

Utah Medical Group Management Association

Salary Survey: Guide for the 2007 Questionnaire Based on 2006 Data

Frequently Asked Questions

What is the purpose of this survey?

The survey collects data for the report, *Utah Medical Group Management Association Salary Survey: 2007 Report Based on 2006 Data*. This report provides comparative compensation and fringe benefit information for Healthcare Staff as well as managerial compensation to help evaluate decisions in a medical practice. For the purpose of this survey, a medical practice is defined as a single legal entity or collection of legal entities consisting of at least one physician and/or nonphysician provider who delivers health care services.

If your organization is an Integrated Delivery System (IDS), hospital, Management Services Organization (MSO), Physician Practice Management Company (PPMC), Independent Practice Association (IPA), or other entity that owns, manages or provides services to medical practices, **one survey should be completed for each medical practice that you own, manage, or service.**

Who is conducting this survey?

The Utah Medical Group Management Association.

Why should I participate?

One complimentary copy of the report will be provided to each participating medical practice in care of the person identified. If your organization does not participate and does not have a UMGMA member, you can purchase a copy of the report by calling the Utah Medical Group Management Association (801) 944-8646 or e-mailing office@umgma.com

Do I need to answer all the questions?

We would appreciate receiving the requested information on your medical practice, to the extent that you can provide it. The quality of our reported results depends upon the completeness and accuracy of every response.

What if I am unsure about how to answer a question?

Please refer to the Definitions section of this document. For questions about the survey, please call Jen Middleton at 801-944-8646, or email office@umgma.com

Are all survey data confidential?

Yes. All survey data submitted will be kept confidential. All questionnaires and related materials that identify a particular individual, medical practice, medical school, clinical science department, faculty practice plan, or hospital will be safeguarded, and no information that identifies a specific organization or person will be published or voluntarily released within the public domain without written permission. Only summary statistics will be published if there are sufficient responses.

When is my response due?

We need your response as soon as possible. The deadline for responses is **April 15, 2007.**

What should I do if my organization is a Management Services Organizations, Physician Practice Management Company, etc.?

If your organization is a Management Services Organization (MSO), Physician Practice Management Company (PPMC), or other type of management organization, you should complete one survey for each medical practice that you manage.

If you are completing the survey on behalf of a MSO, PPMC or other management organization for management positions, answer only questions 1,5 and 6 in the *Medical Practice Information* section:

PPMCs are usually publicly held or entrepreneurial directed enterprises that acquire total or partial ownership interests in physician organizations. PPMC's are a type of MSO, however the motivations,

goals, strategies and structures arising from their unequivocal ownership character - development of growth and profits for their investors, not for participating providers - differentiate them from other MSO models.

Management Service Organizations (MSOs) are entities that may be jointly owned and sponsored by physicians, hospitals or others to provide management and administrative support services to physicians.

MSOs may also be owned solely by physicians, hospitals or other parties. MSOs do not actually deliver health care services, but are organized to provide various forms of health care providers. These services may include centralized billing and collections services, management managed care infrastructure.

Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some MSOs have also expanded their ownership based by involving outside investors to help capitalize the development of such practice infrastructure.

Hospitals or health systems

If your organization is a hospital or health system that owns and/or manages medical practices, you should complete one survey for each practice that you own or manage. A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs and generates bed-day revenues.

Definitions

Fiscal Year

Questions 1-4

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

For many practices, this is January 2006 through December 2006. Do not report information in this survey for periods less than 12 months.

Medical Practice Info

1. What was your practice type?

Single specialty:

A medical practice that focuses its clinical work in one specialty. The determining factor for classifying the type of specialty is the focus of clinical work and not necessarily the specialties of the physicians in the practice. For example, a single specialty neurosurgery practice may include a neurologist and a radiologist.

Practices that include only the subspecialties of internal medicine should be classified as a single specialty internal medicine practice.

Internal medicine subspecialties include:

Allergy and immunology

Cardiology

Dentistry

Endocrinology/metabolism

Gastroenterology

Hematology/oncology

Infectious disease

Nephrology

Pulmonary disease

Rheumatology

Multispecialty with primary and specialty care:

A medical practice that consists of physicians practicing in different specialties, including at least one primary care specialty are listed below:

Family practice: general

Family practice: sports medicine

Family practice: urgent care

Family practice: with obstetrics

Family practice: without obstetrics

Geriatrics

Internal medicine: general

Internal medicine: urgent care

Pediatrics: adolescent medicine

Pediatrics: general

Pediatrics: sports medicine

Multispecialty with primary care only: A medical practice that consists of physicians practicing in more than one of the primary care specialties listed above or the following surgical specialties:

Obstetrics/gynecology

Gynecology (only)

Obstetrics (only)

Multispecialty with specialty care only:

A medical practice, that consists of physicians practicing in different specialties, none of which are the primary care specialties listed above.

2. If you answered "single specialty" for question 2, what specialty was your practice?

State the name of the single specialty that most closely describes your practice.

3. Was your practice a medical school faculty practice plan and/or clinical science department?

Answer "Yes" if your practice was a medical school faculty practice plan and/or clinical science department.

