



Survey Submission Checklist and Key Dates

Physician Compensation and Productivity Survey



Receive an **early submission discount of \$200** when you submit by **March 1, 2023** (the final submission deadline is **March 24, 2023**)

WHAT'S NEW IN 2023?

- Streamlined instructions and questionnaire to reflect evolving health care trends and to provide an improved and more robust participation process
- Specialty list expanded to include four new and market-focused specialties: addiction medicine – non-psychiatry, minimally invasive gynecologic surgery, pediatrics – anesthesiology – cardiovascular and virtualist – diagnostic radiology
- Continued collection of CPT code level data with analyses and results only available to survey participants

Recommended Materials and Resources



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

Steps to Complete Survey

- Download the survey template from the Upload Screen
- Complete the required tabs
- Upload your completed file under the Upload Screen
- Complete the questionnaire sections, including the **required questions**⁽¹⁾
- Upload your CPT Code Level Data file (optional)
- Complete the Order Form and Survey Feedback
- Submit your survey

⁽¹⁾In order to receive access to the **Pay Practices benchmarks** of the *2023 Physician Compensation and Productivity Survey Report*, all questions labeled as required must be answered in your submission



Questions? Contact Us!

888.739.7039 | surveys@sullivancotter.com

www.sullivancotter.com

2023 Provider Compensation Data Collection Tool Instructions and Questionnaire

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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 Productivity Survey.*

Report data as of **January 1, 2023.**

Submit the completed survey by March 24, 2023. If you submit the completed survey by March 1, 2023, you will receive an early submission discount of \$200.

In order to receive access to the pay practices benchmarks of the 2023 Physician Compensation and Productivity Survey Report, you must answer all questions labeled as required.

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 surveys@sullivancotter.com.

TIMELINE

TABLE S.1 – Survey Timeline

Survey Timeline	
Phase	Date
Survey Launch	January 3, 2023
Early Submission Deadline	March 1, 2023
Survey Close	March 24, 2023
Compensation and Productivity Benchmarks Publication	June 2023
Pay Practices Benchmarks Publication	July 2023

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 (by email at surveys@sullivancotter.com) to reopen the survey for you.

To submit your survey, all required sections must be **Marked as Complete**. **In order to receive access to the pay practices benchmarks of the 2022 Physician Compensation and Productivity Survey Report, you must answer all questions labeled as required.**

COPY OF PRIOR-YEAR RESPONSES

You will have the option to print or save a PDF copy of your prior-year responses (excluding data uploaded to the **Upload Screen**) by clicking the download icon located in the Prior-Year Response column of the applicable on the **My Surveys page**.

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 to 10 business days. An email will notify you when the audit is ready in your Client Portal account. Log in to your 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.
- New hire incumbent upload.
- Specialty list (for reference).
- APP incumbent upload.
- 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.

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 to 10 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.

ORGANIZATION CHARACTERISTICS TEMPLATE FIELD INSTRUCTIONS

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 in designated prior-year fields. These fields are included for reference only and do not require any alterations or edits.

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

Do not use the prior-year template as column headers may have changed.

If an entity is closed, no longer had data to provide, etc., provide details in **Describe Recent Mergers/Acquisitions or Name Changes field**; do not delete rows.

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](#), leave the field blank and complete the **Organization Name field**.

Organization Name

Enter the organization name for which you are submitting data. If organization name updates are needed, enter the updated name and provide the description in the **Describe Recent Mergers/Acquisitions or Name Changes field**.

Organization City

Enter the city in which the organization for which you are submitting data is located. If organization city updates are needed, enter the updated city and provide the description in the **Describe Recent Mergers/Acquisitions or Name Changes field**.

Organization State

Enter the state in which the organization for which you are submitting data is located. If organization state updates are needed, enter the updated state and provide the description in the **Describe Recent Mergers/Acquisitions or Name Changes** field.

Organization EIN

Enter the employer identification number (EIN) for the organization for which you are providing data.

Current-Year 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.

Prior-Year Net Revenue (\$)

This field is included for reference only and does not require any alterations or edits.

Current-Year FTE Employees (Required)

Enter the current total number of full-time equivalent employees. **Note: Include employed physician and APP FTEs in this number.**

Prior-Year FTE Employees

This field is included for reference only and does not require any alterations or edits.

Current-Year FTE Employed Physicians (Required)

Enter the current total number of full-time equivalent employed physicians. **Note: Do not include affiliated physicians, residents or fellows.**

Prior-Year FTE Employed Physicians

This field is included for reference only and does not require any alterations or edits.

Current-Year 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 anesthesiologist assistants (CAAs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), nurse practitioners (NPs) and physician assistants (PAs).

Prior-Year FTE Employed APPs

This field is included for reference only and does not require any alterations or edits.

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.

Reimbursement 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.

Reimbursement Payer Mix Commercial Capitated Payment (%)

Enter the percentage of reimbursement received from commercial capitated payments for the organization for which you are providing data.

Reimbursement Payer Mix Managed Medicare (%)

Enter the percentage of reimbursement received from managed Medicare for the organization for which you are providing data

Reimbursement Payer Mix Straight Medicare (%)

Enter the percentage of reimbursement received from straight Medicare for the organization for which you are providing data.

Reimbursement Payer Mix Managed Medicaid (%)

Enter the percentage of reimbursement received from managed Medicaid for the organization for which you are providing data.

Reimbursement Payer Mix Straight Medicaid (%)

Enter the percentage of reimbursement received from straight Medicaid for the organization for which you are providing data.

Reimbursement 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.

Reimbursement 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 - Medicare Shared Savings Programs (%)

Enter the percentage of the overall revenue from payers attributable to quality-based payments for Medicare shared savings programs for the organization for which you are providing data.

Percentage Overall Revenue Attributable to Quality Payments - Commercial Shared Savings Programs (%)

Enter the percentage of the overall revenue from payers attributable to quality-based payments for commercial shared savings programs for the organization for which you are providing data.

Describe Recent Mergers/Acquisitions, Name Changes or Other Notes

Provide any additional details or comments for mergers, acquisitions or name changes (e.g., closed, sold, newly acquired, name rebranded) or any other relevant matters (e.g., do not have data to provide, zero entered for any fields or field left blank, physicians employed at medical group, no employed physicians or APPs, current financials not yet available, net revenue not broken out by individual entities).

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 tab** to match your organization's incumbents to the appropriate jobs or specialties.

Report data to reflect a full calendar year as of January 1, 2023, or the most recently completed fiscal year prior to January 1, 2023.

You may not be able to separate 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 incumbents.

Do not report incumbents hired on or after January 1, 2022; report new hire incumbents on the New Hire Incumbent Upload tab.

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 Unique Internal Tracking ID (Required)

The national provider identifier (NPI) number is the tracking ID most preferred for incumbents. 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.

NPI Number (Required)

Enter the national provider identifier (NPI) or another unique identifier (e.g., ID number) of the incumbent for whom you are submitting data.

Specialty/Job Code (Required)

Enter the appropriate specialty or job code for the incumbent. For specialty or job summaries, refer to the **Specialty List tab** in the template file. If the incumbent works more than 50% of the time in a subspecialty, report the incumbent in that subspecialty.

Position Level (Required)

Choose **staff physician, program director, chief (second-level physician leader), chair (top-level physician leader), PhD clinician or researcher, PhD principal investigator** or **PhD department chair** from the dropdown menu for the incumbent's position. Reference the summaries below to match to the appropriate position level. Choose the position level that most closely matches the responsibilities and duties of the incumbent at your organization despite any differences that may exist in titling.

- **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:** 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 (second-level physician leaders):** 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 (top-level physician leaders):** 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:** 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:** 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:** 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.

Faculty Rank (Required)

Choose the incumbent's faculty rank from the dropdown menu (faculty practice plan member, instructor, assistant professor or associate professor, professor or none). **Note: If the incumbent does not have a faculty rank, select none.**

Physician's Years Since Residency/Fellowship

Enter the total number of years the physician has been working in the particular specialty since completing their residency or fellowship program (e.g., for a cardiologist, it would be years since completing the cardiology fellowship; for a general surgeon, it would be years since completing their general surgery residency). 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 in mm/dd/yyyy format.

Provider's Age

Enter the incumbent's age.

Gender

Choose from the dropdown menu to answer the incumbent's gender. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and may not be included in the survey report.**

Ethnicity

Choose from the dropdown menu to provide the incumbent's ethnicity. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and is not included in the survey report.** Reference the definitions below as necessary.

- **American Indian or Native Alaskan (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. **Note: This definition is from the US Census Bureau.**
- **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam. **Note: This definition is from the US Census Bureau.**
- **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa. **Note: This definition is from the US Census Bureau.**
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. **Note: This definition is from the US Census Bureau.**
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. **Note: This definition is from the US Census Bureau.**
- **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa. **Note: This definition is from the US Census Bureau.**

- **Some Other Race:** A person having origins in any peoples not included in the categories provided. **Note: This definition is from the US Census Bureau.**
- **Two or More Races:** A person having origins in two or more of the following categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, some other race or White. **Note: This definition is from the US Census Bureau.**

Total FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing all duties, including nonclinical work (e.g., if the incumbent works full time, enter 1.0; if the incumbent works 75% of the time, enter 0.75).

Clinical FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing clinical duties only, including direct and indirect patient care (e.g., report an incumbent performing clinical duties 25% of work time as 0.25). Full-time clinical (1.0 FTE) is defined as an incumbent fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many incumbents work above this minimum level, but the reported FTE will not exceed 1.0. Adjustments to this FTE status may include the following:

- Receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. Vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.
- Working in an administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities who typically have a separate salary identified (e.g., report a physician administrator with 50% clinical and 50% administrative duties as a 0.5 clinical FTE). No adjustments are to be made for physicians serving on committees that do not materially affect clinical expectations.
- Performing specific research activities, funded separately by the organization, which affect the clinical FTE status to be below 1.0. These incumbents have clear, separate material research responsibilities outside of their clinical expectations.
- Performing specific didactic teaching activities such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the organization. These adjustments are not for typical supervision and resident training while performing patient care activities (e.g., rounding, office visits).

Organizations have various amounts of expected nonpatient contact time, administrative duties or research or teaching responsibilities blended into the incumbent's role and salary, while still expecting 1.0 clinical performance. The intent is not to try to separate such fine detail but to capture the clear, material instances for certain incumbents.

Leadership FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing leadership duties only (e.g., report a 1.0 total FTE incumbent performing leadership duties 25% of work time as 0.25 leadership FTE).

Research FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing research duties only (e.g., report a 1.0 total FTE incumbent performing research duties 25% of work time as 0.25 research FTE).

Teaching FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing teaching duties only (e.g., report a 1.0 total FTE incumbent performing research duties 25% of work time as 0.25 research FTE).

