What’s New in 2019?

Physician Compensation and Productivity Survey

- Receive an early submission discount of $200 when you submit by March 1, 2019
- New questions on measures for determining base salary and team-based performance compensation
- Specialty list expanded to include five new specialties: anesthesiology – neurocritical care, gastroenterology – EUS/ERCP, neurological surgery – neurocritical care, primary care – rural emergency department and surgical critical care
- Submit data for medical group executives and administrative physicians through the Manager and Executive Compensation in Hospitals and Health Systems Survey

Survey Deadlines

<table>
<thead>
<tr>
<th>Submit early to receive the $200 discount</th>
<th>Final submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>March 29</td>
</tr>
</tbody>
</table>

Don’t forget to submit your compensation and incentive practices data!

In order to receive the Compensation Practices section of the 2019 Physician Compensation and Productivity Survey Report, all questions denoted as required must be completed in your submission.

This survey is included in the provider and health care workforce bundles. Refer to the Survey Suite Brochure for additional details.

Questions? Contact Us!
888.739.7039 | surveys@sullivancotter.com
www.sullivancotter.com
Before beginning, refer to the list below for recommended materials and resources:

### Materials and Resources

- Current financial statements
- Current workforce counts
- Compensation plan documentation
- On-call pay, telemedicine and recruitment and retention policy documentation
- Position level for physicians, APPs, researchers and other health care providers
- Specialty or subspecialty
- Date of hire and years since residency
- Clinical, administrative and research and teaching FTE assignments
- Compensation, benefits and productivity reports

### Steps to Complete Survey

1. Download the survey template from the Upload Screen
2. Complete the Organization Characteristics, Incumbent Upload and APP Incumbent Data tabs
3. Upload your completed file under the Upload Screen
4. Complete the questionnaire sections, including required questions, which are labeled online as well as in the hard copy
5. Complete the Order Form and Survey Feedback
6. Submit your survey

Questions? Contact Us!
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www.sullivancotter.com
2019 Provider Compensation Data Collection Tool
Instructions and Questionnaire

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<td>40</td>
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</tbody>
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SURVEY INSTRUCTIONS

GENERAL INFORMATION

The following are instructions for completing the Provider Compensation Data Collection Tool, which collects data for the following surveys:

- **Physician Compensation and Productivity Survey**.
- **Medical Group Compensation and Productivity Survey**.
- **Advanced Practice Provider Compensation and Pay Practices Survey**.


Submit the completed survey by March 29, 2019. If you submit the completed survey by March 1, 2019, you will receive an early submission discount of $200.

In order to receive the compensation practices section of the 2019 Physician Compensation and Productivity Survey Report, you must submit data for this section of the survey.

The **Upload Screen**, **Order Form** and **Submit Survey sections** of the Provider Compensation Data Collection Tool must be completed for your organization’s survey submission to be accepted.

If you have questions about the survey or technical issues, contact the Center for Information, Analytics and Insights by phone at 888.739.7039 or by email at suveys@sullivancotter.com.

TIMELINE

**TABLE S.1 – Survey Timeline**

<table>
<thead>
<tr>
<th>Survey Timeline</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Launch</td>
<td>January 8, 2019</td>
</tr>
<tr>
<td>Survey Close</td>
<td>March 29, 2019</td>
</tr>
<tr>
<td>Publication</td>
<td>July 2019</td>
</tr>
</tbody>
</table>

ASSIGN TASKS

If you are your organization’s survey administrator, you are automatically assigned to all survey sections. However, should you need assistance from anyone at your organization (e.g., the required information is not available to you or someone else is better informed), the **Assign Tasks section** allows you to assign survey subsections or the entire survey to another user at your organization. If the assigned user does not have a Client Portal account, you will be able to create a new account for them. **Note: If you need a Client Portal user deactivated, contact the Center for Information, Analytics and Insights at surveys@sullivancotter.com.**

To move to the next section, click the blue **Next button**; to move to any section, use the navigation bar at the top of the screen.
SURVEY FEEDBACK

Provide any suggestions related to the information collected or Client Portal functionality in the Survey Feedback section. The Center for Information, Analytics and Insights values a simple participant experience and welcomes all feedback.

To move to the next section, click the blue Next button; to move to any section, use the navigation bar at the top of the screen. Clicking the blue Next button automatically saves your current responses; additionally, you will be prompted to save any responses when navigating away from the section.

SUBMIT SURVEY (REQUIRED)

Only the survey administrator or a user assigned to the entire survey can submit the survey. Once your survey is submitted, you will not be able to access it again to change responses; contact the Center for Information, Analytics and Insights to reopen the survey for you.

To submit your survey, all required sections must be labeled Marked as Complete. In order to receive the compensation practices section of the 2019 Physician Compensation and Productivity Survey Report, you must submit data for this section of the survey.

COPY OF COMPLETED RESPONSES

Before submitting your survey, you will have the option to print or save a PDF copy of your responses (excluding data uploaded to the Upload Screen) by clicking the blue Print Survey button located on the bottom-left side of the Submit Survey section.

AUDIT OF SURVEY RESPONSES

After you submit the survey, the Center for Information, Analytics and Insights will review your submission and generate any inquiries within five business days. An email will notify you when the audit is ready at your organization’s Client Portal account. Log in to your organization’s Client Portal account to review any inquiries; you will be able to comment on each inquiry directly. Add the @sullivancotter.com domain to your list of safe senders to ensure you receive our communications.
UPLOAD SCREEN (REQUIRED)

All templates are organized in one Excel file located on the Upload Screen: Provider Compensation Data Collection Tool – Survey Template, which includes the following tabs:

- Organization characteristics.
- Incumbent upload.
- Specialty list and summaries (for reference).
- APP incumbent data.
- APP specialty list (for reference).

The Organization Characteristics and the Incumbent Upload tabs must be completed for your organization’s survey submission to be accepted.

Note: Automated data validations have been removed.

Complete the following steps to successfully upload your organization’s data to the Client Portal.

1. Click on the blue Download Template button to download the file.
2. Complete the applicable tabs.
3. Save the completed file to your computer.
4. Navigate to the Upload Screen.
5. Drag the file to the grey target area and drop it or use the blue Click Here link to open a dialog box and select the file.
6. When the file is successfully uploaded, you will see it posted in the Imported Files area of the Upload Screen. To access the file, click on the file name. To remove the file, click the Delete link.

After successfully uploading the file, this section will automatically be marked as complete.

The Center for Information, Analytics and Insights will review your submission and contact you within five business days if there are questions regarding your file upload. Add the @sullivancotter.com domain to your list of safe senders to ensure you receive our communications.

To move to the next section, click the blue Next button; to move to any section, use the navigation bar at the top of the screen.
The Organization Characteristics tab must be completed for your organization’s survey submission to be accepted.

If your organization participated last year, this tab will be prepopulated with last year’s data.

Do not alter or edit the names of any of the column headers.

Columns in gray are required.

If you are providing data for multiple entities, provide the organization characteristics data for each entity. Note: For parent enterprise or corporate organizations with multiple entities, report consolidated financial and operating data for your organization (i.e., data that reflect all entities such as hospital, long-term care or assisted living, physician group practice, outpatient or ambulatory care, home health or hospice, fitness center, health plan, durable medical equipment and other business units).

If you need to look up or download the organization IDs and names, select the blue Click Here to View the Organization IDs link or Export Organizations link on the Upload Screen.

Note: Organization IDs are required in your upload.

Organization ID (Required)
Enter the unique organization ID number provided by the Center for Information, Analytics and Insights for the organization for which you are providing data.

If you are providing data for multiple entities, unique organization IDs must be used for each entity. If you need to look up or download the organization IDs, select the blue Click Here to View the Organization IDs link or Export Organizations link on the Upload Screen. If an entity is not present in the blue Click Here to View the Organization IDs link or Export Organizations link, or if you need a new organization ID created, contact the Center for Information, Analytics and Insights.

Organization Name
Enter the organization name for which you are submitting data. If organization name updates are needed, enter the updated name in this field.

Net Revenue ($) (Required)
Enter the net revenue for the most recently completed fiscal year of the organization for which you are submitting data. Note: Report the amount in whole dollars (e.g., report a net revenue of $1,987,654,321 as 1,987,654,321).