A faculty practice plan is the organization that manages the business functions of a medical school faculty's clinical practices. The plan performs a range of services including billing, collections, contract negotiations and the distribution of income. Practice plans may form a separate legal organization or may be affiliated with the medical school through a clinical science department or teaching hospital. Faculty associated with the practice plan must provide patient care as part of the clinical department teaching or research programs that result in the granting of a doctor of medicine (MD) degree.

A clinical science department is a unit of organization in a medical school with an independent chair and a single budget. The department's missions are to educate medical students and residents and to conduct research and/or clinical activities related to

the entire spectrum of health care delivery to humans, from prevention through treatment.

4. Which designation best describes the metropolitan area or community surrounding the primary location of your practice? If you are not sure of the population size of the location of your practice go to: <http://www.census.gov/> for a listing of Utah cities.

2005 Census Bureau Populations

Salt Lake City	178,097
Murray	44,555
Bountiful	41,085
Holladay	19,319
Provo	113,459
Orem	89,713
Pleasant Grove	29,376
Ogden	78,309
Layton	61,782
Logan	47,357
Brigham City	18,355
Vernal	7,960

If your practice had multiple sites, choose the option that represents the location with the largest number of FTE physicians. (check only one)

Metropolitan (over 1,000,000): The community in which the practice is located is a “primary metropolitan statistical area” (PMSA) with a population of over 1,000,000.

Metropolitan (250,001 to 1,000,000): The community in which the practice is located is an MSA or Census Bureau defined urbanized area with a population of 250,001 to 1,000,000.

Urban/small metropolitan (50,000 to 249,999): The community maintains a population of 50,000 persons or more. These areas correspond to US Bureau of the Census defined as Urban Areas.

Large town/city: The majority of the population, which the practice serves, is located in a city with a population greater than 10,000 but less than 50,000.

Small town/rural: The majority of the population, which the practice serves, is

located in a farming area or town of less than 10,000 population.

5. Did an MSO or a PPMC provide services to your practice?

Answer “Yes” if your practice had a contract with an MSO or a PPMC to provide services to your practice. See Instructions for a definition of MSO and/or PPMC.

6. What was the legal organization of your practice?

Business corporation: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.

Limited liability company (LLC): A legal entity that is a hybrid between a corporation and a partnership, while providing limited liability to owners like a corporation while passing profits and losses through to owners like a partnership.

Not-for-profit corporation/foundation: An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational or research purpose.

Partnership: An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.

Professional corporation/association: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders.

Sole proprietorship: An organization with a single owner who is responsible for all profit, losses, assets and liabilities.

Hospital: See the definition for a hospital on page 2 of the *Guide*.

Other (please list): Indicate other owner and write in a description of the owner.

7. Who was the majority owner of your practice?

Government: A governmental organization at the federal, state or local level. Government funding is not a sufficient criterion.

Government ownership is the key factor. An example would be a medical clinic at a federal, state or county correctional facility.

Hospital/Integrated delivery system (IDS): A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs and generates bed-day revenues.

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

MSO or PPMC: See "Special Instructions" on page 1 for definition of an MSO or PPMC.

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

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

Other: If your practice is owned by an entity not provided, please describe in "Other:"

8. What was the total medical revenue for your practice (collections)?

Report the net of gross practice revenue, refunds, returned checks, contractual discounts and allowances, bad debts and write-offs. Total medical revenue is the sum of fee-for-service collections, capitation

payments, and other medical activity revenues.

9. How many full-time equivalent (FTE) physicians were in your practice?

A full-time physician works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours or some other standard. To compute the FTE of a part-time physician divide the total hours worked by the physician by the number of hours that your medical practice considers to be a normal workweek. For example, a physician working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be classified as 0.75 FTE. (30 divided by 40 hours). A physician working full-time for three months during a year would be 0.25 FTE (3 divided by 12 months). A medical director devoting 50% effort clinical activity would be classified as 0.5 FTE.

Include:

1. practice physicians such as shareholder/partners, salaried associates, employed and contracted physicians and locum tenens.
2. only physicians involved in clinical care.

Do not include:

1. full-time physician administrators

10. How many FTE nonphysician providers were in your practice?

Nonphysician providers are specially trained and licensed providers who can provide medical care and billable services. Examples of nonphysician providers include audiologists, certified registered nurse anesthetists (CRNAs), dietitians/nutritionists, midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physician assistants, psychologists, social workers, speech therapists, and surgeon's assistants. To compute the number of nonphysician providers see the definition for FTE physician on page 5, question 10.

11. How many FTE employees were in your practice?

A full-time employee works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours or some other standard.

Examples of employees include administrative assistants, secretary, assistant business office manager, receptionists, bookkeeper, medical records staff, laboratory staff, radiology techs.

12. How many FTE employees left the practice during the year due to voluntary or involuntary termination?

Report the number of employees who physically left employment of the practice.