Other FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing duties other than clinical, leadership, research or teaching (e.g., report a 1.0 total FTE incumbent performing other duties 25% of work time as 0.25 other FTE).

Other FTE Description

Describe any other duties for which an FTE status was reported in the **Other FTE** field.

Clinical Base Salary

Enter the actual annual base salary paid to the incumbent for performing clinical duties regardless of performance and not supplemented by a discretionary or incentive component, including direct and indirect patient care. **Note: Do not include draw payments based on historical productivity. For incumbents receiving a salary draw relative to productivity, report salary draw compensation in the Productivity Incentive Pay field. If unable to separate base salary into the Clinical Base Salary, Leadership Base Salary, Research Base Salary and Teaching Base Salary fields, report total base salary in the Total Base Salary (Sum of Clinical, Leadership, Research and Teaching Base Salaries) field.**

Leadership Base Salary

Enter the actual leadership base salary paid to each incumbent for performing leadership duties. **If unable to separate base salary into the Clinical Base Salary, Leadership Base Salary, Research Base Salary and Teaching Base Salary fields, report total base salary in the Total Base Salary (Sum of Clinical, Leadership, Research and Teaching Base Salaries) field.**

Research Base Salary

Enter the actual research base salary paid to each incumbent for performing research duties. **If unable to separate base salary into the Clinical Base Salary, Leadership Base Salary, Research Base Salary and Teaching Base Salary fields, report total base salary in the Total Base Salary (Sum of Clinical, Leadership, Research and Teaching Base Salaries) field.**

Teaching Base Salary

Enter the actual teaching base salary paid to each incumbent for performing teaching duties. **If unable to separate base salary into the Clinical Base Salary, Leadership Base Salary, Research Base Salary and Teaching Base Salary fields, report total base salary in the Total Base Salary (Sum of Clinical, Leadership, Research and Teaching Base Salaries) field.**

Total Base Salary (Sum of Clinical, Leadership, Research and Teaching Base Salaries)

Enter the sum of the incumbent's clinical, leadership, research and teaching base salaries. **Note: If an incumbent does not have leadership, research or teaching salaries, the clinical base salary and total base salary should be equal.**

Productivity Incentive Pay

Enter the total incentive payment that is directly based on clinical productivity measures (e.g., work RVUs or collections) and thus varies with annual productivity. 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, enter the total annual productivity incentive payment paid to the incumbent. Include draw payments based on historical productivity.

Value/Quality Incentive Pay

Enter the total incentive amount paid that is directly based on the value/quality process or outcome measures (e.g., patient experience, care coordination, patient safety) and thus varies with annual performance. If your organization pays incentives more than once per year, enter the total annual value or quality incentive payment paid to the incumbent. This amount is not separate from the clinical FTE reported.

APP Supervisory Pay

Enter the amount paid that your organization compensates for APP supervisory duties. This amount could include flat stipends, a portion of APP productivity or production net of cost methods. This amount is not separate from the clinical FTE reported.

Call Pay

Enter the compensation amount paid for the provision of call coverage and for providing services when called in while on call. This would include any call duties, standard or excess (i.e., additional call outside of typical expectations). **Note: Only report call pay if it is over and above what is commensurate with the incumbent's reported total FTE status. Do not report call pay if it is already built into the incumbent's base salary and is a part of the incumbent's regularly expected duties.** This compensation is not separate from the clinical FTE reported.

Telehealth or eVisits Pay

Enter the amount your organization paid based on the provision of telehealth or eVisits services. **Note: Do not include payments for e-messaging services. E-messaging is defined as provider correspondence or responses to patient-initiated emails through a patient online portal.**

Annualized Retention/Sign-On Bonus

Enter the bonus amount earned outside of the incumbent's regular compensation to retain them through a stated length of time. The reported value must reflect the actual amount earned during the reporting year. **Note: Do not include the total bonus amount if the bonus is a multiyear payment.** This compensation is not separate from the clinical FTE reported.

Other Clinical Cash Compensation

Enter any other cash compensation paid to the incumbent for clinical duties not directly based on productivity (e.g., shared savings/ACO/CIN distribution pay, cosmetic/retail/cash-based compensation, expense management or financial incentives). **Note: If your organization pays incentives more than once per year, enter the total compensation paid.**

Other Clinical Cash Compensation Description

Describe any other compensation reported in the **Other Clinical Cash Compensation** field.

Moonlighting Pay

Enter the total annual moonlighting compensation amount paid to the incumbent. 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 their specialty's standard compensation plan. **Note: Do not include pay representing extra shifts, overtime, shift differentials, call pay or management compensation.**

Extra Shift Pay

Enter the sum of the incumbent's total annual extra shift and overtime compensation, including shift differentials, paid by the incumbent. **Note: Do not include pay representing moonlighting, call pay or management compensation.**

Clinical Total Cash Compensation (Required)

Enter the total annual amount of clinical total cash compensation paid to the incumbent. Clinical total cash compensation is the total annual clinical compensation of the incumbent, including base and variable compensation plus all voluntary salary reductions. Examples of clinical compensation include, but are not limited to, compensation paid as the following: clinical base salary, productivity incentive pay, value/quality incentive pay, APP supervisory pay, call pay, telehealth or eVisits pay, other clinical cash compensation, moonlighting pay, extra shift pay and retention bonus.

Exclude any payments made for fringe benefits and employer payments to any type of retirement, pension, supplemental executive retirement plan (SERP) or tax-deferred profit-sharing plan.

Although the reported clinical total cash compensation is all inclusive for most incumbents, separately report specific instances of the following:

- Specific compensation for administrative activities where the clinical FTE was adjusted as defined in the **Clinical FTE (Required) field**. The excluded amount relates to the amount of the clinical FTE adjustment; report compensation for administrative activities in the **Leadership Base Salary field**.
- Specific compensation for research and teaching activities where the clinical FTE was adjusted as defined in the **Clinical FTE (Required) field**. The excluded amount relates to the amount of the clinical FTE adjustment; report compensation for research and teaching activities in the **Research Base Salary or Teaching Base Salary fields**.
- A specific instance where the incumbent performs moonlighting duties, which is defined as duties not related to the incumbent's specialty or department (e.g., a family medicine physician providing coverage in a hospital emergency department for an hourly rate and for which production is not captured). For this activity, FTE adjustments would only occur if the moonlighting activity affected the incumbent's patient-facing requirements for which the incumbent was hired (i.e., board-certified specialty).

Do not annualize or FTE adjust any physician compensation. It is the expectation that participants report the clinical compensation in the same manner as prior years.

Leadership Incentive Pay

Enter the total annual leadership incentive compensation amount paid to the incumbent for leadership duties (e.g., program development, department performance) that varies with annual performance.

Research Incentive Pay

Enter the total annual research incentive compensation amount paid to the incumbent for research duties (e.g., successful grant application and funding).

Teaching Incentive Pay

Enter the total annual teaching incentive compensation amount paid to the incumbent for teaching duties (e.g., based on student or resident evaluations).

Other Nonclinical Cash Compensation

Enter any other cash compensation paid to the incumbent for nonclinical duties (e.g., honoraria, profit sharing, housing allowance, long-term incentive payments, future income protection) not reflected in the leadership base salary, research base salary, teaching base salary, leadership incentive pay, research incentive pay or teaching incentive pay.

Other Nonclinical Cash Compensation Description

Describe any other compensation reported in the **Other Nonclinical Cash Compensation** field.

Form W-2 Box 5 Total Cash Compensation (Required)

Enter the amount reported on IRS form W-2 in box 5 Medicare wages and tips.

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.

Physician Fee Schedule (Choose Year for Each Incumbent)

Note: Report work RVUs based on the Centers for Medicare & Medicaid Services' (CMS') 2022 Physician Fee Schedule (PFS) and confirm the year by selecting 2022 from the dropdown menu. If you are unable to provide work RVUs based on the 2022 PFS values, provide your CPT code level details in the CPT code level template.

Work RVUs

Enter the number of work relative value units (work RVUs) personally performed by the incumbent. Report work RVUs using the most recent CMS PFS, not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services.

Reported work RVUs should be based on work personally performed by the incumbent and include any adjustments made by modifier usage. While modifier adjustments may vary by payer, table S.5 presents typical adjustments for common modifiers. If multiple modifiers are used, report work RVUs calculated using multiple modifiers. See table S.5 as it applies to work RVUs.

TABLE S.5 – Work RVU Modifier Adjustments

Work RVU Modifier Adjustments		
Modifier	Brief Description	Percentage Adjusted
22	Unusual Procedural Services	125.0%
50	Bilateral	150.0%
51	Multiple	50.0%
52	Reduced Values	50.0%
53	Discontinued Procedure	50.0%
54	Surgical Care Only	70.0%
55	Postoperative Only	20.0%
56	Preoperative Only	10.0%
62	Two Surgeons	62.5%
63	Procedure Performed on Infants	125.0%
74	Discontinued ASC Procedure	50.0%
76	Repeat Procedure	70.0%
78	Return to OR During Postoperative	70.0%
80	Assistant Surgeon	16.0%
81	Minimum Surgery Assist	16.0%
82	Assistant Surgeon – No Resident Available	16.0%
AS	Surgery Assist	14.0%
FS	Split or Shared Evaluation and Management Services	100.0%
GC	Resident Performed and Physician Present	100.0%
GE	Resident Performed and Physician Not Present	100.0%
TC	Technical Component	0.0%

Do **not** include work RVUs attributed to advanced practice providers; the technical component for laboratory, radiology or other procedures not personally performed by the incumbent; 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, certified anesthesiologist assistants (CAAs) and certified registered nurse anesthetists (CRNAs), 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 CAA- or CRNA-only performed activity (modifiers QX and QZ) when reporting anesthesiologist ASA units. 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 CAA or CRNA. The credit breakout applies to the total units billed not for total units coded by each provider.

TABLE S.6 – Example of Reporting Credit for Team-Based ASA Units

Example of Reporting Credit for Team-Based ASA Units						
Provider	Base Units Coded	Time Units Coded	Risk Units Coded	Total Units Coded	Actual Total Units Billed at 50%	50% Credit Distribution for Units
MD	5	4	1	10		5
CAA or CRNA	5	4	1	10	10	5
Team	10	8	2	20		10

Net Collections

Enter the collections generated for all direct professional services personally performed by the incumbent. Include collections for fee-for-service payments, capitation payments allocated to the incumbent and payments for administering immunizations or chemotherapy drugs. **Note: 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 associated with retail income (e.g., optical, pharmacy, hearing aids).** This will be the net of contractual arrangements, discounts and bad debts. Adjust collections for codes with modifiers to reflect the modified amount. Guidelines for specific specialties are included in table S.3.