For health care organizations, enter the total net operating revenue (patient services and other revenue) after discounts, allowances, bad debt and write-offs.

For health plans, enter the total revenue (premiums and fees) plus investments and other revenue.

FTE Employees (Required)
Enter the current total number of full-time equivalent employees. Note: Include employed physician and APP FTEs in this number.
FTE Employed Physicians (Required)
Enter the current total number of full-time equivalent employed physicians. **Note: Do not include affiliated physicians.**

FTE Employed APPs (Required)
Enter the current total number of full-time equivalent employed advanced practice providers. **Note: Do not include affiliated APPs.**

APPs are health care professionals who work in collaboration with or under the supervision of a physician as part of a patient care team. APPs generally have completed advanced education, certification, licensure and training focusing on a specific specialty and are qualified to perform many of the same procedures as a physician. APPs include certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), nurse practitioners (NPs) and physician assistants (PAs).

Number of Medical Groups Organization Owns and Operates
Enter the number of medical groups owned and operated by the organization for which you are providing data. If no medical groups are owned or operated, enter **zero**.

Majority Owner of Medical Group
Choose the majority owner of the medical group from the dropdown menu.

Medical Group Owner Other (Describe)
If you chose other in the Majority Owner of Medical Group field, complete this field.

Describe the majority owner of the medical group.

Payer Mix Commercial Fee for Service (%)
Enter the percentage of reimbursement received from commercial fees for service for the organization for which you are providing data.

Payer Mix Commercial Capitated Payment (%)
Enter the percentage of reimbursement received from commercial capitated payments for the organization for which you are providing data.

Payer Mix Managed Medicare (%)
Enter the percentage of reimbursement received from managed Medicare for the organization for which you are providing data.

Payer Mix Straight Medicare (%)
Enter the percentage of reimbursement received from straight Medicare for the organization for which you are providing data.

Payer Mix Managed Medicaid (%)
Enter the percentage of reimbursement received from managed Medicaid for the organization for which you are providing data.

Payer Mix Straight Medicaid (%)
Enter the percentage of reimbursement received from straight Medicaid for the organization for which you are providing data.
Payer Mix Self-Pay or Uninsured (%)
Enter the percentage of reimbursement received from self-pay or uninsured for the organization for which you are providing data.

Payer Mix Charity Care (%)
Enter the percentage of reimbursement received from charity care for the organization for which you are providing data.

Percentage Overall Revenue Attributable to Quality Payments (%)
Enter the percentage of the overall revenue from payers attributable to quality-based payments for the organization for which you are providing data.

INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS

The Incumbent Upload tab must be completed for your organization’s survey submission to be accepted.

The Incumbent Upload tab must be used to submit compensation data.

Do not alter or edit the names of any of the column headers.

Columns in gray are required.

If you are providing data for multiple entities, unique organization IDs must be used for each entity. If you need to look up or download the organization IDs and names, select the blue Click Here to View the Organization IDs link or Export Organizations link on the Upload Screen.

Note: Organization IDs are required in your upload.

Use the instructions below to complete the Incumbent Upload tab. Use the Specialty List and Summaries tab to match your organization’s incumbents to the appropriate specialties.

Report data to reflect a full calendar year as of January 1, 2019, or the most recently completed fiscal year prior to January 1, 2019.

You may not be able to break out or report all information.

If you are unsure about or unable to report data for a field, leave the field blank.

Do not report per-diem providers or incumbents who have been employed for less than a whole year (e.g., new hires).

Do not annualize partial FTE, salaries or productivity data; the Center for Information, Analytics and Insights will annualize these as appropriate.
Organization ID (Required)
Enter the unique organization ID number provided by the Center for Information, Analytics and Insights for the organization for which you are providing data.

If you are providing data for multiple entities, unique organization IDs must be used for each entity. If you need to look up or download the organization IDs, select the blue Click Here to View the Organization IDs link or Export Organizations link on the Upload Screen.

Position Level (Required)
Select the position level that best describes the incumbent for whom you are reporting data. Select position levels are defined below:

- **Staff physicians** typically devote at least 75% of their time to providing direct or indirect medical care to patients, may have teaching- and research-related duties and may be responsible for residents.

- **Program directors** are responsible for managing and directing the services of a specific program within a division, which may be internal or external, and typically devote 10% to 25% of their time to program management administrative duties (e.g., program director, vascular lab; program director, sleep center; and program director, cardiac cath lab).

- **Chiefs** are responsible for managing and directing the medical services of a specific program or department and typically devote 20% to 70% of their time to service-area management administrative duties. These individuals are generally the second-level physician managers within a large department (e.g. medical director of gastroenterology reports to the department chair of medicine).

- **Chairs** are responsible for achieving a division’s financial and operating results and typically devote 90% to 100% of their time to division-operation administrative duties. These individuals are the top physician managers within an organization’s major medical division.

- **PhD clinicians and researchers** are responsible for providing clinical services and conducting research in their areas of expertise and may develop and monitor adherence to research protocols, conduct and review research project phases while ensuring timeframes are met and prepare or assist in the preparation of grant proposals. These individuals may also diagnosis and provide medical care to patients and expertly advise a variety of professionals and health care providers, including physicians.

- **PhD principal investigators** are responsible for leading research projects, ensuring proper protocols are followed and managing all technical, financial, compliance and administrative project components. These individuals are also directly responsible for grant proposal submissions, the completion of funded projects and ensuring that projects are carried out in compliance with the terms, conditions and policies of the funding agency.

- **PhD department chairs** are responsible for achieving their departments’ financial and operating results, promoting curriculum development and educational innovation within their departments and fostering collaboration with other departments. These individuals are the top PhD managers within a major clinical research department.

Specialty/Job (Required)
Choose the appropriate specialty or job code and title for the incumbent from the dropdown menu. For specialty summaries, refer to the Specialty List and Summaries tab in the template file.
Your Internal Tracking ID (Required)
Enter the incumbent’s name, ID number or some other form of internal identification. Do not provide the incumbent’s full Social Security number. This ID number must be unique for each incumbent and will only be used to help you track the data that you report. This information is not used by the Center for Information, Analytics and Insights for any other purpose and is not included in the survey report.

Years Since Residency/School Completed
Enter the number of years since the completion of the incumbent’s residency or fellowship. If the incumbent is a PhD, enter the number of years since the incumbent graduated from school.

Date of Hire (mm/dd/yyyy)
Enter the incumbent’s date of hire.

Total FTE (Required)
Enter the total full-time equivalent status of the incumbent that corresponds with time spent performing all duties (e.g., report an incumbent working full time as 1.0). Note: Only report staff physician and program director incumbents with a 0.5 FTE or greater.

Clinical FTE (Required)
Enter the total full-time equivalent status of the incumbent that corresponds with time spent performing clinical duties only, including time spent in direct and indirect patient care (e.g., report an incumbent performing clinical duties 25% of work time as 0.25).

Admin/Research/Teaching (ART) FTE
Enter the total full-time equivalent status of the incumbent that corresponds with time spent performing administrative, research and teaching duties only (e.g., report an incumbent performing ART duties 25% of work time as 0.25).

Clinical Base Salary
Enter the actual annual base salary paid to the incumbent for time spent performing clinical duties, including time spent in direct and indirect patient care as of January 1, 2019.

ART Base Salary/Stipend
Enter the actual annual base salary or stipend paid to the incumbent for time spent performing ART duties as of January 1, 2019.

Productivity-Based Incentive Payment
Enter the total incentive payment for the most recently completed fiscal year that is directly based on productivity measures (e.g., work RVUs, collections) and thus varies with annual productivity. If your organization pays incentives more than once per year, enter the total annual productivity-based incentive payment paid to the incumbent.

Performance/Quality-Based Incentive Payment
Enter the total incentive for the most recently completed fiscal year that is directly based on performance/quality measures (e.g., patient satisfaction, care coordination, patient safety) and thus varies with annual performance. If your organization pays incentives more than once per year, enter the total annual performance- or quality-based incentive payment paid to the incumbent.
APP Supervisory Pay
If your organization compensates for APP supervisory duties as a separate component, provide the amount paid here. This amount could include flat stipends, a portion of APP productivity or production net of cost methods. APP supervisory pay is optional and the data will be reviewed once results are analyzed.

