

AAOE

American **Alliance**
of Orthopaedic Executives

AAOE Benchmarking Survey

SURVEY CHEAT SHEET



➤ Survey Cheat Sheet: Top Things You Need to Know about Each Section

Along with the AAOE Benchmarking Survey Guide, this tool provides the key things you need to know as you prepare to complete each section of the survey, including reports that you will need to run, other staff you might need to ask for assistance, and common questions you may encounter.

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Practice Profile

➤ Purpose

This section collects important contact information for the practice and data that allows for benchmarking results to be customized based on geographical location and identified practice characteristics.

➤ Information Needed

- Basic information about the practice

➤ Resources

- Recommended Staff: Practice administrator or operations directors/ manager, or other staff familiar with the operations of the practice
- Databases and Reports Needed: N/A

Physician Productivity and Compensation

➤ Purpose

The fields included in this section capture detailed information on physicians and surgeons within the orthopedic practice, including productivity data (e.g., patient visits, surgical cases, collections) and compensation data.

➤ Information Needed

- Physician productivity data: patient visits, surgical cases, injections, Work RVUs, gross charges, and net collections
- Physician compensation data: annual practice compensation, ASC, real estate, and hospital earnings, and other compensation

➤ Resources

- Recommended Staff: Practice administrator, operations staff, EHR and practice management system administrators, clinical managers, and/or human resources staff
- Databases and Reports Needed:
 - Electronic Health Record (EHR) and/or practice management system depending on where physician productivity data is captured
 - Practice management system and/or human resources software for compensation data
- Other Data Sources:
 - Physician tax returns

Common Questions

➤ *What should I do if my practice does not track Work RVU data?*

You can skip questions related to physician and provider Work RVUs if the data is not available to you or if it is not a metric tracked by your practice.

Physician Productivity and Compensation

Common Questions

► *What is the difference between Annual Practice Compensation and Total Practice Compensation?*

Annual Practice Compensation is the salary and wages paid to a physician or provider directly by the practice. Total Practice Compensation includes Annual Practice Compensation and earnings received from other sources, including hospitals, ambulatory surgery centers (ASCs), and real estate.

► *Why is the physician NPI number requested?*

The NPI number is used as an identifier that allows tracking for individual providers across years. Other unique identifiers can be used, such as initials, if a practice chooses not to provide an NPI number.

PA-NP Productivity and Compensation

► **Purpose**

The fields included in this section capture detailed information on physician assistants and nurse practitioners within the orthopedic practice.

► **Information Needed**

- Mid-level provider productivity data: patient visits, surgical cases, injections, Work RVUs, gross charges, and net collections
- Provider compensation data: base and bonus compensation

► **Resources**

- Recommended Staff: Practice administrator, operations staff, EHR and practice management system administrators, clinical managers, and/or human resources staff
- Databases and Reports Needed:
 - Electronic Health Record (EHR) and/or practice management system depending on where physician productivity data is captured
 - Practice management system and/or human resources software for compensation data

PA-NP Productivity and Compensation

Common Questions

➤ *Do I make any adjustments to the Work RVUs reported for providers?*

No, all Work RVUs should be reported with the GPCI set to 1.000 so that all data is reported consistently across providers and practices.

➤ *I have a provider that only worked for 6 months during the year, how do I report their data?*

Please enter 0.5 as the full-time equivalent (FTE) value in the FTE field and then the total gross and net collections, visits, surgeries, Work RVUs, etc. performed during the period. The values will be adjusted based on the FTE values when the benchmarking results are generated.

Therapist and Trainer Compensation

➤ Purpose

This section is designed to collect compensation data for physical and occupational therapy staff, including athletic trainers, working in the PT/OT line of service.

➤ Information Needed

- Provider compensation data: base and bonus compensation.

➤ Resources

- Recommended Staff: Practice administrator, operations staff, EHR and practice management system administrators, clinical managers, and/or human resources staff
- Databases and Reports Needed:
 - Electronic Health Record (EHR) and/or practice management system depending on where physician productivity data is captured
 - Practice management system and/or human resources software for compensation data
- Other Data Sources:
 - Physician tax returns

Common Questions

➤ *Where do I enter athletic trainers working in orthopedics or physical therapy technicians who do not bill for their services?*

You will enter salaries and FTE status for these positions in the Employees section of the survey.

Practice Administrator Compensation

► Purpose

This section is designed to collect compensation and benefit data on the most senior executives within the orthopedic practice.

