NEUROSURGERY EXECUTIVES' RESOURCE VALUE & EDUCATION SOCIETY (NERVES) 2024 SOCIO-ECONOMIC SURVEY

OVERVIEW

The purpose of the NERVES socio-economic survey is to provide general benchmarking data to neurosurgery practices. Our goal is to have maximum participation by NERVES members to provide relevant benchmarking data specific to neurosurgery practices utilizing a relatively uncomplicated questionnaire.

The attached questionnaire includes data regarding accounts receivable, provider compensation, provider production, support staffing, operating costs, administrative leadership compensation and benefits and a list of general questions pertaining to issues most neurosurgery practices face today. The provider questions are divided into two primary categories: neurosurgeons and all other providers (including non-physician providers).

Please note that for 2024, we continue to use a Critical Data Policy that is included in these instructions below. If the critical data questions are not answered, the survey will not be used.

The survey results will be compiled and analyzed to provide data based in the following formats and the standard statistical categories of 90^{th}, 75^{th} and 25^{th} percentiles, median and mean:

- Dollars per FTE Neurosurgeon or per FTE Other Provider
- Per Work Relative Value Unit

Data will be presented by:

- Geographic Region of the Country
- Metropolitan Area
- Size of the Practice
- Number of Years in Practice
- Ownership in Practice (neurosurgery only)

Due to the variety of practice sizes and specialties within each practice, we have designed a questionnaire that can encompass the degree of detail available for every practice. The attached file includes one tab for neurosurgery, one tab for nurse practitioners and physician assistants and one tab for all other providers (including non-physician providers). The all other providers tab is further divided into the following subcategories:

- Neurology
- Orthopedic Spine
- Pain Management
- Physiatry
- Interventional Neuroradiologists (professional component only)
- Other Physicians
- Non-operating Neurosurgeons
- Neurocritical Care
- Physical Therapists
- Other

Critical Data Policy

Upon receiving each survey, we will review the survey to ensure that certain critical data questions have been appropriately answered. If the critical data questions have not been answered properly, we will send the survey back and provide 5 business days to revise the submitted survey. If the survey is not resubmitted in the 5 day period, the survey will not be used.

The questionnaire for the neurosurgeons and other providers are very similar; however, fewer details are asked for the other providers. Please complete each tab as it applies to your practice to the level of detail that you have available.

ALL DATA SHOULD BE FOR THE PRACTICE'S MOST RECENTLY COMPLETED FISCAL YEAR (FOR WHICH DATA IS AVAILABLE).

GENERAL PRACTICE INFORMATION TAB

Report practice totals for all items on this tab unless otherwise indicated.

1. Practice Ownership: Private practice = physician-owned. Hospital = hospital-owned practice that employs or contracts the physicians. Academic = medical school.

2. Metropolitan Area: Defined as the 30 mile radius within which your practice resides. Please note that this is the primary city/county in which your practice is located (not entire service area).

3. Gross Accounts Receivable at the End of the Reporting Period: Total gross accounts receivable balance as of the end of the practice's most recently completed fiscal year.

4. Accounts Receivable Aging: Accounts receivable balances for each of the aging categories. The total should agree to #3 above.

5. Gross Accounts Receivable at the Beginning of the Reporting Period: Total gross accounts receivable balance as of the beginning of the practice's most recently completed fiscal year.

6. Total Gross Charges for the Reporting Period: Gross fees before adjustments or discounts for services performed in most recently completed fiscal year.

7. Total Number of Work Relative Value Units (WRVUs) for the practice: Indicate the total number of work RVUs for the practice as a whole for the most recent fiscal year. See #37 for how to treat modifiers.

8. Zip Code of Primary Location: Indicate the zip code for the primary/main office of the practice. The primary practice location can be determined based on the highest volume of patients, the most providers, the geographic area in which you want to be represented (i.e. in any manner that you deem appropriate to give a valid representation of the patient population the practice serves). This data will be utilized to present the survey results based on geographic region.

