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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.

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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 subspeciality, 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

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## Medical Direction

### Annual Hours of Service - Administration

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### General Acute Care Beds

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### Medicare Days % of Total

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### Teaching Hospital

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## Medical Direction

### Annual Hours of Service - Administration

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### Hourly Rate - Administration

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### Annual Payment - Administration

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<td>$88,380</td>
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### Urban vs Non-Urban

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</thead>
<tbody>
<tr>
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### General Acute Care Beds

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### General Acute ADC

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### Medicare Days % of Total

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### Teaching Hospital

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## Clinical Professional Services Hourly Rate

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# Medical Direction

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<tr>
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<td></td>
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<tr>
<td>Under 40%</td>
<td>10</td>
<td>12</td>
<td>$63,910</td>
<td>$37,140</td>
<td>$53,250</td>
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<td>40% and Over</td>
<td>5</td>
<td>7</td>
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<td>$28,800</td>
<td>$34,400</td>
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<tr>
<td><strong>Teaching Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>5</td>
<td>$55,530</td>
<td>$30,880</td>
<td>$44,170</td>
<td>$63,800</td>
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<td>No</td>
<td>10</td>
<td>14</td>
<td>$63,450</td>
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## Medical Direction

<table>
<thead>
<tr>
<th></th>
<th>P</th>
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<th>50%</th>
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<tr>
<td><strong>Annual Hours of Service - Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All Acute Hospitals</td>
<td>4</td>
<td>4</td>
<td>890</td>
<td>300</td>
<td>380</td>
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<td><strong>Annual Payment - Administration</strong></td>
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<tr>
<td>All Acute Hospitals</td>
<td>5</td>
<td>5</td>
<td>$110,530</td>
<td>$41,630</td>
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<td>$158,510</td>
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<td><strong>Urban vs Non-Urban</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Urban</td>
<td>5</td>
<td>5</td>
<td>$110,530</td>
<td>$41,630</td>
<td>$72,200</td>
<td>$158,510</td>
<td>$185,380</td>
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<tr>
<td><strong>Medicare Days % of Total</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 40%</td>
<td>5</td>
<td>5</td>
<td>$110,530</td>
<td>$41,630</td>
<td>$72,200</td>
<td>$158,510</td>
<td>$185,380</td>
</tr>
<tr>
<td><strong>Teaching Hospital</strong></td>
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<td></td>
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<td></td>
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<td>5</td>
<td>$110,530</td>
<td>$41,630</td>
<td>$72,200</td>
<td>$158,510</td>
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### Percent of Medicare Fee Schedule: Payment Guarantee for Unsponsored Care

<table>
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<tr>
<th>Un-sponsored Care</th>
<th>P</th>
<th>F</th>
<th>Mean</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
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<tbody>
<tr>
<td>All Services</td>
<td>22</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>130%</td>
</tr>
<tr>
<td>Medical Subspecialties - All Types</td>
<td>14</td>
<td>45</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>120%</td>
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<tr>
<td>Surgical Specialties - All Types</td>
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<td>58</td>
<td>110%</td>
<td>100%</td>
<td>100%</td>
<td>120%</td>
<td>130%</td>
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### Percent of Medicare Fee Schedule: Unit Guarantees and Fee for Service

<table>
<thead>
<tr>
<th>Unit Guarantee</th>
<th>P</th>
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<th>Mean</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
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</thead>
<tbody>
<tr>
<td>All Services</td>
<td>25</td>
<td>91</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Infectious Disease</td>
<td>5</td>
<td>11</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>130%</td>
</tr>
<tr>
<td>Medical Subspecialties - All Types</td>
<td>18</td>
<td>65</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>130%</td>
</tr>
<tr>
<td>Surgical Specialties - All Types</td>
<td>18</td>
<td>62</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>130%</td>
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### Per Episode Payment Rates

