What’s New in 2018?

Physician Compensation and Productivity Survey

- Redesigned Compensation Approaches and Recruitment and Retention sections
- Ability to submit data to multiple surveys simultaneously through our Provider Data Collection Tool
- Use this tool to receive multiple early submission discounts for the five surveys listed below ($150 each) when you submit by March 2, 2018

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

New Specialties

1179 Oncology – Immunotherapy
1315 Ophthalmology – Medical
2111 Ophthalmology – Oncology
4075 Pathology – Molecular Genetic
4077 Pathology – Stem Cell Therapy
1385 Pediatrics – Pain Medicine – Non-Anesthesiology
1387 Pediatrics – Palliative Care
3034 Computational Biology
3021 Radiochemistry

Don’t forget to submit your Compensation Practices data!

In order to receive the Compensation Practices section of the 2018 Physician Compensation and Productivity Survey Report, you must submit data for this section of the survey.

Early Submission Deadline to Receive the $150 Discount
March 2

Final Submission Deadline
March 30

Questions? Contact Us.
Surveys360@sullivancotter.com
# 2018 Provider Compensation Data Collection Tool Instructions and Questionnaire

## TABLE OF CONTENTS

### INSTRUCTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Instructions</td>
<td>3</td>
</tr>
<tr>
<td>General Information</td>
<td>3</td>
</tr>
<tr>
<td>Assign Tasks</td>
<td>4</td>
</tr>
<tr>
<td>Survey Feedback</td>
<td>5</td>
</tr>
<tr>
<td>Submit Survey (Required)</td>
<td>5</td>
</tr>
<tr>
<td>Copy of Completed Responses</td>
<td>5</td>
</tr>
<tr>
<td>Audit of Survey Responses</td>
<td>5</td>
</tr>
<tr>
<td>File Upload Screen (Required)</td>
<td>6</td>
</tr>
<tr>
<td>Organization Characteristics Template Field Instructions</td>
<td>7</td>
</tr>
<tr>
<td>Incumbent Upload Template Field Instructions</td>
<td>9</td>
</tr>
<tr>
<td>Physician Executive and Medical Group Incumbent Upload Template Field Instructions</td>
<td>16</td>
</tr>
<tr>
<td>APC Incumbent Upload Template Field Instructions</td>
<td>18</td>
</tr>
<tr>
<td>Compensation Practices</td>
<td>26</td>
</tr>
<tr>
<td>Order Form (Required)</td>
<td>27</td>
</tr>
</tbody>
</table>
# QUESTIONNAIRE

Group Profile .................................................................................................................. 28
  Profile ......................................................................................................................... 28
  Staff Increases ............................................................................................................ 28

Compensation Approaches ............................................................................................ 30
  Fair Market Value ...................................................................................................... 30
  Compensation Approaches and Incentive Compensation ........................................... 30

Pay Practices .................................................................................................................. 34
  Compensation for Supervision .................................................................................. 34
  Committee Compensation ......................................................................................... 35
  On-Call Pay ................................................................................................................ 35
  Telemedicine ............................................................................................................. 35

Recruitment and Retention .............................................................................................. 39
  Recruitment Practices ............................................................................................... 39
  Physician Noncompete Agreements ......................................................................... 40

Feedback ....................................................................................................................... 42
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**.
- **Physician Executive Compensation Survey**.
- **Medical Group Compensation and Productivity Survey**.
- **Medical Group Executive Compensation Survey**.
- **Advanced Practice Provider Compensation and Pay Practices Survey**.

For **Physician Executive Compensation Survey** participation, submit at least one physician executive incumbent:

- 7000 president and chief executive officer.
- 7005 chief operating officer.
- 7010 chief medical officer.
- 7011 multifacility medical director.
- 7012 chief of medical staff.
- 7025 chief administrative officer.
- 7040 top medical informatics executive.
- 7048 top population health executive.
- 7059 top operations executive.
- 7095 top academic affairs executive.
- 7065 top ambulatory care executive.
- 7110 top clinical research executive.
- 7136 top long-term care executive.
- 7155 top clinical integration/transformation executive.
- 7157 top accountable care organization executive.
- 7159 top quality executive (MD).
- 7085 top telemedicine executive.
- 7241 top service line/institute executive – behavioral.
- 7242 top service line/institute executive – cardiology.
- 7243 top service line/institute executive – neuroscience.
- 7244 top service line/institute executive – oncology.
- 7245 top service line/institute executive – orthopedics.
- 7248 top service line/institute executive – surgery.
- 7249 top service line/institute executive – women’s.
- 7250 top service line/institute executive – imaging/diagnostic radiology.
- 7251 top service line/institute executive – dialysis services.
- 7252 top service line/institute executive – hospice.
For Medical Group Executive Compensation Survey participation, submit at least one medical group incumbent:

- 7055 top human resources executive.
- 7160 top quality executive (non-MD).
- 7220 medical group chief executive officer/executive director (MD).
- 7221 medical group chief executive officer/executive director (non-MD).
- 7222 medical group chief operating officer.
- 7223 medical group chief financial officer.
- 7224 medical group chief medical officer.
- 7225 medical group chief administrative officer.
- 7227 medical group chief nursing officer.
- 7228 medical group chief population health executive.
- 7269 medical group chief information officer.
- 7300 head of human resources.
- 7403 head of finance.
- 7614 head of facilities.
- 7900 practice administrator.