TABLE S.3 – Production Guidelines

Production Guidelines	
Specialty	Guidelines
Allergy/Immunology	Do not include antigen billings for the following CPT codes: 95144, 95145, 95146, 95147, 95148, 95149, 95165 and 95170.
Anesthesiology	Do not include CRNA-only performed activity. Production from cases performed as a team should be reported as 50% credit to the physician and 50% credit to the CRNA.
Audiology	Do not include hearing aid sales.
Cardiology	Do not include technical component fees or technical components of global fees for EKGs, GXTs, echo tests, etc.
Gastroenterology	Do not include technical component fees.
Medical Oncology	Do not include billings for drugs.
Neurology	Do not include technical component fees or technical components of global fees for EEGs, EMGs or sleep studies.
OB/GYN	Do not include technical component fees or technical components of global fees for ultrasound tests.
Optometry and Ophthalmology	Do not include eyewear or contact sales.
Otolaryngology	Do not include production related to audiology services.
Pathology	Do not include technical component fees or technical components of global fees for pathology exams.
Pulmonology	Do not include technical component fees or technical components of global fees for pulmonology tests.
Radiology	Do not include technical component fees or technical components of global fees for radiological exams.
Radiation Oncology	Do not include technical component fees or technical components of global fees for oncology services.

Total Encounters

Enter the total number of encounters for the incumbent. Encounters are the total number of patient encounters during the calendar year. Patient encounters are recorded as a face-to-face patient encounter or billed eVisits. For surgical and anesthesia procedures, record the case as one encounter and not the number of procedures performed. For global codes, such as deliveries, record an encounter for each patient encounter in the global code. If a patient visits two or more separate departments during the day and sees a provider in each department, record a patient encounter at each department. If a patient has only an ancillary service as ordered by a provider but no personal contact, do not record a patient encounter (e.g., lab tests, EKGs, EEGs, injections). Record multiple encounters by a single patient to a single provider during the same day as only one encounter. If your organization cannot exclude these types of encounters, then exclude all encounter information.

Total encounters includes the following types of encounters depending on the place of service:

- **Outpatient encounters:** Procedures from evaluation and management (E&M) codes (CPT codes 99202 to 99499) or medicine codes (CPT codes 90791 to 99199). Some of the medicine codes contain the administration of injections and chemotherapy. Also include G codes. If no personal interaction with the patient is performed, do not record a patient encounter.
 - Preoperative and postoperative visits and other encounters associated with a global charge (e.g., CPT code 99024).
 - For obstetrical care, if a single CPT-4 code is used for a global service, count each ambulatory contact separately. Each prenatal and postnatal visit is an ambulatory encounter. The delivery is counted as a single surgical case (CPT codes 0500F, 0502F and 0503F).
 - Include office, urgent care facility, ambulatory surgical center, nursing home, billed eVisits and emergency department CMS service codes (CPT codes 99201 to 99220, 99281 to 99355, 99360 to 99464, 99466 to 99468, 99470 and 99472 to 99499).
- **Inpatient encounters:** Use the above definition for outpatient E&M codes and medicine codes depending on place of service. Also include inpatient hospital CMS service codes (CPT codes 99221 to 99239, 99251 to 99255, 99356 to 99359, 99465, 99469 and 99471).
- **Surgery encounters:** For surgical procedures, record the case as one encounter and not the number of procedures performed, as multiple procedures may be performed during one case. Surgery encounters include cases performed as both inpatient and outpatient (CPT codes 10000 to 69999).
- **Other encounters:** Other encounters are other types of provider-performed procedures. Guidelines for specific specialties are included in table S.4 below.

TABLE S.4 – Other Encounters Guidelines

Other Encounters Guidelines	
Specialty	Guideline
Anesthesiology	Cases: CPT codes 00100 to 01999.
Pathology	Tissue Exams: CPT codes 88302 to 88309.
Radiology	Reads: 70000 CPT codes.

Panel Size

Enter the incumbent's population of living patients based on a count of unique patients seen within the **last 18 months**. **Note: If you cannot provide this data, leave the field blank.** Panel size is the number of patients served by a physician or physician group. Patients are assigned to a provider by the following:

- If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often.
- If the patient has seen multiple doctors the same number of times, the patient is assigned to the provider seen most recently.

Note: Apply the following weights to the panel sizes reported. If your organization adjusts for age and gender in a similar fashion and the adjustment method is not materially different, report those numbers and provide an explanation in question 11 in the Panel Size subsection of the pay practices questionnaire.

TABLE S.7 – Age and Gender Panel Adjustments

Age and Gender Panel Adjustments		
Age	Relative Weight	
	Male	Female
0 to 1	5.02	4.66
1	3.28	2.99
2	2.05	1.97
3	1.72	1.62
4	1.47	1.46
5 to 9	0.98	1.00
10 to 14	0.74	0.79
15 to 19	0.54	0.72
20 to 24	0.47	0.70
25 to 29	0.60	0.82
30 to 34	0.63	0.84
35 to 39	0.66	0.86
40 to 44	0.69	0.89
45 to 49	0.76	0.98
50 to 54	0.87	1.10
55 to 59	1.00	1.20
60 to 64	1.17	1.31
65 to 69	1.36	1.46
70 to 74	1.55	1.60
75 to 79	1.68	1.70
80 to 84	1.70	1.66
85 Plus	1.57	1.39

NEW HIRE INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS

Do not report per-diem incumbents.

Report incumbents who were hired on or after January 1, 2022, or the most recently completed fiscal year prior.

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 unique organization ID 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 **New Hire Incumbent Upload tab**. Use the **New Hire Specialty List tab** to match your organization's incumbents to the appropriate jobs or specialties.

Indicate the starting salaries for physicians hired between January and December 2022 or your organization's most recent fiscal year end. New residents who have completed their residency are considered new hires. Experienced physicians are physicians who are currently employed at your facility and who have worked in the medical field at another facility. Report only those physicians who are board certified or board eligible.

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 Unique Internal Tracking ID (Required)

The national provider identifier (NPI) number is the tracking ID most preferred for incumbents. 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.

NPI Number (Required)

Enter the national provider identifier (NPI) or another unique identifier (e.g., ID number) of the incumbent for whom you are submitting data.

Specialty/Job Code (Required)

Enter the appropriate specialty or job code for the incumbent. For specialty or job summaries, refer to the **Specialty List tab** in the template file. If the incumbent works more than 50% of the time in a subspecialty, report the incumbent in that subspecialty.

Position Level (Required)

Choose **staff physician, program director, chief (second-level physician leader), chair (top-level physician leader), PhD clinician or researcher, PhD principal investigator** or **PhD department chair** from the dropdown menu for the incumbent's position. Reference the summaries below to match to the appropriate position level. Choose the position level that most closely matches the responsibilities and duties of the incumbent at your organization despite any differences that may exist in titling.

- **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:** 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 (second-level physician leaders):** 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 (top-level physician leaders):** 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:** 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:** 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: 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.

Faculty Rank (Required)

Choose the incumbent's faculty rank from the dropdown menu (faculty practice plan member, instructor, assistant professor or associate professor, professor or none). **Note: If the incumbent does not have a faculty rank, select none.**

Date of Hire (mm/dd/yyyy)

Enter the incumbent's date of hire in mm/dd/yyyy format.

Provider's Age

Enter the incumbent's age.

Gender

Choose from the dropdown menu to answer the incumbent's gender. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and may not be included in the survey report.**

Ethnicity

Choose from the dropdown menu to provide the incumbent's ethnicity. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and is not included in the survey report.** Reference the definitions below as necessary.

- **American Indian or Native Alaskan (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. **Note: This definition is from the US Census Bureau.**
- **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam. **Note: This definition is from the US Census Bureau.**
- **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa. **Note: This definition is from the US Census Bureau.**
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. **Note: This definition is from the US Census Bureau.**
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. **Note: This definition is from the US Census Bureau.**
- **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa. **Note: This definition is from the US Census Bureau.**
- **Some Other Race:** A person having origins in any peoples not included in the categories provided. **Note: This definition is from the US Census Bureau.**
- **Two or More Races:** A person having origins in two or more of the following categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, some other race or White. **Note: This definition is from the US Census Bureau.**

Total FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing all duties, including nonclinical work (e.g., if the incumbent works full time, enter 1.0; if the incumbent works 75% of the time, enter 0.75). **Note: Do not adjust the FTE based on the incumbent's date of hire.**

Clinical FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing clinical duties only, including direct and indirect patient care (e.g., report an incumbent performing clinical duties 25% of work time as 0.25). Full-time clinical (1.0 FTE) is defined as an incumbent fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many incumbents work above this minimum level, but the reported FTE will not exceed 1.0. Adjustments to this FTE status may include the following:

- Receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. Vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.
- Working in an administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities who typically have a separate salary identified (e.g., report a physician administrator with 50% clinical and 50% administrative duties as a 0.5 clinical FTE). No adjustments are to be made for physicians serving on committees that do not materially affect clinical expectations.
- Performing specific research activities, funded separately by the organization, which affect the clinical FTE status to be below 1.0. These incumbents have clear, separate material research responsibilities outside of their clinical expectations.
- Performing specific didactic teaching activities such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the organization. These adjustments are not for typical supervision and resident training while performing patient care activities (e.g., rounding, office visits).

Organizations have various amounts of expected nonpatient contact time, administrative duties or research or teaching responsibilities blended into the incumbent's role and salary, while still expecting 1.0 clinical performance. The intent is not to try to separate such fine detail but to capture the clear, material instances for certain incumbents.

Leadership FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing leadership duties only (e.g., report a 1.0 total FTE incumbent performing leadership duties 25% of work time as 0.25 leadership FTE).

Research FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing research duties only (e.g., report a 1.0 total FTE incumbent performing research duties 25% of work time as 0.25 research FTE).

Teaching FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing teaching duties only (e.g., report a 1.0 total FTE incumbent performing research duties 25% of work time as 0.25 research FTE).

Other FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing duties other than clinical, leadership, research or teaching (e.g., report a 1.0 total FTE incumbent performing other duties 25% of work time as 0.25 other FTE).

Other FTE Description

Describe any other duties for which an FTE status was reported in the **Other FTE** field.

New Resident or Fellow (N) or Experienced Hire (E) (Required)

Choose **N** for new resident or fellow or **E** for experienced hire from the dropdown menu for the incumbent's hire type. New residents or fellows will just have completed their residency or a fellowship program. Experienced hires will have worked in the medical field at another facility and are now recently employed by your organization.

Licensure Date

Enter the incumbent's original date of licensure in mm/dd/yyyy format.

Starting Salary (Required)

Enter the total starting annual base compensation of the incumbent.

Forgivable Loan Total Amount

Enter the total amount of any forgivable loan paid to the incumbent. A forgivable loan is a loan made with the understanding that if the borrower meets certain requirements, repayment of the loan will not be required. If requirements are not met, the remaining amount is to be paid back to the organization plus interest.

