

# Oregon Association of Orthopaedic Executives 2010 Salary and Benefits Survey Instructions

All information will be received in confidence and tabulated by AKT, LLP an independent CPA firm. You can mail, fax or email your completed salary survey to: **Lindsay Welch, CPA at AKT, LLP. 5665 SW Meadows Rd., Ste 200, Lake Oswego, OR 97035-3131; Fax to 503.624.0817 or Email attachment file to lwelch@aktcpa.com.** If you have questions, please contact Lindsay Welch at 503.620.4489. This survey, in editable form, is available online at oregonaoe.org.

**DEADLINE is MAY 15, 2010. Results will be mailed to those who participated. Survey results will be presented at the Fall Meeting at Salishan November 4-5, 2010. Thank you for participating in the 2010 Salary and Benefits Survey.**

Please answer the questions for **each person in each job category** for which you have an employee. Please make an extra copy of the survey page if you require additional space.

## **Reporting Wage Data**

**Please report data as of January 1, 2010.** Report data on an hourly basis and convert salaried employee wages into an hourly wage by dividing the monthly or annual salary by the appropriate number of hours for that period.

## **Length of Employment**

Under the "Length of Experience" heading, please check the appropriate box indicating the total experience the employee has performing the position functions, not just the length of time at your clinic.

Please let us know who you are so we can send you the final results. Even if you choose not to receive the results, we request that you complete the following in case we have questions about your responses.

## **Practice Information**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Physician/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Number of Physicians in Practice:  1     2-3     4-6     7-15     16+

Geographic Region:  Portland  
 Willamette Valley  
 Central / Eastern Oregon  
 Southern Oregon  
 Coast

# Part 1 – Administrator/Manager Data

## Personal Information

Gender:  Male  Female  
Age: \_\_\_\_\_  
Employment Status: \_\_\_\_\_  
Years in practice management: \_\_\_\_\_  
Years in current position: \_\_\_\_\_  
FTE Workload:  Full Time  
 ¾ Time  
 ½ Time  
 ¼ Time or less

## Education Information

Highest Level Education Completed:  Doctorate  
 Master's Degree  
 Bachelor's Degree  
 Associate's Degree  
 High School or GED

## Certificate Information

(Check all that apply)

Certified Public Accountant:  FACMPE:   
Registered Nurse  Other:   
ACMPE:

## Compensation Information

(Please enter zeroes for all required fields that are not applicable.)

Annual Base/Contracted Salary: \$ \_\_\_\_\_  
Bonus Compensation: \$ \_\_\_\_\_  
Bonus Compensation: % of pay \_\_\_\_\_  
Merit Raise in \$: \_\_\_\_\_  
Merit Raise as a % of pay: \_\_\_\_\_  
COLA in \$: \_\_\_\_\_  
COLA as a % of pay: \_\_\_\_\_  
Paid Days Off (Holiday): \_\_\_\_\_  
Paid Days Off (Vacation): \_\_\_\_\_  
Paid Days Off (Sick): \_\_\_\_\_  
Paid Time Off (days): (0-4 yrs): \_\_\_\_\_  
Paid Time Off (days): (5-9 yrs): \_\_\_\_\_  
Paid Time Off (days): (>10 yrs): \_\_\_\_\_  
Paid Days Off (CME): \_\_\_\_\_

