2026 AMGA Medical Group Data Collection

Instructions and Data Definitions

General Information

- Report data effective as of January 1, 2026, for full year (12-month) timeframe**.**
- The completed survey questionnaire is due by **May 1st, 2026.**
- Target date for issuance of final report:
  - Clinic Staffing Report: June 2026
  - Operations and Finance Report: July 2026
- Survey reporting period: Calendar year 2025 or most recently completed fiscal year.
- For questions regarding the survey or to submit the data, please contact the survey team at AMGASurveys@amga.org. Questions and/or assistance in filling out the survey can also be directed to the contact listed below:

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Key Changes to 2026 Survey

- If you are participating in the Operations and Finance survey, please submit a copy of your medical group's year-end P&L income statement in addition to the benchmark template. Data will be used for group-reported financials in addition to data from the Financial Profile tab.
- The collection template has been streamlined to focus data collection on key performance indicators for clinic staffing and operations. The following sections have been updated:
  - Group Profile
  - Financial Profile
  - Access
  - Operational Support Staffing :
- Helpful reports/departments for compiling the data:
  - Accounting/Financial reports
  - Human Resources/Payroll reports
  - Income Statements/Profit & Loss
  - Expense reports including operating, provider, and staff costs.
  - Patient Accounting and Payor information reports

It is important that the data is accurate and is compiled by the appropriate department/subject matter experts.

Overall Instructions

1. **Do not gross up partial FTEs, salaries or any other data points to annualized figures.** This will be done by AMGA Consulting as needed, based on the fiscal or calendar year dates entered on the **Introduction and Contact Info** tab. FTEs should be consistent with total FTEs and should align with revenue and expenses reported.

2. Please fill out as much of the survey as possible. Email the completed survey template to the survey team at AMGASurveys@amga.org.

3. All returned surveys are retained in a confidential file by AMGA Consulting. Only summarized information from the aggregate database is reported.

Section Descriptions

This data collection template is comprised of six sections, which can be divided up and distributed to the appropriate subject matter experts for completion.

1. **Group Profile:** Information about your medical group. **This section is required for both surveys (Clinic Staffing and Operations and Finance).**

2. **Financial Profile:** Operational and financial data for the medical group in total. This includes profit and loss details required for the Operations and Finance Survey.

3. **Access:** Information about patient access metrics for the medical group in total.

4. **Revenue Cycle:** This section includes questions on revenue cycle functions managed by the medical group in total to be reported in the Operations and Finance Survey.

5. **Operational Support Staffing:** Review of your medical group's operational support (overhead) staffing (FTEs and salaries) by functional area to be reported in the Operations and Finance Survey. All direct clinic patient care staff should be excluded from this tab.

6. **Clinic Staffing & Financials:** This section contains data on staffing, revenues, and expenses per individual clinic and/or department. The worksheet is set up for a maximum of one hundred clinics. If additional space is needed, contact Danielle DuBord at ddubord@amgaconsulting.com. **This section is required for both surveys (Clinic Staffing and Operations and Finance)**

AMGA Consulting gathers data pursuant to this questionnaire for reporting and benchmarking purposes. AMGA Consulting maintains the information provided in this questionnaire confidential, as described herein. The data provided is reported in AMGA Consulting's surveys in the form of aggregated summary statistics. No organization's data is listed or reported in any identifiable way. The survey report is based on data provided by survey participants, 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, 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 is included.

Section I: Group Profile This section is required.

Question 1 Organizational Classification

Select from the drop-down menu the organizational classification that best fits your organization. If none of the drop-down options matches your group, provide relevant information in the other field. Options include:

- **System Affiliated:** Medical groups that operate within a healthcare system providing a continuum of health care services.
- **Independent:** Medical groups that have no corporate or legal relationships with a healthcare system and operate as an independent provider organization.
- **Other:** If the reported organization does not fit any of the classifications above, include additional information in the space provided.

Question 2 Academic Affiliation

Select from the drop-down menu the academic affiliation that best fits your group. Groups identified as Academic Medical School will be included in any academic filtering of the data. Options include:

- **None:** The medical group has no affiliation with an academic institution.
- **Medical School:** The medical group is a tertiary educational institution, professional school, or forms a part of such an institution that teaches medicine and awards a professional degree for physicians.
- **Teaching Institution:** The medical group partners with a medical school to provide medical education and training.
- **Residency Program:** The medical group offers post graduate residency training.

Question 3 Tax Status

Select from the drop-down menu the tax status that best fits your group. Options include:

- **For-Profit**: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders.
- **Not-For-Profit Corporation or Foundation**: An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan must provide evidence of a charitable, educational, or research purpose.

Question 4 Group Classification

Select from the drop-down menu the classification that best fits your group. Options include:

- **Single Specialty (Surgical):** A medical group focused on the treatment/clinical work of a single specialty/area that is surgical in nature.
- **Single Specialty (Medical):** A medical group focused on the treatment/clinical work of a single specialty/area that is medical or non-surgical in nature.
- **Primary Care:** A medical group focused on treatment/clinical work for primary care only. Primary care specialties include Family Medicine, Internal Medicine, Geriatrics, Pediatrics – General and Urgent Care. OB/GYN is not classified as Primary Care for the purpose of this report and is classified as a surgical specialty**.**
- **Multispecialty with Primary Care:** A medical group that consists of providers in multiple specialties, including Primary Care.
- **Multispecialty without Primary Care:** A medical group that consists of providers in multiple specialties, NOT including Primary Care

Question 5 Majority Owner

Select from the drop-down menu the option that matches the majority owner of the organization.
If none of the drop-down options matches your group, provide relevant information in the other field Options include:

- Physician
- Hospital
- University or Medical School
- Health System
- Physician Practice Management Company
- Insurance/ Managed Care Organization
- Government
- Private Equity

Question 6 Private Equity (Y or N)

Select Yes or No from the drop-down menu if your organization receives funding and is supported by a private equity firm. The private equity firm is not necessarily the majority owner of the organization.