Submit the completed survey by March 30, 2018.

The File 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 suveys360@sullivancotter.com.

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 surveys360@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.

To submit your survey, all required sections must be labeled Marked as Complete. Completing nonrequired sections is appreciated.

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 File Upload Screen) by clicking the blue Print Survey button located on the bottom-left side of the Submit Survey section.

AUDIT OF SURVEY RESPONSES

After you submit the survey, the Center for Information, Analytics and Insights will review your submission and generate any inquiries within five business days. An email will notify you when the audit is ready at your organization’s Client Portal account. Log in to your organization’s Client Portal account to review any inquiries; you will be able to comment on each inquiry directly.
FILE UPLOAD SCREEN (REQUIRED)

All templates are organized in one Excel file located on the **File Upload Screen**: Provider Compensation Data Collection Tool – Survey Template.

The following tabs are included in the Provider Compensation Data Collection Tool – Survey Template:

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

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

**Note: Automated data validations have been removed.**

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

1. Click on the blue Download Template button to download the file.
2. Complete the applicable tabs.
3. Save the completed file to your computer.
4. Navigate to the **File 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 **File 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.

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

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

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

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

Columns in gray are required.

If you are providing data for multiple entities, provide the organization characteristics data for each of these entities. **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 **File Upload Screen**.

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

**Organization ID (Required)**

Enter the unique organization ID number provided by SullivanCotter 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 of these organizations. 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 **File 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 Organization ID field blank and proceed to the next field (Organization Name).

**Organization Name**

Enter the organization name for which you are submitting data.

If you are providing data for multiple entities, provide the organization characteristics data for each of these entities. 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 **File Upload Screen**. If organization name updates are needed, enter the updated name in this field.

**Net Revenue ($) (Required)**

Enter the net revenue 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 operation revenue (patient services and other revenue) after discounts, allowances, bad debt and write-offs.

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

**FTE Employees (Required)**

Enter the total number of full-time equivalent employees employed.
**Employed Physicians (Required)**
Enter the total number of full-time equivalent physicians employed.

**Employed APCs (Required)**
Enter the total number of full-time equivalent advanced practice clinicians employed.

**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**. Leave the field blank if not applicable.

**Majority Owner of Medical Group**
Choose from the dropdown to provide the majority owner of the medical group: **physicians**, **hospital**, **university or medical school**, **health system**, **physician practice management company**, **insurance company** or **managed care organization** or **other**. Leave the field blank if not applicable.

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

Describe the majority owner of the medical group. Leave the field blank if not applicable.

**Payer Mix Commercial Fee for Service (%)**
Enter the percentage of organization reimbursement received from commercial fees for service. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Commercial Capitated Payment (%)**
Enter the percentage of organization reimbursement received from commercial capitated payments. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Managed Medicare (%)**
Enter the percentage of organization reimbursement received from managed Medicare. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Straight Medicare (%)**
Enter the percentage of organization reimbursement received from straight Medicare. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Managed Medicaid (%)**
Enter the percentage of organization reimbursement received from managed Medicaid. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Straight Medicaid (%)**
Enter the percentage of organization reimbursement received from straight Medicaid. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

**Payer Mix Self-Pay or Uninsured (%)**
Enter the percentage of organization reimbursement received from self-pay or uninsured. for the organization for which you are providing data. Leave the field blank if not applicable or unknown.
Payer Mix Charity Care (%)  
Enter the percentage of organization reimbursement received from charity care for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

Number of Capitated Lives in Patient Population  
Enter the number of capitated lives that exist in the patient population of the organization for which you are providing data. Leave the field blank if not applicable or unknown.

Percentage Overall Revenue Attributable to Quality Payments (%)  
Enter the percentage of the overall revenue from payers attributable to quality payments for the organization for which you are providing data. Leave the field blank if not applicable or unknown.

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, provide the unique organization ID for each of these entities. 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 **File Upload Screen**.

Note: Organization IDs are required in your upload.

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

Report data to reflect a full calendar year as of **January 1, 2018**, or the most recently completed fiscal year prior to **January 1, 2018**.

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

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

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

**Do not annualize partial FTE, salaries or productivity data; SullivanCotter will annualize these as appropriate.**
**Organization ID (Required)**
Enter the unique organization ID number provided by SullivanCotter 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 of these organizations. 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 File Upload Screen.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Clinical Base Salary
Enter the actual annual base salary paid to the incumbent for time spent performing clinical duties, including time spent in direct and indirect patient care as of January 1, 2018.

ART Base Salary/Stipend
Enter the actual annual base salary or stipend paid to the incumbent for time spent performing ART duties as of January 1, 2018.

