



# Timely, Tough, or Tricky Physician Compensation and Fair Market Value Webinar Series

Traversing Tricky Situations in Common Call  
Coverage Scenarios

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## Speakers

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**Lyle Oelrich**

MHA, FACHE, FACMPE, CVA  
Principal – Valuation

[loelrich@pyapc.com](mailto:loelrich@pyapc.com)



**Zach Doolin**

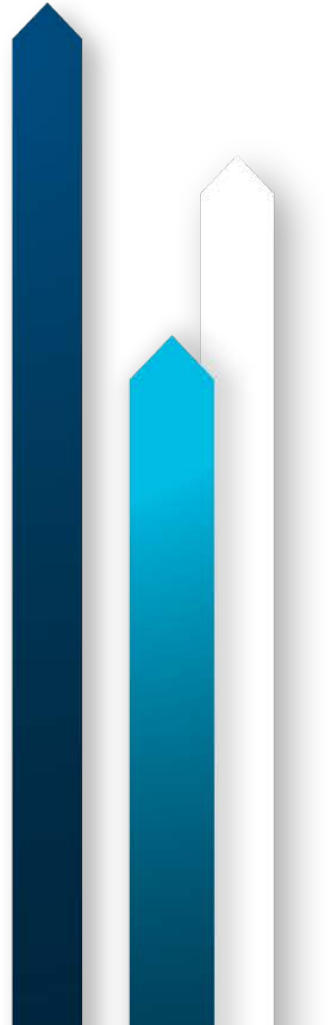
CVA, MAcc  
Senior Manager – Valuation

[zdoolin@pyapc.com](mailto:zdoolin@pyapc.com)

# Introduction

In 2023, PYA surveyed more than 50 physician compensation experts to understand their collective thoughts on timely and occasionally tough or tricky topics in physician compensation and fair market value. **The top 10 topics this year included:**

1. Advanced Practice Providers (Working in Collaboration with Physicians)
2. End to the Public Health Emergency
3. The 2023 Medicare Physician Fee Schedule
4. Advanced Practice Providers (Compensation Models/Structures/Trends)
5. Unique Call Coverage Scenarios
6. Medical Director Needs Assessments
7. Management Services Agreements
8. Benchmark Data in 2023
9. Transition to Value-Based or Other Alternative Compensation Models
10. Anesthesia and Other Hospital-Based Specialty Financial Arrangements



# Common Call Coverage Scenarios



Employment Call Coverage

Independent Contractor Call Coverage

Market Shortages

Physician/Advanced Practice Practitioner Call Coverage

Concurrent Call Coverage

# Employment Call Coverage



- Tricky Situation: I have call coverage benchmark data, but how do I determine how much to pay an employed physician to provide call coverage?
  - Understand the drivers of call coverage payment
  - Consider OIG guidance
  - Understand the employment contract terms and medical staff by-laws
  - Document your rationale and seek external advice, when appropriate



# Poll 1



- Do you pay a different rate to your employed physicians vs. independent contractor physicians participating in the same call panel?
  - Yes
  - No

