



HR | 401K CENSUS | PAYROLL REPORTS

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DEFINITIONS

Reference these definitions to guide you in pulling HR | 401KCensus | Payroll Report fields

Employee Name/Identifier

Unique name, ID, or tracking code for each employee, including providers. This may be the individual's actual name, initials, NPI, or an internal code used. If there are questions on your submission, we will refer to the individual's identifier.

Provider NPI (Physicians and APPs)

The provider's National Provider Identifier (NPI), which is 10 digits in length. Providers NPI numbers can be found [here](#).

Employment Status

- **New hire:** The provider was hired by the practice during the reported fiscal year.
- **Actively employed:** The provider was employed for the full reported fiscal year. If the provider was hired during the reported fiscal year, but is not expected to begin work until the next fiscal year, do not enter the provider on this survey. NOTE: If you are the owner of the practice and owned the practice for the entire reporting year, you would fall under the "Actively employed" unless you are a new owner and you would be considered a "New hire".
- **Furloughed:** The provider was furloughed during the reported fiscal year. A furlough is a temporary, yet mandatory, leave of absence in which the provider is expected to return to work at a future date.
- **No longer employed:** If the provider left the practice, for any reason during the reported fiscal year.
- **Locum tenens:** The provider was temporary or they were hired to fill a spot for a temporary period of time during the reported fiscal year.
- **Contracted:** The provider was contracted or they were hired to fill a spot for a temporary period of time during the reported fiscal year.

Date of Hire

The date each individual becomes contractually bound to work at your organization. This is typically the day the individual signs official paperwork, such as W-3 and I-9 forms.

Date of Termination

The date an individual and your organization separate and is the last day the individual worked. For individuals that are actively employed, the date of termination should be blank.

Provider Specialty/Employee Position

The specialty or subspecialty where each physician and advanced practice provider (APP) spend more than 50 percent of their time. For employees (non-physician and non-advanced practice provider), the position title that best describes each individual's responsibilities.

Provider Rank (Physicians and APPs)

Status that most accurately reflects the provider.

- **Non-Academic Provider:** A clinical provider in a non-academic organization.
- **Non-Faculty Academic Provider:** A clinical provider in an academic organization, who isn't faculty/doesn't teach.
- **Instructor:** An academic provider who teaches (a non-tenure-track).
- **Assistant Professor:** An academic provider who assists with teaching, usually immediately below an associate professor.
- **Associate Professor:** An academic provider who teaches, usually a mid-level ranked faculty member.
- **Professor:** An academic provider who teaches, usually the highest-ranking faculty member.
- **Division Chair/Chief:** An academic provider who serves as head of a division.
- **Department Chair:** An academic provider who serves as head of the department.
- **Other:** List any other provider rank if none of the above are applicable.



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Provider Title

Indicate the applicable provider title from the below options:

- **Doctor of Medicine (M.D):** A physician who has earned a degree in medicine and specifically allopathic medicine.
- **Doctor of Osteopathic (D.O):** A physician who has earned a degree in osteopathic medicine or osteopathy.
- **Nurse Practitioner (NP):** An advanced practice nurse who has undergone extensive clinical education and training.
- **Physician Assistant (PA):** A healthcare professional who provides medical care, diagnoses, and treats various medical conditions, and offers preventive healthcare services.
- **Other:** Provide the appropriate title if none of the above are applicable.

Years in Specialty/Position Experience

For physicians and advanced practice providers, report the total years of experience the provider has practiced in their specialty. For physicians, the number of years should begin when they completed their residency or fellowship. For employees, report the total years of experience in the individual's current position.

Certified in Position

Answer "Yes" if the individual is certified in their position. For example, report "Yes" for a Certified Medical Assistant.

Lead in Position

Answer "Yes" if the individual is considered the lead of a team.

ACMPE Status

The ACMPE (American College of Medical Practice Executives) status that best represents each individual.

- Not Certified
- Certified (CMPE)
- Fellow (FACMPE)

Formal Education

Indicate the formal education level that best represents each individual.

- High school diploma or the equivalent
- Associate degree or other two-year degree
- Bachelors degree or other four-year degree
- Masters degree
- PhD, JD, EdD
- MD or DO (with masters degree)
- Other: List any other formal education level if none of the above are applicable.

Physician Had Supervisory Duties (Physicians)

Answer "Yes" if the physician supervised advanced practice provider(s) (APPs) or equivalent, excluding resident(s), for the full reporting period.