Include:

1. employees who resigned or left involuntarily

Do not include:

1. employees on leave of absence

13. How often does your practice conduct employee compensation reviews or wage adjustments?

Report the number of times your practice holds employee reviews or wage adjustments.

14. Did the practice provide a cost of living (COL) salary increase to employees last year?

Answer "Yes" to this question if the practice increased employee salaries by the cost of living increase. This figure was updated to 3.3% October 18, 2006 as cited by the Bureau of Labor Statistics:

<http://www.ssa.gov/OACT/COLA/latestCOLA.html>

15. If you answered "Yes" to question 14, what was the average COL percent increase of gross salary for all employees in the practice last year?

List the figure your practice used as the cost of living increase.

16. Did the practice provide merit increases over and above COL increases?

Answer "Yes" if the practice increased compensation for employees in excess of the cost of living raise.

17. If you answered "Yes" to question 16, what was the average merit increase for all employees as a percent of gross salary last year? (Include COL in this figure)

List the amount your practice increased total average merit as a percent of gross salary. Be sure to include the COL in this percentage.

18. How many hours per week did your practice consider to be full time?

Report the number of weekly hours the practice considers to be full time for the purpose of classifying work time for practice staff.

19. How many paid holidays were recognized by your organization?

Total number of holidays recognized by the medical group during the fiscal year (e.g. Christmas, Memorial Day, etc.).

20. What were the maximum number of benefit hours possible to be carried forward by employees?

Report the maximum possible number of hours that employees could opt to "bank" or retain from one year to the next.

Personnel Policies Matrix

Indicate either the practice's policy of paid time off (PTO) or hours of paid time for *sick*, *vacation* and *personal* time by years of service.

Benefits Matrix

1. Indicate the benefits that were available to employees in your medical practice during the fiscal year reported.
2. Does your practice require a probationary period to be completed before fringe benefits are granted?

Report whether or not benefits are granted after a probationary period.

3. If you answered “yes” to question 2, how long is the probationary period?

Choose 30, 60, 90 days, six months, or one year. If your probationary period is different then the options presented, choose “other” and indicate the time period.

4. Does your practice have a retirement plan for employees?

Answer “Yes” if the practice offers employees enrollment or participation in a retirement benefit program.

5. If you answered “Yes” to question 4, what type of retirement plan is offered?

Indicate which type of retirement plan is offered to employees. If your practice offers more than one type of plan, indicate all that are offered.

6. Does the practice contribute a percentage of the employee’s compensation to an employee retirement plan?

Select “Yes” if your practice contributes a percentage of employee’s compensation to a retirement plan

7. If you answered “Yes” to question 6, what percentage is paid by the practice (employer)?

Enter answer as a percentage (%)

Job Descriptions

Instructions: If your organization has employees who are not listed in the job descriptions please contact [Jen Middleton @ office@umgma.com](mailto:Jen.Middleton@office@umgma.com) and she can add them to the survey.

****Note - Please include all employees in your practice.****

Executive and Management Positions

1. **Chief Executive Officer (CEO):** This is the highest executive position in the organization, typically found in larger, more sophisticated medical practices, or in some form of an integrated system (e.g., PHO, MSO). The CEO develops and monitors organizational policy in conjunction with other management personnel and the organization’s Board of Directors. Individual is responsible for the overall operation of the organization, including patient care and contract relations, as well as activities that relate to the future growth of the organization (e.g., strategic planning and marketing). The CEO oversees a team of senior management personnel who have direct responsibility for specific functional areas of the organization, and typically serves as a liaison between the organization and constituents such as staff members, businesses and individuals in the community. The CEO generally serves as the liaison between the group and Board of Directors, and reports to the governing body of the group. If the person reported is a physician please indicate this in the “comments” section of the *Questionnaire*.
2. **Administrator/Practice Administrator:** This is the top nonphysician professional administrative position; however, the Practice Administrator has less overall authority than a CEO. This individual maintains broad responsibilities for all administrative functions of the medical group, including operations, marketing, finance, managed care/third party contracting, physician compensation and reimbursement, human resources, medical and business information systems, and planning and development. The Practice Manager

typically oversees management personnel with direct responsibilities for the specific functional areas of the organization and usually reports to the governing body of the group.

3. **Chief Operating Officer (COO)/Assistant Administrator:** Consults, advises, and assists the CEO and/or Practice Administrator. The COO/Asst Administrator defines guidelines and implements policies developed by the CEO or Board of Directors to direct and coordinate daily patient and non-patient activities. In some organizations, this is the second senior administrative position, and such individuals assume the duties of the top administrator when necessary. The COO/Asst Administrator oversees the daily operations of the group. This individual's responsibilities may include facilities management, business services, and human resources management. Individual usually reports to the CEO or Practice Administrator.
4. **Office Director/Manager:** Typically found in a practice that does not have a Practice Administrator position. Manages the activities of a larger medical practice. The focus of this position usually rests on the daily operations of the organization. May oversee some personnel (i.e., payroll processing) and financial activities (e.g., billing and collections). Position with primary responsibility for compliance with insurance plan and government requirements and regulations (e.g. HIPAA). Individual usually reports to the governing board of the group.
5. **Branch/Satellite Clinic Manager:** Oversees the daily administrative and operations activities of an assigned clinic. Operates facility within prescribed budget and supervises clinic staff. Branch/Satellite Clinic position with primary responsibility for compliance with insurance plan and government requirements and regulations (e.g. HIPAA). May be responsible for preparing branch/satellite payroll. Individual usually reports to the COO/Asst Administrator or Practice Administrator.