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

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

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

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

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

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

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

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

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

CME Expenses
Enter the annual amount of employer costs for continuing medical education expenses for the incumbent.

Other Benefit Costs
Enter the remaining components associated with the annual employer benefits costs for the incumbent. Include the cost of health, life and disability insurances; FICA, payroll and unemployment taxes; workers’ compensation insurance; and professional license fees. Do **not** include the cost of malpractice insurance or paid time off.
Total Cost of Benefits
Enter the annual employer benefits costs for the incumbent. Include the cost of health, life and disability insurances; employer contributions to qualified defined benefit and defined contribution plans (e.g., 401[k], 403[b]) and nonqualified retirement plans; CME expenses; FICA, payroll and unemployment taxes; workers’ compensation insurance; and professional license fees. Do not include the cost of malpractice insurance or paid time off. Note: The total cost of benefits should equal the sum of the qualified plan employer contribution amount, the nonqualified plan employer contribution amount, the annual amount of CME expenses the amount of other benefits costs (e.g., columns 17, 18, 19 and 20).

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

TABLE S.1 – Work RVU Modifier Adjustment Table

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

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

Do not include the practice expense RVU (peRVU) or the malpractice expense RVU (mRVU).

Note: For anesthesiologists and certified registered nurse anesthetists (CRNAs), instead of work RVUs, report American Society of Anesthesiologists (ASA) units. Include all components of ASA units (base units, time in 15 minute increments and risk factors).
Freestanding Collections
For providers based at a freestanding location or for providers for which a freestanding billing method is used, enter the collections generated for all direct professional services provided by the incumbent during the most recently completed fiscal year. Include collections for fee-for-service payments, capitation payments allocated to the incumbent and payments for the administration of immunizations and chemotherapy drugs. Report collections net of bad debts. Do not include collections for services provided by physician extenders; the technical component of laboratory, radiology, medical diagnostic or surgical procedures; collections related to infusion, immunizations or drug charges; or any collections associated with retail income (e.g., optical, pharmacy, hearing aids). Exclude collections from associated facility fees.

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

Note: When reporting for advanced practice clinicians, enter data reflecting collections generated from services personally performed by the advanced practice clinician.
Primary Care Panel Size
Enter the provider’s population of living patients, based on a count of unique patients seen within the last 18 months. This field is for panel size for primary care providers only, which includes family medicine, family medicine – medical home, family medicine with obstetrics, internal medicine, internal medicine – medical home, pediatrics – general, pediatrics – adolescent medicine and pediatrics – internal medicine.

Note: Apply the following weights should be applied to the panel sizes reported. If your organization adjusts for weight in a similar fashion and the adjustment method is not materially different, report those numbers and provide an explanation to surveys360@sullivancotter.com.

TABLE S.2 – Age and Gender Panel Adjustments

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight Male</th>
<th>Relative Weight Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>5.02</td>
<td>4.66</td>
</tr>
<tr>
<td>1</td>
<td>3.28</td>
<td>2.99</td>
</tr>
<tr>
<td>2</td>
<td>2.05</td>
<td>1.97</td>
</tr>
<tr>
<td>3</td>
<td>1.72</td>
<td>1.62</td>
</tr>
<tr>
<td>4</td>
<td>1.47</td>
<td>1.46</td>
</tr>
<tr>
<td>5 to 9</td>
<td>0.98</td>
<td>1.00</td>
</tr>
<tr>
<td>10 to 14</td>
<td>0.74</td>
<td>0.79</td>
</tr>
<tr>
<td>15 to 19</td>
<td>0.54</td>
<td>0.72</td>
</tr>
<tr>
<td>20 to 24</td>
<td>0.47</td>
<td>0.70</td>
</tr>
<tr>
<td>25 to 29</td>
<td>0.60</td>
<td>0.82</td>
</tr>
<tr>
<td>30 to 34</td>
<td>0.63</td>
<td>0.84</td>
</tr>
<tr>
<td>35 to 39</td>
<td>0.66</td>
<td>0.86</td>
</tr>
<tr>
<td>40 to 44</td>
<td>0.69</td>
<td>0.89</td>
</tr>
<tr>
<td>45 to 49</td>
<td>0.76</td>
<td>0.98</td>
</tr>
<tr>
<td>50 to 54</td>
<td>0.87</td>
<td>1.10</td>
</tr>
<tr>
<td>55 to 59</td>
<td>1.00</td>
<td>1.20</td>
</tr>
<tr>
<td>60 to 64</td>
<td>1.17</td>
<td>1.31</td>
</tr>
<tr>
<td>65 to 69</td>
<td>1.36</td>
<td>1.46</td>
</tr>
<tr>
<td>70 to 74</td>
<td>1.55</td>
<td>1.60</td>
</tr>
<tr>
<td>75 to 79</td>
<td>1.68</td>
<td>1.70</td>
</tr>
<tr>
<td>80 to 84</td>
<td>1.70</td>
<td>1.66</td>
</tr>
<tr>
<td>85 Plus</td>
<td>1.57</td>
<td>1.39</td>
</tr>
</tbody>
</table>
Number of Patient Visits
Enter the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. Report incumbents with at least a 0.5 FTE at their actual visit or consultation amount.

