



AMGA MEDICAL GROUP COMPENSATION SURVEY

Survey Methodology

Data Editing and Reporting

All responses are sent directly to AMGA Consulting, which maintains a confidential file for each response. No other organization has access to these files. The following table details the minimums applied to the data for inclusion:

Minimum Data Values					
Provider Type	Compensation	Gross Productivity	Visits	Work RVUs	Net Collections
Medical Specialties	\$100,000	\$150,000	650	900	\$60,000
Surgical Specialties	\$110,000	\$190,000	500	1,000	\$95,000
Radiology/Anesthesiology/Pathology*	\$105,000	\$190,000	300	1,000	\$95,000
Advanced Practice Clinicians	\$50,000	\$50,000	250	500	\$25,000
Other Healthcare Providers	\$25,000	\$50,000	250	500	\$25,000

*For Anesthesia, ASA units are reported instead of Work RVUs.

Additionally, data was excluded when a provider fell outside the normal distribution for the productivity ratios. Providers who worked less than 6 months or with a clinical FTE of less than 0.4 are also excluded. Only summary statistics have been published. Data at the individual physician or provider level requires a minimum of ten responses from five organizations for the summary statistic to be included. Data that cannot be reported is denoted with an ***.

General Definitions

Physicians and Other Providers

ASA units — Anesthesia Value Units are non-monetary units of measure that indicate the relative value of services provided by or under the medical direction of an Anesthesiologist. The relative value provides a uniform means to measure department productivity and is determined by adding a base value, which relates to the complexity of the services, combined with severity units and time units. The base value is taken from the most current Relative Value Guide published by the American Society of Anesthesiologists that matches the data reported. Data reported are adjusted to a 1.0 Clinical FTE.

Clinical Compensation — The total annual clinical compensation for each physician from each specialty on the specialty code list. 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, call coverage, ancillary or advanced practice clinician supervision stipends. Compensation excludes any fringe benefits and employer payments to any type of retirement, pension, SERP or tax-deferred profit-sharing plan. Data reported are adjusted to a 1.0 Clinical FTE.

Compensation to Gross Productivity Ratio — The proportion of compensation related to gross charges for a provider. When the median value is presented, we have computed this ratio for all physicians reporting both compensation and gross charges for a specialty, and then determined the median value of that computation.

Compensation to Net Collections Ratio — The proportion of compensation related to net collections for a provider. When the median value is presented, we computed this ratio for all physicians reporting both

compensation and net collections for a specialty, and then determined the median value of that computation.

Compensation to Work RVUs Ratio — The proportion of compensation related to total work RVUs for a provider. The median value for this computation is determined when we compute the ratio for all providers reporting both compensation and work RVUs for a specialty, and then determine the median value of that computation.

Fringe Benefits – Fringe benefits include the employer’s share of 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. This does not include malpractice insurance.

Government Affiliation — Demographic filter used to either include or exclude organizations with government affiliations from the reported data. Only included in compensation reports – no productivity values reported by government-affiliated organizations.

Gross Productivity — 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 includes the medical group’s full, non-discounted charges. Gross productivity is professional activity only, and excludes retail income (e.g., optical, pharmacy), drugs, vaccines, etc. Productivity by various categories of physician extenders, such as nurse practitioners, nurse midwives, CRNAs, etc., is excluded from the data. Charges do not include credits for the technical component of ancillary services. Technical procedures supervised, but not performed, by the physician are excluded. Charges for codes with modifiers are adjusted to reflect the modified amount. Data reported are adjusted to 1.0 Clinical FTE.

Mean — Determined using the sum of the values and dividing by the number of occurrences.

