



The premier source for physician contract benchmarks and analytics

Infectious Disease, Infection Control, Antibiotic Stewardship

Benchmarks: 2020-2021

Report prepared for Infectious Disease Society of America

Monday, March 21, 2022

Confidential and proprietary information

Infectious Disease, Infection Control, Antibiotic Stewardship

Confidentiality Notice

This document contains information that is confidential and proprietary to MD Ranger, Inc. This information is only available to a party that has signed a Subscriber Agreement with MD Ranger. The information shall not be disclosed or reproduced, in whole or in part, to parties unrelated to the Subscriber, without the prior, written authorization of MD Ranger.

MD Ranger Legal Disclaimer

MD Ranger's data is compiled and reported in compliance with the Antitrust Safety Zone (Statement 6) published by the U.S. Department of Justice and the Federal Trade Commission. The information contained in this report is intended solely for the purpose of informing subscribers of ranges of aggregated market data on physician compensation. These data may not be used in any manner that restrains or limits competition in violation of the antitrust laws.

MD Ranger does not give legal or accounting advice.

This report is based, in part, on data submitted by subscribers and is not verified by MD Ranger. Reports are made available "as is." Subscribers assume all risk in using the reports. MD Ranger makes no representations or warranties that reports or the underlying data is accurate, merchantable, or fit for its intended purpose. MD Ranger disclaims all warranties, express or implied. In no event shall MD Ranger be liable for any direct, indirect, special, consequential, or incidental damages, how ever caused, including, without limitation, damages for loss of profits or expenses incurred by subscriber or any third party, whether in an action in contract or in tort, even if MD Ranger has been advised of the possibility of such damages.

Thank you for purchasing MD Ranger benchmarks, the comprehensive source for physician transaction benchmarks.

MD Ranger's reports deliver the information you need to negotiate competitive arrangements. Our team of experts produce the most comprehensive physician compensation benchmarks available, derived from a robust database of more than 40,000 physician contracts from over 300 health care organizations across the US. These contracts represent services rendered by thousands of individual physicians and medical groups. MD Ranger publishes benchmarks for call coverage, medical direction, leadership, administrative, hospital-based services, diagnostic testing agreements and integrates salary and productivity benchmarks from Gallagher's Physician Compensation and Production Survey. MD Ranger reports drill down into each specialty to show a complete picture of payment rates by various facility characteristics, including size, location, trauma status, and payer mix.

Should you have questions about the data or need assistance from us, don't hesitate to email: physicians@mdranger.com.

ED Call Coverage Services

For purposes of emergency department call coverage contracts, MD Ranger assumes that a contract requires a physician to respond within a reasonable time, come to the facility when requested, provide care to all patients without discrimination on the basis of medical staff payment rules, and ensure that patients seen while on-call have continuity of care if hospitalized. Most call coverage contracts included in MD Ranger database are for emergency department coverage.

Medical Direction, Leadership, and Administrative Services

MD Ranger benchmarks hourly rates, annual hours of service, and annual payment rates for each of these services. Hours of service are reported from the maximum value specified in a contract if both minimum and maximum are provided or when an annual maximum compensation is stated. If one of the three values is missing, we compute it based on the two others: for example, annual hours of service may be calculated as an annual compensation value divided by a specified hourly rate.

Providers and Facilities

"Providers" is defined as the number of owner/operators represented in the sample; "facilities" refers to the number of hospitals (acute or non-acute) in the sample. A provider may include more than one facility, and a facility may have more than one contract within a particular service. As a result, scores of physicians are often represented within the benchmarks.

Best,

The MD Ranger Team

How to Use the Benchmarks

MD Ranger's Physician Contract Benchmarks Reports provide unparalleled access to compensation market data. The reports can help doctors and medical groups negotiate competitive and compliant rates with facilities and health systems. Below is a brief guide to applying the benchmarks.



Percent Paying Statistic

Use this statistic to determine how common it is for physicians of a specialty to get paid. This number tells you what percentage for a given service subscribing MD Ranger facilities report paying for that particular service. If many or most MD Ranger subscribers report compensating physicians for the service, the argument to pay for services is bolstered.

Payment Ranges and Data Slices

Each MD Ranger Benchmarking Report includes an 'All Facilities' statistic which displays the payment ranges for the service taken from all reporting facilities. The benchmarks include the mean, 25th, 50th, 75th, and 90th percentiles. In general, facilities consider anything below the 75th percentile as fair market value; however, your organization's strategic goals and board mandates may require a lower negotiated rate, or your subspecialty, or expertise, or demands of the service may suggest a higher range.

This report includes more specific data slices, which help you compare your facility to like facilities. If available, these rates can help you understand if the demographics of your facility (size, payer mix, trauma status) impact the rates for physician services.