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

Number of Hospitals or Sites Supervised
This field is for administrative positions only.

Enter the total number of hospitals or sites that the incumbent supervises.

Number of Physicians Responsible For
This field is for administrative positions only.

Enter the total number of physician FTEs for which the incumbent is directly responsible.

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

**PHYSICIAN EXECUTIVE AND MEDICAL GROUP INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS**

The following fields are only applicable to physician executive and medical group executive incumbents.

STI Eligible (Required for Physician Executives)
This field is required. Choose Y if yes or N if no from the dropdown field to answer whether the incumbent was eligible to receive an STI award for the most recently completed performance period.

STI Target Opportunity (% Base)
If you chose Y in field STI Eligible, respond to this field. Enter the targeted STI award as a percentage of base salary for this incumbent. If not applicable, enter zero. Leave blank if unknown.

STI Maximum Opportunity (% Base)
If you chose Y in field STI Eligible, respond to this field. Enter the maximum STI award as a percentage of base salary for this incumbent. If not applicable, enter zero. Leave blank if unknown.
STI Award Paid (Dollars)
If you chose Y in field STI Eligible, respond to this field. Enter the actual STI award amount paid for the most recently completed performance period for this incumbent. If the STI award was not paid, enter the amount for the STI award earned for the most recently completed performance period for this incumbent. Include additional discretionary awards paid for annual performance. If the incumbent did not receive or earn a payment for the most recently completed performance period, enter zero. If unknown, leave blank. If there are multiple incumbents with the same position at the same location or entity, provide the average.

Cash-Based LTI Eligible (Required for Physician Executives)
This field is required. Choose Y if yes or N if no from the dropdown field to answer whether the incumbent is eligible to receive a cash-based LTI award in the current performance cycle or an equity-based LTI award.

Cash-Based LTI Annualized Target Opportunity (% Base)
If you chose Y in field LTI Eligible and have a cash-based LTI plan, respond to this field. Enter the annualized targeted LTI award opportunity for this incumbent as a percentage of base salary or dollar value. To annualize an end to end plan, divide the total target opportunity by the number of years in the performance cycle. For an overlapping plan, divide the total target opportunity by the number of years between the time consecutive cycles begin (e.g., if a new plan starts each year, the annualized target opportunity is equal to the total target opportunity; if a new plan starts every two years, the annualized target opportunity is the total target opportunity divided by two; etc.). If not applicable, enter zero. Leave blank if unknown.

Cash-Based LTI Annualized Maximum Opportunity (% Base)
If you chose Y in field LTI Eligible and have a cash-based LTI plan, respond to this field. Enter the annualized maximum LTI award opportunity for this incumbent as a percentage of base salary or dollar value. To annualize an end to end plan, divide the total maximum opportunity by the number of years in the performance cycle. For an overlapping plan, divide the total maximum opportunity by the number of years between the time consecutive cycles begin (e.g., if a new plan starts each year, the annualized maximum opportunity is equal to the total maximum opportunity; if a new plan starts every two years, the annualized maximum opportunity is the total maximum opportunity divided by two; etc.). If not applicable, enter zero. Leave blank if unknown.

Cash-Based LTI Award Paid (Dollars)
If you chose Y in field LTI Eligible and have a cash-based LTI plan, respond to this field. Enter the annualized value of the cash-based LTI award that was earned for the most recently completed performance cycle. To annualize an end to end plan, divide the total award by the number of years in the performance cycle. For an overlapping plan, divide the total award by the number of years between the time consecutive cycles begin (e.g., if a new plan starts each year, the annualized award is equal to the total award; if a new plan starts every two years, the annualized award is the total award divided by two; etc.). If the incumbent did not receive an award or the award amount is unknown, leave blank enter zero. If there are multiple incumbents with the same position at the same location or entity, provide the average.

Revenue Managed
Enter an amount for the revenue managed by the incumbent in dollars. If unknown or not applicable, leave blank.
APC INCUMBENT UPLOAD TEMPLATE FIELD INSTRUCTIONS

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

The **APC Incumbent Data tab** must be used to submit compensation data for APCs.

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 of these entities. 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 **File Upload Screen**.

Note: Organization IDs are required in your upload.

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

Report data to reflect a full calendar year as of **January 1, 2018**, or the **most recently completed fiscal year prior to January 1, 2018**.

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

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

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

**Do not annualize partial FTE, salaries or productivity data; SullivanCotter will annualize these as appropriate.**

**Organization ID (Required)**
Enter the unique organization ID number provided by SullivanCotter 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 of these organizations. 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 **File Upload Screen**.

