

# 2016 Management and Staff Compensation Survey

**Due Date: March 4, 2016**

## **\*\*Things to remember**

- Fill out your participation profile before completing staff information for this survey. We need the information in your profile to know which questions do and do not apply to your practice. If the participation profile is not completed, we will not be able to customize your survey and you may see additional questions that are not relevant to your practice.
- We would appreciate receiving the requested information on your organization to the extent you can provide it. The quality of our reported results depends upon the completeness and accuracy of every response.
- Questions with an asterisk \* are required. Questionnaires with required questions left blank may not be eligible for submission.

## **Practice Profile**

Complete this section in order to move on to the Provider, Managers/Staff, Cost, and Successful Groups surveys.

### **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. If possible, please provide the extended ZIP+4 via the USPS online tool: [https://tools.usps.com/go/ZipLookupAction\\_input](https://tools.usps.com/go/ZipLookupAction_input)

### **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 type the name in the other text box.

- **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 health care 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 health care 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 health care 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 independent practice association (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 ambulatory surgery center (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 should not complete the survey. **ASCs ARE NOT ELIGIBLE TO PARTICIPATE.**
- **Physician Hospital Organization (PHO):** Physician Hospital Organizations (PHOs) are group practice arrangements where hospitals and physicians organization 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 health care 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:** Describe the type of entity in the "Other Work Organization" box.

#### **Other work organization type**

Enter the other value for organization type.

## Report Recipient Email

Enter the email address for the report recipient.

### \* Who is your organization's majority owner?

From the options listed, select the choice that represents the majority owner of your organization. If your organization's ownership is not listed in the options provided, please select "Other" and type the name in the other text box.

- **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 health care 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 health care 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 health care 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.
- **Other:** Describe the type of entity in the "Other" box.

### Other majority owner

Enter the other value for majority owner.

**\* What was your organization's practice or specialty type?**

Select the name of the specialty type or single specialty that most closely describes your practice. If your single specialty is not listed, select "Other Single Specialty" and enter your specialty in the "Other" text box.

**Practice is Accountable Care Organization**

(ACO): A group of coordinated health care providers who form a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for their population of patients. The ACO is accountable to patients and the third-party payer for the quality, appropriateness, and efficiency of the care provided.

**Practice is Patient Centered Medical Home**

(PCMH): A care delivery model where patient treatment and care is coordinated through their primary care provider to ensure they receive high quality care when care is necessary. The objective is collaboration between the patient and physicians with care delivered in a way the patient can understand. PCMHs seek to improve the quality, effectiveness, and efficiency of the care delivered while focusing on meeting patient needs first.

**\* Do any of your providers have Medical Directorships?**

Answer "Yes" if your practice had at least one medical directorship for the full 2015 fiscal year. Answer "No" if your practice did not have any medical directorships, or if your medical directorships were not for the full 2015 fiscal year.

**Do any of your providers take call?**

Answer "Yes" if your practice had at least one provider who provided on-call services, paid or unpaid. Answer "No" if none of your providers worked on-call.

**\* Were any of your providers hired less than 12 months ago?**

Answer "Yes" if your practice placed any new providers in the 2015 fiscal year. Answer "No" if your practice did not place any new providers.

## Practice Demographics

**Practice NPI**

What is your practice NPI number? The National Provider Number (NPI) is a unique, 10-digit identification number assigned to health care providers to submit claims or conduct other transactions specified by the Health Insurance Portability and Accountability Act (HIPAA). A health care provider is defined as an individual, group 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://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

**\* Beginning month**

Enter the beginning month of your most recently completed fiscal year. Do not report data for periods less than 12 months. If your medical practice was involved in a merger or acquisition during the 2015 fiscal period and you cannot assemble 12 months of practice data, you may not be able to participate. Please call Data Solutions at 877.275.6462, ext. 1895, if you are uncertain about your eligibility to participate.

**\* 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.

**What is your organization's legal organization?**

- **Business corporation:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.
- **Limited liability company:** A legal entity that is a hybrid between a corporation and a partnership, because it provides limited liability to owners like a corporation while passing profits and losses through to owners like a partnership.
- **Not-for-profit corporation/foundation:** An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational, or research purpose.
- **Partnership:** An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets, and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.
- **Professional corporation/association:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders must be licensed in the profession practiced by the organization.
- **Sole proprietorship:** An organization with a single owner who is responsible for all profit, losses, assets, and liabilities.
- **Other:** If your practice's legal organization is not listed, describe in the "Other" text box.

**Which demographic classification best describes the area surrounding the primary location of your practice?**

If your practice had multiple sites, choose the option that represents the location with the largest number of full time equivalent (FTE) physicians.

- **Rural/Nonmetropolitan (4,999 or fewer):** The community in which the practice is located within a "metropolitan statistical area" (MSA), as defined by the United States Office of Management and Budget, and has a population of 4,999 or fewer.
- **Nonmetropolitan (5,000 to 10,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA), as defined by the United States Office of Management and Budget, and has a population of 5,000 to 10,000.
- **Nonmetropolitan (10,001 to 50,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA), as defined by the United States Office of Management and Budget, and has a population of 10,001 to 50,000.
- **Metropolitan (50,001 to 100,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA) or Census Bureau defined urbanized area with a population of 50,001 to 100,000.
- **Metropolitan (100,001 to 250,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA) or Census Bureau defined urbanized area with a population of 100,001 to 250,000.
- **Metropolitan (250,001 to 500,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA) or Census Bureau defined urbanized area with a population of 250,001 to 500,000.
- **Metropolitan (500,001 to 1,000,000):** The community in which the practice is located within a "metropolitan statistical area" (MSA) or Census Bureau defined urbanized area with a population of 500,001 to 1,000,000.
- **Metropolitan (1,000,001 or more):** The community in which the practice is located within a "metropolitan statistical area" (MSA) or Census Bureau defined urbanized area with a population of 1,000,001 or more.

**Practice is Federally Qualified Health Center**

(FQHC): A reimbursement designation that refers to several health programs funded under Section 330 of the Public Health Service Act of the US Federal Government. These 330 grantees in the Health Center Program include:

- Community Health Centers which serve a variety of underserved populations and areas;
- Migrant Health Centers which serve migrant and seasonal agricultural workers;
- Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

FQHCs are community based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.

**Practice is Rural Health Clinic**

(RHC): A clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is to improve access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and nonphysician providers (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with a nonphysician provider. RHCs may also provide other health care services, such as mental health or vision services, but reimbursement for those services may not be based on their allowable costs.

**\* Total physician FTE**

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

**\* Total nonphysician provider FTE**

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), dietitians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, and surgeon assistants.

**\* Total support staff FTE**

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.

When completing the MGMA Cost and Revenue Survey, add "Total employed support staff" and "Total contracted support staff" FTE questions for this question.

**How many years has your EHR been fully implemented in your organization?**

Enter the number of years that an EHR has been fully implemented. If your practice has had more than one EHR, enter the number since the first EHR was fully implemented.

**How did the health/medical records system store information for the majority of patients served by your practice?**

Choose the method in which the practice stored health/medical records for the majority of patients served by the practice. A fully functional Electronic Health Record (EHR) would include the following four functions:

- Collect patient data;
- Display test results;
- Allow providers to enter medical orders and prescriptions; and
- Aid physicians in making treatment decisions.

**\* 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.

## **Additional Practice Demographics for Academic Practices**

**\* University Name**

Select your University Name from the list provided. If your university is not listed, please select "Other" and type the name in the other text box.

**\* Medical School Name**

Enter the name of the medical school for which the data is being reported.

**\* Department Name**

Select your Department Name from the list provided. If your department is not listed, please select "Other" and type the name in the other text box.

**\* Is your program sponsored by a medical school, or is it a nonmedical-school-sponsored program?**

Select "Medical-school-sponsored program" if the program is accredited by the Accreditation Council of Graduate Medical Education (ACGME), is a direct branch of a university medical school, and staffed with university faculty. Select "Nonmedical-school-sponsored program" if the residency/fellowship is an ACGME-accredited program that is not sponsored by a university medical school. If your training program is not ACGME accredited, you may not be able to participate this year. Please call Data Solutions (877.275.6462, ext. 1895) to determine your eligibility to participate.

**\* Number of FTE physician faculty in organization**

Report the full-time equivalency of all department faculty with an MD or DO degree (or equivalent) and a minimum rank of instructor.

