General Information

- The completed survey questionnaire is due by March 31st, 2020.
- Target date for issuance of final report: June 2020.
- Survey reporting period: calendar year 2019 or most recently completed fiscal year.
- For questions regarding the survey, contact the following individual:
  Danielle DuBord  
  Consultant  
  AMGA Consulting, LLC  
  703.838.0033 ext. 386  
  ddubord@amgaconsulting.com

Key Changes to 2020 Survey

- Several changes have been made to the survey to capture compensation details for providers and medical group leadership:
  - New Columns have been added to capture FTEs and compensation for Department Chair roles on the Physician Compensation tab
  - The Other Provider Compensation tab has been updated to mirror the data collected on the Physician Compensation tab with some exceptions:
    - Specialty Number of Department and Independent Practitioner fields previously collected on the Other Provider Compensation tab are still collected for Nurse Practitioner and Physician Assistant specialties
    - APC supervision compensation is not included.
  - The compensation profile section has been expended to include additional compensation plan details for department chair positions.
  - Provider Specialty names: Some specialty names have been added/updated. All changes are noted in red on the Specialty List tab of the survey. Specialty updates include:
    - Specialty number 1257 – Neurointensivist/Neuro-Critical Care has been added.
    - The diagnostic radiology specialties (4030, 4020, 4040, and 4045) have been updated. The word ‘Diagnostic’ has been removed from the name.
    - Several other specialty names have been updated:
### Executive Positions

New executive positions have been added. All changes are noted in red on the Specialty List tab of the survey. Position updates include:

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Specialty Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5400</td>
<td>Chief Integration Officer – Non-Physician</td>
</tr>
<tr>
<td>5405</td>
<td>Chief Integration Officer - Physician</td>
</tr>
<tr>
<td>5590</td>
<td>Director, Business Office</td>
</tr>
<tr>
<td>5580</td>
<td>Director Physician Recruiting</td>
</tr>
<tr>
<td>5045</td>
<td>VP, Human Resources</td>
</tr>
<tr>
<td>5050</td>
<td>Director, Analytics/Decision Support</td>
</tr>
<tr>
<td>5188</td>
<td>Chair, Primary Care</td>
</tr>
<tr>
<td>5189</td>
<td>Chair, Medical Specialties</td>
</tr>
<tr>
<td>5220</td>
<td>Chief Quality Officer – Non-Physician</td>
</tr>
<tr>
<td>5016</td>
<td>Chief Medical Quality Officer - Physician</td>
</tr>
<tr>
<td>5060</td>
<td>Chief Marketing Officer</td>
</tr>
<tr>
<td>5360</td>
<td>VP Strategy /Business Development</td>
</tr>
<tr>
<td>5365</td>
<td>VP Marketing</td>
</tr>
</tbody>
</table>

### Overall Instructions

1. Please use the specialty number listing found in this document.

2. **Do not gross up partial FTE or salaries, productivity, patient visits and consultations or work RVUs to annualized figures.** This will be done by AMGA Consulting.

3. Please fill out as much of the survey as possible. We realize that there may be portions of the survey you may not be able to answer.

4. All returned surveys will be retained in a confidential file by AMGA Consulting. Only summarized information from the aggregate database will be reported.
Section Descriptions

This survey questionnaire is in seven sections:

I. **Individual Physician Compensation and Productivity** for physician data from January through December 2019 or your medical group’s most recent fiscal year/reporting period. A list of physician specialties is included in the *Specialty List* tab.

II. **Other Health Care Provider Compensation and Productivity (Advanced Practice Providers)** for other provider data from January through December 2019 or your medical group’s most recent fiscal year/reporting period. A list of “other provider” specialties is included in the *Specialty List* tab.

III. **New Hire Starting Salaries** for provider positions filled from January through December 2019 or the reporting period.

IV. **Call Pay** relates to coverage, compensation and utilization of call pay by specialty for your group.

V. **Executive Compensation** for compensation details of roles included in your medical group’s executive leadership team.

VI. **Executive Benefits** includes the benefits details for the reported executive leadership roles.

VII. **Compensation Profile** relates to your compensation plan, revenue mix and general and demographic information about your medical group.

The hard copy survey report contains national and regional summary tables of clinical compensation, net collections, work RVUs and productivity ratios for physician specialties and advanced practice provider specialties. It also contains national summary tables of patient visits and fringe benefits for physician specialties. Executive summary tables are also included in the report as are the individual executive position total cash compensation, base compensation, earned bonus compensation and earned bonus to base ratios.

AMGA Consulting, LLC gathers data pursuant to this questionnaire for purposes described on the AMGA website. AMGA Consulting keeps the information provided in this questionnaire confidential, as described herein. The data you provide are reported in AMGA Consulting’s surveys in the form of aggregated summary statistics. No organization’s data are listed or reported in any identifiable way. The survey report is based on data, provided by survey participants, that are more than three months old, and each disseminated statistic is based on data from at least five organizations. Furthermore, the information is sufficiently aggregated so that no organization’s data can be identified in the survey report.

In addition, data gathered for the survey report described above may also be used by AMGA Consulting for research purposes, including (but not limited to), publication of national reports and/or customized reports, and to supplement other AMGA Consulting surveys and reports. In such a case, individual data may be used or disclosed in a non-summary form; however, in such instances, the data will be purged of any identifying information and no non-aggregated data will be reported. For proper attribution, your organization will be included as a listed participant in any survey or report in which your data are included.
Section I: Individual Physician Compensation and Productivity

Column 1  Physician ID

This code is used to identify each physician from year to year. Please provide a code that identifies the physician to your organization only. **Do not use the physician’s full Social Security number.**

Column 2  Specialty Number

This is the specialty number for each physician related to the area of medicine the physician practices. Refer to the specialty number listing that follows these instructions or the Specialty List tab in the survey tool. **Please remember to review these physician assignments to ensure an accurate submission.**

Column 3  Specialty Name

The specialty name is automatically populated based on the physician specialty number entered in Column 2.

Column 4  Department Chair (Y or N)

Indicate whether this physician is a department chair. A department chair is a provider who is responsible for the high-level financial and operating results achieved by a department(s) and may be involved in duties such as provider recruitment/selection and strategic planning. The department chair often reports to a CMO or physician President and often supervises the work of division medical directors.

Column 5  Medical Director (Y or N)

Indicate if this physician fulfills a formal medical director role. A medical director is a provider who typically has responsibility for managing a division that is smaller in scope than that of a Chair. The medical director is often responsible for clinical quality improvement, support staffing and general clinical management of the section. The role may include APC supervision responsibilities. The medical director may have an administrative dyad partner.

Column 6  Clinical FTE

Clinical FTE is the full-time equivalent percentage of the individual physician’s time spent in clinical work. Full-time clinical (1.0 FTE) is defined as a physician fulfilling your organization’s minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many physicians work above this minimum level, but the reported FTE will not exceed 1.0. Other adjustments to this FTE status will not be common, but include the following:

- Physicians receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. should have their FTE status adjusted. Standard vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.

- A physician working in an operational administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 clinical FTE. No adjustments are to be made for physicians serving on committees that do not materially affect clinical expectations.

- Physicians performing specific research activities, funded separately by the medical practice, that affect the clinical FTE status to be below 1.0. These physicians have clear, separate material research responsibilities outside of their clinical expectations.
A physician performing specific administrative teaching activities, such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the medical practice. These adjustments are not for typical supervision and resident training while performing patient care activities (rounding, office visits, etc.).

Keep in mind there are many organizations that inherently have less intensive administrative committee work, research or teaching responsibilities blended in with their physician’s role and salary, while still expecting 1.0 clinical performance. Our intent is not to try to break out such fine detail, but to capture the clear, material instances for certain individual physicians.

<table>
<thead>
<tr>
<th>Column 7</th>
<th>Admin FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin FTE is the full-time equivalent percentage of the individual physician’s time spent in a significant administrative role. Many physicians will have 0.0 admin FTE. Only in the case of a physician working in an administrative role that affects the clinical FTE status to be below 1.0 FTEs should this be included. This value is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. Admin FTE should not be counted for department chairs or for physicians serving on committees that do not materially affect clinical expectations. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 admin FTE.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 8</th>
<th>Department Chair FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair FTE is the full-time equivalent percentage of the individual physician’s time spent in a significant administrative role with defined department chair responsibilities. Only in the case of a physician working in a department chair role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Chair duties could include the following: attending meetings, provider recruitment/selection and strategic planning. The department chair often reports to a CMO or physician President and often supervises the work of division medical directors.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 9</th>
<th>Medical Director FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical director FTE is the full-time equivalent percentage of the individual physician’s time spent in a significant administrative role with defined Medical Director responsibilities. Only in the case of a physician working in a Medical Director role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and clinical patient complaints.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 10</th>
<th>Academic FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic FTE is the full-time equivalent percentage of the individual physician’s time spent in a significant teaching or research role. Only in the case of a physician performing specific research activities, funded separately by the medical practice, that affect the clinical FTE status to be below 1.0 FTE should this be included. These physicians have clear, separate material teaching or research responsibilities outside of their clinical expectations, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These adjustments are not for typical supervision and resident training while performing patient care activities (rounding, office visits, etc.).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 11</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FTE should be the sum of Columns 5 through 9. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider’s FTEs may add up to more than 1.0 FTE although this should be the exception.</td>
<td></td>
</tr>
</tbody>
</table>

*It is important that Column 11 is populated for all providers.*
Column 12  Total Clinical Compensation

Total Clinical Compensation is the total annual clinical compensation of the individual physician, including base and variable compensation plus all voluntary salary reductions. Examples of clinical compensation would include, but are not limited to, compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships with no FTE associated, call coverage or ancillary or APC supervision stipends. This field should not be less than the sum of Columns 13-18.

Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan.

Although the reported compensation should be all-inclusive for most physicians, participants should also exclude specific instances of the following:

- Specific compensation for administrative physicians whose clinical FTE status was adjusted as defined in Column 6, and whose admin FTE status is not 0 as defined in Column 7. The excluded amount should relate to the amount of the admin FTE.
- Specific compensation for department chair physicians whose clinical FTE status was adjusted as defined in Column 6 and whose department chair FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for medical director physicians whose clinical FTE status was adjusted as defined in Column 5 and whose medical director FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.
- Specific compensation for teaching and research physicians whose clinical FTE status was adjusted as defined in Column 6, and whose academic FTE status is not 0 as defined in Column 10. The excluded amount should relate to the amount of the academic FTE.
- Do not include any signing/retention bonuses or loan forgiveness recognized from a prior year hire.
- A specific instance where the physician performs “moonlighting.” Moonlighting duties include duties not related to the physician’s specialty or department, duties performed outside of normal clinical hours and duties for which the physician is compensated outside of the medical group’s compensation plan. For example, a family practitioner works nights or weekends in the urgent care at a hospital for an hourly rate and production is not captured. There should be no FTE adjustment because this is done outside of the family practitioner’s practice. Please feel free to call AMGA Consulting with any questions.

*It is important that Column 12 is populated for all providers. Do not annualize data. It is our expectation that participants report the clinical compensation in the same manner as prior years.*

Column 13  Base Salary

Report any compensation paid as a set or base salary. This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.

Column 14  Production Incentive Compensation

If your organization provides payments to providers based on productivity as a separate component, provide the amount paid here. This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.
Column 15  Quality/Value-based Incentive Compensation

If your organization provides payments to providers based on quality, service or outcome measures as a separate component, provide the amount paid here. This compensation could be related to patient satisfaction, outcomes, HEDIS measures, access, diabetes management, etc. **This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.**

Column 16  APC Supervision Compensation

If your organization compensates for APC supervisory duties as a separate component, provide the amount paid here. This amount could include flat stipends, a portion of APC productivity or production net of cost methods. **This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.**

Column 17  Call Pay

If your organization compensates for call as a separate component, provide the amount paid here. This would include any call duties, standard or abnormal (additional call outside of typical expectations.) **This compensation is not separate from the clinical FTE as reported in Column 6 and is included in the Column 12 clinical compensation amount.**

Column 18  Other Non-CPT Code Patient Care Compensation

Report any other amounts that your organization pays for non-billable patient care services. The following are examples of non-billable patient care services: stipends for travel, contract compensation for occupational health services, etc. **This amount should be included in the Column 12 total clinical compensation amount.** Most organizations with a salary-based system will not be able to break out the data for this Column.

Column 19  Administrative Compensation

Report the actual annual salary or stipend paid to each provider for time spent performing significant administrative duties related to the reported Administrative FTE reported in column 7. Examples of administrative duties would be the duties of physician administrators, possible extensive committees requiring significant time, paying an hourly rate to physicians for ad-hoc leadership support, etc. Include any compensation related to an admin FTE status greater than 0. Do not include compensation amounts for clinic-expected meetings that may have some monetary awards for attendance, but do not materially change clinical FTE expectations, as this is included in the clinical compensation Column 12.

Column 20  Department Chair Compensation

Department chair compensation is all compensation paid for established department chair duties. Examples of department chair duties would include department leadership, attending meetings, clinical activities and other administrative duties. Include any compensation related to the reported Department Chair FTE from Column 8.

Column 21  Medical Directorship Compensation

Medical directorship compensation is all compensation paid for established medical directorship duties. Medical directorship duties would include performing clinical-related responsibilities. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and managing clinical patient complaints. Include any compensation related to the reported Medical Director FTE from Column 9.
Column 22 Academic/Research Compensation

Report the actual annual salary or stipend paid to each provider for time spent performing significant research or teaching duties. Include any compensation related to the reported academic FTE from Column 10.

Column 23 Total Compensation

Total compensation is the total annual compensation of the individual provider, including base, variable, administrative, and teaching compensation plus all voluntary salary reductions. Examples of total compensation would include, but are not limited to, the following: compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships, administrative stipends, research or teaching stipends, call coverage, ancillary or APC supervision stipends, moonlighting stipends and other unidentified compensation. The compensation reported in this Column should generally equal reported W2 wages. Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan. This Column is the sum of Columns 12 and 19-22.

Column 24 Work RVUs

Report calculated work relative value units (RVUs) as measured by the work resource based relative value scale (RBRVS), not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services performed by each physician in the medical group, using the 2019 Centers for Medicare & Medicaid Services (CMS) scale. A work relative value unit is a non-monetary unit of measure that indicates the professional value of services provided by a physician or allied health care professional. Report FTE physicians with at least a 0.5 clinical FTE at their actual RVU amount. See the Production Guideline Table under Column 19 as it applies to work RVUs. In order to make your work RVUs more compatible, all code frequencies with the modifiers described below should be adjusted by the indicated percentage. For example, a modifier of 80 (99210-80) indicates that the procedure was recorded as a surgery assist and therefore the department only received approximately 16.0% of the original RVU value. For occupational health physicians performing corporate or contracted services, either report RVU production for these services or indicate that they cannot be reported. If multiple modifiers are used, report work RVUs calculated using multiple modifiers.