Sign-On Bonus
Enter the compensation paid as a sign-on bonus in the most recently completed fiscal year. Reported value should be annualized. **Note: Do not to include multiyear payment amounts in one year.**

Sign-On Bonus Length (Years)
Enter the number of years the sign-on bonus amount will be paid.

Retention Bonus
Enter the compensation paid as a retention bonus in the most recently completed fiscal year. Reported value should be annualized. **Note: Do not to include multiyear payment amounts in one year.**

Retention Bonus Length (Years)
Enter the number of years the retention bonus amount will be paid.

On-Call Pay
Enter the compensation paid in the most recently completed fiscal year for the provision of on-call coverage and/or for providing services when called in while on call. **Note: Only report on-call pay if it is over and above what is commensurate with the physician's reported total FTE status. Do not report on-call pay if it is already built into the physician's base salary and is a part of the incumbent's regularly expected duties.**

Telemedicine Pay
Enter any compensation paid for the most recently completed fiscal year for the provision of telemedicine services.

Moonlighting Pay
Enter the compensation paid in the most recently completed fiscal year for moonlighting and/or extra shifts worked over and above what is commensurate with the physician's reported total FTE status.

Other Cash Comp
Enter any other cash compensation (e.g., honoraria, longevity bonuses, profit sharing, long-term incentive payments) paid to the incumbent in the most recently completed fiscal year. **Note: Do not include compensation for on-call coverage, moonlighting or extra-shifts.**

Qualified Contributions
Enter any employer contributions to qualified defined benefit or contribution plans (e.g., 401[k], 403[b]) for the most recently completed fiscal year. **Note: Do not include contributions made by the incumbent.**

Nonqualified Contributions
Enter any employer contributions to nonqualified retirement plans for the most recently completed fiscal year. **Note: Do not include contributions made by the incumbent.**

CME Expenses
Enter the annual amount of employer costs for continuing medical education expenses for the incumbent.
Other Benefit Costs
Enter the remaining components associated with the annual employer benefits costs for the incumbent. Include the cost of health, life and disability insurances; FICA, payroll and unemployment taxes; workers’ compensation insurance; and professional license fees. Do not include the cost of malpractice insurance or paid time off.

Total Cost of Benefits
Enter the annual employer benefits costs for the incumbent. Include the cost of health, life and disability insurances; employer contributions to qualified defined benefit and defined contribution plans (e.g., 401[k], 403[b]) and nonqualified retirement plans; CME expenses; FICA, payroll and unemployment taxes; workers’ compensation insurance; and professional license fees. Do not include the cost of malpractice insurance or paid time off. Note: The total cost of benefits should equal the sum of the qualified plan employer contribution amount, the nonqualified plan employer contribution amount, the annual amount of CME expenses the amount of other benefits costs.

Work RVUs
Enter the number of work relative value units (work RVUs) performed by the incumbent during the most recently completed fiscal year. Report work RVUs using the most recent resource-based relative value unit scale published by the Centers for Medicare & Medicaid Services (CMS) for all payers. The work RVUs should be based on work personally performed by the incumbent and include any adjustments made by modifier usage. See table S.3 as it applies to work RVUs.

TABLE S.2 – Work RVU Modifier Adjustment Table

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Brief Description</th>
<th>Percentage Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Unusual Procedural Services</td>
<td>125.0%</td>
</tr>
<tr>
<td>50</td>
<td>Bilateral</td>
<td>50.0%</td>
</tr>
<tr>
<td>51</td>
<td>Multiple</td>
<td>50.0%</td>
</tr>
<tr>
<td>52</td>
<td>Reduced Values</td>
<td>50.0%</td>
</tr>
<tr>
<td>53</td>
<td>Discontinued Procedure</td>
<td>50.0%</td>
</tr>
<tr>
<td>54</td>
<td>Surgical Care Only</td>
<td>70.0%</td>
</tr>
<tr>
<td>55</td>
<td>Postoperative Only</td>
<td>20.0%</td>
</tr>
<tr>
<td>56</td>
<td>Preoperative Only</td>
<td>10.0%</td>
</tr>
<tr>
<td>62</td>
<td>Two Surgeons</td>
<td>62.5%</td>
</tr>
<tr>
<td>63</td>
<td>Procedure Performed on Infants</td>
<td>125.0%</td>
</tr>
<tr>
<td>74</td>
<td>Discontinued ASC Procedure</td>
<td>50.0%</td>
</tr>
<tr>
<td>76</td>
<td>Repeat Procedure</td>
<td>70.0%</td>
</tr>
<tr>
<td>78</td>
<td>Return to OR During Postoperative</td>
<td>70.0%</td>
</tr>
<tr>
<td>80</td>
<td>Assistant Surgeon</td>
<td>16.0%</td>
</tr>
<tr>
<td>81</td>
<td>Minimum Surgery Assist</td>
<td>16.0%</td>
</tr>
<tr>
<td>82</td>
<td>Assistant Surgeon – No Resident Available</td>
<td>16.0%</td>
</tr>
<tr>
<td>AS</td>
<td>Surgery Assist</td>
<td>16.0%</td>
</tr>
<tr>
<td>TC</td>
<td>Technical Component</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Do not include work RVUs attributed to advanced practice providers; the technical component for laboratory, radiology or other procedures not personally performed by the physician; or work RVUs that have been weighted by a conversion factor.

Do not include the practice expense RVU (peRVU) or the malpractice expense RVU (mRVU).
Note: For anesthesiologists and certified registered nurse anesthetists (CRNAs), instead of work RVUs, report American Society of Anesthesiologists (ASA) units. Include all components of ASA units (base units, time in 15 minute increments and risk factors). Do not include CRNA-only performed activity (modifier QZ). ASA units from cases supervised or medically directed (modifiers AD, QK, QX and QY) should be reported as 50% credit to the physician and 50% to the CRNA. The credit breakout applies to the total units billed not for total units coded by each provider.

Freestanding Collections
For providers based at a freestanding location or for providers for which a freestanding billing method is used, enter the collections generated for all direct professional services provided by the incumbent during the most recently completed fiscal year. Include collections for fee-for-service payments, capitation payments allocated to the incumbent and payments for the administration of immunizations and chemotherapy drugs. Report collections net of bad debts. Do not include collections for services provided by physician extenders; the technical component of laboratory, radiology, medical diagnostic or surgical procedures; collections related to infusion, immunizations or drug charges; or any collections associated with retail income (e.g., optical, pharmacy, hearing aids). Exclude collections from associated facility fees. See table S.3 as it applies to collections.

Provider Based Collections
If your organization uses provider-based billing for physician services performed in a hospital outpatient setting, enter the collections generated for all direct professional services provided by the incumbent during the most recently completed fiscal year. Report collections net of bad debts. Do not include collections for services provided by physician extenders; the technical component of laboratory, radiology, medical diagnostic or surgical procedures; collections related to infusion, immunizations or drug charges; or any collections associated with retail income (e.g., optical, pharmacy, hearing aids). Exclude collections from associated facility fees. See table S.3 as it applies to collections.

Note: When reporting for advanced practice providers, enter data reflecting collections generated from services personally performed by the advanced practice provider.

TABLE S.3 – Production Guidelines

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>Do not include antigen billings for the following CPT codes: 95144, 95145, 95146, 95147, 95148, 95149, 95165 and 95170.</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Do not include CRNA-only performed activity. Production from cases performed as a team should be reported as 50% credit to the physician the other 50% to the CRNA.</td>
</tr>
<tr>
<td>Audiology</td>
<td>Do not include hearing aid sales.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Do not include technical component fees or technical components of global fees for EKGs, GXTs, echos, etc.</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Do not include technical component fees.</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Do not include billings for drugs.</td>
</tr>
<tr>
<td>Neurology</td>
<td>Do not include technical component fees or technical components of global fees for EEGs, EMGs or sleep studies.</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Do not include technical component fees or technical components of global fees for ultrasound tests.</td>
</tr>
<tr>
<td>Optometry and Ophthalmology</td>
<td>Do not include eyewear or contact sales.</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Do not include production related to audiology services.</td>
</tr>
<tr>
<td>Pathology</td>
<td>Do not include technical component fees or technical components of global fees for pathology exams.</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Do not include technical component fees or technical components of global fees for pulmonology tests.</td>
</tr>
<tr>
<td>Radiology</td>
<td>Do not include technical component fees or technical components of global fees for radiological exams.</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Do not include technical component fees or technical components of global fees for oncology services.</td>
</tr>
</tbody>
</table>
Primary Care Panel Size
Enter the provider’s population of living patients, based on a count of unique patients seen within the last 18 months. This field is for panel size for primary care providers only, which includes family medicine, family medicine – medical home, family medicine with obstetrics, internal medicine, internal medicine – medical home, pediatrics – general, pediatrics – adolescent medicine and pediatrics – internal medicine.

