketing and Sales Director
- Materials Management Director
- Medical Records Director
- Nursing Services Director
- Operations Director
- Pharmacy Services Director
- Physician Recruitment Director
- Physician Relations Director
- Quality Improvement/Quality Assurance Director
- Radiology Services Director
- Reimbursement Director
- Revenue Cycle Director
- Strategy/Business Planning Director

General Management Positions

- Benefits Manager
- Billing Manager
- Branch/Satellite Clinic Manager
- Building and Grounds Manager
- Business Office Manager
- Call Center Manager
- Clinical Department Manager
- Clinical Practice Manager
- Clinic Research Manager
- Coding Manager
- Compliance Manager
- Credit/Collections Manager
- Front Office Manager
- General Accounting Manager
- Human Resources Manager
- Information Systems Manager
- Insurance Manager
- Laboratory Services Manager
- Marketing Manager
- Materials Management Manager
- Medical Records Manager
- Nursing Manager
- Office Manager
- Operations Manager
- Patient Accounting Manager
- Radiology Services Manager
- Reimbursement/Collections Manager
- Training/Education Manager
- Transcription Manager
- Utilization Review Manager

Supervisors

- Business Office Supervisor
- Clinic Supervisor
- EEG/EKG Lab Supervisor
- Front Office Supervisor
- Housekeeping Supervisor
- Lab Section Supervisor
- Nursing Supervisor
- Other Supervisor

Clinical Laboratory

- Histotechnologist
- Laboratory Assistant
- Medical Lab Technician
- Medical Technologist
- Phlebotomist

Radiology and Imaging

- CAT Scan Technician
- EEG Technician
- EKG Technician
- Echocardiographer/Echo Tech
- Mammography Technician
- MRI Tech
- Radiology Technologist
- Ultrasound Technician

Other Medical Support Services

- Aesthetician
- Athletic Trainer
- Cardiovascular Technologist
- Clinical Research Coordinator
- Dental Assistant
- Dental Hygienist
- DME Technician
- Dosimetrist
- Endoscopy Technician
- Health Coach
- Massage Therapist
- Medical Interpreter
- Nuclear Medicine Technologist
- Occupational Therapy Assistant
- Ophthalmic Assistant
- Ophthalmic Technician
- Optician
- Orthopedic/Cast Technician
- Paramedic
- Pharmacist
- Pharmacy Technician
- Physical Therapist Aide
- Physical Therapy Assistant
- Physicist
- Polysomnographic/Sleep Technician
- Patient Education Coordinator
- Radiation Therapist
- Respiratory Therapist
- Social Worker
- Speech Therapist
- Sterile Processing Technician
- Surgical Technologist
- Therapist/Counselor

General Accounting Positions

- Accounting Staff
- Bookkeeper
- Financial Analyst
- Workers Compensation Liaison

General Administrative Positions

- Administrative Assistant
- Administrative Secretary
- Business Office Assistant Manager
- Business Office Staff
- Executive Assistant
- Human Resources Generalist

Managed Care Administrative Positions

- Care Coordinator
- Care/Case Manager
- Managed Care Coordinator
- Referral Coordinator
- QA/UR Nurse
- QA/QI Coordinator

Patient Accounting Positions

- Billing Staff
- Cashier
- Coder
- Collections Staff
- Insurance Clerk
- Patient Accounts Representative

Medical Assistant Positions

- Certified Nursing Assistant
- Medical Assistant
- Patient Care Assistant

Nursing Positions

- Infusion Nurse
- Licensed Practical Nurse
- Registered Nurse
- Triage Nurse

Medical Receptionist Positions

- Appointment Secretary
- Call Center Representative
- Front Desk Staff
- Patient Service Coordinator
- Receptionist
- Scheduling Staff (excluding Surgical Scheduler)
- Surgical Scheduler
- Switchboard Operator

Medical Record Positions

- Medical Records Staff

Medical Secretary Positions

- Medical Scribe
- Medical Secretary
- Transcriptionist

Other Positions

- Building Engineer/Maintenance
- Courier
- Data Analyst
- Housekeeper
- IT Programming Staff
- IT Support Technician

PHYSICIAN EXECUTIVE POSITION TITLE DESCRIPTIONS

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.

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; and
- 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.

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; and
- Required to be a licensed physician.

Medical Director

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

Physician CEO/President

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

EXECUTIVE MANAGEMENT POSITION TITLE DESCRIPTIONS

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Administrator

- The top advanced practice 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; and
- Typically oversees management personnel with direct responsibilities for the specific functional areas 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; and
- Responsibilities may include full or partial management of hospital functions, supervising the department administrative staff.