Note regarding modifier 50: AMGA Consulting requests that participants adjust volume of CPT codes based on any modifiers attached to the individual codes. There is a special circumstance with modifier 50. Medicare reimburses the code with the modifier at 150%. Many other payers reimburse by a two-code combination: one code without the modifier at 100%, another code with the modifier at 50%. When reporting bilateral data, please adjust the Medicare volume appropriately to reflect proper volume.
### RVU Modifier Adjustment Table

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
<th>Volume Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>80,81,82</td>
<td>Assistant at Surgery</td>
<td>16%</td>
</tr>
<tr>
<td>AS</td>
<td>Assistant at Surgery – Physician</td>
<td>14% (85% * 16%)</td>
</tr>
<tr>
<td>50 or LT and RT</td>
<td>Bilateral Surgery</td>
<td>150%</td>
</tr>
<tr>
<td>51</td>
<td>Multiple Procedure</td>
<td>50%</td>
</tr>
<tr>
<td>52</td>
<td>Reduced Services</td>
<td>50%</td>
</tr>
<tr>
<td>53</td>
<td>Discontinued Procedure</td>
<td>50%</td>
</tr>
<tr>
<td>54</td>
<td>Intraoperative Care only</td>
<td>Preoperative + Intraoperative Percentages on the payment files used by Medicare contractors to process Medicare claims</td>
</tr>
<tr>
<td>55</td>
<td>Postoperative Care only</td>
<td>Postoperative Percentage on the payment files used by Medicare contractors to process Medicare claims</td>
</tr>
<tr>
<td>62</td>
<td>Co-surgeons</td>
<td>62.5%</td>
</tr>
<tr>
<td>66</td>
<td>Team Surgeons</td>
<td>33%</td>
</tr>
</tbody>
</table>

#### Column 25  ASA Units

Report calculated ASA Units in this Column for anesthesiology specialties. The ASA values should include base units and time components. Do not include CRNA-only performed activity. ASAs from cases performed as a team should be reported as 50% credit to the physician. For services billed under modifier AA, 100% of ASA units billed should be reported to anesthesiologists. For services billed under modifier AD, QK, QY, and QX, 50% of ASA units billed should be reported to anesthesiologists. For services billed under modifier QZ, 0% of ASA units billed should be reported to anesthesiologists.

#### Column 26  Patient Visits

Patient visits are the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter. For surgical and anesthesia procedures, record the case as one visit and not the number of procedures performed. For global codes, such as deliveries, a visit should be recorded for each patient encounter in the global code. In the event that a patient visits two or more separate departments during the day and sees a physician in each department, this is recorded as a patient visit at each department. If a patient has only an ancillary service, as ordered by a physician, but has no personal physician contact, this should not be recorded as a physician patient visit (examples would be lab tests, EKGs, EEGs, injections, etc.). If the patient was seen only by a non-physician provider or technician, no visit should be recorded for the physician. Multiple visits by a single patient to a single physician during the same day are counted as only one visit. If your organization cannot exclude these types of visits, then please exclude all visit information. Report physicians with at least a 0.5 FTE at their actual visit or consultation amount.

#### Column 27  Gross Charges

Gross charges are the total charges reported for services produced by the physician before such charges are reduced by courtesy allowances, employee discounts or non-collected accounts. Total charges are defined as the full dollar value, at the medical group’s established non-discounted rates, for services provided for all patients. Gross productivity should include the medical group’s full, non-discounted charges. Medicare charges should also be grossed up and not reported at the allowable charge. These charges are for professional activities only, and thus should exclude retail income (e.g., optical,
pharmacy), drugs, vaccines, etc. Productivity by various categories of physician extenders, such as nurse practitioners, nurse midwives, CRNAs, etc., should also be excluded from the data. Charges should not include credits for the technical component of ancillary services. Technical procedures supervised, but not performed, by the physician should be excluded. Charges for codes with modifiers should be adjusted to reflect the modified amount. Report physicians with at least a 0.5 clinical FTE at their actual production amount. Guidelines for specific specialties are included below:

### Production Guidelines Table

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

### Column 28 Net Collections

Indicate the actual dollar amount collected of gross productivity. This will be the net of contractual arrangements, discounts and bad debts. See the Production Guideline Table under Column 26 as it applies to Net Collections.

### Column 29 Employer Benefits Expense

Employer benefits expense is the cost of all health and welfare benefits provider for the provider by the employer. This includes the employer’s share of all payroll taxes (FICA, payroll and unemployment taxes); health, disability, life and workers’ compensation insurance; dues and memberships to professional organizations; professional development; state and local license fees; and employer payment to defined benefits and contribution, 401(k), 403(b) and unqualified retirement plans. Malpractice liability insurance should be excluded.

### Column 30 Primary Care Adjusted Panel Size

This Column is for the collection of adjusted panel size for primary care providers only: family medicine, family medicine – branch, internal medicine, internal medicine – branch, internal medicine – office only, and pediatrics and adolescent – general. If you cannot provide this data, please leave blank.
Panel size is the number of patients served by a physician or physician group. A provider’s panel is a provider’s population of living patients, based on a count of unique patients seen within the last 18 months. Patients are assigned to a provider by the following: Patients who have seen only one provider for all visits, verified within the last three years, are assigned to that provider. If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often. If the patient has seen multiple doctors the same number of times, the patient is assigned to the provider seen most recently. The following weights should be applied to the panel sizes reported.

**Age and Gender Panel Adjustment Table**

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>Male</td>
</tr>
<tr>
<td>0-1</td>
<td>5.02</td>
</tr>
<tr>
<td>1</td>
<td>3.28</td>
</tr>
<tr>
<td>2</td>
<td>2.05</td>
</tr>
<tr>
<td>3</td>
<td>1.72</td>
</tr>
<tr>
<td>4</td>
<td>1.47</td>
</tr>
<tr>
<td>5-9</td>
<td>0.98</td>
</tr>
<tr>
<td>10-14</td>
<td>0.74</td>
</tr>
<tr>
<td>15-19</td>
<td>0.54</td>
</tr>
<tr>
<td>20-24</td>
<td>0.47</td>
</tr>
<tr>
<td>25-29</td>
<td>0.6</td>
</tr>
<tr>
<td>30-34</td>
<td>0.63</td>
</tr>
<tr>
<td>35-39</td>
<td>0.66</td>
</tr>
<tr>
<td>40-44</td>
<td>0.69</td>
</tr>
<tr>
<td>45-49</td>
<td>0.76</td>
</tr>
<tr>
<td>50-54</td>
<td>0.87</td>
</tr>
<tr>
<td>55-59</td>
<td>1.0</td>
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<tr>
<td>60-64</td>
<td>1.17</td>
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<tr>
<td>65-69</td>
<td>1.36</td>
</tr>
<tr>
<td>70-74</td>
<td>1.55</td>
</tr>
<tr>
<td>75-79</td>
<td>1.68</td>
</tr>
<tr>
<td>80-84</td>
<td>1.7</td>
</tr>
<tr>
<td>85+</td>
<td>1.57</td>
</tr>
</tbody>
</table>

**Column 31 Clinical Hours Worked (Hospital-Based Specialties Only)**

Provide the number of hours the physician worked in the hospital during the reporting period. This Column is intended for hospital-based specialties only, such as hospitalists and intensivists.

**Column 32 Date of Hire**

The date of hire for the physician.

**Column 33 Physician’s Years since Residency/Fellowship**

The total number of years the physician has been working in that particular specialty since completing their residency or fellowship program (i.e. for a cardiologist, it would be years since completing the cardiology fellowship; for a general surgeon, it would be years since completing their general surgery residency).
Column 34  **APC FTEs Supervised**

If APC Compensation was included in Column 15, provide the total number of unique APC FTEs supervised by the physician. If APCs are "co-supervised" by physicians, allocate the APC FTEs to avoid double counting (e.g., 3 physicians jointly supervise 2.0 APC FTEs = 0.67 FTE per physician).

**Column 35  Call Hours Worked**

If Call Pay Compensation was included in Column 17, provide the total number of call hours worked by the physician.

**Column 36  Physician Age**

The current age of the physician.
Section II: Other Health Care Provider Compensation and Productivity (Advanced Practice Providers)

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Other Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>This code is used to identify each provider from year to year. Please provide a code that identifies the provider to your organization only. <strong>Do not use the provider’s full Social Security number.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 2</th>
<th>Specialty Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is the specialty number for each provider related to the area of medicine the provider practices. Refer to the specialty number listing that follows these instructions or the Specialty List tab in the survey tool. <strong>Please remember to review these provider assignments to ensure an accurate submission.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 3</th>
<th>Specialty Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>The specialty name is automatically populated based on the other provider specialty number entered in Column 2.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 4</th>
<th>Specialty Number of Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate within which physician level specialty the NP or PA practices. For instance, if the provider is a nurse practitioner practicing in general pediatrics, you would use code 3115 in Column 2, Nurse Practitioner – Primary Care, and code 1320 in Column 3, Pediatrics &amp; Adolescent - General. Only complete this Column for Nurse Practitioners and Physician Assistants practicing in a particular physician specialty.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 5</th>
<th>Clinical FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical FTE is the full-time equivalent percentage of the individual provider’s time spent in clinical work. Full-time (1.0 FTE) is defined as a provider fulfilling your organization’s minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many providers work above this minimum level, but the reported FTE will not exceed 1.0.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 6</th>
<th>Admin FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin FTE is the full-time equivalent percentage of the individual provider’s time spent in a significant administrative role. Many providers will have 0.0 admin FTE. Only in the case of a provider working in an administrative role that affects the clinical FTE status to be below 1.0 FTEs should this be included. This value is intended for provider administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. Admin FTE should not be counted for department chairs or for providers serving on committees that do not materially affect clinical expectations. For example, a provider administrator who is 50% clinical and 50% administrative would be 0.5 admin FTE.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 7</th>
<th>Department Chair FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair FTE is the full-time equivalent percentage of the individual provider’s time spent in a significant administrative role with defined Department Chair responsibilities. Only in the case of a provider working in a Department Chair role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Chair duties could include the following: attending meetings, provider recruitment/selection and strategic planning. The department Chair often reports to a CMO or provider President and often supervises the work of division medical directors.</td>
<td></td>
</tr>
</tbody>
</table>
### Column 8 Medical Director FTE

Medical director FTE is the full-time equivalent percentage of the individual provider’s time spent in a significant administrative role with defined Medical Director responsibilities. Only in the case of a provider working in a Medical Director role that affects the clinical FTE status to be below 1.0 FTEs should this be included. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and clinical patient complaints.

### Column 9 Academic FTE

Academic FTE is the full-time equivalent percentage of the individual provider’s time spent in a significant teaching or research role. Only in the case of a provider performing specific research activities, funded separately by the medical practice, that affect the clinical FTE status to be below 1.0 FTE should this be included. These providers have clear, separate material teaching or research responsibilities outside of their clinical expectations, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These adjustments are not for typical supervision and resident training while performing patient care activities (rounding, office visits, etc.).

### Column 10 Total FTE

Total FTE should be the sum of Columns 4 through 8. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider’s FTEs may add up to more than 1.0 FTE although this should be the exception.

*It is important that Column 10 is populated for all providers.*

### Column 11 Total Clinical Compensation

Total Clinical Compensation is the total annual clinical compensation of the individual provider, including base and variable compensation plus all voluntary salary reductions. Examples of clinical compensation would include, but are not limited to, compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships with no FTE associated, call coverage or ancillary or APC supervision stipends. This field should not be less than the sum of Columns 12-16.

Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan.

Although the reported compensation should be all-inclusive for most providers, participants should also exclude specific instances of the following:

- Specific compensation for administrative providers whose clinical FTE status was adjusted as defined in Column 5, and whose admin FTE status is not 0 as defined in Column 6. The excluded amount should relate to the amount of the admin FTE.

- Specific compensation for department chair providers whose clinical FTE status was adjusted as defined in Column 5 and whose department chair FTE status is not 0 as defined in Column 7. The excluded amount should relate to the amount of the reported FTE.

- Specific compensation for medical director providers whose clinical FTE status was adjusted as defined in Column 5 and whose medical director FTE status is not 0 as defined in Column 8. The excluded amount should relate to the amount of the reported FTE.

- Specific compensation for teaching and research providers whose clinical FTE status was adjusted as defined in Column 5, and whose academic FTE status is not 0 as defined in Column 9. The excluded amount should relate to the amount of the academic FTE.

- Do not include any signing/retention bonuses or loan forgiveness recognized from a prior year hire.
A specific instance where the provider performs “moonlighting.” Moonlighting duties include duties not related to the provider’s specialty or department, duties performed outside of normal clinical hours and duties for which the provider is compensated outside of the medical group’s compensation plan. For example, a family practitioner works nights or weekends in the urgent care at a hospital for an hourly rate and production is not captured. There should be no FTE adjustment because this is done outside of the family practitioner’s practice. Please feel free to call AMGA Consulting with any questions.

It is important that Column 11 is populated for all providers. Do not annualize data. It is our expectation that participants report the clinical compensation in the same manner as prior years.

Column 12 Base Salary

Report any compensation paid as a set or base salary. This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.

Column 13 Production Incentive Compensation

If your organization provides payments to providers based on productivity as a separate component, provide the amount paid here. This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.

Column 14 Quality/Value-based Incentive Compensation

If your organization provides payments to providers based on quality, service or outcome measures as a separate component, provide the amount paid here. This compensation could be related to patient satisfaction, outcomes, HEDIS measures, access, diabetes management, etc. This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.

Column 15 Call Pay

If your organization compensates for call as a separate component, provide the amount paid here. This would include any call duties, standard or abnormal (additional call outside of typical expectations.) This compensation is not separate from the clinical FTE as reported in Column 5 and is included in the Column 11 total clinical compensation amount.

Column 16 Other Non-CPT Code Patient Care Compensation

Report any other amounts that your organization pays for non-billable patient care services. The following are examples of non-billable patient care services: stipends for travel, contract compensation for occupational health services, etc. This amount should be included in the Column 11 total clinical compensation amount. Most organizations with a salary-based system may not be able to break out the data for this Column.

Column 17 Administrative Compensation

Report the actual annual salary or stipend paid to each provider for time spent performing significant administrative duties related to the reported Admin FTE from Column 6. Examples of administrative duties would be the duties of provider administrators, possible extensive committees requiring significant time, paying an hourly rate to providers for ad-hoc leadership support, etc. Include any compensation related to an admin FTE status greater than 0. Do not include compensation amounts for clinic-expected meetings that may have some monetary awards for attendance, but do not materially change clinical FTE expectations, as this is included in the total clinical compensation Column 11.
Column 18  Department Chair Compensation

Department chair compensation is all compensation paid for established department chair duties. Examples of department chair duties would include department leadership, attending meetings, clinical activities and other administrative duties. Include any compensation related to the reported Department Chair FTE from Column 7.

Column 19  Medical Directorship Compensation

Medical directorship compensation is all compensation paid for established medical directorship duties. Medical directorship duties would include performing clinical-related responsibilities. Medical directorship duties could include the following: attending meetings, clinical peer reviews, monitoring quality, technical and supervisory oversight, and managing clinical patient complaints. Include any compensation related to the reported Medical Director FTE from Column 8.

Column 20  Academic/Research Compensation

Report the actual annual salary or stipend paid to each provider for time spent performing significant research or teaching duties. Include any compensation related to the reported academic FTE from Column 9.

Column 21  Total Compensation

Total compensation is the total annual compensation of the individual provider, including base, variable, administrative, and teaching compensation plus all voluntary salary reductions. Examples of total compensation would include, but are not limited to, the following: compensation paid as salary- or production-based compensation plans, any type of additional bonuses or incentives, clinically related medical directorships, administrative stipends, research or teaching stipends, call coverage, ancillary or APC supervision stipends, moonlighting stipends and other unidentified compensation. The compensation reported in this Column should generally equal reported W2 wages. Exclude any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan. This Column is the sum of Columns 11 and 17-20.