Common Questions

► *What is the difference between a practice administrator and CEO?*

For the purposes of the Benchmarking Survey, there is no difference between these two titles. Both titles refer to the staff person who reports directly to the practice's board.

► Information Needed

- Base and bonus salary data
- Benefits information, including insurance, car allowances, and professional development.

► Resources

- Recommended Staff: Practice administrator or human resources staff
- Databases and Reports Needed: Human resources database

Non-Staff Expenses

► Purpose

This section includes expenses commonly incurred by orthopedic practices, not including expenses entered in the 'Employees' section.

► Information Needed

- Expense data from practice's chart of account or profit and loss statement

► Resources

- Recommended Staff: Practice administrator, finance staff, or operations staff
- Databases and Reports:
 - Practice management system
 - Accounting software

Common Questions

► *I am unable to allocate all non-staff expenses items across the lines of service. How should I handle this?*

If a non-staff expense item cannot be allocated, enter all of the expenses under Orthopedics.

Employees

► Purpose

The Employees section collects data on the number and salaries of employees within orthopedic practices.

► Information Needed

- Employee FTE status
- Employee salary and wages
- Staff taxes and benefits

► Resources

- Recommended Staff: Practice administrator, operations staff, or human resources staff
- Databases and Reports Needed: Human resources database

Common Questions

► *How do I allocate employee time and wages across lines of service?*

Employee FTE and wages may already be allocated across lines of service (e.g., X-Ray, PT/OT, MRI) in your practice's chart of accounts. If so, please enter data according to that allocation. For practices who have not created this allocation in their chart of accounts, FTE allocations can be made based on the percentage of time employees work in each of the service areas. For example, an employee who works half of their time in orthopedics, 30% in X-Ray, and 20% in DME would have FTE values of 0.5, 0.3, and 0.2 entered in the respective lines of service. The wages paid to these employees would be adjusted accordingly so that the total wages across lines of service equals their salary.

► *Do I include physicians, nurse practitioners, and/or physician assistants in the Staff Taxes and Staff Benefits item?*

Include physician assistants and nurse practitioners in these two items, but do not include physicians. Taxes and benefits paid for physicians are reported in the Income Statement - Physician Expenses section.



Income Statement

► Purpose

This section collects data on revenue and physician expenses. Data entered in the Employees and Expenses sections will be combined with data entered in the Income Statement to calculate total revenue, total operating expenses before physician expenses, total expenses, and net income.

Common Questions

- *Where should I enter loans or other one-time revenue payments received by the practice?*

Report as Other Revenue in the Income Statement – Revenue section.

► Information Needed

- Net patient revenue and other revenue
- Physician compensation and bonuses (total)

► Resources

- Recommended Staff: Practice administrator, finance staff, or operations staff
- Databases and Reports:
 - Practice management system
 - Accounting software

Ancillary Services

► Purpose

This section collects data on key metrics for the identified ancillary services and specifies the number of Ambulatory Surgery Centers associated with the practice.

► Information Needed

- Imaging volume for X-Ray, MRI, and DXA machines
Utilization data for non-imaging services, including DME, orthotics and prosthetics

► Resources

- Recommended Staff: Practice administrator or clinical staff
- Databases and Reports:
 - EHR or practice management system
 - Inventory tracking system

Common Questions

- *For X-Ray, do I report the number of studies or the number of images?*

Report the number of studies, not individual scans.



Accounts Receivable & Payer Mix

► Purpose

These sections collect data on accounts receivable aging and on charges and collections by payer.

► Information Needed

- Insurance and patient accounts receivable balances within defined categories (e.g., 0-30 Days, 31-60 Days)
- Gross charges, contractual adjustments, net charges, and net collections

► Resources

- Recommended Staff: Practice administrator, finance staff, accounts receivable staff
- Databases and Reports: Accounting software

Common Questions

- *Accounts receivable (AR) timing fluctuates throughout the year. If I am working on the survey in May, what data should I report?*

If you have access to an AR report that was generated on or after December 31 of the reporting year, you can use the numbers included in that report. Otherwise, enter the most recent AR aging data you have. To prepare for participation in the Benchmarking Survey in future years, set a calendar reminder to pull AR data at the end of the current year, or as soon as possible afterwards.

- *My practice does not track patient and insurance balances separately. How should I report my AR balances?*

Report the entire AR balance as Insurance Balance and enter '0' for Patient Balance for the current year.

Square Footage

► Purpose

This section collects data on the number of office locations and square footage of facilities operated by the practice.