Note: Apply the following weights should be applied to the panel sizes reported. If your organization adjusts for weight in a similar fashion and the adjustment method is not materially different, report those numbers and provide an explanation to surveys@sullivancotter.com.

TABLE S.4 – Age and Gender Panel Adjustments

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight Male</th>
<th>Relative Weight Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>5.02</td>
<td>4.66</td>
</tr>
<tr>
<td>1</td>
<td>3.28</td>
<td>2.99</td>
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<td>2</td>
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</tr>
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<td>10 to 14</td>
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</tr>
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<td>25 to 29</td>
<td>0.60</td>
<td>0.82</td>
</tr>
<tr>
<td>30 to 34</td>
<td>0.63</td>
<td>0.84</td>
</tr>
<tr>
<td>35 to 39</td>
<td>0.66</td>
<td>0.86</td>
</tr>
<tr>
<td>40 to 44</td>
<td>0.69</td>
<td>0.89</td>
</tr>
<tr>
<td>45 to 49</td>
<td>0.76</td>
<td>0.98</td>
</tr>
<tr>
<td>50 to 54</td>
<td>0.87</td>
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<td>1.00</td>
<td>1.20</td>
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<tr>
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<td>1.17</td>
<td>1.31</td>
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<td>1.66</td>
</tr>
<tr>
<td>85 Plus</td>
<td>1.57</td>
<td>1.39</td>
</tr>
</tbody>
</table>
Number of Patient Visits
Enter the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. Report incumbents with at least a 0.5 FTE at their actual visit or consultation amount.

For surgical and anesthesia procedures, record the case as one visit and not the number of procedures performed. For global codes, such as deliveries, record a visit for each patient encounter in the global code. In the event that a patient visits two or more separate departments during the day and sees a physician in each department, record this as a patient visit at each department. If a patient has only an ancillary service as ordered by a physician but has no personal physician contact, do not record this as a physician patient visit (e.g., lab tests, EKGs, EEGs, injections). If the patient was seen only by a non-physician provider or technician, do not record a visit. Multiple visits by a single patient to a single physician during the same day are counted as only one visit. If your organization cannot exclude these types of visits, then exclude all visit information.

Number of Hospitals or Sites Supervised
This field is for administrative positions only.
Enter the total number of hospitals or sites that the incumbent supervises.

Number of Physicians Responsible For
This field is for administrative positions only.
Enter the total number of physician FTEs for which the incumbent is directly responsible.

Administrative Position Level: Clinic, Hospital or Health System
This column is for administrative positions only. Indicate if the incumbent’s scope of responsibilities is at the clinic, hospital or health system level.

**APP INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS**

The **APP Incumbent Data tab** is optional.

The **APP Incumbent Data tab** must be used to submit compensation data for APPs.

Do not alter or edit the names of any of the column headers.

Columns in gray are required.

If you are providing data for multiple entities, unique organization ID must be used for each of entity. If you need to look up or download the organization IDs and names, select the blue **Click Here to View the Organization IDs link** or **Export Organizations link** on the **Upload Screen**.

**Note: Organization IDs are required in your upload.**

Use the instructions below to complete the **APP Incumbent Data tab**. Use the **APP Specialty List tab** to match your organization’s incumbents to the appropriate specialties.

Report data to reflect a full calendar year as of **January 1, 2019**, or the **most recently completed fiscal year prior to January 1, 2019**.
INSTRUCTIONS

You may not be able to break out or report all information.

If you are unsure about or unable to report data for a field, leave the field blank.

Do not report per-diem providers or incumbents who have been employed for less than a whole year (e.g., new hires).

Do not annualize partial FTE, salaries or productivity data; the Center for Information, Analytics and Insights will annualize these as appropriate.

Organization ID (Required)
Enter the unique organization ID number provided by the Center for Information, Analytics and Insights for the organization for which you are providing data.

If you are providing data for multiple entities, unique organization IDs must be used for each entity. If you need to look up or download the organization IDs, select the blue Click Here to View the Organization IDs link or Export Organizations link on the Upload Screen.

Your Org's Internal Tracking ID (Unique Identifier) (Required)
This code is used to identify each incumbent from year to year. Provide a code that identifies the APP to your organization only. Do not use the incumbent’s full Social Security number.

Position Level (Required)
Choose from the dropdown menu to provide the incumbent’s position level: staff APP, leader level 1, leader level 2 or leader level 3. Reference the summaries below to match to the appropriate position level. Leave the field blank if not applicable.

- **Level 1 APP leaders – clinical practice level APP leaders:** Typically, a leader at the individual clinical unit level whether it be a clinic, an inpatient service, a service line, department, division or other clinically based unit where there is a number of APPs who necessitate a leader. The majority of work time is spent performing direct patient care. Management responsibilities may include orientation of new APPs, day-to-day operations, staffing, scheduling and conducting or providing input into performance appraisals. Also, they ensure APP staff compliance with regulations for the clinic, department or service line.

- **Level 2 APP leaders – middle level APP leaders:** Typically, a middle-level leader managing multiple APP leaders and/or APPs. Alternatively, a middle-level leader who has responsibility for a specific function within the APP practice (e.g., recruitment, orientation/onboarding, training, research or coordinating student placement).

- **Level 3 APP leaders – top level APP leaders:** Typically, one or two leaders with budgeted time dedicated to coordinating the APP practice who spend all or nearly all of work time performing management and administrative responsibilities. This type of leader may have other APP leaders reporting to them. Responsibilities may include developing overall strategy and infrastructure for the organization’s APP workforce, developing and managing budgets and serving as the organization’s expert on the APP workforce. Also, they ensure compliance with regulations for APP practice throughout the organization.
Specialty Code (Required)
This code is the specialty code for each incumbent related to the area of medicine the incumbent practices. Enter the specialty code for the incumbent. For this survey, use the nurse practitioner codes for certified nurse specialists working in a medical capacity. As a general guideline, if the incumbent is spending more than 50% of work time in a subspecialty area, categorize the incumbent in that subspecialty. Note: Only use the codes provided on the APP Specialty List tab of the template.

Number of Direct Reports
Provide the number of individuals who directly report to the incumbent.

Date of Hire
Enter the incumbent’s date of hire.

Date of Original APP Licensure
Enter the incumbent's original date of APP licensure.

Covered by Collective Bargaining (Y or N)
Enter Y if the incumbent is covered by a collective bargaining agreement or N if the incumbent is not covered by a collective bargaining agreement.

Total FTE (Required)
Enter the total full-time equivalent status of the incumbent that corresponds with time spent performing all duties, including non-clinical work. Only report incumbents with a 0.5 FTE or greater (e.g., if the incumbent works full time, record 1.0; if the incumbent works 75% of the time, record 0.75).

The next four columns relate to the approach used to compensate the incumbent. Provide the incumbent’s compensation in the appropriate columns (e.g., if the incumbent is paid an hourly rate, enter the rate in the Base Pay – Hourly Rate field.) At least one of the following is required: base pay – hourly rate, base pay – annual salary, productivity-based bonus compensation or other bonus/incentive (quality, all employee gain share, etc.).

Base Pay – Hourly Rate
Provide the actual hourly base amount paid to each incumbent as of January 1, 2019, or most recently completed fiscal year prior to January 1, 2019. Do not include rates representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or retention bonus amounts as these are captured separately. At least one of the following is required: hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.

