2014 MSP Salary Survey Excerpt:
A Closer Look at Work and Compensation

EDITOR’S NOTE

This white paper is an excerpt from the results of our annual MSP Salary Survey, an in-depth look at the state of medical staff service departments and professionals. The results of this survey recently appeared in the Credentialing Resource Center Journal. For more information about this newsletter or to subscribe, contact customer service at 800-650-6787 or visit www.hcmarketplace.com/credentialing-resource-center-1.

Much of the data in the 2014 MSP Salary Survey is within a couple of percentage points of past years’ results. However, some incremental changes point toward slightly higher salaries at the lower end of the pay scale, with relatively flat results across higher levels.

By adding questions regarding time spent on common MSP tasks and providing additional choices in some queries, the 2014 survey results provide a more detailed slice of compensation information.

Respondents hailed from organizations including credentials verification organizations, health insurance providers, and physician practices, but the highest percentage work in a nonacademic acute care hospital or medical center. The number of respondents who reported their facility was part of a healthcare network crept upward in the 2014 survey, to 64% compared with 61% in 2012 and 62% last year.

Respondents are statistically more likely to have the title of medical staff services coordinator or credentialing coordinator/specialist—although titles vary quite widely. They are also likely to have held their current job for five to 10 years. As in past surveys, the majority of respondents work in a department of four or less. However, their daily duties vary, and many spend considerable amounts of time on nonmedical staff tasks.
Salaries

Although the 2014 survey had more respondents than the 2012 and 2013 editions, statistically, the 2014 salary responses remained very close to MSP Salary Survey results from last year and 2012. The number of survey respondents who make less than $30,000 is inching downward, from approximately 5% in 2012 to 3% in 2014, while those making $30,001 to $35,000 increased slightly during the same time period. (See Figure 1.)

For 2014, the upper salary choice was raised to more than $100,000, better parsing the higher-paid MSPs than in previous years. This higher choice netted close to 7% of all respondents.

Ninety-six percent of respondents said they work full-time, and a majority are paid a salary; overall, 59% are salaried and 40% receive an hourly wage. Those making less than $45,000 are more likely to be hourly than salaried; the numbers are evenly divided for respondents making $45,001–$50,000. Higher-paid MSPs are much more likely to work on salary. (See Figure 2.)

Thirty percent of respondents who reported making $100,000 or more work in California, followed by Texas (10%) and New Jersey (7%). Twenty-eight states have no respondents who reported making $100,000 or more. At the other end of the range, 34 states have no respondents making less than $30,000. But among states that did have respondents in that pay range, Illinois, Ohio, and Wisconsin accounted for the greatest percentage, at 13% each.

Figure 1: What is your salary range?

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<thead>
<tr>
<th>Salary Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&gt; $100,000</td>
<td>15%</td>
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<td>$70,001–$100,000</td>
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<td>10%</td>
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<tr>
<td>&lt; $30,000</td>
<td>5%</td>
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Who does what

Titles may be less important in the medical staff world than in other professions because MSPs may be performing the same duties regardless of whether they supervise other employees. In addition, a “manager” might not manage other MSPs. With that in mind, the most commonly mentioned titles are:

- Medical staff services coordinator/specialist: 24%
- Credentialing coordinator/specialist: 20%
- Director of medical staff services: 16%
- Manager of medical staff services: 12%

Those with the title of director of medical staff services made more money—roughly 46% made $70,000 to $100,000, and 31% made more than $100,000. These respondents, who accounted for 16% of survey participants, are most likely to work in facilities with three to four MSPs (34%), and close to one-third work in departments that have credentialed more than 1,000 practitioners. More than 67% work in an acute care hospital/medical center that’s part of a network of two to five facilities.

The directors have also spent the most time in this profession: 62% of respondents with “director” in their title have more than 20 years in the field.

Figure 2: Are you paid on a salary or hourly basis?

Overall, the number of respondents with less than two years in their current position has dropped from 17% in 2012 to 14.5% in 2014.

There may be strength in numbers, but not necessarily in the medical staff services department (MSSD). Twenty-nine percent of respondents said they work in facilities that have one person in the MSP role, and 75% work in facilities with four or less. This is also consistent with previous years’ results. It’s also notable that 3% of respondents said their facility employs less than one full-time equivalent (FTE)—this was a new selection option in this year’s survey. (See Figure 3.)

For most respondents, the workload isn’t decreasing. Among the 29% of respondents who said their facility employs one MSP or FTE, 40% said their department credentials 101–200 practitioners, and 26% reported credentialing 201–400 practitioners. In the same group of respondents, 26% reported overseeing other departments and services, including continuing medical education, graduate medical education, and provider enrollment.

However, help may be on the way in some organizations: 29% of respondents said their organization has expanded its MSSD in the past three years. (See Figure 4.)
Accreditation

The Joint Commission still reigns as the top accreditor by a wide margin, and its dominance has held steady from previous years. Nevertheless, the 2014 survey provided a sharper accreditation picture overall. Survey participants could make multiple selections, as in past years, but had a wider variety of possible choices in 2014, including “CIHQ,” “CMS/state survey only,” and “CMS/state survey/voluntary.” (See Figure 5.)

Given those choices, 16% of respondents said their organization is accredited only through CMS/state survey, and 10% selected CMS/state survey/additional accreditation organization.

Hospitals reporting DNV accreditation doubled versus 2013, to 8%. DNV entered the healthcare accreditation market in 2008 and, according to information on its website, now accredits almost 500 hospitals.

CIHQ may be the new accreditor on the block, having received CMS deeming status just a year ago, but it was mentioned by seven respondents.

It’s all in a day’s work

The “typical” day for an MSP isn’t easy to tease out neatly. In trying to gauge how much time respondents spend on common duties, we enumerated the obvious: Most MSPs do not devote 100% of their time to...
any single task. However, if your day includes analyzing credentials files, privileging, and managing meetings, you’re not alone.

The 2014 MSP Salary Survey asked “On a daily basis, what percentage of your time do you devote to each of the following MSP duties?” and provided several choices. Respondents could select “none” or choose 1%–10%, 11%–20%, etc. Based on these responses, we determined percentages of MSPs who spend some time (at least 1%–10%) on these activities:

- 95% of respondents spend time on analysis of credentials files
- 91% of respondents spend time on privileging
- 89% of respondents spend time on meeting management
- 81% of respondents spend time on credentials verification
- 74% of respondents spend time on practitioner performance (OPPE and FPPE)
- 66% of respondents spend time on risk management

In addition, 95% of respondents spend time on other medical staff support tasks, and 91% spend time on non-medical staff support duties.

**The chain of command**

Forty-eight percent of respondents said they supervise others. (See Figure 6.) Close to one-third of respondents oversee other departments or services, and 48% of these respondents said they oversee continuing medical education. Provider enrollment (21%) and graduate medical education (16%) rounded out the top three choices. The “Other” category included medical library, institutional review board/IRB, peer review, and administration. (Respondents could make multiple selections.)

If you’re like 43% of all survey respondents, your department reports to the chief medical officer/vice president of medical affairs. (See Figure 7.) Another
Figure 6: Do you supervise others?


Figure 7: To whom does your department ultimately report?

28% report to the CEO/administration, and 12% said their department reports to the chief quality officer/quality department.

The 2014 MSP Salary Survey was open for 30 days ending April 18, and received 803 complete responses. Values were rounded to the nearest whole number; values of 0.1 to 0.4 were rounded down; values of 0.5 or higher were rounded up.