2019 MGMA Compensation and Production Survey Guide

Due Date: February 15, 2019

This questionnaire collects data for Provider and Management Compensation and Production. These reports will provide comparison data on physician and nonphysician provider compensation and production as well as management and staff compensation to help evaluate decisions made in a medical practice.

This document is intended to serve as a guide for completing the 2019 MGMA Compensation and Production Survey. An explanation of each survey question and the provided answer options are included. For additional participation resources, including FAQs, Excel survey help, change notices and participation benefits, check out our Survey Participation Resources page (mgma.com/participate).

**Note: Physician Executives/Medical Directorships can be included in both Provider and Staff sections.*

**Note: To maintain the integrity of our data, we ask that surveys are submitted on behalf of the entire practice. This prevents duplicate data from being submitted and allows us to have a more holistic view of the practice.*

Getting Started:

- Find available surveys on **data.mgma.com** in the participation section.
- The Practice Profile must be completed in full before beginning any of the MGMA surveys. It is intended to help tailor your survey to be relevant to your practice.
- The quality of our reported results depends upon the completeness and accuracy of every response. The more you give, the more you get. Learn more about our participation benefits: **mgma.com/industry-data/participate/benefits**.
- Questions with an asterisk * are required. Questionnaires with required questions left blank may not be eligible for submission.

Guide Contents:

- **Practice Profile**
- **Practice Demographics**
- **Provider Demographics**
- **FTE Demographics**
- **Provider Compensation**
- **Provider Production**
- **Placement Information**

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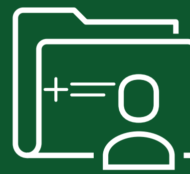


PRACTICE PROFILE

This section contains demographic information regarding your practice. It must be completed in full before entering any survey as it will help tailor the surveys to be relevant to your practice.

*Practice Name

Add information for your practice(s) by clicking the “Add Practice” button at the top of the grid or use the Excel button at the top of the page to download an Excel template to enter data. Enter the practice name(s), one per row, under the Practice Name header.

Practice Address

Enter the street address of the organization for which the data is being reported.

Practice City

Enter the city of the organization for which the data is being reported.

*Practice State

Enter the state of the organization for which the data is being reported.

*Practice Zip

Enter the zip code of the organization for which the data is being reported.

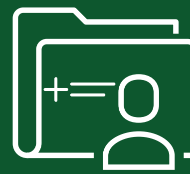
*What type of organization do you work for?

Select your work organization type from the list provided. If the type of work organization you work for isn't listed, please select “Other” and enter the type of entity in the corresponding write-in field.

Medical Group Practice: Physicians working in associations with the joint use of equipment and technical personnel and with centralized administration and financial organization.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.



Management Services Organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician Practice Management Company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Independent Practice Association (IPA): An IPA is an association of independent physicians, or other organizations that contract with independent physicians, and provides services to managed care organizations on a negotiated per capita rate, flat retainer fee, or negotiated fee-for-service basis.

Health Maintenance Organization (HMO): An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

Freestanding Ambulatory Surgery Center (ASC): An ASC is a freestanding entity that is specifically licensed to provide surgery services that are performed on a same-day outpatient basis. A freestanding ambulatory surgery center does not employ physicians and therefore is NOT ELIGIBLE TO PARTICIPATE.

Physician Hospital Organization (PHO): PHOs are group practice arrangements where hospitals and physicians organize for contracting with managed care organizations. These relationships are formal, contractual, or corporate in nature and include physicians outside the hospital's medical staff.

Medical School Administration (University Level): A medical school administration (university level) is a centralized administrative department which provides administrative services to multiple areas and departments within the university whole.

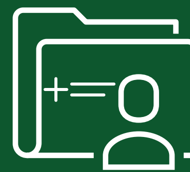
Medical School Faculty Practice Plan: A medical school faculty practice plan is an organized group of physicians and other healthcare professionals that treat patients referred to an academic medical center.

Medical School Clinical Science Department (Department Level): A medical school clinical science department (department level) is a graduate school department within a university that offers study leading to a medical degree.

Medical School (School of Medicine Level): A medical school (school of medicine level) is a graduate school of medicine within a university that offers study leading to a medical degree.

University Hospital: A university hospital (or teaching hospital) is a hospital that provides clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients. They are generally affiliated with medical schools or universities, and may be owned by a university or may form part of a wider regional or national health system.

Consulting Firm: A consulting firm is a person or group of persons who provide professional advice to an organization for a fee.