9. Total Cash Collections for the Reporting Period: Total cash collected for provision of patient services during the practice's most recently completed fiscal year.

10. Other Revenue: All practice revenue other than cash collections including call coverage stipends, medical director stipends, etc. during the practice's most recently completed fiscal year.

11. Total Practice Revenue: Combined amount for #9 and #10 will be calculated for you.

12. Support Staff Salaries & Benefits, Clinical: Include total clinical support staff costs for the practice's most recently completed fiscal year (including the costs of outsourced services). Support staff costs should include salaries and benefits such as the employer portion of payroll taxes, retirement plan contributions and health, dental, disability and life insurance. Clinical support staff costs should include nursing, radiology and lab, but exclude mid-level providers (physical therapists, nurse practitioners and physician assistants). See mid-level category below.

13. Support Staff Salaries & Benefits, Administrative: Include the same as #12 for administrative staff.

14. Support Staff Salaries & Benefits, Total: The total of #12 & #13 will be calculated for you.

15. Professional Liability Insurance Costs: Indicate the total cost of professional liability insurance for the practice's most recently completed fiscal year.

16. Other Overhead Costs: Include all other overhead costs for the practice's most recently completed fiscal year.

17. Total Overhead Costs (excluding APP salaries & benefits): The total of #14, #15, and #16 will be calculated for you.

18. Advanced Practice Provider Salaries & Benefits: Include salaries and benefits for advanced practice providers (physical therapists, nurse practitioners, physician assistants) for the practice's most recently completed fiscal year.

19. Physician Salaries & Benefits: Include salaries and benefits for all practice physicians for the practice's most recently completed fiscal year.

20. Net Income (Loss): The net practice income (loss) will be calculated for you using #11 less #17, #18 and #19.

21. Neurosurgeon Full Time Equivalents (FTE's): Include the total of all neurosurgeon FTE's. (See #26 for FTE definition.)

22. Physician FTE's: Include the total of all physician FTE's (neurosurgeon FTE's plus all other physicians).

23. Provider FTE's: Include the total of all provider FTE's (physician FTE's plus APP FTE's).

24. Support Staff Full-Time Equivalents (FTE): Indicate the number of FTE support staff the practice employs for each of the staff categories listed. Support staff FTEs should be calculated in the same manner as discussed for FTE providers except that the baseline for support staff should be based on a full-time support staff employee, most likely 40 hours per week. If a service is out-sourced, no response is needed for that category. The following is a list of definitions of each support staff category:

Administrative

- CEO
- Administrator
- CFO
- COO
- Medical Director
- Site/Office Managers
- Human Resources
- Purchasing

Marketing

- Manager
- Marketing administrative staff
- Physician office liaisons
- PR staff
- Web managers
- Communications staff

Billing & Accounts Receivable

- Manager
- Coding specialists
- Charge entry specialists
- Payment posting specialists
- Refund specialists
- Insurance specialists
- Collections specialists

Accounting

- Controller or accounting manager
- Accounts payable
- Payroll
- Bookkeeping
- General accounting staff

Managed Care

- Managed care administrative staff
- Credentialing specialists
- Administrative assistants

Information Systems

- CIO and/or manager
- Data processing
- Networking
- Programming
- Telecommunications

Maintenance & Housekeeping

- Maintenance, housekeeping and security staff

Medical Receptionists

- Medical receptionists and/or front desk staff

Transcriptionists

- Transcription staff

Medical Records

- Medical records clerks including supervisor

Other Administrative Support

- All other non-clinical support staff not previously classified

Call / Referral Center

- Staff responsible for processing incoming referrals

Registered Nurses

- All RNs
- Does not include nurse practitioners or certified registered nurse anesthetists that are reported elsewhere on this questionnaire