Column 22  Work RVUs

Report calculated work relative value units (RVUs) as measured by the work resource based relative value scale (RBRVS), not weighted by a conversion factor attributed to ambulatory care, inpatient care or other professional services performed by each provider in the medical group, using the 2019 Centers for Medicare & Medicaid Services (CMS) scale. A work RVU is a non-monetary unit of measure that indicates the professional value of services provided by a provider or allied health care professional. Report FTE providers with at least a 0.5 FTE at their actual RVU amount. In order to make your work RVUs more compatible, all code frequencies with the modifiers described below should be adjusted by the indicated percentage. For example, a modifier of 80 (99210-80) indicates that the procedure was recorded as a surgery assist and therefore the department only received approximately 16.0% of the original RVU value. For occupational health providers performing corporate or contracted services, either report RVU production for these services or indicate that they cannot be reported. If multiple modifiers are used, report work RVUs calculated using multiple modifiers.

Note regarding modifier 50: AMGA Consulting requests that participants adjust volume of CPT codes based on any modifiers attached to the individual codes. There is a special circumstance with modifier 50. Medicare reimburses the code with the modifier at 150%. Many other payers reimburse by a two-code combination: one code without the modifier at 100%, another code with the modifier at 50%. When reporting bilateral data, please adjust the Medicare volume appropriately to reflect proper volume.
### Column 23  ASA Units

Report calculated ASA Units in this Column for CRNAs. The ASA values should include base units and time components. ASAs from cases performed as a team should be reported as 50% credit to the CRNA. For services billed under modifier AA, 0% of ASA units billed should be reported to CRNAs. For services billed under modifier AD, QK, QY, and QX, 50% of ASA units billed should be reported to CRNAs. For services billed under modifier QZ, 100% of ASA units billed should be reported to CRNAs.

### Column 24  Patient Visits

Patient visits are the total number of patient visits during the calendar or most recent fiscal year. Patient visits are recorded as a face-to-face patient encounter.

### Column 25  Gross Charges

Gross charges are the total charges reported for services produced by the provider before such charges are reduced by courtesy allowances, employee discounts or non-collected accounts. Total charges are defined as the full dollar value, at the medical group’s established non-discounted rates, for services provided for all patients. Gross productivity should include the medical group’s full, non-discounted charges. Medicare charges should also be grossed up and not reported at the allowable charge. These charges are for professional activities only, and thus should exclude retail income (e.g., optical, pharmacy), drugs, vaccines, etc. Charges should not include credits for the technical component of ancillary services. Report all providers with at least a 0.5 FTE at their actual production amount.

### Column 26  Net Collections

Indicate the actual dollar amount collected of gross productivity. This will be the net of contractual arrangements, discounts and bad debts.
Column 27  Employer Benefits Expense

Employer benefits expense is the cost of all health and welfare benefits provider for the provider by the employer. This includes the employer’s share of all payroll taxes (FICA, payroll and unemployment taxes); health, disability, life and workers’ compensation insurance; dues and memberships to professional organizations; professional development; state and local license fees; and employer payment to defined benefits and contribution, 401(k), 403(b) and unqualified retirement plans. Malpractice liability insurance should be excluded.

Column 28  Primary Care Adjusted Panel Size

This Column is for the collection of panel size for primary care providers only: nurse practitioner – primary care and physician assistants – primary care. If you cannot provide this data, please leave blank.

Panel size is the number of patients served by a provider. A provider’s panel is a provider’s population of living patients, based on a count of unique patients seen within the last 18 months. Patients are assigned to a provider by the following: Patients who have seen only one provider for all visits, verified within the last three years, are assigned to that provider. If a patient does not have a personal provider identified, the patient is assigned to a provider based on whom the patient saw the most often. If the patient has seen multiple doctors the same number of times, the patient is assigned to the provider seen most recently. The following weights should be applied to the panel sizes reported.

Age and Gender Panel Adjustment Table

<table>
<thead>
<tr>
<th>Age</th>
<th>Relative Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>0-1</td>
<td>5.02</td>
</tr>
<tr>
<td>1</td>
<td>3.28</td>
</tr>
<tr>
<td>2</td>
<td>2.05</td>
</tr>
<tr>
<td>3</td>
<td>1.72</td>
</tr>
<tr>
<td>4</td>
<td>1.47</td>
</tr>
<tr>
<td>5-9</td>
<td>0.98</td>
</tr>
<tr>
<td>10-14</td>
<td>0.74</td>
</tr>
<tr>
<td>15-19</td>
<td>0.54</td>
</tr>
<tr>
<td>20-24</td>
<td>0.47</td>
</tr>
<tr>
<td>25-29</td>
<td>0.6</td>
</tr>
<tr>
<td>30-34</td>
<td>0.63</td>
</tr>
<tr>
<td>35-39</td>
<td>0.66</td>
</tr>
<tr>
<td>40-44</td>
<td>0.69</td>
</tr>
<tr>
<td>45-49</td>
<td>0.76</td>
</tr>
<tr>
<td>50-54</td>
<td>0.87</td>
</tr>
<tr>
<td>55-59</td>
<td>1</td>
</tr>
<tr>
<td>60-64</td>
<td>1.17</td>
</tr>
<tr>
<td>65-69</td>
<td>1.36</td>
</tr>
<tr>
<td>70-74</td>
<td>1.55</td>
</tr>
<tr>
<td>75-79</td>
<td>1.68</td>
</tr>
<tr>
<td>80-84</td>
<td>1.7</td>
</tr>
<tr>
<td>85+</td>
<td>1.57</td>
</tr>
</tbody>
</table>
Column 29  Independent Practitioner/Carries Own Panel (Y or N)
Indicate if this provider has a patient panel separate from his or her physician and practices with limited oversight at least 70% of the time. A provider that does not act as an independent practitioner often works to support a physician as an extender of the physician’s practice and does not have a separate patient panel from the physician. Only complete this Column for Nurse Practitioners and Physician Assistants.

Column 30  Clinical Hours Worked (Hospital-Based Specialties Only)
Provide the number of hours the provider worked in the hospital during the reporting period. This Column is intended for hospital-based specialties only.

Column 31  Date of Hire
The date of hire for the provider.

Column 32  Provider’s Years of Experience
The total number of years the provider has been working in that specialty.

Column 33  Call Hours Worked
If Call Pay Compensation was included in Column 15, provide the total number of call hours worked by the provider.

Column 34  Provider’s Age
The age of the provider.
### Section III: New Hire Starting Salaries

Indicate the starting salaries for physicians and other providers hired between January and December 2019 or your medical group’s most recent fiscal year end/reporting period. New residents who have completed their residency are considered new hires. Experienced physicians are physicians who are currently employed at your facility and who have worked in the medical field at another facility. Report only those physicians who are board certified or board eligible.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Physician ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This code is used to identify each physician from year to year. Please provide a code that identifies the physician to your organization only. <strong>Do not use the physician’s full Social Security number.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 2</th>
<th>Specialty Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is the specialty number for each physician related to the area of medicine the physician practices. Refer to the specialty number listing that follows these instructions. <strong>Please remember to review these physician assignments to ensure an accurate submission.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 3</th>
<th>Clinical FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical FTE is the full-time equivalent percentage of the new hire physician’s time spent in clinical work. Full-time clinical (1.0 FTE) is defined as a physician fulfilling your organization’s minimum requirements for classification as a full-time patient care employee (e.g., 36 hours of patient care activities per week). Many physicians work above this minimum level, but the reported FTE will not exceed 1.0. Other adjustments to this FTE status will not be common, but include the following:</td>
</tr>
<tr>
<td></td>
<td>● Physicians receiving more than four weeks of short-term disability, maternity, sabbatical, military leave, etc. should have their FTE status adjusted. Standard vacation, holidays, allowed sick days and other normal benefits for time off will not affect the FTE status.</td>
</tr>
<tr>
<td></td>
<td>● A physician working in an operational administrative role that affects the clinical FTE status to be below 1.0 FTE. This adjustment is intended for physician administrators with organizational or possibly section-wide administrative responsibilities, and who typically have a separate salary identified. No adjustments are to be made for department chairs or for physicians serving on committees that do not materially affect clinical expectations. For example, a physician administrator who is 50% clinical and 50% administrative would be 0.5 clinical FTE.</td>
</tr>
<tr>
<td></td>
<td>● Physicians performing specific research activities, funded separately by the medical practice, that affect the clinical FTE status to be below 1.0. These physicians have clear, separate material research responsibilities outside of their clinical expectations.</td>
</tr>
<tr>
<td></td>
<td>● A physician performing specific administrative teaching activities, such as tutoring or lecturing, which are not performed during patient care activities, and that affect the clinical FTE status to be below 1.0. These activities are funded separately by the medical practice. These adjustments are not for <strong>typical</strong> supervision and resident training while performing patient care activities (rounding, office visits, etc.).</td>
</tr>
</tbody>
</table>

Keep in mind there are many organizations that inherently have less intensive administrative committee work, research or teaching responsibilities blended in with their physician’s role and salary, while still expecting 1.0 clinical performance. Our intent is not to try to break out such fine detail, but to capture the clear, material instances for certain individual physicians.

<table>
<thead>
<tr>
<th>Column 4</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total FTE is the sum of the Clinical FTE, plus any material compensated administrative time. Only report providers with a 0.5 Total FTE or greater. Please note that in some cases a provider’s FTEs may add up to more than 1.0 FTE although this should be the exception</td>
</tr>
<tr>
<td>Column 5</td>
<td>Experienced Starting Salary/Base Guarantee</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Indicate the starting salary for the experienced physician hire. Experienced hires will have worked in the medical field at another facility and are now recently employed by your facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 6</th>
<th>New Resident/Fellow Starting Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate the starting salary for the new resident hire. New residents or fellows will just have completed their residency or a fellowship program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 7</th>
<th>Retention or Signing Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report the total amount of the bonuses each new hire was awarded. If the physician received a signing bonus, indicate the full amount here. A signing bonus or sign-on bonus is a one-time sum paid upfront to a new employee as an incentive to join the organization. If the physician received a retention bonus, indicate the full amount here. A retention bonus is an incentive paid to an employee to retain the employee through a stated length of time or business cycle.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 8</th>
<th>Student Loan Forgiveness Amount Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The amount of student loans forgiven as a component of the physician’s compensation package. Typically, this is given after the physician meets a certain criterion for years of service. Please provide the amount offered assuming the criteria has been satisfied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 9</th>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The date of hire for the provider.</td>
</tr>
</tbody>
</table>
### Section IV: Call Pay

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Column is pre-populated with common specialties with call requirements. Please complete only those rows with identified specialties with call utilization in your group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 2</th>
<th>Call Coverage Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide the average call coverage requirement for each specialty in your group. It is setup to capture the frequency of call shifts. For example, a physician working every third night would enter 3 and the cell would read, “1 in 3 days”. If requirements vary by provider, please provide the average or most common number for the specialty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 3</th>
<th>Type of Call (Restricted Call/On-Premise or Unrestricted Call/Off-Premise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report the type of call coverage requirement by selecting the type from the drop-down list (restricted or unrestricted). Restricted call coverage requires the provider to be on-premise versus unrestricted coverage requiring a provider to be available by phone or pager.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 4</th>
<th>Compensate All Shifts (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter Yes or No if you compensate providers for all call shifts covered (as opposed to only compensating excess call shifts). A drop-down is provided.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 5</th>
<th>Hours per Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the average hours required per call shift.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 6</th>
<th>Hourly Rate – Weekday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the average hourly rate paid to providers for weekday call coverage. If payments are made per shift or per day, please convert to an hourly rate based on the number of hours required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 7</th>
<th>Hourly Rate – Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the average hourly rate paid to providers for weekend call coverage. If payments are made per shift or per day, please convert to an hourly rate based on the number of hours required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 8</th>
<th>Shift Rate – Weekday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the average shift rate paid to providers for weekday call coverage. Shift rate should equal the average hours per shift times the hourly rate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 9</th>
<th>Shift Rate – Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the average shift rate paid to providers for weekend call coverage. Shift rate should equal the average hours per shift times the hourly rate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 8</th>
<th>Annual Call Pay Expense for Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide the total expense paid for call coverage per specialty for the reporting period. This is compensation specifically for call for the specialty for the group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 9</th>
<th>Annual Call Pay Hours for Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide the total hours in call coverage provided per specialty for the reporting period. These hours should only include call hours.</td>
</tr>
</tbody>
</table>
**Section V: Executive Compensation**

**Column 1**  ID/Name

This code is used to identify each executive. Please provide a code that identifies the individual to your organization only. **Do not use the individual's full Social Security number.**

**Column 2**  Medical Group Position Title

Using the drop-down list, select the position title for the role that most closely matches the functions on your executive leadership team. Position descriptions are included in this instruction document for reference.

**Column 3**  Job Title

Enter the individual's official title within your organization.

**Column 4**  Date of Hire in Current Position

Enter the date the executive was hired/began the role identified in Column 2.

**Column 5**  FTE

FTE is the full-time equivalent for the identified executive role. Full-time (1.0 FTE) is defined as an individual fulfilling your organization's minimum requirements for classification as a full-time employee (40 hours per week). Many executives work above this level, but the reported FTE will not exceed 1.0.

**Column 6**  Current Annual Base Salary ($)

Enter the annual base compensation for the individual, including any base salary deferred through election. Please exclude anticipated cash distributions or deferred compensation based on prior year performance, rewards or incentives. (Base pay does not include payments made under the normal retirement, benefits, pension or profit-sharing plans.) Report data in annual, whole dollars.

**Column 7**  Eligible for Short Term Incentive/Bonus (Y or N)

Identify if the individual is short-term (one year or less) bonus eligible. Indicate "Yes" or "No" utilizing the drop-down menu.

**Column 8**  Short Term Incentive/Bonus Basis

Enter how the amount of the short-term incentive/bonus is determined. Select "Specific Criteria", "Discretionary" or "Both" from the drop-down menu.

**Column 9**  Short Term Incentive/Bonus Amount (latest year end $)

Report the bonus amount received by the individual in the reporting period.

**Column 10**  Maximum Incentive/Bonus Opportunity as a percentage of Base Salary

Indicate the maximum incentive/bonus opportunity the individual is eligible to receive as a percent of the individual's base salary.

**Column 11**  Long Term Incentive Pay Eligibility (LTI) (Y or N)

Indicate if the individual is eligible for a long-term (greater than one year) incentive. Select "Yes" or "No" utilizing the drop-down menu.
Section VI: Executive Benefits

Columns 1 and 2 will automatically populate from data entered in Section V. Executive Compensation.

Column 1  ID/Name

This code is used to identify each executive. Please provide a code that identifies the individual to your organization only. Do not use the individual's full Social Security number.

Column 2  Medical Group Position Title

Using the drop-down list, select the position title for the role that most closely matches the functions on your executive leadership team. Position descriptions are included in this instruction document for reference.

Column 3  Actual Annual Cost of Benefits Provided ($)

Report the organization's annual cost of benefits provided to the individual. Do not include deferred compensation costs.

Column 4  Flexible Benefit Allowance Offered (Y or N)

Indicate if the individual is offered enrollment in a Flexible Benefit Plan. These are sometimes referred to as a cafeteria-style benefit plan. Select "Yes" or "No" utilizing the drop-down menu.