Recruitment Services Firm: A recruitment services firm is a person or group of persons who provide recruitment services to an organization for a fee.

Other: If your work organization type is not listed, select "other" and enter the type of entity in the corresponding write-in field.

*Report Recipient Email

Enter the email address of the person who will receive access to the complimentary single-user report. The email address must be associated with an MGMA account in order to grant access to the results in MGMA DataDive.

*Who is your practice's majority owner?

Select the choice that represents the majority owner of your practice. If your practice's ownership is not listed in the options provided, please select "Other" and enter the type of entity in the corresponding write-in field.

Physicians: Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.

Nonphysician Providers: Any nonphysician provider (e.g. nurse practitioners, physical therapists, etc.) duly licensed and qualified under the law of jurisdiction in which treatment is received.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

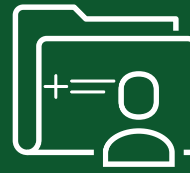
Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.

Management services organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician practice management company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Insurance company or health maintenance organization (HMO): An insurance company is an organization that indemnifies an insured party against a specified loss in return for premiums paid, as stipulated by a contract. An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

University or medical school: A university is an institution of higher learning with teaching and research facilities comprising undergraduate, graduate and professional schools. A medical school is an institution that trains physicians and awards medical and osteopathic degrees.



Government: A governmental organization at the federal, state, or local level. Government funding is not a sufficient criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility.

Private investor(s): A private investor is a company or individual that takes their own money and uses it to fund another organization. Some investors have the option to invest passively, which means they give their funding and play no further role, while others have a more significant role in the organization.

Telehealth: A telehealth practice uses electronic information and telecommunication technologies to support and deliver long-distance clinical healthcare, patient and professional health-related education, public health, and health administration.

Other: If your majority owner is not listed, select "other" and enter the type of entity in the corresponding write-in field.

*What is your practice's practice or specialty type?

Select the practice type or single specialty that most closely describes your practice. If your single specialty is not listed, select "Other Single Specialty" and enter the practice or specialty type in the corresponding write-in field.

PRACTICE DEMOGRAPHICS

*Practice NPI

What is your practice NPI number? The National Provider Number (NPI) is a unique, 10-digit identification number assigned to healthcare providers to submit claims or conduct other transactions specified by the Health Insurance Portability and Accountability Act (HIPAA). A healthcare provider is defined as an individual, practice or organization that provides medical or other health services. If you are unsure of your practice's NPI number, you can look it up here: **https://npiregistry.cms.hhs.gov/**?

*For the purpose of reporting the information in this survey, what fiscal year was used?

Enter the beginning month, beginning year, end month and end year of your most recently completed fiscal year. **Data reported for periods less than 12 months will not be eligible for submission.** If your medical practice was involved in a merger or acquisition during the 2018 fiscal period and you cannot assemble 12 months of practice data, you may not be able to participate. Please contact Data Solutions at 877.275.6462, ext. 1895 or **survey@mgma.com**, if you are uncertain about your eligibility to participate.

***Beginning month:** Enter the beginning month of your most recently completed fiscal year.

***Beginning year:** Enter the year that your most recently completed fiscal year began.

***Ending month:** Enter the ending month of your most recently completed fiscal year.

***Ending year:** Enter the year that your most recently completed fiscal year ended.

*Total physician FTE in practice

Report the practice's full-time-equivalent (FTE) physician count. If an exact number is not known, a best estimate is acceptable.

*Total nonphysician provider FTE in practice

Report the number of FTE nonphysician providers in your practice. Nonphysician providers are specially trained and licensed providers who can provide medical care and billable services. Examples of nonphysician providers include audiologists, certified registered nurse anesthetists (CRNAs), dieticians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, and surgeon assistants.

*Total support staff FTE in practice

Report the total support staff FTE in your practice. This should include business operations staff such as managers or administrators, front office support staff, clinical support staff, ancillary support staff, and contracted support staff.

*What was the total medical revenue for your practice or department?

Total medical revenue is the sum of fee-for-service collections (revenue collected from patients and third-party payers for services provided to fee-for service, discounted fee-for-service, and non-capitated Medicare/Medicaid patients), capitation payments (gross capitation revenue minus purchased services for capitation payments), and other medical activity revenues.

Other medical revenue includes grants, honoraria, research contract revenues, government support payments, and educational subsidies plus the revenue from the sale of medical goods and services.