Forgivable Loan Number of Years

If the incumbent received a forgivable loan, enter the number of years over which the loan was forgivable.

Sign-On Bonus Amount

Enter the total amount of any sign-on bonus paid to the incumbent. A sign-on bonus is a one-time sum paid upfront to a new employee as an incentive to join the organization.

Sign-On Bonus Amount Number of Years

If the incumbent received a sign-on bonus, enter the number of years an incumbent is required to stay employed before having to pay back the amount (e.g., if the incumbent is required to stay employed for 18 months, enter 1.5).

First Year Compensation Total

Enter the total compensation the incumbent will receive in the first year of employment. If the incumbent receives a forgivable loan amount for five years, only include the amount of the forgivable loan recognized or earned during the first year. This also applies to sign-on or other bonus amounts.

Total Compensation Package

Enter the total compensation the incumbent will receive. Include the total starting annual base compensation, total forgivable loan amounts, sign-on bonus amount and moving allowances.

APP INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS

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 unique organization ID 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 **APP Incumbent Upload tab**. Use the **APP Specialty List tab** to match your organization's incumbents to the appropriate jobs or specialties.

Report data to reflect a full calendar year as of January 1, 2023, or the most recently completed fiscal year prior to January 1, 2023.

You may not be able to separate 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 incumbents who have been employed for less than a whole year (e.g., new hires); report new hire incumbents on the New Hire Incumbent Upload tab.

Do not report incumbents hired on or after January 1, 2023 (report these incumbents on the New Hire Incumbent Upload tab).

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 Unique Internal Tracking ID (Required)

The national provider identifier (NPI) number is the tracking ID most preferred for incumbents. 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.

NPI Number (Required)

Enter the national provider identifier (NPI) or another unique identifier (e.g., ID number) of the incumbent for whom you are submitting data.

Specialty/Job Code (Required)

Enter the appropriate specialty or job code for the incumbent. For specialty or job summaries, refer to the **Specialty List tab** in the template file. **Note: Use the nurse practitioner codes for certified nurse specialists working in a medical capacity.** If the incumbent works more than 50% of the time in a subspecialty, report the incumbent in that subspecialty.

Position Level (Required)

Choose **staff, clinical-level leader, manager-level leader, head of advanced practice or top advanced practice provider executive** from the dropdown menu for the incumbent's position. Reference the summaries below to match to the appropriate position level. Choose the position level that most closely matches the responsibilities and duties of the incumbent at your organization despite any differences that may exist in titling.

- **Clinical-level 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 are 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. Title examples include lead or supervisor.
- **Manager-level leaders:** Typically, a manager-level leader managing multiple APP leaders and/or APPs. Alternatively, a manager-level leader who has responsibility for a specific function within the APP practice (e.g., recruitment, orientation/onboarding, training, research or coordinating student placement). Title examples include manager, chief or assistant director.
- **Head of advanced practice:** Responsible for the leadership and oversight of nurse practitioners, physician assistants and other APPs within a defined business unit or organization (such as a medical group, hospital or other health care facility). Core responsibilities include implementing policies/procedures, managing workforce resources to ensure optimal staffing and establishing/monitoring performance standards. May have a small portion of time allocated to clinical activities. Typically reports to a top advanced practice provider executive, chief nursing officer, chief medical officer or medical group leader. Title examples include director, market leader, care division leader or assistant vice president.
- **Top advanced practice provider executive:** Responsible for planning, developing and overseeing the overall advanced practice provider functions, including financial performance, marketing, growth, APP recruiting and contracting across a large enterprise consisting of multiple business units. 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. Typically reports to the president/chief executive officer, chief operating officer or top physician executive/chief physician executive. Title examples includes chief APP officer, executive director, assistant/associate vice president, vice president or enterprise leader.

Your Official Title (Leadership Positions Only)

Enter the job or specialty title used within your organization for the incumbent's position.

Reports to the Following – If Dual Reporting, List Both (Leadership Positions Only)

Enter the job title of the individual at your organization to whom the incumbent directly reports. **Note: If the incumbent has a dual reporting relationship, enter the job titles of both individuals to whom the incumbent directly reports.**

Original Licensure Date

Enter the incumbent's original date of licensure in mm/dd/yyyy format.

Date of Hire (mm/dd/yyyy)

Enter the incumbent's date of hire in mm/dd/yyyy format.

Provider's Age

Enter the incumbent's age.

Gender

Choose from the dropdown menu to provide the incumbent's gender. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and may not be included in the survey report.**

Ethnicity

Choose from the dropdown menu to provide the incumbent's ethnicity. **This information is used by the Center for Information, Analytics and Insights for audit purposes only and is not included in the survey report.** Reference the definitions below as necessary.

- **American Indian or Native Alaskan (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. **Note: This definition is from the US Census Bureau.**
- **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam. **Note: This definition is from the US Census Bureau.**
- **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa. **Note: This definition is from the US Census Bureau.**
- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. **Note: This definition is from the US Census Bureau.**
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. **Note: This definition is from the US Census Bureau.**
- **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa. **Note: This definition is from the US Census Bureau.**
- **Some Other Race:** A person having origins in any peoples not included in the categories provided. **Note: This definition is from the US Census Bureau.**

- **Two or More Races:** A person having origins in two or more of the following categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, some other race or White. **Note: This definition is from the US Census Bureau.**

Covered by Collective Bargaining (Y or N)

Choose from the dropdown menu to answer whether the incumbent is covered by a collective bargaining agreement.

Exempt Status

Choose from the dropdown menu to answer the incumbent's Fair Labor Standards Act (FLSA) exemption status.

Surgical First Assistant (Y or N)

Choose from the dropdown menu to answer whether the incumbent is trained and practices as a surgical first assistant.

Total FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing all duties, including nonclinical work (e.g., if the incumbent works full time, enter 1.0; if the incumbent works 75% of the time, enter 0.75).

Clinical FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing clinical duties only, including direct and indirect patient care (e.g., report an incumbent performing clinical duties 25% of work time as 0.25). Full-time clinical (1.0 FTE) is defined as an incumbent fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many incumbents work above this minimum level, but the reported FTE will not exceed 1.0. Adjustments to this FTE status may include the following:

- Receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. Vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.

Leadership FTE

Enter the total full-time equivalent status of the incumbent that corresponds with performing leadership duties only (e.g., report a 1.0 total FTE incumbent performing leadership duties 25% of work time as 0.25 leadership FTE).

Base Pay – Hourly Rate

Enter the actual hourly base rate paid to each incumbent. Do not include compensation 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: base pay – hourly rate, base pay – annual salary, leadership base salary, productivity incentive pay or value/quality incentive pay.**

Base Pay – Annual Salary

Enter the actual annual base salary paid to each incumbent. Do not include base salary 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: base pay – hourly rate, base pay – annual salary, leadership base salary, productivity incentive pay or value/quality incentive pay.**

Leadership Base Salary

Enter the actual leadership base salary paid to each incumbent for performing leadership duties. **At least one of the following is required: base pay – hourly rate, base pay – annual salary, leadership base salary, productivity incentive pay or value/quality incentive pay.**

Productivity Incentive Pay

Enter the total incentive payment that is directly based on clinical productivity measures (e.g., work RVUs or collections) and thus varies with annual productivity. 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, enter the total annual productivity incentive payment paid to the incumbent. **At least one of the following is required: base pay – hourly rate, base pay – annual salary, leadership base salary, productivity incentive pay or value/quality incentive pay.**

Value/Quality Incentive Pay

Enter the total incentive amount paid that is directly based on value/quality process or outcome measures (e.g., patient experience, care coordination, patient safety) and thus varies with annual performance. If your organization pays incentives more than once per year, enter the total annual value or quality incentive payment paid to the incumbent. This amount is not separate from the clinical FTE reported. **At least one of the following is required: base pay – hourly rate, base pay – annual salary, leadership base salary, productivity incentive pay or value/quality incentive pay.**

Call Pay

Enter the compensation amount paid for the provision of call coverage and for providing services when called in while on call. This would include any call duties, standard or excess (i.e., additional call outside of typical expectations). **Note: Only report call pay if over and above what is commensurate with the incumbent's reported total FTE status. Do not report call pay if it is already built into the incumbent's base salary and is a part of the incumbent's regular expected duties.** This compensation is not separate from the clinical FTE reported.

Telehealth or eVisits Pay

Enter the amount your organization paid based on the provision of telehealth or eVisits services. **Note: Do not include payments for e-messaging services. E-messaging is defined as provider correspondence or responses to patient-initiated emails through a patient online portal.**

Annualized Retention/Sign-On Bonus

Enter the bonus amount earned outside of the incumbent's regular compensation to retain them through a stated length of time. The reported value should reflect the actual amount paid during the reporting year. **Note: Do not include the total bonus amount if the bonus is a multiyear payment.** This compensation is not separate from the clinical FTE reported.

Other Clinical Cash Compensation

Enter any other cash compensation paid to the incumbent for clinical duties not directly based on productivity (e.g., shared savings/ACO/CIN distribution pay, cosmetic/retail/cash-based compensation, expense management or financial incentives). **Note: If your organization pays incentives more than once per year, enter the total compensation paid.**

Other Clinical Cash Compensation Description

Describe any other compensation reported in the **Other Clinical Cash Compensation** field.

Moonlighting Pay

Enter the total annual moonlighting compensation amount paid to the incumbent. 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 their specialty's standard compensation plan. **Note: Do not include pay representing extra shifts, overtime, shift differentials, call pay or management compensation.**

Extra Shift Pay

Enter the sum of the incumbent's total annual extra shift and overtime compensation, including shift differentials, paid by the incumbent. **Note: Do not include pay representing moonlighting, call pay or management compensation.**

Leadership Incentive Pay

Enter the total annual leadership incentive compensation amount paid to the incumbent for leadership duties (e.g., program development, department performance) that varies with annual performance.

Other Nonclinical Cash Compensation

Enter any other cash compensation paid to the incumbent for nonclinical duties (e.g., honoraria, profit sharing, housing allowance, long-term incentive payments, future income protection) not reflected in the leadership base salary, research base salary, teaching base salary, leadership incentive pay, research incentive pay or teaching incentive pay.

Other Nonclinical Cash Compensation Description

Describe any other compensation reported in the **Other Nonclinical Cash Compensation** field.

Shift Differential Pay

Enter the total annual shift differential amount paid to the incumbent. **Note: Do not include pay representing overtime, extra shifts, on-call pay, moonlighting or management compensation.**

Form W-2 Box 5 Total Cash Compensation (Required)

Enter the amount reported on IRS form W-2 in box 5 Medicare wages and tips.

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.