Column 5  Annual Flexible Benefit Allowance Amount ($)

Enter the annual allowance amount offered to the individual enrolled in the flexible benefit plan.

Column 6  Supplemental Life Insurance Provided (Y or N)

Identify if the executive is provided a Supplemental Life Insurance Plan. Indicate "Yes" or "No" utilizing the drop-down menu.

Column 7  Supplemental Life Insurance Multiple of Base Salary

Enter the multiple of base salary benefit provided in the Supplemental Life Insurance Plan.

Column 8  Supplemental Life Insurance Maximum Face Value ($)

Enter the maximum dollar amount to be paid upon death of the individual, as stipulated in the supplemental life insurance benefit plan.

Column 9  Supplemental Long-Term Disability (LTD) Provided (Y or N)

Identify if the executive is provided with a Supplemental Long-Term Disability plan. Select "Yes" or "No" utilizing cell's drop-down menu.

Column 10  Long Term Disability Benefit Level as a Percentage of Base Pay (%)

Enter the percentage of base pay that is provided in regard to the Supplemental Long-Term Disability Plan.

Column 11  Long Term Disability Maximum Monthly Benefit ($)

Enter the maximum monthly amount to be paid as the Supplemental Long-Term Disability plan benefit.
<table>
<thead>
<tr>
<th>Column 12</th>
<th>Supplemental Executive Retirement Plan Provided (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify if the individual is provided with a Supplemental Executive Retirement Plan benefit. Select &quot;Yes&quot; or &quot;No&quot; utilizing the drop-down menu.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 13</th>
<th>Employment Contract in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate if there is an employment contract in place for the individual. Select &quot;Yes&quot;, &quot;No&quot; or &quot;At Will&quot; utilizing the drop-down menu.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 14</th>
<th>Term of Contract (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please report the number of years stipulated in the employment contract.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 15</th>
<th>Automatic contract Renewal/Evergreen Provision (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate if the employment contract automatically renews upon the end of term. Select &quot;Yes&quot; or &quot;No&quot; utilizing the drop-down menu.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 16</th>
<th>Severance Paid for Change of Governance (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the number of month's the individual is eligible for severance, when a change in governance occurs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 17</th>
<th>Severance Paid for Involuntary Termination (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the number of month's the individual is eligible for severance, when terminated involuntarily, without cause.</td>
<td></td>
</tr>
</tbody>
</table>
Section VII: Compensation Profile

The compensation profile section contains a series of questions and specific data requests to capture information about your organization and compensation plan details. The questions are self-explanatory or include definitions, with a large number of the questions offering drop-down lists to select your response. The profile includes the following focus areas:

- Demographics
- Financial Data
- Compensation Plan Profile
- Physician Benefits
- Medical Directors
- Department Chairs
- Telehealth Services
- Emergency Room Physicians
- Hospitalists
- Nurse Practitioners and Physician Assistants

If any question in the profile is unclear, please contact Danielle DuBord for assistance.
Primary Care and Medical Specialties

**Advanced Heart Failure and Transplant Cardiology**

These physicians are certified by the American Board of Internal Medicine with special certifications in cardiology and advanced heart failure. These physicians specialize in Heart Failure and Transplant Cardiology with the special knowledge and skills required of cardiologists for evaluating and optimally managing patients with heart failure, particularly those with advanced heart failure, those with devices, including ventricular assist devices, and those who have undergone or are awaiting transplantation.

**Allergy/Immunology**

These physicians are certified by the American Board of Allergy and Immunology. These physicians are trained in evaluation, physical and laboratory diagnosis and management of disorders involving the immune system.

**Cardiology – Invasive Interventional**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in cardiovascular disease and a certificate of added qualification in interventional cardiology. At least 70% of the physician’s time is spent in this specialized field of cardiology.

**Cardiology – Echo Lab and Nuclear**

These physicians are certified by the American Board of Internal Medicine and the American Board of Nuclear Medicine with a certificate of special qualification in cardiovascular disease and specifically echocardiography. Echocardiography is used in the diagnosis, management, and follow-up of patients with any suspected or known heart diseases. At least 70% of the physician’s time is spent in this specialized field of cardiology.

**Cardiology – EP**

These physicians are certified by the American Board of Internal Medicine with a certificate of added qualification in cardiac electrophysiology. Cardiology – electrophysiology pacemaker is a field of special interest within the subspecialty of cardiovascular disease, which involves intricate technical procedures to evaluate heart rhythms and determine appropriate treatment for them. At least 70% of the physician’s time is spent in this specialized field of cardiology.

**Cardiology – General (Non-Invasive)**

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in cardiovascular disease. These physicians are internists who specialize in diseases of the heart, lungs and blood vessels and manage complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms. This specialty should capture the remaining cardiologists not defined in the cardiology subspecialties.

**Clinical Nutrition and Bariatric Medicine**

These physicians are certified by the American Board of Bariatric Medicine. Bariatric medicine, or bariatrics, refers to the branch of medicine that is concerned with the treatment of obesity and associated conditions, as well as its causes and preventive techniques.
1060 Critical Care/Intensivist

These physicians are certified by either the American Board of Internal Medicine or the American Board of Anesthesiology with a certificate of special qualification in critical care medicine. These physicians diagnose, treat and support patients with multiple organ dysfunction. These physicians may facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.

1070 Dermatology

These physicians are certified by the American Board of Dermatology. These physicians are trained to diagnose and treat pediatric and adult patients with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases. These physicians have had additional training and experience in the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin; management of contact dermatitis; other allergic and non-allergic skin disorders; and in the recognition of the skin manifestation of systemic and infectious diseases. These physicians have special training in dermatopathology and in the surgical techniques used in dermatology. These physicians also have expertise in the management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging.

1090 Dermatology – Mohs

These physicians are certified by the American Board of Dermatology. These physicians specialize in performing surgery used for the treatment of skin cancers, especially basal cell or squamous cell carcinomas of the skin. These physicians have the expertise to diagnose and monitor diseases of the skin, including infectious, immunological, degenerative and neoplastic diseases.

1100 Endocrinology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in endocrinology, diabetes and metabolism. These physicians concentrate on disorders of the internal (endocrine) glands such as the thyroid and adrenal glands. These physicians also deal with disorders such as diabetes, metabolic and nutritional disorders, pituitary diseases and menstrual and sexual problems.

1110 Family Medicine

These physicians are certified by the American Board of Family Practice. These physicians are trained to diagnose and treat a wide variety of ailments in patients of all ages. These physicians receive a broad range of training that includes internal medicine, pediatrics, obstetrics and gynecology, psychiatry and geriatrics.

1115 Family Medicine with Obstetrics

These physicians are certified by the American Board of Family Practice with additional training or experience in obstetrics.

1130 Gastroenterology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in Gastroenterology. These physicians specialize in the diagnosis and treatment of diseases of the digestive organs, including the stomach, bowels, liver and gallbladder. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using endoscopes to see internal organs.
1465 Genetics

These physicians are certified by the American Board of Medical Genetics. These physicians are specialists trained in diagnostic and therapeutic procedures for patients with genetically linked diseases. These specialists use modern cytogenetic, radiological and biochemical testing to assist in specialized genetic counseling; implement necessary therapeutic interventions; and provide prevention through prenatal diagnosis.

1150 Geriatrics

These physicians are certified by either the American Board of Family Practice or the American Board of Internal Medicine with a certificate of added qualification in geriatric medicine. These physicians have special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventative and rehabilitative aspects of illness in the elderly. These physicians also care for geriatric patients in the patient’s home, the office, long-term care settings, such as nursing homes, and the hospital.

1180 Hematology and Medical Oncology

These physicians are certified by the American Board of Internal Medicine with certificates of special qualification in hematology and medical oncology. Physicians in the field of hematology are internists with additional training who specialize in diseases of the blood, spleen and lymph glands. These specialists treat conditions such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia and lymphoma. Physicians in the field of medical oncology are internists who specialize in the diagnosis and treatment of all types of cancer and other tumors, both benign and malignant. These specialists decide on and administer chemotherapy for malignancy and consult with surgeons and radiotherapists on other treatments for cancer.

1183 Hepatology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in gastroenterology. These physicians are specialists who focus on diagnosing and treating liver disease. This should not include Transplant Hepatologists. (Please see 2310 for all board-certified Transplant Hepatologists.)

1186 Hospitalist – Family Medicine

These physicians are certified by the American Board of Family Practice. At least 70% of the physician’s time is spent in the hospital. These physicians are family medicine physicians practicing as hospitalists.

1185 Hospitalist – Internal Medicine

These physicians are certified by the American Board of Internal Medicine. At least 70% of the physician’s time is spent in the hospital. These physicians are internal medicine physicians practicing as hospitalists.

1245 Hospitalist – Laborist

These surgeons are certified by the American Board of Obstetrics and Gynecology. These surgeons are obstetricians or gynecologists who work full time in a hospital, only delivering babies. A laborist does not see patients in an office setting, as a traditional obstetrician or gynecologist does.

1260 Hospitalist – Nocturnist

These physicians are hospital-based physicians who only work overnight. Nocturnists are usually trained in internal medicine and have experience in hospital medicine. However, there are nocturnists trained in other specialties such as psychiatry or family medicine.
1187 Hospitalist – Pediatrics

These physicians are certified by the American Board of Pediatrics. At least 70% of the physician’s time is spent in the hospital. These physicians are pediatricians practicing as hospitalists.

1190 Hypertension and Nephrology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in nephrology. These physicians are internists who treat disorders of the kidney, high blood pressure, fluid and mineral balance and dialysis of body wastes when the kidneys do not function. These specialists consult with surgeons about kidney transplantation.

1200 Infectious Disease

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in infectious diseases. These physicians deal with infectious diseases of all types and in all organs, including conditions requiring selective use of antibiotics. These specialists diagnose and treat AIDS patients and patients with fevers that have not been explained. These physicians may also have expertise in preventive medicine and conditions associated with travel.

1205 Integrative Medicine (MD Only)

These physicians combine conventional Western medicine with alternative or complementary treatments, such as nutrition consultation, herbal medicine, acupuncture, and massage.

1210 Internal Medicine

These physicians are certified by the American Board of Internal Medicine. An internal medicine physician is one who provides long-term, comprehensive care in the office and the hospital, managing both common and complex illnesses of adolescents, adults and the elderly. These physicians are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and digestive, respiratory and vascular systems. These physicians are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

1223 Internal Medicine – Medical Home

Internal medicine – medical home is similar to internal medicine (1210), but these physicians only practice in a medical home setting.

1215 Internal Medicine – Office Only

Internal medicine – office only is similar to internal medicine (1210), but these physicians only practice in an office setting. These physicians do not practice in the hospital.

1181 Medical Oncology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in medical oncology. These physicians are internists who specialize in the diagnosis and treatment of all types of cancer and other tumors, both benign and malignant. These specialists decide on and administer chemotherapy for malignancy and consult with surgeons and radiotherapists on other treatments for cancer.
Neurointensivist/Neurocritical Care

These physicians are certified by the American Board of Anesthesiology with a neurocritical care subspecialty. Neurointensivist/Neurocritical Care physicians are devoted to the comprehensive multisystem care of critically ill patients with neurological diseases or conditions. These physicians usually assume the primary care role for the patient or facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.

Neurology

These physicians are certified by the American Board of Psychiatry and Neurology. A neurologist specializes in the diagnosis and treatment of all types of disease or impaired function of the brain, spinal cord, peripheral nerves, autonomic nervous system, and blood vessels that relate to these structures.

Neurology – EMG Lab

These physicians are certified by the American Board of Psychiatry and Neurology. A neurologist works primarily in a specialty laboratory dedicated to the investigation of diseases of nerves and muscles, the electromyography (EMG) laboratory. These physicians are doctors who specialize in the diagnosis and testing of diseases of the peripheral nervous system.

Neurology – Epilepsy/EEG Lab

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians are neurologists or child neurologists who focus on the evaluation and treatment of adults and children with recurrent seizure activity and seizure disorders. Specialists in epilepsy (epileptologists) possess specialized knowledge in the science, clinical evaluation and management of these disorders.

Neurology – Stroke

These physicians are certified by the American Board of Psychiatry and Neurology, with a certificate of added qualification in stroke neurology. These physicians specialize in the diagnosis and treatment of all types of diseases or impaired functions of the brain, spinal cord, peripheral nerves, muscles and autonomic nervous system, as well as the blood vessels that relate to these structures.

Neuro-Oncology

These physicians are trained to diagnose and treat patients with brain tumors and other types of tumors of the nervous system. A neuro-oncologist may be one of a number of types of physicians: a neurologist (a physician trained in the diagnosis and treatment of diseases of the nervous system), an oncologist (cancer specialist), or a neurosurgeon (a physician trained in surgery of the nervous system). Other types of physicians may function as neuro-oncologists, because oncology (the study of cancer) is a very large field with a considerable diversity of neural tumors and various ways of diagnosing and treating them. At least 50% of the physician’s time is spent in this specialized field.

Neuropsychiatry

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians specialize in the psychiatric care of persons with disorders of brain function to include diagnostic skills, neurological and mental status examinations, cognitive testing, electrophysiological testing, neuro-imaging, differential diagnosis, crisis intervention, application of time-limited psychotherapy and referral for rehabilitative therapies.
Primary Care and Medical Specialties

Continued

1280 Occupational/Environmental Medicine

These physicians are certified by the American Board of Preventive Medicine. At least 70% of the physician’s time is spent on the control of environmental factors that may adversely affect health or the control and prevention of occupational factors that may adversely affect health safety. This specialist works with large population groups and individual patients to promote health and understanding of the risks of disease, injury, disability and death, seeking to modify and eliminate these risks.

1315 Ophthalmology – Medical

These physicians are ophthalmologists who work 70% of the time with the diagnoses and non-surgical treatment of ocular and visual disorders.

1230 Ophthalmology – Medical Retinal

These physicians are certified by the American Board of Ophthalmology. At least 70% of the physician’s time is spent in the diagnosis and non-surgical treatment of retinal disorders.

1310 Orthopedic – Medical

These physicians are certified by the American Board of Orthopedic Surgery. At least 70% of the physician’s time in the practice involves the non-surgical treatment of musculoskeletal disorders.

1437 Pain Management – Non-Anesthesiology

These physicians are doctors who have a special certificate in pain management. These physicians provide a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists. At least 70% of the physician’s time is spent in pain management – non-anesthesiology.

1317 Palliative Care

These physicians are certified by the American Board of Hospice and Palliative Medicine. Palliative care programs provide one to two years of specialty training following a primary residency. Palliative Care reduces the severity of a disease or slows its progress, rather than providing a cure. For incurable diseases, in cases where the cure is not recommended due to other health concerns, and when the patient does not wish to pursue a cure, palliative care becomes the focus of treatment. It may occasionally be used in conjunction with curative therapy.

1320 Pediatrics and Adolescent – General

These physicians are certified by the American Board of Pediatrics. A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. A pediatrician deals with biological, social and environmental influences on the developing child, and with the impact of disease and dysfunction on development. A pediatrician who specializes in adolescent medicine is a multidisciplinary health care specialist trained in the unique physical, psychological and social characteristics of adolescents, their health care problems and needs.

Note for pediatric subspecialties: report physicians who spend at least 70% of their time in the respective sub-specialized area.
1325 Pediatrics and Adolescent – Adolescent Medicine

These physicians are certified by the American Board of Pediatrics with a certificate of added qualification in adolescent medicine. A pediatrician who specializes only in adolescent medicine is a multidisciplinary health care specialist trained in the unique physical, psychological and social characteristics of adolescents, their health care problems and needs.