<table>
<thead>
<tr>
<th>Per Episode</th>
<th>P</th>
<th>F</th>
<th>Mean</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
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</thead>
<tbody>
<tr>
<td>All Services</td>
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<td>$390</td>
<td>$150</td>
<td>$250</td>
<td>$500</td>
<td>$800</td>
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<td>Hospital-Based Specialties - All Types</td>
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<td>11</td>
<td>$440</td>
<td>$100</td>
<td>$200</td>
<td>$570</td>
<td>$850</td>
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<td>Medical Subspecialties - All Types</td>
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<td>$100</td>
<td>$190</td>
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<td>$580</td>
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<td>Medical Subspecialties Excluding Primary Care</td>
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<td>$360</td>
<td>$100</td>
<td>$250</td>
<td>$500</td>
<td>$770</td>
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<td>Psychiatry</td>
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<td>14</td>
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<td>$180</td>
<td>$250</td>
<td>$310</td>
<td>$440</td>
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<td>Surgical Assist - All Types</td>
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<td>$280</td>
<td>$200</td>
<td>$220</td>
<td>$390</td>
<td>$500</td>
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<tr>
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<td>$550</td>
<td>$250</td>
<td>$400</td>
<td>$700</td>
<td>$1,190</td>
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<tr>
<td>Telemedicine - All Types</td>
<td>7</td>
<td>17</td>
<td>$300</td>
<td>$200</td>
<td>$250</td>
<td>$300</td>
<td>$350</td>
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<tr>
<td>Telemedicine-Psychiatry</td>
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<td>8</td>
<td>$230</td>
<td>$190</td>
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<td>$250</td>
<td>$270</td>
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<td>Urology</td>
<td>6</td>
<td>9</td>
<td>$610</td>
<td>$130</td>
<td>$360</td>
<td>$700</td>
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</table>

### Per Activation Payment Rates

<table>
<thead>
<tr>
<th>Per Activation</th>
<th>P</th>
<th>F</th>
<th>Mean</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Services</td>
<td>14</td>
<td>33</td>
<td>$830</td>
<td>$400</td>
<td>$900</td>
<td>$1,000</td>
<td>$1,390</td>
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<tr>
<td>Medical Subspecialties - All Types</td>
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<td>16</td>
<td>$680</td>
<td>$290</td>
<td>$630</td>
<td>$1,000</td>
<td>$1,000</td>
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<tr>
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<td>$1,760</td>
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<td>$970</td>
<td>$420</td>
<td>$960</td>
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<td>$1,860</td>
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### Supplemental Benchmarks

#### Percent of subscriber hospitals paying for

<table>
<thead>
<tr>
<th>Service</th>
<th>Admin Coverage</th>
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</thead>
<tbody>
<tr>
<td>Infectious Disease</td>
<td>19%</td>
</tr>
<tr>
<td>Infection Control</td>
<td>27%</td>
</tr>
<tr>
<td>Antibiotic Stewardship</td>
<td>26%</td>
</tr>
<tr>
<td>Pediatrics - Infectious Disease</td>
<td>3%</td>
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</table>

#### Paid Administrative Position Count

<table>
<thead>
<tr>
<th>Paid Administrative Position Count</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5+</th>
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<tr>
<td>Infectious Disease</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Infection Control</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Antibiotic Stewardship</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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

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Confidential and proprietary information of MD Ranger. MD Ranger 2020-2021 Benchmarks published April 26, 2021
The information contained in this report is intended solely for the purpose of informing subscribers of ranges of aggregated market data.
Reported values are estimates, derived from customer survey data by proprietary methods.
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.

Unsponsored 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
Psychiatric 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

Unsponsored 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 Sub specialties - All Types
Nephrology
Nephrology/Dialysis - All Types
Neurology - Stroke & Non-Stroke
Neurosurgery
Neurosurgery - All Types
Non-Physician Services - All Types
Obstetrics
Obstetrics/Gynecology
Oncology/Hematology
Oncology/Hematology - All Types
Ophthalmology
Orthopedic Surgery - All Types
Pediatrics
Pediatrics - All Medical Subspecialties
Pediatrics - All Surgical Specialties
Pediatrics - Cardiology
Pediatrics - Neurology
Pediatrics - Orthopedic Surgery
Plastic Surgery
Podiatry
Psychiatry - 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

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

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

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The information contained in this report is intended solely for the purpose of informing subscribers of ranges of aggregated market data. 
Reported values are estimates, derived from customer survey data by proprietary methods. 
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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
- Hospitlist: Family Practice
- Hospitlist: Internal Medicine
- Hospitlist: Neuro
- Hospitlist: 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.


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.