PROVIDER DEMOGRAPHICS

Include all providers employed by the practice for the full fiscal year indicated in the Practice Demographics section, as well as any new hires during the same fiscal year. Providers that left the practice during the fiscal year may be included, but you must select the corresponding employment status. Providers that did not work at all during the fiscal year should not be included. Enter each provider on a separate row; do not group multiple providers together on the same line.

*Provider Name

Enter a unique name, ID, or tracking code for each provider. This may be the provider's actual name, initials, NPI, last four numbers of SSN, or an internal code used to identify the provider. If we have questions on your submission, we will refer to your providers by the name entered here.

*Employment Status

Answer "New hire" if the provider was hired by the practice during the 2018 fiscal year. Answer "Actively employed" if the provider was employed for the full 2018 fiscal year. If the provider was hired during the 2018 fiscal year, but is not expected to begin work until the 2019 fiscal year, do not enter this provider on this survey. Answer "No longer employed" if the provider left the practice, for any reason, during the 2018 fiscal year. Answer "Locum tenens" if the provider is temporary or they are hired to fill a spot for a temporary period of time, during the 2018 fiscal year.

Provider NPI

Indicate the provider's National Provider ID (NPI), which is 10 digits in length. If you do not know your provider's NPI number, you can find it on the following link: https://npiregistry.cms.hhs.gov/

*** **Choose either a physician specialty OR a nonphysician provider specialty for each provider entered. Do not enter a value for both columns on the same row** ***

*Physician Specialty

Select only one specialty for each physician using the specialties listed in the dropdown provided. A physician should be classified in the specialty or subspecialty where he or she spends 50 percent or more time.

NOTE: If the appropriate subspecialty is not available in the drop down list, please select the main specialty or "Other Physician Specialty (please specify)" and type the subspecialty in the "Other Physician Specialty" column.

*Nonphysician Provider Specialty

Select only one specialty for each nonphysician provider using the specialties listed in the dropdown provided. A nonphysician provider should be classified in the specialty or subspecialty where he or she spends 50 percent or more time.

NOTE: If the appropriate subspecialty is not available in the drop down list, please select the main specialty or "Other Specialty (please specify)" and write-in the subspecialty in the "Other NPP Specialty" column.

*Provider Rank

There are multiple provider statuses to choose from in the dropdown, including: Non-Academic Provider, Non-Faculty Academic Provider, Instructor, Assistant Professor, Associate Professor, Professor, Division Chair/Chief, and Department Chair. It is important to select the provider status in which you wish to have benchmarked.

FTE DEMOGRAPHICS

*Full-Time Equivalent

Report the full-time equivalent this provider is considered to be employed by your practice. A 1.0 FTE provider works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours, or some other standard. To compute FTE of a part-time provider, divide the total hours worked by the provider by the total number of hours that your medical practice considers to be a normal workweek. For example, a physician working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours). Do not report a provider as more than 1.0 FTE regardless of the number of hours worked.

*% Billable Clinical

Report in **whole numbers** the billable clinical percent for each provider listed. Billable clinical percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Clinical effort and activities include direct patient care and consultation, individually or in a team-care setting, where a patient bill is generated or a fee-for-service equivalent charge is recorded. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

*% Administrative

Report in **whole numbers** the administrative percent for each provider listed. Administrative percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Administrative effort includes medical directorships as well as other administrative duties. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

*% Teaching

Report in **whole numbers** the percent of time the provider spent in teaching activities such as classroom time, office hours, grading papers, and class preparation. For example, a faculty member spending approximately 40 percent of his/her time in teaching activities should report "40." The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

Include:

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

*% Research

Report in **whole numbers** the percent of time the provider spent in research activities. For example, a faculty member spending approximately 30 percent of his/her time in research activities should report "30." The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

Include:

- Research activities including specific research, training, and other projects that are separately budgeted and accounted for by the medical school; and
- Clinical research, funded or nonfunded.

*% Other

Report in **whole numbers** the other percent for each provider listed. Other percent can be calculated a variety of ways. In general, the calculations are all the same - the clinical effort divided by the total effort. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. Other effort and activities include all activities not included in clinical, administrative, teaching or research effort, such as professional development. The sum of % Billable Clinical, Administrative, Teaching, Research and Other must equal 100%.

PROVIDER COMPENSATION

*Total Compensation

Please read all instructions first to find what scenario fits your medical practice. There are separate instructions for how to report total compensation depending on your medical practice's tax status.

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

Include:

- Total Medicare wages – this includes On-Call compensation;
- On-Call compensation – included in total Medicare wages;
- 401K;
- Life insurance; and
- Any other pre-taxed deductions (Employee contributions).