Physician Fee Schedule (Choose Year for Each Incumbent)

Note: Report work RVUs based on the Centers for Medicare & Medicaid Services' (CMS') 2022 Physician Fee Schedule (PFS) and confirm the year by selecting 2022 from the dropdown menu. If you are unable to provide work RVUs based on the 2022 PFS values, provide your CPT code level details in the CPT code level template.

Work RVUs

Enter the number of work relative value units (work RVUs) personally performed by the incumbent. Report work RVUs using the most recent CMS PFS, not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services.

Reported work RVUs should be based on work personally performed by the incumbent and include any adjustments made by modifier usage. While modifier adjustments may vary by payer, table S.2 presents typical adjustments for common modifiers. If multiple modifiers are used, report work RVUs calculated using multiple modifiers. See table S.2 as it applies to work RVUs.

TABLE S.2 – Work RVU Modifier Adjustment Table

Work RVU Modifier Adjustments		
Modifier	Brief Description	Percentage Adjusted
22	Unusual Procedural Services	125.0%
50	Bilateral	150.0%
51	Multiple	50.0%
52	Reduced Values	50.0%
53	Discontinued Procedure	50.0%
54	Surgical Care Only	70.0%
55	Postoperative Only	20.0%
56	Preoperative Only	10.0%
62	Two Surgeons	62.5%
63	Procedure Performed on Infants	125.0%
74	Discontinued ASC Procedure	50.0%
76	Repeat Procedure	70.0%
78	Return to OR During Postoperative	70.0%
80	Assistant Surgeon	16.0%
81	Minimum Surgery Assist	16.0%
82	Assistant Surgeon – No Resident Available	16.0%
AS	Surgery Assist	14.0%
FS	Split or Shared Evaluation and Management Services	100.0%
GC	Resident Performed and Physician Present	100.0%
GE	Resident Performed and Physician Not Present	100.0%
TC	Technical Component	0.0%

Do **not** include work RVUs attributed to the technical component for laboratory, radiology or other procedures not personally performed by the incumbent; 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 certified anesthesiologist assistants (CAAs) and certified registered nurse anesthesiologists (CRNAs), report American Society of Anesthesiologists (ASA) units. Include all components of ASA units (base units, time in 15-minute increments and risk factors). Include CAA- or CRNA-only performed activity (modifiers QX and 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 CAA or CRNA. The credit breakout applies to the total units billed not for units coded by each provider.

TABLE S.3 – Example of Reporting Credit for Team-Based ASA Units

Example of Reporting Credit for Team-Based ASA Units						
Provider	Base Units Coded	Time Units Coded	Risk Units Coded	Total Units Coded	Actual Total Units Billed at 50%	50% Credit Distribution for Units
MD	5	4	1	10		5
CAA or CRNA	5	4	1	10	10	5
Team	10	8	2	20		10

Net Collections

Enter the collections generated for all direct professional services personally performed by the incumbent. Include collections for fee-for-service payments, capitation payments allocated to the incumbent and payments for administering immunizations or chemotherapy drugs. **Note: 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 associated with retail income (e.g., optical, pharmacy, hearing aids).** This will be the net of contractual arrangements, discounts and bad debts. Adjust collections for codes with modifiers to reflect the modified amount. Guidelines for specific specialties are included in table S.4.

TABLE S.4 – Collections Guidelines

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

Total Encounters

Enter the total number of encounters for the incumbent. Encounters are the total number of patient encounters during the calendar year. Patient encounters are recorded as a face-to-face patient encounter or billed eVisits. For surgical and anesthesia procedures, record the case as one encounter and not the number of procedures performed. For global codes, such as deliveries, record an encounter for each patient encounter in the global code. If a patient visits two or more separate departments during the day and sees a provider in each department, record a patient encounter at each department. If a patient has only an ancillary service as ordered by a provider but no personal contact, do not record a patient encounter (e.g., lab tests, EKGs, EEGs, injections). Record multiple encounters by a single patient to a single provider during the same day as only one encounter. If your organization cannot exclude these types of encounters, then exclude all encounter information.

Total encounters includes the following types of encounters depending on the place of service:

- **Outpatient encounters:** Procedures from evaluation and management (E&M) codes (CPT codes 99202 to 99499) or medicine codes (CPT codes 90791 to 99199). Some of the medicine codes contain the administration of injections and chemotherapy. Also include G codes. If no personal interaction with the patient is performed, do not record a patient encounter.
 - Preoperative and postoperative visits and other encounters associated with a global charge (e.g., CPT code 99024).
 - For obstetrical care, if a single CPT-4 code is used for a global service, count each ambulatory contact separately. Each prenatal and postnatal visit is an ambulatory encounter. The delivery is counted as a single surgical case (CPT codes 0500F, 0502F and 0503F).
 - Include office, urgent care facility, ambulatory surgical center, nursing home, billed eVisits and emergency department CMS service codes (CPT codes 99201 to 99220, 99281 to 99355, 99360 to 99464, 99466 to 99468, 99470 and 99472 to 99499).
- **Inpatient encounters:** Use the above definition for outpatient E&M codes and medicine codes depending on place of service. Also include inpatient hospital CMS service codes (CPT codes 99221 to 99239, 99251 to 99255, 99356 to 99359, 99465, 99469 and 99471).
- **Surgery encounters:** For surgical procedures, record the case as one encounter and not the number of procedures performed, as multiple procedures may be performed during one case. Surgery encounters include cases performed as both inpatient and outpatient (CPT codes 10000 to 69999).
- **Other encounters:** Other encounters are other types of provider-performed procedures. Guidelines for specific specialties are included in table S.4 below.

TABLE S.4 – Other Encounters Guidelines

Other Encounters Guidelines	
Specialty	Guideline
Anesthesiology	Cases: CPT codes 00100 to 01999.
Pathology	Tissue Exams: CPT codes 88302 to 88309.
Radiology	Reads: 70000 CPT codes.

Panel Size

Enter the incumbent's population of living patients based on a count of unique patients seen within the **last 18 months**. **Note: If you cannot provide this data, leave the field blank.** Panel size is the number of patients served by an APP. Patients are assigned to an APP by the following:

- 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.

Note: Apply the following weights to the panel sizes reported. If your organization adjusts for age and gender in a similar fashion and the adjustment is not materially different, report those numbers and provide an explanation to the Center for Information, Analytics and Insights.

TABLE S.5 – Age and Gender Panel Adjustments

Age and Gender Panel Adjustments		
Age	Relative Weight	
	Male	Female
0 to 1	5.02	4.66
1	3.28	2.99
2	2.05	1.97
3	1.72	1.62
4	1.47	1.46
5 to 9	0.98	1.00
10 to 14	0.74	0.79
15 to 19	0.54	0.72
20 to 24	0.47	0.70
25 to 29	0.60	0.82
30 to 34	0.63	0.84
35 to 39	0.66	0.86
40 to 44	0.69	0.89
45 to 49	0.76	0.98
50 to 54	0.87	1.10
55 to 59	1.00	1.20
60 to 64	1.17	1.31
65 to 69	1.36	1.46
70 to 74	1.55	1.60
75 to 79	1.68	1.70
80 to 84	1.70	1.66
85 Plus	1.57	1.39

Primary Practice Location

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.6 for location definitions.

TABLE S.6 – Primary Practice Location

Primary Practice Location Types	
Type	Definition
Inpatient Without OR	The incumbent primarily practices in a hospital inpatient location without an operating room.
Inpatient With OR	The incumbent primarily practices in a hospital inpatient location with an operating room.
Outpatient Without OR	The incumbent primarily practices in a hospital or ambulatory clinic outpatient location without an operating room.
Outpatient With OR	The incumbent primarily practices in a hospital or ambulatory clinic outpatient location with an operating room.
Both Inpatient and Outpatient Without OR	The incumbent splits work time between inpatient and outpatient locations without operating rooms.
Both Inpatient and Outpatient With OR	The incumbent splits work time between inpatient and outpatient locations with operating rooms.
Telehealth	The incumbent primarily practices in a telehealth location.
Urgent Care	The incumbent primarily practices in an urgent care location.
Retail Based	The incumbent primarily practices in a retail location.
Skilled Nursing	The incumbent primarily practices in a skilled nursing facility.
Home Care	The incumbent primarily practices as a home care provider.
Emergency Department	The incumbent primarily practices in an emergency department
Branch	The incumbent primarily practices in a branch location.

Rural, Urban, Suburban or Combination

Choose **rural**, **urban**, **suburban** or **combination** from the dropdown menu to report the community type where the incumbent works most (i.e., greater than 50%) of the time.

CPT CODE LEVEL DATA UPLOAD

Your organization may provide additional CPT code level data using the CPT code level template.

The CPT code level template includes the following tabs:

- CPT code level.
- Incumbent FTE upload.
- Specialty list (for reference).
- APP specialty list (for reference).

Provide CPT code level data for the 2022 calendar year (i.e., 01/01/2022 to 12/31/2022) based on what is used for your organization's compensation calculations: **post date** or **date of service**.

All required columns in the template must be completed.

Include data for physicians, APPs and other health care providers in the same template file.

Note: Only report CPT data for procedures actually performed by the department physician or department provider; do not categorize them based on the billing provider (e.g., do not include any 70000 codes ordered but not performed by the department in the template).

CPT CODE LEVEL TEMPLATE FIELD INSTRUCTIONS

Organization ID

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**.

Organization Name

Enter the organization name for which you are submitting data.

Your Unique Internal Tracking ID (Required)

The national provider identifier (NPI) number is the tracking ID most preferred for incumbents. 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.

NPI Number (Required)

Enter the national provider identifier (NPI) or another unique identifier (e.g., ID number) of the provider for whom you are submitting data.

Post Date (Required)

Enter the date on which the claim was posted to the system.

Date of Service

Enter the date on which the service was provided.

Specialty/Job Code (Required)

Enter the appropriate specialty or job code for the incumbent. For specialty or job summaries, refer to the **Specialty List tab** in the template file. **Note: Use the nurse practitioner codes for certified nurse specialists working in a medical capacity.** If the incumbent works more than 50% of the time in a subspecialty, report the incumbent in that subspecialty.

CPT4/HCPCS Code (Required)

Enter the five-character CPT/HCPCS code that corresponds to the service or procedure performed by the providers in the applicable specialty at your organization. Only report **valid Centers for Medicare & Medicaid Services (CMS) CPT/HCPCS codes**. While many organizations may create internal codes to describe performed services or procedures in more detail, these codes must be linked to a valid CMS CPT/HCPCS code in order for the providers to receive proper RVU credit. **Note: For CPT codes, verify that the field is in text format when providing the code; other formats may drop the zero character when it appears as the first character in the code (e.g., code 01234 may appear as 1234).**

CPT4/HCPCS Units (Required)

Enter the number of units (i.e., times) the service was provided on the service date.