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; and
- Multiple associate/assistant administrators may assume leadership of the department in the absence of the top administrator.

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; and
- Coordinates the development and submission of grant and contract proposals to internal and external agencies.

Division/Section Administrator

- Top administrative officer of one or more divisions or sections of a clinical science department; and
- Manages the nonclinical activities of the division(s) or section(s) and typically supervises the division or section administrative staff.
- IS Manager/Network Administrator
- Coordinates the activities of the IS department including determining data processing requirements, managing department networks, determining feasibility of data projects, and performing analysis of department production; and
- Maintains and upgrades hardware and software.

Assistant Administrator

- Provides assistance to the CEO and/or administrator with the management of one or more functional areas of the medical practice such as administration, managed care, human resources marketing, patient accounting, or operations;
- Has a more limited scope of responsibility than a chief operating officer (COO);
- A medical practice may have multiple assistant administrators; and
- Responsible for assisting the CEO and/or administrator in accomplishing organizational objectives.

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; and
- Works with the Human Resources Department and other appropriate areas to develop effective compliance training.

Chief Executive Officer (CEO)/Executive Director

- Highest advanced practice 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; and
- Typically serves as a liaison between the organization and staff members, businesses, individuals in the community, and board of directors.

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; and
- May hold a designation as a certified public accountant (CPA).

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; and
- Develops growth plans for the department.

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; and
- Requires a masters or bachelor's degree in MIS, CIS, or a related field.

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; and
- Responsible for the overall direction of patient care services, monitoring standards of patient care, and setting facility performance goals.

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; and
- Responsibilities may include facilities management, business services, human resources management.

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; and
- Builds, manages, and mentors a team of legal professionals/outsourced legal resources in accordance with practice needs.

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; and
- Ensures that the organization's policies and procedures meet legal and ethical compliance with all laws and regulations.

Human Resources Executive
- Recommends and establishes company policies and procedures;
- Oversees all functions of an established human resources department within an organization; and
- 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.

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; and
- Oversees or conducts research designed to evaluate the organization's market position.

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; and
- Oversees the provision of management services to newly integrated practices.

Patient Care Executive

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

Vice President of Operations

- Responsible for managing operational and strategic business development;
- Ensures operational procedures are sustainable and profitable; and
- May supervise or collaborate with department managers to achieve production goals.

Vice President of Revenue

- Creates and manages the organization's strategic vision and outcome of the revenue cycle;
- Performs duties that support efficient and effective revenue cycle performance; and
- Provides leadership to revenue related departments such as billing, accounts receivable and patient registration.

SENIOR MANAGEMENT POSITION TITLE DESCRIPTIONS

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.

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; and
- Monitors the activities of the advanced practice technical staff such as radiology and laboratory technicians.

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; and
- Aligns ancillary department initiatives with the larger organization's strategic goals and mission.

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; and
- Supervises clinic managers and indirectly supervises clinic staff.

Building and Grounds Director

- Develops and implements policies and procedures related to the organization's physical facilities such as buildings; and
- Oversees related activities such as building maintenance, housekeeping, grounds preservation.

Business Services Director

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

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; and
- Coordinates the activities of associates and investigators to ensure compliance with protocols and overall research objectives.

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; and
- Develops a Corporate Compliance Plan or a Code of Conduct Handbook.

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 record keeping, donor recognition, special fundraising events, etc.

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; and
- Supervises training managers.

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; and
- Directs all statistical analysis and reporting including monthly operating and medical management statistics.

Health Plan Director

- In charge of all basic non-medical operations, i.e., plans operations, membership enrollment, plans marketing, claims processing/reporting, and health plan quality assurance data collection/reporting.

Human Resources Director

- Oversees all functions of an established human resources department within an organization; and
- 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.

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; and
- Performs programming tasks when necessary.

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; and
- Monitors budget activities that relate to the laboratory function.

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; and
- May oversee risk and utilization management activities or claims administration for professional/ medical purchased services.

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; and
- May oversee the communications function.

Materials Management Director
- Provides overall leadership above all material managers;
- Obtains and reviews bids for vendors; and
- Performs audits to determine items needing restock and to prevent loss and damage.

Medical Records Director
- The individual in this position usually holds professional licensure in the area of medical records management;
- Responsible for medical records library such as patient records;
- Oversees all medical records personnel; and
- Monitors budget activities that relate to the medical records function.

Nursing Services Director
- Oversees all aspects of the organization's nursing practices and the nursing staff; and
- In most cases, requires certification as a registered nurse (RN).