Licensed Practical Nurses

- All LPNs

Medical Assistants
- All Medical Assistants

Clinical Laboratory
- Lab technicians
- Nurses
- Support staff
- Managers

Radiology & Imaging
- Radiology technicians
- Support staff
- Managers

Compliance & Risk Management
- Legal (in house)
- Support staff
- Managers

Outcomes, Registry & MIPS/APMs
- Clinical analysts
- Data entry/support staff
- Managers

Other Medical Support
- All other medical support staff not previously classified

25. Average Neurosurgeon Malpractice Insurance Coverage & Premiums: Indicate the average annual premium for malpractice insurance, per occurrence or per claim dollar limit and aggregate dollar limit for each neurosurgeon (average per neurosurgeon).

NEUROSURGEON COMPENSATION AND PRODUCTION TAB

NEUROSURGEON COMPENSATION

26. Full-Time Equivalent (FTE): Indicate each neurosurgeon's total FTE status. It is expected that most neurosurgeons work in a full time capacity and are 1.0 FTE's. To calculate the FTE of a less than full-time provider, you should divide the part-time provider's number of hours worked per week by the number of hours per week that a full-time provider works. Your baseline should be whatever your practice defines as full-time. If working 60 hours per week, 52 weeks per year (less normal vacation and other time away) is what your practice considers full-time, then each provider's FTE should be calculated in general based on this standard.

27. Estimated Clinical Full-Time Equivalent (CFTE): Indicate each neurosurgeon's CFTE status. This should be equivalent to the total FTE less dedicated time for activities such as research and administration. It should be understood that most if not all neurosurgeons have a component of "clinical" time spent on routine administrative and other non-patient care activities.

28. Owner: Indicate whether each neurosurgeon is an owner of the practice.

29. If academic, indicate each neurosurgeon's academic rank.

30. Estimated Percent of Clinical Practice: Indicate what percent of a neurosurgeon's clinical practice is comprised of cranial neurosurgery, spinal neurosurgery, pediatric neurosurgery, vascular/endovascular neurosurgery, functional neurosurgery and other services. These percentages can be determined based on charge dollars, number of patients, time spent (i.e. whatever method you deem appropriate to give a valid representation of each neurosurgeon's practice). Note that the total of the percentages should equal 100%.

31. Total Compensation: Indicate each neurosurgeon's total gross compensation from the professional practice for the most recently completed fiscal year by completing the compensation by category. This amount is gross W-2 compensation (Box 5) and/or Schedule K-1 ordinary income **from the professional practice only. The total from all components should equal total compensation from the professional practice.**

    Total Physician Compensation Derived from Ancillary Profits: If ancillary income flows through your practice, indicate the amount of neurosurgeon compensation that is attributable to ancillary profits. These would include services/equipment/facilities that are wholly owned by the practice as well as joint ventures in which the practice is a member. Examples of ancillary income include imaging services (MRI, CT, etc.), ambulatory surgery center, specialty hospital, sleep lab, physical therapy, etc.

Estimated Sources of Net Income Payable/Distributable to the Physicians (Dollar Basis): Indicate what amount of total physician compensation **from the professional practice** is derived from the following sources of revenue: Neurosurgery Professional Services, Imaging Services, Physical Therapy, Facility Fees for Major (>25%) and/or Minor (<25%) Ownership Interests in a Hospital or Ambulatory Surgery Center , Emergency Room Coverage, Other Hospital Joint Ventures, Research, Legal, Directorships, and Other Sources. For example, if the professional practice owns an interest in an ambulatory surgery center (ASC) or hospital, the portion of the physicians' compensation/income attributable to the investment in the ASC or hospital should be listed as a component of total compensation/income. If the physicians own the interests in the ASC or hospital personally, the data should not be included in this survey.

32. Total Benefits: Indicate each neurosurgeon's total fringe benefits from the professional practice including but not limited to retirement plan contributions, employer portion of payroll taxes, health, dental, life and disability insurance, continuing professional education, company provided automobile, etc.