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

**Position Level (Required)**
Choose from the dropdown field to provide the incumbent’s position level: **staff APC, leader level 1, leader level 2, leader level 3** or **leader level 4**. Leave the field blank if not applicable.
Specialty Code (Required)
This code is the specialty code for each incumbent related to the area of medicine the incumbent practices. Enter the specialty code for the incumbent. For this survey, use the nurse practitioner codes for certified nurse specialists working in a medical capacity. As a general guideline, if the incumbent is spending more than 50% of work time in a subspecialty area, categorize the incumbent in that subspecialty. Note: Only use the codes provided on the APC Specialty List tab of the template.

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

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

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

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

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

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

Base Pay – Hourly Rate
Provide the actual hourly base amount paid to each incumbent as of January 1, 2018, or most recently completed fiscal year prior to January 1, 2018. Do not include rates representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or retention bonus amounts as these are captured separately. At least one of the following is required: hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.

Base Pay – Annual Salary
Provide the actual annual base salary paid to each incumbent as of January 1, 2018, or most recently completed fiscal year prior to January 1, 2018. Do not include rates representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or sign-on or retention bonus amounts as these are captured separately. At least one of the following is required: hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.
Productivity-Based Bonus Compensation
Provide the total annual bonus or incentive compensation received by the incumbent that is directly based on clinical productivity (e.g., wRVUs or collections) if applicable. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting, management compensation or retention bonus amounts as these are captured separately. If your organization pays incentives more than once per year, report the total annual productivity-based bonus or incentive compensation paid. **At least one of the following is required:** hourly rate, annual salary, productivity-based bonus, or other bonus/incentive compensation.

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

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

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

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

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

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

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

Other Cash Compensation
Provide any other cash compensation paid to the incumbent. Do not include pay representing shift differentials, extra shifts, on-call pay, overtime or moonlighting or management compensation.
**Total Cost of Benefits**

Provide the total annual employer benefits cost for employed incumbents. This includes the cost of health, life and disability insurances; employer contributions to qualified defined benefit and defined contribution plans (e.g., 401[k], 403[b]) and nonqualified retirement plans; continuing medical education (CME) expenses; FICA and unemployment taxes; workers’ compensation insurance; and professional license fees. Do not include the cost of malpractice insurance or paid time off (PTO).

**Work RVUs**

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

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

**TABLE S.3 – RVU Modifier Adjustment Table**

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

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

**TABLE S.4 – Example of Reporting Credit for Team-Based ASA Units**

<table>
<thead>
<tr>
<th>Incumbent</th>
<th>Base Units Coded</th>
<th>Time Units Coded</th>
<th>Risk Units Coded</th>
<th>Total Units Coded</th>
<th>Actual Total Units Billed at 50%</th>
<th>50% Credit Distribution for Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>CRNA</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Team</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>20</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Collections**

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

**TABLE S.5 – Collections Guidelines**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>Do not include antigen billings for the following CPT codes: 95144, 95145, 95146, 95147, 95148, 95149, 95165 and 95170.</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist</td>
<td>Production from cases performed as a team should be reported as 50% credit to the CRNA.</td>
</tr>
<tr>
<td>Audiology</td>
<td>Do not include hearing aid sales.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Do not include technical component fees or technical components of global fees for EKGs, GXTs, echoes, etc.</td>
</tr>
<tr>
<td>Gastrointestinal Medicine</td>
<td>Do not include technical component fees.</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Do not include billings for drugs.</td>
</tr>
<tr>
<td>Neurology</td>
<td>Do not include technical component fees or technical components of global fees for EEGs, EMGs or sleep studies.</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Do not include technical component fees or technical components of global fees for ultrasound tests.</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Do not include eyewear or contact sales.</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Do not include production related to audiology services.</td>
</tr>
<tr>
<td>Pathology</td>
<td>Do not include technical component fees or technical components of global fees for pathology exams.</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>Do not include technical component fees or technical components of global fees for pulmonary tests.</td>
</tr>
<tr>
<td>Radiology</td>
<td>Do not include technical component fees or technical components of global fees for radiological exams.</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Do not include technical component fees or technical components of global fees for oncology services.</td>
</tr>
</tbody>
</table>
Patient Visits
Provide the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. For surgical and anesthesia procedures, record the case as one visit and not the number of procedures performed. For global codes, such as deliveries, a visit should be recorded for each patient encounter in the global code. In the event that a patient visits two or more separate departments during the day and sees an APC in each department, this is recorded as a patient visit at each department. Report APCs with at least a 0.5 FTE at their actual visit or consultation amount.

Primary Care Panel Size
This field is for the collection of panel size for primary care incumbents only: family medicine, internal medicine, and pediatrics and adolescent – general.

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

- Patients who have seen only one APC for all visits, verified within the last three years, are assigned to that APC.

- If a patient does not have a personal APC identified, the patient is assigned to an APC based on whom the patient saw the most often.

- If the patient has seen multiple APCs the same number of times, the patient is assigned to the APC seen most recently.
Apply the following weights to the panel sizes reported. If your organization adjusts for weight in a similar fashion and the adjustment is not materially different, inform the SullivanCotter survey team.