**Include:**

1. All clinical, research, academic, and administrative activities performed in a department, faculty practice plan, medical school, hospital, or Veterans' Administration (VA) setting. The minimum number of weekly work hours for 1.0 FTE is the number of hours that your department considers to be a normal workweek. The normal workweek could be 37.5, 40, or 50 hours per week, depending on your department. Regardless of the number of hours worked, a faculty member cannot be counted as more than 1.0 FTE.

**Do not include:**

1. Individuals with a faculty rank of less than instructor or uncompensated (volunteer) faculty. To report the FTE of part-time physician faculty, divide the total hours worked by the physician faculty on behalf of your department by 40 (or the number used by the department to define a normal workweek). For example, faculty working in a clinic or hospital on behalf of the department for 20 hours compared to a normal work week of 40 hours would be classified as 0.5 FTE. Likewise, faculty working full-time for six months during a 12-month reporting period would be classified as 0.5 FTE. The total number of FTE physician faculty equals the sum of full-time physician faculty and the full-time equivalent of the part-time physician faculty. All other faculty: Report the full time equivalency of all department faculty with a degree other than an MD or DO and

a minimum rank of instructor, except nonphysician providers. To compute the number of “other faculty”, use the methodology indicated under “Include” step 1 above for FTE physician faculty.

**\* Other FTE faculty**

Report the full time equivalency of all department faculty with a degree other than an MD or DO and a minimum rank of instructor, except nonphysician providers. To compute the number of “other faculty”, use the methodology indicated under “Include” step 1 above for FTE physician faculty.

**\* Total business operations support staff FTE**

Provide the total FTE for the following support staff positions in your practice: “General administrative”, “Patient accounting”, “General accounting”, “Managed care administrative”, “Information technology” and “Housekeeping, maintenance, security”.

**\* Total front office support staff FTE**

Provide the total FTE for the following support staff positions in your practice: “Medical receptionists”, “Medical secretaries, transcribers”, “Medical records” and “Other administrative support”.

**\* Total clinical support staff FTE**

Provide the total FTE for the following support staff positions in your practice: “Registered nurses”, “Licensed practical nurses” and “Medical assistants, nurse’s aides”.

**\* Total ancillary support staff FTE**

Provide the total FTE for the following support staff positions in your practice: “Clinical laboratory”, “Radiology and imaging” and “Other medical support services”.

**\* What was the total patient care revenue for your department?**

In general, all revenue received by the department from patient care activities, net of all refunds, returned checks, contractual discounts and allowances, bad debts and write-offs. The sum of total fee-for service (FFS) revenue, net prepaid (capitation/subcapitation) revenue and net other patient care/medical services revenue equals total patient care revenue.

- **Total FFS revenue:** Include net collections (receipts) from patients who are self-insured, or reimbursements from a third party insurer that compensates the department (practice plan) on a fee-for-service, or discounted fee-for service basis.
- **Net prepaid (capitation/subcapitation) revenue:** Include all capitation revenue received from Health Maintenance Organizations (HMOs), risk-sharing revenue, hospital/utilization withholds, co-payments and revenue received from a benefits coordination and/or reinsurance recovery situation minus professional and medical services purchased from outside providers.
- **Net other patient care/medical services revenue:** Include all revenue received from the sale of goods and services such as durable medical equipment rental, revenue from medical service contracts with nursing homes or ambulatory care centers, hospital reimbursements for direct patient care, and revenue from providing ancillary services on a fixed fee or percentage contract that are not billed as fee-for-service.

## Staff Demographics Tab

Include all managers and staff employed by the practice indicated in the Practice Information section, as well as any new hires during the same fiscal year. You may include individuals that were not employed by the practice for the entire fiscal year, but you must reflect that in the individual’s full-time equivalent value to represent the amount of time they were employed. For more information on how to reflect FTE values for part time individuals or those that were not employed the entire year, please see “Full-Time Equivalent” definition below. Enter each manager and staff on a separate row; do not group multiple individuals together on the same line, even if they have the same position title.

**\* Staff Name**

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

**\* Position Title**

Select one position that best describes each individual's responsibilities from the positions provided. Positions are listed in alphabetical order within each management level, which include physician executives, executive management, senior management, general management, specialists, supervisors and support staff. If the position is not provided, select the appropriate "Other" option and describe in the other column. Please read the list of position titles carefully before selecting an other option as those will not be included in any reported data. Other Options are: "Other Executive"; "Other Director"; "Other Manager"; "Other Specialist"; "Other Supervisor"; and "Other Staff".

**Physician Executive Positions**

- **Associate/Assistant Medical Director:**

- Position requires candidate to be a licensed physician;
- Time is devoted to both administrative duties and the delivery of health care services;
- Typically assists the Medical Director in all respects, from the administration of medical care and clinical services to utilization review and medical protocol development. If there are multiple Associate/Assistant Medical Directors, the functional areas of medical administration are usually divided up among physicians with this position title; and
- Usually reports to the senior physician executive.

- **Chief Medical Officer (CMO):**

- Elected by the medical staff and acts as a liaison between the medical staff and administration;
- Ensures that projects and policies are completed in a timely manner;
- Principle duty is to ensure that the executive decisions are carried out and oversee that staff members follow these guidelines;
- Typically a one to two-year term;
- Required to be a licensed physician; and
- Usually reports to the senior physician executive.

- **Chief Medical Informatics Officer (CMIO):**

- Develops and manages the organization's capabilities in information systems and tools that are applied to medical information;
- Coordinates analytical support for medical management, including profiling, health economics and business analytics/performance metrics;
- Works with the Information Systems Department to prioritize medical management needs; and
- Usually reports to the senior executive manager.

- **Medical Director:**

- Position requires candidate to be a licensed physician;
- The senior medical administrative position within a medical group practice;
- Physician's time is devoted to both administrative duties and the delivery of health care services;
- In larger organizations, there may be more than one medical director;
- Responsible for all activities related to the delivery of medical care and clinical services such as cost management, utilization review, quality assurance, and medical protocol development;
- Typically oversees the activities of group physicians, including the recruiting and credentialing processes; and
- Usually reports to the senior physician executive.

- **Physician CEO/President:**

- Position requires candidate to be a licensed physician;

- Usually found in larger practices or in some form of an integrated system or network, such as Physician Hospital Organization (PHO) or MSO;
- Since administrative duties are substantial, the delivery of health care services is minimal;
- Develops and monitors organizational policy with other management personnel and board of directors;
- Responsible for the overall operation of the organization, including patient care and contract relations;
- Oversees activities related to the growth and expansion of the organization;
- Plays a major role in the organization's strategic process;
- Typically serves as the liaison between the organization, the community, and the board of directors;
- Oversees a team of senior management personnel; and
- Usually reports to the governing body of the organization.

### **Executive Management Positions**

#### **- Administrator:**

- The top nonphysician professional administrative position with less authority than a CEO;
- Maintains broad responsibilities for all administrative functions of the medical group, including operations, marketing, finance, managed care/third party contracting, physician compensation and reimbursement, human resources, medical and business information systems, and planning and development;
- Typically oversees management personnel with direct responsibilities for the specific functional areas of the organization; and
- Reports to the governing body of the organization.

#### **- Chief Department Administrator (CDA):**

- Top administrative officer of one or more clinical science departments;
- Oversees, plans, guides and evaluates the nonmedical activities of the department including full or partial direct responsibility for the operation of ambulatory services;
- Broad responsibilities within the department include development of the department budget and approval of department expenditures;
- Responsibilities may include full or partial management of hospital functions, supervising the department administrative staff; and
- Assists and reports to the department chair.

#### **- Associate/Assistant Department Administrator:**

- Generally consults, advises, and assists the top departmental administrator in providing leadership and direction in planning and coordinating activities;
- Generally has a limited scope of responsibility such as marketing or human resources;
- Multiple associate/assistant administrators may assume leadership of the department in the absence of the top administrator; and
- Reports to the top administrative officer.

#### **- Contracts/Grants Department Administrator:**

- Oversees the disbursement, financial reporting, and the use of all extramural funds associated with the department's clinical and basic research programs;
- Coordinates the development and submission of grant and contract proposals to internal and external agencies; and
- Reports to the CDA.

#### **- Division/Section Administrator:**

- Top administrative officer of one or more divisions or sections of a clinical science department;
- Manages the nonclinical activities of the division(s) or section(s) and typically supervises the division or section administrative staff; and
- Usually reports to the CDA and/or a division/section chair.