6. **Chief Financial Officer (CFO):** This is generally the organization's senior financial position. The CFO develops financial policies and oversees their implementation. This individual typically monitors a variety of financial activities, including budgeting, analysis, accounting, billing, payer contracting, collections and the preparation of tax returns. The CFO generally prepares or oversees the preparation of annual reports and long-term projections to ensure that the organization's financial obligations are met. Such an individual obtains funds for capital development, and may hold a designation as a Certified Public Accountant (CPA). Usually the primary contact with group's tax accountant. Individual usually reports to the CEO or Practice Administrator.
7. **MSO Administrator/Director:** Oversees all activities of a hospital or investor-owned MSO, that provides practice management services to physician practices and clinics. Responsibilities range from the daily operations of multiple sites to developing strategic plans. Usually reports to the governing body of the MSO and typically serves as a liaison between various organizational levels.

Administration

8. **General Accounting Manager/Controller:** Responsible for the general accounting functions of the group and the preparation of reports and statistics reflecting financial results. Formulates and administers approved accounting practices throughout the group to assure that financial and operating reports accurately reflect the condition of the business and provide reliable information necessary to control operations. May prepare monthly, quarterly or annual reports and tax filings. May prepare monthly financial statements and budget reports for group. For groups without CFO, may be primary contact with group's tax accountant. Individual may be a CPA and usually reports to the CFO or Practice Administrator.

9. Human Resources Manager: Manages human resource functions, including compensation, benefits, recruitment, employee relations, training and safety and risk management services. Implements personnel policy and procedures. Individual usually reports to COO/Asst Administrator.

10. Information Systems Director: Implements and monitors all activities that relate to the organization's information system, including functions such as physician practice billing, scheduling, data processing, networking and system security. Oversees or resolves systems implementation and integration issues. Performs programming tasks when necessary; and usually reports to the CFO, CIO, or to the senior administrative officer.

11. Information Systems Coordinator: Directs and coordinates the planning and production activities of the information systems (billing, EMR and practice management). Reviews and evaluates project feasibility studies based on management's requirements and priorities and implements the installation and operation of information systems and equipment. Responsible for coordinating with vendors and all phases of systems design, installation and operation. Troubleshoots information systems architecture. Individual usually reports to CFO, Practice Administrator or Office Manager.

12. Microcomputer (PC) Service Specialist: Usually found in a large practice or academic institution. Supports the computer hardware needs of a department or division by performing a variety of technical tasks in the diagnosis, repair, maintenance and installation of computers and related equipment; maintains liaison with vendors and repair personnel to obtain required services at optimum price. Performs a variety of technical tasks in the diagnosis, repair, maintenance and installation of microcomputers, remote job entry stations, keypunch machines and/or related equipment

to support the computer hardware needs of a department or division. Provides information and/or technical assistance to departmental users concerning hardware utilization or for resolution of special problems.

13. Business Office Manager: This position is not a Director or Senior Management level position. Responsible for directing and coordinating the overall functions of the Business Office. May be the top Business Office position in a mid-size or small organization without a Director of Business Services. Exercises general supervision over business office staff. Plans and directs registration, patient insurance, billing and collections and data processing to ensure accurate patient billing and efficient account collection; and reports to the Finance Director or Business Services Director.

14. Materials Management Manager: Position is usually found in organizations with a separate purchasing department or function. Oversees all activities that involve the acquisition of equipment and supplies, May monitor budget activities, including the capital equipment budget; and usually reports to the CFO.

15. Accounting/Bookkeeper Clerk: Maintains payroll and accounts payable. Maintains a general ledger. May send out or prepare bills, checks or refunds for distribution. May prepare financial statements, income statements, and cost reports. Individual usually reports to General Account Manager/Controller.

16. Administrative Assistant/Secretary: Carries out administrative projects assigned by their superior. Gathers data and performs related duties as directed.

Front Office

17. Front Desk Combination: Performs all patient contact services including: data entry, medical records, receptionist, medical secretary, and answers phones for the

practice. May also work with EMR (e.g., scanning). This position is typically found in smaller practices of one to two FTE physicians. May exist in a medical practice.

18. Front Office Float: Performs multiple tasks including filing, sorting, answering telephone, and data entry. May assist office appointment scheduling, registration (Check-In/Check-Out), EMR scanning and medical records. Demonstrates proficiency in tasks found only in larger practices.

19. Receptionist (Check-In/Check-out): Patient's first contact with practice. Obtains registration information, handles co-payments, data entry and understands insurance card information and superbills. Prepares superbill for patient visit. May pull charts and answer telephones. Position with primary responsibility for assembling complete records necessary for patient's visit. May schedule return visits and make appointments. May prepare daily deposit and "day sheet".

