**Questions to ask when job hunting**

**Revised 7-9-19**

Credentialing

• Who does the credentialing?

• What are the time expectations for insurance credentialing?

• Hospital credentialing?

• Health care system credentialing?

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| Primary care | Hospital medicine | Academic |
| How do you market new docs?Is someone retiring or leaving?What is the marketing plan if it is a new position?Are some of the established docs closed to new patients?What are the potential administrative roles? | Why are you hiring now?How many shifts are required? Weekends? Evenings? Holidays?What is the support (house staff covered patients, NP or PA assistance?)What are the high numbers for admissions and census?Is there a system for bringing in help during high census?What about illness coverage? | Why are you hiring now?What is the average length of employment by faculty here?What leadership and administrative possibilities exist? |
| What are expectations to be considered a good citizen in the organization? |

Ownership and management

* If there are senior partners, what is the revenue sharing for non-partners? (PC and Private HM groups)
* What is the buy-in cost? What does this include? (same as above)
* Who owns the building/capital investments and what is the arrangement? (PC)
* How are conflicts managed? (all PC and HM)

Practice/Hospital finance issues

* How is the budget reviewed with docs? What input do they have?
* How are decisions made regarding capital investments, day to day operations, personnel and overhead costs?
* What are the staffing ratios? (for PC per FTE, for HM for admin support)
* How are issues handled?

Billing and collections:

* What training is available for billing?
* How do I get feedback on my billing strategies and failures?
* What is the collection rate after adjustments? (Should be 92-95%)
	+ Note: Adjustments are the difference between what the physician bills and what the insurance agrees is reasonable to pay, usually 110 to 130% of Medicare reimbursement for private insurance and about 80% of what you bill depending on how greedy your billing is
* What is the managed care penetration and what is their reimbursement?
* What is the situation for capitation and population management and reimbursement?
* Does HM share in this or do they have other population, QI incentives?
* What is the percentage charged by the billing company? (Should be 5-8% max)
* How is indigent care financed? Pooled, responsibility of individual doc or other?
* What is the percent Medicare? Medicaid? Are these purposely limited?

Turn over:

* How many new providers have you hired in the last 3 years?
* How many providers have left the system in the last 3 years?
* What were some of their reasons for leaving?

Pay and benefits: REMEMBER THERE IS NO SUCH THING AS A FREE LUNCH!!!

General:

* REMEMBER IF YOU DO NOT ASK FOR IT, YOU CANNOT ASSUME YOU WILL RECEIVE IT.
* WOMEN **MUST ASK** FOR SIMILAR PAY AND BENEFITS TO MEN IN ORDER TO RECEIVE THEM.
* NEGOTIATION IS KEY!!!
* Will I have a salary guarantee, and if yes, how long is my salary is guaranteed? How is this financed? Will I owe anything back?
* What is the expectation for administrative and leadership work?
* What are the opportunities for increasing administrative or leadership roles?
* Are you paid for administrative or leadership work above the expectation?
* What are the benefits? Options:
* Retirement planning (if it is offered):
	+ Is it a defined benefits program or defined contributions?
	+ Usual is contribution, with matching around $15,000 although some matched benefits are more generous
	+ Academics can also have pension plans separate from above
	+ How long until you are vested? Typical is 1-3 years
* is there a signing bonus? What can it be used for? (moving, boards, whatever you want…)
* Is there CME money and time work?
* Is there paid vacation? Often in productivity-only based jobs the answer is no.
* Are licensing and boards reimbursement covered separate from CME?
* What are parental policies and leave? Same as vacation noted above.
* What are the health insurance options and when does it kick in?
* What is included in the health/dental insurance?

Productivity model

* What are the productivity requirements?
* What are high and low productivity ranges in patients per week? Or RVUs billed per week?
* What are high and low physician reimbursements for similar positions to mine?
* How is productivity reimbursed (monthly, quarterly, etc)?
* How are collections divided (gross minus costs)?
* What is included in the costs?
* In general, what percent of collections goes to the doctors? (should be more than 25, up to 50% in PC and higher in HM)
* How is payer mix monitored and are deficiencies addressed?

Salary model

* How is this set?
* How many hours of appointments or HM shifts are the expectation for fulltime?
* On salary, when are increases scheduled? How much $ is tied to promotion?
* Is there loan forgiveness?

Hybrid salary base/productivity models

* If not directly on productivity, is there any bonus or incentive for exceeding productivity?
* Are there benchmarks used and if yes, which ones?
* How long is my salary is guaranteed? How is this financed? Will I owe anything back?
* If I exceed productivity early, is their additional payment?

Academic specifics

* How is teaching reimbursed?
* What is the expectation for research?
* How is non-grant funded research reimbursed or covered?
* What is the division and departmental tax for me?
* What are potential leadership or administrative roles for me?
* Can I have a mentor
* Leadership training?

Contracts

* What is the malpractice insurance?
* The restrictive covenant?
* Written explanation of benefits?
* Written commitments for shifts/call/productivity/hours per week?

**Questions for your new partners:**

EMR: how does it help you and how does it hurt you?

QI: what is your philosophy?

When was your last project?

What was the project?

Do you measure outcomes? How? What do you do with the results?

Are you a Patient Centered Medical Home? If not, would you like to be, since it is so much work?

(it also build practice teams and focuses on short cycles of improvement)

Practice:

How are controlled substance prescriptions handled?

Ill appointments?

How many guidelines are established? How many do you regularly use?

What do you do about indigent patients?

What are patient dismissal policies? How often does that occur?

Academic: what is your payer mix and do you have control over your payer mix?

 Do you have a manager? To whom does the manager report? Do you evaluate your manager?

Teaching:

Do you have learners? What is your experience?

How do you feel about having learners?

Is teaching recognized and reimbursed?

Hospitalists: how often will I be able to work with learners?

What are the support staff strengths? Weakness?

Academic/ Hospitalists: do you have control over support staff? Do you get to evaluate your support staff?

Meetings and communication:

How often do we meet to discuss issues?

Tell me your agenda for the last meeting. Is that typical?

Learning:

What are you doing for CME?

Tell me about what you have done in the last few years.

Leadership opportunities:

 What are they?

 Are they reimbursed? How?

Call:

When were you on call last? What was it like?

What is the worst call you had?

Hospitalists: what was the worst experience and why?

Is nurse triage an option? It costs about 10-12$ a call

Fulfillment:

What is your favorite thing about your job?

What is your least favorite thing?

Tell me about your current work-life balance. Is it optimal? If no, what would have to change to make it optimal?

Questions for contracts:

Restrictive covenants

Malpractice Insurance: need a tail or per event

Partnerships and new hires

Commitment time

Benefits-see also above

Call arrangements: get it in writing