Provider Primary Shift (Physicians and APPs)

- **First Shift (or Day Shift):** The provider's primary shift is daytime hours.
- **Second Shift (or Swing Shift):** The provider's primary shift runs from afternoon to evening.
- **Third Shift (or Night Shift):** The provider's primary shift runs from evening to early morning.

Gender (Sex)

The gender for which each individual identifies with.

- Male
- Female
- Prefer not to Answer

Date of Birth (DOB)

The exact date each individual was born, including the year.



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Full-Time Equivalent

The full-time equivalent for each individual is considered to be employed by your practice. A 1.0 FTE individual works whatever number of hours the practice considers to be the minimum for a normal workweek, which could be 37.5, 40, 50 hours, or some other standard. To compute part-time FTE, divide the total hours worked by the individual by the total number of hours that the practice considers to be a normal workweek. For example, an individual working in a clinic or hospital on behalf of the practice for 30 hours compared to a normal workweek of 40 hours would be 0.75 FTE (30 divided by 40 hours).

Percent of time, in whole numbers, each provider performed the following efforts and activities (Physicians and APPs)

The percents can be calculated in a variety of ways. Often, the difference between formulas equals the units of measurement, such as hours per day or sessions per week. In general, it's the effort performing each activity divided by the total effort. The sum of % Billable Clinical, % Administrative, % Teaching, % Research and % Other should equal 100%.

- **% Billable Clinical:** Direct patient care and consultation, individually or in a team-care setting, where a patient bill is generated, or a fee-for-service equivalent charge is recorded. Billable clinical time should include time spent coding and charting.
- **% Administrative:** Medical directorships and any other administrative duties. Do Not Include: time spent coding and charting.
- **% Teaching:** Teaching activities including classroom time, office hours, grading papers, class preparation, tutoring, lecturing, supervision of laboratory course work and residents where patient care is not provided, and any other nonclinical classroom time.
- **% Research:** Research activities including clinical research (funded and nonfunded), research training, and projects that are separately budgeted and accounted for by the medical school.
- **% Other:** Time spent performing any other efforts and activities not reflected above, if applicable.

Type of Compensation Tax Form

The form type (W2, K1, 1099) used to report each individuals' wages.

Compensation Included Revenue from Separate Facility Fee (Physicians and APPs)

Report whether the physician received compensation that could be attributed to a separate facility fee. This could include compensation from ownership in an ASC or cath lab, for example.

Compensation Method

Indicate the compensation plan/financial funds flow model that best represents the compensation plan for the individual listed.

- Hourly
- Straight salary only (no bonus)
- Base salary PLUS discretionary bonus (e.g., end-of-year bonus)
- Base salary PLUS percentage of practice productivity and/or physician income (formula bonus)
- Base salary PLUS percentage of practices net profit (formula bonus)
- Base salary PLUS other formula bonus (e.g., number of patient visits, patient satisfaction, etc.)
- Base salary PLUS deferred compensation (e.g., trusts, stock options, etc.)
- Base salary PLUS combination of discretionary and formula bonuses PLUS deferred compensation
- Other Compensation Method: List any other method if none of the above are applicable.

Exemption Status

- **Exempt:** Individuals who are exempt from receiving overtime compensation as defined by the Fair Labor Standards Act (FLSA). With some limited exceptions, exempt employees must be paid on a salary basis.
- **Nonexempt:** Individuals who are not exempt from overtime provisions as defined by the FLSA and are therefore entitled to minimum wage and overtime pay for all hours worked beyond 40 in a workweek (as well as any state overtime provisions). Nonexempt employees may be paid on a salary, hourly or other basis.



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Hourly Rate

The amount the individual was paid hourly, if applicable. Do not annualize this number.

Base Compensation

The amount paid as routine or regular compensation, regardless of the individual's funding sources or productivity. This amount is guaranteed by the hospital, practice, medical school, practice plan, etc.

Do not include:

- Incentive payments, honoraria, bonuses, profit-sharing distributions, expense reimbursements, fringe benefits, such as life and health insurance, retirement plan contributions, automobile allowances, or any employer contributions to 401(k), 403(b), or Keogh Plan.

Overtime Compensation

The annual total dollar amount for any overtime payments received by each individual. This amount should be included in the "Total Compensation" amount.