1330 Pediatrics and Adolescent – Allergy

These physicians are certified by the American Board of Pediatrics with a certificate of added qualification in clinical and laboratory immunology. These physicians are trained in evaluation, physical and laboratory diagnosis and management of disorders involving the immune system.

1350 Pediatrics and Adolescent – Cardiology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric cardiology. A pediatric cardiologist provides comprehensive care to patients with cardiovascular problems. This specialist is skilled the clinical evaluation of cardiovascular disease and in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels.

1085 Pediatrics and Adolescent – Dermatology

These physicians are certified by the American Board of Dermatology. Through additional special training, these physicians have developed expertise in the treatment of specific skin disease categories with an emphasis on those diseases that are predominate in infants, children and adolescents.

1355 Pediatrics and Adolescent – Developmental-Behavioral

These physicians are certified by the American Board of Pediatrics. These physicians are pediatricians, with special training and experience, who aim to foster understanding and the promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. These physicians assist in the prevention, diagnosis and management of developmental difficulties and problematic behaviors in children and in the family dysfunctions that compromise children’s development.

1360 Pediatrics and Adolescent – Endocrinology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric endocrinology. These physicians are pediatricians who provide expert care to infants, children and adolescents who have diseases that result from an abnormality in the endocrine glands (glands which secrete hormones). These diseases include diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region and disorders of the thyroid, the adrenal and pituitary glands.

1370 Pediatrics and Adolescent – Gastroenterology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric gastroenterology. These physicians are pediatricians who specialize in the diagnoses and treatment of diseases of the digestive systems of infants, children and adolescents. These specialists treat conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and perform complex diagnostic and therapeutic procedures using lighted scopes to see internal organs.
1380 Pediatrics and Adolescent – Hematology and Oncology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric hematology and oncology. These physicians are pediatricians trained in the combination of pediatrics, hematology and oncology to recognize and manage pediatric blood disorders and cancerous diseases.

1382 Pediatrics and Adolescent – Infectious Disease

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric infectious disease. These physicians are pediatricians trained to care for children in the diagnosis, treatment and prevention of infectious diseases. These specialists can apply specific knowledge to affect a better outcome for pediatric infections with complicated courses, underlying diseases that predispose to unusual or severe infections, unclear diagnoses, uncommon diseases and complex or investigational treatments.

1384 Pediatrics and Adolescent – Intensive Care

These physicians are certified by the American Board of Internal Medicine with special certification in critical care. At least 70% of the physician’s time is spent with pediatric and adolescent patients in a hospital intensive care unit.

1386 Pediatrics and Adolescent – Internal Medicine

These physicians are certified by the American Board of Internal Medicine or the American Board of Family Practice with a certificate of added qualification in adolescent medicine. These physicians are multidisciplinary health care specialists trained in the unique physical, psychological and social characteristics of adolescents and their health care problems and needs.

1240 Pediatrics and Adolescent – Neonatology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in neonatal-perinatal medicine. These physicians are pediatricians whose principle care is for sick newborn infants. Clinical expertise is used by physicians for direct patient care and for consulting with obstetrical colleagues to plan for the care of mothers who have high-risk pregnancies.

1390 Pediatrics and Adolescent – Nephrology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric nephrology. These physicians are pediatricians who deal with the normal and abnormal development and maturation of the kidney and urinary tract, the mechanisms by which the kidney can be damaged, the evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension and renal replacement therapy.

1400 Pediatrics and Adolescent – Neurology

These physicians are certified by the American Board of Psychiatry and Neurology with special qualifications in child neurology. A neurologist specializes in the diagnosis and treatment of all types of disease or impaired function of the brain, spinal cord, peripheral nerves, muscles and autonomic nervous system, as well as the blood vessels that relate to these structures. A child neurologist has special skills in the diagnosis and management of neurologic disorders of the neonatal period, infancy, early childhood and adolescence.

4108 Pediatrics and Adolescent – Physical Medicine and Rehabilitation

Physical medicine and rehabilitation physicians spend at least 70% of their time with pediatric patients.
Primary Care and Medical Specialties

1410 Pediatrics and Adolescent – Pulmonary

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric pulmonology. These physicians are pediatricians dedicated to the prevention and treatment of all respiratory diseases affecting infants, children and young adults. This specialist is knowledgeable about the growth and development of the lung, assessment of respiratory function in infants and children and experienced in a variety of invasive and noninvasive diagnostic techniques.

1415 Pediatrics and Adolescent – Rheumatology

These physicians are certified by the American Board of Pediatrics with a certificate of special qualification in pediatric rheumatology. These physicians are pediatricians who treat diseases of joints, muscle, bones and tendons. A pediatric rheumatologist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and collagen diseases.

1417 Pediatrics and Adolescent – Urgent Care

These physicians are certified by the American Board of Pediatrics. At least 70% of the physician’s time is spent in the urgent care setting treating pediatric patients, including satellite clinics.

1430 Physical Medicine and Rehabilitation

These physicians are certified by the American Board of Physical Medicine and Rehabilitation. Physical medicine and rehabilitation is the medical specialty concerned with diagnosing, evaluating and treating patients with physical disabilities. These disabilities may arise from conditions affecting the musculoskeletal system such as neck and back pain, sport injuries or other painful conditions affecting the limbs (e.g., carpal tunnel syndrome). Alternatively, the disabilities may result from neurological trauma or disease such as spinal cord injury, head injury or stroke. For diagnosis and evaluation, a physiatrist may include the techniques of electromyography to supplement the standard history, physical, X-ray and laboratory examinations. The physiatrist has expertise in the appropriate use of therapeutic exercise, prosthetics (artificial limbs), orthotics and mechanical and electrical devices.

1440 Psychiatry – General

These physicians are certified by the American Board of Psychiatry and Neurology. A psychiatrist specializes in the prevention, diagnosis and treatment of mental, addictive and emotional disorders such as schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders. The psychiatrist is able to understand the biological, psychological and social components of illness, and therefore is uniquely prepared to treat the whole person. The main form of treatment used by a psychiatrist is psychopharmacology. A psychiatrist is qualified to order diagnostic laboratory tests and to prescribe medications, evaluate and treat psychological and interpersonal problems and to intervene with families who are coping with stress, crises and other problems in living. Use this definition if the physician spends equal time in an inpatient and outpatient setting.

1005 Psychiatry – Addiction Medicine

These physicians are certified by the American Society of Addiction Medicine. These physicians specialize in the treatment of addiction, focus on addiction diseases and have had special training focusing on the prevention and treatment of such diseases.
1445 Psychiatry – Child

These physicians are certified by the American Board of Psychiatry and Neurology with a certificate of special qualification in child and adolescent psychiatry. These physicians are psychiatrists with additional training in the diagnosis and treatment of developmental, behavioral, emotional and mental disorders of childhood and adolescence.

1446 Psychiatry – Geriatric

These physicians are certified by the American Board of Psychiatry and Neurology. These physicians are psychiatrists with expertise in the prevention, evaluation, diagnosis and treatment of mental and emotional disorders in the elderly. The geriatric psychiatrist seeks to improve the psychiatric care of the elderly, both in health and in disease.

1441 Psychiatry – Inpatient

Using the above definition for psychiatry – general, inpatient psychiatry treatment is more ongoing. At least 70% of the physician’s time is spent within an inpatient setting.

1442 Psychiatry – Outpatient

Using the above definition for psychiatry – general, outpatient psychiatry treatment occurs in a more temporary setting. At least 70% of the physician’s time is spent within an outpatient setting.

1443 Psychiatry – Consult Liaison

These physicians are certified by the American Board of Psychiatry and Neurology with fellowship training in psychosomatic medicine. These physicians consult with medical and surgical colleagues on patients with mental and emotional disorders such as delirium, dementia, depression and psychosis, as these can often be secondary or exacerbating the medical or surgical illness. Physicians within this specialty consult and are liaisons on the medical and surgical floors, rather than in a closed unit.

1450 Pulmonary Disease (without Critical Care)

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in pulmonary diseases. These physicians treat diseases of the lungs and airways and diagnose and treat cancer, pneumonia, pleurisy, asthma, occupational diseases, bronchitis, sleep disorders, emphysema and other complex disorders of the lungs.

1451 Pulmonary Disease (with Critical Care)

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in pulmonary and critical care medicine. These physicians treat diseases of the lungs and airways and diagnose and treat cancer, pneumonia, pleurisy, asthma, occupational diseases, bronchitis, sleep disorders, emphysema and other complex disorders of the lungs.

1452 Pulmonary Intensivist

These physicians are certified by either the American Board of Internal Medicine with a special qualification in pulmonary diseases and critical care medicine. These physicians may facilitate and coordinate patient care among the primary care physician, the critical care staff and other specialists.

1460 Reproductive Endocrinology

These physicians are certified by the American Board of Obstetrics and Gynecology with a certificate of special qualification in reproductive endocrinology.
Primary Care and Medical Specialties

1470 Rheumatologic Disease

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in rheumatology. These physicians are internists who treat diseases of joints, muscle, bones and tendons. These specialists diagnose and treat arthritis, back pain, muscle strains, common athletic injuries and collagen diseases.

1472 Skilled Nursing Facility Physician

A primary care provider sometimes referred to as a SNF, is a full-time physician practicing in a skilled nursing facility. These physicians are certified by either the American Board of Family Medicine or Internal Medicine. The physician is readily available to patients, particularly older ones, with multiple comorbidities and at risk for readmission to acute care. These physicians tend to elderly patients nearly exclusively in the skilled nursing setting.

1475 Sleep Lab

These physicians are internists with demonstrated expertise in the diagnosis and management of clinical conditions that occur during sleep, that disturb sleep or that are affected by disturbances in the wake-sleep cycle. These specialists are skilled in the analysis and interpretation of comprehensive polysomnography and are well-versed in emerging research and management of a sleep laboratory. This subspecialty includes the clinical assessment, polysomnographic evaluation and treatment of sleep disorders, including insomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related breathing disorders (e.g., obstructive sleep apnea), parasomnias, circadian rhythm disorders, sleep-related movement disorders and other conditions pertaining to the sleep-wake cycle. At least 70% of the physician's time is spent in the treatment of sleep disorders.

1480 Sports Medicine

These physicians are certified by either the American Board of Emergency Medicine or the American Board of Family Practice or the American Board of Internal Medicine or the American Board of Pediatrics, with a certificate of added qualification in sports medicine. These physicians are responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention and management of injury and illness. These physicians have knowledge and experience in the promotion of wellness and the role of exercise in promoting a healthy lifestyle. Knowledge of exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation and epidemiology is essential to the practice of sports medicine. At least 70% of the physician's time is spent in nonsurgical orthopedic procedures.

1485 Transplant Nephrology

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualifications in nephrology. These physicians are nephrologists who specialize in the treatment of kidney and pancreas transplant recipients.

1490 Urgent Care

These physicians are certified by the American Board of Internal Medicine. At least 70% of the physician’s time is spent in the urgent care setting, including satellite clinics.

1500 Wound Care/Hyperbaric

These physicians have specialized training in the evaluation, treatment and healing of chronic wounds. A chronic, non-healing wound is one that does not heal in six to eight weeks with traditional wound care. Some treatment options a wound care specialist may provide include the following: Doppler evaluation, wound debridement, wound dressings, negative pressure therapy, orthopedic, vascular and plastic surgery, nutrition counseling or diabetes counseling. At least 70% of the physician’s time is spent in the performing wound care.
2005  **Bariatric Surgery**

These surgeons are certified by the American Board of Surgery. These surgeons specialize in performing gastric bypass surgery, generally a treatment for obesity. The surgeon provides preoperative, operative and postoperative care to surgical patients. At least 50% of the surgeon's time is spent in the bariatric practice.

2007  **Breast Surgery**

These surgeons are especially skilled in operating on the breast. These surgeons may biopsy a tumor in the breast and, if it is malignant, remove the tumor. A breast surgeon may also do breast reconstruction following a mastectomy for breast cancer. The surgeons who carry out this type of breast reconstruction may be breast oncology surgeons or plastic surgeons.

2008  **Burn Surgery**

These surgeons are certified by the American Board of Surgery with an additional burn fellowship. These surgeons are especially skilled in operating on and treating burn victims. At least 70% of the surgeon’s time is spent performing burn-related surgeries.

2010  **Cardiac/Thoracic Surgery**

These surgeons are certified by the American Board of Thoracic Surgery. Procedures such as cardiac catheterization, angiography, electrocardiography, echocardiography, imaging techniques, endoscopy, tissue biopsy and biologic and biochemical tests appropriate to thoracic diseases and procedures involving evolving techniques such as laser therapy, endovascular procedures, electrophysiologic procedures and devices and thoracoscopy and thoracoscopic surgery are performed by these surgeons. The scope of thoracic surgery encompasses knowledge of normal and pathologic conditions of both cardiovascular and general thoracic structures. This includes congenital and acquired lesions (including infections, trauma, tumors and metabolic disorders) of both the heart and blood vessels in the thorax, as well as diseases involving the lungs, pleura, chest wall, mediastinum, esophagus and diaphragm. In addition, the ability to establish a precise diagnosis, an essential step toward proper therapy, requires familiarity with diagnostic procedures such as cardiac catheterization, angiography, electrocardiography, echocardiography, imaging techniques, endoscopy, tissue biopsy and biologic and biochemical tests appropriate to thoracic diseases. It is essential that the thoracic surgeon be knowledgeable and experienced in evolving techniques, such as laser therapy, endovascular procedures, electrophysiologic procedures and devices and thoracoscopy and thoracoscopic surgery.

2241  **Cardiac/Thoracic Surgery – Pediatrics**

These surgeons are certified by the American Board of Thoracic Surgery with additional fellowship training in pediatric cardiac and thoracic Surgery. These surgeons treat infants, children and adolescents with congenital or acquired heart or thoracic diseases. Treatment includes consultation and surgical intervention for a broad range of cardiothoracic conditions, from general thoracic and esophageal problems to complex cardiac procedures for repair of birth abnormalities. Procedures for these surgeons include the following: general thoracic surgery, diagnosis and treatment of congenital heart defects in children, tumor removal, lung biopsies, esophageal surgery and treatment of aortic and mitral valve disease. At least 70% of time is spent performing pediatric cardiac and thoracic surgeries.
2015  **Cardiovascular Surgery**

These surgeons are certified by the American Board of Surgery with a cardiac surgery fellowship combined with vascular surgery. A cardiovascular surgeon performs operations on the heart and blood vessels of the body. This may include replacement of heart valves or bypasses of blocked coronary arteries. Training in the specialization of cardiovascular surgery involves the completion of a general surgery residency program followed by two or three more years of specialized training in all aspects of heart, blood vessel and chest surgery. Some surgeries for these surgeons include the following: permanent transvenous pacemaker insertion, cardiac surgery of the coronary artery (bypass), treatment of valvular heart disease, artery problems, carotid artery problems or microvascular surgery for diabetic leg ulcers.