20. Medical Secretary: Assesses patient's appointment needs and schedules, changes, cancels, or confirms appointments as appropriate. Schedules tests, procedures, or surgeries as requested. When necessary, obtains authorization from insurance companies for scheduled tests, procedures, or surgeries. Sends appropriate forms, questionnaires, and instructions to patients as needed.

21. Scheduler (Ambulatory Procedures): Schedules and coordinates office appointments for the practice. May obtain information from patients for necessary paperwork, medical records and insurance information.

22. Surgical Scheduler: Schedules tests, procedures, or surgeries as requested. When necessary, obtains authorization from insurance companies for scheduled tests, procedures, or surgeries. Sends appropriate forms, questionnaires, and instructions to patients as needed.

23. Telephone Receptionist: Operates a telephone switchboard to relay incoming and outgoing calls. Pages personnel over the intercom system. May sort mail and take telephone messages.

Billing Office

24. Billing Office Manager: Directs and coordinates all billing activities. Monitors the medical billing system. Oversees areas of responsibility such as third party reimbursements, physician billing, collections, contract administration, and management reporting. Handles all difficult patient accounts. Individual usually reports to the CFO or Practice Administrator.

25. Billing Supervisor: Directs of one or more major functions of the billing office. Is involved with difficult or unusual billing or insurance problems. Supervises personnel involved in the mailing of collection letters and Patient Accounts Representatives who interview patients to arrange methods of payment or extension of credit; in difficult cases will interview patient, evaluate credit history, and determine payment dates based on patient's ability to pay and clinic policy. Makes decisions on which delinquent accounts to turn over to a collection agency or recommends such action. Coordinates appeals to insurance companies.

26. Insurance Supervisor: Supervises and coordinates all third-party insurance and state and federal medical assistance programs (Medicare, Medicaid, Worker's Compensation, etc.) as they relate to the medical group patients. Implements insurance programs with information systems and supervises all insurance personnel.

27. Billing Coder: Oversees diagnostic and procedural coding to ensure charges are coded correctly for maximum reimbursement. Responsible for keeping current on all code changes. Performs a variety of calculations and clerical duties involved in the processing, payment and appeal of insurance claims and

Medicare/Medicaid. Maintains necessary files for insurance information and regulations.

28. Coding Specialist (Certified): Evaluates each clinical record and assigns the proper CPT and ICD-9 code to accurately describe professional services delivered. Audits procedure and diagnostic codes for accuracy, detail and comprehensive description of clinical procedures. Keeps current on all code changes. Usually certified as a Certified Professional Coder.

29. Billing Office Float: Performs multiple tasks involved in converting a provider charge to final zero balance. This includes patient registration and interview, insurance verification, pre-certification and authorization, coding, billing, charge entry, opening mail, payment posting, preparing daily deposit, EOB review and appeals, tracking and collecting accounts receivable, arranging patient payment plans, and preparing balance write-off requests.

30. Insurance Clerk: Maintains current and correct insurance information for each patient or portion of patient list. Takes pertinent information from patient's chart and files insurance claims for patients. Assists patients in completing their insurance claim forms and answers questions about coverage under private insurance, Medicare, and Medicaid. May specialize in a particular type of insurance (Worker's Compensation, Medicaid, Medicare, etc.) or two or more clerks may be organized alphabetically by patient account or insurer.

31. Outside Billing Service Coordinator: Coordinates medical office and outside billing service to provide complete information to facilitate low error rate of claims/billing by outsourced billing service. May be responsible for review of coding and modifiers.

32. Patient Accounts Representative: Interviews and assists patients. Verifies patient insurance coverage. Assists patients with payment arrangements. Responsible for billing, tracking and collecting accounts receivable. Analyzes

reimbursement from insurance companies and prepares appeals when necessary. Two or more representatives may be organized vertically by insurer or alphabetically by patient account.

33. Referral/Authorization Specialist: Obtains referrals, authorizations and/or pre-certifications and sends appropriate forms, questionnaires, and instructions to patients as needed. May have referral tracking responsibilities. May assist patient office appointment scheduling and coordinating as requested, including scheduling tests, procedures, or surgeries.

34. Billing Clerk (Data Entry Clerk): Posts charges and/or payments for services rendered. Works with insurance company EOBs and patient-pay accounts. Two or more clerks may be organized vertically by insurer or alphabetically by account. May open mail and prepare daily deposit.

Medical Records

35. Medical Records Director: The individual in this position usually holds professional licensure in the area of medical records management. Position is usually found in large organizations and is considered part of the senior management team. Responsible for medical records library such as patient records. Oversees all medical records personnel. Monitors budget activities that relate to the medical records function; and usually reports to the COO.

36. Medical Records Supervisor: Supervises and coordinates the activities of personnel engaged in one or more of the following functions: analyzing, indexing, and/or filing of records. Prepares statistical reports and compilations on the clinic's medical activities as necessary.

37. Medical Transcription Manager: Directs the functions and staff of the transcription department to provide timely, accurate

medical transcription services for the medical group practice.