Base Pay – Annual Salary
Provide the actual annual base salary paid to each incumbent as of January 1, 2019, or most recently completed fiscal year prior to January 1, 2019. Do not include rates representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or sign-on or retention bonus amounts as these are captured separately. At least one of the following is required: hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.
Productivity-Based Bonus Compensation
Provide the total annual bonus or incentive compensation received by the incumbent that is directly based on clinical productivity (e.g., work RVUs or collections) if applicable. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or retention bonus amounts as these are captured separately. If your organization pays incentives more than once per year, report the total annual productivity-based bonus or incentive compensation paid. **At least one of the following is required:** hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.

Other Bonus/Incentive (Quality, All Employee Gain Share, etc.)
Provide the total annual bonus or incentive compensation received by the incumbent that is **not** directly based on productivity (e.g., performance and quality measures, patient satisfaction) if applicable. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or retention bonus amounts as these are captured separately. If your organization pays incentives more than once per year, report the total non-productivity based annual bonus or incentive compensation paid. **At least one of the following is required:** hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.

Leadership Stipend
Provide the total annual stipend related to APP leadership responsibilities received by the incumbent.

Retention Bonus
Provide the retention bonus paid to the incumbent, if applicable. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting or management compensation.

On-Call Pay
Provide the total annual call compensation received by the incumbent for providing on-call coverage or for providing services when called in while on call or both if applicable. Only report on-call pay if over and above what is commensurate with the incumbent's reported total FTE. Do not report on-call pay if it is already built in to the incumbent's base salary and is a part of the regular expected duties.

Overtime Pay
Provide the total annual overtime compensation received by the incumbent if applicable. Do not include pay representing shift differentials, extra shifts, on-call pay, moonlighting, or management compensation.

Moonlighting/Extra Shift Compensation
Provide the total annual moonlighting or extra shift pay compensation received by the incumbent if applicable. Moonlighting duties include duties not related to the incumbent's specialty or department, duties performed outside of normal clinical hours and duties for which the incumbent is compensated outside of your organization's compensation plan. Do not include pay representing overtime, shift differentials, on-call pay, or management compensation.

Shift Differential Compensation
Provide the total annual shift differential pay received by the incumbent if applicable. Do not include pay representing overtime, extra shifts, on-call pay, moonlighting, or management compensation.

Other Cash Compensation
Provide any other cash compensation paid to the incumbent. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting or management compensation.
Total Cost of Benefits
Provide the total annual employer benefits cost for employed incumbents. This includes the cost of health, life and disability insurances; employer contributions to qualified defined benefit and defined contribution plans (e.g., 401[k], 403[b]) and nonqualified retirement plans; continuing medical education (CME) expenses; FICA and unemployment taxes; workers’ compensation insurance; and professional license fees. Do not include the cost of malpractice insurance or paid time off (PTO).

Work RVUs
Provide calculated work relative value units (work RVUs) as measured by the work resource based relative value scale (RBRVS), not weighted by a conversion factor, attributed to ambulatory care, inpatient care and other professional services performed by each incumbent using the most recent Centers for Medicare & Medicaid Services (CMS) scale. Provide work RVUs performed only by the incumbent. A work RVU is a non-monetary unit of measure that indicates the professional value of services provided by the incumbent.

In order to make your work RVUs more compatible, adjust all code frequencies with the modifiers described in table S.5 below by the indicated percentage (e.g., a modifier of 80 [99210-80] indicates that the procedure was recorded as a surgery assist and, therefore, the department only received approximately 16.0% of the original RVU value). If multiple modifiers are used, report work RVUs calculated using multiple modifiers.

TABLE S.5 – RVU Modifier Adjustment Table

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Brief Description</th>
<th>Percentage Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Unusual Procedural Services</td>
<td>125.0%</td>
</tr>
<tr>
<td>50</td>
<td>Bilateral</td>
<td>50.0% 100.0%</td>
</tr>
<tr>
<td>51</td>
<td>Multiple</td>
<td>50.0%</td>
</tr>
<tr>
<td>52</td>
<td>Reduced Values</td>
<td>50.0%</td>
</tr>
<tr>
<td>53</td>
<td>Discontinued Procedure</td>
<td>50.0%</td>
</tr>
<tr>
<td>54</td>
<td>Surgical Care Only</td>
<td>70.0%</td>
</tr>
<tr>
<td>55</td>
<td>Postoperative Only</td>
<td>20.0%</td>
</tr>
<tr>
<td>56</td>
<td>Preoperative Only</td>
<td>10.0%</td>
</tr>
<tr>
<td>62</td>
<td>Two Surgeons</td>
<td>62.5%</td>
</tr>
<tr>
<td>63</td>
<td>Procedure performed on Infants</td>
<td>125.0%</td>
</tr>
<tr>
<td>74</td>
<td>Discontinued ASC Procedure</td>
<td>50.0%</td>
</tr>
<tr>
<td>76</td>
<td>Repeat Procedure</td>
<td>70.0%</td>
</tr>
<tr>
<td>78</td>
<td>Return to OR During Postoperative</td>
<td>70.0%</td>
</tr>
<tr>
<td>80</td>
<td>Assistant Surgeon</td>
<td>16.0%</td>
</tr>
<tr>
<td>81</td>
<td>Minimum Surgery Assist</td>
<td>16.0%</td>
</tr>
<tr>
<td>82</td>
<td>Assistant Surgeon – No Resident Available</td>
<td>16.0%</td>
</tr>
<tr>
<td>AS</td>
<td>Surgery Assist</td>
<td>16.0%</td>
</tr>
<tr>
<td>TC</td>
<td>Technical Component</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Note: The Center for Information, Analytics and Insights requests that participants adjust volume of CPT codes based on any modifiers attached to the individual codes. There is a special circumstance with modifier 50. Medicare reimburses the code with the modifier at 150%. Many other payers reimburse by a two-code combination: one code without the modifier at 100%, another code with the modifier at 50%. When reporting bilateral data, adjust the Medicare volume appropriately to reflect proper volume (e.g., multiplying Medicare volume by three).
Note: For CRNAs, report ASA values in this column as opposed to work RVUs. The ASA values should include base units and time components. Include CRNA performed activity (modifiers QX and QZ) along with team-based ASA units such as cases supervised or medically directed by a physician (modifiers AD, QK and QY). Team-based cases should be allocated as 50% credit to the physician and 50% to the CRNA. The credit breakout applies to the total units billed not for total units coded by each incumbent.

Collections
Provide the collections generated for all direct professional services provided by and all services personally performed by the incumbent, which will be the net of contractual arrangements, discounts and bad debts. Include collections for fee-for-service payments, capitation payments allocated to the incumbent and payments for administering immunizations and chemotherapy drugs. Do not include collections for the technical component of laboratory, radiology, medical diagnostic or surgical procedures, collections related to infusion or drug charges or any collections association with retail income (e.g., optical, pharmacy, hearing aids). Adjust collections for codes with modifiers to reflect the modified amount. Guidelines for specific specialties are included in table S.6 below.

TABLE S.6 – Production Guidelines

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>Do not include antigen billings for the following CPT codes: 95144, 95145, 95146, 95147, 95148, 95149, 95165 and 95170.</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist</td>
<td>Production from cases performed as a team should be reported as 50% credit to the CRNA.</td>
</tr>
<tr>
<td>Audiology</td>
<td>Do not include hearing aid sales.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Do not include technical component fees or technical components of global fees for EKGs, GXTs, echoes, etc.</td>
</tr>
<tr>
<td>Gastrointestinal Medicine</td>
<td>Do not include technical component fees.</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Do not include billings for drugs.</td>
</tr>
<tr>
<td>Neurology</td>
<td>Do not include technical component fees or technical components of global fees for EEGs, EMGs or sleep studies.</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Do not include technical component fees or technical components of global fees for ultrasound tests.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Do not include eyewear or contact sales.</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Do not include production related to audiology services.</td>
</tr>
<tr>
<td>Pathology</td>
<td>Do not include technical component fees or technical components of global fees for pathology exams.</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>Do not include technical component fees or technical components of global fees for pulmonary tests.</td>
</tr>
<tr>
<td>Radiology</td>
<td>Do not include technical component fees or technical components of global fees for radiological exams.</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Do not include technical component fees or technical components of global fees for oncology services.</td>
</tr>
</tbody>
</table>

Patient Visits
Provide the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. For surgical and anesthesia procedures, record the case as one visit and not the number of procedures performed. For global codes, such as deliveries, a visit should be recorded for each patient encounter in the global code. In the event that a patient visits two or more separate departments during the day and sees an APP in each department, this is recorded as a patient visit at each department. Report APPs with at least a 0.5 FTE at their actual visit or consultation amount.
Primary Care Panel Size
This field is for the collection of panel size for primary care incumbents only: family medicine, internal medicine, and pediatrics and adolescent – general.