# Independent Contractor Call Coverage



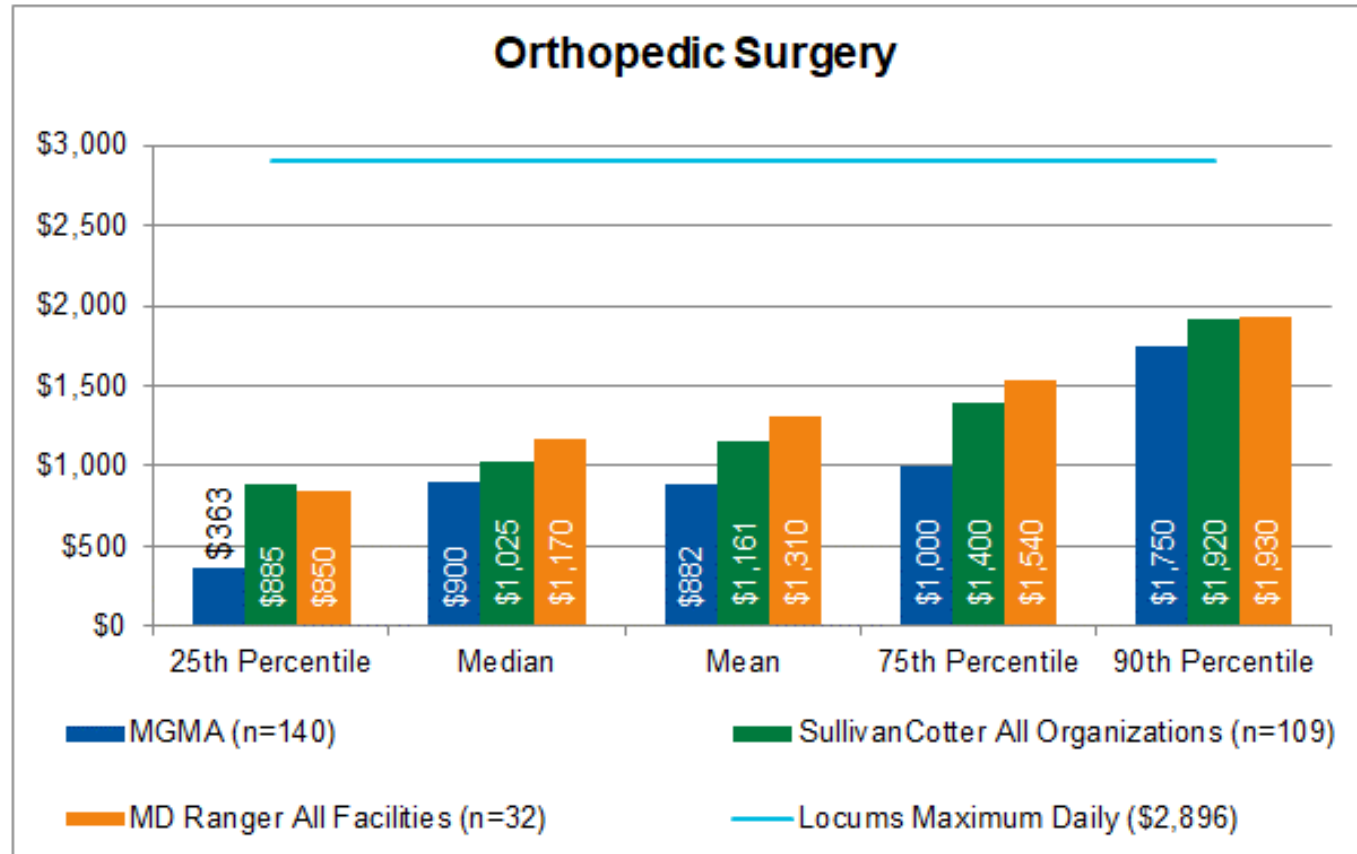
- Tricky Situation: Can I pay an independent contractor the same amount as an employed physician or equal to my existing locum tenens rate?
  - Collection risk vs wRVU incentive bonuses
  - Locum tenens agency overhead/profit margins and collections



# Independent Contractor Call Coverage (cont'd)



National Unrestricted Call Coverage Daily Rates from MD Ranger, MGMA *On-Call Survey* and SullivanCotter *On-Call Survey*<sup>1,2</sup>



<sup>1</sup> Unrestricted call indicates that physicians are not required to stay on the premises, but must respond to the call within a specified time frame.

<sup>2</sup> PYA utilized the unrestricted all organizations rates reported by the SullivanCotter *On-Call Survey* to calculate daily compensation rates based upon a 24-hour period.