Do not include:

- Expense reimbursements;
- Fringe benefits paid by the medical practice;
- Flex spending accounts (FSA);
- Health insurance; or
- Employer contributions.

An example has been provided:

22222	a Employee's social security number	OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9 Verification code	10 Dependent care benefits
e Employee's first name and initial Last name Suff.		11 Nonqualified plans	12a Code
		13 Statutory employee / Retirement plan / Third-party sick pay	12b Code
		14 Other	12c Code
f Employee's address and ZIP code			12d Code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** 2018 Department of the Treasury—Internal Revenue Service

For partnerships (or LLCs that file as a partnership) state the dollar amount reported as direct compensation in Box 1 plus Box 4 minus Box 12 minus Box 13 from the provider's K-1 form 1065. An example has been provided:

Include:

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

651117

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1065) **2018**
Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year

beginning / / 2017 ending / /

Partner's Share of Income, Deductions, Credits, etc. ► See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
		19	Distributions
12	Section 179 deduction		
13	Other deductions	20	Other information

For S corporations (or LLCs that file as an S corporation) state the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the provider's W-2 **PLUS** *Box1 minus Box 11 minus Box 12* from the provider's K-1 form 1120S (combine amounts from both forms). An example has been provided:

Include:

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

671117

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120S) **2017**

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or tax year

beginning / / 2018 ending / /

Shareholder's Share of Income, Deductions, Credits, etc. ► See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

* See attached statement for additional information.

*First Year Guaranteed Compensation <New Hires Only>

Report the first year guaranteed contract dollar amount.

Do not include:

- The dollar value of a signing bonus and other dollar amounts received through a bonus system such as production-based bonuses; or
- The dollar value of expense reimbursements, fringe benefits paid by the medical practice such as retirement plan contributions, life and health insurance or automobile allowances or any employer contributions to a 401(k), 403(b) or Keogh Plan.

*Indicate the percentage of each method that is used to compensate the provider:

Indicate the percentage of each method for the provider's compensation plan utilized in your practice. Provide the whole-number proportion that each method makes up of the entire plan, ensuring that all percentages add up to 100.

***Indicate the % of Total Compensation based on Straight/Base Salary:** Compensation is a fixed, guaranteed salary.

***Indicate the % of Total Compensation based on Productivity or Equal Share of Compensation Pool %:** Productivity measures volume of physician work RVUs, collections, etc. This also includes equal share of compensation pool. A "compensation pool" is equal to the total practice revenues net of practice overhead expenses. Such plans generally treat practice overhead as a cost of doing business that is borne by the group as a whole and not allocated to individual physicians (with the potential exception of physician-specific direct expenses). Such plans may be referred to as "team" or "group-oriented" compensation methods. The production metric is measured on the individual physician's output level.

***Indicate the % of Total Compensation based on Quality and Patient Experience Metrics:** Examples of quality measures include, but are not limited to, clinical process/effectiveness, patient safety, care coordination, patient and family engagement, efficient use of healthcare resources, population/public health and patient satisfaction.

***Indicate the % of Total Compensation based on On-Call Compensation:** Compensation based on "on-call" time.

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

PROVIDER PRODUCTION

*External Providers Included in Productivity <Physicians Only>

For physicians, state if the productivity measures (collections, charges, encounters, E&M procedures, RVUs, ASA units) include productivity attributed to a nonphysician provider working under a physician's supervision by selecting "Yes" or "No."

*Can Nonphysician Provider Bill Under Themself <Nonphysician Providers Only>

For nonphysician providers only, indicate if they can or cannot bill the procedures they perform under themselves, as opposed to under a physician within the practice.

*Total RVUs

Report total RVUs performed only by the physician/nonphysician provider you are submitting. If total RVUs are reported, respondents must complete the question "External Providers Included in Productivity" and "% of TC Included in Collections and Charges." If your practice cannot break out RVUs only performed by the individual physician/nonphysician provider you are submitting, report RVUs and answer "Yes" to the question regarding external provider productivity. If you can report RVUs only performed by the individual physician/nonphysician provider you are submitting, answer "No" for the question regarding external provider productivity.

Include:

- RVUs for the "physician work RVUs," "practice expense," and "malpractice RVUs," including any adjustments made as a result of modifier usage;
- RVUs for all professional medical and surgical services performed by physicians, nonphysician providers, and other physician extenders such as nurses and medical assistants;
- RVUs for the professional component of laboratory, radiology, medical diagnostic and surgical procedures;
- For procedures with either no listed CPT code or with an RVU value of zero, RVUs can be estimated by dividing the total gross charges for the unlisted or unvalued procedures by the practice's known average charge per RVU for all procedures that are listed and valued;
- RVUs for procedures for both fee-for-service and capitation patients; and
- RVUs for all payers, not just Medicare.