Directorship Compensation (Physicians)

The annual total dollar amount each physician received for directorship duties. This amount should be included in the "Total Compensation" amount.

On Call Compensation (Physicians and APPs)

The annual total dollar amount each provider received for taking call. This amount should be included in the "Total Compensation" amount.

Bonus/Incentive

The annual total dollar amount for any bonus or incentive payments received by each individual. This amount should be included in the "Total Annual Compensation" amount.

Retirement Benefits

All annual employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b), and Keogh Plans, and any non-qualified funded retirement plan. For defined benefit plans, estimate the employer's contribution made on behalf of each plan participant by multiplying the employer's total contribution by each plan participant's compensation divided by the total compensation of all plan participants.

Do not include:

- Employer contributions to social security mandated by the Federal Insurance Contributions Act (FICA);
- Voluntary employee contributions that are an allocation of salary to a 401(k), 403(b), or Keogh Plan; or
- The dollar value of any other fringe benefits paid by the practice, such as life and health insurance or automobile allowances.



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Total Compensation

The annual total dollar amount reported as direct compensation on the following forms: W2, 1099, or K1 plus all voluntary salary reductions.

Include:

- Total Medicare wages – this includes on-call compensation;
- On-call compensation – included in total Medicare wages;
- Bonus and/or incentive payments;
- Research stipends and honoraria;
- 401(k);
- Life insurance; and
- Any other pre-taxed deductions (Employee contributions).

Do not include:

- Expense reimbursements;
- Fringe benefits paid by the medical practice (such as retirement plan contributions, health insurance, and automobile allowances);
- Flex spending accounts (FSA); or
- Employer contributions.

For C corporations (under United States federal income tax law, this refers to any corporation that is taxed separately from its owners): total compensation is the dollar amount reported as direct compensation in **Box 5** (Medicare wages and tips) from the provider's W-2.

For partnerships (or LLCs that file as a partnership): total compensation is the dollar amount reported as direct compensation in Box 1 plus Box 4 minus Box 12 minus Box 13 from the provider's K-1 form 1065.

Include:

- In box 13: Codes A through W (this includes 401(k))

For S corporations (or LLCs that file as an S corporation): total compensation is the dollar amount reported as direct compensation in Box 5 (Medicare wages and tips) from the provider's W-2 plus Box 1 minus Box 11 minus Box 12 from the provider's K-1 form 1120S (combine amounts from both forms).

Include:

- In box 12: Codes A through S (this includes 401(k))

Percentage of total compensation, in whole numbers, each method is used to compensate each provider (Physicians and APPs)

The percentage of each method for the provider's compensation plan utilized in your practice. Provide the whole-number proportion that each method makes up of the entire plan. The sum of % of Total Compensation based on Straight/Base Salary, Productivity, Quality and Patient Experience Metrics, On-Call Compensation and Other Metrics should equal 100%.

- **% of Total Compensation based on Straight/Base Salary:** Compensation is a fixed, guaranteed salary.
- **% of Total Compensation based on Productivity:** Productivity measures volume of physician work RVUs, collections, etc. This also includes equal share of compensation pool. A "compensation pool" is equal to the total practice revenues net of practice overhead expenses. Such plans generally treat practice overhead as a cost of doing business that is borne by the group as a whole and not allocated to individual physicians (with the potential exception of physician-specific direct expenses). Such plans may be referred to as "team" or "group-oriented" compensation methods.
- **% of Total Compensation based on Quality and Patient Experience Metrics:** Examples of quality measures include, but are not limited to, clinical process/effectiveness, patient safety, care coordination, patient and family engagement, efficient use of healthcare resources, population/public health and patient satisfaction.
- **% of Total Compensation based on On-Call Compensation:** Compensation based on "on-call" time.
- **% of Total Compensation based on Other Metrics:** Compensation for metrics not reflected above (e.g., medical directorship stipend, honoraria, etc.), if applicable.



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Actual Hours Worked per Week

The average number of hours each individual worked per week.

Vacation Offered (in Hours)

The number of hours each individual was offered for vacation per year, if vacation and sick time are separate.

Total Sick Time Offered (in Hours)

The number of hours each individual was offered for sick time per year, if vacation and sick time are separate.

Total Paid Time Off (PTO) Offered (in Hours)

The total number of hours each individual was offered for paid time per year, if vacation and sick time cannot be reported separately.

Include:

- Vacation days;
- Sick leave; and
- Personal days.