# Part 1 – Administrator/Manager Data (page 2)

## Benefits Information (Paid by the Practice)

	<u>% Employer Paid</u>	
Health Insurance (Self): <input type="checkbox"/>	_____ %	Profit Sharing/Pension Plan: <input type="checkbox"/>
Health Insurance (Family): <input type="checkbox"/>	_____ %	Employer Contributes: _____ %
Dental Insurance: <input type="checkbox"/>	_____ %	Cafeteria Plan/year: \$ _____
Vision Insurance: <input type="checkbox"/>	_____ %	Health Savings Account/year: \$ _____
Life Insurance: <input type="checkbox"/>	_____ %	Cellular Phone: <input type="checkbox"/>
Short-Term Disability Insurance: <input type="checkbox"/>	_____ %	Car/Car Allowance: <input type="checkbox"/>
Long-Term Disability Insurance: <input type="checkbox"/>	_____ %	Tuition Reimbursement: <input type="checkbox"/>
Retirement, 401k: <input type="checkbox"/>		Other: _____
401k Matching Component: <input type="checkbox"/>		_____
Percent Employer Match: <input type="checkbox"/>	_____ %	

## Other

Number of FTE's you manage: \_\_\_\_\_

Specialty:  Single  
 Multi-specialty

Do you manage Ancillary services  Yes  No

(Please List):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

# Part 2 – Staff Salaries

Please provide the hourly wage for each of the following positions for which you have employees. Please convert full and part-time monthly salaries to an hourly wage.

		Hourly Wage	Length of Experience		
			< 1yr	1-3 yrs	> 3 yrs
<b>PHYSICIAN ASSISTANT (PA)</b>	<b>01</b>				
<p>A Physician Assistant provides medical services under the direction and supervision of a licensed physician. Within the physician/PA relationship, physician assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of physician assistants includes primary and specialty care in medical and surgical practice settings.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<b>NURSE PRACTITIONER (NP)</b>	<b>02</b>				
<p>A Nurse Practitioner (NP) is an advanced practice nurse, licensed by the State of Oregon. NP's have advanced knowledge and clinical skills that include assessment, diagnosis, treatment and managing commonly occurring health problems, illnesses, trauma and stable chronic illness. NP's hold a master's degree and a post-masters certificate, and may specialize in adult, family, geriatric or pediatric health care.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<b>REGISTERED NURSE (RN)</b>	<b>03</b>				
<p>A Registered Nurse (RN) is licensed by the State of Oregon. The RN may triage patient calls, obtain patient histories, provide patient education regarding procedures and care, escort patients to the examination room, take vital signs, provide injections and venepuncture, and may supervise other nursing and clinical staff.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<b>LICENSED PRACTICAL NURSE (LPN)</b>	<b>04</b>				
<p>A Licensed Practical Nurse (LPN) is licensed by the State of Oregon. The LPN may escort patients to the examination room, take vital signs, provide injections, and venepuncture.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<b>NON-CERTIFIED MEDICAL ASSISTANT</b>	<b>05</b>				
<p>The general Medical Assistant (not certified by a national certifying organization) may escort patients to the examination room, clean and stock the examination room, order supplies, provides injections and venipuncture, take vital signs, assist with procedures, provide routine, non-complex tests, and may provide some patient triage and education.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Part 2 – Staff Salaries (page 2)

Please provide the hourly wage for each of the following positions for which you have employees. Please convert full and part-time monthly salaries to an hourly wage.

		Hourly Wage	Length of Experience		
			< 1yr	1-3 yrs	> 3 yrs
<b>CERTIFIED MEDICAL ASSISTANT</b>	<b>06</b>				
<p>A Medical Assistant is credentialed by a national certifying organization. The American Association of Medical Assistants offers the designation CMA, while other organizations offer similar, but not identical, credentials. Certified Medical Assistants can perform both front and back office tasks: including answering telephone, triage calls, appointment scheduling, coding, billing, and related administrative tasks, and clinical tasks (e.g., injections, assist with minor surgeries, patient histories, etc.).</p>		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RADIOLOGICAL TECHNOLOGIST</b>	<b>07</b>				
<p>Must be licensed by the Oregon Board of Radiology and a graduate of a two or four year program. The Radiological Technologist performs X-Ray procedures and may be specialized in areas such as Ultrasound or Mammography.</p>		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIMITED PERMIT TECHNICIAN</b>	<b>08</b>				
<p>Must hold a permit issued from the Oregon Board of Radiology. The holder takes X-Rays under the direction of a physician or Radiological Technologist.</p>		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL OFFICE/MEDICAL RECORDS</b>	<b>09</b>				
<p>Receives and sorts incoming mail, reports, letters, etc. Routes or files information, provides back-up services for reception, locates information requested by others, retrieves files and patient charts, and performs some data entry.</p>		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 2 – Staff Salaries (page 3)

Please provide the hourly wage for each of the following positions for which you have employees. Please convert full and part-time monthly salaries to an hourly wage.