Question 7 Individual Clinic Sites

Report the total number of individual clinic sites/departments within the medical group. For medical office building locations, please include the number of separate clinic sites/departments within the location. The number of clinic sites should not include outreach clinics (clinics operating on a part-time schedule, with no full-time providers, where the part-time nature of the clinic meets the level of demand in the community).

Question 8 Total Provider FTEs

Report the total provider (physician and APC) FTEs for each specialty type or role employed by your organization. Provider specialties should include providers whose primary purpose is clinical. Providers are separated into two categories, Physicians and APCs (advanced practice clinicians). APCs should include nurse practitioners (NP), physician assistants (PA), certified nurse midwives (CNM), and nurse anesthetists (CRNA).

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Specialty types include the following fields:

- **Primary Care**: Specialties in this category include Family Medicine, Internal Medicine, Pediatrics-General, Urgent Care and Geriatrics only along with other non-physician specialties that support Primary Care.
- **Medical Specialists**: Specialties in this category include non-surgical physician and non-physician specialties including Dermatology, Cardiology, Gastroenterology, and Pediatric medical sub-specialties, physician assistants or nurse practitioners, among other specialties.
- **Surgical Specialists**: Specialties in this category include surgical physician and non-physician specialties including General Surgery, Orthopedic Surgery, physician assistant or nurse practitioner – surgical, among other specialties.
- **Radiology, Anesthesiology and Pathology (RAP)**: Specialties in this category include physicians, APCs and other providers in Radiology, Anesthesiology and Pathology.

Academic/faculty/research and administrative FTEs should be reported separately in the corresponding fields. A provider who splits their time between clinical and administrative or faculty roles should be reported in both sections. For example, if a Family Medicine physician spends 50 percent of their time in clinical work and 50 percent in an administrative function, they should be counted as 0.5 FTE as Physician FTE, Primary Care and 0.5 FTE under Physician FTE, Administrative.

Question 9 Clinic Turnover by Role

Report the total turnover percent for each specified role within the medical group by calculating the number of FTE departures divided by the average total headcount/FTE for each staff role (for CY2025 or most recent 12-month timeframe). Include the number of full-time, part-time, and regularly scheduled staff who voluntarily or involuntarily left the organization. Exclude any PRN, temporary, or casual employees. The turnover number should only be those who leave the organization, not those who transfer within the group.

Question 10 Clinic Visits

Provide the number of medical group clinic visits during the reporting period. Visits reported are grouped by specialty type.

- **Total Clinic Visits: <u>By Patient Type</u>**
  - **New Patients:** Patients new to the practice and have not been seen by a medical group provider in the past three years.
  - **Established Patients:** Existing patients of the practice that have been seen by a medical group provider with the medical group within the last three years.
  - **Total Visits:** Total of all visit types for the specialty type.
- **Total Clinic Visits: <u>By Visit Setting Type</u>**
  - **In-Person Visits:** Visits performed in-person in a clinic setting.
  - **Telehealth/Virtual Visits:** Visits performed telephonically or via video conference, (not performed in-person and not asynchronous).
  - **Total Visits:** Total of all visit types for the setting type.

Question 11 Patient Facing Clinic Contact Hours

Submit the number of patient-facing/clinic contact hours a full-time physician is expected or required to schedule each week in the clinic. This should align with your clinic provider schedule template for patient contact hours. This does not include paperwork, inbox administration or hospital time. Please specify the hours for each specialty type: Primary Care, Medical Specialties, and Surgical Specialties.

Question 12 Remote Staff

Report the percent of staff (total remote staff divided by total staff) that work remotely in each of the following areas: non-clinic/operational support staff, clinic back-office staff, clinic front office staff, and total.

Question 13 Engagement or Satisfaction

For each category, report whether the organization participates in engagement or satisfaction surveys of providers and/or staff. Select Yes or No from the dropdown in the box next to each survey type. For each survey your group participates in, report the participation percent (respondent count divided by total invited to participate), including patient satisfaction surveys.

Report the organization performance metrics in the scores table. For each survey your group participants in, report the average satisfaction rating. If your survey uses a different scale, please normalize the results to a 10-point scale. Report the net promoter score (NPS) for each group as a score from -100 to 100.

Section II: Financial Profile

Operations and Finance Survey Only

Note: Data should be reported for the medical group enterprise only. Data provided should not include other entities that are part of the health system. Exclude hospitals, hospice, home health, insurance companies, ambulatory surgical centers (ASC) and other related business units that do not roll-up into your medical group enterprise entity.

Financial Data

Question 1 **Financial Data – This question is required for the Operations and Finance Survey. In addition to the data requested, please submit your medical group's year-end P&L/income statement to validate numbers.**

Report your medical group enterprise's annual total financial data for the reporting period. For each category of revenue or expense, please provide the data with as much detail as possible. If the detail is not available, fill in each major category total. Each category includes a total summary line. Please verify the total and override, if appropriate.

- **Total Gross Revenue:** Total gross charges for provider services for the medical group during the reporting period.
- **Total Net Revenue:** Total gross operating revenue minus all deductions (discounts, allowances, bad debt and write-offs).
- **Other Non-Medical Revenue:** Revenue/net collections obtained from non-medical services, including, but not limited to interest and investment revenue or other capital gains, rental revenue, or revenue from other business ventures outside of providing clinical care.
- **Total Operating Revenue:** Total collections for services rendered by the medical group including clinical and non-clinical revenue. This reflects all gross revenue/charges minus deductions, plus any other operating revenue.\
- **Total Operating Expenses:** All expenses related to the medical group enterprise operations including, but not limited to, labor, supplies, depreciation and amortization, general and administrative expenses. (Excludes capital expenses, system overhead, interest and income taxes).