2020  **Colon and Rectal Surgery**

These surgeons are certified by the American Board of Colon and Rectal Surgery. These surgeons are trained to diagnose and treat various diseases of the intestinal tract, colon, rectum, anal canal and perianal area by medical and surgery means. These surgeons also deal with other organs and tissues (such as the liver, urinary and female reproductive system) involved with primary intestinal disease. These surgeons have the expertise to diagnose and manage anorectal conditions in an office setting. These surgeons also treat problems of the intestine and colon and perform endoscopic procedures to evaluate and treat problems such as cancer, polyps and inflammatory conditions.

2030  **Emergency Medicine**

These surgeons are certified by the American Board of Emergency Medicine. These surgeons focus on the immediate decision-making and action necessary to prevent death or any further disability both in the pre-hospital setting by directing emergency medical technicians and in the emergency department. These surgeons provide immediate recognition, evaluation, care, stabilization and disposition of a generally diversified population of adult and pediatric patients in response to acute illness and injury.

2035  **Emergency Medicine – Pediatrics**

These surgeons are certified by the American Board of Emergency Medicine or the American Board of Pediatrics, with a certificate of added qualification in pediatric emergency medicine. These surgeons are emergency physicians who have special qualifications to manage emergencies in infants and children.

2027  **Endovascular Surgery**

These surgeons perform minimally invasive surgery designed to access many regions of the body via major blood vessels. These physicians may use intravascular balloons, stents and coils, and perform coronary artery bypass surgery (CABG), carotid endarterectomy and aneurysm clipping. Endovascular surgery may be performed by certified radiologists, neurologists, neurosurgeons, cardiologists and vascular surgeons with an additional fellowship in endovascular training.

2050  **General Surgery**

These surgeons are certified by the American Board of Surgery. These surgeons manage a broad spectrum of surgical conditions affecting almost any area of the body. These surgeons establish the diagnosis and provide the preoperative, operative and postoperative care to surgical patients and are usually responsible for the comprehensive management of the trauma victim and the critically ill surgical patient. These surgeons use a variety of diagnostic techniques, including endoscopy, for observing internal structures and may use specialized instruments during operative procedures. A general surgeon is expected to be familiar with the salient features of other surgical specialties in order to recognize problems in those areas and to know when to refer a patient to another specialist.
Surgical Specialties
Continued

2090 Neurological Surgery

These surgeons are certified by the American Board of Neurological Surgery. These surgeons provide the operative and non-operative management (i.e., prevention, diagnosis, evaluation, treatment, critical care and rehabilitation) of disorders of the central peripheral and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes, which modify function or activity of the nervous system; and the operative and non-operative management of pain. These surgeons treat patients with disorders of the nervous system; disorders of the brain, meninges, skull and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges and vertebral Column and disorders of the cranial and spinal nerves throughout their distribution.

2095 Neurological Surgery – Pediatrics

These surgeons are neurological surgeons who spend at least 70% of their time with pediatric patients.

2070 OB/GYN – General

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system in the pregnant and non-pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

2072 OB/GYN – Clinic Only

These physicians are certified by the American Board of Obstetrics and Gynecology. Obstetricians or gynecologists possesses special knowledge, skills and professional capability in the medical care of the female reproductive system and associated disorders. They do office only, no obstetrical or gynecologic hospital coverage or gynecology surgical practice, as a traditional obstetrician or gynecologist does. This physician serves as a consultant to other physicians and as a primary physician for women.

1160 OB/GYN – Gynecological Oncology

These surgeons are certified by the American Board of Obstetrics and Gynecology with a certificate of special qualification in gynecologic oncology. These surgeons are obstetricians or gynecologists who provide consultation and comprehensive management of patients with gynecologic cancer.

1170 OB/GYN – Gynecology Only

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system in the non-pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

1420 OB/GYN – Maternal Fetal Medicine/Perinatology

These surgeons are certified by the American Board of Obstetrics and Gynecology. These surgeons are obstetricians or gynecologists who care for, or provide consultation on, patients with complications of pregnancy. These specialists have advanced knowledge of the obstetrical, medical and surgical complications of pregnancy, and their effect on both the mother and the fetus. This surgeon also possesses expertise in the most current diagnostic and treatment modalities used in the care of patients with complicated pregnancies.
1270  **OB/GYN – Obstetrics**

These physicians are certified by the American Board of Obstetrics and Gynecology. An obstetrician or gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system in the pregnant state and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.

2075  **OB/GYN – Urogynecology**

These surgeons are certified by the American Board of Obstetrics and Gynecology. These doctors become specialists with additional training and experience in the evaluation and treatment of conditions that affect the female pelvic organs and the muscles and connective tissue that support the organs. They specialized in the care of women with pelvic floor dysfunction. The pelvic floor is the muscles, ligaments, connective tissue and nerves that help support and control the rectum, uterus, vagina and bladder.

2097  **Oculo–Facial/Oculoplastic**

These surgeons are certified by the American Board of Plastic Surgery or the American Board of Ophthalmology with training in ocular facial. Plastic and reconstructive surgery involves the periorbital and facial tissues, including eyelids and eyebrows, cheeks, orbit and lacrimal (tear) system. Eye plastic surgeons are ophthalmologists who have completed extensive post-residency training in this unique subspecialty. This is a highly specialized area of plastic surgery that focuses on the area around the eyes, forehead and midface. These surgeons treat tumors of the eyelids and orbit, trauma, congenital abnormalities, thyroid eye disease, tearing problems and blinking difficulties.

2098  **Oncology – Surgical**

Oncology – surgical is the branch of surgery that focuses on the surgical management of malignant neoplasms (cancer). There are currently 14 surgical oncology fellowship training programs in the United States that have been approved by the Society of Surgical Oncology. While many general surgeons are actively involved in treating patients with malignant neoplasms, the designation of surgical oncologist is generally reserved for those surgeons who have completed one of the approved fellowship programs.

2100  **Ophthalmology**

These surgeons are certified by the American Board of Ophthalmology. An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit and the visual pathways.

2019  **Ophthalmology –Cataract Surgery**

These surgeons are certified by the American Board of Ophthalmology. These surgeons are ophthalmologists who specialize in cataract surgery and perform a high volume of cataract surgeries per year.

2120  **Ophthalmology – Orbital**

These surgeons are certified by the American Board of Ophthalmology with a practice that is limited to the diagnosis, treatment and surgical treatment of the eye sockets and the ocular area. These surgeons do not perform surgeries such as cataract surgery and refractive surgery or perform traditional medical treatments such as vision, contact lenses, etc.
2250  **Ophthalmology – Pediatrics**

These surgeons are certified by the American Board of Ophthalmology. An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit and the visual pathways. An ophthalmologist also prescribes vision services, including glasses and contact lenses. At least 70% of the surgeon’s time is spent with pediatric patients.

2105  **Ophthalmology – Refractive**

These surgeons are certified by the American Board of Ophthalmology. At least 70% of the surgeon’s time is spent in refractive surgery, including laser correction surgery.

2130  **Ophthalmology – Retinal Surgery**

These surgeons are certified by the American Board of Ophthalmology. At least 70% of the surgeon’s time is spent in retinal surgery.

2135  **Oral-Maxillofacial Surgery**

These surgeons are certified by the American Boards of Dentistry with additional fellowship in oral-maxillofacial surgery. These surgeons are skilled in a wide spectrum of diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. These surgeons treat the entire craniomaxillofacial complex: anatomical area of the mouth, jaws, face, skull and associated structures.

2145  **Orthopedic Oncology**

An orthopedic oncologist specializes in the diagnosis and treatment of primary benign and malignant (cancerous) bone and soft-tissue tumors. Following an orthopedic surgical residency, a fellowship in orthopedic oncology lasting one to two years is to be completed. During this time, the physician will learn in depth about the pathology and treatment of various forms of primary malignant neoplasm affecting the boney structures of the human body.

2280  **Orthopedic Sports Medicine**

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in sports medicine. An orthopedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine and associated structures by medical and physical means. At least 70% of the surgeon’s time is spent on sports-related injuries.

2150  **Orthopedic Surgery**

These surgeons are certified by the American Board of Orthopaedic Surgery. An orthopedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine and associated structures by medical, surgical and physical means. An orthopedic surgeon is involved with the care of patients whose musculoskeletal problems include congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries and degenerative diseases of the spine, hands, feet, knee, hip, shoulder and elbow in children and adults. An orthopedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.
Orthopedic Surgery – Foot and Ankle

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in foot and ankle. These surgeons are orthopedic surgeons who spend at least 70% of their time on foot and ankle cases.

Orthopedic Surgery – Hand

These surgeons are certified by the American Board of Orthopaedic Surgery with a certificate of added qualification in hand surgery. These surgeons are specialists trained in the investigation, preservation and restoration, by medical, surgical and rehabilitative means, of all structures of the upper extremity directly affecting the form and function of the hand and wrist.

Orthopedic Surgery – Joint Replacement

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in joint replacement. At least 70% of the surgeon’s time is spent in the surgical treatment of degenerative diseases of the knee or hip.

Orthopedic Surgery – Pediatrics

These surgeons are certified by the American Board of Orthopaedic Surgery. At least 70% of the surgeon’s time is spent with pediatric patients.

Orthopedic Surgery – Shoulder

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in shoulder surgery. At least 70% of the surgeon’s time is spent performing surgeries specific to the shoulder and elbow.

Orthopedic Surgery – Spine

These surgeons are certified by the American Board of Orthopaedic Surgery with an additional fellowship in spine. At least 70% of the surgeon’s time is spent in the surgical treatment of diseases of the spine.

Orthopedic Surgery – Trauma

These surgeons are certified by the American Board of Orthopaedic Surgery. At least 70% of the surgeon’s time is spent on the treatment of trauma injuries. These surgeons are likely located in an emergency unit.

Otolaryngology

These surgeons are certified by the American Board of Otolaryngology. An otolaryngologist provides comprehensive medical and surgical care for patients with diseases and disorders that affect the ears, nose, throat, respiratory and upper alimentary systems and the related structures of the head and neck. An otolaryngologist diagnoses and provides medical and surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery and the treatment of disorders of hearing and voice are fundamental areas of expertise for this specialty.
2215 **Otolaryngology – Head and Neck Surgery**

These surgeons are otolaryngologists with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged.

2205 **Otolaryngology – Pediatrics**

These surgeons are certified by the American Board of Otolaryngology with a certificate of special qualification in pediatric otolaryngology. Pediatric otolaryngologists provide comprehensive medical and surgical care for pediatric patients with diseases and disorders that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck.

2240 **Pediatric Surgery**

These surgeons are certified by the American Board of Surgery with a certificate of special qualification in pediatric surgery. These surgeons have expertise in the management of surgical conditions in premature and newborn infants, children and adolescents.

2260 **Plastic and Reconstructive Surgery**

These surgeons are certified by the American Board of Plastic Surgery. A plastic surgeon deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia. A plastic surgeon uses aesthetic surgical principles not only to improve undesirable qualities of normal structures but also in all reconstructive procedures. A plastic surgeon possesses special knowledge and skill in the design and surgery of grafts, flaps, free tissue transfer and replantation. Competence in the management of complex wounds, the use of implantable materials and in tumor surgery is required for this specialty.

2265 **Plastic and Reconstruction – Pediatrics**

These surgeons are plastic surgeons who spend at least 70% of their time with pediatric patients.

2099 **Thoracic Oncological Surgery**

Thoracic oncological surgery is the branch of surgery that focuses on the surgical management of malignant neoplasms (cancer). These surgeons are surgical oncologists who specialize in the treatment of lung cancer, mesothelioma, esophageal cancer, sarcoma and cancer that has metastasized to the chest.

2275 **Thoracic Surgery**

These surgeons are certified by the American Board of Thoracic Surgery. A thoracic surgeon provides the operative, perioperative and critical care of patients with pathologic conditions within the chest. Included in this specialty is the surgical care of coronary artery disease, cancers of the lung, esophagus and chest wall, abnormalities of the trachea, abnormalities of the great vessels and heart valves, congenital anomalies, tumors of the mediastinum and diseases of the diaphragm. The management of the airway and injuries of the chest is within the scope of the specialty. Thoracic surgeons have the knowledge, experience and technical skills to accurately diagnose, safely operate upon and effectively manage patients with thoracic diseases of the chest. This requires substantial knowledge of cardiorespiratory physiology and oncology, as well as capability in the use of heart assist devices, management of abnormal heart rhythms and drainage of the chest cavity, respiratory support systems, endoscopy and invasive and noninvasive diagnostic techniques. The management of the airway and injuries of the chest is within the scope of the specialty. At least 90% of the surgeon’s time is spent performing thoracic-related procedures. Use the cardiac and thoracic surgery specialty (2010) for physicians performing both areas.
**Transplant Surgery – Kidney**
These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician’s practice is predominantly related to kidney procedures.

**Transplant Surgery – Liver**
These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician’s practice is predominantly related to liver procedures.

**Transplant Surgery – Medical**
These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. Transplant surgeons will have experience with histocompatibility and immunology, infectious disease and the preoperative and postoperative management of patients who require transplantation, as well as experience in performance and interpretation of special diagnostic techniques necessary for the management of rejection and other problems in transplant recipients.

**Transplant Surgery – Thoracic**
These surgeons are certified by the American Board of Surgery with special certification in transplant surgery. This physician’s practice is predominantly related to cardiac procedures.

**Trauma Surgery**
These surgeons are certified by the American Board of Surgery with special certification in trauma surgery. Trauma surgeons have expertise in the management of the critically ill and postoperative patient, particularly the trauma victim, and specialize in critical care medicine diagnoses, treating and supporting patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff, and other specialists.

**Urological Oncology**
These surgeons are certified by the American Board of Urology. These surgeons are urologists who specialize in the treatment of malignant genitourinary diseases. These surgeons may use minimally invasive techniques to manage urologic cancers.

**Urology**
These surgeons are certified by the American Board of Urology. These surgeons are urologists who manage benign and malignant medical and surgical disorders of the genitourinary system and the adrenal glands. This specialist has comprehensive knowledge of and skills in endoscopic, percutaneous and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.

**Urology – Pediatrics**
These surgeons are certified by the American Board of Urology with a certificate of special qualification in pediatric urology. These surgeons are pediatricians who manage benign and malignant medical and surgical disorders of the genitourinary system and the adrenal glands. These specialists have comprehensive knowledge of and skills in endoscopic, percutaneous and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.
2340  Vascular Surgery

These surgeons are certified by the American Board of Surgery with a certificate of added qualification in general vascular surgery. A vascular surgeon has expertise in the management of surgical disorders of the blood vessels, excluding the intracranial vessels of the heart. A vascular surgeon has expertise in the diagnosis and care of patients with diseases and disorders affecting the arteries, veins and lymphatic systems, excluding vessels of the brain and heart. Vascular surgeons also perform non-invasive diagnostic testing to detect vascular problems.
Anesthesiology

These physicians are certified by the American Board of Anesthesiology. These physicians are trained to provide pain relief and maintenance or restoration of a stable condition during and immediately following an operation, an obstetric or diagnostic procedure. These physicians also provide medical management and consultation in pain management and critical care medicine. Anesthesiologists diagnose and treat acute, longstanding and cancer pain problems; diagnose and treat patients with critical illnesses or severe injuries; perform direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation; and supervise post anesthesia recovery.

Anesthesiology – Pain Clinic

These physicians are certified by the American Board of Anesthesiology with a certificate of added qualification in pain management. These physicians are anesthesiologists who provide a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings.