Infectious Disease, Infection Control, Antibiotic Stewardship

Call Coverage

ED Call Coverage Per Diem

All Acute Hospitals	P	F	Mean	25%	50%	75%	90%
Per Diem	5	15	\$300	\$170	\$300	\$380	\$410
Urban vs Non-Urban	P	F	Mean	25%	50%	75%	90%
Urban	5	14	\$310	\$200	\$300	\$380	\$410



**Infectious Disease, Infection Control,
Antibiotic Stewardship**

Administration and Medical Direction

Medical Direction

Annual Hours of Service - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	14	28	340	150	220	360	850
Hourly Rate - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	15	33	\$150	\$130	\$150	\$150	\$200
Annual Payment - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	14	28	\$43,990	\$22,690	\$28,800	\$38,950	\$72,000
Trauma Designation	P	F	Mean	25%	50%	75%	90%
Trauma	8	13	\$58,810	\$24,700	\$35,200	\$42,000	\$149,880
Non-Trauma	9	15	\$30,520	\$19,770	\$24,500	\$36,300	\$50,400
Urban vs Non-Urban	P	F	Mean	25%	50%	75%	90%
Urban	12	25	\$46,530	\$24,150	\$29,170	\$41,440	\$72,000
General Acute Care Beds	P	F	Mean	25%	50%	75%	90%
100 up to 300	8	13	\$42,270	\$22,200	\$27,000	\$37,350	\$64,800
300 and Over	7	12	\$57,570	\$25,200	\$36,000	\$47,250	\$123,580
General Acute ADC	P	F	Mean	25%	50%	75%	90%
Under 75	6	7	\$30,860	\$16,460	\$22,580	\$36,300	\$44,640
75 up to 150	5	7	\$34,880	\$23,200	\$25,900	\$33,600	\$52,800
150 and Over	8	13	\$56,830	\$17,400	\$35,200	\$42,000	\$145,080
Medicare Days % of Total	P	F	Mean	25%	50%	75%	90%
Under 40%	12	24	\$41,160	\$20,780	\$28,800	\$36,900	\$72,000
Teaching Hospital	P	F	Mean	25%	50%	75%	90%
Yes	8	10	\$60,320	\$16,200	\$31,080	\$58,070	\$161,680
No	9	18	\$35,720	\$24,000	\$28,800	\$36,000	\$47,070

Medical Direction

Annual Hours of Service - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	19	28	340	190	280	450	630
Hourly Rate - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	19	29	\$160	\$150	\$150	\$160	\$170
Annual Payment - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	21	30	\$55,850	\$25,370	\$48,600	\$82,620	\$100,960
Trauma Designation	P	F	Mean	25%	50%	75%	90%
Trauma	10	11	\$72,480	\$45,000	\$73,990	\$91,530	\$103,830
Non-Trauma	12	19	\$46,350	\$16,290	\$32,400	\$67,500	\$88,380
Urban vs Non-Urban	P	F	Mean	25%	50%	75%	90%
Urban	20	28	\$55,460	\$27,840	\$47,640	\$81,060	\$101,600
General Acute Care Beds	P	F	Mean	25%	50%	75%	90%
100 up to 300	7	12	\$48,350	\$28,800	\$34,800	\$71,880	\$91,010
300 and Over	14	16	\$66,700	\$41,400	\$64,080	\$90,370	\$105,390
General Acute ADC	P	F	Mean	25%	50%	75%	90%
Under 75	5	7	\$31,990	\$13,130	\$15,670	\$38,480	\$73,630
75 up to 150	5	6	\$39,560	\$30,600	\$33,600	\$38,400	\$50,690
150 and Over	14	17	\$69,940	\$42,750	\$67,400	\$93,870	\$105,240
Medicare Days % of Total	P	F	Mean	25%	50%	75%	90%
Under 40%	11	14	\$72,410	\$45,720	\$69,120	\$93,480	\$105,780
40% and Over	8	13	\$47,280	\$24,080	\$35,040	\$66,830	\$87,500
Teaching Hospital	P	F	Mean	25%	50%	75%	90%
No	18	22	\$51,140	\$20,250	\$39,600	\$68,750	\$99,010

Clinical Professional Services Hourly Rate

All Facility Types	P	F	Mean	25%	50%	75%	90%
All Facilities	9	9	\$140	\$120	\$140	\$150	\$160

Medical Direction

Annual Hours of Service - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	14	19	420	230	330	470	870
Hourly Rate - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	16	27	\$140	\$120	\$150	\$160	\$170
Annual Payment - Administration	P	F	Mean	25%	50%	75%	90%
All Facilities	14	19	\$61,130	\$35,020	\$51,890	\$68,250	\$97,450
Trauma Designation	P	F	Mean	25%	50%	75%	90%
Trauma	10	10	\$75,620	\$36,570	\$68,370	\$81,890	\$129,600
Non-Trauma	5	9	\$44,370	\$28,800	\$40,500	\$53,630	\$58,440
Urban vs Non-Urban	P	F	Mean	25%	50%	75%	90%
Urban	14	19	\$61,130	\$35,020	\$51,890	\$68,250	\$97,450
General Acute Care Beds	P	F	Mean	25%	50%	75%	90%
100 up to 300	6	9	\$51,830	\$30,600	\$54,510	\$67,670	\$69,100
300 and Over	9	9	\$74,380	\$36,280	\$51,850	\$86,560	\$133,710
General Acute ADC	P	F	Mean	25%	50%	75%	90%
75 up to 150	6	7	\$50,860	\$33,600	\$48,750	\$58,670	\$69,100
150 and Over	8	8	\$77,120	\$36,000	\$59,970	\$92,500	\$137,810
Medicare Days % of Total	P	F	Mean	25%	50%	75%	90%
Under 40%	10	12	\$63,910	\$37,140	\$53,250	\$68,010	\$87,750
40% and Over	5	7	\$60,090	\$28,800	\$34,400	\$70,020	\$98,500
Teaching Hospital	P	F	Mean	25%	50%	75%	90%
Yes	5	5	\$55,530	\$30,880	\$44,170	\$63,800	\$80,250
No	10	14	\$63,450	\$33,550	\$53,250	\$68,320	\$110,160

