

Boston University Neurology Associates Compensation Policy

Adopted: Approved June 19, 2019

Revised: September 11, 2024

Objectives

To provide a system of compensation for clinical, administrative, research, and educational activities provided by physicians and neuropsychologists (also referred to as “providers” or “faculty”) employed by Boston University Neurology Associates, Inc. (the “Corporation” or the “Department”) that

1. supports the clinical and academic missions of the Department, Boston Medical Center (“BMC”), and Boston University School Chobanian & Avedisian School of Medicine
2. provides equity among providers by matching compensation to effort
3. establishes a link between provider clinical productivity and compensation
4. recognizes academic productivity and mission-critical activities, including departmental citizenship
5. enables financial sustainability

Limitations

This Policy is intended to have general applicability. It is, however, within the discretion of the President of the Corporation (the “Chair”) to depart from this policy as he or she deems appropriate; provided, however, that any deviation from this policy will be set forth in the salary letter provided to each provider.

This policy does not constitute an employment contract between the provider and the Department. The Department reserves the right to amend this policy at any time, on a prospective basis, as it deems necessary.

All compensation paid directly or indirectly to providers will be in compliance with the policies and procedures of the Department, Faculty Practice Foundation, Inc. d/b/a Boston University Medical Group (the parent corporation for all faculty practice plan corporations at BMC known as “BUMG”) and the Chobanian & Avedisian School of Medicine, and in accordance with the Practice Agreement signed by each provider.

Additionally, the Compensation Policy is intended to comply with all applicable laws and regulations governing provider compensation arrangements. In no instance shall a provider’s compensation vary with or take into account the value or volume of referrals for designated health services made by, or other business generated by, a provider, or otherwise be inconsistent with applicable law.

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In the event of a change in law or regulation, or any change in interpretation of a law or regulation, that might raise questions regarding whether the policy complies with applicable law, the President will take appropriate action to remedy the situation immediately. This action may include modifying individual provider compensation amounts retroactively or prospectively.

Affected Faculty

This policy applies to all provider faculty employed by the Department with clinical responsibilities for at least two years.

In the first two years of employment, compensation will be guaranteed, as set forth in a provider's Practice Agreement. After the provider's second year of employment, compensation will be based on this policy. A provider may, prior to the second year of employment, elect to change the basis of his or her compensation from a guarantee to this compensation policy. A provider will not be eligible for the incentive component while their salary is guaranteed.

In the event of termination of employment, the provider shall be entitled to compensation only with respect to services rendered through the effective date of termination. The provider shall not have any claim whatsoever to: (a) any receivables, including, but not limited to, any receivables that are outstanding or collected on or after the date of termination; or (b) any shared savings, bonuses, or other incentive payments paid or received after the date of termination, regardless of the performance period to which they are attributed.

Compensation Program

Compensation will be based on: (1) a base salary from clinical, administrative, research, and educational activities, (2) performance metrics, and (3) an incentive component.

Base Salary

Base salary will be calculated using the elements below and paid based on the provider's FTE. See Appendix A for the definition of a cFTE and an outline of the annual work expectation for a full-time clinical provider (1.0 cFTE).

1. A provider's initial base salary will be set at 92.5% of the most recent three-year rolling average median of the AAMC Northeast Region Neurology specialty at the rank of Assistant Professor. If the three-year rolling average median of the AAMC benchmark decreases, the prior year three year rolling average will be used for one year. The Department will evaluate the feasibility of maintaining this "hold harmless" period as the salary market evolves.
2. Tenure. A provider's base salary will be increased by 0.5% of the three-year rolling average median for every post-training year up to the provider's fifteenth year.

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3. Promotions.
 - a. Base salary for providers promoted to Associate Professor will increase by \$25,000
 - b. Base salary for providers promoted to Professor will increase by \$50,000
 - c. Providers who receive a mid-year promotion will receive a compensation increase in the following April or October, whichever is sooner.

4. Specialty and Leadership.
 - a. Providers will receive compensation increases and/or protected time based on their specialty and leadership role, if applicable. For example, a Vice Chair with 0.10 FTE protected time will have 10% of their salary not at risk.
 - b. See Appendix B for additional compensation related to specialty
 - c. See Appendix C for additional compensation related to leadership roles

5. Contract and Grant Revenue. Consistent with the terms of a provider's Practice Agreement, a provider may earn additional salary for work performed on behalf of an external organization. The salary included in applications and contracts will be set by the Corporation in accordance with this compensation plan, as allowed by the contract or grant with the external organization. Externally derived salary from contracts or grants will be a "pass-through" to the Provider.