33. Years in Specialty: Indicate the number of years each neurosurgeon has been practicing in his/her specialty or sub-specialty since residency/fellowship: 1 – 5 years, 6 – 15 years, and 15+ years.

NEUROSURGEON PRODUCTION

Please note that Neurosurgeon production should not include any production from Physician's Assistant, Nurse Practitioner or any other mid- level providers.

34. Collections for Gross Charges for the Most Recent Fiscal Year: Indicate cash collections related to patient charges for each neurosurgeon for the most recent fiscal year.

35. Total Number of Primary Surgeries Performed in the Most Recent Fiscal Year: Indicate the number of primary surgeries each neurosurgeon performed during the most recent fiscal year by type (Inpatient, Outpatient and Ambulatory Surgery Center).

36. Total Number of Assisted Surgeries Performed in the Most Recent Fiscal Year: Indicate the number of surgeries performed where the neurosurgeon assisted during the most recent fiscal year. Assisted surgeries should be determined based on CPT codes and related modifiers for assisted procedures.

37. Total Number of Physician Work Relative Value Units (WRVUs): Indicate the total number of physician work RVUs for each neurosurgeon for the most recent fiscal year. The work RVU's that you report should treat modifiers based on the schedule below:

Modifier	Description	Reported Percentage
Same Day Modifiers		
-22	Unusual Services	100% + x%
-50	Bilateral Procedure	50%/100%
-51	Multiple Procedure	50%
-52	Reduced Services	50%
-53	Discontinued Procedure	50%
-59	Distinct Procedural Service*	100%
-63	Procedure Performed on Infants Less than 4	100% + x%
Surgeon Role Modifiers		
-62	Two Surgeons	62.5%
-80	Assistant Surgeon	16%
-81	Minimum Assistant	16%
-82	Assistant Surgeon	16%
AS	Assistant At Surgery (NP/PA)	16%
Global Period Modifiers		
-58	Staged/Related Procedure	100%
-76	Repeat Procedure Same Physician	70%
-77	Repeat Procedure Another Physician	70%
-78	Return to OR Related Procedure	70%
-79	Unrelated Procedure Post-Operative	100%
Global Package Modifiers		
-54	Surgical Care Only	70%
-55	Postoperative Care Only	20%
-56	Preoperative Care Only	10%

* Same treatment applies to Medicare X modifiers.

38. Total Number of New Patients: Indicate the total number of new patients seen by each neurosurgeon during the most recent fiscal year. New patients should be determined based on the CPT codes for new patients.

NURSE PRACTITIONER (NP) AND PHYSICIAN ASSISTANT (PA) COMPENSATION AND PRODUCTION TAB

NP AND PA COMPENSATION

39. Indicate if the provider is a nurse practitioner or physician assistant.

40. Full-Time Equivalent (FTE): Indicate each NP/PA total FTE status. It is expected that most NP/PAs work in a full time capacity and are 1.0 FTE's. To calculate the FTE of a less than full-time provider, you should divide the part-time provider's number of hours worked per week by the number of hours per week that a full-time provider works. Your baseline should be whatever your practice defines as full-time. If working 60 hours per week, 52 weeks per year (less normal vacation and other time away) is what your practice considers full-time, then each provider's FTE should be calculated in general based on this standard.

41. Estimated Clinical Full-Time Equivalent (CFTE): Indicate each NP/PA's CFTE status. This should be equivalent to the total FTE less dedicated time for activities such as research and administration. It should be understood that most if not all NP/PAs have a component of "clinical" time spent on routine administrative and other non-patient care activities.

42. Estimated Percent of Clinical Practice: Indicate what percent of a NP/PA's clinical practice is comprised of office-independent, office-assisting, hospital work-in patient, hospital work-trauma/ER/call, hospital/ASC work-surgical, other-management and other services. These percentages can be determined based on charge dollars, number of patients, time spent (i.e. whatever method you deem appropriate to give a valid representation of each NP/PA's practice). Note that the total of the percentages should equal 100%.