Do not include:

- RVUs for other scales such as McGraw-Hill, California;
- The technical component (TC) associated with any medical diagnostic, laboratory, radiology, or surgical procedure. If your practice cannot break this out, report RVUs and select the appropriate response to the question regarding technical component. If you can report total RVUs without technical component, answer 0% for the technical component question;
- RVUs attributed to nonphysician providers or any other external provider within the physician RVU data or
- RVUs where the Geographic Practice Cost Index (GPCI) equals any value other than one. The GPCI must be set to 1.000 (neutral).

*Work RVUs

Report work RVUs performed only by the physician/nonphysician provider you are submitting. If work RVUs are reported, respondents must complete the question "External Providers Included in Productivity." If your practice cannot break out RVUs only performed by the individual physician/nonphysician provider you are submitting, report RVUs and answer "Yes" to the question regarding external provider productivity. If you can report RVUs only performed by the individual physician/nonphysician provider you are submitting, answer "No" for the question regarding external provider productivity.

Include:

- RVUs for the "physician work RVUs" only, including any adjustments made as a result of modifier usage;
- Physician work RVUs for all professional medical and surgical services performed by providers;
- Physician work RVUs for the professional component of laboratory, radiology, medical diagnostic, and surgical procedures;
- Physician work RVUs for all procedures performed by the medical practice. For procedures with either no listed CPT code or with an RVU value of zero, RVUs can be estimated by dividing the total gross charges for the unlisted or unvalued procedures by the practice's known average charge per RVU for all procedures that are listed and valued;
- Physician work RVUs for procedures for both fee-for-service and capitation patients;
- Physician work RVUs for all payers, not just Medicare;
- Physician work RVUs for purchased procedures from external providers on behalf of the practice's fee-for-service patients;
- Anesthesia practices should provide the physician work component of the RVU for flat fee procedures only such as lines, blocks, critical care visits, intubations, and post-operative management care; and
- All RVUs associated with professional charges, including both medically necessary and cosmetic RVUs.

Do not include:

- RVUs for "malpractice RVUs" or "practice expense RVUs";
- RVUs attributed to nonphysician providers or any other external provider within the physician RVU data;
- RVUs for other scales such as McGraw-Hill or California;
- RVUs for purchased procedures from external providers on behalf of the practice's capitation patients;
- RVUs that have been weighted by a conversion factor. Do not weigh the RVUs by a conversion factor;
- RVUs where the Geographic Practice Cost Index (GPCI) equals any value other than one. The GPCI must be set to 1.000 (neutral); or
- Anesthesiology departments. Instead, provide ASA units and leave this question blank.

More information on RVUs

Report the relative value units (RVUs), as measured by the Resource Based Relative Value Scale (RBRVS), not weighted by a conversion factor, attributed to all professional services. An RVU is a nonmonetary standard unit of measure that indicates the value of services provided by physicians, nonphysician providers, and other healthcare professionals. The RVU system is explained in detail in the November 15, 2017 Federal Register, pages 52976-53371. Addendum D: Relative Value Units (RVUs) and Related Information presents a table of RVUs by CPT code. Your billing system vendor should be able to load these RVUs into your system if you are not yet using RVUs for management analysis. When answering this question, note the following:

- The RVUs published in the November 15, 2017 Federal Register, effective for calendar year 2018, should be used; and
- The total RVUs for a given procedure consist of three components:
  - Physician work RVUs;
  - Practice expense (PE) RVUs; and
  - Malpractice RVUs.

  Thus, total RVUs = physician work RVUs + practice expense RVUs + malpractice RVUs.
- For 2018, there were two different types of practice expense RVUs:
  - Fully implemented nonfacility practice expense RVUs; and
  - Fully implemented facility practice expense RVUs.
- **"Nonfacility"** refers to RVUs associated with a medical practice that is not affiliated with a hospital and does not utilize a split billing system that itemizes facility (hospital) charges and professional charges. "Nonfacility" also applies to services performed in settings other than a hospital, skilled nursing facility, or ambulatory surgery center. You should report total RVUs that are a function of "nonfacility" practice expense RVUs.
- **"Facility"** refers to RVUs associated with a hospital affiliated medical practice that utilizes a split billing fee schedule where facility (hospital) charges and professional charges are billed separately. "Facility" also refers to services performed in a hospital, skilled nursing facility, or ambulatory surgery center. Do not report total RVUs that are a function of "facility" practice expense RVUs. If you are a hospital affiliated medical practice that utilizes a split billing fee schedule, you should report your total RVUs as if you were a medical practice not affiliated with a hospital.
- To summarize, there are two different types of total RVUs:
  - Fully implemented nonfacility total RVUs; and
  - Fully implemented facility total RVUs.
- The Federal Register Addendum D presents six columns of RVU data. The column labeled "Physician work RVUs" is what you should report as work RVUs. Any adjustments to RVU values through periodic adjustments and updates made by CMS should be included.