# Market Shortages

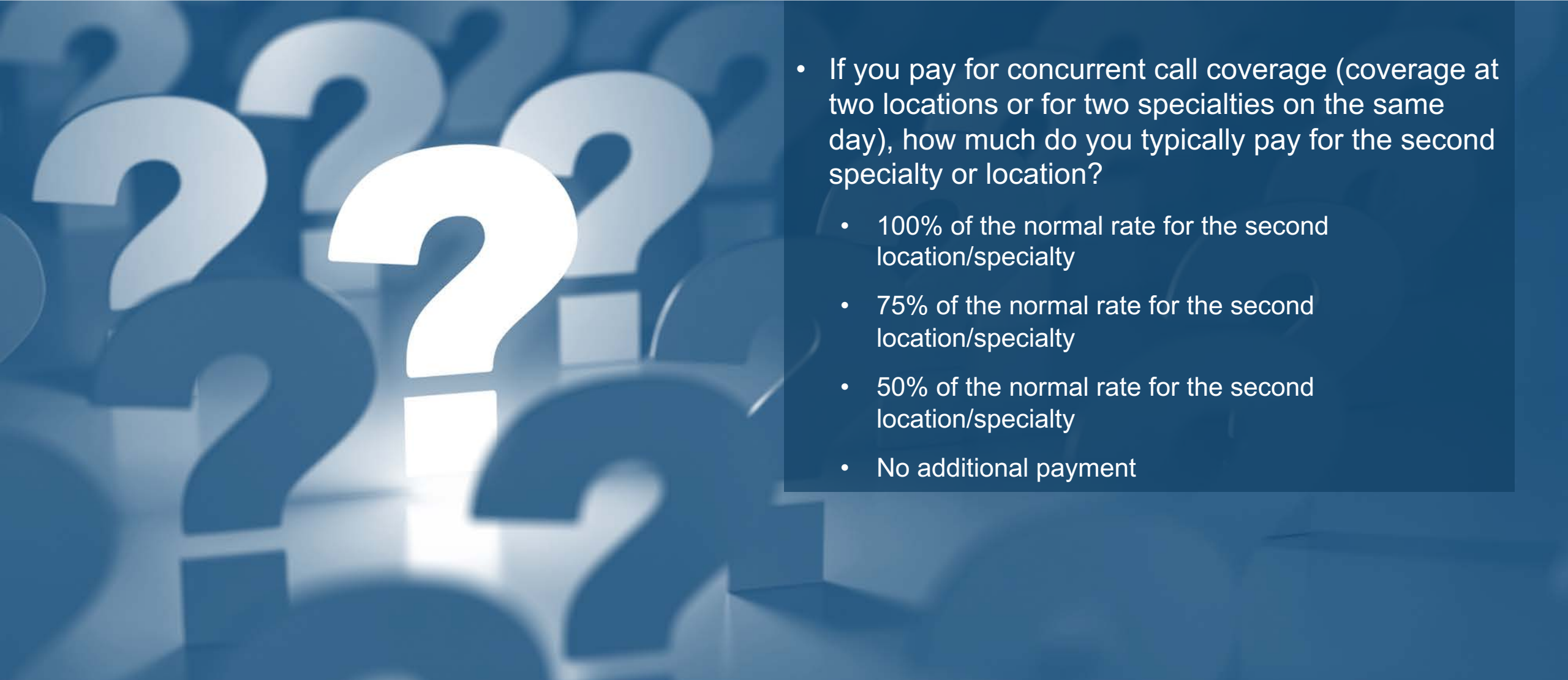
- Tricky Situation: My market has a small number of specialists available to provide call coverage. As a result, call coverage benchmarks do not always align with local market expectations. What alternatives do I have to evaluate compensation?

- Alternative benchmark solutions
- Local market datapoints

# Physician/Advanced Practice Practitioner (APP) Call Coverage



- Tricky Situation: How do APPs impact call coverage compensation?
  - Understand the relationship of each party involved and their role
  - Understand the impact of any wRVUs produced by the APP and who receives wRVU credit
  - Understand who receives collections for the APP services and if they are billable

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- The background of the slide is a dark blue gradient with several large, light blue question marks scattered across it. One question mark in the center is significantly larger and brighter than the others, serving as a focal point.
- If you pay for concurrent call coverage (coverage at two locations or for two specialties on the same day), how much do you typically pay for the second specialty or location?
    - 100% of the normal rate for the second location/specialty
    - 75% of the normal rate for the second location/specialty
    - 50% of the normal rate for the second location/specialty
    - No additional payment

# Concurrent Call Coverage



- Tricky Situation: What should I consider when paying for concurrent specialty call?
  - Is it feasible
  - What is the burden
  - How much should I pay



Thank you!



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