Medical Direction

Annual Hours of Service - Administration	P	F	Mean	25%	50%	75%	90%
All Acute Hospitals	4	4	890	300	380	1,040	*
Annual Payment - Administration	P	F	Mean	25%	50%	75%	90%
All Acute Hospitals	5	5	\$110,530	\$41,630	\$72,200	\$158,510	\$185,380
All Acute Hospitals	P	F	Mean	25%	50%	75%	90%
Annual Hours of Service - Administration	4	4	890	300	380	1,040	*
Annual Payment - Administration	5	5	\$110,530	\$41,630	\$72,200	\$158,510	\$185,380
Urban vs Non-Urban	P	F	Mean	25%	50%	75%	90%
Urban	5	5	\$110,530	\$41,630	\$72,200	\$158,510	\$185,380
Medicare Days % of Total	P	F	Mean	25%	50%	75%	90%
Under 40%	5	5	\$110,530	\$41,630	\$72,200	\$158,510	\$185,380
Teaching Hospital	P	F	Mean	25%	50%	75%	90%
Yes	5	5	\$110,530	\$41,630	\$72,200	\$158,510	\$185,380

Percent of Medicare Fee Schedule: Payment Guarantee for Un-sponsored Care

Un-sponsored Care	P	F	Mean	25%	50%	75%	90%
All Services	22	72	110%	100%	100%	100%	130%
Medical Subspecialties - All Types	14	45	100%	100%	100%	100%	120%
Surgical Specialties - All Types	16	58	110%	100%	100%	120%	130%

Percent of Medicare Fee Schedule: Unit Guarantees and Fee for Service

Unit Guarantee	P	F	Mean	25%	50%	75%	90%
All Services	25	91	100%	100%	100%	100%	130%
Infectious Disease	5	11	110%	100%	100%	100%	130%
Medical Subspecialties - All Types	18	65	100%	100%	100%	100%	100%
Surgical Specialties - All Types	18	62	110%	100%	100%	100%	130%

Per Episode Payment Rates

Per Episode	P	F	Mean	25%	50%	75%	90%
All Services	34	85	\$390	\$150	\$250	\$500	\$800
Hospital-Based Specialties - All Types	8	11	\$440	\$100	\$200	\$570	\$850
Medical Subspecialties - All Types	21	48	\$290	\$100	\$190	\$350	\$580
Medical Subspecialties Excluding Primary Care	17	40	\$360	\$100	\$250	\$500	\$770
Ophthalmology	9	10	\$530	\$250	\$350	\$630	\$1,000
Psychiatry	9	14	\$270	\$180	\$250	\$310	\$440
Surgical Assist - All Types	5	10	\$280	\$200	\$220	\$390	\$500
Surgical Specialties - All Types	19	31	\$550	\$250	\$400	\$700	\$1,190
Telemedicine - All Types	7	17	\$300	\$200	\$250	\$300	\$350
Telemedicine-Psychiatry	5	8	\$230	\$190	\$250	\$250	\$270
Urology	6	9	\$610	\$130	\$360	\$700	\$1,050

Per Activation Payment Rates

Per Activation	P	F	Mean	25%	50%	75%	90%
All Services	14	33	\$830	\$400	\$800	\$1,000	\$1,390
Medical Subspecialties - All Types	5	16	\$680	\$290	\$630	\$1,000	\$1,000
Medical Subspecialties Excluding Primary Care	5	16	\$1,000	\$470	\$1,000	\$1,000	\$1,760
Surgical Specialties - All Types	8	19	\$970	\$420	\$960	\$1,100	\$1,860

Supplemental Benchmarks

Percent of subscriber hospitals paying for	Admin	Coverage
Infectious Disease	19%	34%
Infection Control		27%
Antibiotic Stewardship		26%
Pediatrics - Infectious Disease	3%	

Paid Administrative Position Count	1	2	3	4	5+
Infectious Disease	100%	0	0	0	0
Infection Control	100%	0	0	0	0
Antibiotic Stewardship	100%	0	0	0	0

Appendices

Appendix A: Glossary

ADC

Average Daily Census

Annual

Fixed amount paid per year

Annual Net Paid (actual or estimated)

Annual amount contracting party receives representing the difference between actual collections and the annual gross guarantee.

Beds

Licensed beds. For hospitals, the number of licensed general acute care beds reported by the facility to Centers for Medicare & Medicaid Services. For other facilities, the number reported to a state licensing authority or otherwise publicly disclosed.

Calendar Payment (except per diem)

A regular fixed payment made on the basis of a calendar period rather than a rate that varies by number of hours or days worked. Annual, quarterly, monthly and weekly are examples of calendar payments.

Call Coverage Arrangement Assumptions

For purposes of emergency department call coverage contracts, MD Ranger assumes that a contract requires a physician to 1) respond within a reasonable time; 2) provide care to all patients without discrimination on the basis of medical staff payment rules; 3) come to the hospital when requested; and 4) ensure that patients seen while on call have continuity of care if hospitalized.

Chair, Non-Chair

In certain services, facilities pay physicians for participation as well as for chairing a committee, sometimes at different rates. Services included in these activities include Infection Control; Information Technology; Case/Care/Utilization Management; Committee/Meeting Attendance; Research and Education; Quality Initiatives; and others. MD Ranger attempts to report distinct hourly rates and annual hours of service for chairs and non-chairs. The Chair typically has responsibilities requiring at least several hours per month and may have a Medical Director or Committee Chair title. Non-Chairs typically are paid for attendance or participation, for a small number of hours per year.