**TABLE S.6 – Age and Gender Panel Adjustments**

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight Male</th>
<th>Relative Weight Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>5.02</td>
<td>4.66</td>
</tr>
<tr>
<td>1</td>
<td>3.28</td>
<td>2.99</td>
</tr>
<tr>
<td>2</td>
<td>2.05</td>
<td>1.97</td>
</tr>
<tr>
<td>3</td>
<td>1.72</td>
<td>1.62</td>
</tr>
<tr>
<td>4</td>
<td>1.47</td>
<td>1.46</td>
</tr>
<tr>
<td>5 to 9</td>
<td>0.98</td>
<td>1.00</td>
</tr>
<tr>
<td>10 to 14</td>
<td>0.74</td>
<td>0.79</td>
</tr>
<tr>
<td>15 to 19</td>
<td>0.54</td>
<td>0.72</td>
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<td>0.60</td>
<td>0.82</td>
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<td>50 to 54</td>
<td>0.87</td>
<td>1.10</td>
</tr>
<tr>
<td>55 to 59</td>
<td>1.00</td>
<td>1.20</td>
</tr>
<tr>
<td>60 to 64</td>
<td>1.17</td>
<td>1.31</td>
</tr>
<tr>
<td>65 to 69</td>
<td>1.36</td>
<td>1.46</td>
</tr>
<tr>
<td>70 to 74</td>
<td>1.55</td>
<td>1.60</td>
</tr>
<tr>
<td>75 to 79</td>
<td>1.68</td>
<td>1.70</td>
</tr>
<tr>
<td>80 to 84</td>
<td>1.70</td>
<td>1.66</td>
</tr>
<tr>
<td>85 Plus</td>
<td>1.57</td>
<td>1.39</td>
</tr>
</tbody>
</table>
Enter I, O, B, T, U, R, S, H or C to report the location where the incumbent is spending most (i.e., greater than 50%) of work time. Refer to the table below for more information regarding location types.

TABLE S.7 – Location Types

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I – Inpatient</td>
<td>The incumbent primarily practices in a hospital inpatient location.</td>
</tr>
<tr>
<td>O – Outpatient</td>
<td>The incumbent primarily practices in a hospital or ambulatory clinic outpatient location.</td>
</tr>
<tr>
<td>B – Both Inpatient and Outpatient</td>
<td>The incumbent splits work time between an inpatient and outpatient location.</td>
</tr>
<tr>
<td>T – Telehealth</td>
<td>The incumbent primarily practices in a telehealth location.</td>
</tr>
<tr>
<td>U – Urgent Care</td>
<td>The incumbent primarily practices in a urgent care location.</td>
</tr>
<tr>
<td>R – Retail Based</td>
<td>The incumbent primarily practices in a retail location.</td>
</tr>
<tr>
<td>S – Skilled Nursing</td>
<td>The incumbent primarily practices in a Skilled Nursing facility.</td>
</tr>
<tr>
<td>H – Home Care</td>
<td>The incumbent primarily practices as a Home Care provider.</td>
</tr>
<tr>
<td>C – Combination</td>
<td>The incumbent splits work time between two or more of the locations listed.</td>
</tr>
</tbody>
</table>

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

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

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 answer.

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.

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

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

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

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

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

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

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

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

PROFILE

1. Has your organization implemented a National Committee for Quality Assurance level-three patient-centered medical home (PCMH) model?

- Yes [Answer Question 1.1]
- No [Skip to Question 2]

If yes, answer the following.

1.1. If yes, is your organization's compensation methodology different for the physicians affiliated with the PCMH?

- Yes
- No

2. Is your organization participating in the Centers for Medicare & Medicaid Services’ Bundled Payments for Care Improvement Initiative?

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

If yes, answer the following.

2.1. Which care model is your organization participating in?

- Model 1 – Retrospective Acute Care Hospital Stay Only
- Model 2 – Retrospective Acute and Post-Acute Care Episode
- Model 3 – Retrospective Post-Acute Care Only
- Model 4 – Prospective Acute Care Hospital Stay Only

STAFF INCREASES

3. Has your organization increased the number of employed physicians on its staff within the past 12 months?

- Yes [Answer Question 3.1]
- No [Skip to Question 4]
If yes, answer the following.

3.1. If yes, approximately by what percentage did your organization’s employed physician workforce increase?

__________________________________________________________%

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

☐ Yes  [Answer Question 4.1]

☐ No  [Skip to Next Section]

If yes, answer the following.

4.1. If yes, approximately by what percentage will your organization’s employed physician workforce increase?

__________________________________________________________%
COMPENSATION APPROACHES

FAIR MARKET VALUE

1. Does your organization have an independent, nonmanagement board committee designated to review physician compensation?

○ Yes
[Answer Question 1.1]
○ No
[Skip to Next Section]

If yes, answer the following.