#### **- IS Manager/Network Administrator:**

- Coordinates the activities of the IS department including determining data processing requirements, managing department networks, determining feasibility of data projects, and performing analysis of department production; and
- Maintains and upgrades hardware and software.
- **Assistant Administrator:**
  - Provides assistance to the CEO and/or administrator with the management of one or more functional areas of the medical practice such as administration, managed care, human resources marketing, patient accounting, or operations;
  - Has a more limited scope of responsibility than a chief operating officer (COO);
  - A medical group may have multiple assistant administrators;
  - Responsible for assisting the CEO and/or administrator in accomplishing organizational objectives; and
  - Usually reports to a senior executive manager.
- **Chief Compliance Officer:**
  - Develops and reviews policies and procedures for the general operation of the organization to prevent improper and/or illegal conduct;
  - Manages day-to-day operations of the implemented policies;
  - Investigates any reported violations of policies or procedures;
  - Works with the Human Resources Department and other appropriate areas to develop effective compliance training; and
  - Usually reports to a senior executive manager.
- **Chief Executive Officer (CEO)/Executive Director:**
  - Highest nonphysician executive position in the organization;
  - Typically found in larger practices, or in some form of an integrated system such as PHO or MSO;
  - Develops and monitors organizational policy in conjunction with other management personnel and board of directors;
  - Responsible for the overall operation of the organization, including patient care, contract relations, and activities that relate to the future growth of the organization such as strategic planning and marketing;
  - Oversees a team of senior management personnel who have direct responsibility for specific functional areas of the organization;
  - Typically serves as a liaison between the organization and staff members, businesses, individuals in the community, and board of directors; and
  - Usually reports to the governing body of the organization.
- **Chief Financial Officer (CFO):**
  - Usually the organization's senior financial position;
  - Develops financial policies and oversees their implementation;
  - Typically monitors a variety of financial activities, including budgeting, analysis, accounting, billing, payer contracting, collections, and the preparation of tax returns;
  - Usually prepares or oversees the preparation of annual reports and long-term projections to ensure that the organization's financial obligations are met;
  - May obtain funds for capital development;
  - May hold a designation as a certified public accountant (CPA); and
  - Usually reports to a senior executive manager.
- **Department Financial Officer:**
  - Top financial position, which develops financial policies and oversees their implementation;
  - Prepares short range and long-term projections to ensure that the department's financial obligations are met; and
  - Develops growth plans for the department; and
  - Reports to the CDA or the department chair.
- **Chief Information Officer (CIO):**
  - Usually found in large organizations;

- The top level contact in information systems development and solutions;
- Contributes to general business planning regarding technology;
- Accountable for directing data integrity and confidentiality of the medical practice's patient care information;
- Identifies new developments in information systems technology, and strategizes organizational modifications;
- Requires a masters or bachelor's degree in MIS, CIS, or a related field; and
- Usually reports to the senior physician executive.
- **Chief Operating Officer (COO):**
  - Consults, advises, and assists the CEO and/or administrator in providing leadership and direction in planning, directing, and coordinating both patient and non-patient care activities;
  - May be the second senior administrative position, and assume the duties of the top administrator when necessary;
  - Oversees the daily operations of the medical practice and/or other affiliated health care organizations;
  - Responsibilities may include facilities management, business services, human resources management; and
  - Usually reports to a senior executive manager.
- **Chief Nursing/Clinical Officer (CNO):**
  - Provides leadership to assure standardization of clinical care work processes through collaboration of all organization disciplines;
  - Possesses current licensure as a registered nurse;
  - Responsible for the overall direction of patient care services, monitoring standards of patient care, and setting facility performance goals; and
  - Usually reports to the senior physician executive.
- **Chief Legal Counsel:**
  - Serves as chief legal advisor to the senior leadership;
  - Responsible for coordination of all legal issues and ensuring compliance with state and federal rules, laws, and regulations;
  - Reviews, drafts, and negotiates contracts with payers and/or providers;
  - Builds, manages, and mentors a team of legal professionals/outsourced legal resources in accordance with group needs; and
  - Usually reports to a senior physician executive.
- **Chief Strategy Officer:**
  - Provides assistance in developing and implementing a strategic plan for the organization/company to ensure continued growth and success;
  - Coaches the management team so they understand long-term profit and performance goals, and provides ongoing support and expertise to all management personnel;
  - Ensures that the organization's policies and procedures meet legal and ethical compliance with all laws and regulations; and
  - Usually reports to a senior physician executive.
- **Human Resources Executive:**
  - Usually found in larger practices or hospitals;
  - Recommends and establishes company policies and procedures;
  - Oversees all functions of an established human resources department within an organization;
  - Develops, implements, and coordinates policies relating to all aspects of personnel administration using the organization's objectives. This includes recruitment, salary and benefits administration, EEO/AA and labor law compliance, and employee relations; and
  - Usually reports to the CEO.
- **Marketing Executive:**
  - The top marketing position in an organization with a distinct marketing and sales function;

- Directs and coordinates company sales, marketing functions, and implementation or related policies and procedures that relate to the promotion of the organization;
- May oversee the communications function;
- Develops marketing policies and programs that reflect the organization's goals and objectives;
- Oversees or conducts research designed to evaluate the organization's market position;
- Usually reports to the senior physician executive.
- **MSO Administrator/Executive Director:**
  - Oversees all activities of a hospital or investor owned MSO that provides practice management services to physician practices and clinics;
  - Responsibilities range from the daily operations of multiple sites to developing strategic plans;
  - Monitors the marketing of MSO services to physician clients;
  - Typically serves as a liaison between various organization levels, from the physicians to the governing entities of the organization such as a hospital or health system, investors in the MSO, or a board of directors;
  - Oversees the provision of management services to newly integrated practices; and
  - Usually reports to a senior physician executive.
- **Patient Care Executive:**
  - Responsible for the overall administration of patient services, including coordination of services with the interdisciplinary team;
  - Appropriately delegates responsibility to nursing coordinators/team leaders, social workers, chaplains, and therapists; and
  - Usually reports to the senior physician executive.

#### **Senior Management Positions**

- **Ambulatory/Clinical Services Director:**
  - A clinical operations position;
  - Monitors the daily operations of the organization's clinical function;
  - Develops, implements, and monitors policies and procedures;
  - Monitors the activities of the nonphysician technical staff such as radiology and laboratory technicians; and
  - Usually reports to a senior executive manager.
- **Ancillary Services Director:**
  - Formulates policies, programs and procedures related to ancillary services;
  - Develops and implements programs for expansion or contraction of patient care services as necessary;
  - Oversees Joint Commission on the Accreditation of Healthcare Organization (JCAHO) standards of compliance within the ancillary departments;
  - May manage laboratory, radiology, transportation/stores and pharmacy supervisors;
  - Coordinates with other departments in clinic activities and in developing measures of success;
  - Aligns ancillary department initiatives with the larger organization's strategic goals and mission; and
  - Usually reports to a senior executive manager.
- **Branch/Satellite Clinic Director:**
  - Oversees the administrative and operations activities of multiple clinical practice sites;
  - Develops financial policy for the clinical operation in concert with the organization's top financial officer;
  - Oversees the implementation of the organization's policies and procedures, including budget management, human resources management, and compliance with state and federal regulations;
  - Supervises clinic managers and indirectly supervises clinic staff; and
  - Usually reports to a senior executive manager.

