

## CHECKLIST FOR PHYSICIAN COMPENSATION ARRANGEMENTS

| Types  | of Arrangements That Apply (Not Exhaustive)   |  |  |
|--------|---|--|--|
|        | Employment  |  |  |
|        | □ Professional Services Agreements  |  |  |
|        | Call coverage agreements  |  |  |
|        | □ Medical directorships   |  |  |
|        | Medical staff leadership  |  |  |
|        | Provider supervision  |  |  |
|        | Management services   |  |  |
|        | □ Administrative services   |  |  |
|        | Office space rental   |  |  |
| New Pl | hysician Documentation  |  |  |
|        | Duration the position is open   |  |  |
|        | Number of candidates interviewed  |  |  |
|        | Range of experience of candidates interviewed   |  |  |
|        | Expenses associated with recruitment (e.g., use of a recruitment firm, candidates' travel expenses)   |  |  |
|        | □ Provider's compensation before becoming employed  |  |  |
|        | Experience of hired candidate (including residency and/or fellowship training, previous   |  |  |
|        | positions, publications, research, presentations etc.)  |  |  |
|        | Productivity of physician previously in that position   |  |  |
|        | Any market demand or community needs studies. Should include quantitative and qualitative   |  |  |
|        | analysis related to service area demographics and specific disease or condition incidence and   |  |  |
|        | prevalence.   |  |  |
|        | Supply pipeline as determined by historic residency matching trends as reported by NRMP Match, SF Match or specialty-specific match reporting (AUA) |  |  |
|        | Specialty-specific AMA Physician Socioeconomic Characteristics (age breakdown of specialty)   |  |  |
|        | Comparable compensation at the time for similarly situated providers in region if sample size is  |  |  |
|        | sufficient to warrant comparison (e.g., MGMA, AMGA, Merritt Hawkins, Delta Physician  |  |  |
|        | Placement surveys, etc.)  |  |  |
| Curren | t Physician Compensation Arrangements   |  |  |
|        | Ensure compensation clearly "set in advance" and outlined in physician contract   |  |  |
|        | Delineate services for which the compensation is being paid   |  |  |
|        | Provide sufficient detail that can be objectively verified  |  |  |
|        | Do not allow for formula changes or modifications during the course of the arrangement or in  |  |  |
|        | ways that take into account volume or value of referrals  |  |  |
|        | Should be reviewed against performance (including productivity) annually  |  |  |
|        | Should begin to incorporate compensation allowances for qualitative measures  |  |  |



## **Acquired Practices**

|         | Acquisition price cannot duplicate future employment compensation—typical value will be fixed     |  |  |
|---------|---|--|--|
|         | assets unless ancillary services are being purchased  |  |  |
|         | Check any real estate leases against FMV if a related party owns the real estate                  |  |  |
| Additio | nal Issu  | es   |  |
|         | Survey  | data is not conclusive—you cannot just pay median without the above documentation                |  |
|         | and cal   | l it good  |  |
|         |   | Example: payment of compensation at the 60 <sup>th</sup> percentile nationally, according to the |  |
|         |   | MGMA survey for a new physician that has just graduated without other circumstances              |  |
|         |   | documented, is likely not within FMV   |  |
|         | Make sure to check that total compensation is fair market value, including signing or             |  |  |
|         | "commencement" bonuses and student loan payments that may be treated as imputed income            |  |  |
|         | over the life of the employment agreement   |  |  |
|         | Educational stipends paid during residency or fellowship training programs in return for promise  |  |  |
|         | of future employment should be reviewed in consideration of the time and duration related to      |  |  |
|         | the recruitment process and may be compared to signing or commencement bonuses                    |  |  |
|         | Relocation expenses must also be checked against specialty-specific national or regional data. If |  |  |
|         | specialty-specific data is unavailable, general data such as is available from Merritt Hawkins or |  |  |
|         | Delta Physician Placement surveys may be utilized   |  |  |
|         | Vet compensation against FTE status   |  |  |
|         |   | Be careful of stacking arrangements—separate agreements for call, employment,                    |  |
|         |   | medical directorship, research, etc.   |  |
|         |   | Compare compensation from <i>all</i> sources with hours required for each source and hours       |  |
|         |   | actually performed by a physician  |  |
|         |   | ☐ A physician only performing 25 clinical hours per week is unlikely to be at the                |  |
|         |   | same compensation as a physician performing 40 clinical hours per week                           |  |
|         |   | Document hours and review against compensation annually  |  |
|         | _   | otiating contracts   |  |
|         |   | Do not "back pay" for the previous contract for a job well done or threats to leave              |  |
|         | _   | ☐ All compensation must be set in advance  |  |
|         |   | Physicians currently employed and stating that they have a better offer                          |  |
| _       |   | You must have a copy of that offer to beat it  |  |
|         | -   | time educating the candidate as to the tax implications of the various elements of               |  |
|         | •   | nsation. For example, they must understand that they may receive a 1099 for lump sum             |  |
|         | payme   | nts such as signing bonuses and relocation expenses.   |  |

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