

# AMGA/SullivanCotter Advanced Practice Clinician Compensation and Pay Practices Survey

## Instructions and Definitions

*Questions concerning the survey may be directed to the following individuals:*  
*Sarah DeVries, Consultant, by phone at 612.294.3640 or by email at sarahdevries@sullivancotter.com.*  
*Beth Kloos, Survey Manager, by phone at 612.294.3637 or by email at bethkloos@sullivancotter.com.*

### General Instructions

Survey Period: Full calendar year as of July 1, 2013, or the most recently completed fiscal year.

**Deadline for Submission of Data: August 30, 2013.**

(Survey submissions will not be accepted after this date.)

Date for Issuance of Final Report: November 2013.

1. Do not gross up partial FTE or salaries. SullivanCotter will gross up the numbers to an annualized figure as appropriate.
2. To ensure the best possible understanding of your organization, please answer every applicable question.
3. The online questionnaire must be submitted (and the completed APC Incumbent Template must be uploaded to <http://www.sullivancotter.com/APCIncumbentupload>) by August 30, 2013.
4. All completed surveys will be held in a confidential file by SullivanCotter. Only summarized information from the aggregate database will be reported.

## DATA DEFINITIONS

### IV – Incumbent Data

*In Section IV, individual compensation and productivity information are being collected. This section should be filled out to reflect a full calendar year (as of July 1, 2013) or the most recently completed fiscal year. You may not be able to break out or report all information. Required columns are indicated as such. If you are unsure or unable to report data, leave the field blank. Please do not report per diem providers.*

**Column (1): Organization ID.** List your unique organization ID provided by SullivanCotter. This ID can be found on the Incumbent Data section of your survey. If you are submitting data for multiple entities within a system, unique Organization IDs must be used for each of these organizations. Contact us to receive unique IDs if submitting for multiple entities. **This is a required field.**

**Column (2): Your Organization's Internal Tracking ID.** List each advanced practice clinician (APC) individually by title, employee number or other internal identification. Do not use the incumbent's full Social Security number. This information is used to help you track the data that you report. The internal tracking ID must be unique for each provider. This information is not used by SullivanCotter for any other purpose and is not included in the survey report. **This is a required field.**

**Column (3): Specialty Code.** This is the specialty code for each provider related to the area of medicine the provider practices. Refer to the specialty code listing on the second tab of the APC Incumbent Template. As a rule of thumb, if the provider is spending more than 50% of the time in a sub-specialty area, the provider should be categorized in that sub-specialty. **This is a required field.**

**Column (4) Director, Chief or Administrator (Y or N):** Indicate whether the APC serves in an administrative role.

**Column (5) Total FTE (Full-Time Equivalent).** Report the total full-time equivalent status of the incumbent that corresponds with time spent performing all duties. For newly hired providers, please report the actual FTE they worked during the reporting period (e.g., if the provider was hired as a 1.0 FTE but started employment midway through the reporting period, the provider would be listed as a 0.5 FTE and would only report the compensation paid during that time). 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). **This is a required field.**

**Column (6) Clinical or Patient Care Compensation.** The total annual compensation related to patient care services for each provider. This would include compensation paid under a base salary compensation plan, a production-based compensation plan or both. For newly hired providers, please report the actual compensation received during the reporting period (e.g., if the provider was hired as a 1.0 FTE but started employment halfway through the reporting period, the provider would be listed as a 0.5 FTE and would only include the compensation paid during that time). **This is a required field.**

**Column (7) Non-Productivity Bonus or Incentive Payment.** Report the total annual bonus or incentive compensation received by the incumbent that is directly based on performance and quality measures, if applicable. Do not include call-pay, overtime, administrative compensation, sign-on bonus or retention bonus amounts as these are captured separately. If your organization pays incentives more than once per year, report the total annual bonus or incentive compensation paid.

**Column (8) Administrative Compensation.** Report the total annual administrative compensation received by the incumbent, if applicable.

**Column (9) Other Cash Compensation.** Report any other cash compensation paid to the incumbent, such as longevity bonuses, retention bonuses, **profit-sharing**, sign-on bonuses, long-term incentive payments and the like. Do not include on-call pay or pay for extra work such as overtime or moonlighting.