Collections for Professional Charges

Report the amount of collections attributed to a physician for all professional services. If collections for professional charges are reported, respondents must complete the questions "External Providers Included in Productivity" and "% of TC Included in Collections and Charges."

Include:

- Fee-for-service collections;
- Allocated capitation payments;
- Administration of chemotherapy drugs; and
- Administration of immunizations.

Do not include:

- Collections on drug charges, including vaccinations, allergy injections, and immunizations, as well as chemotherapy and antinauseant drugs if the physician themselves administer;
- The technical component associated with any laboratory, radiology, medical diagnostic or surgical procedure collections. If your practice cannot break this out, report collections and select the appropriate response to the question regarding technical component. If you can report collections without technical component, answer 0% for the technical component question;
- Collections attributed to nonphysician providers. If your practice cannot break this out, report collections and answer "Yes" to the question in this section regarding external nonphysician provider productivity. If you can report collections without nonphysician providers, answer "No" for the nonphysician provider question;
- Infusion-related collections;
- Facility fees;
- Supplies; or
- Revenue associated with the sale of hearing aids, eyeglasses, contact lenses, etc.

Professional Gross Charges

Report the total gross patient charges attributed to a physician for all professional services. If professional gross charges are reported, respondents must complete the questions "External Providers Included in Productivity" and "% of TC Included in Collections and Charges." Gross patient charges are the full dollar value, at the practice's established undiscounted rates, of services provided to all patients, before reduction by charitable adjustments, professional courtesy adjustments, contractual adjustments, employee discounts, bad debts, etc. For both Medicare participating and nonparticipating providers, gross charges should include the practice's full, undiscounted charge and not the Medicare limiting charge.

Include:

- Fee-for-service charges;
- In-house equivalent gross fee-for-service charges for capitated patients;
- Administration of chemotherapy drugs; and
- Administration of immunizations.

Do not include:

- Charges for drugs, including vaccinations, allergy, injections, and immunizations as well as chemotherapy, and antinauseant drugs;
- The technical component associated with any laboratory, radiology, medical diagnostic or surgical procedure. If your practice cannot break this out, report gross charges and select the appropriate response to the question regarding technical component. If you can report charges without technical component, answer 0% for the technical component question;
- Charges attributed to nonphysician providers. If your practice cannot break this out, report gross charges and answer "Yes" to the last question in this section regarding external nonphysician provider productivity. If you can report collections without nonphysician providers, answer "No" for the nonphysician provider question;
- Infusion-related charges;
- Facility fees;
- Supplies; or
- Charges associated with the sale of hearing aids, eyeglasses, contact lenses, etc.

*% of TC Included in Collections and Charges

Collections for professional charges and gross charges for laboratory, radiology, medical diagnostic and surgical procedures may have two components: the physician's professional charge such as interpretation and the technical charge for the operation and use of the equipment. If collections for professional charges and gross charges did not include the technical component (TC), referred to as professional services only billing, select "0%." If collections for professional charges and gross charges did include the technical component, referred to as global fee billing, indicate the approximate percentage of charges represented by the technical component by selecting either "1-10%" or "greater than 10%."

PLACEMENT INFORMATION

*Which State did the Provider Relocate from?

If the provider relocated, report the state from which the provider relocated. If the provider was relocated from outside of the United States, please choose "Out of Country" for this question.

*Hired Out of Residency or Fellowship <Physicians Only>

Select "Yes" if the physician was hired out of residency or fellowship. Select "No" if the physician was not hired out of residency or fellowship.

Residency: A period of advanced medical training and education that normally follows graduation from medical school and licensing to practice medicine. This process consists of supervised practice of a specialty in a hospital and in its outpatient department and instruction from specialists on the hospital staff.

Fellow: A physician who has completed training as a resident and has been granted a position allowing him or her to do further study or research in a specialty.