		Hourly Wage	Length of Experience		
			< 1yr	1-3 yrs	> 3 yrs
<p><b>RECEPTIONIST/SCHEDULER</b> <span style="float: right;"><b>10</b></span></p> <p>Answers phones, schedule appointments/tests/surgeries, greets patients, and collect co-payments. Sends appropriate appointment information to patient prior to the appointment and any instructions or questionnaires. May also obtain physician referrals and prior authorizations, obtain patient demographic information, data entry, and maintain medical records.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<p><b>REFERRAL COORDINATOR</b> <span style="float: right;"><b>11</b></span></p> <p>Handles all referrals to and from the physician's office. Obtains prior authorizations from insurance carrier and may follow-up with scheduling for authorized procedures.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<p><b>SECRETARY</b> <span style="float: right;"><b>12</b></span></p> <p>Provides general administrative support to physicians and others in the medical practice. Types correspondence, memos, meeting notes, etc. May transcribe and perform word processing.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<p><b>TRANSCRIPTIONIST/</b> <span style="float: right;"><b>13</b></span></p> <p>Duties include transcribing chart notes and correspondence.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
<p><b>OFFICE/SITE MANAGER</b> <span style="float: right;"><b>14</b></span></p> <p>Oversees office operations, e.g., clinic staff, business office, etc. Directs the implementation of the business plan and conducts personnel evaluations. Performs other duties as assigned by physician-owners, administrator, or CEO.</p>		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Part 3– Benefits

The following questions explore the benefits provided by the medical office. When responding, please assume that employees have completed an introductory period and are Full-time staff.

1. Some offices combine vacation and sick days into a single category, “Personal Time Off” (PTO). If you use Personal Time Off instead of vacation and sick days, how many PTO days (*work days, not calendar days*) do you annually offer (based on years of service)?

	First 12 Months	After 1 <sup>st</sup> Year	After 3 <sup>rd</sup> Year	After 5 <sup>th</sup> Year	After 10 <sup>th</sup> Year
Days Per Year <i>(excluding holidays)</i>					

*If you answered Question 1., skip to Question 4.*

2. How many benefit (non-vacation) days (*work days, not calendar days*) are provided each year?

Sick Days \_\_\_\_\_ Personal Days (*not PTO*) \_\_\_\_\_

3. How many vacation days (*work days, not calendar days*) do you annually offer (based on years of service)?

	First 12 Months	After 1 <sup>st</sup> Year	After 3 <sup>rd</sup> Year	After 5 <sup>th</sup> Year	After 10 <sup>th</sup> Year
Days Per Year					

4. How many paid holidays are allowed each year? \_\_\_\_\_

5. Which of the following benefits does your office provide (check all that apply)?

- Medical Insurance
- Dental Insurance
- Vision Coverage
- Profit Sharing
- 401(k) Plan/403(b) Plan
- Other Retirement Plan
- Short-Term Disability
- Long-Term Disability
- Life Insurance
- 125 “Flexible Spending” Plan
- Health Savings Account

6. How often to do you evaluate employee compensation?

Annually     Semi-Annually     Other (specify) \_\_\_\_\_

7. What was the average percentage of compensation increase for year 2009? \_\_\_\_\_%

8. Which of the following methods do you use to adjust employee compensation (check all that apply):

Merit Raises     Cost of Living Increases     Bonus