Panel size is the number of patients served by an APP or APP group. An APP’s panel is the APP’s population of living patients, based on a count of unique patients seen within the last 18 months. Patients are assigned to an APP by the following:

- Patients who have seen only one APP for all visits, verified within the last three years, are assigned to that APP.
- If a patient does not have a personal APP identified, the patient is assigned to an APP based on whom the patient saw the most often.
- If the patient has seen multiple APPs the same number of times, the patient is assigned to the APP seen most recently.

Apply the following weights to the panel sizes reported. If your organization adjusts for weight in a similar fashion and the adjustment is not materially different, inform the Center for Information, Analytics and Insights.

TABLE S.7 – Age and Gender Panel Adjustments

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight Male</th>
<th>Relative Weight Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>5.02</td>
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<td>1</td>
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<tr>
<td>75 to 79</td>
<td>1.68</td>
<td>1.70</td>
</tr>
<tr>
<td>80 to 84</td>
<td>1.70</td>
<td>1.66</td>
</tr>
<tr>
<td>85 Plus</td>
<td>1.57</td>
<td>1.39</td>
</tr>
</tbody>
</table>
Primary Practice Location (I = Inpatient Without OR, IOR = Inpatient With OR, O = Outpatient Without OR, OOR = Outpatient With OR, B = Both I & O Without OR, BOR = Both I & O With OR, T = Telehealth, U = Urgent Care, R = Retail Based, S = Skilled Nursing, H = Home Care, E = Emergency Department)

Choose from the dropdown menu to report the location where the incumbent works most (i.e., greater than 50%) of the time. Reference table S.8 below for location definitions.

TABLE S.8 – Location Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I – Inpatient Without OR</td>
<td>The incumbent primarily practices in a hospital inpatient location without an operating room.</td>
</tr>
<tr>
<td>IOR – Inpatient With OR</td>
<td>The incumbent primarily practices in a hospital inpatient location with an operating room.</td>
</tr>
<tr>
<td>O – Outpatient Without OR</td>
<td>The incumbent primarily practices in a hospital or ambulatory clinic outpatient location without an operating room.</td>
</tr>
<tr>
<td>OOR – Outpatient With OR</td>
<td>The incumbent primarily practices in a hospital or ambulatory clinic outpatient location with an operation room.</td>
</tr>
<tr>
<td>B – Both Inpatient and Outpatient Without OR</td>
<td>The incumbent splits work time between inpatient and outpatient locations without operating rooms.</td>
</tr>
<tr>
<td>BOR – Both Inpatient and Outpatient With OR</td>
<td>The incumbent splits work time between inpatient and outpatient locations with operating rooms.</td>
</tr>
<tr>
<td>T – Telehealth</td>
<td>The incumbent primarily practices in a telehealth location.</td>
</tr>
<tr>
<td>U – Urgent Care</td>
<td>The incumbent primarily practices in an urgent care location.</td>
</tr>
<tr>
<td>R – Retail Based</td>
<td>The incumbent primarily practices in a retail location.</td>
</tr>
<tr>
<td>S – Skilled Nursing</td>
<td>The incumbent primarily practices in a skilled nursing facility.</td>
</tr>
<tr>
<td>H – Home Care</td>
<td>The incumbent primarily practices as a home care provider.</td>
</tr>
<tr>
<td>E – Emergency Department</td>
<td>The incumbent primarily practices in an emergency department.</td>
</tr>
</tbody>
</table>

Rural, Urban, Suburban or Combination

Enter rural, urban, suburban or combination to report the community location where the incumbent is spending most (i.e., greater than 50%) of work time.

Surgical First Assistant (Y or N)

Enter Y if the incumbent is trained and practices as a surgical first assistant or N if the incumbent is not trained or practices as a surgical first assistant.
COMPENSATION PRACTICES

In order to receive the compensation practices section of the 2019 Physician Compensation and Productivity Survey Report, you must submit data for this section of the survey.

Note: Use caution when changing prepopulated responses in this section; changing the response to a question will erase the prepopulated responses to any dependent questions.

If your organization participated last year and completed the Compensation Practices section, many questions will be prepopulated with last year’s responses.

Review these responses to ensure no changes are necessary and answer any new or unpopulated questions.

To revise a prepopulated response, navigate to the question and update your response.

To revert your current-year responses to your previous-year responses, click the orange Reset Data to Previous Year button at the top-right corner of the screen. Note: Reverting your current-year responses will overwrite any responses you may have edited or manually entered this year.

To move to the next section, click the blue Next button; to move to any section, use the navigation bar at the top of the screen. Clicking the blue Next button automatically saves your current responses; additionally, you will be prompted to save any responses when navigating away from the section.
ORDER FORM (REQUIRED)

The **Order Form section** must be completed to submit your survey. Only complete the order form when you are ready to review and submit all your surveys; placing an order prior to finishing your surveys may cause systems errors when applying discounts.

There is no participation fee for any Center for Information, Analytics and Insights surveys; participants are not required to purchase any survey reports.

**Note:** Consulting organizations may participate in the survey on their clients’ behalf; however, they are not eligible to purchase the survey report at the participant rate.

Provide your report purchase preferences or check the box if your organization does not want to purchase the survey report.

Payment and delivery contact information defaults to the survey administrator contact information. Update this information if a different contact will be receiving the report or invoiced.

Purchased survey reports are accessible under **My Reports** on the Client Portal. When you are notified of their availability, log in to your Client Portal account to navigate to **My Reports** to download them.

To move to the next section, click the blue **Next button**; to move to any section, use the navigation bar at the top of the screen. Clicking the blue **Next button** automatically saves your current responses; additionally, you will be prompted to save any responses when navigating away from the section.
GROUP PROFILE

PROFILE

1. Has your organization implemented a National Committee for Quality Assurance level-three patient-centered medical home (PCMH) model? **REQUIRED**
   - Yes
   - [Answer Question 1.1]
   - No
   - [Skip to Question 2]

If yes, answer the following.

1.1. Is your organization’s compensation methodology different for the physicians affiliated with the PCMH?
   - Yes
   - No

2. Is your organization participating in the Centers for Medicare & Medicaid Services’ Bundled Payments for Care Improvement Initiative? **REQUIRED**
   - Yes
   - [Answer Question 2.1]
   - No
   - [Skip to Question 3]

If yes, answer the following.

2.1. Which care model is your organization participating in?
   - Model 1 – Retrospective Acute Care Hospital Stay Only
   - Model 2 – Retrospective Acute and Post-Acute Care Episode
   - Model 3 – Retrospective Post-Acute Care Only
   - Model 4 – Prospective Acute Care Hospital Stay Only

STAFF CHANGES

3. Has your organization increased the number of employed physicians on its staff within the last 12 months? **REQUIRED**
   - Yes
   - [Answer Question 3.1]
   - No
   - [Skip to Question 4]
If yes, answer the following.

3.1. Approximately by what percentage did your organization’s employed physician staff increase?

_______________________________________________________________%

4. Does your organization anticipate increasing the number of employed physicians on its staff within the next 12 months? **REQUIRED**

   ○ Yes  
     [Answer Question 4.1]
   ○ No  
     [Skip to Question 5]

If yes, answer the following.

4.1. Approximately by what percentage will your organization’s employed physician staff increase?

_______________________________________________________________%

5. Does your organization anticipate decreasing the number of employed physicians on its staff within the next 12 months? **REQUIRED**

   ○ Yes  
     [Answer Question 5.1]
   ○ No  
     [Skip to Next Section]

If yes, answer the following.