Contracts

The number of contracts included in the calculation for any given benchmark. Contracting parties include both medical groups and individual physicians.

Emergency Visits

The number of total reported visits to the emergency department reported by hospitals in the MD Ranger survey or taken from the most recent available CMS or other data source.

EMS

Emergency Medical Services

ERCP

Endoscopic Retrograde Cholangio-Pancreatography

Exclusive

This medical service may be provided at this facility only by members of the contract group.

Facility

An individual organization for which doctors provide the services covered by a contract, whether a hospital, skilled nursing facility, rehabilitation center, ambulatory service center, or other entity.

GACH

General Acute Care Hospital

General Acute Average Daily Census

Average number of general acute care inpatients per day reported in the most recent available CMS or state-reported public data source.

General Acute Care Beds

Number of licensed general acute care beds reported in the most recent available CMS or state-reported public data source.

Hourly

Fixed amount paid per hour

ICU

Intensive Care Unit

In-House

The physician must be present in the facility at all times during the coverage shift.

Intensive Care Unit Average Daily Census

Average number of intensive care unit inpatients per day reported in the most recent available CMS or state-reported public data source.

Limited to One Facility

The physician may have other duties, but agrees to provide call coverage service only at this facility during the coverage shift.

Mean

The mean (arithmetic average) of the contract rates included in the analysis.

Medical Director

A Medical Director is a physician who provides guidance, leadership, oversight, or quality assurance for the practice of a medical specialty at one or more facilities. Entering into a written agreement with a responsible Medical Director may be a requirement for facility licensure in a medical specialty. Typically, a facility will have exactly one Medical Director for any specialty. MD Ranger reports a number of benchmarks for Medical Directors: annual payments, hourly payment rates, and annual hours of service. If a subscriber reports a job sharing arrangement, MD Ranger will combine these reports into a single position which sums the hours of service and

annual payments.

Medicare Days as a Percent of Total

Percent of patient days for a facility with Medicare as payer as reported in the most recent available CMS cost reports.

Monthly

Fixed amount paid per month

No separate payment

Payment for this component of the service is not specified but is included as part of an overall payment or contract for the service. For example, a contract for a hospital-based anesthesia with an overall annual payment term might require provision of medical direction.

Per Activation Payments

A payment to a physician for making an appearance at a facility. When a shift-based call list for the service exists, Per Activation payments are typically made only once per shift, and are independent of the number of patients seen or procedures performed.

Per Diem (All days)

Daily payment for all days of the week per 24-hour period; a year is defined as 365 days.

Per Episode/Test/Case Payments

A payment made to a physician for patient seen or each procedure performed.

Per Meeting

Fixed amount paid for each meeting the contracting party attends, regardless of time.

Percent Paying

MD Ranger computes "percent paying" as the number of subscribers who report paying for a service divided by the number of subscribers. Because some subscribers do not have the service and others fail to report payment arrangements, the computed value understates the actual percent of facilities that have and pay for the service.

Provider

An organization that owns or manages one or more facilities. Any hospital system and any independent or single facility is considered one provider.

Region

As a subscription option, MD Ranger provides certain benchmarks for certain geographical regions.

Region: California - North

All California counties not in 'California - South'

Region: California - South

California counties: Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

Region: California Central Counties

California counties: Fresno, Kern, Kings, Madera, Merced, Monterey, San Benito, San Luis Obispo, Santa Cruz, Tulare

Region: California Gold Country

California counties: Calaveras, Placer, Sacramento, San Joaquin, Sutter, Yolo, Yuba

Region: California North Counties

California counties: Alpine, Amador, Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

Region: Los Angeles Area

California counties: Los Angeles, Orange, Santa Barbara, Ventura

Region: San Diego/Inland Empire

California counties: Imperial, Riverside, San Bernardino, San Diego

Region: San Francisco Bay Area

California counties: Alameda, Santa Clara, San Francisco, San Mateo, Marin, Contra Costa, Napa, Sonoma, Solano

Restricted

The physician must not be encumbered by any conflicting duty or responsibility (such as other coverage activity or scheduled procedures) which would impede timely response.

Stroke Designation

MD Ranger includes Primary Stroke Centers, Comprehensive Stroke Centers, and Thrombectomy Capable Stroke Centers in "Stroke Center" benchmarks.

Trauma vs. Non-Trauma Hospitals

MD Ranger categorizes as Trauma Centers those facilities with official Level I or Level II designation, and Level III centers with 200 or more beds. Level III Trauma Centers in smaller facilities and Level IV and V Centers are not included in the Trauma Center benchmarks.

Unit guarantee (\$)

Dollar amount that contracting party is guaranteed to receive per unit of service (generally per RVU or ASA unit). If collections fall below the guaranteed amount, the hospital will pay the difference.

Unit guarantee - % Medicaid

Percent of Medicaid fee schedule that contracting party is guaranteed to receive per unit of service. If collections fall below the guaranteed amount, the hospital will pay the difference.

Unit guarantee - % Medicare

Percent of Medicare fee schedule that contracting party is guaranteed to receive per unit of service. If collections fall below the guaranteed amount, the hospital will pay the difference.