- **Building and Grounds Director:**
  - Usually found in an organization with a facilities or building services department;
  - Develops and implements policies and procedures related to the organization's physical facilities such as buildings;
  - Oversees related activities such as building maintenance, housekeeping, grounds preservation; and
  - Usually reports to a senior executive manager.
- **Business Services Director:**
  - Usually found in large organizations;
  - Directs and coordinates business office activities in an organization that has a top administrator;
  - Monitors the medical billing system;
  - Oversees areas of responsibility such as third-party reimbursement, physician billing, collections, contract administration, and management reporting; and
  - Usually reports to a senior executive manager.
- **Clinical Research Director:**
  - Analyzes and summarizes clinical data and outcomes with responsibility for research design, methodology, and data collection protocols;
  - Prepares grant proposals;
  - Participates in investigator meetings, seminars, and regional or national research conferences;
  - Coordinates the activities of associates and investigators to ensure compliance with protocols and overall research objectives; and
  - Usually reports to a senior physician executive.
- **Compliance Director:**
  - Develops, plans, organizes, and administers programs to comply with applicable state and federal statutes, regulations, policies, and procedures within the organization to ensure administrative and operational objectives are met;
  - Identifies operational business risk issues;
  - Develops a Corporate Compliance Plan or a Code of Conduct Handbook; and
  - Usually reports to a senior executive manager.
- **Contracting Director:**
  - Responsible for the overseeing, negotiations, and maintenance of the organization's medical revenue contracts;
  - The contracts include commercial and/or governmental, capitated and/or non-capitated; and
  - Usually reports to an executive manager.
- **Development Director:**
  - Directs and coordinates fundraising programs for the organization, such as the annual fund, planned (deferred) giving, foundation and corporate fundraising, direct mail and phone solicitations, grant proposals, donor research, donor recordkeeping, donor recognition, special fundraising events, etc; and
  - Usually reports to an executive manager.
- **Education and Training Director:**
  - Only found in very large organizations with multiple locations;
  - Supervises training managers;
  - Develops and delivers education and training programs for the training needs of the organization's staff and patients;
  - Evaluates programs to determine whether the training goals and objectives have been met;
  - Monitors the delivery of ongoing programs; and
  - Usually reports to a senior executive manager.
- **Finance Director:**
  - Responsible for preparing financial statements and all general accounting functions;

- Develops, implements, and monitors tax compliance such as income, sales, and use and has payroll oversight;
- Responsible for internal accounting policies and procedures;
- Supervises the financial department;
- Directs all statistical analysis and reporting including monthly operating and medical management statistics; and
- Usually reports to a senior executive manager.
- **Health Plan Director:**
  - In charge of all basic non-medical operations, i.e., plan operations, membership enrollment, plan marketing, claims processing/reporting, and health plan quality assurance data collection/reporting; and
  - Usually reports to an executive manager.
- **Human Resources Director:**
  - Usually found in larger practices;
  - Oversees all functions of an established human resources department within an organization;
  - Using the organization's objectives and philosophies as a guide, develops, implements, and coordinates policies relating to all aspects of personnel administration. This includes recruitment, salary and benefits administration, EEO/AA and labor law compliance, and employee relations; and
  - Usually reports to a senior executive manager.
- **Information Systems Director:**
  - Implements and monitors all activities that relate to the organization's information system, including functions such as physician practice billing, scheduling, data processing, networking, and system security;
  - Oversees or resolves systems implementation and integration issues;
  - Performs programming tasks when necessary; and
  - Usually reports to a senior executive manager.
- **Laboratory Services Director:**
  - Responsible for all activities related to the operations of a laboratory or several laboratories from the initiation and implementation of test procedures to the oversight of laboratory personnel;
  - May perform and monitor testing procedures in addition to administrative duties;
  - Monitors budget activities that relate to the laboratory function; and
  - Usually reports to a senior executive manager.
- **Managed Care Director:**
  - Initiates and maintains relationships with managed care organizations as well as physician and ancillary providers;
  - Develops and directs all managed care activities of the organization including contract negotiations, product development, and capitation payment procedures;
  - May oversee risk and utilization management activities or claims administration for professional/medical purchased services; and
  - Usually reports to a senior physician executive.
- **Marketing and Sales Director:**
  - The top marketing position in an organization without a marketing and sales executive, that has a distinct marketing and sales function;
  - Typically found in larger organizations;
  - May oversee the communications function;
  - Develops marketing policies and programs that reflect the organization's goals and objectives;
  - Oversees or conducts research designed to evaluate the organization's market position;
  - Directs the implementation of policies and procedures that relate to the promotion of the organization;

- Performs administrative tasks such as department budgeting and supervises marketing/communication specialists; and
- Usually reports to a senior executive manager.
- **Materials Management Director:**
  - Provides overall leadership above all material managers;
  - Obtains and reviews bids for vendors;
  - Performs audits to determine items needing restock and to prevent loss and damage;
  - Usually reports to an executive manager.
- **Medical Records Director:**
  - The individual in this position usually holds professional licensure in the area of medical records management;
  - Usually found in large organizations and is considered part of the senior management team;
  - Responsible for medical records library such as patient records;
  - Oversees all medical records personnel;
  - Monitors budget activities that relate to the medical records function; and
  - Usually reports to a senior executive manager.
- **Nursing Services Director:**
  - Oversees all aspects of the organization's nursing practices;
  - Typically found in large organizations;
  - Is part of the senior management team;
  - In most cases, requires certification as a registered nurse (RN);
  - Oversees the nursing staff; and
  - Usually reports to a senior executive manager.
- **Operations Director:**
  - Oversees all aspects of the practice operations for a specific site(s) (often times a single location for organizations with multiple locations);
  - Directs, administers, and controls the day to day operations and activities of the group;
  - Ensures compliance with established company and regulatory guidelines and procedures within the facility;
  - Typically found in large organizations; and
  - Usually reports to a senior executive manager.
- **Pharmacy Services Director:**
  - Directs and coordinates subordinate supervisory personnel, activities, and functions of hospital pharmacy;
  - Utilizes pharmacy information systems to manage inventory control;
  - Ensures compliance with all state and federal legal, accreditation, and certification requirements;
  - Initiates and implements quality improvement for the pharmacy department;
  - Prepares and dispenses medicines, chemicals, and pharmaceutical preparations according to written orders by authorized medical practitioners;
  - Provides hospital staff with timely information relative to new drugs, policies and standards of care that relate to medication use/safety; and
  - Usually reports to a senior executive manager.
- **Physician Recruitment Director:**
  - Researches and recruits physicians and other allied health personnel;
  - Completes the entire recruitment cycle from initial contact to contract by organizing schedules, problem resolution, spouse and children considerations, travel, hotel arrangements, meals, references, license, housing, banking, and all other general hosting of candidates; and
  - Usually reports to a senior executive manager.
- **Physician Relations Director:**
  - Directs and oversees programs designed to foster positive relations between physicians and the hospital or healthcare facility;

- Promotes the organization among members of the medical community in order to establish partnerships and affiliations; and
- Usually reports to a senior manager.
- **Quality Improvement/Quality Assurance Director:**
  - Develops and monitors programs designed to improve the quality of health care delivery such as outcome measurement;
  - Develops policies and procedures designed to measure the quantitative and qualitative aspects of health care delivery;
  - More likely to be found in larger organizations with some degree of integration with other health care organizations; and
  - Usually reports to a senior executive manager.
- **Radiology Services Director:**
  - Usually found in large organizations with several radiology departments;
  - Responsible for all activities relating to the delivery of radiological services including the development of policies and procedures;
  - Oversees radiology personnel activities;
  - Monitors the quality of all film products used;
  - Monitors budget activities related to the radiology departments; and
  - Usually reports to a senior executive manager.
- **Reimbursement Director:**
  - Oversees payment services for the practice including establishing and maintaining the practice's fee schedules and fees that relate to managed care activities;
  - Conducts regular analyses of reimbursement rates;
  - Oversees coding activities; and
  - Usually reports to a senior executive manager.
- **Revenue Cycle Director:**
  - Implements appropriate revenue management procedures to ensure the financial success and soundness of the organization;
  - Assists and/or oversees recovering patient accounts receivable; and
  - Usually reports to an executive manager.
- **Strategy/Business Planning Director:**
  - Works with the senior management team to evaluate the business direction and strategy;
  - Ensures that commercial goals of the organization are met while simultaneously maintaining financial control and asset protection; and
  - Usually reports to an executive manager.