Modifier 1 (Required as Applicable)

Provide the CPT code modifier level 1. Leave the field blank if there is no modifier assigned.

Modifier 2 (Required as Applicable)

Provide the CPT code modifier level 2. Leave the field blank if there is no modifier level 2 assigned.

Modifier 3 (Required as Applicable)

Provide the CPT code modifier level 3. Leave the field blank if there is no modifier level 3 assigned.

Modifier 4 (Required as Applicable)

Provide the CPT code modifier level 4. Leave the field blank if there is no modifier level 4 assigned.

INCUMBENT FTE UPLOAD TEMPLATE FIELD INSTRUCTIONS

Your Unique Internal Tracking ID (Required)

The national provider identifier (NPI) number is the tracking ID most preferred for incumbents. 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.

NPI Number (Required)

Enter the national provider identifier (NPI) or another unique identifier (e.g., ID number) of the provider for whom you are submitting data.

Specialty/Job Code (Required)

Enter the appropriate specialty or job code for the incumbent. For specialty or job summaries, refer to the **Specialty List tab** in the template file. **Note: Use the nurse practitioner codes for certified nurse specialists working in a medical capacity.** If the incumbent works more than 50% of the time in a subspecialty, report the incumbent in that subspecialty.

Clinical FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing clinical duties only, including direct and indirect patient care (e.g., report an incumbent performing clinical duties 25% of work time as 0.25). Full-time clinical (1.0 FTE) is defined as an incumbent fulfilling your organization's minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many incumbents work above this minimum level, but the reported FTE will not exceed 1.0. Adjustments to this FTE status may include the following:

- Receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. Vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.
- Working in an administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities who typically have a separate salary identified (e.g., report a physician administrator with 50% clinical and 50% administrative duties as a 0.5 clinical FTE). No adjustments are to be made for physicians serving on committees that do not materially affect clinical expectations.
- Performing specific research activities, funded separately by the organization, which affect the clinical FTE status to be below 1.0. These incumbents have clear, separate material research responsibilities outside of their clinical expectations.
- Performing specific didactic teaching activities such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the organization. These adjustments are not for typical supervision and resident training while performing patient care activities (e.g., rounding, office visits).

Total FTE (Required)

Enter the total full-time equivalent status of the incumbent that corresponds with performing all duties, including nonclinical work (e.g., if the incumbent works full time, enter 1.0; if the incumbent works 75% of the time, enter 0.75).

COMPENSATION PRACTICES

In order to receive access to the pay practices benchmarks section of the 2023 *Physician Compensation and Productivity Survey Report*, you must answer the questions labeled as required.

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 save your responses and 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. **Note: Any prepopulated responses will not be saved if you navigate to another page without saving.**

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 are no participation fees 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 invoice.

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 Advanced Model? **REQUIRED**

Yes

No

3. What is your legal organization? **REQUIRED**

Business Corporation

Professional Corporation

General Partnership

Limited Liability Partnership

Not-for-Profit Corporation or Foundation

4. Who is the majority owner of your organization? **REQUIRED**

Government

Private Equity

Physicians

Hospital

University or Medical School

Health System

Physician Practice Management Company

Insurance Company or Managed Care Organization

Other (Describe): _____

5. What percentage of net revenue is derived from capitated contracts? **REQUIRED**

_____ %

6. How many weeks per year must a physician work to be considered a 1.0 clinical FTE? **REQUIRED**

7. Does your organization have standards for physician office hours (e.g., X number of patients per week or X number of hours per week)? **REQUIRED**

- Yes
[Answer Question 7.1]
- No
[Skip to Question 8]

If yes, answer the following.

7.1. If yes, how many hours or days do you require a physician to be scheduled per week (patient-facing hours) to be considered a 1.0 clinical FTE?

Hours or Days Required to Be Scheduled		
Specialty or Group	Patient-Facing Hours per Week	Days per Week in Office
Clinic Wide		
Primary Care		
Medical		
Surgical		
Other (Describe): _____		

8. Does your organization employ hospital-based physicians? **REQUIRED**

- Yes
[Answer Question 8.1]
- No
[Skip to Next Section]

If yes, answer the following.

8.1. Does your organization have a minimum required number of annual clinical work hours or shifts for a 1.0 clinical FTE status?

- Yes
[Answer Question 8.1.1]
- No
[Skip to Next Section]

If yes, answer the following.

8.1.1. What are the **minimum annual clinical work hours required** for 1.0 clinical FTE status?

Note: Do not include paid time off (PTO) or holiday hours.

Minimum Annual Clinical Work Hours Required for 1.0 Clinical FTE Status		
Code	Specialty	Minimum Number of Annual Clinical Work Hours Required (Excluding Any PTO or Holiday Hours)
2000	Anesthesiology	
1060	Critical Care Medicine	
2030	Emergency Medicine	
1317	Hospice and Palliative Care	
1185	Hospitalist	
1245	Hospitalist – Laborist	
1260	Hospitalist – Nocturnist	
2051	Hospitalist – Surgicalist	
1195	Neurology – Neurocritical Care	
1255	Neurology – Vascular	
4100	Pathology – Anatomic and Clinical	
4005	Pediatrics – Anesthesiology	
1384	Pediatrics – Critical Care Medicine	
2035	Pediatrics – Emergency Medicine	
1187	Pediatrics – Hospitalist	
1240	Pediatrics – Neonatal-Perinatal Medicine	
1417	Pediatrics – Urgent Care	
1451	Pulmonology – Critical Care Medicine	
4040	Radiology – Diagnostic	
4030	Radiology – Interventional	
4020	Radiology – Neurointerventional	
2295	Trauma Surgery	
1490	Urgent Care	

8.1.2. What are the average **actual** number of annual hours **worked** per 1.0 FTE physician? **Note:** Include extra shifts and any work effort over and above the minimum number of clinical work hours required for 1.0 clinical FTE status in this number. Do not include PTO or holiday hours.

Average Actual Number of Annual Hours Worked per 1.0 FTE Physician		
Code	Specialty	Average Actual Number of Annual Hours Worked (Excluding Any PTO or Holiday Hours)
2000	Anesthesiology	
1060	Critical Care Medicine	
2030	Emergency Medicine	
1317	Hospice and Palliative Care	
1185	Hospitalist	
1245	Hospitalist – Laborist	
1260	Hospitalist – Nocturnist	
2051	Hospitalist – Surgicalist	
1195	Neurology – Neurocritical Care	
1255	Neurology – Vascular	
4100	Pathology – Anatomic and Clinical	
4005	Pediatrics – Anesthesiology	
1384	Pediatrics – Critical Care Medicine	
2035	Pediatrics – Emergency Medicine	
1187	Pediatrics – Hospitalist	
1240	Pediatrics – Neonatal-Perinatal Medicine	
1417	Pediatrics – Urgent Care	
1451	Pulmonology – Critical Care Medicine	
4040	Radiology – Diagnostic	
4030	Radiology – Interventional	
4020	Radiology – Neurointerventional	
2295	Trauma Surgery	
1490	Urgent Care	

**8.1.3. Does your organization require a minimum annual number of shifts for 1.0 clinical FTE status?
[If Yes, Answer Questions 8.1.3.1 and 8.1.3.2]**

Require Minimum Annual Number of Shifts for 1.0 Clinical FTE Status		
Code	Specialty	Response
2000	Anesthesiology	<input type="radio"/> Yes <input type="radio"/> No
1060	Critical Care Medicine	<input type="radio"/> Yes <input type="radio"/> No
2030	Emergency Medicine	<input type="radio"/> Yes <input type="radio"/> No
1317	Hospice and Palliative Care	<input type="radio"/> Yes <input type="radio"/> No
1185	Hospitalist	<input type="radio"/> Yes <input type="radio"/> No
1245	Hospitalist – Laborist	<input type="radio"/> Yes <input type="radio"/> No
1260	Hospitalist – Nocturnist	<input type="radio"/> Yes <input type="radio"/> No
2051	Hospitalist – Surgicalist	<input type="radio"/> Yes <input type="radio"/> No
1195	Neurology – Neurocritical Care	<input type="radio"/> Yes <input type="radio"/> No
1255	Neurology – Vascular	<input type="radio"/> Yes <input type="radio"/> No
4100	Pathology – Anatomic and Clinical	<input type="radio"/> Yes <input type="radio"/> No
4005	Pediatrics – Anesthesiology	<input type="radio"/> Yes <input type="radio"/> No
1384	Pediatrics – Critical Care Medicine	<input type="radio"/> Yes <input type="radio"/> No
2035	Pediatrics – Emergency Medicine	<input type="radio"/> Yes <input type="radio"/> No
1187	Pediatrics – Hospitalist	<input type="radio"/> Yes <input type="radio"/> No
1240	Pediatrics – Neonatal-Perinatal Medicine	<input type="radio"/> Yes <input type="radio"/> No
1417	Pediatrics – Urgent Care	<input type="radio"/> Yes <input type="radio"/> No
1451	Pulmonology – Critical Care Medicine	<input type="radio"/> Yes <input type="radio"/> No
4040	Radiology – Diagnostic	<input type="radio"/> Yes <input type="radio"/> No
4030	Radiology – Interventional	<input type="radio"/> Yes <input type="radio"/> No
4020	Radiology – Neurointerventional	<input type="radio"/> Yes <input type="radio"/> No
2295	Trauma Surgery	<input type="radio"/> Yes <input type="radio"/> No
1490	Urgent Care	<input type="radio"/> Yes <input type="radio"/> No

If yes, answer the following.

8.1.3.1. How many shifts are required annually for 1.0 clinical FTE status?

Minimum Number of Shifts Required Annually for 1.0 Clinical FTE Status		
Code	Specialty	Number of Shifts Required Annually
2000	Anesthesiology	
1060	Critical Care Medicine	
2030	Emergency Medicine	
1317	Hospice and Palliative Care	
1185	Hospitalist	
1245	Hospitalist – Laborist	
1260	Hospitalist – Nocturnist	
2051	Hospitalist – Surgicalist	
1195	Neurology – Neurocritical Care	
1255	Neurology – Vascular	
4100	Pathology – Anatomic and Clinical	
4005	Pediatrics – Anesthesiology	
1384	Pediatrics – Critical Care Medicine	
2035	Pediatrics – Emergency Medicine	
1187	Pediatrics – Hospitalist	
1240	Pediatrics – Neonatal-Perinatal Medicine	
1417	Pediatrics – Urgent Care	
1451	Pulmonology – Critical Care Medicine	
4040	Radiology – Diagnostic	
4030	Radiology – Interventional	
4020	Radiology – Neurointerventional	
2295	Trauma Surgery	
1490	Urgent Care	

8.1.3.2. What is the average number of clinical hours per shift?

Average Number of Clinical Hours per Shift				
Code	Specialty	Weekday Shift	Weeknight Shift	Weekend Shift
2000	Anesthesiology			
1060	Critical Care Medicine			
2030	Emergency Medicine			
1317	Hospice and Palliative Care			
1185	Hospitalist			
1245	Hospitalist – Laborist			
1260	Hospitalist – Nocturnist			
2051	Hospitalist – Surgicalist			
1195	Neurology – Neurocritical Care			
1255	Neurology – Vascular			
4100	Pathology – Anatomic and Clinical			
4005	Pediatrics – Anesthesiology			
1384	Pediatrics – Critical Care Medicine			
2035	Pediatrics – Emergency Medicine			
1187	Pediatrics – Hospitalist			
1240	Pediatrics – Neonatal-Perinatal Medicine			
1417	Pediatrics – Urgent Care			
1451	Pulmonology – Critical Care Medicine			
4040	Radiology – Diagnostic			
4030	Radiology – Interventional			
4020	Radiology – Neurointerventional			
2295	Trauma Surgery			
1490	Urgent Care			

9. For calendar year 2023, what Physician Fee Schedule will your organization be using for physician compensation purposes?