Profit and Loss: Overall operating income/margin with and without overhead allocations

- **Operating Profit/Loss before Overhead:** Total net revenue minus total operating expenses
- **Overhead Allocation:** Allocation of costs for administration and other centralized services passed to the medical group from a corporate or other entity, where applicable.
- **Total Operating Profit/Loss with Overhead:** Total operating income/margin with the overhead allocation included.

Question 2 **Benefits Expense Percent**

Report the benefits expense as a percent of salary expense for four different employee groups – physicians, non-physician providers, executives, and staff. This may be calculated from financial statements, or the number used for internal analysis.

Question 3 Payor Mix (Gross and Net Revenue)

Report patient revenue (Gross and Net) your organization derives from the various payors listed below. If you use other payor types, record the value in the Other field and describe in the space provided.

- Medicare
- Medicare Advantage
- Medicaid
- Medicaid – Capitated
- Commercial
- Other – Capitated
- Self-pay
- Worker's Compensation
- Other

Question 4 Bad Debt/Uncollected Accounts Percent

Report the annual bad debt percent of revenue (gross and net) that was not collected and written off in the reporting period. This should NOT reflect contractual or payor adjustments. The total should equal your group's bad debt dollars divided by the patient service revenue (gross and net).

Question 5 Percent of Patients Covered by Capitated Plans

Report the percent of patients covered by/enrolled in capitated plans within your medical group for the reporting period.

- **Medicare:** Calculate the number of Medicare Advantage patients divided by the total number of Medicare patients (including Medicare Advantage) over the past 12 months.
- **Medicaid:** Calculate the number of Medicaid patients with capitation divided by the total number of Medicaid patients (including capitated patients) over the past 12 months.
- **Other:** Calculate the number of other patients with capitation divided by the total number of patients not including Medicare or Medicaid.

Section III: Access

Operations and Finance Survey Only

The following section pertains to patient access metrics within your organization. Data reported should reflect a 12- month reporting period - fiscal or calendar are sufficient.

Question 1 **Average Appointment Lead Time**

Report the average length of time (in days) between the day an appointment is requested, and day the appointment is available/booked for each specialty type (primary care, medical, surgical) and patient type (new or established). Do not include urgent care, e-consults, walk-ins and non-arrived appointments.

Question 2 **Practice Capacity Utilization (Fill Rate)**

Report the average percent of available schedule slots that were filled with clinic visits for each of the specialty types (primary care, medical and surgical specialties). Do not deduct or alter the capacity utilization for no-shows.

Question 3 **Appointment Confirmation Rate**

Report the average percent of appointments confirmed at least 24 hours prior to the appointment date for each specialty type (primary care, medical and surgical specialties). This will reflect percent of appointments where patient confirmed via email, text, call, or other means prior to their scheduled appointment.

Question 4 **Appointment Cancellation Rate**

Report the average percent of appointments cancelled at least 24 hours prior to the appointment date for each specialty type.(primary care, medical and surgical specialties). No-shows should not be included in the cancellation rate.

Question 5 **Clinic No-Show Rate**

Report the average percent of patients that do not show up for scheduled appointments for each specialty type (primary care, medical, and surgical specialties).

Report (Yes or No) if cancellations within 24 hours prior to the visit are included in the no-show calculation rate.

Question 6 **Online / Self-Scheduled Appointment**

Report the average percent of scheduled appointments that are made online or self-scheduled by the patient for each specialty type. Only include appointments where the patient also arrives for their appointment.

Section IV: Revenue Cycle

Operations and Finance Survey Only

The following section pertains to revenue cycle metrics within your medical group. Data reported should reflect a 12-month reporting period - fiscal or calendar. Please include only medical group operations data.

Question 1 **FTEs by Central Business Office Function**

Report on the method of staffing (employed, outsourced, or both) for the central business office functions listed. If employed, report the total employed FTEs (staff and leadership) for each central business office function, including all partial FTEs of employees that were hired or terminated during the reporting period. Front-end functions such as scheduling or registration staff should **not** be reported in this section and should be reported at the clinic level.

- Revenue Cycle Management/Leadership
- Professional Coding
- Accounts Receivable/Account Follow-Up
- Payment Posting/Refund Processing/Cashier
- Customer Service (post-visit)
- Collections/Delinquent Accounts

Question 2 **Co-Pay Collection Percent**

Report the percent of co-pays that are collected at the point of service/time of the visit for both primary care and specialty care services.

Question 3 **Clean Claims Rate**

Report the percent of claims accepted/processed for billing requiring no manual intervention or editing. The percent should be calculated by the number of claims that passed/no edits divided by the total claims.

Question 4 **Date of Service (DOS) Lag times**

Report the average days from date of service (DOS) to the date the claim is submitted to payers/bill drop.

Question 5 **Denial Rate**

Report the total annual claims denial rate for the medical group for the reporting period. This is the number of claims denied by payors divided by the total number of claims. Also report the amount of gross revenue that is associated with claims denials.

Question 6 **Claims Denial Reasons**

Report the total percent of claims denied or rejected by payors for each of the reasons listed below. Divide the total number of claims in each category by the total number of denied claims**.** The total of the categories reported should equal 100%.

- Medical necessity
- Timely filing
- Non-covered service
- Duplicate
- Additional information
- Coordination of benefits
- Credentialing
- Bundled payment
- Prior authorization

- Other reasons. If percent reported, list reason description in the space provided.

Question 7 Write-off Percent

Report the percent of denials that are ultimately written off. Divide the total dollar amount of write-offs by the total net patient revenue.