43. Total Compensation: Indicate each NP/PA's total gross compensation from the professional practice for the most recently completed fiscal year by completing the compensation by category. This amount is gross W-2 compensation (Box 5) and/or Schedule K-1 ordinary income **from the professional practice only**. The total from all components should equal total compensation from the professional practice. Indicate the amount that is received for base compensation, bonus compensation and call coverage compensation. The amount should equal 100% of the total compensation defined above.

44. Total Benefits: Indicate each NP/PA's total fringe benefits from the professional practice including but not limited to retirement plan contributions, employer portion of payroll taxes, health, dental, life and disability insurance, continuing professional education, company provided automobile, etc.

45. Years in Practice: Indicate the number of years each NP/PA has been practicing in healthcare.

46. Years in Specialty: Indicate the number of years each NP/PA has been practicing in neurosurgery.

NP/PA PRODUCTION

47. Collections for Gross Charges for the Most Recent Fiscal Year: Indicate cash collections related to patient charges for each NP/PA for the most recent fiscal year.

48. Total Number of Work Relative Value Units (WRVUs): Indicate the total number of work RVUs for each NP/PA for the most recent fiscal year. **The work RVU's that you report should treat modifiers based on the schedule above that was used for Neurosurgeons (see #37)**.

NP/PA First Call

49. Indicate if the NP/PA takes first call.

50. If yes, indicate if they are paid extra for taking first call.

51. If yes, please indicate the daily call amount the NP/PA is paid.

ALL OTHER PROVIDERS TAB

- Questions in the all other providers tab are similar to those in the neurosurgeons tab. However, information provided in the all other providers tab should be provided in total for each subcategory with the number of full-time equivalents (FTEs) reported on question 52. For example, if a practice employs two pain anesthesiologists and three radiologists, the respondent should report total compensation, production, etc. for both anesthesiologists in the pain management column and indicate two FTEs and report total compensation, production, etc. for all radiologists in the interventional neuroradiologist column and indicate three FTEs.

TOTAL OTHER PROVIDER COMPENSATION

52. Number of Full-Time Equivalents (FTE): Indicate the total number of FTE providers in each provider category, e.g. pain management, radiologist, etc.

53. Estimated Number of Clinical Full-Time Equivalents (CFTE): Indicate the total number of CFTE providers in each provider category, e.g. pain management, etc. Clinical FTE's should be equivalent to total FTE's less dedicated time for activities such as research and administration. It should be understood that most if not all providers have a component of "clinical" time spent on routine administrative and other non-patient care activities.

54. Total Compensation for Each Provider Category: Indicate the total provider's total gross compensation from the professional practice for the most recently completed fiscal year. This amount is gross W-2 compensation (Box 5) and/or Schedule K-1 ordinary income **from the professional practice only** for each provider category, e.g. total physiatrists' compensation, total radiologists' compensation, etc.

55. Total Benefits for Each Provider Category: Indicate the **total** provider benefits in each provider category.

TOTAL OTHER PROVIDER PRODUCTION

56. Total Collections for Gross Charges for Most Recent Fiscal Year: Indicate total collections related to patient charges for each provider category during the most recent fiscal year.

57. Total Number of Physician Work Relative Value Units (WRVUs): Indicate the total number of work RVUs for each provider category for the most recent fiscal year. The work RVU's that you report should treat modifiers based on the schedule in #37.

ADMINISTRATIVE LEADERSHIP

Questions (58-71) in the administrative leadership tab relate to compensation and benefits information that are specific to the highest non-physician administrative position(s) in your practice. Please fill out one or both columns as it relates to the following:

CEO: A CEO might plan, direct, and/or coordinate the overall activity of the organization. They might also participate with the governing board in planning and determining the strategic direction of the organization. The CEO is responsible for all operational and financial performance. This position is the top executive (typically in a Private Practice setting) and reports directly to the governing board.