Operations Director
- Oversees all aspects of the practice operations for a specific site(s) (often times a single location for organizations with multiple locations);
- Directs, administers, and controls the day to day operations and activities of the practice; and
- Ensures compliance with established company and regulatory guidelines and procedures within the facility.

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; and
- Provides hospital staff with timely information relative to new drugs, policies and standards of care that relate to medication use/safety.

Physician Recruitment Director
- Researches and recruits physicians and other allied health personnel; and
- 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.

Physician Relations Director
- Directs and oversees programs designed to foster positive relations between physicians and the hospital or healthcare facility; and
- Promotes the organization among members of the medical community in order to establish partnerships and affiliations.

Quality Improvement/Quality Assurance Director
- Develops and monitors programs designed to improve the quality of healthcare delivery such as outcome measurement; and
- Develops policies and procedures designed to measure the quantitative and qualitative aspects of healthcare delivery.

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; and
- Monitors budget activities related to the radiology departments.

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; and
- Oversees coding activities.

Revenue Cycle Director

- Implements appropriate revenue management procedures to ensure the financial success and soundness of the organization; and
- Assists and/or oversees recovering patient accounts receivable.

Strategy/Business Planning Director

- Works with the senior management team to evaluate the business direction and strategy; and
- Ensures that commercial goals of the organization are met while simultaneously maintaining financial control and asset protection.

GENERAL MANAGEMENT POSITION TITLE DESCRIPTIONS

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.

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; and
- May provide assistance and information to employees with the selection of benefits and filing claims.

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; and
- Responsible for addressing collection and business office problems.

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; and
- Oversees financial transactions such as purchasing of supplies.

Building and Grounds Manager

- Responsible for major building projects and facilities expansions, space planning, remodeling of current facilities, and maintenance of equipment; and
- Responsible for operation and maintenance of facility.

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; and
- Plans and directs registration, patient insurance, billing, collections, and data processing to ensure accurate patient billing and efficient account collection.

Call Center Manager

- Manages service and/or call center operations to timely and effectively respond to patient needs and ensure a quality patient experience;
- Determines and develops call center operational strategies and KPIs by tracking calls, conducting needs assessments, managing compliance issues, and identifying customer service standards;
- Provide coaching, assistance, and training to call center representatives on an ongoing basis; and
- Analyzes call center data and makes recommendations to improve operations, patient experience, as well as forecast and plan.

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; and
- May supervise department nonmedical staff.

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; and
- 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.

Clinic Research Manager
- Collects and analyzes clinical data and outcomes; and
- The top clinic research position in a mid-size or small organization without a clinical research director.

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; and
- Has knowledge of reimbursement systems, regulations, and policies pertaining to documentation, coding, and billing.

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;
- Oversees and maintains compliance activities and identifies compliance risk areas to ensure compliance is achieved; and
- May also be responsible for managing research grants

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.

Front Office Manager
- Oversees the daily functions of front office including scheduling, reception, and insurance verification/authorization;
- Trains and manages all front office staff in addition to developing and attaining performance goals and objectives;
- Maintains a strong knowledge of scheduling systems and compliance protocols; and
- May assist with billing functions, material management or other duties as needed by the practice.

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; and
- Assists with or oversees the budgeting process.

Human Resources Manager

- Assists with all aspects of human resource activities, including recruitment, employment, compensation, labor relations, benefits, training, and development; and
- Serves as a link between management and employees by handling questions, interpreting and administering contracts, and helping resolve work-related issues.

Information Systems Manager

- Manages backup, security, and user help systems;
- Researches and recommends new systems and hardware;
- Oversees system and software installation and maintenance; and
- Schedules upgrades and security backups of hardware and software systems.

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; and
- May monitor budget activities related to the laboratory department.

Marketing Manager

- Responsible for developing, implementing, and executing strategic marketing plans;
- Raise practice awareness and patient engagement through the creation of marketing campaigns;
- Analyze trends and spearhead market research efforts;
- Manages and tracks the implementation of marketing initiatives designed to increase patient volumes; and
- Provides training and support to marketing staff as needed.

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; and
- May monitor budget activities, including the capital equipment budget.

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; and
- May monitor budget activities that relate to the medical records function.

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); and
- Supervises nursing staff.

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; and
- May oversee some financial activities such as billing and collections.

Operations Manager

- Coordinates and directs the overall operation of specific departments; and
- Coordinates between departments to ensure that the organization meets internal and external regulatory requirements.

Patient Accounting Manager

- Manages the billing process and billing staff for the practice; and
- Manages insurance and other reimbursement functions.

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; and
- May monitor budget activities related to the radiology departments.