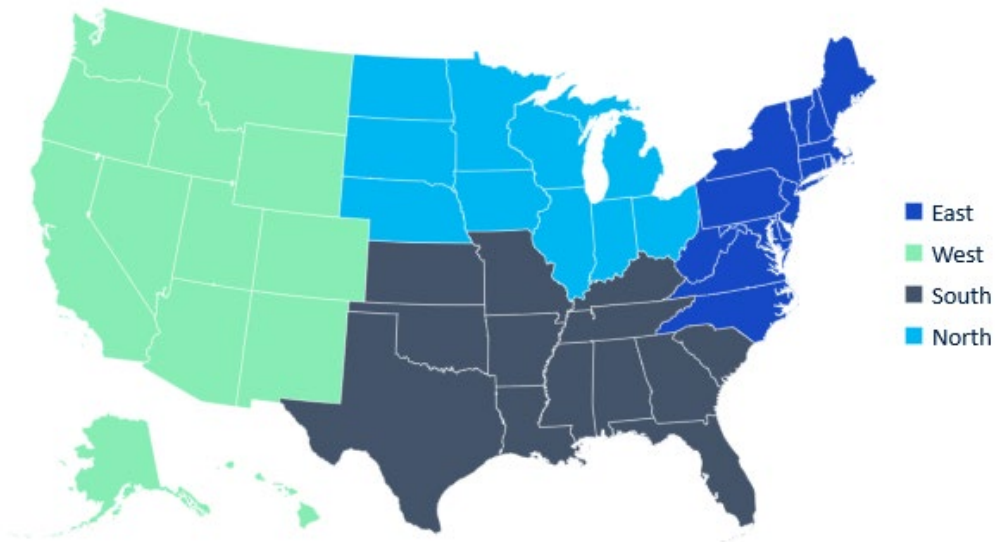
Median — A measure of central tendency, the median of a sample is the value for which one-half (50%) of the observations (when ranked) will lie above that value and one-half will lie below that value, when the number of observations is odd. When the number of values in the sample is even, the median is computed as the average of the two middle values.

Net Collections — The actual dollar amount collected of gross productivity. Data reported are net of contractual arrangements, discounts, and bad debts. Data reported are adjusted to 1.0 Clinical FTE.

Patient Visits — The total number of visits during the calendar year or most recent fiscal year. Patient visits are recorded as face-to-face patient encounters. For surgical and anesthesia procedures, the case is reported as one visit and not the number of procedures performed. For global codes, such as deliveries, a visit is 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 is not 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. Multiple visits by a single patient to a single physician during the same day are counted as only one visit. Data reported are adjusted to 1.0 Clinical FTE.

Percentile — The percentile of a distribution of values is a number x_p such that a percentage p of the population values is less than or equal to x_p . For example, the 25th percentile (also referred to as the .25 quartile or lower quartile) of a variable is a value (x_p) such that 25 percent (p) of the values of the variable fall below that value.

Regional Designations — The four regions used in this report contain the following states:



Regional Designations			
Eastern	Western	Southern	Northern
Connecticut	Alaska	Alabama	Illinois
Delaware	Arizona	Arkansas	Indiana
District of Columbia	California	Florida	Iowa
Maine	Colorado	Georgia	Michigan
Maryland	Hawaii	Kansas	Minnesota
Massachusetts	Idaho	Kentucky	Nebraska
New Hampshire	Montana	Louisiana	North Dakota
New Jersey	Nevada	Mississippi	Ohio
New York	New Mexico	Missouri	South Dakota
North Carolina	Oregon	Oklahoma	Wisconsin
Pennsylvania	Utah	South Carolina	
Rhode Island	Washington	Tennessee	
Vermont	Wyoming	Texas	
Virginia			
West Virginia			

Standard Deviation — A statistical measure that quantifies the degree of dispersion or variability of the possible outcomes around the expected value. The higher the dispersion, the higher the standard deviation.

Starting Salaries — Annual compensation offered to and accepted by physicians hired during the reporting year, excluding signing bonuses. Starting salaries would include those for new residents and experienced new hires.

Work RVUs — The professional component of total 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, using the most current Centers for Medicare & Medicaid Services (CMS) scale that matches the data reported. 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. All code frequencies with modifiers are adjusted by the modifier adjustment table found in the survey instruction section of this report. Data reported are adjusted to a 1.0 Clinical FTE.

Work RVU to Visits Ratio — The proportion of work RVUs related to patient visits for a provider. The median value for this computation is determined when we compute the ratio for all providers reporting both work RVUs and patient visits for a specialty, and then determine the median value of that computation.

Executive Staff

Base Compensation: The annual base compensation for the incumbent effective at the beginning of the reporting year, including any base salary deferred through election. Excludes anticipated cash distributions or deferred compensation based on prior year performance, rewards, or incentives. Base pay should not include payments made under normal retirement, benefits, pension, or profit-sharing plans. Data reported are adjusted to 1.0 FTE.

Earned Bonus to Base Ratio: The bonus amount received by the incumbent in the most recently completed fiscal or calendar year as a percent of base compensation in effect effective at the beginning of the reporting year.

Earned Bonus Compensation: The bonus amount received by the incumbent in the most recently completed fiscal or calendar year. Data reported are adjusted to 1.0 FTE.

Regional Designations: The four regions used in this report match those previously listed.

Total Cash Compensation: The sum of the annual base compensation for the incumbent in effect effective at the beginning of the reporting year, and bonus amounts received in the most recently completed fiscal or calendar year. Data reported are adjusted to 1.0 FTE.