38. Accredited Record Technician (ART):

Responsible for preparing and coding statistical reports, diagnoses, operations, and procedures. Maintains indexes according to established plans and procedures. Must be accredited by the American Association of Medical Record Administrators.

39. Record Tech (non-accredited): Responsible for preparing and coding statistical reports, diagnoses, operations, and procedures. Maintains indexes according to established plans and procedures.

40. Electronic Medical Record Tech:

Responsible for preparing and coding statistical reports, diagnoses, operations, and procedures within the Electronic Medical Record. Files documents into electronic chart according to established plans and procedures. Job requires practice software proficiency.

41. Medical Records Transcriber: Transcribes recorded dictation for physicians and residents. This includes dictation relating to medical, surgical, and radiological reports, physicals, progress notes, surgical procedures, consultation, patient histories, and discharge summaries. Requires knowledge of medical terminology and medical record methods.

42. Record Room Clerk: Files charts returned to record room and sends charts out upon request. Files documents into chart according to established plans and procedures. When a practice has EMR this job description may require more computer/system expertise and may involve software specific tasks (e.g., scanning).

Laboratory

43. Director, Laboratory Services: Responsible for all activities related to the operations of a laboratory or laboratories, from the

initiation and implementation of test procedures to the oversight of laboratory personnel. May perform testing procedures in addition to administrative duties. Monitors laboratory test methods. May monitor budget activities that relate to the laboratory function. Usually reports to the COO or to the senior administrative officer.

44. Medical Technologist, ASCP: Performs variety of microscopic, chemical, and bacterial tests to obtain data for use in diagnosis and treatment of disease. Does routine and special laboratory tests in accordance with written requisition of physician. In smaller labs, technologist may perform clinical tests in any one or combination of areas of specialization; in larger labs technologist is more specialized in one area of clinical pathology. Requires college degree and must be ASCP.

45. Medical Laboratory Technician (MLT), ASCP: Conducts routine tests in clinical labs for use in the treatment and diagnosis of disease; prepares sterile media for use in growing bacterial cultures. Keeps detailed records of all tests performed and reports lab findings to authorized personnel. Graduation from a technical school either as a MLT or ASCP certification is required.

46. Phlebotomist:

Performs a variety of venipuncture techniques and collects blood specimens from patients in support of laboratory procedures used in the diagnosis and treatment of disease. Interacts directly with patient to obtain information for laboratory records, explain procedures, allay fears, and elicit cooperation. Maintains positive patient identification records, processes, labels and stores blood samples for subsequent analysis. Maintains inventory of supplies and performs various quality control procedures to maintain compliance with internal and external regulations.

47. Laboratory Assistant (non-certified):

Performs routine tests in various areas of the lab using standard techniques and equipment. Prepares sterile media such as agar in plates or test tubes for use in growing culture.

48. Laboratory Aide: Cleans laboratory equipment such as glassware, metal instruments, sinks, tables, etc. Prepares simple stains, solutions, and culture media following established formulas and procedures. Under close supervision, may perform simple laboratory tests such as qualitative determinations of sugar and albumin in urine. Keeps records of specimens held in the laboratory. May perform minor repairs to laboratory apparatus.

Office Diagnostics/Radiology

49. Director, Radiology Services: Responsible for all activities related to the delivery of radiological services, from radiographic services to the development of policies and procedures. Monitors the quality of all film products used. May monitor budget activities related to the radiology department. Usually reports to the COO or to the senior administrative officer.

50. CAT Scan Technician (CS Tech): Operates the computed axial tomography machine. Applies prescribed radiation for the purpose of obtaining diagnostic information. Requires a Radiology Technologist with experience in special procedures.

51. EEG/EKG Technician:
EEG Technician:

Operates electroencephalograph machine to obtain tracings of impulse frequencies and differences in electrical potential between various areas of the brain, for use in diagnosing brain disorders. Must be a graduate of a two-year technical school with an EEG Tech. program.

EKG Technician: Records electromotive variations in action of the heart muscle on an electrocardiograph. Pastes or otherwise attaches electrodes to specified areas of patient's body and removes electrodes after completing test. Reviews recording from each electrode for clarity and deviations from the norm. Requires high school graduation supplemented by completion of an approved training course in electrocardiograph

techniques.

52. Nuclear Camera Technician: Operates cameras that detect and map the radioactive drug in a patient's body to create diagnostic images. After explaining test procedures to patients, technologists prepare and administer radiopharmaceuticals. They use a gamma scintillation camera, or "scanner," that creates images of the distribution of the radiopharmaceutical for a physician to interpret.

52A. MRI Technologist: Under the direct supervision of the MRI supervisor, performs examinations utilizing the Magnetic Resonance Imaging Scanner for the purpose of diagnosis and/or treatment of anatomic and physiologic disorders.

52B. Mammographer: Perform a variety of tasks involving the operation of mammographic radiographic equipment and other equipment/devices as appropriate. Position patients, using immobilization when necessary. Calculate exposure factors, assist physicians.

