

Timely, Tough, or Tricky – Physician Compensation and Fair Market Value Topics in 2022

PHYSICIAN SERVICES IN RURAL MARKETS

CALL COVERAGE COMPENSATION, INCLUDING COVID-19 IMPLICATIONS

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Speakers



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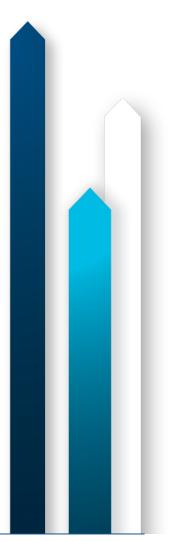
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Introduction

- To begin a dialogue on timely, and occasionally, tough or tricky topics in physician compensation and fair market value, PYA surveyed more than 30 physician compensation experts to understand the collective thoughts on issues impacting these topics in 2022. These issues include:
 - The 2021/2022 Medicare Physician Fee Schedule
 - Telemedicine
 - Group Practice Exception Regulatory Changes
 - Advanced Practice Practitioners
 - Value-Based Compensation
 - Nuances Surrounding Compensation per wRVU
 - 2021 (and Beyond) Changes to Commercial Reasonableness
 - Using Benchmark Data, Including COVID-19 Implications, in 2022
 - Physician Services in Rural Markets
 - Call Coverage Compensation, Including COVID-19 Implications
 - Other Hot Topics (to be determined by webinar series participants, changes in market conditions over 2022, etc.)







Physician Services in Rural Markets



Realities of Rural Medicine

- Hospital Closures
- Population loss¹
- Provider Need
- Bypass behavior
- Regulatory changes
- Technology

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Benchmark Survey Data – Rural Versus Urban



Specialty	Median Compensation ¹		Median wRVU Productivity ¹	
	Urban	Rural	Urban	Rural
Family Medicine (without OB)	\$268,880	\$269,473	5,208	4,704
General Surgery	\$456,878	\$424,366	6,819	5,766
Orthopedic Surgery	\$667,507	\$591,610	9,220	7,127
Pediatrics	\$236,391	\$246,928	4,708	4,769
Urology	\$524,353	\$507,877	8,405	7,510

¹Per the Medical Group Management Association ("MGMA") 2022 DataDive Provider Compensation Survey.

Benchmark Survey Data – Rural Versus Urban Continued



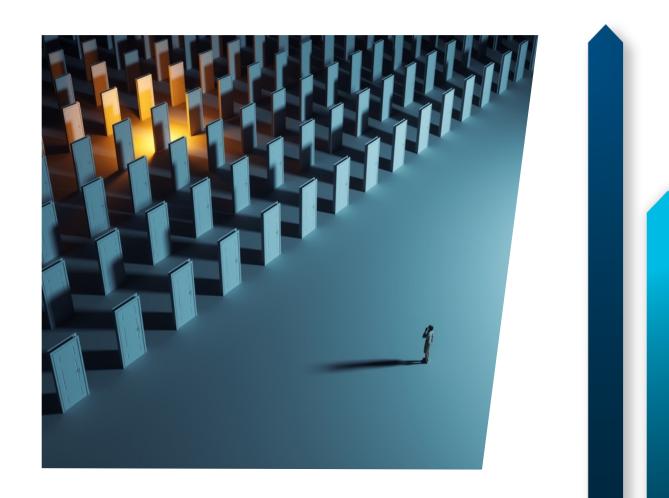
Specialty	Median Compensation		Median Professional Collections ¹	
	Urban	Rural	Urban	Rural
Family Medicine (without OB)	\$268,880	\$269,473	\$465,532	\$423,294
General Surgery	\$456,878	\$424,366	\$473,416	\$431,778
Orthopedic Surgery	\$667,507	\$591,610	\$871,973	\$524,264
Pediatrics	\$236,391	\$246,928	\$485,634	\$466,045
Urology	\$524,353	\$507,877	\$745,733	\$638,623

¹Per the Medical Group Management Association ("MGMA") 2022 DataDive Provider Compensation Survey.

Other Considerations for Rural Provider Compensation

- Medically Underserved Areas/Health Professional Shortage Areas
- Reimbursement
- Non-Salary Incentives
- Cost of living





Call Coverage Compensation, Including COVID-19 Implications





Types of Call Coverage Compensation

- Per-Diem/Shift Compensation
- Fee-For-Service ("FFS") Payments for Care Rendered to Indigent or Unfunded Patients
- Per-Diem Plus FFS Payments for Care to Unfunded Patients
- Activation Payment
- Per-Diem Plus Activation Payment
- Credit Toward Productivity Compensation
- Uncompensated Care Coverage / Professional Liability Insurance / Indemnification

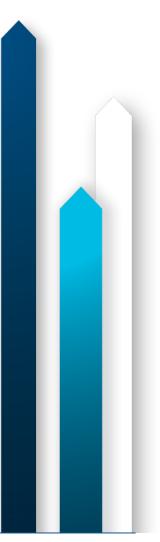




Factors That May Influence Call Coverage Compensation

- Intensity of call coverage
- Burden of call coverage (i.e., number of physicians in the call coverage rotation)
- Time of the call coverage shift (i.e., during or after business hours, weekday versus weekend, holiday, etc.)
- Specialty-specific factors and case acuity
- Type of call coverage (i.e., restricted or unrestricted)
- Primary, secondary, or concurrent
- Undesirable payer mix





Common Mistakes Related to Call Coverage Compensation

- Paying the same rate as another local hospital ensures your rate is in line with fair market value.
- Solely relying on market compensation surveys detailing a range of rates for specialty call coverage.
- Paying a locum tenens rate for non-locum tenens coverage.





Call Coverage and COVID-19 Implications

- Concurrent call coverage.
- Excess call coverage.
- Reevaluation of intensity statistics.
- Balance with other forms of compensation.
- Transition to telehealth.





Thank you!