Physician Fee Schedule for Physicians					
Specialty Type	2020 or Earlier	2021	2022	2023	Other
Hospital-Based Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If *other*, answer the following.

9.1. Describe.

10. For calendar year 2023, what Physician Fee Schedule will your organization be using for APP compensation purposes?

Physician Fee Schedule for APPs					
Specialty Type	2020 or Earlier	2021	2022	2023	Other
Hospital-Based Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If *other*, answer the following.

10.1. Describe.

STAFF CHANGES

11. How did the number of employed physicians change within your organization in the **last** 12 months?

REQUIRED

- Increased
[Answer Question 11.1]
- No Change
[Skip to Question 12]
- Decreased
[Answer Question 11.1]

If *increased* or *decreased*, answer the following.

11.1. By what percentage?

_____ %

12. How does your organization anticipate the number of employed physicians changing in the **next** 12 months?

REQUIRED

- Increase
[Answer Question 12.1]
- No Change
[Skip to Question 13]
- Decrease
[Answer Question 12.1]

If *increase* or *decrease*, answer the following.

12.1. By what percentage?

_____ %

13. What is the physician turnover rate within your organization (e.g., terminations, leaving the organization) overall and by specialty group? **Note: For the turnover rate, divide the number of physicians leaving by the average total number of physicians within the most recent 12-month period (i.e., the number of physicians employed at the beginning of the period plus the number of physicians employed at the end of the period divided by two) and multiply by 100%.**

Overall Turnover Rate by Specialty Grouping					
Turnover	Overall (%)	Primary Care (%)	Medical (%)	Surgical (%)	Hospital Based ⁽¹⁾ (%)
Voluntary					
Involuntary					

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

If *voluntary turnover*, answer the following.

13.1. What are the stated reasons for voluntary attrition? (Check all that apply.)

Burnout

[Answer Question 13.1.1]

Retirement

[Skip to Next Section]

Moving to the For-Profit Industry

[Skip to Next Section]

Leaving for Opportunities Outside of Direct Patient Care or Health Care

[Skip to Next Section]

Higher Compensation Provided Elsewhere

[Skip to Next Section]

Relocation

[Skip to Next Section]

Other (Describe): _____

[Skip to Next Section]

If *burnout*, answer the following.

13.1.1. What are the reasons given for physician burnout?

COMPENSATION APPROACHES

COMPENSATION APPROACHES AND INCENTIVE COMPENSATION

1. For each group, what is the average percentage contribution of each component 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 , 1.5 and 1.6]

Average Percentage Contribution for Components to the Calculation of Total Cash Compensation Excluding Leadership Compensation				
Component	Primary Care (%)	Medical (%)	Surgical (%)	Hospital Based ⁽¹⁾ (%)
Base Salary				
Hourly or Shift-Based Pay				
Work RVUs				
Call Pay				
Collections				
Panel Size				
Revenue Minus Expense				
Expense Management or Financial Incentives				
Value- or Quality-Based Incentives (e.g., Patient Experience)				
Discretionary (e.g., Citizenship, Seniority)				
APP Supervision				
Other (Describe Below)				
Totals (Must Equal 100%)	0.00%	0.00%	0.00%	0.00%

⁽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 **components 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 components are used to determine physician salaries? (Check all that apply.)

[If Other, Answer Question 1.2.1]

Components Used to Determine Base Salary				
Component	Primary Care	Medical	Surgical	Hospital Based ⁽¹⁾
Academic Rank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defined Salary Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historical Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historical Performance (e.g., nonproductivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market Salary Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of Expected Future Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of Last Year's Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1.2.1. If your organization's compensation approach includes **components other than those listed in the table above**, what are they?

1.3. How frequently does your organization set or update physician salaries? (Check all that apply.)

- 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.)

- Individual Productivity and Profitability
- Department Financial Performance
- Organization Profitability
- Department or Group Relative Value Units
- Hospital Utilization
- Cost Containment and Effectiveness
- Controlling Ancillary Utilization
- Access
- Clinical Outcomes
- Chart Review Times
- CMS Five-Star Quality Rating
- Diabetic Measures (Primary Care Only)
- HEDIS
- MACRA
- Panel Management Measures
- Patient Experience
- Process Measures
- Risk Adjustment Factor Score
- Adjusting Physicians to Market Salaries
- Accepting Call and Hospital Duties
- Citizenship
(e.g., Call or Meetings)
- Academic Duties
- Leadership or Management Duties
- Seniority
- Other (Describe): _____

If *expense management or financial incentives, value- or quality-based incentives or discretionary*, answer the following.

1.5. Who decides how the incentives or discretionary items are awarded? (Check all that apply.)

- Board of Directors
- Compensation Committee
- Chief
- Chair
- Other (Describe): _____

1.6. How frequently does your organization set or update physician draw or productivity payments? (Check all that apply.)

- Monthly
- Quarterly
- Biannually
- Annually
- Other (Describe): _____

2. Will your organization be modifying the compensation model or approach for your 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. Does your organization have minimum expectations for physicians to maintain their base salary? **REQUIRED**

- Yes
[Answer Questions 3.1 and 3.2]
- No
[Skip to Question 4]

If yes, answer the following.

3.1. What are the minimum expectations? (Check all that apply.)

- Minimum Clinical Productivity Levels
- Minimum Patient Facing Hours
- Meeting Attendance
- Citizenship
(e.g., Chart Review Timing)
- Access
- Timely Documentation of Professional Services
- Chart Closure
- Other (Describe): _____

3.2. Is there an impact on physician compensation if the minimum expectations are not met?

- Yes
[Answer Question 3.2.1]
- No
[Skip to Question 4]

If yes, answer the following.

3.2.1. What is the impact? (Check all that apply.)

Base Salary Reduction

Incentive Reduction

Fixed Penalty

Other (Describe): _____

4. Does your organization use salary ranges to administer your physician compensation plans? **REQUIRED**

Yes

[Answer Question 4.1]

No

[Skip to Question 5]

If yes, answer the following.

4.1. What is the current basis for determining salary grades or ranges for your organization's physicians? (Check all that apply.)

Education

Experience

Leadership Role

Location or Setting

(e.g., Inpatient Versus Outpatient)

National Market Data

Combination of National Market Data

Productivity Bands

Regional Market Data

Specialty Department

(e.g., Primary Care, Medical, Surgical)

Specialty-Specific Market Data

(e.g., Cardiology, Emergency Medicine, Neurology)

State or Local Market Data

Work Schedule

(e.g., Monday to Friday Shifts With No Weekends Versus Some Evening or Weeknight Shifts)

Other (Describe): _____

5. If your organization provided base salary increases, what did you use as the basis for the increases?

REQUIRED

Bureau of Labor Statistics Consumer Price Index for Physicians' Services

Economic Research Institute Data

Year-Over-Year Comparison of Trending Market Data

Year-Over-Year Increases to Net Revenue

Other (Describe): _____

6. For all physicians who received increases, what is the average base salary increase granted for the most recently completed fiscal year? **REQUIRED**

Average Base Salary Increase	
Increase Type	Percentage (%)
Merit Increase	
Across-the-Board Increase	
Total Increase⁽¹⁾	0%
<small>⁽¹⁾The total Increase is calculated by adding the merit increase and the across-the-board increase.</small>	

7. What percentage of your organization’s total physician compensation pool represents payments for all types of clinical leadership positions? **Note: Clinical leadership position does not include nonclinical executive positions such as chief medical officer.** **REQUIRED**

_____ %

8. What is the approximate percentage of the total cost of benefits of total compensation (i.e., total cost of benefits divided by compensation plus total cost of benefits)? **Note: Total cost of benefits include employer share of FICA, payroll and unemployment taxes; health, disability, life and workers’ compensation insurance; and all-employer contributions to retirement plans, including defined benefit and contribution plans, 401(k), 403(b) and Keogh plans and any nonqualified funded retirement plan.** **REQUIRED**

_____ %

PANEL SIZE

9. Does your organization calculate panel sizes for your providers? **REQUIRED**

Yes

[Answer Questions 9.1 and 9.2]

No

[Skip to Question 10]

If yes, answer the following.

9.1. How does your organization assign patients to calculate panel size?

Assigned to Physician Only

Assigned to Both Physicians and APPs

Assigned to Both Physicians and APPs but Reported Under Physician

9.2. How many months does your organization use in your panel size definition?

10. Does your organization account for age, gender or acuity when calculating physician panel sizes? **REQUIRED**

Yes

No

If yes, answer the following.

10.1. What adjustments are included? (Check all that apply.)

Age

Gender

Acuity

If *acuity*, answer the following.

10.1.1. What is the basis for acuity adjustments?

11. If your organization's definition of panel size or panel size calculation method differs from SullivanCotter's definition, what is your organization's definition or calculation method? **Note: Panel size is the number of patients served by a provider. A provider's panel is the population of living patients based on a count of unique patients seen within the last 18 months. Patients are assigned to a provider by the following:**

- If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often.
 - If the patient has seen multiple providers the same number of times, the patient is assigned to the provider seen most recently. **REQUIRED**
-

FUNDING FOR QUALITY AND PERFORMANCE INCENTIVES

12. Did your organization receive any payer reimbursements tied to quality or value in 2022? **REQUIRED**

Yes

[Answer Questions 12.1, 12.2 and 12.3]

No

[Skip to Question 14]

If yes, answer the following.

12.1. Did your organization receive a distribution payment from a CMS-sponsored innovation program during 2022?

Payments From CMS-Sponsored Innovation Program				
Program	Total Payment to Organization (\$)	Percentage for Organization (%)	Percentage for Primary Care (%)	Percentage for Specialty Care (%)
Medicare Shared Savings Program				
Comprehensive Joint Replacement				
Bundled Payments for Care Improvement Initiative				
Next Generation Affordable Care Organization				
Comprehensive Primary Care Plus				

12.2. Did your organization receive distribution payments for nonbillable activities from commercial payers (e.g., Medicare Advantage or other commercial insurance plans) during 2022?