► Information Needed

- Square footage for all facilities and locations

► Resources

- Recommended Staff: Practice administrator or operations staff
- Databases and Reports: Facility lease agreements and/or facility blueprints

Common Questions

- *The Square Footage section does not include options for X-Ray or DME space. Why is that?*

Square footage specific to these items were removed from the survey to help streamline the Benchmarking Survey. This decision was based on: 1) the space dedicated to X-Ray and DME storage is a small percentage of the overall space used by a practice and 2) decisions to expand office space or add locations are typically not based on the space used for these services.

Recruitment & Additional Physician Data

► Purpose

These sections collect data on the salaries, bonuses, and assistance provided to new physicians and on administrative physician roles and end of career plans supported by the practice.

Common Questions

- *Our practice did not add any new physicians during the reporting period, do I need to enter anything in this section?*

No, you can skip the Physician Recruitment section as it does not apply to you.

► Information Needed

- Physician recruitment data, including starting salary, signing bonus, moving expenses, and ownership timeline
- Compensation amount for physician president/chair of the board and other physician administrative positions
- End of career policies, including retirement age, advanced notice, transition planning, and participation in after-hour call services

► Resources

- Recommended Staff: Practice administrator, operations staff, or human resources staff
- Databases and Reports: Human resources database; physician policies

Call Data

► Purpose

This section includes information on physician call for emergency room, trauma, and hand cases.

► Information Needed

- Call type and annual, weekday, and weekend call payment rates
- Group call coverage data

► Resources

- Recommended Staff: Practice administrator, operations staff, or human resources staff
- Databases and Reports: Practice management system

Common Questions

- *The payment unit used by the hospital for call payments is not included in the options provided. How should I report my data?*

Please convert the payments to one of the units provided, most likely Per Day or Per Hour. Given the number of different shift definitions and payment units, it is difficult to include all possible unit options.

Databases & Information Systems

► Purpose

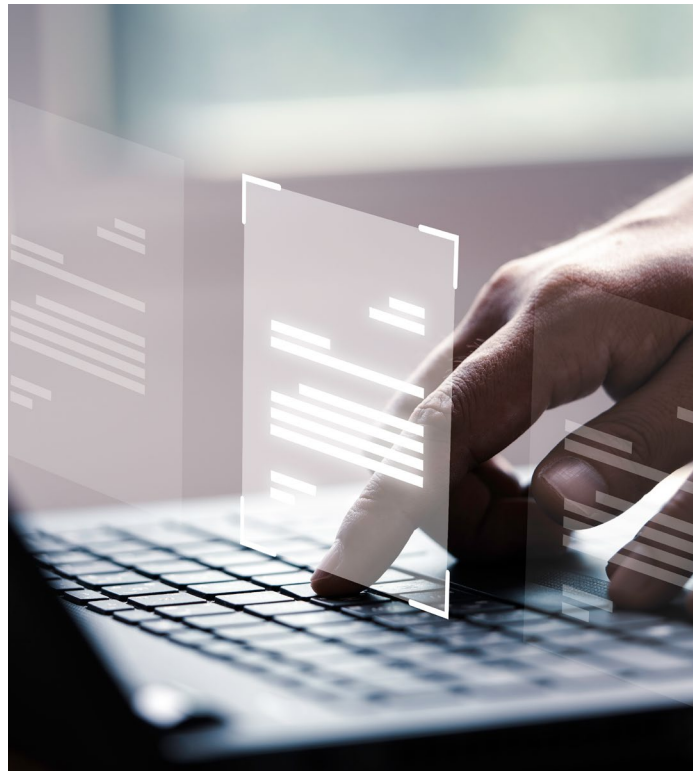
This section includes questions on a variety of topics of interest to orthopedic practices. Data related to the specific data systems used by AAOE members informs future enhancements to the data analytics and benchmarking resources available to members.

► Information Needed

- Vendors and names of databases and information systems used

► Resources

- Recommended Staff: Practice administrator or operations staff
- Databases and Reports: Summary information for all systems used



Government Affairs

› Purpose

This section asks about topics that are currently a part of the AAOE policy agenda. Your responses to these questions will help us better understand how certain public policies affect your practice and allow AAOE to better represent you in Washington, DC.

› Resources

- Recommended Staff: Practice administrator or operations director
- Databases and Reports: EHR and practice management system

› Information Needed

- Malpractice insurance information
- EHR details
- Quality initiative participation
- Information about co-management agreements, real estate ownership, and tele-medicine