Unpaid

The service is not compensated at all by the hospital.

Un-sponsored Care

Care provided to patients with no insurance and for whom there is no collection of payment.

Urban and Non-Urban Facilities

CMS-designated Critical Access and Sole Community Hospitals and facilities located in zip codes with a Rural-Urban Commuting Area (RUCA) Code, Version 2, of 3 or greater are classified as "Non-Urban." All other facilities are classified as Urban.

Appendix B: MD Ranger Service Benchmarks

Call Coverage

Anesthesia - All Types
 Anesthesia - Cardiac
 Anesthesia - Comprehensive
 Anesthesia - Obstetric
 Cardiology - Interventional & Non-Interventional
 Cardiology - Interventional/STEMI
 Cardiology - Non-Interventional
 Cardiovascular/Cardiothoracic Surgery
 Critical/Intensive Care
 Dental
 ENT/Otolaryngology
 Gastroenterology
 General Surgery
 Gynecology
 Hand Surgery
 Infectious Disease
 Infectious Disease - All Types
 Internal Medicine
 Internal Medicine and Family Practice - All Types
 Locums - All Types
 Locums - Surgical
 Medical Subspecialties - All Types
 Nephrology
 Nephrology/Dialysis - All Types
 Neuro Interventional
 Neurology - Stroke
 Neurology - Stroke & Non-Stroke
 Neurosurgery
 Non-Physician Services - All Types
 Obstetrics
 Obstetrics - Second Call
 Obstetrics/Gynecology
 Oncology/Hematology
 Oncology/Hematology - All Types
 Ophthalmology
 Oral/Maxillofacial Surgery
 Orthopedic Surgery
 Pediatrics
 Pediatrics - All Medical Subspecialties
 Pediatrics - All Surgical Specialties
 Pediatrics - Cardiology
 Pediatrics - Neurology
 Pediatrics - Orthopedic Surgery
 Pediatrics - Surgery
 Pediatrics - Urology
 Perinatology/Maternal Fetal (MFM)
 Plastic Surgery
 Podiatry
 Psychiatry

Psychiatry and Psychology - All Types
 Pulmonary/Respiratory
 Radiology
 Radiology - Interventional
 Second Call - Neurosurgery
 Second Call - Other
 Surgical Assist - All Types
 Surgical Specialties - All Types
 Thoracic Surgery
 Trauma Surgery
 Trauma Surgery - Second Call
 Urology
 Vascular Surgery

Unponsored Payments

All Services
 Medical Subspecialties - All Types
 Surgical Specialties - All Types

Unit Guarantee & Fee for Service

All Services
 Cardiology - Interventional & Non-Interventional
 ENT/Otolaryngology
 ENT/Otolaryngology - All Types
 Gastroenterology
 Gastroenterology - All Types
 General and Trauma Surgery - All Types
 General Surgery
 Infectious Disease
 Infectious Disease - All Types
 Internal Medicine
 Medical Subspecialties - All Types
 Nephrology
 Nephrology/Dialysis - All Types
 Neurology - Stroke & Non-Stroke
 Neurosurgery
 Neurosurgery - All Types
 Non-Physician Services - All Types
 Obstetrics/Gynecology - All Types
 Oncology/Hematology
 Oncology/Hematology - All Types
 Ophthalmology
 Ophthalmology - All Types
 Orthopedic Surgery
 Orthopedic Surgery - All Types
 Pediatrics - All Medical Subspecialties
 Plastic & Hand Surgery - All Types
 Primary Care - All Types (excluding OB/Gyn)
 Psychiatry and Psychology - All Types
 Radiology - All Types
 Surgical Specialties - All Types
 Urology

Vascular Surgery

Activation Payments

All Services
 Medical Subspecialties - All Types
 Surgical Specialties - All Types

Per Episode Payments

All Services
 Hospital-Based Specialties - All Types
 Medical Subspecialties - All Types
 Medical Subspecialties Excluding Primary Care
 Ophthalmology
 Psychiatry
 Surgical Assist - All Types
 Surgical Specialties - All Types
 Telemedicine - All Types
 Telemedicine-Psychiatry
 Urology

Medical Direction

Ambulance Service
 Ambulatory Services
 Ambulatory Surgery Center
 Anesthesia - Comprehensive
 Antibiotic Stewardship
 Bariatric Surgery
 Bioethics
 Blood Bank
 Breast Surgery
 Cardiac Cath Lab
 Cardiac Rehabilitation
 Cardiology - Electrophysiology
 Cardiology - Heart Center
 Cardiology - Heart Failure
 Cardiology - Interventional & Non-Interventional
 Cardiology - Interventional/STEMI
 Cardiology: Structural Heart/TAVR
 Cardiovascular/Cardiothoracic Surgery
 Chemical Dependency/Addiction
 Critical/Intensive Care
 Critical/Intensive Care: Pediatric
 Emergency
 Endocrinology - Diabetes
 Endoscopy (Gastro)
 Family Practice
 Gastroenterology
 General Surgery
 Genetics
 Geriatrics
 Gynecologic Oncology
 Home Health
 Hospice/Palliative