#### **General Management Positions**

- **Benefits Manager:**
  - Oversees all aspects of the organization's salary/wage administration program as well as the benefits program;
  - Determines eligibility for the benefits program;
  - May provide assistance and information to employees with the selection of benefits and filing claims; and
  - Usually reports to a senior executive manager.
- **Billing Manager:**
  - Plans and manages registration, patient insurance, billing and collections, and data processing to ensure accurate and efficient account collection;
  - Monitors daily operating activity of department and makes adjustments as necessary;
  - Responsible for addressing collection and business office problems;
  - Usually reports to a senior executive manager.
- **Branch/Satellite Clinic Manager:**
  - Oversees the daily administrative and operations activities of an assigned clinic in an organization with multiple clinics;
  - Prepares the clinic's annual budget and supervises clinic staff;

- Oversees financial transactions such as purchasing of supplies; and
- Usually reports to a senior executive manager.
- **Building and Grounds Manager:**
  - Responsible for major building projects and facilities expansions, space planning, remodeling of current facilities, and maintenance of equipment;
  - Responsible for operation and maintenance of facility; and
  - Usually reports to a senior manager.
- **Business Office Manager:**
  - Responsible for directing and coordinating the overall functions of the business office;
  - The top business office position in a mid-size or small organization without a director of business services;
  - Exercises general supervision over business office staff;
  - Plans and directs registration, patient insurance, billing, collections, and data processing to ensure accurate patient billing and efficient account collection; and
  - Usually reports to an executive manager.
- **Clinical Practice Manager:**
  - Coordinates and prioritizes resources, including staff, space and equipment;
  - Manages all aspects of the facility such as an ambulatory clinic, including building operations;
  - Develops and implements practice standards and oversees all tasks related to the financial performance of the practice, including strategic planning such as forecasting, developing projections, and providing recommendations and justifications; and
  - May report to the CDA or to the top administrative position in charge of ambulatory services.
- **Clinical Department Manager:**
  - Manages operation of one or more medical/surgical departments, ancillary service departments, or an ambulatory surgery facility;
  - Usually found in larger practices;
  - Assists with budget planning and approves department expenditures;
  - May supervise department nonmedical staff; and
  - Usually reports to an executive manager.
- **Clinic Research Manager:**
  - Collects and analyzes clinical data and outcomes;
  - The top clinic research position in a mid-size or small organization without a clinical research director; and
  - Usually reports to a senior executive manager.
- **Compliance Manager:**
  - Oversees all aspects of professional billing compliance;
  - Responsible for adhering to all regulatory, credentialing, and licensing requirements, and for developing compliance policies and standards, overseeing and monitoring compliance activities, and achieving and maintaining compliance;
  - May also have responsibility for research grants and contracts compliance; and
  - Usually reports to the CDA.
- **Coding Manager:**
  - Responsible for managing and coordinating the medical coding staff;
  - Has expertise in ICD-9, ICD-10, and CPT coding;
  - Responsible for the security and accuracy of the patient records;
  - Accountable for designing, implementing and enforcing coding policies and procedures;
  - Has knowledge of reimbursement systems, regulations, and policies pertaining to documentation, coding, and billing; and
  - Usually reports to a senior executive manager.
- **Credit/Collections Manager:**
  - Supervises personnel involved in the mailing of collection letters and counselors who interview patients to arrange methods of payment or extension of credit;

- Interviews patients, evaluates credit history, and determines payment dates based on patient's ability to pay and clinic policy; and
- Makes decisions on which delinquent accounts to turn over to a collection agency or recommends such action.
- **General Accounting Manager:**
  - The second or third highest financial position in the organization;
  - Assists the CFO or finance director with the financial responsibilities of the organization;
  - Develops and oversees activities related to implementing and maintaining the integrity of the organization's financial reporting system;
  - Assists with or oversees the budgeting process; and
  - Usually reports to a senior executive manager.
- **Human Resources Manager:**
  - Assists with all aspects of human resource activities, including recruitment, employment, compensation, labor relations, benefits, training, and development;
  - Serves as a link between management and employees by handling questions, interpreting and administering contracts, and helping resolve work-related issues;
  - Usually reports to an executive manager.
- **Information Systems Manager:**
  - Manages backup, security, and user help systems;
  - Researches and recommends new systems and hardware;
  - Oversees system and software installation and maintenance;
  - Schedules upgrades and security backups of hardware and software systems; and
  - Usually reports to an executive manager.
- **Insurance Manager:**
  - Responsible for supervision and coordination of all medical group patient third-party indemnity insurance and state and federal medical assistance programs (Medicare, Medicaid, etc.);
  - Involved in the implementation of insurance systems with the data processing department; and
  - Supervises all insurance personnel.
- **Laboratory Services Manager:**
  - The top laboratory position in a mid-size or small organization without a laboratory services director;
  - Responsible for the activities related to the delivery of laboratory services;
  - Monitors the quality of services, products, and supplies used;
  - May monitor budget activities related to the laboratory department; and
  - Usually reports to a senior executive manager.
- **Materials Management Manager:**
  - Usually found in organizations with a separate purchasing department or function;
  - Oversees all activities that involve the acquisition of equipment and supplies;
  - May monitor budget activities, including the capital equipment budget; and
  - Usually reports to a senior executive manager.
- **Medical Records Manager:**
  - The top medical records position in a mid-size or small organization without a medical records director;
  - Oversees and coordinates all activities of the medical library from maintenance tasks to the movement of patient records;
  - Oversees all medical records personnel;
  - May monitor budget activities that relate to the medical records function; and
  - Usually reports to a senior executive manager.
- **Medical Transcription Manager:**
  - Directs the functions and staff of the transcription department to provide timely, accurate medical transcription services for the medical group practice.
- **Nursing Manager:**

- Responsible for managing, supervising, and administering the patient/nursing services in the practice;
- In most cases, requires certification as a registered nurse (RN);
- Supervises nursing staff; and
- Usually reports to an executive manager.
- **Office Manager:**
  - Manages the nonmedical activities of a larger medical practice;
  - Typically found in a practice that does not have an administrator;
  - The focus of this position usually rests on the daily operations of the organization;
  - May oversee some financial activities such as billing and collections; and
  - Usually reports to an executive manager.
- **Operations Manager:**
  - Assists the top operations administrator;
  - Coordinates and directs the overall operation of specific departments;
  - Coordinates between departments to ensure that the organization meets internal and external regulatory requirements; and
  - Usually reports to a senior executive manager.
- **Patient Accounting Manager:**
  - Manages the billing process and billing staff for the practice;
  - Manages insurance and other reimbursement functions; and
  - Usually reports to a senior executive manager.
- **Radiology Services Manager:**
  - Not a director or senior management level position;
  - The top radiology position in a mid-size or small organization without a radiology director;
  - Responsible for activities related to the delivery of radiological services;
  - Monitors the quality of all film products used;
  - May monitor budget activities related to the radiology departments; and
  - Usually reports to a senior executive manager.
- **Reimbursement/Collection Manager:**
  - Oversees payment and collection services for the department including establishing and maintaining the department's fee schedules and fees that relate to managed care activities;
  - Conducts regular analyses of reimbursement rates;
  - Negotiates out-of-network fees;
  - May be responsible for the practice's central billing office;
  - Oversees coding activities; and
  - Usually reports to the managed care director, the CFO, or the senior administrative officer.
- **Training/Education Manager:**
  - Assists in delivering education and training programs for staff members and patients;
  - Helps to identify the training needs;
  - Evaluates programs to determine whether the goals and objectives have been met;
  - Monitors the delivery of ongoing programs; and
  - Usually reports to an executive manager.
- **Transcription Manager:**
  - Oversees all medical transcription staff;
  - Assists the process of converting voice-recorded reports dictated by physician and other healthcare professionals into text format;
  - Creates procedures to ensure accuracy; and
  - Usually reports to a senior manager.
- **Utilization Management/Care Coordinator:**
  - Directs collections, monitoring, and assessment of data pertaining to patient services and treatment;

- Evaluates aspects of patient care, such as timeliness of services, number of bed days used in a hospital, amount of prescribed medication, patient's recovery time, etc.; and
- Usually reports to a senior manager.

## **Specialists**

### - **Accountant:**

- Performs tasks related to bookkeeping and standard accounting functions;
- Accountable for completing journal entries and reconciling balance sheet accounts;
- Prepares statements and reports relating to assigned areas of responsibility; and
- Usually reports to a general accounting manager.

### - **Benefits/Payroll Specialist:**

- Oversees the entire payroll system, which includes implementing and converting the payroll system for newly acquired sites;
- Recommends policies and standards that pertain to payroll activities;
- Responsible for the accuracy of the payroll system; and
- Usually reports to a senior general manager.

### - **Billing Specialist:**

- Responsible for collecting, posting and managing account payments;
- Responsible for submitting claims and following up with insurance companies; and
- Generally reports to a billing supervisor or office manager.

### - **Coding Specialist:**

- Maintains procedure code master file;
- Reviews reimbursement from third-party payers;
- Maintains diagnosis code master files;
- Audits, corrects patient demographic information and total charges; and
- Works to resolve coding issues and maintains fee schedules for Medicare, fee for service, health maintenance organizations.