Question 8 Average Days in Accounts Receivable

Report the average number of days for accounts in account receivable at the end of the reporting period.

Question 9 Accounts Receivable Aging

Report the total dollar amount (net and gross) assigned to each accounts receivable aging bucket at year-end.

Question 10 Net Collections Rate

Report your medical group enterprise's net collections rate (NCR). NCR is reported as the total collections divided by total charges less contractual adjustments. (Payments / (Charges – Contractual Adjustments)) * 100%. This is a key indicator of how much money is truly collectable, minus any contractual discounts that have already been negotiated.

Section V: Operational Support Staffing

Operations and Finance Survey Only

This section captures data relating to operational support functional areas. These functions may be provided at the clinic/department level, as part of a centralized department or as part of an overhead allocation. Include all staff regardless of staff location. Each group organizes their staff differently. If you have questions on how to report staffing counts and salaries, please reach out to the survey team at AMGASurveys@amga.org.

The table is set up to collect FTEs and some salary data for a list of operational support functional areas and staff role. The staff role categories are:

- **Staff**: Support and technical staff
- **Coordinator/Supervisor**: If applicable
- **Manager**: Direct department leadership of the functional area.
- **Director**: If applicable
- **Vice President**: Executive leadership of the functional area
- **Total Operational Support Staff:** Summary of total FTEs and salaries of the functional area.
- **Operational Executive Categories:** Includes executive administration support and total executive leadership FTEs and salaries.

Please report data for all employees during the reporting period. Include new hires and termed staff members with their FTE status and total salary/compensation received (excluding benefits). Prorate for actual time worked during the reporting period.

Definitions and title examples for each of the operational support functional areas are on the Operational Support Staffing tab and listed below. The operational areas included are defined as:

- **General Accounting / Finance:** The cost and FTEs associated with your medical group's general accounting / finance department. Roles may include but are not limited to Vice President of Finance, Controller, Finance Director, Financial Accounting Manager, and Financial Analyst. Include those who provide accounts payable, provider compensation, payroll, bookkeeping, other financial reporting, and related administrative support.

- **Information Technology / Electronic Health Records (EHR):** The cost and FTEs associated with your group's information technology/electronic health record (EHR) department. Roles may include but are not limited to: Vice President of IT, Director/Manager, IT Security Analyst, Telecommunications Specialist, Help Desk Technicians, Network Security, IT Data/Systems Analyst, Informatics, Help Desk - Clinical Support, other IT/IS or EHR roles and related administrative support.

- **Quality / Patient Safety / Risk:** The cost and FTEs associated with your group's quality / patient safety /risk department. Roles may include but are not limited to Vice President of Quality, Director of Quality, Quality Improvement Analyst, Patient Safety Specialist, Infection Prevention resources, Quality Assurance Specialist, Risk Manager, regulatory reporting staff and related administrative support.

- **Process Improvement / Patient Satisfaction:** The cost and FTEs associated with your group's process improvement / department of excellence. Roles may include but are not limited to Vice President of Performance Improvement, Performance Improvement Director, Performance Improvement Specialists, Six Sigma Black/Green belts, related administrative support and other resources supporting Lean/Six Sigma efforts, high reliability initiatives and other processes to improve performance.

- **Care Coordinators:** The cost and FTEs associated with your group's care coordinators department. Roles may include but are not limited to Case Managers, Social Workers, Patient Care Navigators, Utilization Review staff, Patient Care Coordinators, and related administrative support.

- **Patient Contact Call Center:** The cost and FTEs associated with your group's centralized patient contact/call center. Roles may include Director of Contact/Call Center, centralized telephone operators, agents or receptionists, and related administrative support.
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- **Operational Leadership / Administration:** The cost and FTEs associated with your group's operational leadership/administration department. Roles may include but are not limited to Vice President of Operations, Practice Administrator, Practice Manager, Site/Clinic Manager, Director of Operations, Market Manager, Regional/Clinic Director, and related administrative support.

- **Central Business Office / Patient Accounting:** The cost and FTEs associated with your group's central business office /patient accounting department. Roles may include but are not limited to Vice President of Revenue Cycle, Revenue Cycle Director, Billing/Accounts Receivable Manager and other cash posting, customer service, collections, coding, charge entry, insurance verification, prior authorization, denial management and related administrative support roles.

- **Human Resources:** The cost and FTEs associated with your group's human resources department. Roles may include but are not limited to Vice President of HR, HR Director/Manager, HR Specialist/Generalist, Benefits Administrator and HR leadership/administration. Include those who support provider and staff recruiting, workforce planning and employee/labor relations functions, compensation, benefits, and related administrative support roles.

- **Marketing and Public Relations:** The cost and FTEs associated with your group's marketing and public relations department. Roles may include but are not limited to Vice President of Marketing, Marketing Director, Media Relations, Marketing Coordinator, Communications Specialist, Director of Sales, and Graphic Designer. Include those responsible for development and management of marketing plan, marketing activities, promotion/outreach activities and related administrative support.

- **Referral/Refill Management (Centralized):** Roles include any personnel used in a centralized capacity to manage referrals, refills, and support patient transition to the next step in their care. Do not include those deployed to a specific clinic and included in the clinic staffing.

- **Executive Operational Categories**: Provide the total FTEs and salaries for executive leadership and administration support for the following categories:

    - **Executive Team:** Positions include but are not limited to Chief Executive Officer (CEO) (non-physician), Chief Financial Officer (CFO), Chief Operating Officer (COO), Chief Information Officer (CIO), Chief Quality Officer (CQO) (non-physician), Chief Nursing Officer (CNO), Chief Transformation Officer (CXO), Chief Human Resources Officer (CHRO), Chief Administrative Officer (CAO), Chief Legal Counsel and Medical Group President (non-physician). Vice Presidents should not be included as executive team as they are included the operational categories above. Include executive assistants in the administrative support space provided.