Appendix B: MD Ranger Service Benchmarks

Hospitalists - General
 Hospitalists - Obstetrics (Laborists)
 Hospitalists - Pediatric
 Hospitalists - Psychiatry
 Hyperbaric Medicine
 Infection Control
 Infectious Disease
 Internal Medicine
 Mammography/Breast Cancer
 Maternal+Child Health
 Neonatology
 Nephrology
 Nephrology - Dialysis
 Neuro Interventional
 Neuro-Intensive Care
 Neurology - Stroke
 Neurology - Stroke & Non-Stroke
 Neuroscience Center
 Neurosurgery
 Nuclear Medicine
 Nursery - Well-baby
 Obstetrics
 Obstetrics/Gynecology
 Occupational/Employee Health
 Oncology - Cancer Center
 Oncology/Hematology
 Orthopedic Surgery
 Orthopedics - Joint Replacement
 Other Medical Director
 Pain Management
 Pathology/Clinical Laboratory
 Patient Safety Officer
 Pediatrics
 Pediatrics - Cardiology
 Pediatrics - Diabetes/Endocrinology
 Pediatrics - Emergency
 Pediatrics - Gastroenterology
 Pediatrics - Infectious Disease
 Pediatrics - Nephrology
 Pediatrics - Neurology
 Pediatrics - Oncology
 Pediatrics - Other Subspecialty
 Pediatrics - Pulmonology
 Pediatrics - Surgery
 Perinatology/Maternal Fetal (MFM)
 Perioperative / Recovery
 Pharmacy
 Primary Care Clinic
 Psychiatry
 Psychiatry-Child/Adolescent

Psychiatry-Partial Hospitalization
 Pulmonary Function Laboratory
 Pulmonary Rehabilitation
 Pulmonary/Respiratory
 Radiation Oncology
 Radiation Safety Officer
 Radiology
 Radiology - Interventional
 Rehabilitation / Physical Medicine
 Robotic Surgery
 Skilled Nursing - LTC
 Skilled Nursing - Subacute
 Sleep Center
 Spine Surgery
 Sports Medicine
 Surgical Oncology
 Surgical Services/Operating Room
 Thoracic Surgery
 Trauma Surgery
 Urgent Care
 Urology
 Vascular Surgery
 Women's Health
 Wound Care

Medical Staff Leadership

Chief Medical Officer/Director, Medical Affairs
 Chief of Staff
 Chief of Staff Elect
 Chief of Staff Past
 Department Chair/Section Chief - Other
 Department Chair: Anesthesia
 Department Chair: Behavioral Health
 Department Chair: Emergency
 Department Chair: Family Medicine
 Department Chair: Medicine
 Department Chair: Obstetrics/Gynecology
 Department Chair: Pathology
 Department Chair: Pediatrics
 Department Chair: Radiology
 Department Chair: Surgery
 Department Vice Chair/Chief
 Leadership Positions - All Types
 Medical Staff Officers Excl Chief of Staff - All Types
 Medical Staff Secretary/Treasurer
 Other Medical Staff Officer
 Vice Chief of Staff

Other Administration

Case/Care Management
 Committee Chair
 Committee/Meeting Attendance

Committee/Meeting Attendance - All Types
 Continuing Medical Education
 Credentials Committee
 Graduate Medical Education
 Information Technology / EHR
 Medical Executive Committee
 Non-Director Administrative Services - All Types
 Other Administrative Services - All Types
 Other Non-Clinical Administrator
 Peer Review
 Pharmacy & Therapeutics Committee
 Practitioner Health & Wellness Committee
 Quality Initiatives
 Research/Data Management
 Research/Data Management - All Types
 Residency/Teaching
 Supervision - Allied Health Professionals
 Teaching and Research - All Types
 Utilization Management

Hospital-Based Services

Acute Care Surgery
 Anesthesia - All Types
 Anesthesia - Comprehensive
 Critical/Intensive Care
 Critical/Intensive Care: Pediatric
 Emergency
 Hospitalists - General
 Hospitalists - Obstetrics (Laborists)
 Hospitalists - Orthopedic
 Hospitalists - Pediatric
 Hospitalists - Psychiatry
 Neonatology
 Pathology/Clinical Laboratory
 Perinatology/Maternal Fetal (MFM)
 Radiology
 Radiology - Interventional
 Trauma Surgery

Tests/Procedures

Autopsy
 Cardiovascular Stress Test (treadmill test, etc.)
 Dialysis - Hemodialysis
 Echocardiogram - Adult
 Echocardiogram - Pediatric
 Electrocardiogram - Adult
 Electrocardiogram - Pediatric
 Electroencephalogram - Adult
 Holter Monitor Test
 Intraoperative Neuromonitoring (technical fee)
 Pulmonary Function Interpretation (spirometry)
 Retinopathy of Prematurity

Appendix B: MD Ranger Service Benchmarks

Clinical Professional Services (Hourly)

All Services
 Critical/Intensive Care
 Family Practice
 Gastroenterology
 General Surgery
 Hospice/Palliative
 Hospital-Based Specialties - All Types
 Hospitalists - All Types
 Hospitalists - General
 Hospitalists - Non-General
 Infectious Disease
 Internal Medicine
 Internal Medicine and Family Practice - All Types
 Medical Subspecialties - All Types
 Medical Subspecialties Excluding Primary Care
 Nurse Practitioner
 Obstetrics/Gynecology
 Occupational/Employee Health
 Oncology/Hematology
 Pediatrics
 Pediatrics - All Medical Subspecialties
 Pediatrics - All Subspecialties
 Pediatrics - All Surgical Specialties
 Podiatry
 Primary Care - All Types (excluding OB/Gyn)
 Psychiatry
 Psychiatry and Psychology - All Types
 Psychiatry-Child/Adolescent
 Surgical Specialties - All Types
 Urgent Care