Do not include:

- Holidays;
- Short-term or long-term disability leave;
- Workers' compensation leave;
- Family and medical leave;
- Sabbatical leave; or
- Community service leave.

Total Paid Time Off for Continuing Education (in Hours)

The total number of hours each individual was offered for continuing education (CE).

Continuing Education Amount Offered (in Dollars)

The total dollar value allocated to each individual for continuing education (CE). For physicians, report the dollar value the physician received in his/her contract for CME. If CME expenses were not offered by the practice, enter \$0.

NEW HIRE FOLLOW-UP QUESTIONS (PHYSICIANS AND APPS)

For physicians and advanced practice providers hired within the last year, you will be prompted to answer the following questions.

First Year Guaranteed Compensation

The first year guaranteed total contract dollar amount.

Do not include:

- The dollar value of a signing bonus and other dollar amounts received through a bonus system such as production-based bonuses; or
- The dollar value of expense reimbursements, fringe benefits paid by the medical practice such as retirement plan contributions, life and health insurance or automobile allowances or any employer contributions to a 401(k), 403(b) or Keogh Plan.

State Provider Relocated From

The state from which the provider relocated. If the provider was relocated from outside of the continental United States, indicate "Out of Country" or from a "US Territory." If the provider did not relocate, indicate "Provider did not relocate."



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Hired Out of Residency or Fellowship

Indicate “Yes” if the provider was hired out of residency or fellowship. Indicate “No” if the provider was not hired out of residency or fellowship.

- **Residency:** A period of advanced medical training and education that normally follows graduation from medical school and licensing to practice medicine. This process consists of supervised practice of a specialty in a hospital and in its outpatient department and instruction from specialists on the hospital staff.
- **Fellow:** A provider who has completed training as a resident and has been granted a position allowing him/her to do further study or research in a specialty.

Signing Bonus Offered

A financial award offered by the practice to a new employee as an incentive to sign a contract and join the organization. Indicate “Yes” if the provider was offered a signing bonus as part of the contract offer or negotiation.

Signing Bonus Amount Offered

The dollar value the provider received as a signing bonus in his/her contract. If no signing bonus was offered by the practice, enter \$0.

Signing Bonus Payback Required

If the provider is offered a signing bonus as part of a contract offer or negotiation but does not start employment with the practice after accepting,

- **Full Payback:** Full payback of the signing bonus from the provider to the practice is required.
- **Prorated Payback:** A prorated amount of the signing bonus is required.
- **Not Required:** The provider is not required to pay back the signing bonus.

Starting Bonus Offered

A financial award offered by the practice to a new employee as an incentive at the start of his/her employment with the organization. Indicate “Yes” if the provider was offered a starting bonus as part of the contract offer or negotiation.

Starting Bonus Amount Offered

The dollar value the provider received as a starting bonus in his/her contract. If no starting bonus was offered by the practice, enter \$0.

Do not include:

- The dollar value of stipends, student loan repayments or relocation expenses.

Amount of Relocation Expenses Paid

The dollar value the provider received in his/her contract for expenses associated with relocation. If relocation expenses were not offered by the practice, enter \$0.

Loan Forgiveness Amount

Indicate the dollar value the provider received as loan forgiveness in his/her contract. If loan forgiveness was not offered by the practice, enter \$0.

First Year CME Paid Time Off (in Weeks)

The number of weeks the provider was given for continuing medical education (CME) in his/her first year of placement. CME is educational activities that serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships a provider uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of healthcare to the public.



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ON CALL FOLLOW-UP QUESTIONS (PHYSICIANS AND APPS)

For physicians and advanced practice providers that received payments for being on call, you will be prompted to answer the following questions.

Type of On-Call Coverage Provided

Indicate the type of call that most closely describes what was provided by each provider.

- **No Call Provided:** If the provider does not take call, indicate “No Call Provided”
- **Restricted:** A type of on-call coverage in which the provider must be present at the facility throughout the additional block.
- **Unrestricted:** A type of on-call coverage in which the provider must be available to respond to pages as necessary. Also referred to as “beeper only” coverage.
- **Both Restricted/Unrestricted:** A type of on-call coverage in which the provider must be present at the facility for part of the additional block and is available to respond to pages, as necessary, for the other part of his or her coverage.
- **Trauma Call – Level 1:** The provider must only be available for emergency trauma call while providing on-call coverage.
- **Trauma Call – Level 2:** The provider must only be available for emergency trauma call while providing on-call coverage.
- **Trauma Call – Level 3:** The provider must only be available for emergency trauma call while providing on-call coverage.
- **Trauma Call – Level 4:** The provider must only be available for emergency trauma call while providing on-call coverage.
- **General ED Call:** The provider must only be available for general emergency department call while providing on-call coverage.
- **Other:** List any other type of coverage if none of the above are applicable.