    - **Physician Leadership:** Positions include physicians in the following leadership roles but are not limited to Medical Group President (MD/DO), Chief Clinical Officer (CCO), Chief Medical Officer (CMO), Chief Medical Information Officer (CMIO), Vice President Medical Affairs (VPMA), Chief Quality Officer (CQO) or other key physician leaders. Include executive assistants in the administrative support space provided.

    - **Medical Directors:** The cost and FTEs associated with your group's medical directors. Positions include but are not limited to Medical Director – Primary Care, Medical Director – Surgical Services, or other physician leaders with specific focus areas. Include executive assistants in the administrative support space provided.

Section VI: Clinic Staffing and Financials

This section captures clinic or department specific staffing and financial data, commonly found on a profit and loss, income statement or department financial report. These could also reflect data from cost centers within the medical group. The data collected includes FTEs, revenues, expenses, visits and wRVUs for each clinic or department. Please report data for all employees during the reporting period, including those in a management role. Include new hires and termed staff members, with their FTE, salary, and benefits prorated for actual time worked during the reporting period.

For each individual clinic/department, please select the clinic specialty from the drop-down menu that best fits the clinic/department. If a clinic/department location has multiple provider specialties, please select the appropriate multi-specialty listing, or select the specialty for which a majority of the providers practice. Staffing is broken out into various categories and staff types (definitions below).

For each clinic/department FTEs, wRVUs and number of clinics/locations are needed for survey reporting purposes. If any of the three fields are incomplete, the missing data will be highlighted in row eight. Submissions with missing data will need to be corrected. An asterisk is listed in Column C to identify fields (rows) required for each survey. Please complete as much of the data as available. If the row is not applicable for your medical group for a specific clinic/department, leave the field blank.

The survey tool contains space for data from one hundred individual clinic entities. If additional clinic reporting space is needed, contact the survey team for additional assistance. .

Required fields in this section are noted with an asterisk. These fields are required to receive the maximum benefit for participation.

Practice Demographics (required for both surveys)

- **Number of Clinics/Locations:** Provide the total number clinics or locations included in the clinic/department/service line. For example, if the Internal Medicine services are submitted as one clinic/department for your medical group, but represents twelve different clinic locations, enter twelve in this field.

- **Provider FTEs:** report total FTEs for Physicians (include all MDs and DOs), Advanced Practice Clinicians (APCs, including NP - Nurse Practitioners, PA - Physician Assistants, CNM - Certified Nurse Midwives and CRNA - Certified Register Nurse Anesthetists) and in total.

- **Average Weekly Clinical/Patient-Facing Contact Hours per physician FTE:** Report the average weekly patient-facing clinic contact hours, per physician FTE. This does not include paperwork, inbox, or administrative time. Include all physicians within the clinic/department.

- **Work RVUs**

  Note: Include all work RVUs, including those from telehealth or virtual services. Work RVUs in this column are to be reported using the **2025 CMS wRVU values**. The *2026 AMGA Survey wRVU Converter tool* can be used to calculate wRVU totals for 2025 based on billing code utilization. It is critical that wRVU values be reported accurately. If utilized, please include the wRVU Converter with survey submission.

  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 personally-performed by each provider in the medical group, **using the 2025 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 provider or allied healthcare professional. Work RVUs should reflect ***personally performed*** production by the provider as the ***rendering provider*** of care on the claim. This should exclude work RVUs generated by APCs supervised by the physician.

Report FTE providers with at least a 0.5 ***clinical*** FTE at their actual RVU amount. See the Production Guideline Table under Column 31 as it applies to work RVUs. 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 the 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		
Modifier	Description	Volume Adjustment
80,81,82	Assistant at Surgery	16%
AS	Assistant at Surgery - PA	14%
50 or LT&RT	Bilateral Surgery	150%
51	Multiple Procedure	50%
52	Reduced Services	50%
53	Discontinued Procedure	50%
54	Split Surgical Care	70%
55	Split Surgical Care	20%
56	Split Surgical Care	10%
62	Co-surgeons	62.5%
66	Team Surgeons	33%
74	Discontinued Service	50%
78	Unplanned Return to OR	70%
TC	Technical Component	0%

- **Total 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, telehealth or virtual 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. **Note: Include all patient visits, including those from telehealth or virtual visits.**

Clinic Survey Staffing

Clinic Staff FTEs (Required for the Clinic Staffing survey): Report on the staff FTEs for roles that align with the structure of the clinic/department. Staff roles include:

- **Total Clinical Support/Direct Patient Care Staff:** This is a roll-up of clinic-based direct patient care staff which includes Registered Nurses (RN), Licensed Practice Nurses (LPN/LVN) and Medical Assistants (MA). Please enter the FTE totals for each role in the rows below and the total will automatically populate this field.

- **Registered Nurses (RNs):** Clinic staff licensed as a registered nurse and providing patient care in the clinic setting. Include patient care, RN only visits, triage, and phone support, and working supervisors. Exclude the FTE of Registered Nurses who work exclusively in the clinical laboratory, radiology, or other ancillary department.

- **Licensed Practical Nurses (LPNs/LVNs):** Clinic staff to provide patient care in the clinic setting, including working supervisors. LPN/LVNs are licensed to provide a defined scope of clinical service, typically less than that of an RN. Exclude the FTE of Licensed Practical Nurses who work exclusively in the clinical laboratory, radiology, or other ancillary department.

- **Medical Assistants (MA):** Clinic staff member providing patient care and operations within the clinic. Include any role functioning as a clinical assistant within the clinic including nursing assistants/aides (NA) providing rooming, vital signs, assisting providers and documentation support. Exclude the FTEs of MAs who work exclusively in the clinical laboratory, radiology, or other ancillary departments.