52C. Dexa Technologist: Perform a variety of tasks involving the operation of Dual Energy X-ray Absorptiometry equipment and other equipment/devices as appropriate. Position patients, assist physicians.

53. Radiology Technologist (RRT): Provides technical skills involving radiology and fluoroscopy; takes and may develop radiographs of various parts of the body to assist a physician in the detection of foreign bodies and diagnosis of disease or injury.

54. Ultrasonographer: At the direction of a qualified physician, performs a variety of procedures requiring independent judgment and initiative in the utilization of ultrasonic equipment for the diagnosis of disease in humans. Must be a graduate of a formal ultrasonographer program or trained on the

job by a radiologist and eligible for certification.

Physical Therapy

- 55. Exercise Physiologist:** Plans, implements and evaluates individual exercise programs for patients. Includes taking patient's medical history, conducting physical examinations, administering tests such as exercise stress, body density, electrocardiogram and blood to determine appropriate program which includes exercise and diet.
- 56. Occupational Therapist:** As prescribed by physician, plans organizes, and conducts occupational therapy program to facilitate development and rehabilitation of mentally, physically, or emotionally handicapped patients.
- 57. Physical Therapist (RPT):** As prescribed by physician, treats patients with disabilities, disorders, and injuries to relieve pain, develop, or restore function to maintain maximum performance. Requires a college degree, certificate in physical therapy, and state license.
- 58. Physical Therapy Assistant:** Prepares patients and equipment for therapy, assists PT in administering treatments, and maintains department in an orderly condition. Requires a two-year technical degree.
- 59. Physical Therapy Aide:** Helps make therapy sessions productive under the direct supervision of a physical therapist or physical therapist assistant. Usually responsible for keeping the treatment area clean and organized and for preparing for each patient's therapy. They are not licensed and do not perform the clinical tasks of a physical therapist assistant. Other duties may include some clerical tasks, ordering supplies, answering phones and completing paperwork.

Auditory/Ophthalmic Services

- 60. Audiologist:** Administers and interprets a variety of tests to determine type and degree of hearing impairment and implements rehabilitation services for the patient.
- 61. Ophthalmic Technician:** Assists Ophthalmologist or Optometrist with patient care. Performs different levels of eye tests such as visual fields, tonometry, and ocular motility required by Ophthalmologist. May assist Ophthalmologist in surgery. May be certified by JCAHPO as a COT.
- 62. Optician:** Dispenses glasses and contact lenses utilizing prescription from referring Optometrist or Ophthalmologist. Includes grinding and tinting of lenses and frame adjustments.

Nursing

- 63. Director, Nursing Services/Nursing Supervisor:** Oversees all aspects of organization's nursing practices. In most cases, requires certification as a Registered Nurse (RN). Oversees all nursing staff. Usually reports to the COO.
- 64. Quality Assurance/Utilization Review Nurse/Case Manager:** Implement programs designed to improve the quality of health care delivery. Measures the quantitative and qualitative aspects of health care delivery. This position is more likely to be found in larger organizations with some degree of integration with other health care organizations. Monitors inpatient and outpatient care activities to ensure that accepted utilization management procedures are maintained. Under indirect supervision, provides comprehensive case management for chronically ill and/or disabled adults, children or adolescents and their families, to improve

quality of life and maintain the highest possible ability to function within the community. Must be state licensed and a graduate of a Registered Nurse program. May or may not have special certification from Utilization Review Accreditation Commission or similar organization.

65. Registered Nurse: Renders professional nursing care for the comfort and well being of the patients. Prepares equipment and assists physician during examinations and treatments. Administers prescribed medications, changes dressings, cleans wounds, and monitors patient's vital signs. Observes and maintains records on patient's care, conditions reaction, and progress. Must be state licensed and a graduate of a Registered Nurse program.

66. Triage Nurse: Primarily responsible for screening and placement of walk-in patients. Assesses needs of walk-in patients. Orders medical record and takes medical history. Administers first aid as appropriate. Sets up appointment with appropriate department as necessary. Screens phone calls from patients seeking walk-in services. Requires a Registered Nurse degree and a state license.

67. Licensed Practical Nurse: Performs assigned nursing procedures for the comfort and well being of patients. Takes and records patient's vital signs and collects specimens for analysis. Dresses wounds and administers prescribed medications and procedures utilizing a variety of medical equipment when necessary. Must be state licensed.

68. Certified Medical Assistant: Multiskilled practitioners who assume a wide range of roles in physicians' offices and other healthcare settings, and are vital partners in increasing medical office productivity. In small practices, CMAs are usually "generalists," handling both administrative and clinical duties and reporting directly to an office manager, physician, or other health practitioner. Those in large practices tend to specialize in a particular area under the

supervision of department administrators. The designation CMA indicates that the individual is a graduate of a medical assisting program accredited by either CAAHEP (Commission on Accreditation Allied Health Education Programs) or ABHES (Accrediting Bureau of Health Education Schools); has passed the CMA Certification Examination of the American Association of Medical Assistants (AAMA); and maintains currency of the CMA credential.