1.1. If yes, is it the same board committee that reviews executive compensation?

○ Yes
○ No

COMPENSATION APPROACHES AND INCENTIVE COMPENSATION

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

[If Other, Answer Question 2.1]
[If Base Salary or Hourly or Shift-Based Pay, Answer Questions 2.2 and 2.3]
[If Expense Management or Financial Incentives, Value- or Quality-Based Incentives or Discretionary, Answer Questions 2.4 and 2.5]
[If Panel Size for Primary Care, Answer Questions 2.6 and 2.7]
[If APC Supervision, Answer Questions 2.8 and 2.8.1]

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

(1) Hospital-based specialties include anesthesiology, critical care medicine, emergency medicine, hospital medicine, pathology and radiology.
If other (describe below), answer the following.

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

______________________________________________________________________________________________

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

2.2. Which of the following methodologies determine physician salaries? (Check all that apply.)

☐ Length of Service
☐ Market Data
☐ Historical Productivity or Performance
☐ Physician Experience
☐ Academic Rank

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

☐ Monthly
☐ Quarterly
☐ Biannually
☐ Annually
☐ Other (Describe): ____________________________________________________________

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

2.4. If expense management or financial incentives, value- or quality-based incentives or discretionary, what criteria are used in determining incentives? (Check all that apply.)

PRODUCTIVITY PERFORMANCE

☐ Individual Productivity
☐ Department Profitability
☐ Organization Profitability
☐ Department or Group Relative Value Units
☐ Other (Describe): _______________________________________________________________________

UTILIZATION MANAGEMENT

☐ Hospital Utilization
☐ Controlling Patient Services
  (e.g., Leakage)
☐ Cost Containment and Effectiveness
☐ Controlling Ancillary Utilization
☐ Other (Describe): _______________________________________________________________________

Provider Compensation Data Collection Tool
© 2018 Sullivan, Cotter and Associates, Inc. All rights reserved.
2.5. How frequently does your organization set or update physician draw or productivity payments?

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

If panel size for primary care physicians, answer the following.

2.6. How is the payment for panel size structured?

________________________________________________________________________

2.7. Does your organization use a weighting or risk-adjustment factor when calculating panel size?

- Yes
- No

If APC supervision, answer the following.

2.8. If APC supervision, is the compensation structured to be team based?

- Yes
- No
If yes, answer the following.

2.8.1. If yes, how is the team-based compensation structured?

________________________________
________________________________

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

○ Yes
  [Answer Question 3.1]
○ No
  [Skip to Question 4]

If yes, answer the following.

3.1. If yes, what components will be added or removed?

________________________________
________________________________

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

○ Yes
  ○ No

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

☐ Paid Directly to Individual Physicians
  [Skip to Question 6]
☐ Paid to the Organization That Pays a Defined Amount to Individual Physicians
  [Answer Question 5.1]
☐ Other (Describe):
  ________________________________________________________________
  [Skip to Question 6]

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

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

________________________________
________________________________

6. What is your organization's approach to compensation design for nurse practitioners and physician assistants?

○ Base Salary Determined by Specialty
○ Base Salary Determined by Specialty Group
○ Base Salary Independent of Specialty or Specialty Group
PAY PRACTICES

COMPENSATION FOR SUPERVISION

1. Do physicians in your organization supervise APCs?
   - Yes
   - No

If yes, answer the following.

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

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

1.3. Does your organization provide specific compensation to physicians for APC supervision?
   - Yes, Compensated in Addition to Base Salary
   - No, Included in Base Salary Compensation

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

1.3.1. If yes, compensated in addition to base salary, which of the following methods of compensation are used for APC supervision? (Check all that apply.)

<table>
<thead>
<tr>
<th>Type of Compensation</th>
<th>Specialty Area(s)</th>
<th>Amount ($)</th>
<th>Is There a Cap or Maximum to the Compensation Amount?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat Annual Supervisory Stipend</td>
<td></td>
<td>$____ per Year</td>
<td>O Yes, O No</td>
</tr>
<tr>
<td>Flat Hourly Rate</td>
<td></td>
<td>$____ per Hour</td>
<td>O Yes, O No</td>
</tr>
<tr>
<td>Paid a Percentage of APC Incident-to Work RVUs</td>
<td></td>
<td>$____ per Incident-To Work RVUs</td>
<td>O Yes, O No</td>
</tr>
<tr>
<td>Other (Describe): ___________________________</td>
<td></td>
<td>$____</td>
<td>O Yes, O No</td>
</tr>
</tbody>
</table>

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

_________________________________________________________
COMMITTEE COMPENSATION

2. Does your organization provide compensation to any physicians for participation on organizational committees?
   - Yes
     [Answer Questions 2.1 and 2.2]
   - No
     [Skip to Question 3]

If yes, answer the following.

2.1. Does the compensation for participation vary by an individual physician’s specialty?
   - Yes
   - No

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

<table>
<thead>
<tr>
<th>Specialty Group</th>
<th>Hourly Rate Provided to Physicians for Committee Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td>Average Hourly Rate ($)</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Surgical</td>
<td></td>
</tr>
<tr>
<td>Hospital Based(^{(1)})</td>
<td></td>
</tr>
</tbody>
</table>

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

ON-CALL PAY

3. Does your organization provide separate, identifiable on-call pay to any physicians either for providing call coverage or for providing services when called in while on call?
   - Yes
   - No

TELEMEDICINE

4. Do physicians in your organization provide telemedicine or remote clinical services?
   - Yes
     [Answer Questions 4.1, 4.2 and 4.3]
   - No
     [Skip to Next Section]
If yes, answer the following.