- **Total Ancillary Staff:** This is a roll-up of clinic-based ancillary staff. This includes radiology/imaging and laboratory staff FTEs. Please enter the FTE totals for each role in the rows below and the total will populate in this field.

- **Radiology/Imaging Staff:** Diagnostic radiology and imaging services staff that are physically located in the clinic setting or portion of FTE/costs allocated to the clinic.

- **Laboratory Staff:** Dedicated laboratory service staff that are physically located in the clinic setting or portion of FTE/costs allocated to the clinic.

- **Total Other Patient Care Staff:** This is a roll-up of clinic-based other patient care staff. This includes scribes, pharmacy, dietician/nutritionist, behavioral health, social workers, RN care coordinator, quality, and other direct patient care support staff FTEs. Please enter the FTE totals for each role in the rows below and the total will populate in this field.

- **Scribes:** Clinic staff member assisting providers with real-time visit documentation. Scribes may be in-person or virtual. Scribes may also be employed or provided through a contracted service.

- **Pharmacy Staff:** Dedicated pharmacy staff that are physically located in the clinic setting or portion of FTE/costs allocated to the clinic.

- **Dietician/Nutritionist:** Clinical nutrition support staff (dieticians/nutritionists) that are physically located in the clinic setting or portion of FTE allocated to the clinic.

- **Behavioral Health Staff:** Dedicated staff providing mental health assessment, treatment and referral resources provided in the clinic setting or portion of FTE allocated to the clinic.

- **Social Workers:** Dedicated social workers in the clinic/department to provide social services support to patients.

- **RN Care Coordinator:** Dedicated RN assigned to the clinic/department to provide care coordination for complex clinic patients in transitioning between healthcare resources and levels of care.

- **Quality:** Dedicated staff associated with the coordination of quality and clinical outcomes improvement programs located in the clinic setting.

- **Other Direct Patient Care Support Staff:** Dedicated clinical support staff in ancillary departments who are physically located in the clinic setting or portion of FTE allocated to the clinic not included in any of the above categories.

- **Total Front Office / Administrative Support Staff:** This is a roll-up of front office/administrative staff roles. This includes referral coordinator/medical receptionist and clinical call center staff FTEs. Please enter the FTE totals for each role in the rows below and the total will populate in this field.

- **Referral Coordinator/ Medical Receptionist:** Dedicated staff for referral coordination to/from specialty providers that are physically located in the clinic setting, regardless of training. Dedicated staff associated with reception of patients upon clinic arrival, which may include greeting/check-in, co-pay collection, registration phones/scheduling support and checkout.

- **Clinic Call Center Staff:** The costs and FTEs associated with clinic call centers that are physically located in a clinic setting supporting a specific clinic. Positions include, but not limited to switchboard operator, appointment scheduling, and refills. Exclude centralized call center staff (which should be reported on the *Operational Support Staffing* tab).

- **Total Clinic Leadership:** This is a roll-up of clinic leadership/management roles. This includes director, managers, and supervisors who provide frontline leadership to clinic staff and operations. Please enter the FTE totals for each role in the rows below and the total will populate in this field. Any coordinator/lead roles that are working positions should be reported in the non-leadership staff role.

- **Director:** The FTEs associated with clinic leadership at the director level. This position is a senior management role that provides strategic direction to a function within clinic operations and oversees managers and/or supervisors. This position is often 2nd or 3rd level of management above manager and supervisor (depending on leadership structure). Allocate FTEs between clinics based on operational accountability.

- **Manager:** The FTEs associated with clinic leadership at the manager level. This position is accountable for oversight of day-to-day operations, inclusive of personnel decisions and clinic operation decisions. The position may be responsible for more than one clinic and is often 1st or 2nd level of management above supervisor (depending on leadership structure). Allocate FTEs between clinics based on operational accountability.

- **Supervisor:** The FTEs associated with clinic leadership at the supervisor level. This position is accountable for daily clinic operations and includes management of personnel. This position may partially provide individual services but is on a management track and may be responsible for more than one clinic. This position is generally considered the 1st level of management within an organization. Allocate FTEs between clinics based on operational accountability. Any non-people manager roles (coordinator, lead, or otherwise) that are working positions should be reported in a non-leadership staff role.

- **Total Clinic Staff:** Total FTEs and salaries for all clinic staff, not including providers. This field will automatically total any FTE data entered above.

Financial Survey

- **Gross Revenue:** All charges billed during this time period.
- **Professional Revenue:** All professional charges billed during this time period.
    - **Ancillary Revenue:** Revenue from additional services provided by this clinic such as laboratory or radiology.
    - **Other Medical Revenue:** Revenue from medical services that are not a direct result of services rendered by a provider to one specific patient. Included are research grants, meaningful use revenue, Patient Centered Medical Home payments, risk-based quality payments from payors, and ACO shared savings distributions.
    - **Total Gross Revenue:** Total gross revenue/charges for all revenue types for this clinic/department.
- **Net Revenue:** Total gross operating revenue minus all deductions (discounts, allowances, bad debt and write-offs).
    - **Professional Revenue:** Total collections for professional services.
    - **Ancillary Revenue:** Total collections for ancillary services.
    - **Other Medical Revenue:** Other medical collections not previously reported.
    - **Total Net Revenue:** Total gross operating revenue minus all deductions (discounts, allowances, bad debt and write-offs).
    - **Non-Medical Revenue:** Revenue obtained from non-medical services, including but not limited to interest and investment revenue, or other capital gains, rental revenue from other tenets, revenue from other business ventures outside of providing clinical care.
- **Salaries and Benefits:** Provide salary and benefit expenses for each category listed. Senior administrative/leadership roles supporting the entire medical group should be included in Operational Overhead or in allocated expense lines.
- **Provider Salaries:** Total salaries for all clinic providers, including MDs/DOs and APCs.
- **Provider Benefits:** Report total benefits expense for all employed providers (MDs/DOs and APCs). Employer benefits expense is the cost of all health and welfare benefits provided 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.
- **Total Clinic Staff Salaries and Benefits:** The total salaries and benefits for all clinic providers, including MDs/Dos and APCs.
- **Total Clinic Staff Salaries:** Total salaries for all clinic staff, not including providers.
- **Total Clinic Staff Benefits:** Total benefits for all clinic staff, not including providers.
- **Total Clinic Staff Salaries and Benefits:** The total salaries and benefits for all clinic staff, not including providers.