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; and
- Oversees coding activities.

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; and
- Monitors the delivery of ongoing programs.

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; and
- Creates procedures to ensure accuracy.

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.

SUPERVISOR POSITION TITLE DESCRIPTIONS

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Business Office Supervisor

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

Clinic Supervisor

- Exercises supervision over assigned staff; and
- Responsible for supervising and coordinating day to day activities of the clinic.

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; and
- Responsible for training and daily activities of front office staff.

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.

Nursing Supervisor

- Supervises nursing staff;
- Splits time between patient care and supervision of staff; and
- Responsibilities are more limited than the nursing manager.

SPECIALISTS POSITION TITLE DESCRIPTIONS

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Accountant

- Performs tasks related to bookkeeping and standard accounting functions;
- Accountable for completing journal entries and reconciling balance sheet accounts; and
- Prepares statements and reports relating to assigned areas of responsibility.

Authorization Specialist

- Ensures payment for services by verifying benefits with insurance providers;
- Obtains, reviews and submits insurance authorizations and referrals prior to patient services; and
- Monitors and tracks patient authorizations.

Benefits/Payroll Specialist

- Oversees the entire payroll system, which includes implementing and converting the payroll system for newly acquired sites;
- Recommends policies and standards that pertain to payroll activities; and
- Responsible for the accuracy of the payroll system.

Billing Specialist

- Responsible for collecting, posting and managing account payments; and
- Responsible for submitting claims and following up with insurance companies.

Clinical Documentation Specialist

- Maintains proper records keeping;
- Ensures all patient documents and records are maintained in accordance with legal guidelines;
- Works with clinical staff to obtain information for patient records; and
- Reviews accuracy, quality and completeness of clinical records.

Coding Specialist

- Maintains procedure code master file;
- Reviews reimbursement from third-party payers;
- Maintains diagnosis code master files;
- Audits, corrects patient demographic information and total charges; and
- Works to resolve coding issues and maintains fee schedules for Medicare, fee for service, health maintenance organizations.

Credentialing Specialist

- Provides support to medical credentialing functions within the appointment and evaluation process of physicians and healthcare professionals;
- Receives and reviews applications for all required legal and organization documentation; and
- Reviews privilege requests.

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; and
- Supports hiring process by placing employment ads, screening applicants, scheduling interviews and other duties as needed.

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; and
- May oversee the activities of public relations/communications staff.

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 POSITION TITLE DESCRIPTIONS

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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.

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

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; and
- Prepares financial statements, income statements, and cost reports.

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 program.

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, a graduate of an accredited program for radiographers with experience in special procedure or may be certified.

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

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.

Data Analyst

- Supports organization in collecting, aggregating and analyzing data and producing actionable reports;
- Develops and manages data-driven improvement projects;
- Interprets data and develops algorithms to calculate operational KPIs; and
- Automates internal and external reports and presents data findings to various levels of staff.

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.

DME Technician

- Manages the practice's durable medical equipment (DME) by organizing and tracking inventory, purchasing equipment and ensuring timely and accurate delivery;
- Prepares vehicle for deliveries by gathering stock and loading equipment;
- Schedules pick up and delivery orders with facilities, patients and/or caregivers as needed;
- Understands basic equipment operation and provides instructions to patients and/or caregivers to assure proper use and care; and
- Cleans, disinfects, inspects, and tests medical equipment.

Dosimetrist

- Has overall knowledge of radiation oncology treatment machines and equipment;
- Is familiar with the procedures commonly used in brachytherapy; and
- Can generate radiation dose distributions/calculations in collaboration with the medical physicist and radiation oncologist.

Echocardiographer/Echo Tech

- Performs high-quality ultrasound imaging of the heart; and
- May be credentialed through an organization such as the American Registry for Diagnostic
- Medical Sonography (ARDMS) or the Cardiovascular Credentialing International (CCI).

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.

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

Endoscopy Technician

- Prepare and maintain procedure room and inventory;
- Assist 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.

Health Coach

- Assesses patient's health and coaches them on how to improve their health; and
- Develops health care plans for patients.

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.

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.

Infusion Nurse

- A registered nurse that is responsible for initiating and maintaining intravenous lines and tubing, as well as administering medication and fluid therapy;
- Educates patients and their families on line maintenance and treatment.

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.

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.

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.

Medical Interpreter

- Assist non-English speaking patients during patient visits to translate patient's native language;
- Uses proper medical terminology when communicating with medical staff; and
- Can be certified in a medical interpreter certificate program.