5.1. Approximately by what percentage will your organization’s employed physician staff decrease?

_______________________________________________________________%
COMPENSATION APPROACHES

COMPENSATION APPROACHES AND INCENTIVE COMPENSATION

1. For each group, what is the average percentage contribution of each measure to the calculation of total cash compensation in the table below (e.g., if the entire incentive is based on work RVU productivity, then enter 100% for work RVUs and 0% for all other categories)? [REQUIRED]

   [If Other, Answer Question 1.1]
   [If Base Salary or Hourly or Shift-Based Pay, Answer Questions 1.2 and 1.3]
   [If Expense Management or Financial Incentives, Value- or Quality-Based Incentives or Discretionary, Answer Questions 1.4 and 1.5]
   [If Panel Size for Primary Care, Answer Questions 1.6 and 1.7]

<table>
<thead>
<tr>
<th>Measure</th>
<th>Primary Care (%)</th>
<th>Medical (%)</th>
<th>Surgical (%)</th>
<th>Hospital Based(^{(1)}) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly or Shift-Based Pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work RVUs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panel Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Minus Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense Management or Financial Incentives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value- or Quality-Based Incentives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., Patient Experience)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., Citizenship, Seniority)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APP Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Describe Below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals (Must Equal 100%)</strong></td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

\(^{(1)}\)Hospital-based specialties include anesthesiology, critical care medicine, emergency medicine, hospital medicine, pathology and radiology.

If other, answer the following.

1.1. If your organization’s compensation approach includes **measures other than those listed in the table above**, what are they?

________________________________________________________________________________________
If base salary or hourly or shift-based pay, answer the following.

1.2. For each group, which of the following measures are used to determine physician salaries? (Check all that apply.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Primary Care</th>
<th>Medical</th>
<th>Surgical</th>
<th>Hospital Based(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Rank</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Historical Productivity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Historical Performance (e.g., non-productivity)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Length of Service</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Market Salary Data</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Panel Size</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Percentage of Expected Future Compensation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Percentage of Last Year's Salary</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physician Experience</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (Describe Below)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(1) Hospital-based specialties include anesthesiology, critical care medicine, emergency medicine, hospital medicine, pathology and radiology.

1.3. How frequently does your organization set or update physician salaries?

- ☐ Monthly
- ☐ Quarterly
- ☐ Biannually
- ☐ Annually
- ☐ Other (Describe): ___________________________________________________________
If expense management or financial incentives, value- or quality-based incentives or discretionary, answer the following.

1.4. What criteria are used in determining incentives? (Check all that apply.)

**PRODUCTIVITY PERFORMANCE**
- Individual Productivity
- Department Financial Performance
- Department or Group Relative Value Units
- Other (Describe): ________________________________

**UTILIZATION MANAGEMENT**
- Hospital Utilization
- Cost Containment and Effectiveness
- Controlling Ancillary Utilization
- Other (Describe): ________________________________

**VALUE- OR QUALITY-BASED MEASURES**
- Access
- Timely Chart Review and Completion
- CMS Five-Star Rating
- HEDIS
- MACRA
- Panel Management Measures
- Patient Experience
- Process Measures
- Risk Adjustment Factor Score
- Other (Describe): ________________________________

**DISCRETIONARY**
- Citizenship
  (e.g., Call or Meetings)
- Academic Duties
- Leadership or Management Duties
- Seniority
- Other (Describe): ________________________________

1.5. How frequently does your organization set or update physician draw or productivity payments?

- Monthly
- Quarterly
- Biannually
- Annually
- Other (Describe): ________________________________
If panel size for primary care physicians, answer the following.

1.6. How is the payment for panel size structured?

________________________________________________________________________________________

1.7. Does your organization use a demographic weighting or risk-adjustment factor when calculating panel size (e.g., age, gender or acuity)?

○ Yes
○ No

2. Will your organization be modifying the compensation model or approach for your primary care physicians in the next 12 months? REQUIRED

○ Yes [Answer Question 2.1]
○ No [Skip to Question 3]

If yes, answer the following.

2.1. What components will be added or removed?

________________________________________________________________________________________

3. Will your organization be modifying the balance between productivity-based pay and quality- or performance-based pay within the next 12 months? REQUIRED

○ Yes
○ No

4. How are payer reimbursements tied to quality or value currently allocated to physicians? (Check all that apply.) REQUIRED

☐ Paid Directly to Individual Physicians [Skip to Question 5]
☐ Paid to the Organization That Pays a Defined Amount to Individual Physicians [Answer Question 4.1]
☐ Other (Describe): ______________________________________________________________________ [Skip to Question 5]

If paid to the organization that pays a defined amount to individual physicians, answer the following.

4.1. If reimbursements are paid to the organization that pays a defined amount to individual physicians, on average what percentage of the reimbursements tied to quality or value goes to the physicians?

________________________________________________________________________________________
5. What is your organization’s method for determining base salary for nurse practitioners and physician assistants? **REQUIRED**

- Base Salary Determined by Specialty
- Base Salary Determined by Specialty Group
- Base Salary Independent of Specialty or Specialty Group

**COMPENSATION FOR TEAM-BASED PERFORMANCE**

6. Does your organization use team-based performance as a component of its physician compensation plan? **REQUIRED**

- Yes
  [Answer Questions 6.1, 6.2 and 6.3]
- No
  [Skip to Next Section]

If yes, answer the following.

6.1. For which specialty areas is team-based performance rewarded as part of your organization's physician compensation plan? (Check all that apply.)

- Primary Care
- Medical Specialties
- Surgical Specialties
- Hospital-Based Specialties

6.2. For the team-based portion of your organization’s physician compensation plan, who is included in the team for performance measurement purposes? (Check all that apply.)

- Physicians
- Advanced Practice Providers
- Nurses/CNAs/CMAs
- Dieticians
- Pharmacists
- Health Coaches
- Psychologists
- Social Workers
- Registration or Clerical Staff
- Other (Describe): ________________________________

6.3. What percentage of annual physician compensation is tied to team-based care goals?

- Primary Care: ________________________________%
- Medical Specialties: ___________________________%
- Surgical Specialties: _________________________%
- Hospital-Based Specialties: _________________%
# PAY PRACTICES

## COMPENSATION FOR SUPERVISION

1. Do physicians in your organization supervise APPs? **REQUIRED**

   - Yes
     - [Answer Questions 1.1, 1.2 and 1.3]
   - No
     - [Skip to Question 2]

   If yes, answer the following.

1.1. On average, what percentage of physicians in your organization supervise APPs?

   ________________
   _____________________________ %

1.2. Of the physicians who supervise APPs, what is the average number of APPs supervised per physician?

   ______________________________

1.3. Does your organization provide specific compensation to physicians for APP supervision?

   - Yes, Compensated in Addition to Base Salary
     - [Answer Question 1.3.1]
   - No, Included in Base Salary Compensation
     - [Skip to Question 2]

   If yes, compensated in addition to base salary, answer the following.

1.3.1. Which of the following methods of compensation are used for APP supervision? (Check all that apply.)

   - [If Yes Selected in Is There a Cap or Maximum to the Compensation Amount? Column, Answer Question 1.3.1.1]

<table>
<thead>
<tr>
<th>Methods of Compensation Used for APP Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Compensation¹</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Flat Annual Supervisory Stipend</td>
</tr>
<tr>
<td>Flat Hourly Rate</td>
</tr>
<tr>
<td>Paid a Percentage of APP Incident-to Work RVUs</td>
</tr>
<tr>
<td>Other (Describe): _____________________________</td>
</tr>
</tbody>
</table>

¹Compensation should reflect payments per 1.0 FTE APP supervised.

1.3.1.1. If there is a cap or maximum to the compensation amount, describe.

   _____________________________________________
COMMITTEE COMPENSATION

2. Does your organization provide compensation to any physicians for participation on organizational committees? **REQUIRED**

   ○ Yes
     [Answer Questions 2.1 and 2.2]
   ○ No
     [Skip to Question 3]

If yes, answer the following.

2.1. Does the compensation for participation vary by an individual physician’s specialty?

   ○ Yes
   ○ No

2.2. What is the hourly rate provided to physicians for committee participation? **Report by position level (member versus chair) and physician specialty group.** Note: If the physician receives a stipend, convert the stipend to an hourly rate by dividing the stipend amount by the minimum annual hours of committee participation that correspond with the stipend.