### - **Credentialing Specialist:**

- Provides support to medical credentialing functions within the appointment and evaluation process of physicians and health care professionals;
- Receives and reviews applications for all required legal and organization documentation;
- Reviews privilege requests; and
- Usually reports to a senior executive manager.

### - **Human Resources Specialist:**

- Provides support for various human resources (HR) employee programs;
- Develops, monitors, and maintains HR documents and databases;
- Interprets labor laws and administers them accordingly;
- Supports hiring process by placing employment ads, screening applicants, scheduling interviews, etc.; and
- Usually reports to a human resources manager

### - **IT Implementation/EHR Specialist:**

- Responsible for the EHR program from implementation to daily operations;
- Manage internal EHR and IT projects; and
- Duties include training, development, support, and upgrading of the EHR system.

### - **Marketing/Communication Specialist:**

- Usually found in organizations in which there is a separate publications/communications function;
- In some organizations, this person may be known as the "Public Relations Manager" and may report to the top marketing and sales position;
- Represents the organization at all media and other public relations events;
- May oversee the activities of public relations/communications staff; and
- Usually reports to a senior executive manager.

### - **Recruiter:**

- Works with human resources staff to develop and execute recruiting plans;
- Drives and manages the recruiting process for both hiring managers and applicants; and
- Networks through industry contacts, association memberships, trade groups, and employees.

### **Supervisors**

- **Business Office Supervisor:**
  - Responsible for supervising and coordinating activities of the business office;
  - This position may be implemented in a multiple clinic setting;
  - Supervises assigned business office staff; and
  - Usually reports to a senior general manager.
- **Clinic Supervisor:**
  - Exercises supervision over assigned staff;
  - Responsible for supervising and coordinating day to day activities of the clinic; and
  - Usually reports to a general manager.
- **EEG Lab Supervisor:**
  - Responsible for the operation of the EEG (electroencephalography) lab, evoked potential lab, and all night sleep lab; and
  - Supervises, plans, and reviews the work of the technical staff and performs their duties when required.
- **EKG Lab Supervisor:**
  - Responsible for the supervision of all electrocardiography (EKG) lab personnel; and
  - Proficient in the use of EKG machines, Holter monitor scanners, treadmill equipment, and heart station computers.
- **Front Office Supervisor:**
  - Responsible for supervising the front office;
  - Maintains and coordinates the policies and procedures;
  - Responsible for training and daily activities of front office staff; and
  - Usually reports to a general manager.
- **Housekeeping Supervisor:**
  - Directs and administers the housekeeping program;
  - Establishes and maintains standards, work procedures, schedules, training and supervision for the housekeeping staff; and
  - Interviews, hires, and terminates housekeeping personnel.
- **Lab Section Supervisor:**
  - Assigns, coordinates, supervises, and evaluates individual categories of procedures as well as the personnel assigned to a specific section in the lab; and
  - Usually reports to the laboratory director.
- **Nursing Supervisor:**
  - Supervises nursing staff;
  - In a large organization, may be one of several supervisors;
  - Splits time between patient care and supervision of staff;
  - Responsibilities are more limited than the nursing manager; and
  - Usually reports to a general manager.
- **Optical Shop Supervisor:**
  - Supervises the dispensing, fitting, and fabricating of eyeglasses and other eyewear;
  - Negotiates with lens and frame manufacturers; and
  - Considerable time may be spent working as an optician.

### **Support Staff**

- **Accredited Records Tech (ART):**
  - Responsible for preparing and coding statistical reports, diagnoses, and procedures;
  - Maintains indexes according to established plans and procedures; and
  - Accredited by the American Association of Medical Record Administrators.

- **Administrative Assistant:**
  - o Carries out work projects assigned by the CEO/administrator relative to the total clinic operation or to specific patient services;
  - o Investigates procedures and operations and gathers data for preparation of statistical and operational reports and makes recommendations for revision; and
  - o Performs administrative duties as directed.
- **Administrative Secretary:**
  - o Assists members of the administrative staff by performing secretarial, clerical, and minor executive duties; and
  - o Answers telephone, interviews and screens office callers, makes appointments, and composes correspondence and memoranda.
- **Aesthetician:**
  - o Performs facials, waxing, facial peels, acne treatments, laser hair removal, microdermabrasion, makeup application and skin care consultations.
- **Appointment Secretary:**
  - o Assesses patient's appointment needs;
  - o Schedules, changes, cancels, or confirms appointments as appropriate;
  - o Schedules tests, procedures, or surgeries as requested; and
  - o Sends appropriate forms, questionnaires, and instructions to patients as needed.
- **Athletic Trainer:**
  - o Provides athletic training in office in therapy environment under the direction of providers.
- **Bookkeeper:**
  - o Maintains accounts receivable and payable;
  - o Maintains a general ledger;
  - o Sends out and prepare bills for distribution; and
  - o Prepares financial statements, income statements, and cost reports.
- **Billing Staff:**
  - o Responsible for duties relating to billing, collecting, payment posting, refunding and adjusting.
- **Building Engineer/Maintenance:**
  - o Repairs routine to difficult electrical, plumbing, heating, and ventilating equipment problems;
  - o Develops and carries out the preventive maintenance program for the mechanical, electrical, steam, plumbing, heating, and air conditioning systems; and
  - o Monitors energy consumption to control cost and use.
- **Business Office Assistant Manager:**
  - o Responsible for the direction of one or more major functions of the business office; and
  - o Is involved with difficult or unusual billing or insurance problems.
- **Business Office Staff:**
  - o Performs routine clerical work involving an elementary degree of skill and responsibility;
  - o Typical duties include filing, sorting, recording, answering telephone, and typing; and
  - o Responds to inquiries and requests from referring facilities.
- **Cashier:**
  - o Collects payment and posts payment for services rendered;
  - o Works with billing of patients; and
  - o Verifies account balances.
- **CAT Scan Technician:**
  - o Operates the computed axial tomography machine;
  - o Applies prescribed radiation for the purpose of obtaining diagnostic information;
  - o Is typically a graduate of an accredited program for radiographers with experience in special procedures.
- **Certified Lab Assistant (CLA):**
  - o Performs routine tests in various areas of the lab using standard techniques and equipment;
  - o Prepares sterile media; and
  - o Must be certified from the Board of Certified Laboratory Assistants.

- **Certified Professional Coder:**
  - o Analyzes and codes surgeries, procedures and diagnoses from health records by using appropriate classification systems, standards and procedures;
  - o Links diagnoses with procedures and adds appropriate modifiers;
  - o Validates charge classification systems, standards and procedures;
  - o Confers with providers to assure complete, current medical records; and
  - o Audits incomplete records.
- **Clinical Research Coordinator:**
  - o Provides direction and support for all clinical research activities including paperwork, registration, monitoring and reporting.
- **Courier:**
  - o Moves and distribute information, documents, and small packages; and
  - o Picks up and delivers letters, important business documents, or packages that need to be sent or received quickly within a local area.
- **Dosimetrist:**
  - o Has overall knowledge of radiation oncology treatment machines and equipment;
  - o Is familiar with the procedures commonly used in brachytherapy; and
  - o Can generate radiation dose distributions/calculations in collaboration with the medical physicist and radiation oncologist.
- **EEG Technician:**
  - o Operates electroencephalograph (EEG) machine for use in diagnosing brain disorders; and
  - o Must be a graduate of a two-year technical school with an EEG Tech. program.
- **EKG Technician:**
  - o Records electromotive variations in action of the heart muscle on an electrocardiograph (EKG);
  - o Attaches electrodes to specified areas of patient's body and removes electrodes after completing test;
  - o Reviews recording from each electrode for clarity and for deviations from the norm; and
  - o Requires high school degree and completion in an approved training course in EKG techniques.
- **Executive Assistant:**
  - o Provides high-level administrative support to executive level;
  - o Maintains scheduling meetings and prioritizing calendar requests;
  - o Makes travel arrangements, prepares itineraries and expense reports;
  - o Manages incoming and outgoing phone calls; and
  - o Monitors office supply inventory.
- **Front Desk Staff:**
  - o Assists patients and visitors by providing directions and information;
  - o Usually stationed by main entrance;
  - o Registers patients who do not have an appointment, and may schedule return visits;
  - o May take payments and also provide check-out services;
  - o Checks that all records needed by physician are available and notifies physician of patient's arrival; and
  - o Answers telephones.
- **Histotechnologist:**
  - o Member of a laboratory team who employs histologic technology to diagnose diseases or conduct research as requested by pathologists; and
  - o Ensures accurate completion of all histology laboratory records.
- **Housekeeper:**
  - o Maintains an assigned area of the building in a clean, orderly, and attractive condition; and
  - o Dusts and damp mops floors, cleans window sills, blinds, furniture, fixtures, and equipment within hand reach.
- **Insurance Clerk:**
  - o Collects and posts payments for services rendered;

