

Oregon Association of Orthopaedic Executives						
2010 Cost Survey						
GENERAL INSTRUCTIONS:						
All information received is CONFIDENTIAL and will be tabulated by AKT, LLP an independent CPA firm.						
This survey in editable form is also available online at oregonaoe.org .						
You can mail, fax or email completed surveys to Lindsay Welch, CPA at AKT, LLP.						
5665 SW Meadows Rd., Ste 200, Lake Oswego, OR 97035-3131. Fax # 503.624.0817 or						
send attachment file via email to lwelch@aktcpa.com.						
If you have any questions regarding the survey, please contact Lindsay Welch at 503.620.4489.						
DEADLINE is MAY 15, 2010.						
Results will be mailed by July 1, 2010 to those who participate.						
Tools helpful to complete the survey:						
1. Profit and Loss Statement (Income Statement)						
2. Payroll Summary to include W-2						
3. Procedure Analysis 2009, to include total number of procedures, charges, adjustments and payments						
4. Accounts Receivable Report						
FTE						
Full time equivalent						
FTE Physician						
Consider 55 hours per week of patient care activities as 1.0 FTE. This includes time for dictation, patient care related paperwork, and actual worked time if called in to work while on call. Do not include meeting time, administrative time, or time spent on-call when not actually working.						
FTE Support Staff						
Total number of annual hours worked by all staff including management personnel, total of regular hours, and overtime hours divided by 2080. Example: 4200 hours divided by 2080 equals 2.02						
Total Hours 31767.25 Obtain from PR reports or Tax reports						
By: 2080						
15.27272						
Payer Mix						
Percentage of charges and collections by payer category.						
Gross Charges/Production						
Includes the full value of all services provided, undiscounted. Do not include other income such as interest income received from bearing accounts. Do not include income produced by an ambulatory surgical center.						
Adjustment to Charges						
Include contractual insurance adjustments (non-allowed write off) and capitated charges/risk withhold written off.						
Bad Debt Adjustments						
Amounts deemed patient responsibility written off as not collectible and amounts assigned to collection agencies.						
Hardship or Charity Care						
Amounts deemed patient responsibility written off due to financial hardship. Do not include any amounts adjusted as non-collectible.						
Total Receipts/Cash Collections Less Refunds						
Include payments from third party payers and/or patients						
Risk Return From Insurance						
Portion of the withholds returned to a practice as a part of a risk sharing arrangement.						
Total Income Received from Services						
Include payments from third party payers and/or patients, portion of the withholds returned to a practice as part of a risk sharing arrangement. Bonuses or incentive pay from third parties.						
Total & Work RBRVS RVU for all Services Provided January 1, 2009 Through December 31, 2009						
Use the RVUs as listed in the Federal Register for year 2008.						
Either use data directly from billing system or multiply by the number of procedures per CPT code performed.						
If possible, adjust your RVUs for modifiers used such as assists (80) and multiple procedures (51)						
No RVUs to be reported for Reports & Med Legal work.						
Reference "facility or non-facility columns labeled transitioned." Use "facility" if the service was provided in a hospital or setting outside your office, use "non-facility" if the services was provided inside your office setting. Example as follows:						
				Calculated		
	A	B	C	(A X B)	(A X C)	
	CPT code	Count	Work RVU	Total RVU	Work RVU	Total RVU
	99211	10	0.17	0.52	1.70	5.20
	99212	50	0.45	0.94	22.50	47.00
	99213	100	0.67	1.32	67.00	132.00
Physician Compensation						
The information compiled from this page will be reported separately from the practice expenses. The same format will be used for the results, however, identification numbers will not be included. Please complete a separate page for each physician within your practice.						
Thank you for participating in the Cost survey.						

Oregon Association of Orthopaedic Executives

2009 Cost Survey

Please base your answers on the period of January 1, 2009 through December 31, 2009

All Information Provided Will Remain Confidential

Practice Information

Practice Name:

Address:

City:

State:

Zip:

Administrator Contact Information

Name:

Email Address:

Phone Number:

Fax Number:

Ancillary Services Provided by Your Practice

Physical Therapy

Bone Density

Lab

MRI

Bracing/DME

Surgery Center

Occupational Therapy

Other _____

None

PRACTICE INFORMATION			
How many FTE orthopedic surgeons are in your practice? Please note if your practice is multi specialty and you cannot segregate the data please report total Physician FTEs			
(For calculation purposes only, will not be reported.)			
Number of FTE staff (exclude midlevel providers - P.A.s, Nurse Practitioner, Physical Therapists)			
Total hours worked by all staff including administration, management and radiology techs, front office, back office, etc. regular and overtime hours divided by 2080			
Number of FTE midlevel providers (P.A.s, Nurse Practitioners, PTs)			
Total independent contractors not included above (i.e.transcriptionists, billing svc, etc.)			
How many locations does your practice have?			
The location of your practice - Mark the box		<input type="checkbox"/>	Portland/Tri County area
		<input type="checkbox"/>	Outside Portland area
Legal entity of practice - Mark the box		<input type="checkbox"/>	Limited Liability Corporation (LLC)
		<input type="checkbox"/>	Limited Liability Partnerhsip (LLP)
		<input type="checkbox"/>	Solo
		<input type="checkbox"/>	Partnership
		<input type="checkbox"/>	Professional Corporation (PC)
Practice type, Mark the box		<input type="checkbox"/>	Single
If this is a multi-specialty, please provide all the following data (revenues and expenses) for Orthopedic Physician only		<input type="checkbox"/>	Multi-Specialty
Payer Mix as a Percentage of Totals		% of Charges	% of Collections
Private/Self pay			
Indemnity (fee for service)			
PPO/IPA/HMO (discounted fee for service)			
Medicare			
Medicare HMO or PPO			
Medicaid			
Worker's Compensation			
Charity (known at time of service)			
Other			
Total		Must equal 100%	0.00%
			0.00%
Accounts receivable as of 12/31/2009		0-30 days:	
		31-60 days:	
		61-90 days:	
		91-120 days:	
		> 120 days:	
		Balance	\$ -
Financial Information			
1. Gross service charges			
2. Adjustments to charges; contractual write-off, risk WH			
3. Patient bad debt adjustments			
4. Hardship adjustments or charity care			
Net Charges			\$ -
5. Total receipts/cash collections less refunds			
6. Other Revenue such as ASC distributions, hospital stipends, research grants, etc.			
7. Risk withhold returned from insurance companies			