Performance Metrics

1. Productivity Requirements (90% or 80%)
 - a. 90% of a provider's base salary will be at risk based on the provider meeting at least 95% of their wRVU target (excluding Neurocritical Care providers)
 - b. 80% of a Neurocritical Care provider's base salary will be at risk based on the provider meeting 95% of their wRVU target.
 - c. wRVU targets are established during the annual budget process. Each provider will receive a wRVU target at the beginning of the fiscal year (October 1), adjusted for FTE and cFTE.
 - d. A provider meeting less than 95% of their wRVU target will earn a proportionate amount of base salary. For example, if a provider hits 90% of their required wRVU target, they will receive 90% x 90% of base salary.

2. Clinical Metrics (5%) (excluding Neurocritical Care providers)
 - a. 3% Closed Encounters. Providers must close at least 95% of office visit encounters within 7 days. No partial credit.
 - b. 2% Refill Requests. Providers must complete at least 80% of refill requests by the close of the next business day. No partial credit.

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3. Professionalism (5%)
 - a. 3% Faculty Meetings. Providers must attend at least 75% of faculty meetings during the fiscal year. Absences due to service time, conferences, or vacations are permitted, but must be made known to Department administration in advance. No partial credit.
 - b. 2% Grand Rounds. Providers must attend at least 75% of Grand Rounds Lectures during the fiscal year. Absences due to service time, conferences, or vacations are permitted, but must be made known to Department administration in advance. No partial credit.
4. Quality of Documentation (15%) (applies only to Neurocritical Care providers)
 - a. At least 80% of a provider's records must show appropriate documentation and billing.
 - b. The Department's billing manager will conduct two audits of each provider's billing records each year. For each audit, the billing manager will randomly select a minimum of 10 records and assess each record for accuracy of documentation.

Incentive Component

All providers except Neurocritical Care and Neuropsychology providers may earn incentive compensation. At the beginning of the fiscal year, each provider will receive an individual wRVU target. The Department will base this target on anticipated clinical activity in the Outpatient Clinic, Inpatient Service, and Procedural Activity as determined through the annual budget process. Each provider (except Neurocritical Care and Neuropsychology providers) who meets 105% of their wRVU target will be compensated for the number of wRVUs over 105% of the target initially set at \$20/wRVU. The Department will establish the dollar amount per wRVU during the annual budget process and will notify providers of the amount at the beginning of the fiscal year.

The measurement period for evaluating the incentive component period is October 1 to September 30, and incentive compensation will be paid in a one-time lump sum payment paid November/December.

Salary Reset

At the beginning of the fiscal year, each provider's base salary will be adjusted to reflect the updated AAMC three-year rolling average median, academic rank, tenure, and performance metrics.

The measurement period for the performance metrics is October 1 to September 30. The Department will provide monthly reports to providers to track progress toward performance metrics. If providers do not meet 100% of the performance metrics, their new annual base salary, effective October 1, will be prorated based on the most recent measurement period performance. Any compensation increase/decrease will be adjusted in the November/December paychecks. See Appendix E.

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Appendix A: Definition of a 1.0 cFTE

A Provider is expected to work 45 weeks per year and complete 8 ambulatory sessions per week (360 session per year). Each session is considered 4 hours of clinical time and 1 hour of administrative time, meant for completing encounters and addressing EPIC inbox issues, including refills and patient calls.

Outpatient/Neuropsychology

- 8 patient facing sessions
- 1 session = 4 hours of patient facing time
- 45 clinical weeks per year or 360 sessions per year
- For every session of patient facing time, provider is auto credited 1 hour of non-patient facing "Admin" time

Inpatient Services

- Stroke 29 weeks
- Neurohospitalist 29 weeks
- Epilepsy 29 weeks
- All inpatient services require a minimum of 8 weeks to get cFTE credit. If less than 8 weeks, it will be a 1 week of clinics to 1 week of inpatient service swap

Neurocritical Care

- Primary service 18.5 weeks
- Consult 45.25 weeks
- Expected 1.0 cFTE = 13 weeks of primary and 13 weeks of consults

