



Provider Compensation

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Mountain Community Health Partnership

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Agenda

- Current Structure
- How the plan was designed
- How the plan is evaluated
- Challenges
- Successes
- Lessons Learned

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Basics

- 32 pt care hours/wk + 8 admin hrs/wk
- Minimum 64 pt visits/wk
- Productivity is calculated Quarterly

Provider Compensation Structure

Total BASE Provider Compensation =

1. RVU Based Compensation
2. Quality Based Compensation

Distribution of Total Compensation:

- Bi-weekly Paycheck Draw (aim for 80%)
- End of Quarter True Up (aim for 20%)
- *Each provider may adjust their preferred bi-weekly draw with our Financial Officer.*

RVU TIER	VALUE PER RVU
0-500	\$ 35
500-900	\$ 40
900+	\$ 45

Current Quality Incentives



Calculating Your Incentive Payment						
Incentive Rates	Same Day	Chart Audit	A1C	BMI	HBP	Total
Q1	0.50	0.50	0.00	0.00	0.50	\$1.50

1. Same Day Chart closure : 90% of charts closed
- graded payment and penalty
2. Chart Audits: Goal is > 95%
3. A1C < 9 : Goal is 85%
4. BMI Plan: Goal is 80%
5. HTN < 140/90 : Goal is 70%

Additional Pay May Include

- Bonuses
- Peer Reviews
- Outpatient Call weeks
- Payment from outside org for teaching



Process

How the Plan was Designed

How the Plan is Evaluated

How do we compare to other FQs and Orgs:

- NACHC's Health Center Salary and Benefits Report 2021-2022
- NCCHCA: Salary, Benefits and Retention Survey Results 2020-2021
- Medical Group Management Association (MGMA) 2023 Dashboard Data
- Indeed, Salary.com, Glass door

Internal Metrics per Provider

- Patient Care hours/ wk
- Avg # visits/ wk
- Billed RVUs
- Revenue per provider
- Provider Compensation as a % of Revenue

Challenges

Provider Self Care

Request for Paid time off

Athena Reports & their glitches

Identifying the best Quality Measures

Accounting for daily tasks of “team players”

Quality assurance

Not apples to apples comparing to other orgs – ie hrs per wk, years of experience, patients seen, etc

Successes

- We are all rowing in the same direction : decreasing no-shows and increasing patient visits.
- Leadership can focus on Culture
- Last year, our providers were spread over the median for NC CHCs
- Transparency



Lessons Learned

- Words Matter: Salary, Bonus, Draw, True-up.
- Be clear in contracts & onboarding about required minimum visits and hours
- Support Providers in setting boundaries, avoiding burnout
- Ongoing Provider Education re: Billing
- Account for Clinical Staff/ “Nurse” visits

Thank you

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