Anesthesiology – Pediatrics

These physicians are certified by the American Board of Anesthesiology. An anesthesiologist who specializes in pediatric anesthesiology provides anesthesia for neonates, infants, children and adolescents undergoing surgical, diagnostic or therapeutic procedures as well as appropriate preoperative and postoperative care, advanced life support and acute pain management.

Anesthesiology – Cardiac

These surgeons are certified by the American Board of Anesthesiology with advanced training in cardiothoracic anesthesiology via a one-year fellowship. This subspecialty is devoted to the preoperative, intraoperative and postoperative care of adult patients undergoing cardiothoracic surgery and related invasive procedures. It deals with the anesthesia aspects of care related to surgical cases such as open-heart surgery, lung surgery and other operations of the human chest. These aspects include perioperative care with expert manipulation of patient cardiopulmonary physiology through precise and advanced application of pharmacology, resuscitative techniques, critical care medicine and invasive procedures. This also includes management of the cardiopulmonary bypass (heart-lung) machine, which most cardiac procedures require intraoperatively while the heart undergoes surgical correction.

Dermatopathology

These physicians are certified by the American Board of Pathology or the American Board of Dermatology with a certificate of added qualification in dermapathology. A dermapathologist has the expertise to diagnose and monitor diseases of the skin including infectious, immunologic, degenerative and neoplastic diseases. This entails the examination and interpretation of specially prepared issue sections, cellular scrapings and smears of skin lesions by means of routine and special (electron and florescent) microscopes.

Laboratory Hematology

Certified by the American Board of Pathology with a certificate of special qualification in Blood Banking/Transfusion Medicine. A pathologist who acquires, prepares, stores and handles blood products for adult, pediatric and neonatal transfusion.

Mammography

These physicians are certified by the American Board of Radiology with special certification in mammography. Mammographers are radiologists with greater than 70% of their practice in mammography.
4070 Microbiology (MD Only)

These physicians are certified by the American Board of Pathology with a certificate of special qualification in medical microbiology. These physicians are expert in the isolation and identification of microbial agents that cause infectious disease. Viruses, bacteria and fungi, as well as parasites, are identified and, where possible, tested for susceptibility to appropriate antimicrobial agents.

4080 Nuclear Medicine (MD Only)

These physicians are certified by the American Board of Nuclear Medicine. A nuclear medicine specialist employs the properties of radioactive atoms and molecules in the diagnosis and treatment of disease and in research. The nuclear medicine specialist has special knowledge in the biological effects of radiation exposure, the fundamentals of the physical sciences and the principles and operation of radiation detection and imaging instrumentation systems.

4100 Pathology – Combined (MD Only)

These physicians are certified by the American Board of Pathology for combined anatomic and clinical pathology. A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biological, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.

2270 Pathology – Anatomic (MD Only)

These physicians are certified by the American Board of Pathology in anatomic pathology. These physicians perform surgical procedures in the diagnosis and identification of diseases and deal with the morphologic changes in the tissues, gross and microscopic and pathological anatomy.

4103 Pathology – Clinical (MD Only)

These physicians are certified by the American Board of Pathology for clinical pathology and deals with the study of disease and disease processes by means of chemical, microscopic and serologic examinations.

4105 Pathology – Pediatrics (MD Only)

These physicians are certified by the American Board of Pathology. A pediatric pathologist is expert in the laboratory diagnosis of diseases that occur during fetal growth, infancy and child development. The practice requires a strong foundation in general pathology and substantial understanding of normal growth and development, along with extensive knowledge of pediatric medicine.

4107 Pathology – Surgical (MD Only)

These physicians are certified by the American Board of Pathology in anatomic pathology with a surgical pathology fellowship. A surgical pathologist examines gross and microscopic surgical specimens, as well as biopsies submitted by non-surgeons such as general internists, medical subspecialists, dermatologists and interventional radiologists. The practice of surgical pathology allows for definitive diagnosis of disease (or lack thereof) in any case where tissue is surgically removed from a patient. The pathologist may perform evaluations of molecular properties of tissue by immunohistochemistry or other laboratory tests.
A radiation oncologist physician certified by the American Board of either Pathology or Radiology. A specialist physician who uses ionizing radiation (such as megavoltage X-rays or radionuclides) in the treatment of cancer.

These physicians are certified by the American Board of Radiology with a certificate of added qualification in vascular and interventional radiology. These physicians are radiologists who diagnose and treat diseases by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging.

These physicians are radiologists who diagnose and treat diseases utilizing imaging procedures as they relate to the brain, spine and spinal cord, head, neck and organs of special sense in adults and children.

These physicians are certified by the American Board of Radiology. These physicians are radiologists who utilize X-ray, radionuclides, ultrasound and electromagnetic radiation to diagnose disease.

These physicians are certified by the American Board of Radiology. These physicians are specialists in pediatric radiology who utilize imaging and interventional procedures related to the diagnosis, care and management of congenital abnormalities (those present at birth) and diseases particular to infants and children. Two additional years – one year of a fellowship and one year of practice or additional approved training – are required.
PhD Only Positions

3020 PhD Only – Biochemistry

Biochemists study such things as the structures and physical properties of biological molecules, including proteins, carbohydrates, lipids and nucleic acids; the mechanisms of enzyme action; the chemical regulation of metabolism; the chemistry of nutrition; the molecular basis of genetics; the chemistry of vitamins; energy utilization in the cell; and the chemistry of the immune response.

3050 PhD Only – Diagnostic Radiology

This is a subspecialty concerned with or aiding in diagnosis using radiology. Diagnostic radiologists use ionizing and nonionizing radiation for the diagnosis and treatment of disease.

3055 PhD Only – Imaging (Physicist)

This specialty provides clinical medical imaging physics services using radiological imaging equipment. Clinical medical physicists are board certified (American Board of Radiology, American Board of Medical Physics or the American Board of Science in Nuclear Medicine) and maintain clinical credentials in independent specialties of medical imaging physics. Imaging physicists perform independent research in digital X-ray imaging, magnetic resonance imaging (MRI), X-ray computed tomography (CT), nuclear medicine physics (imaging and therapy) and optical imaging.

3060 PhD Only – Immunology

This specialty involves clinical treatments and ongoing research programs in molecular aspects of lymphocyte differentiation and function, including MHC expression and peptide interactions; class I MHC structure and function; germinal center biology; HIV pathogenesis; immune responses to gene therapy; inflammation and allergy; signal transduction; and V(D)J recombination.

3070 PhD Only – Microbiology

These individuals are medical providers who are experts in the isolation and identification of microbial agents that cause infectious disease.

3075 PhD Only – Neurophysiology

This specialty involves expertise in the diagnosis and management of central, peripheral and autonomic nervous system disorders using a combination of clinical evaluation and electrophysiologic testing such as electroencephalography (EEG), electromyography (EMG) and nerve conduction studies (NCS).

3215 PhD Only – Neuropsychology

These individuals are psychologists who have completed special training in the neurobiological causes of brain disorders and who specialize in diagnosing and treating these illnesses using a predominantly medical (as opposed to psychoanalytical) approach.

3100 PhD Only – Nuclear Medicine

This branch of medicine is concerned with the use of radioisotopes in the diagnosis, management and treatment of disease. Nuclear medicine uses small amounts of radioactive materials or radiopharmaceuticals, substances that are attracted to specific organs, bones or tissues.

3140 PhD Only – Other Laboratory

These individuals are laboratory physicians who are not classified elsewhere.
3150  PhD Only – Pathology

These individuals are specialists in pathology; they evaluate or supervise diagnostic tests, using materials removed from living or dead patients, function as laboratory consultants to clinicians or conduct experiments or other investigations to determine the causes or nature of disease changes.

3210  PhD Only – Psychology

These individuals are professionals specializing in diagnosing and treating diseases of the brain, emotional disturbances and behavior problems. Psychologists use psychotherapy as the primary form of treatment. In addition to their PhD and board certification, these individuals may have additional training in a specialized type of therapy.

3211  PhD Only – Psychology – Child

These individuals are professionals specializing in diagnosing and treating diseases of the brain, emotional disturbances, developmental problems and behavior problems in children. Psychologists use play and other psychotherapy as treatment and their practice is limited to children. In addition to their psychology PhD, these individuals may also have other qualifications, including additional training in child psychology.

3220  PhD Only – Radiation Therapy

Radiation therapists specialize in the use of high-energy rays to damage cancer cells, stopping them from growing and dividing. Radiation therapists use radiation therapy to treat cancer cells only in the affected area. These individuals have a PhD in physics, medical physics or a physical science and are board certified by the American Board of Radiology in therapeutic radiologic physics or by the American Board of Medical Physics in radiation oncology physics.
Other Health Care Providers

3000 Audiology

These individuals are health care professionals who are trained to evaluate hearing loss and related disorders, including balance disorders and tinnitus (ringing in the ears), and to rehabilitate individuals with hearing loss and related disorders. An audiologist uses a variety of tests and procedures to assess hearing and balance function. Audiologists fit and dispense hearing aids and other assistive devices for hearing.

3025 Certified Nurse Specialist

All clinical nurse specialists are registered nurses (RNs) who hold a master’s degree in nursing with a focus on a specific specialty. These nursing professionals usually work in a hospital setting delivering direct patient care, teaching staff and patients, consulting with other professionals and providing leadership and supervision in the workplace.

3030 Certified Registered Nurse Anesthetist (CRNA)

Certified registered nurse anesthetists (CRNAs) are RNs with critical care experience and graduate training in the delivery of anesthesia. CRNAs, usually under a doctor’s supervision, administer intravenous, spinal and other anesthetics as needed for surgical operations, deliveries and other medical and dental procedures. They control the flow of gases or injected fluids to maintain the needed anesthetic state of the patient.

3035 Chiropractor

This specialty requires a minimum two years of college and four years in a chiropractic school. The chiropractic specialty is defined as a system of diagnosis and treatment that is based upon the concept that the nervous system coordinates all of the body’s functions; holds that disease results from a lack of normal nerve function; and employs manipulation and specific adjustment of body structures. Chiropractors work to manipulate the spine with their hands to realign the vertebrae and relieve pressure on the nerves.

3040 Dentistry

Dentistry involves the evaluation, diagnosis, prevention and treatment (non-surgical, surgical or related procedures) of diseases, disorders and conditions of the oral cavity, maxillofacial area and the adjacent and associated structures and their impact on the human body.

3041 Dentistry – Pediatrics

Licensed by the state board of dentistry, a pediatric dentist specializes in both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

3065 Epidemiology

Epidemiology specialists focus on aspects of determining the occurrences and risk factors of disease and practice the prevention and treatment of disease. This can include surveillance and monitoring, screening, establishing and administering intervention programs for prevention or treatment of diseases, designing studies for determining risk factors of effectiveness of prevention approaches and analyzing data. These specialists have a master’s degree in epidemiology.

3080 Midwife (CNM)

Midwives are trained to assist a woman during childbirth. Midwives also provide prenatal care for pregnant women, birth education for women and their partners and care for mothers and newborn babies after the birth.
3090 **Nuclear Medicine – Non-Radiologist (Dosimetrist)**

This branch of medicine concerned with the use of radioisotopes in the diagnosis, management and treatment of disease. Nuclear medicine uses small amounts of radioactive materials or radiopharmaceuticals, substances that are attracted to specific organs, bones or tissues.

3112 **Nurse Practitioner – Geriatric**

A geriatric nurse practitioner (NP) is a state-licensed nurse and specializes in the branch of medicine concerned with the diagnosis, treatment and prevention of disease in older people and the problems specific to aging. An NP may function as a primary direct provider of health care and prescribe medications.

3113 **Nurse Practitioner – Medical Specialty**

Nurse practitioners – medical specialty are state-licensed nurses and their primary function involves any specialty found in the Medical Specialties section of this document with the exception of the following: family practice, internal medicine, pediatrics, geriatrics and any of the respective subspecialties. The NP specializes in providing the patient with a broad spectrum of care, both preventive and curative, over a period of time and in coordinating all of the care the patient receives. An NP may function as a primary direct provider of health care and prescribe medications or as a support position for physicians.

3115 **Nurse Practitioner – Primary Care**

Nurse practitioners – primary care are state-licensed nurses and their primary function involves the specialties of family practice, internal medicine, pediatrics and any of the respective subspecialties. The NP specializes in providing the patient with a broad spectrum of care, both preventive and curative, over a period of time and in coordinating all of the care the patient receives. A primary care NP often functions as a primary direct provider of health care and prescribes medications.

3116 **Nurse Practitioner – Radiology/Anesthesiology/Pathology**

Nurse practitioners – Radiology/Anesthesiology/Pathology specialty are state-licensed nurses and their primary function involves any specialty found in the Radiology/ Anesthesiology/ Pathology Specialties section of this document. The NP specializes in providing the patient with a broad spectrum of care and helps coordinate the care the patient receives. The NP functions as a support position for physicians.

3117 **Nurse Practitioner – Surgical Specialty**

Nurse practitioners – surgical specialty are state-licensed nurses and their primary function involves any specialty found in the Surgical Specialties section of this document. The NP specializes in providing the patient with a broad spectrum of care and helps coordinate the care the patient receives. A surgical NP functions as a support position for physicians.

3118 **Nutritionist (Non-MD)**

In a hospital or nursing home, a nutritionist is a person who plans or formulates special meals for patients. Nutritionist can also be simply a euphemism for a cook who works in a medical facility, but who does not have extensive training in special nutritional needs. In clinical practices, a nutritionist is a specialist in nutrition. Nutritionists can help patients with special needs, allergies, health problems or a desire for increased energy or weight change devise healthy diets. Training requirements vary by state.
3120 Occupational Therapist

An occupational therapist is a licensed health professional who is trained to evaluate patients with joint conditions, such as arthritis, to determine the impact the disease on their daily living activities. Occupational therapists can design and prescribe assistive devices that can improve the quality of the daily living activities of daily living for patients with arthritis and other conditions of the muscles and joints.

3130 Optometrist

An optometrist is a Doctor of Optometry, an OD. This individual is a health care professional who is licensed to provide primary eye care services. Optometrists examine and diagnose eye diseases such as glaucoma, cataracts and retinal diseases, diagnose related systemic (body-wide) conditions such as hypertension and diabetes that may affect the eyes, examine, diagnose and treat visual conditions such as nearsightedness, farsightedness, astigmatism and presbyopia and prescribe glasses, contact lenses, low vision rehabilitation and medications. Optometrists also perform minor surgical procedures such as the removal of foreign bodies.

3042 Orthodontics

Orthodontics involves the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiological and esthetic harmony among facial and cranial structures.

3155 Perfusionist

A perfusionist is a specialized health professional who operates the heart-lung machine during cardiac surgery and other surgeries that require cardiopulmonary bypass. The perfusionist's main responsibility is to support the physiological and metabolic needs of the cardiac surgical patient so that the cardiac surgeon may operate. The perfusionist is solely responsible for the circulatory and respiratory functions of the heart-lung machine. Perfusionists can be involved in procurement of cardiothoracic donor organs for transplant.

3160 Pharmacist

A pharmacist is a professional who fills prescriptions. Pharmacists are familiar with medication ingredients, interactions, cautions and hints. Pharmacists prepare and distribute medicines and to give information about them.

3170 Physical Therapist

Physician therapists are trained and certified by a state or accrediting body to design and implement physical therapy programs. Physical therapists use specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical therapists work with many types of patients, from infants born with musculoskeletal birth defects to adults suffering from sciatica or the aftereffects of injury, to elderly post-stroke patients.