- Reviews EOBs for appropriate contractual write-offs and other adjustments to charges;
- Researches and appeals inappropriate denials; and
- Verifies patient account balances prior to preparing patient statements.
- **IT Programming/Support Staff:**
  - Responsible for system analysis, program design, coding, documentation, and other programming tasks.
- **Laboratory Aide:**
  - Cleans laboratory equipment;
  - Prepares simple stains, solutions, and culture media;
  - Under close supervision, may perform simple laboratory tests such as qualitative determinations of sugar and albumin in urine;
  - Keeps records of specimens held in the laboratory; and
  - May perform minor repairs to laboratory apparatus.
- **Licensed Practical Nurse:**
  - Performs assigned nursing procedures for the comfort and well-being of patients;
  - Takes and records patient's vital signs and collects specimens for analysis;
  - Dresses wounds and administers prescribed medications and procedures utilizing a variety of medical equipment when necessary; and
  - Must be state licensed.
- **Mammography Technician:**
  - Responsible for screening and diagnostic exams of the breast, aiding in the early detection of breast cancer; and
  - Requires ARRT certification.
- **Managed Care Coordinator:**
  - Responsible for maintaining information flow in the managed care referral process for all contracted managed care health plans.
- **Medical Assistant:**
  - Prepares treatment rooms as well as sterilizes and cleans instruments;
  - Assists physician with materials, instruments, procedures, and equipment during exam;
  - Collects specimens and takes blood pressure, pulse, and temperature;
  - Maintains inventory of supplies;
  - Completes paperwork for lab tests, x-rays, and referrals; and
  - Must be a graduate of and certified from a technical school medical assistant program.
- **Medical Lab Technician (MLT):**
  - Conducts routine tests in clinical labs for use in the treatment and diagnosis of disease;
  - Prepares sterile media for use in growing bacterial cultures;
  - Keeps detailed records of all tests performed and reports lab findings to authorized personnel; and
  - Graduation from a technical school either as a MLT or ASCP certification is required.
- **Medical Records Staff:**
  - Files charts returned to record room and sends charts out upon request; and
  - Keeps medical records in correct filing order.
- **Medical Scribe:**
  - Works to facilitate patient flow and ensure an accurate and complete medical record for each patient;
  - Accompanies physician into the patient examination room in order to transcribe a history and physician exam; and
  - Accurately documents the physician's encounter with the patient.
- **Medical Secretary:**
  - Performs secretarial duties utilizing knowledge of medical terminology and hospital, clinic, or laboratory procedures;
  - Takes dictation in shorthand or uses transcribing machine; and
  - Compiles and records medical charts, records, and correspondence.
- **Medical Technologist (ASCP):**
  - Performs variety of microscopic, chemical, and bacterial tests to obtain data for use in diagnosis and treatment of disease.

- Performs routine and special laboratory tests in accordance with written requisition of physician.
- May perform clinical tests in any one or combination of areas of specialization in smaller labs, and may be more specialized in one area of clinical pathology in larger labs; and
- Requires ASCP certification.
- **Nuclear Medicine Technologist:**
  - Responsible for administering radiopharmaceuticals to patients for diagnostic purposes;
  - May also perform radioimmunoassay studies; and
  - Requires ARRT certification.
- **Ophthalmic Assistant:**
  - Usually employee is trained in history-taking, basic skills in lensometry, and instrument maintenance; and
  - May assist patients in proper insertion, removal, and care of contact lenses.
- **Ophthalmic Technician:**
  - Assists ophthalmologist or optometrist with patient care;
  - Performs different levels of eye tests such as visual fields, tonometry, and ocular motility required by ophthalmologist;
  - May assist ophthalmologist in surgery; and
  - May be certified by JCAHPO (Joint Commission on Allied Health Personnel in Ophthalmology) as a COT (Certified Ophthalmic Technician).
- **Orthopedic/Cast Technician:**
  - Assists physicians and nursing personnel with orthopedic casting procedures to include the application and removal of a variety of casts and splints.
- **Patient Accounts Representative:**
  - Interviews and assists patients;
  - Works with patient and patient's insurance carrier to determine benefits available and assist families in getting financial aid; and
  - Responsible for billing, servicing, and collecting delinquent accounts receivable.
- **Pharmacy Technician:**
  - Helps licensed pharmacists prepare prescription medications, provide customer service, and perform administrative duties within a pharmacy setting;
  - Is generally responsible for receiving prescription requests, counting tablets, and labeling bottles; and
  - May perform administrative functions such as answering phones, stocking shelves, and operating cash registers.
- **Phlebotomist:**
  - Responsible for drawing blood and other body fluids for sampling; and
  - Assists in other assigned laboratory functions.
- **Physical Therapist Aide:**
  - Performs specific nonclinical physical therapy procedures and related tasks under the direction of a physical therapist or physical therapy assistant.
- **Physical Therapy Assistant:**
  - Prepares patients and equipment for therapy;
  - Assists physical therapist in administering treatments;
  - Maintains department in an orderly condition; and
  - Requires a two-year technical degree.
- **PT Education Coordinator:**
  - Responsible for determining the patient education needs of the clinic;
  - Developing, implementing and evaluating programs to address education needs; and
  - Coordinates and supervises community health care needs of patients in an ambulatory setting.
- **QA/UR Nurse:**
  - Implements programs designed to improve the quality of healthcare delivery;
  - Measures the quantitative and qualitative aspects of health care delivery;
  - Likely to be found in larger organizations with some degree of integration with other healthcare organizations; and

- Monitors inpatient and outpatient care activities to ensure that accepted utilization management procedures are maintained.
- **Radiation Therapist**
  - Responsible for administering radiation treatment to patients under the direction of a radiation oncologist;
  - Requires ARRT certification.
- **Radiology Technologist:**
  - Provides technical skills involving radiology and fluoroscopy; and
  - Takes and may develop radiographs of various parts of the body to assist physician in the detection of foreign bodies and diagnosis of disease or injury.
- **Receptionist:**
  - Greets patients or others arriving for appointments;
  - Obtains information, answers questions, and provides assistance or directions as appropriate;
  - Notifies physician of patient's arrival;
  - Checks to assure all records needed by physician are available;
  - Answers telephones; and
  - May schedule return visits and make appointments.
- **Registered Nurse:**
  - Renders professional nursing care for the comfort and well-being of the patients;
  - Prepares equipment and assists physician during examinations and treatments;
  - Administers prescribed medications, changes dressings, cleans wounds, and monitors patient's vital signs;
  - Observes and maintains records on patient's care, conditions, reaction, and progress; and
  - Must be state licensed and a graduate of a registered nurse program.
- **Respiratory Therapist**
  - Responsible for evaluating, treating, and caring for patients with breathing or other cardiopulmonary disorders under the direction of a physician;
  - May supervise respiratory therapy technicians; and
  - Most states require licensure.
- **Scheduling Staff (excluding Surgical Scheduler)**
  - Responsible for scheduling appointments for patients following medical practice procedures.
- **Surgical Scheduler:**
  - Responsible for scheduling surgical procedures and tests under the direction of providers and clinical staff.
- **Surgical Technologist**
  - Responsible for assisting in surgical operations as part of a team under the supervision of surgeons, registered nurses, or other surgical personnel; and
  - Helps prepare operating room by setting up surgical instruments and equipment, sterile drapes, and sterile solutions.
- **Switchboard Operator:**
  - Operates a telephone switchboard to relay incoming and outgoing calls; and
  - Pages personnel over the intercom system.
- **Transcriptionist**
  - Responsible for transcribing dictated recordings made by physicians and other health care professionals into medical reports, correspondence, and other administrative material, which typically become part of patients' permanent files; and
  - May require CMT certificate.
- **Triage Nurse:**
  - Primarily responsible for screening and placement of patients who walk in or telephone with medical problems or questions;
  - Orders medical record and takes medical history;
  - Administers first aid as appropriate;
  - Sets up appointment with appropriate department as necessary; and

- Requires a registered nurse degree and a state license.
- **Ultrasound Technician:**
  - At the direction of a qualified physician, performs a variety of procedures requiring independent judgment and initiative in the utilization of ultrasonic equipment for the diagnosis of disease in humans; and
  - Must be a graduate of a formal ultra-sonographer program or trained on the job by a radiologist and eligible for certification.
- **Workers Comp Liaison:**
  - Provides communication, paperwork, authorization and information for staff and providers on workers compensation claim activities.