Net Revenue (total of 5,6 plus 7)		\$	-
8. Breakdown of operating costs			
(Refer to 12/31/09, year end (12 month) income statement profit/loss statement)			
A. Medical supplies, including DME and injectibles			
B. Radiology supplies			
(Include film, etc. and process upkeep expenses)			
C. Buildings and occupancy expense			
(Rent or lease, utilities, expenses of grounds & bldg, janitorial services, assn dues, interest on loans for real estate, property taxes, depreciation (annual exp.))			
D. Information Technology			
(Cost of hardware, software, maintenance contracts, hosting fees, contract payments to 3rd party providers for IT services, telephone, telecommunication services and connectivity)			
E. Administration expenses and office supplies			
(Include small furniture and equipment, printing, postage, subscriptions, misc office supplies, bank fees, personal property taxes, laundry, etc.)			
F. Professional liability (malpractice) insurance			
(Premiums for physicians only)			
G. Other insurance premiums			
(Include premise liability, employee dishonesty, etc.)			
H. Outside services			
(Legal and accounting, contracted labor)			
I. Radiology costs			
(Radiology tech wages, payroll taxes, employment benefits including retirement, and/or purchased outside radiology services)			
J. Employee/staff gross wages, payroll taxes and employment			
(FICA, Medicare, SUTA, FUTA, WC, County, etc., exclude midlevel providers)			
K. Employer paid retirement plan contribution			
(Exclude physicians & midlevel providers)			
L. Continuing education			
(Staff only, exclude physicians & mid-level providers)			
M. All other operating expenses			
(All other operating costs not included above such as recruiting costs, taxes, interest expenses, charitable contributions, entertainment, Non-phys expenses)			
Total Non-Physician, Non-Midlevel Provider Expenses		\$	-
Mid-Level Expenses			
Midlevel provider compensation			
(P.A.s, Physical Therapists, Nurse Practitioners)			
Midlevel provider benefit cost			
(Payroll taxes, all insurance coverage cost, continuing education, etc.)			
Total Mid-level Expenses		\$	-
Total physician related expenses		\$	-
(from Physician Compensation section)			
Total Operating and Provider Expenses		\$	-
Net Income (loss) - Should equal net income of income statement		\$	-
Total RBRVS RVU for all physician services 1/1/2009 through 12/31/2009			
(exclude mid-level providers)			
Work RBRVS RVU for all physician services 1/1/2009 through 12/31/2009			
(exclude mid-level providers)			
Total RBRVS RVU for all midlevel provider services 1/1/2009 through 12/31/2009			
(exclude physicians)			
Work RBRVS RVU for all midlevel provider services 1/1/2009 through 12/31/2009			
(exclude physicians)			
Physician Information - please use tabs labeled Physician 1, 2, etc			
<i>If you have multiple physicians in your practice, please make copies and complete for each physician</i>			

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PHYSICIAN DATA			
Practice Name		0	
Personal Information			
Physician Identifier:		i.e. Physician initials, P1, etc.	
Physician Status:		i.e. Partner/owner etc.	
Gender:			
Specialty:			
Sub-Specialty:			
Age:			
Years in Practice:			
Board Certified:			
FTE Workload:		i.e. decimal equivalent	
Productivity Information			
Charges and collections for the physician should not include Ancillary Services other than X-ray.			
Ancillary Service revenue information (if applicable) should be entered separately in the Ancillary Services section.			
Gross Billed Charges: \$			
Net Collections: \$			
Nbr of Office Visits (annual): \$			
Compensation Information			
<i>For multiple physicians in your practice make copies and complete or use additional tabs in file.</i>			
Distributions to Physician/Gross wages as reported on W-2:		\$	
(If sole proprietor/partner/S corp shareholder include draws, tax payments, personal expenses paid through company. Use the net profit off Sched C of physician's income tax return, and add to it estimated tax payments made)			
Health and Welfare Benefits:		\$	
(Include health, dental, life and disability policies, and employer paid payroll taxes)			
Retirement contributions:		\$	
CME Expenses:		\$	
Personal Expenses Paid by Practice:		\$	
(i.e. Dues, professional fees, travel, auto and all other miscellaneous physician direct expenses not previously included)			
Total Physician Related Expenses		\$ 0	
RVUs			
		Total Work RVUs	Total RVUs
TOTAL RVUs:			
Evaluation & Management (E&M):			
Physical Medicine (PT):			
Radiology:			
Surgery:			
Number of vacation and personal days out of the office:			
Number of days used for continuing education, conferences, or professional meetings:			