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>Member</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Hourly Rate ($)</td>
<td>Maximum Hourly Rate ($)</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Based(1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(1) Hospital based specialties include anesthesiology, critical care medicine, emergency medicine, hospital medicine, pathology and radiology specialties.

ON-CALL PAY

3. Does your organization provide separate, identifiable on-call pay to any physicians either for providing call coverage or for providing services when called in while on call? **REQUIRED**

   ○ Yes
   ○ No
TELEMEDICINE

4. Do physicians in your organization provide telemedicine services? **REQUIRED**

- Yes
  
  [Answer Questions 4.1, 4.2 and 4.3]

- No
  
  [Skip to Next Section]

If yes, answer the following.

4.1. What specialties or specialty groups provide telemedicine services? (Check all that apply.)

- Cardiology
- Critical Care Medicine
- Dermatology
- Emergency Medicine
- Endocrinology
- Hospitalist
- Infectious Disease
- Neurology
- Neurology – Vascular
- Oncology – Hematology and Oncology
- Primary Care
- Psychiatry
- Pulmonology
- Radiology
- Surgical
- Urgent Care
- Other (Describe): ____________________________________________________________

4.2. How are physicians compensated for providing telemedicine services? (Check all that apply.)

- Per-Activation Fee
  
  [Skip to Question 4.3]

- Shift or Hourly Compensation
  
  [Answer Questions 4.2.1 and 4.2.2]

- Unrestricted On-Call Pay
  
  [Answer Questions 4.2.3 and 4.2.4]

- Monthly or Annual Stipend
  
  [Skip to Question 4.3]

- Other (Describe): ____________________________________________________________
  
  [Skip to Questions 4.3]
If *shift or hourly compensation*, answer the following.

4.2.1. How does the telemedicine compensation compare to the specialty's standard compensation?

- Telemedicine Compensation Less Than Standard Compensation
- Telemedicine Compensation Same as Standard Compensation
- Telemedicine Compensation More Than Standard Compensation

4.2.2. Is the physician required to be in a specific call location?

- Yes
- No

If *unrestricted call pay*, answer the following.

4.2.3. Is the physician required to respond to the request within a specified time frame?

- Yes
- No

4.2.4. What is the unrestricted on-call pay rate? *Include any subsidies or additional compensation provided for actual services provided.*

________________________________________________________________________________________________________________________

4.3. Does your organization participate in any alternative payment models that provide telemedicine?

- Yes  
  [Answer Questions 4.3.1 and 4.3.2]
- No  
  [Skip to Next Section]
- Expecting to Participate Within a Year  
  [Answer Questions 4.3.1 and 4.3.2]
If yes or expect to participate within a year, answer the following.

4.3.1. Which models does your organization participate in or expect to participate in? (Check all that apply).

- Medicare Shared Savings Program
  [Answer Question 4.3.1.1]
- Bundled Payments for Care Improvement Initiative
  [Skip to Next Section]
- Next Generation Accountable Care Organization Model
  [Skip to Next Section]
- Comprehensive Care for Joint Replacement Model
  [Skip to Next Section]
- Episode Payment Model
  [Skip to Next Section]

If Medicare Shared Savings Program, answer the following.

4.3.1.1. What track are you participating in? (Check all that apply).

- Track 1 – No Downside Risk
- Track 1+ – Limited Downside Risk
- Track 2 – Two-Sided Financial Risk
- Track 3 – Greater Two-Sided Financial Risk

4.3.2. How are physicians compensated for this service?

________________________________________________________________________________________
RECRUITMENT AND RETENTION

RECRUITMENT PRACTICES

1. Which of the following recruitment and retention practices are used by your organization for physicians? (Check all that apply.) **REQUIRED**

- [ ] Relocation Assistance  
  [Answer Question 1.1]
- [ ] Sign-On Bonus  
  [Answer Questions 1.4, 1.5 and 1.6]
- [ ] Student Loan Repayment  
  [Answer Questions 1.2 and 1.3]
- [ ] Low Interest Student Loan Financing  
  [Skip to Next Section]
- [ ] Dependent Tuition Assistance  
  [Skip to Question 1.7]
- [ ] Malpractice Tail Coverage for Occurrences Prior to Employment  
  [Skip to Next Section]
- [ ] Do Not Use Any of These Practices  
  [Skip to Next Section]

If relocation assistance, answer the following.

1.1. What is the average total value of a relocation assistance package offered by your organization? Include the following categories: reimbursement for moving expenses, home purchase assistance and temporary living expenses.

<table>
<thead>
<tr>
<th>Physician Position Level</th>
<th>Total Value of Relocation Package ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Physicians</td>
<td></td>
</tr>
<tr>
<td>Physician Leaders(1)</td>
<td></td>
</tr>
</tbody>
</table>

(1)Physician leaders may include program directors, chiefs, chairs or other administrative physicians.

If student loan repayment, answer the following.

1.2. What is the average annual student loan payment per physician?

$_______________________________________________________

1.3. What is the average number of years this benefit is provided?

______________________________________________________ Years
If *sign-on bonus*, answer the following.

1.4. Approximately what percentage of recruited physicians in your organization receives a sign-on bonus?
   
   ____________________________________________________________________________________________ %


<table>
<thead>
<tr>
<th>Physician Position Level</th>
<th>Average Sign-On Bonus ($)</th>
<th>Maximum Sign-On Bonus ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Leaders⁽¹⁾</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⁽¹⁾Physician leaders may include program directors, chiefs, chairs or other administrative MDs.

1.6. Does your organization require the physician to pay back a sign-on bonus (or a portion of the sign-on bonus) if they leave your organization within a certain time frame?

  ○ Yes
    
    [Answer Question 1.6.1]

  ○ No
    
    [Skip to Next Section]

If yes, answer the following.

1.6.1. How long must a physician remain employed by your organization before the obligation to pay back the sign-on bonus is released?

  □ Less Than One Year
  □ One to Two Years
  □ Three to Four Years
  □ More Than Four Years

If *dependent tuition assistance*, answer the following.

1.7. What is the value of tuition assistance provided per year?

   ____________________________________________________________________________________________
PHYSICIAN NONCOMPETE AGREEMENTS

2. Does your organization require any physicians to sign a noncompete agreement? [REQUIRED]

- Yes
  [Answer Questions 2.1, 2.2 and 2.3]
- No
  [Skip to Next Section]

If yes, answer the following.

2.1. What is the term of the noncompete agreement?

- Less Than One Year
- One Year
- Two Years
- More Than Two Years
- Other (Describe): __________________________________________________________

2.2. What are the conditions under which the noncompete is enforceable? (Check all that apply.)

- Physician Leaves the Organization to Practice Privately in the Local Market
- Physician Leaves the Organization to Enter an Employment Relationship With Another Local Health Care Organization
- Physician Leaves the Local Market (i.e., Is Outside a Predetermined Radius)
- Other (Describe): __________________________________________________________

2.3. Does the noncompete agreement have a buyout provision?

- Yes
  [Answer Question 2.3.1]
- No
  [Skip to Next Section]

If yes, answer the following.

2.3.1. How is the buyout value determined?

- A Percentage of the Physician’s Salary
- Flat-Dollar Amount
- Other (Describe): __________________________________________________________
FEEDBACK

1. Which of the following would be of interest to your organization? (Check all that apply.)
   - ☐ Webinar on SullivanCotter’s 2019 Physician Compensation and Productivity Survey Report Results
   - ☐ Webinar on Current and Emerging Physician Compensation Trends and Issues
   - ☐ Full-Day Conference and Round Table Discussion on Current and Emerging Physician Compensation Trends and Issues, Including SullivanCotter’s 2019 Physician Compensation and Productivity Survey Report Results

2. SullivanCotter periodically conducts pulse surveys that explore topics related to physician compensation in greater detail and provides a complimentary summary of the results to participants. Would your organization be interested in participating in these pulse surveys?
   - ☐ Yes
   - ☐ No

3. We appreciate input on how we can improve our Physician Compensation and Productivity Survey. If your organization has suggestions for areas it would like to have covered in next year’s survey, let us know by writing your comments below or by contacting Ken Marks, Survey Manager, by telephone at 412.802.9451 or by email at kenmarks@sullivancotter.com.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________