**Centralized Staff Position**

Select "Yes" if this individual was part of the centralized administrative department. Select "No" if the individual worked directly for the observed practice. A centralized administrative department would provide leadership and has the authority/responsibility for the operations of the various physician practices within the entity. This department would provide oversight and encompass many or all of the following types of activities: establishing policies, negotiating managed care agreements, strategic planning, physician contracting, approving expenditures, as well as affording any other resources required to manage the physician practices.

**\* Full-Time Equivalent**

Report the full-time equivalent this individual is considered to be employed by your practice. An FTE individual 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 individual, divide the total hours worked by the individual by the total number of hours that your medical practice considers to be a normal workweek.
  - For example, an individual 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).
- You may also include individuals that were not employed by the practice for the entire fiscal year, but you must reflect that in their FTE.
  - For example, an individual working in a clinic or hospital on behalf of the practice for 40 hours (normal workweek) but was only employed by the practice for 9 out of 12 months in the fiscal year would be considered 0.75 FTE (9 divided by 12 months).
- Do not report an individual as more than 1.0 FTE regardless of the number of hours worked.
  - Enter each manager and staff on a separate row; do not group multiple individuals together on the same line and combine their FTE values, even if they have the same position title.

**Compensation Method**

Using the compensation methods provided, select the compensation plan/financial funds flow model that best represents the compensation plan for the individual listed. If your compensation plan is not provided, select "Other" and specify in the box provided.

**Formal Education**

Using the education levels provided, select the formal education level that best represents the individual listed. If the education level is not provided, select "Other", and specify in the box provided.

**\* ACMPE Status**

Using the ACMPE status provided, select the ACMPE status that best represents the individual.

**Professional Certification**

If the individual is certified in the position title listed in this survey, answer "Yes". For example, if you are submitting a Medical Assistant and that individual is a Certified Medical Assistant, answer "Yes".

**Years of Position Experience**

Report the total years of experience in the individual's current reported position.

### **Weeks Worked per Year**

Estimate to the nearest week the number of weeks the individual was engaged in professional activities in the practice.

**Do not include:**

1. Vacation, sick leave, medical or continuing education.

### **\* % Administrative (Physician Executives Only)**

Complete this question for physician executive positions ONLY. List the percentage of time spent performing administrative duties and clinical care responsibilities. For example, a physician executive spending approximately 70% of their time in an administrative capacity and 30% of their time performing clinical functions should report 70% in the administrative column and 30% in the clinical column.

### **\* % Clinical (Physician Executives Only)**

Complete this question for physician executive positions ONLY. List the percentage of time spent performing administrative duties and clinical care responsibilities. For example, a physician executive spending approximately 70% of their time in an administrative capacity and 30% of their time performing clinical functions should report 70% in the administrative column and 30% in the clinical column.

## **Staff Compensation Tab**

### **\* Total Annual Compensation**

- State the dollar amount reported as direct compensation in Box 5 on a W2, 1099, or K1 (for partnerships).
- If the individual was employed at the practice for less than 12 months, do not annualize this number. Report the total compensation they received and reflect how long they were employed in the individual's FTE value.

**Include:**

1. Individual wages (including contracted wages, on-call compensation coming from the reporting practice, and all other salary included in Box 5)
2. Bonus and/or incentive payments
3. Research stipends
4. Honoraria
5. Distribution of profits

**Do not include:**

1. The dollar value of expense reimbursements;
2. Fringe benefits paid by the medical practice (such as retirement plan contributions, life and health insurance, automobile allowances); and/or
3. Any employer contributions to a 401(k), 403(b), or Keogh Plan.

### **Hourly Rate Compensation**

Indicate the amount the individual was paid hourly, if applicable. Do not annualize this number.

### **Annual Overtime Compensation**

- Report the individual's annual overtime compensation accrual.
- The amount listed as overtime should be included in the "Total Annual Compensation" amount.

### **Annual Commission Compensation**

- Indicate the individual's annual commission compensation accrual. .
- The amount listed as commission should be included in the "Total Annual Compensation" amount.

### Annual Bonus/Incentive Amount

- Report the total dollar amount of any bonus or incentive payments received by each individual.
- The amount listed as a bonus/incentive should be included in "Total Annual Compensation".

### Annual Retirement Benefits excluding FICA

Report all employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b), and Keogh Plans, and any non-qualified funded retirement plan. For defined benefit plans, estimate the employer's contribution made on behalf of each plan participant by multiplying the employer's total contribution by each plan participant's compensation divided by the total compensation of all plan participants.

#### Do not include:

1. Employer contributions to social security mandated by the Federal Insurance Contributions Act (FICA);
2. Voluntary employee contributions that are an allocation of salary to a 401(k), 403(b), or Keogh Plan; or
3. The dollar value of any other fringe benefits paid by the practice, such as life and health insurance or automobile allowances.

## ACO/PCMH Tab

### Accountable Care Organization Affiliation

Indicate your accountable care organization affiliation by selecting from the options listed:

- **Commercial Insurance Company:** A privately formed health insurance company whose objective is to make a profit.
- **State or Federal Government Insurance:** A State or Federal Government provided health insurance such as Medicare or Medicaid.
- **Both Government and Commercial**

### ACO Payment Model

- **Fee-for-Service (FFS) Shared Savings:** A payment model where providers, hospitals, and suppliers will be rewarded for lowering growth in health care costs while meeting performance standards on quality of care and putting patients first. This model requires coordinated care for all services provided under Medicare Fee-for-Service.
- **FFS with a Global Cap:** A payment model where services are unbundled and paid for separately with a global cap or limit on overall Medicare spending, used to incentivize collaborative care and reducing costs and unnecessary procedures.
- **Professional Service Capitation:** A model where health care providers are paid a set amount for each enrolled patient assigned to them per a specified time period regardless of number of visits or procedures for professional services.
- **Full Capitation:** A model where health care providers are paid a set amount for each enrolled patient assigned to them per a specified time period regardless of whether or not they seek care, number of visits, or procedures.

### ACO Primary Leadership

Indicate who the primary leadership of your ACO is by selecting from the choices listed:

- **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.
- **Hospital/IDS:** A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues. An integrated delivery system (IDS) is a network of organizations that provide, coordinate, and arrange for the provision of a continuum of health care 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.

- **Hybrid of Hospital/IDS and Physicians**

**PCMH Staff Positions:**

- Behavioral health
- Case manager
- Home health nurse
- Nutritionist
- Patient/care coordinator
- Patient education
- Social worker
- Other PCMH Staff

**PCMH Payment Model:**

Report the payment models you have utilized within your practice since becoming a PCMH.

- Capitation per member per month (PMPM) payment to cover all medical services and medical home activities
- Enhanced FFS payments for office visits, regular FFS for other services
- Regular FFS for all services and a PMPM payment for medical home activities
- Regular FFS for all services with pay-for-performance or shared savings for meeting utilization goals
- Reimburse PCMH related services using a special HCPCS code
- No additional payment

**PCMH Accreditation/Recognition**

- **Accreditation Association of Ambulatory Health Care (AAAHC):** A private, not-for-profit organization formed in 1979 to assist ambulatory health care organizations in improving the quality of care provided to patients. They establish, review, and revise standards; measure performance; and provide consultation and education.
- **Bridges of Excellence:** A program that measures the quality of care delivered in provider practices. They emphasize managing patients with chronic conditions who are most at risk of incurring potentially avoidable complications.
- **The Joint Commission (JC):** An independent, not-for-profit organization, which accredits and certifies thousands of health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
- **National Committee for Quality Assurance (NCQA):** A private, 501(c) (3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.
- **Utilization Review Accreditation Commission (URAC):** An independent, not-for-profit organization, which is a well-known leader in promoting health care quality through its accreditation, education, and measurement programs. URAC offers a wide range of quality benchmarking programs and services that model the rapid changes in the health care system and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.
- **Not formally accredited**

**NCQA Level of designation**

You indicated your practice is accredited by the NCQA. Please select your designation level:

- Level 1
- Level 2
- Level 3
- No level designation