- **Operating Expenses:** Provide expenses related to the following categories:

    - **Drug Supply:** The expenses related to drugs purchased for use in providing patient care. Includes, but not limited to vaccines, allergy drugs and chemotherapy drugs.

    - **Medical and Surgical Supply:** The expenses related to medical and surgical supplies purchased for use in providing patient care. Exclude drug expenses.

    - **Radiology/Imaging Expense:** Cost of purchasing or providing radiology and imaging services in a clinic setting. Includes any purchased radiology services (overreads), costs of radiology supplies, radiological diagnostics, repair and maintenance contracts for radiology equipment, and rental or depreciation costs of radiology equipment.

    - **Laboratory Expense:** Cost of purchasing or providing laboratory and pathology services in a clinic setting. Includes any purchased laboratory technical services, rental or depreciation of laboratory equipment, repair and maintenance contracts of laboratory equipment, cost of supplies and minor laboratory equipment.

    - **Other Ancillary Expense:** Costs of operating all other ancillary services in a clinic or department setting. Includes, but not limited to physical therapy, occupational therapy, speech therapy, etc. Excludes laboratory or radiology services.

    - **Building and Occupancy Expense:** Costs related to the general operation of clinic facilities and the clinic grounds. Includes all rental/lease costs, all utilities, all supplies, and materials used in the general upkeep/maintenance, all repair, and security costs. Does not include building depreciation.

    - **Building Depreciation Expense:** Depreciation expense related to the clinic facilities and property.

    - **Professional Liability Insurance Expense:** Premiums or self-insurance costs for malpractice and professional liability insurance for the physicians, advanced practice providers and staff members of a clinic/department.

    - **Other Insurance Expense:** Cost of all other insurance premiums paid for the specific clinic/department, such as fire, flood, theft, casualty, reinsurance, and general liability.

    - **Information Technology Services Expense:** Cost of all information technology services related to computer, telephone, and telecommunication services, for a specific clinic. Includes, but is not limited to all IT rental costs, hardware and software licensing and repair, maintenance, and contract costs, data processing costs, IT purchased services related to EMRs, EHRs and patient portals.

    - **Furniture and Equipment Expense:** Cost of all furniture and minor equipment present within the clinic and utilized in the practice. Includes, but is not limited to rental costs of furniture in lobbies, patient rooms, procedure rooms, physician offices and administrative offices, and all furniture maintenance and repair costs,

    - **Furniture and Equipment Depreciation:** Depreciation expense related to furniture and equipment.

    - **Administrative Supplies and Services Expense:** Cost of all administrative supplies, and other administrative services within a clinic. Includes, but is not limited to office supplies, magazine and other subscriptions, credit card fees, transcription services, bank processing fees, books, postage, printing, and all administrative supplies.

- **Marketing Expense:** Costs of purchasing or providing marketing and promotion services and materials, including but not limited to marketing consultants, paper advertising, online/digital advertising, and all promotion or marketing materials.

- **Purchased Services:** Costs of all services purchased from an external entity for services provided to clinic patients.

- **Locums: Expense** Cost of locum providers for services provided to patients.

- **Other Expenses:** All other expenses at the clinic level that cannot be mapped to one of the previous expense categories.

- **Total Operating Expenses:** Total of all operating expenses not including non-medical expenses.

- **Non-Medical Expense:** Other expenses not related to the provision of patient care. This includes but is not limited to losses on the sale of real estate or equipment, costs related to other business ventures outside of providing clinical care, state taxes, and income taxes.

- **Totals:**

  - **Total Net Revenue:** Sum of the total net revenue and non-medical revenue.

  - **Total Expense:** Sum of the total salaries and benefits, total operating expenses, and non-medical expenses.

  - **Profit/Loss (Before Allocations):** Total net revenue minus total expenses.

- **Totals with Overhead Allocation:**

  - **Overhead allocation:** Allocation of costs for centralized services that, in some instances, are passed to the clinic level for accounting purposes.

  - **Total Profit/Loss (After Allocations):** Total net revenue minus total expenses and overhead allocations.

2026 AMGA Specialty Listing and Definitions

Primary Care
- Family Medicine
- Geriatrics
- Internal Medicine
- Pediatrics and Adolescent – General
- Urgent Care
- Primary Care (General)

Medical Specialties
- Allergy/Immunology
- Audiology
- Behavioral Health
- Cardiology – EP
- Cardiology – General (Non-Invasive)
- Cardiology – Invasive Interventional
- Dentistry
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology and Medical Oncology
- Infectious Disease
- Infusion Center
- Nephrology
- Neurology
- Occupational/Environmental Medicine
- Orthopedic – Medical
- Pain Management – Non-Anesthesiology
- Palliative Care
- Pediatrics – Cardiology
- Physical Medicine and Rehabilitation
- Podiatry – Medical
- Psychiatry
- Psychiatry – Addiction Medicine
- Pulmonary Disease (With Critical Care)
- Pulmonary Disease (Without Critical Care)
- Rheumatologic Disease
- Sleep Lab
- Sports Medicine
- Wound Care/Hyperbaric
- Medical - Multispecialty