Method by which the Provider was Compensated for On-Call Coverage

Indicate the period for which the on-call compensation amount was paid for each provider.

- **Hourly Rate:** The provider is paid a defined amount for each hour spent providing on-call coverage.
- **Daily Stipend:** The provider is paid a defined amount for each day spent providing on-call coverage.
- **Weekly Stipend:** The provider is paid a defined amount for each week spent providing on-call coverage.
- **Monthly Stipend:** The provider is paid a defined amount for each month spent providing on-call coverage.
- **Annual Stipend:** The provider is paid a defined amount for the entire year for all time spent providing on-call coverage.
- **Per Work RVU:** The provider is paid a defined amount for each work RVU generated while providing on-call coverage.
- **Per Procedure:** The provider is paid a defined amount for each procedure completed while providing on-call coverage.
- **Other Compensation Method:** List any other compensation method if none of the above are applicable.
- **No Additional Compensation:** The provider is not paid additional compensation for providing on-call coverage.
- **Not Applicable:** The options provided do not pertain to the provider for type of compensation for on-call coverage.

Amount Compensated per On-Call Compensation Method

The amount each provider is compensated, per the method indicated in the “Method by which the Provider is Compensated for On-Call Coverage” question. If different rates are paid at the practice, hospitals, or for different days, excluding holiday or weekend pay, perform a blend. For example, if the provider is compensated \$600 per day at the practice and \$700 per day at the hospital, report \$650 as the on-call compensation amount.

Number of Hours per On-Call Compensation Method

The number of hours each provider spent on-call, per the method indicated in the “Method by which the Provider is Compensated for On-Call Coverage” question. If the on-call coverage method was “No Additional Compensation”, provide the number of hours per week.

Holiday On-Call Compensation Amount (per day)

The amount each provider is compensated per day for holiday on-call coverage, even if the holiday on-call compensation is part of the provider’s overall compensation.

Weekend On-Call Compensation Amount (per day)

The amount each provider is compensated per day for weekend (e.g., Saturday or Sunday) on-call coverage, even if the weekend on-call compensation is part of the provider’s overall compensation.



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MEDICAL DIRECTORSHIP FOLLOW-UP QUESTIONS (PHYSICIANS)

For physicians that received payments for medical directorship duties, you will be prompted to answer the following questions.

Method by which the Medical Directorship was Compensated

Indicate the period for which the medical directorship amount was paid.

- **Hourly Rate:** The provider is paid a defined amount for each hour spent performing medical directorship duties.
- **Daily Stipend:** The provider is paid a defined amount for each day spent performing medical directorship duties.
- **Weekly Stipend:** The provider is paid a defined amount for each week spent performing medical directorship duties.
- **Monthly Stipend:** The provider is paid a defined amount for each month spent performing medical directorship duties.
- **Quarterly Stipend:** The provider is paid a defined amount for each quarter spent performing medical directorship duties.
- **Annual Stipend:** The provider is paid a defined amount for the entire year for all time spent performing medical directorship duties.
- **Deferred Compensation:** The provider receives some type of deferred compensation, which is paid after the regular pay period, such as an annuity or pension plan, for time spent performing medical directorship duties.
- **Other Compensation Method:** List any other compensation method if none of the above are applicable.
- **No Additional Compensation:** The provider is not paid additional compensation for performing medical directorship duties.
- **Not Applicable:** The options provided do not pertain to the provider for additional compensation for performing medical directorship duties.

Directorship Compensation per Method

The amount the provider is compensated, per method indicated in the “Method by which the Medical Directorship is Compensated” question.

Directorship Hours per Week

The number of hours the provider works on directorship duties during a normal (typical) workweek.

Internal or External Directorship

If the same federal tax ID is used, the directorship is internal. If a different federal tax ID is used, the directorship is external. For example, if the provider is employed by his/her medical practice for his/her medical directorship duties, indicate “Internal.” If the provider is a medical director for an organization other than the one he/she practices at, indicate “External.”