Telemedicine

Telemedicine - All Types
 Telemedicine-Critical Care/eICU
 Telemedicine-Psychiatry
 Telemedicine-Stroke

Salary

Addiction Medicine/Substance Abuse
 Allergy/Immunology
 Anesthesiology
 Cardiology: Electrophysiology
 Cardiology: Heart Failure/Heart Transplant
 Cardiology: Invasive
 Cardiology: Invasive-Interventional
 Cardiology: Noninvasive
 Cardiology: Nuclear/Echo
 Critical Care/Intensivist
 Critical Care/Intensivist: Neuro
 Dentistry
 Dermatology

Dermatology: Dermatopathology
 Dermatology: Mohs Surgery
 Emergency Medicine
 Endocrinology/Metabolism
 Family Practice (with OB)
 Family Practice (without OB)
 Family Practice: Ambulatory Only
 Family Practice: Sports Medicine
 Gastroenterology
 Gastroenterology: Hepatology
 Genetics
 Geriatrics
 Hematology/Oncology
 Hematology/Oncology: Breast Oncology
 Hematology/Oncology: Neuro
 Hematology/Oncology: Oncology Only
 Hospitalist: Family Practice
 Hospitalist: Internal Medicine
 Hospitalist: Neuro
 Hospitalist: Nocturnist
 Infectious Disease
 Internal Medicine: Ambulatory Only
 Internal Medicine: General
 Nephrology
 Nephrology: Transplant
 Neurology
 Neurology: Cerebral/Stroke
 Neurology: Epilepsy/EEG Lab
 Neurology: Interventional
 Neurology: Neuromuscular
 Nutrition and Bariatric Medicine
 OB/GYN: General
 OB/GYN: Gynecological Oncology
 OB/GYN: Gynecology Only
 OB/GYN: Laborist
 OB/GYN: Maternal and Fetal Medicine
 OB/GYN: Obstetrics (Only)
 OB/GYN: Reproductive Endocrinology
 OB/GYN: Urogynecology
 Occupational Medicine
 Ophthalmology
 Ophthalmology (Nonsurgical)
 Ophthalmology: Corneal/Refractive Surgery
 Ophthalmology: Glaucoma
 Ophthalmology: Medical Retina
 Ophthalmology: Retinal Surgery
 Orthopedic (Nonsurgical)
 Orthopedic Surgery: Foot and Ankle
 Orthopedic Surgery: General
 Orthopedic Surgery: Hand

Orthopedic Surgery: Hip and Joint
 Orthopedic Surgery: Oncology
 Orthopedic Surgery: Spine
 Orthopedic Surgery: Sports Medicine
 Orthopedic Surgery: Trauma
 Otorhinolaryngology: General
 Otorhinolaryngology: Head and Neck Surgery
 Pain Management: Anesthesiology
 Pain Management: Anesthesiology (ASA)
 Pain Management: Anesthesiology (wRVU)
 Pain Management: Non-Anesthesiology
 Palliative Care
 Pathology: Anatomic
 Pathology: Anatomic and Clinical
 Pathology: Clinical
 Pediatrics: Adolescent Medicine
 Pediatrics: Allergy/Immunology
 Pediatrics: Ambulatory
 Pediatrics: Anesthesiology
 Pediatrics: Cardiology (General)
 Pediatrics: Child Abuse
 Pediatrics: Child Development
 Pediatrics: Critical Care/Intensivist
 Pediatrics: Dentistry
 Pediatrics: Dermatology
 Pediatrics: Emergency Medicine
 Pediatrics: Endocrinology
 Pediatrics: Gastroenterology
 Pediatrics: General
 Pediatrics: Genetics
 Pediatrics: Hematology/Oncology
 Pediatrics: Hospitalist
 Pediatrics: Infectious Disease
 Pediatrics: Internal Medicine
 Pediatrics: Neonatal Medicine
 Pediatrics: Nephrology
 Pediatrics: Neurology
 Pediatrics: Ophthalmology
 Pediatrics: Otorhinolaryngology
 Pediatrics: Physiatry
 Pediatrics: Psychiatry (General)
 Pediatrics: Pulmonology
 Pediatrics: Radiology
 Pediatrics: Rheumatology
 Pediatrics: Sports Medicine
 Pediatrics: Surgery (Cardiothoracic/Cardiovascular)
 Pediatrics: Surgery (General)
 Pediatrics: Surgery (Neurological)
 Pediatrics: Surgery (Orthopedics)
 Pediatrics: Surgery (Plastics)

Appendix B: MD Ranger Service Benchmarks

Pediatrics: Urgent Care
Pediatrics: Urology
Physiatry
Podiatry: General
Podiatry: Surgery-Foot and Ankle
Psychiatry: General
Psychiatry: Geriatric
Psychiatry: Inpatient
Psychiatry: Liaison
Psychiatry: Outpatient
Pulmonary Medicine: Critical Care/Intensivist
Pulmonary Medicine: General
Pulmonary Medicine: General and Critical Care
Radiation Oncology
Radiology: Diagnostic-Interventional
Radiology: Diagnostic-Neurointerventional
Radiology: Diagnostic-Noninterventional
Radiology: Mammography
Radiology: Nuclear Medicine
Rheumatology
Sleep Medicine
Surgery: Bariatric
Surgery: Breast
Surgery: Cardiothoracic
Surgery: Cardiothoracic/Cardiovascular
Surgery: Cardiovascular
Surgery: Colon and Rectal
Surgery: Endovascular
Surgery: General
Surgery: Neurological
Surgery: Oncology
Surgery: Oral
Surgery: Plastic and Reconstruction
Surgery: Plastic and Reconstruction (Hand)
Surgery: Plastic and Reconstruction (Oculo)
Surgery: Thoracic
Surgery: Transplant
Surgery: Transplant (Kidney)
Surgery: Transplant (Liver)
Surgery: Trauma
Surgery: Trauma (Burn)
Surgery: Vascular
Urgent Care
Urology
Wound Care