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Deployment:	wRVUs/Unit	Unit
Inpatient RVU Target		
General Service	180.00	Week
Stroke Service	175.00	Week
NCC Primary	325.00	Week
NCC Consults	131.00	Week
Epilepsy/EEG	185.00	Week
Braintree IP Service	100.00	Week
Procedure RVU Target		
Sleep Study	16.00	Session
EMG Study 5pt	16.80	Session
EMG Study 6pt	19.64	Session
Fluoro Procedure	19.00	Session
Amyloid	14.00	Session
Outpatient		
Resident Clinic - PGY 2	17.00	Session
Resident Clinic - PGY 3	21.00	Session
Resident Clinic - PGY 4	21.00	Session
PGY5 - Stroke	11.40	Session
PGY5 - Sleep	13.80	Session
Clinics - General	16.30	Session
Clinics - Memory/TBI/MS	14.00	Session
TCDs	14.00	Session
Neuropsych	6.875	Session

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Appendix B: Specialty

Subspecialties	Amounts
Epilepsy	\$20,000
Interventional Pain	\$55,000
NCC	\$50,000
Stroke	\$20,000
MS	\$35,000
TBI	\$20,000
Memory	\$55,000
Headache	\$20,000
Sleep	\$20,000

Appendix C: Leadership

Leadership Role	Protected Time	Funding
VC Research	0.20	CARE+
VC Education	0.10 + \$10,000	CARE+ / Dept.
IP Medical Director	0.20	CARE+
OP Medical Director	0.20	CARE+
Residency Program Director	0.50	CARE+
Clerkship Director	0.50	BUMS Dean's
Division Chief NCC	0.20	CARE+
Division Chief EEG	0.10	CARE+
Division Chief EMG	0.10	CARE+
Division Chief Pain/Headache	0.10	CARE+
Division Chief Sleep/Memory	0.10	CARE+
Division Chief Stroke	0.10	CARE+
Division Chief MC	0.05	CARE+

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Appendix D: Compensation Example

Associate Professor
 Stroke Specialty
 Outpatient Medical Director – 0.20 FTE
 9 years post graduate experience

AAMC 3 YR Avg. Median Assistant	\$234,211	<u>Tenure</u>	
	92.50%	9	Yrs post training
Base Salary	\$216,645	0.5%	Inflator
Tenure 0.5% (capped at 15 years)	10,539	4.5%	Tenure % increase
Stroke Specialty	20,000	<u>\$234,211</u>	3 YR Avg. Median Asst.
Associate Professor	25,000	<u>\$10,539</u>	
Total Salary	\$272,185		
cFTE	0.80		
Total Salary	\$272,185		
cFTE	0.80		
Salary @ Risk	<u>\$217,748</u>		

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Appendix E: Compensation reconciliation

Provider exceeds wRVU target but does not meet the Closed Encounters metric

Total Salary	\$272,185			
Salary at risk	\$217,747			
cFTE	0.80			
	<u>Risk %</u>	<u>Actual</u>	<u>Target</u>	<u>Result</u>
Productivity (wRVU)	90%	5,325	4,876	90%
Clinic Metrics				
Close encounters	3%	75%	95%	0%
Refills	2%	80%	80%	2%
Professionalism				
Faculty meetings	3%	75%	75%	3%
Grand rounds	2%	75%	75%	2%
	<u>100%</u>			<u>97%</u>

The provider will receive a one-time payment of \$4,104

wRVU Target	4,876
Actual	<u>5,325</u>
wRVU > 105% of target	205.20
\$ per wRVU	<u>\$20</u>
Total Bonus	\$4,104

Effective October 1, the provider's salary at risk will be reduced by 3% to account for the performance of the previous measurement period.

AAMC 3 YR Avg. Median Assistant	\$250,000	<u>Tenure</u>	
	<u>92.50%</u>	10	Yrs post training
Base Salary	\$231,250	0.5%	Inflator
Tenure 0.5% (capped at 15 years)	12,500	<u>5.0%</u>	Tenure % increase
Stoke Specialty	20,000	<u>\$250,000</u>	3 YR Avg. Median Asst.
Associate Professor	<u>25,000</u>	<u>\$12,500</u>	
Total Salary	\$288,750		
Total Salary	\$288,750		
cFTE	0.80		
Prior Year Performance	<u>97%</u>		
Salary @ Risk .80	\$224,070		
Salary Protected - Med Dir .20	57,750		
New Annual Salary	<u>\$281,820</u>		