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

☐ Cardiology
☐ Critical Care Medicine
☐ Dermatology
☐ Emergency Medicine
☐ Hospitalist
☐ Infectious Disease
☐ Neurology – Vascular
☐ Oncology – Hematology and Oncology
☐ Psychiatry
☐ Pulmonology
☐ Radiology
☐ Urgent Care
☐ Other (Describe): ____________________________

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

☐ Per-Activation Fee
[Answer Question 4.2.1]
☐ Shift or Hourly Compensation
[Answer Questions 4.2.2, 4.2.3 and 4.2.4]
☐ Unrestricted Call Pay
[Answer Questions 4.2.5, 4.2.6 and 4.2.7]
☐ Monthly or Annual Stipend
[Answer Question 4.2.8]
☐ Other (Describe): ____________________________
[Skip to Questions 4.3]

If per-activation fee, answer the following.

4.2.1. Who bills and collects for the services provided?

☐ Organization
☐ Physician

If shift or hourly compensation, answer the following.

4.2.2. How does the telemedicine shift or hourly compensation compare to the specialty’s standard compensation?

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

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

☐ Yes
☐ No
4.2.4. Who bills and collects for the services provided?

- Organization
- Physician

If unrestricted call pay, answer the following.

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

- Yes
- No

4.2.6. Who bills and collects for the services provided?

- Organization
- Physician

4.2.7. What is the unrestricted call pay rate? Include any subsidies or additional compensation provided for actual services provided.

If monthly or annual stipend, answer the following.

4.2.8. Who bills and collects for the services provided?

- Organization
- Physician

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

- Yes
  [Answer Questions 4.3.1, 4.3.2 and 4.3.3]
- No
  [Skip to Next Section]
- Expect to Participate Within a Year
  [Answer Questions 4.3.1, 4.3.2 and 4.3.3]
If yes or expect to participate within a year, answer the following.

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

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

If Medicare Shared Savings Program, answer the following.

4.3.1.1. If Medicare Shared Savings Program, what track are you participating in? (Check all that apply).

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

4.3.2. How are physicians compensated for this service?

________________________________________________________________________________________

4.3.3. Has the provision of telemedicine services increased any of the following? (Check all that apply).

☐ Referrals
☐ Patients Choosing Your Organization for Additional In-Person Services
RECRUITMENT AND RETENTION

RECRUITMENT PRACTICES

1. Which of the following recruitment practices are utilized by your organization? (Check all that apply).

- [ ] Relocation Assistance
  [Answer Question 1.1]
- [ ] Sign-On Bonus
  [Answer Questions 1.4, 1.5 and 1.6]
- [ ] Student Loan Repayment
  [Answer Questions 1.2 and 1.3]
- [ ] Malpractice Tail Coverage for Occurrences Prior to Employment
  [Skip to Next Section]

If relocation assistance, answer the following.

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

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

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

If student loan repayment, answer the following.

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

$________________________

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

__________________________ Years

If sign-on bonus, answer the following.

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

__________________________ %
1.5  What are the average and maximum sign-on bonuses paid? **Report by position level. Report annualized value of sign-on bonuses. Do not report multiyear payments here.**

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

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

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

- Yes  [Answer Question 1.6.1]
- No   [Skip to Next Section]

If yes, answer the following.

1.6.1  If yes, 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

PHYSICIAN NONCOMPETE AGREEMENTS

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

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

If yes, answer the following.

2.1  What is the term of the noncompete agreement?

- Less Than One Year
- One Year
- Two Years
- More Than Two Years
- Other (Describe): ___________________________________________________________
2.2 What are the conditions under which the noncompete is enforceable? (Check all that apply.)

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

2.3 Does the noncompete agreement have a buyout provision?

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

If yes, answer the following.

2.3.1 If yes, how is the buyout value determined?

- A Percentage of the Physician’s Salary
- Flat-Dollar Amount
- Other (Describe): ____________________________________________________________
1. Which of the following would be of interest to your organization? (Check all that apply.)

☐ Webinar on SullivanCotter’s 2018 Physician Compensation and Productivity Survey Report Results
☐ Webinar on Current and Emerging Physician Compensation Trends and Issues
☐ Full-Day Conference and Round Table Discussion on Current and Emerging Physician Compensation Trends and Issues, Including SullivanCotter’s 2018 Physician Compensation and Productivity Survey Report Results

2. SullivanCotter periodically conducts pulse surveys that explore topics related to physician compensation in greater detail and provides a complimentary summary of the results to participants. Would your organization be interested in participating in these pulse surveys?

☐ Yes
☐ No

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

__________________________________________________________________________________________