Appendix C: Methodology and Survey

Reporting Methodology

The benchmarks presented in this report are derived from thousands of contracts submitted by MD Ranger subscribers and from the MD Ranger proprietary database, which is drawn from more than a thousand fair market value opinions, contract negotiations, and consulting engagements. These data are submitted by subscribers and audited by MD Ranger staff. Benchmarks that meet minimum provider thresholds and data comparability standards are then input into the database for statistical analysis.

Antitrust Safety Zone Compliance

Our reporting methodology complies with the Antitrust Safety Zone guidelines for reporting compensation statistics, as defined by the Federal Trade Commission and Department of Justice meaning:

- The data are more than three months old.
- Any statistic reported contains data from at least 5 providers, with no provider contributing more than 25 percent of any statistic on a weighted basis.
- No statistic is reported in a manner that would allow a third party to identify individual contract prices.

We have obtained a formal antitrust opinion validating our statistical methods.

Benchmarks are only reported for services for which there are enough data to meet the Safety Zone guidelines. In some cases, this means that similar services have been combined to produce a composite measure in accordance with the service definitions contained in Appendix A. For example, medical directors of Cardiac Catheterization Laboratories, Electrophysiology Programs, Cardiac Rehabilitation Programs, General Cardiology, and other subspecialties of Cardiology are reported separately for categories with sufficient data, and also combined into Cardiology - All Types as a summary statistic.

If the data set is sufficiently diverse, we may report statistics for specific facility types, administrator roles (committee chair or attendee, for example), or other characteristics which may inform payment rates.

More information on the Safety Zone can be found in *1/2*Statements of Antitrust Enforcement Policy in Health Care^{1/2}, published by the U.S. Department of Justice and the Federal Trade Commission in 1996, and available at <http://www.justice.gov/atr/public/guidelines/0000.htm>

Data Collection

For emergency department coverage positions, MD Ranger requests information about:

- The primary payment rate
- The primary payment method
- Secondary payment methods and amounts, if applicable

Rate Calculations

MD Ranger selects the most current contract data for each service at each facility. All payments are annualized: per diem amounts are multiplied by 365.0 (days per year), weekly amounts by 52.0 (weeks per year). If a Coverage contract specifies different rates for weekdays, holidays, and weekends, a blended daily rate is computed. All per diem rates are normalized to a 24-hour day. If minimum and maximum annual hours of service are specified for an administrator, the maximum is used and any minimum hours number is ignored. Bonuses are assumed to be paid in full; annualized bonus amounts divided by the maximum annual hours of service are included in the benchmarked hourly rate.

Payment methods are interpreted in a conservative and consistent manner. To compute annual values, only time-based payments are used. 'Per RVU' and Medicare-based rates are ignored, as are Annual Gross Guarantees and 'Physician Bills and Collects'. Net guarantees are assumed to be paid in full since they are the maximum a facility is contractually obligated to pay. If specified, a global spending cap is interpreted as the total amount actually paid under the contract.

In producing these reports, MD Ranger uses an estimate of the maximum payout for each contract based on data provided by the customer. These estimated and computed values may not reflect actual budgets or spending. One-time payments are ignored.

To calculate coverage benchmarks, per diem payments are divided by the number of facilities covered by the contract. A \$1200 per diem to cover three facilities is treated as a \$400 per diem rate at each facility. While this may yield small quantile values in some situations, it is a consistent derivation of the statistic being benchmarked, namely the cost for coverage at one facility by one physician. For direction and administration benchmark comparisons, no adjustment is made for the number of facilities involved.

Certain facilities - notably academic medical centers - fund clinical services on a monthly or annual basis. If these arrangements are suitable for clinical or administration benchmarks, a full-time equivalent physician is assumed to provide 1800 hours of service per year (unless another number is explicitly specified in the contract).

The benchmark calculation process involves several steps. First, a value is computed for each facility. For coverage, per diem values are averaged for each service in each facility. For administration, values are summed. For example, if one facility has three anesthesiology coverage contracts, two at \$500 per diem and the third at \$800, MD Ranger uses a per diem rate of \$600. When a facility has multiple medical directors in one specialty, MD Ranger assumes these are job-sharing arrangements and adds the values: two directors in the same specialty each earning \$15,000 will be treated as a single director position at \$30,000.

Next, dollar values are weighted: each facility has equal weight except that no one group of facilities under common management (a "system") can have more than 25% total weight in the calculation. Quantile values are interpolated from these weighted numbers.

For non-dollar values (e.g. hours and position counts), quantile values are interpolated directly from source data.

Every reported benchmark set reflects values from at least five independently negotiated contract arrangements.

All annual payment numbers are rounded to three significant digits; per diem and hourly rate payments are further rounded to the nearest \$10.