Yes

No

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

Paid Directly to Individual Physicians

[Skip to Next Section]

Paid to the Organization That Pays a Predefined Amount to Individual Physicians

[Answer Question 12.3.1]

No Distinct Distribution to Physicians but Payments Used to Fund Compensation Plan

[Skip to Next Section]

Other (Describe): _____

[Skip to Next Section]

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

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

COMPENSATION FOR TEAM-BASED PERFORMANCE

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

REQUIRED

Yes

[Answer Questions 13.1, 13.2 and 13.3]

No

[Skip to Next Section]

If yes, answer the following.

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

- Primary Care
- Medical
- Surgical
- Hospital Based

13.2. 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/Certified Nurse Assistants/Certified Medical Assistants
- Dietitians
- Pharmacists
- Health Coaches
- Psychologists
- Social Workers
- Registration or Clerical Staff
- Other (Describe): _____

13.3. What percentage of annual physician compensation is tied to team-based care goals and what is the average amount per physician FTE?

Annual Physician Compensation for Team-Based Care Goals		
Specialty Group	Percentage of TCC (%)	Average Amount per Physician FTE (\$)
Primary Care		
Medical		
Surgical		
Hospital Based		

PAY PRACTICES

APP SUPERVISION

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

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

If yes, answer the following.

1.1. Complete the table below. **Note: If no physicians within a specialty group supervise APPs, enter 0%.**

APP Supervision				
Category	Primary Care	Medical	Surgical	Hospital Based ⁽¹⁾
Average Percentage of Physicians Who Supervise APPs (%)				
Average Number of APP FTEs Supervised per Physician				
Average Percentage of Physicians Who Receive Stipend for APP Supervision (%)				

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

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

- Yes, Compensated in Addition to Base Salary
[Answer Question 1.2.1 and 1.2.2]
- No, Included in Base Salary Compensation
[Skip to Question 2]

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

1.2.1. Which of the following methods of compensation are used for APP supervision? (Check all that apply.)
[Answer Question 1.2.1.1]

Methods of Compensation Used for APP Supervision								
Type of Compensation ⁽¹⁾	Primary Care		Medical		Surgical		Hospital Based ⁽²⁾	
	Use	Amount	Use	Amount	Use	Amount	Use	Amount
Flat Annual Supervisory Stipend (\$)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Flat Hourly Rate (\$)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Paid a Percentage of APP Incident-To Work RVUs (%)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Describe): _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

⁽¹⁾Compensation should reflect payments per 1.0 FTE APP supervised.
⁽²⁾Hospital-based specialties include anesthesiology, critical care medicine, emergency medicine, hospitalists, pathology and radiology.

**1.2.2. Is there is a cap or maximum to the compensation amount?
[If Check Yes, Answer Question 1.2.2.1]**

Cap on APP Supervisory Pay				
Response	Primary Care	Medical	Surgical	Hospital Based ⁽¹⁾
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

1.2.2.1. 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.**

Hourly Rate Provided to Physicians for Committee Participation				
Specialty Group	Member		Chair	
	Average Hourly Rate (\$)	Maximum Hourly Rate (\$)	Average Hourly Rate (\$)	Maximum Hourly Rate (\$)
Primary Care				
Medical				
Surgical				
Hospital Based ⁽¹⁾				

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

TELEMEDICINE

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

Yes

[Answer Questions 3.1 and 3.2]

No

[Skip to Next Section]

If yes, answer the following.

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

All Specialties

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): _____

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

Yes

[Answer Questions 3.3.1 and 3.3.2]

No

[Skip to Next Section]

Expecting to Participate Within a Year

[Answer Questions 3.3.1 and 3.3.2]

If *yes* or *expect to participate within a year*, answer the following.

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

- Medicare Shared Savings Program
[Answer Question 3.3.1.1]
- 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.

3.2.1.1. 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

3.2.2. How are physicians compensated for this service?

RECRUITMENT AND RETENTION

PHYSICIAN RECRUITMENT AND RETENTION

1. Does your organization recruit based on an annual recruitment plan for physicians and APPs? **REQUIRED**

- Yes
- No

2. Does your organization use a community or physician need assessment to support your annual recruitment plan? **REQUIRED**

- Yes
- No

3. Which of the recruitment and retention incentives in the table below are used by your organization for physicians? **REQUIRED**

- [If Staff Physicians, Answer Question 3.1]**
- [If Physician Leaders, Answer Question 3.2]**
- [If Relocation Assistance, Answer Question 3.3]**
- [If Student Loan Repayment, Answer Questions 3.4, 3.5 and 3.6]**
- [If Sign-On Bonus, Answer Question 3.7, 3.8 and 3.9]**
- [If Retention Bonus, Answer Question 3.10, 3.11 and 3.12]**

Recruitment and Retention Incentives Used				
Level	Sign-On Bonus ⁽¹⁾	Relocation Assistance	Student Loan Repayment	Retention Bonus ⁽²⁾
Staff Physicians				
Yes, for All New Hires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, for Select Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, as Needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Leaders				
Yes, for All New Hires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, for Select Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, as Needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>⁽¹⁾A sign-on bonus is a one-time sum paid upfront to a new employee as an incentive to join the organization. ⁽²⁾A retention bonus is a compensation amount paid outside of an individual's regular compensation to retain the individual through a stated length of time.</small>				

3.1. Which staff physician specialties receive the recruitment and retention practices?

3.2. Which physician leader specialties receive the recruitment and retention practices?

If *relocation assistance*, answer the following.

- 3.3.** 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.**

Average Total Value of Relocation Assistance Package	
Physician Position Level	Total Value of Relocation Package (\$)
Staff Physicians	
Physician Leaders ⁽¹⁾	

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

If *student loan repayment*, answer the following.

- 3.4.** Approximately what percentage of recruited physicians in your organization receives a student loan repayment?

_____ %

- 3.5.** What is the average annual student loan payment per physician?

\$ _____

- 3.6.** What is the average number of years that student loan repayment is provided?

_____ Years

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

- 3.7.** Approximately what percentage of recruited physicians in your organization receives a sign-on bonus?

_____ %

3.8. What are the average and maximum sign-on bonuses paid and the percentage of guaranteed compensation? **Report by position level and specialty group. Report annualized value of sign-on bonuses. Do not report multiyear payments here.**

Average and Maximum Sign-On Bonus Paid				
Physician Position Level	Specialty Group	Average Sign-On Bonus (\$)	Percentage of Guaranteed Compensation (%)	Maximum Sign-On Bonus (\$)
Staff Physicians	Primary Care			
	Medical			
	Surgical			
	Hospital Based			
Physician Leaders ⁽¹⁾	Primary Care			
	Medical			
	Surgical			
	Hospital Based			

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

3.9. 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 3.9.1]
- No
[Skip to Next Section]

If yes, answer the following.

3.9.1. 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
- Varies by Physician

If *retention bonus*, answer the following.

3.10. Approximately what percentage of employed physicians in your organization receives a retention bonus?

_____ %

3.11. What are the average and maximum retention bonuses paid? Report by position level. Report annualized value of retention bonuses. Do not report multiyear payments here.

Average and Maximum Retention Bonus Paid		
Physician Position Level	Average Retention Bonus (\$)	Maximum Retention Bonus (\$)
Staff Physicians		
Physician Leaders ⁽¹⁾		

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

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

- Yes
[Answer Question 3.12.1]
- No
[Skip to Question 4]

If yes, answer the following.

3.12.1. How long must a physician remain employed by your organization before the obligation to pay back the retention bonus is released?

- Less Than One Year
- One to Two Years
- Three to Four Years
- More Than Four Years
- Varies by Physician

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

- Low Interest Student Loan Financing
[Skip to Question 5]
- Dependent Tuition Assistance
[Answer Question 4.1]
- Malpractice Tail Coverage
[Skip to Question 5]
- Resident Recruitment Stipend for Employment Commitment
[Answer Questions 4.2, 4.3 and 4.4]
- Do Not Use Any of These Practices
[Skip to Question 4]

If *dependent tuition assistance*, answer the following.

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

If *resident recruitment stipend for employment commitment*, answer the following.

4.2. What is the average annual stipend amount?

4.3. What is the average number of years residents commit to be employed?

4.4. Does your organization require the physician to pay back a resident recruitment stipend for employment commitment if they leave the organization before meeting their employment commitment?

- Yes
- No

5. Does your organization offer a guaranteed second-year salary to new hires? **REQUIRED**

- Yes, for All New Hires
[Answer Questions 5.1 and 5.2]
- Yes, for Select Specialties
[Answer Questions 5.1 and 5.2]
- Yes, as Needed
[Answer Questions 5.1 and 5.2]
- No
[Skip to Question 6]

If *yes, for all new hires, yes, for select specialties* or *yes, as needed*, answer the following.

5.1. Is there a guaranteed salary for more than two years?

- Yes
[Answer Question 5.1.1]
- No
[Skip to Question 5.2]

If *yes*, answer the following.

5.1.1. What are the guaranteed salary arrangements longer than two years?

5.2. Does the amount for any guaranteed salary increase over time?

- Yes
[Answer Question 5.2.1]
- No
[Skip to Question 6]

If yes, answer the following.

5.2.1. What is the increase?

PHYSICIAN NONCOMPETE AGREEMENTS

6. Does your organization require any physicians to sign a noncompete agreement? **REQUIRED**

Yes

[Answer Questions 6.1, 6.2 and 6.3]

No

[End of Survey]

If yes, answer the following.

6.1. What is the term of the noncompete agreement?

Less Than One Year

One Year

Two Years

More Than Two Years

Other (Describe): _____

6.2. 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): _____

6.3. Does the noncompete agreement have a buyout provision?

Yes

[Answer Question 6.3.1]

No

[End of Survey]

If yes, answer the following.

6.3.1. 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 2023 *Physician Compensation and Productivity Survey Report* Results
- Webinar on Current and Emerging Physician Compensation Trends and Issues
- Half-Day Conference on Current and Emerging Physician Compensation Trends and Issues, Including SullivanCotter's 2023 *Physician Compensation and Productivity Survey Report* Results
- Full-Day Conference and Round Table Discussion on Current and Emerging Physician Compensation Trends and Issues, Including SullivanCotter's 2023 *Physician Compensation and Productivity Survey Report* Results
- Half-Day of On-Site Training on Physician Compensation Trends and Issues, Including SullivanCotter's 2023 *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 Sutapa Das, Survey Contact, by telephone at 248.204.9527 or by email at sutapadas@sullivancotter.com.