3180 Physician Assistant – Medical

Physician assistant – medical training (PA) programs are accredited by the National Commission on Certification of Physician Assistants. They work under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). A PA can perform histories and physical examinations that do not go beyond a particular level. A PA can order any test that the PA is competent to interpret and provide the appropriate treatment. PAs follow patients through their hospital course or their course of treatment in a clinic setting.
**3182 Physician Assistant – Primary Care**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. They work under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). A PA can perform histories and physical examinations that do not go beyond a particular level. A PA can order any test that the PA is competent to interpret and provide the appropriate treatment. PAs follow patients through their hospital course or their course of treatment in a clinic setting.

**3183 Physician Assistant – Radiology/Anesthesiology/Pathology**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. A PA is a Radiology/Anesthesiology/Pathology practitioner who works under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). PAs can practice in virtually all Radiology/Anesthesiology/Pathology specialties, provided they are properly trained and supervised. PAs can be second and third assists in Radiology/Anesthesiology/Pathology procedures.

**3185 Physician Assistant – Surgical**

PA training programs are accredited by the National Commission on Certification of Physician Assistants. A PA is a surgical practitioner who works under the supervision of a licensed doctor (an MD) or osteopathic physician (a DO). PAs can practice in virtually all surgical specialties, provided they are properly trained and supervised. PAs can be second and third assists in surgical procedures and can perform simple surgical procedures such as laceration repairs.

**3190 Podiatry – Surgical**

A podiatrist is a provider that specializes in the evaluation and treatment of diseases of the foot. They perform surgical procedures on the foot.

**3212 Psychology (Master’s Level)**

This professional specializes in diagnosing and treating diseases of the brain, emotional disturbances and behavior problems. Psychology practitioners use psychotherapy as treatment. These providers have a certified master’s degree in psychology.

**3230 Social Worker**

A social worker helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. A social worker usually has a master’s degree in social work and has studied sociology, growth and development, mental health theory and practice, human behavior or social environment, psychology and research methods.

**3235 Speech Pathology**

This specialist evaluates and treats communication disorders and swallowing problems. Speech pathologists usually have an MA or doctorate in their specialty, as well as a certificate of clinical competence (CCC) earned by working under supervision.

*Most definitions are from the American Board of Medical Specialties’ website.*
**Chief Executive Officer (CEO) / President – Physician**
A physician CEO plans, directs and coordinates the overall activity of the organization, participates with the governing board in planning and determining the strategic direction of the organization, and is responsible for all operational and financial performance. This position is the top physician executive and reports directly to the governing board.

**Chief Executive Officer (CEO) / President – Non-Physician**
A non-physician CEO plans, directs and coordinates the overall activity of the organization, participates with the governing board in planning and determining the strategic direction of the organization, and is responsible for all operational and financial performance. This position is the top executive and reports directly to the governing board.

**Chief Compliance Officer (CCO)**
This position is responsible for maintaining contracts and processes so that adherence to federal and state regulations is maintained. Responsibilities may include conduct of internal reviews and monitoring for compliance as well as coordinating with other departments, such as legal, to interpret new or changing regulations.

**Chief Financial Officer (CFO)**
This position is responsible for the organization’s financial management, financial planning/budgeting, fiscal policies and administration of accounting practices. The role is typically involved in Board finance committees and subcommittees. The CFO often directs and coordinates business office activity (e.g., insurance claims, filing, billing, collections and accounts receivable).

**VP, Finance**
This position is responsible for high-level leadership of the finance, budgeting and/or accounting functions and may include business office oversight. In medical group organizations without a CFO position, it may be the highest-ranking finance position.

**Director, Finance / Controller**
This position is typically responsible for preparing financial statements, supervising the financial departments and monitoring financial and operational performance including cash flow. This position may be referred to as the Controller.

**Director, Health Information Management**
This position oversees all medical records personnel, policies and budget. The incumbent typically holds a professional certification in medical records management and may be responsible for related functions such as transcription and coding.

**Director, Payer Relations / Reimbursement**
This position is responsible for interactions with insurance companies or payers with which the medical group contracts. Duties may include negotiation of payment rates, analysis of over/underpayments and resolution of contract and billing issues with payers.

**Director, Physician Compensation**
This position is responsible for overseeing physician compensation including pay philosophies and policies, documentation, conducting analysis, recommending modifications, budgeting, and communicating with physicians on pay related issues. Benefits plans responsibility may also be subsumed within this role. This position often reports to the VP of finance, CFO or CHRO.
5500 **Director, Revenue Cycle (Professional)**

This position is typically responsible for several functions across revenue cycle operations, business office and collections functions. Duties include staffing, budgeting and daily operations. Additional areas of responsibility may include scheduling, registration, and insurance verification, professional coding and related compliance matters.

5590 **Director, Business Office**

This position is responsible for coordinating business office operations across the medical group. Duties include oversight of third-party reimbursement, physician billing, collections, contract administration and management reporting. The position has a more focused span of responsibility than the director, revenue cycle.

5150 **Manager, Business Office**

This position is responsible for traditional business office operations including rejections/denials management, cash posting, customer service and collections as well as related functions. The position has a more focused span of responsibility than the director, revenue cycle.

5040 **Chief Human Resources Officer (CHRO)**

This position is responsible for overall human resources or personnel administration including employee or labor relations, employment, wage and benefit administration, staff development, policy design and employee safety. This is the highest level of human resources leadership for the medical group.

5045 **VP, Human Resources**

This position is responsible for development, implementation and coordination of policies relating to all aspects of human resources and personnel administration. Duties may include oversight of recruitment, salary and benefits administration, labor law compliance and employee relations. This position reports to the CHRO.

5041 **Director, Human Resources**

This position is responsible for certain functions with human resources administration such as employee or labor relations, employment, wage and benefit administration, and staff development. The role supervises department staff, manages a budget and leads policy and procedure development. The human resources director reports to the VP of HR or CHRO.

5580 **Director, Physician Recruiting**

This position is responsible for functions within the human resources department regarding provider recruitment. The position reports to the VP of HR or CHRO.

5010 **Chief Information Officer (CIO)**

This position maintains overall accountability for information systems and computer activities, hardware, software, programming, networks, systems design and implementation. This role is often a vice president level position.

5017 **Chief Medical Informatics Officer (CMIO)**

This position develops and manages the organization’s capabilities in information systems and tools that are applied to medical information. The CMIO coordinates analytical support for medical management, including profiling, health economics and business analytics or performance metrics. The CMIO works with the information systems department to prioritize medical management needs. This position typically reports to the CMO or the CIO.
5510 **Director, Information Technology**  
This position is responsible for daily operations and staffing of information systems functions and related operational and capital budgeting, project management and reporting. The position typically reports to the CIO.

5050 **Director, Analytics/Decision Support**  
This position is responsible for daily business intelligence and analytics solutions. Duties may include implementation and review of processes and systems within the medical group, business intelligence and analytics as well as project management and reporting. The position typically reports to the CFO or CIO.

5155 **Manager, Business Analytics**  
This position is responsible for individual metric creation and dashboard development. This position is also involved in data system projects in areas such as health outcomes research, clinical data evaluation, care delivery design, patient flows, clinical episodes, and reimbursement design.

5015 **Chief Medical Officer (CMO)**  
This position develops and implements strategic goals related to quality improvement and management programs followed by medical and nursing staff. The CMO develops policies, practices and systems to monitor and implement quality control standards and measurements while ensuring compliance with regulatory agency standards and requirements.

5220 **Chief Quality Officer – Non-Physician (CQO)**  
This position is responsible for the planning, administration and monitoring of all quality management, regulatory requirements and quality improvement processes. The CQO develops policies, practices and systems to monitor and implement quality measurements while ensuring compliance with regulatory agency standards and requirements and other key quality performance indicators.

5016 **Chief Medical Quality Officer – Physician (CMQO)**  
This physician-based role. The position is responsible to oversee and manage quality, safety and performance improvement projects within the medical group for the planning, administration and monitoring of all quality management, regulatory requirements and quality improvement processes. The CMQO develops policies, practices and systems to monitor and implement quality measurements while ensuring compliance with regulatory agency standards and requirements and other key quality performance indicators.

5186 **Chair, Primary Care / Medical Specialties**  
This position is responsible for senior-level management of a broad range of primary care and medical specialties. May be referred to as the Department of Medicine. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational and financial goals for the organization.

5188 **Chair, Primary Care**  
This position is responsible for senior-level management of a broad range of ONLY primary care specialties. May be referred to as the Department of Primary Care. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational and financial goals for the organization.

5189 **Chair, Medical Specialties**  
This position is responsible for senior-level management of a broad range of ONLY medical specialties. May be referred to as the Department of Medicine. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational and financial goals for the organization.
Chair, Surgical Specialties

This position is responsible for senior-level management of a broad range of surgical specialties. May be referred to as the Department of Surgery. The incumbent works through medical directors or section chiefs of individual specialties to achieve clinical, operational and financial goals for the organization.

Medical Director, Primary Care

This position is responsible for managing and directing the activities of the primary care specialties (family practice, internal medicine, pediatrics and possibly obstetrics and gynecology) and administering the group’s programs and policies. The medical director for primary care ensures clinic operations meet financial, quality and productivity goals.

Medical Director, Medical Specialty

This position is responsible for overseeing the range of services within a medical specialty, including related subspecialties (e.g., general cardiology, interventional and EP). The medical director for a medical specialty directs the planning, implementation and staffing of services to meet the organization’s objectives.

Medical Director, Surgical Specialty

This position is responsible for overseeing the range of services within a surgical specialty which may include related subspecialties (e.g., OBGYN to include obstetrics, gynecology, perinatology, etc.). The medical director for a surgical specialty directs the planning, implementation and staffing of services to meet the organization’s objectives.

Director, Medical Education

This position is responsible for the administration of education activities including medical school relationships, residency programs, and allied health programs. Duties typically include responsibility for compliance with regulations and reporting requirements for these programs. Report physician and non-physician incumbents under this title.

Director, Quality Management / Performance Improvement

This position provides leadership and direction for quality improvement activities at the organization. This position is responsible for the development and maintenance of processes and procedures that monitor and improve quality including routine reporting across specialties. The incumbent may manage transfer of data to quality review organizations.

Chief Nursing Officer (CNO) / Patient Care Executive

This position exercises leadership responsibility over the practice of nursing as a member of the executive team. The CNO is responsible for evaluating, developing, recommending and implementing policies and procedures related to the delivery of safe and efficient, high-quality nursing care. The CNO directs and coordinates the activities of a staff of managerial, professional or technical and auxiliary nursing personnel.

Director, Nursing

This position is responsible for planning and directing the activities of nursing staff and ancillary nursing personnel. Additionally, the nursing director is responsible for annual operational and financial planning. The nursing director reviews and evaluates nursing service to ensure the quality of patient care and effective use of resources. The nursing director develops and interprets policies and procedures relating to nursing professional practice. Nursing units would have a reporting relationship to this individual.
5140 **Chief Operating Officer (COO)**

This position is responsible for a broad range of daily operations of the medical practice or any other affiliated organizations. The COO assists the CEO with planning and leadership of patient and non-patient care activities. This position reports to the CEO or president. In some organizations, this role may be the VP of Medical Group Operations.

5030 **Director, Facilities Management**

This position is responsible for major building projects and facilities expansions, space planning, remodeling of current facilities and maintenance of equipment and facilities. The incumbent may be responsible for related areas such as parking and security functions.

5520 **Director of Operations / Practice Administrator**

This position is responsible for the overall management of a physician practice or specialty. Duties include planning/budgeting, staffing and human resources management, regulatory compliance and physician relations. The role differs from a practice manager in that this position is typically involved with higher-level physician recruitment and contracting and may work in a dyad structure with a physician leader on issues related to clinical practice and physician performance management.

5105 **Manager, Clinic Operations I (< 15 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with fewer than 15 full-time equivalent (FTE) providers (MD/DO/advance practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff typically report to this position as well as clinical staff in some cases.

5530 **Manager, Clinic Operations II (15 – 30 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with 15 to 30 full-time equivalent (FTE) providers (MD/DO/advance practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff and supervisors typically report to this position as well as clinical staff in some cases.

5540 **Manager, Clinic Operations III (> 30 FTE providers)**

This position is responsible for front-line management of clinic operations at a site or location with more than 30 full-time equivalent (FTE) providers (MD/DO/advance practice clinicians). Daily responsibilities are focused on hiring, scheduling and staff performance management; maintenance of patient service and satisfaction programs; and support of clinical quality initiatives. Clerical and administrative staff and supervisors typically report to this position as well as clinical staff in some cases.

5550 **Chief Pharmacy Officer / VP of Pharmacy**

This position is responsible for operational and financial management of pharmacy functions across the medical group which may include retail pharmacy operations. Duties typically include management of drug formularies, pharmacy policies and procedures, pharmacist professional practice guidelines, and related medication safety initiatives.

5160 **In-House Legal Counsel**

This position is responsible for legal matters related to risk management and professional liability, business transactions and contracting, human resources, and federal, state and local regulations. This position may be considered the Vice President of Legal.
Medical Group Executive Role Titles and Descriptions

Continued

5060  Chief Marketing Officer
This position is responsible for marketing policies and programs across the medical group. Duties typically include coordination of sales, marketing functions, programs and policies that relate to the promotion of the organization.

5360  VP Strategy /Business Development
This position is responsible for coordinating business direction and strategic initiatives of the medical group. Duties typically include the exploration, expansion, development and management of business opportunities while maintaining organizational goals.

5365  VP Marketing
This position is responsible for the development and implementation of marketing policies and programs across the medical group. Duties typically includes administration of department budgeting and supervises marketing/communications.

5120  Director, Marketing / Public Relations / Communications
This position is responsible for development, management and implementation support of the organization's marketing plan. The role often includes responsibilities for internal and external communications and may be involved with media relations.

5560  Director, Strategy / Business Development
This position is responsible for facilitation of strategic plan development, elements of strategic plan implementation, and general support of business development activities. Project-oriented work may include new clinic and service line development, mergers and acquisitions, joint ventures and other growth-oriented activities.

5400  Chief Integration Officer – Non-Physician
This position is responsible for ensuring the coordination of all interacting systems within the medical group for population health management. The main focus of the position is on the physician integration needed to build and maintain accountable care management platforms that allow for risk segmentation. In some organizations, this role may be the Chief Accountable Care Officer. This is a non-physician position.

5405  Chief Integration Officer - Physician
This position is responsible for ensuring the coordination of all interacting systems within the medical group for population health management. The main focus of the position is on the physician integration needed to build and maintain accountable care management platforms that allow for risk segmentation. In some organizations, this role may be the Chief Accountable Care Officer. This is a physician position.

5305  VP, Population Health
This position is responsible for coordinating data analysis and processes to improve health outcomes, reduce cost and achieve patient satisfaction metrics. Duties typically include clinical quality review and cost data review which may include managing risk-bearing payer contracts. This position reports to the Chief Integration Officer. Care coordination functions may report directly or indirectly to the role.

5310  Director, Care Coordination/Case Management
This position is responsible for managing patient transitions across the continuum of care. The position is often based in the inpatient setting. The duties include coordinating care across inpatient and outpatient services, including longer-term placement for some patients in rehabilitation services or skilled nursing facilities. Emphasis is placed on caring for the patient at the most appropriate level of care given the patient's clinical condition.