**Column (10) On-Call Pay.** Report the total annual call compensation received by the incumbent for the provision of on-call coverage, 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.

**Column (11) Overtime or Moonlighting Compensation.** Report the total annual overtime compensation, moonlighting compensation or both received by the incumbent, if applicable. Moonlighting duties include duties not related to the physician's specialty or department, duties performed outside of normal clinical hours and duties for which the physician is compensated outside of your organization's compensation plan.

**Column (12) Overtime or Moonlighting Annual Work Effort Hours.** Report the annual work effort, in hours, that correspond with the reported total annual overtime compensation, moonlighting compensation or both received by the incumbent in Column 11. Note that these hours should reflect time spent providing clinical services over and above the incumbent's regular expected duties and should not be reflected in the incumbent's total FTE.

**Column (13) Total Cost of Benefits.** Report the total annual employer benefits cost received by the incumbent. This includes the cost of health, life and disability insurances; employer contributions to qualified defined benefit and contribution plans (e.g., 401(k), 403(b)) and nonqualified retirement plans; continuing medical education (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.**

**Column (14) Work RVUs.** Report the number of work relative value units (wRVUs) 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 provider using the 2012 Centers for Medicare & Medicaid Services (CMS) scale. **Report wRVUs performed only by the provider.** A work relative value unit is a non-monetary unit of measurement that indicates the *professional* value of services provided by the provider. In order to make your work RVUs more compatible, all code frequencies with the modifiers described below should be adjusted by the indicated percentage. For example, 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 wRVUs calculated using multiple modifiers. **Laboratory, radiology or other procedures not personally performed by the incumbent should not be included. Do not include the practice expense RVU (peRVU) or the malpractice expense RVU (mRVU).**

**\*Note:** For certified registered nurse anesthetists, instead of wRVUs, report American Society of Anesthesiologists (ASA) units. Include all components of ASA units (base units, time in 15 minute increments and risk factors).

*Note regarding modifier 50: 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, please adjust the Medicare volume appropriately to reflect proper volume (e.g., multiplying Medicare volume by three).*

Modifier	Brief Description	Percentage Adjusted
22	Unusual Procedural Services	125.00%
50	Bilateral	50.00%
51	Multiple	50.00%
52	Reduced Values	50.00%
53	Discontinued Procedure	50.00%
54	Surgical Care Only	70.00%
55	Postoperative Only	20.00%
56	Preoperative Only	10.00%
62	Two Surgeons	62.50%
74	Discontinued ASC Procedure	50.00%
76	Repeat Procedure	70.00%
78	Return to OR During Postoperative	70.00%
80	Assistant Surgeon	16.00%
81	Minimum Surgery Assist	16.00%
82	Assistant Surgeon – No Resident Available	16.00%
AS	Surgery Assist	16.00%
TC	Technical Component	0.00%

**Column (15) Net Collections.** Report 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 provider and payments for the administration of 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 associated with retail income (e.g., optical, pharmacy, hearing aids). Report the collections generated for all services personally performed by the APC. This amount will be net of contractual arrangements, discounts and bad debts. Charges for codes with modifiers should be adjusted to reflect the modified amount. Guidelines for specific specialties are included below:

Specialty	Guideline
Allergy	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.
Audiology	Do not include hearing aid sales.
Cardiology	Do not include technical component fees or technical components of global fees for EKGs, GXTs, echos, etc.
GI 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.
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.
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.

**Column (16) Provider Type: Independent Provider (I), Extender (E) or Both (B).** Report whether this individual is considered an independent provider (works and bills independently), extender (works with physician and doesn't bill independently) or both (works as an independent provider part of the time and partly works with physicians on a team).

**Column (17) Years Since School Completed.** Report the number of years since the incumbent completed school.

**Column (18) Date of Hire.** The date of hire for the provider.

**Column (19) Location.** Report the location where the individual is spending most (greater than 50%) of the time. The options are as follows:

- I=Inpatient: The incumbent primarily practices in a hospital inpatient setting.
- O=Outpatient: The incumbent primarily practices in a hospital or ambulatory clinic outpatient setting.
- B=Both: The incumbent splits time between an inpatient and outpatient setting.
- R=Retail Based: The incumbent primarily practices in a retail setting.