69. Medical Assistant II: Performs the functions of the medical assistant with additional responsibilities for preparation for in-office procedures, compliance issues related to OSHA/CLIA/ JACHO (i.e. designated safety officer), patient education/referral coordination, and/or some supervisory responsibilities.

70. Medical Assistant: Prepares treatment rooms; assists physician with materials, instruments, and equipment during exam; sterilizes and cleans instruments; maintains inventory of supplies; takes vitals; blood pressure, pulse, and temperature; completes the paperwork for lab tests, x-rays, and referrals. Must be a graduate of a technical school medical assistant program or have related job experience.

71. Float Medical Assistant: Performs the functions of the medical assistant and any of several mid-level business office positions (i.e. receptionist) with at least 40% of time on a weekly basis spent in one of the two positions.

72. Patient Education Coordinator: Responsible for determining the patient education needs of the clinic, developing these identified needs into programs, and implementing and evaluating these programs. Coordinates and supervises community health care needs of patients in an ambulatory setting.

Other Nonphysician Providers

73. Advanced Practice Nurse: An advanced practice nurse (APN) is an umbrella term that

includes nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse-midwives (CNM), and nurse anesthetists (CRNA). All are registered nurses with advanced training and education, most with Master's degrees in nursing. An Advanced Practice Nurse must pass national licensing exams in order to practice and must maintain their licenses through ongoing educational activities and testing.

74. Certified Nurse Practitioner (CNP): A specific type of Advanced Practice Nurse who can evaluate and treat people with acute illness, (such as pneumonia, ear and sinus infections, or acute back pain), chronic conditions (such as diabetes, hypertension, and depression), and provide preventative health care services (such as physicals and immunizations). A CNP focuses on wellness and education.

75. Physician Assistant: A person who is trained, and licensed to perform history taking, physical examination, diagnosis, and treatment of commonly encountered medical problems. This person works under the supervision of a licensed physician and may or may not be certified. The physician assistant extends the physician's capacity to provide medical care.

76. Nurse Midwife: A nurse-midwife is a registered nurse who has completed a formal program of study designed to prepare registered nurses to perform in an expanded role in the delivery of primary health care to women and babies including the management of normal pregnancy, labor and childbirth as well as family planning and gynecology.

77. Respiratory Therapist: Administers respiratory therapy care and life support to patients with deficiencies and abnormalities of cardiopulmonary system, under supervision of physician and by prescription. Reviews patient information and determines requirements for treatment. Monitors patient's physiological responses and maintains patient's chart.

Other-Miscellaneous Job Titles

If none of the job titles listed accurately describe a position in your practice, please contact [Jen Middleton @ office@umgma.com](mailto:Jen.Middleton@office.umgma.com).

78. Pharmacist: Compound and dispense medications following prescriptions issued by physicians, dentists, or other authorized medical practitioners

79. Pharmacy Tech: Prepare medications under the direction of a pharmacist. May measure, mix, count out, label, and record amounts and dosages of medications.

80. Information/Help Desk Clerk: The Help Desk clerk is the first point of contact for patients seeking assistance and/or directions in large clinics or hospitals.

81. Janitor/Maintenance: Keep buildings in clean and orderly condition. Perform heavy cleaning duties, such as cleaning/vacuuming floors, shampooing rugs, washing walls and glass, and removing rubbish.

Job Position Compensation Matrix

RESPOND WITH JOB POSITION INFORMATION

Respond with the salaries your practice has set for specific job positions. Respond only for positions present in your practice.

This section refers generally to the job position. *For example: What salary does your practice pay for a Registered Nurse with less than one year experience*

Report values as 10000.00

-include decimal point

-do not include commas

-do not include dollar signs (\$)

Column 1 - Position Title:

Select the job title that most accurately describes the job position in your practice.

When considering each job position, give priority to job description rather than job title.

Column 2 - Compensation 1 year of experience or less:

(e.g., holiday/productivity bonus)

List the compensation level your practice has set for this job position with one year of experience or less. This figure should reflect any base (guaranteed salary).

Column 3 - Compensation 2 to 5 years of experience:

List the compensation level your practice has set for this job position with two to five years of experience. This figure should reflect any base (guaranteed salary).

Column 4 - Compensation 6 to 10 years of experience:

List the compensation level your practice has set for this job position with six to ten years of experience. This figure should reflect any base (guaranteed salary).

Column 5 - Compensation 11 years of experience and over:

List the compensation level your practice has set for this job position with eleven or more years of experience. This figure should reflect any base (guaranteed salary).

Column 6 - Bonus incentive amount:

List any planned bonuses that are over and above the guaranteed (base) salary. Do not include overtime or differential pay.

Column 7 - Base Hourly Rate (Report only if job position is hourly):

Provide the base hourly rate for the position ONLY if the position is hourly. If the position is not hourly, leave blank.

Column 8 - Compensation Method

Select the choice that best describes the compensation method for each position listed

Choose from:

1. Hourly
2. Hourly + discretionary bonus
(e.g., holiday/productivity bonus)
3. Straight salary (no bonus)
4. Base salary + discretionary bonus