Surgical Specialties
- Bariatric Surgery
- Breast Surgery
- Cardiac/Thoracic Surgery
- Cardiovascular Surgery
- Colon and Rectal Surgery
- General Surgery
- Neurological Surgery
- OB/GYN – General
- OB/GYN – Gynecological Oncology
- OB/GYN – Maternal Fetal Medicine/Perinatology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Plastic and Reconstructive Surgery
- Podiatry – Surgical
- Urology
- Vascular Surgery
- Surgery - Multispecialty

Radiology/Anesthesiology/Pathology
- Anesthesiology
- Anesthesiology – Pain Clinic
- Pathology – Combined (MD Only)
- Radiation Therapy (MD Only)
- Radiology – MD Non-Interventional

Hospital Based Specialties
- Critical Care/Intensivist
- Emergency Medicine
- Hospitalist – Internal Medicine
- Pediatrics and Adolescent – Intensive Care
- Trauma Surgery

Multispecialty Groups
- Multispecialty with Primary Care
- Multispecialty without Primary Care

Primary Care

1110 Family Medicine

These physicians are certified by the American Board of Family Medicine. 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.

1150 Geriatrics

These physicians are certified by either the American Board of Family Medicine 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 specific 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.

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.

1320 Pediatrics – 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 healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.

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.

Medical Specialties

1000 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.

3000 Audiology

These individuals are healthcare 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.

BH - MS Behavioral Health

This clinic specialty is appropriate when the clinic includes a combination of providers from behavioral health specialties, such as psychiatry, psychology specialties, psychiatry sub-specialties, and/or other behavioral health specialties. If one specialty accounts for more than 80% of the clinic providers, select that individual specialty.

1030 Cardiology – EP

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in critical care medicine. These physicians have experience in providing care for critically ill cardiac and cardiovascular patients, including cardiac surgery and interventional patients requiring intensive care, and managing care in a Cardiac Intensive Care Unit.

1040 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.

1010 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.

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.

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.

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.

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.

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.

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.

INFCEN Infusion Center

A clinic, medical practice or department that provides short or long-term infusion therapy to patients. Treatments may include PICC line placement, care and management; administration of antibiotic and other medications; management and care of IV devices and others.

1191 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 perform dialysis of body wastes when the kidneys do not function.

1250 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.

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 and 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.

1310 Orthopedic – Medical

These physicians are certified by the American Board of Orthopaedic 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 Academy of Hospice and Palliative Medicine. Palliative care programs provide one to two years of specialty training following 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.

1350 Pediatrics – 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 in the clinical evaluation of cardiovascular disease and in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels.

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.

3195 Podiatry – Medical

A podiatrist is a provider that specializes in the evaluation and treatment of diseases of the foot. They focus on health and conditions affecting the lower extremities.

1440 Psychiatry

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 dysphoria, 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.

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.

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.

1470 Rheumatologic Disease

These physicians are certified by the American Board of Internal Medicine with a certificate of special qualification in Rheumatology. These specialists treat diseases of joints, muscle, bones, and tendons which can include arthritis, back pain, muscle strains, common athletic injuries, and “collagen” diseases.

1475 Sleep Lab

These physicians are internists with demonstrated expertise in the diagnosis and management of clinical conditions that occur during sleep, which 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 Medicine 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.

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 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 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 conduct this type of breast reconstruction may be breast oncology surgeons or plastic surgeons.

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.

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.

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.

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.

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.

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.

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.

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.

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.

2210 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.

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.

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.

2320 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.

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.

2000 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.

2230 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.

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.

4130 Radiation Therapy (MD Only)

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.

4040 Radiology – MD Non-Interventional

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.

2230 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.

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Hospital Based Specialties

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 in the intensive care unit (ICU). These physicians may facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.

2030 Emergency Medicine

These physicians are certified by the American Board of Emergency Medicine. These physicians 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 physicians 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.

1185 Hospitalist – Internal Medicine

These physicians are certified by the American Board of Internal Medicine. These physicians are internal medicine physicians practicing in an inpatient/acute care setting.

1384 Pediatrics – 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.

2295 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.

**Most definitions are from the American Board of Medical Specialties' website.*

Multispecialty Groups

Clinic data can be reported as a multispecialty group if no individual specialty listed fits the clinic type.

Multispecialty with Primary Care

A clinic, medical practice or department that consists of providers practicing in different medical, surgical, and Radiology, Anesthesiology and Pathology (RAP) specialties and includes at least one of following specialties: Family Medicine, Internal Medicine, Geriatrics, Pediatrics – General, or Urgent Care.

Multispecialty without Primary Care

A clinic, medical practice or department that consists of providers practicing in different medical, surgical, and Radiology, Anesthesiology and Pathology (RAP) specialties. No providers in this clinic, medical practice, or department, practice the following specialties: Family Medicine, Internal Medicine, Geriatrics, Pediatrics – General, or Urgent Care.

Medical Specialties

This clinic specialty is appropriate when the clinic includes a combination of providers from medical specialties, such as allergy/immunology, gastroenterology, dermatology, endocrinology, and/or other medical specialties. If one specialty accounts for more than 80% of the clinic providers, select that individual specialty.

Primary Care

This clinic specialty is appropriate where the clinic includes a combination of providers from primary care specialties, such as internal medicine, family medicine, pediatrics – general, geriatrics, and/or urgent care. If one specialty accounts for more than 80% of the clinic providers, select that individual specialty.

Surgical Specialties

This clinic specialty is appropriate when the clinic includes a combination of providers from surgical specialties, such as general surgery, urology, colon and rectal, otolaryngology/ENT, and/or other surgical specialties. If one specialty accounts for more than 80% of the clinic providers, select that individual specialty.