Administrator: An administrator might plan, direct, and/or coordinate the overall activity of a hospital service line or an academic department and is the top executive reporting directly to the governing bodies within those organizations.

Practice Manager: A practice manager is responsible for front-line management of clinic operations for the practice. Daily responsibilities might include hiring, scheduling, performance management, maintenance of patient service/satisfaction programs, and clinical quality initiatives. Clerical and administrative staff typically report to this position as well as clinical staff in some cases.

ACADEMIC TAB

Questions in this tab should ONLY be answered if the practice indicated Practice Ownership as “Academic”.

A1. Indicate the type of ownership, via percentage, of the academic practice: Physicians, Hospital, University and/or Other. Percentages must total 100%.

A2. Please provide the amount of support, in total dollars, your practice receives in the areas listed from the affiliated teaching hospital and/or medical school. If your practice receives support in additional areas, please include the total dollar support in the other category. In addition, please provide the FTE status for Advanced Practice Providers.

A3. Please indicate the contribution margin, expressed both in total dollars and as a percent, of the neurosurgery service line in the affiliated teaching hospital.

A4. Please indicate, as a percentage of collections and in actual dollars, the amount that you pay for a tax or support to an educational department or medical school.

A5. Please indicate the total neurosurgeon faculty FTE of the academic practice.

A6. Please indicate the number of residents in the academic program.

RELEVANT ISSUES TAB

This separate questionnaire includes general relevant topics that most practices are facing today. These questions are included for general information purposes to report how practices are handling these issues.

CALL PAY TAB

C1. Indicate whether the practice and/or neurosurgeons are paid additional fees for call coverage.

C2. Indicate whether the neurosurgeons cover multiple facilities simultaneously.

C3. If you indicated “no” to C1, indicate whether your practice and/or neurosurgeons are compensated for call coverage within salary or other means.

Answer questions C4 – C17 if you answered ‘yes” to question C1.

C4. Trauma: The provider must only be available for emergency trauma call while providing on-call coverage

Emergency Department: The provider must only be available for general emergency department call while providing on-call coverage.

C5. If you answered Trauma to Question C4, indicate if the Trauma Call is Level 1, Level 2 or Level 3.

C6. Restricted call pay: On-Call coverage that requires the physician to stay on the premises.

Unrestricted call pay: On-Call coverage that does not require the physician to stay on premises, but must respond to call within a specified time frame.

C7. Indicate the daily call pay rate for each component by facility. Facility is defined as a facility in which the physician must be physically present in the emergency room.

Note: Each component may not be included in your contract. If your contract does not include subcomponents, then list the daily rate under primary call.

The components of call are as follows:

Daily Call Pay Components	
Primary Call	$ -
Backup	-
APP Support	-
Subspecialty	
Spine	-
Cranial	-
Pediatric	-
Vascular/Endovascular	-
Functional	-
Other	-
Daily Call Pay Rate(Total of above)	$ -

C8. The total of each component should equal the daily call rate for each facility.

C9. Indicate the number of neurosurgeons that provide on-call coverage for each facility.

C10. Indicate the frequency of call for each physician for general call. The average interval of days between call dates (i.e., if the neurosurgeon takes call every 4th night, the response should be 4).

C11. Indicate the frequency of call for each physician for specialty call. The average interval of days between call dates (This answer should follow the same format as #C10).

C12. Indicate the number of hours the physicians must provide on-call coverage for each facility.

C13. Indicate whether or not the facility provides reimbursement for underfunded patients.

C14. If C13 is yes, determine the daily reimbursement (on average) for underfunded patients.

C15. If C13 is yes, indicate how each facility provides reimbursement for underfunded patients.

C16. Indicate whether or not services are separately billed in addition to receiving call pay from the facility.

C17. Indicate whether the facility provides physician extenders (residents, APPs, etc.) for initial evaluation.