Medical Lab Technician (MLT)

- Conducts routine tests in clinical labs for use in the treatment and diagnosis of disease;
- Prepares sterile media for use in growing bacterial cultures;
- Keeps detailed records of all tests performed and reports lab findings to authorized personnel; and
- Graduation from a technical school either as a MLT or ASCP certification may be required.

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.

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.

Nuclear Medicine Technologist

- Responsible for administering radiopharmaceuticals to patients for diagnostic purposes;
- May also perform radioimmunoassay studies; and
- May require ARRT certification.

Occupational Therapy Assistant

- Works under the supervision of a licensed occupational therapist to assist with a patient's treatment program;
- Helps patients with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist;
- Monitors and records an individual's activities to make sure exercises are performed correctly and progress is made;
- May assist in scheduling appointments, answering the telephone, restocking or ordering depleted supplies, filling out insurance forms, or other duties as needed; and
- May be certified through an accredited occupational therapy assistant program.

Ophthalmic Assistant

- Usually employee is trained in history-taking, basic skills in lensometry, and instrument maintenance; and
- May assist patients in proper insertion, removal, and care of contact lenses.

Ophthalmic Technician

- Assists ophthalmologist or optometrist with patient care;
- Performs different levels of eye tests such as visual fields, tonometry, and ocular motility required by ophthalmologist;
- May assist ophthalmologist in surgery; and
- May be certified by JCAHPO (Joint Commission on Allied Health Personnel in Ophthalmology) as a COT (Certified Ophthalmic Technician).

Optician

- Interpretation of prescriptions written by ophthalmologists and optometrists;
- Operates manual lensometer and other tools to achieve proper fittings for patients;
- Collection of 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).

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.

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.

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.

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.

Receptionist

- Greets patients or others arriving for appointments;
- Obtains information, answers questions, and provides assistance or directions as appropriate;
- Notifies physician of patient's arrival;
- Checks to assure all records needed by physician are available;
- Answers telephones; and
- May schedule return visits and make appointments.

Referral Coordinator

- Working 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
- Set appointments, send reminders, and provide 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.
- Scheduling Staff (excluding Surgical Scheduler)
- Responsible for scheduling appointments for patients following medical practice procedures.

Social Worker

- Gathers relevant information regarding case and patient issues;
- Facilitates education, support groups and referrals;
- Maintains caseload, documentation and reevaluates patients at appropriate intervals;
- Assesses and treats patients and their families in understanding and coping with emotional and social problems; and
- Provides advocacy and resource services for the patient.

Speech Therapist

- Administers and evaluates hearing, speech and language tests and results to diagnose and treat speech, language, social communication, cognitive communication and swallowing disorders in children and adults.

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.

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 certification.

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 ultrasonographer program or trained on the job by a radiologist and eligible for certification.

Workers Comp Liaison

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

DATA NORMALIZATION CALCULATIONS

Per FTE Physician

$$\frac{\text{<performance measure>}}{\text{(Total physician FTE)}}$$

As a Percentage of Total Medical Revenue

$$\frac{\text{<performance measure>}}{\text{(Total medical revenue)}}$$

Per FTE Provider

$$\frac{\text{<performance measure>}}{\text{(Total provider FTE)}}$$

Per FTE APP

$$\frac{\text{<performance measure>}}{\text{(Total APP FTE)}}$$

Per Work RVU

$$\frac{\text{<performance measure>}}{\text{(Physician work RVUs)}}$$

Per Total RVU

$$\frac{\text{<performance measure>}}{\text{(Total RVUs)}}$$

Per Patient

$$\frac{\text{<performance measure>}}{\text{(Number of patients)}}$$

Per Square Foot

$$\frac{\text{<performance measure>}}{\text{(Square feet)}}$$

Per ASA Unit

$$\frac{\text{<performance measure>}}{\text{(Total ASA units)}}$$

Per Encounter

$$\frac{\text{<performance measure>}}{\text{(Total encounters)}}$$

SUPPORT

We are here for you, ensuring you get the absolute most out of your investment. Use the following, helpful resources any time you get stuck or have a question.

MGMA DataDive Resources

Within MGMA DataDive, click the hamburger menu in the top right corner, and then select DataDive Resources. This area links to a variety of resources including helpful guides, definitions, best practices and FAQs.

Online Help Community

Join an online support community of fellow MGMA DataDivers! Post questions, discuss insights, search archives and learn something new.
Visit mgma.com/datacommunity

Contact

We are here to make sure you get the most out of your investment. Your account manager is available to help answer your questions and accept feedback.

If you have questions about the MGMA benchmarks, please contact the MGMA Data Solutions department.

Call 877.275.6462, ext. 1895, or email survey@mgma.com