UNIVERSITY OF FLORIDA
COLLEGE OF MEDICINE-*Jacksonville*

Faculty Compensation Plan

Effective
July 1, 2024

Index

I. INTRODUCTION

The goal of the University of Florida (UF) College of Medicine - Jacksonville's (COM-J) faculty compensation plan is to promote and reward both departmental and individual contributions to patient care, education, research, and service/administration through monetary incentives in a way that improves and ensures the fiscal health of the COM - J.

The COM-J financial health requires that revenues exceed expenses annually. When COM-J revenues exceed expenses, part of this margin may be distributed as additional compensation in three (3) pools: (1) Productivity Incentive Pool, (2) Departmental Bonus Pool, and (3) Chair Pool. The Dean of the COM-J will determine, with input from the department chairs, the compensation committee, and with concurrence from the UFJPI executive committee, the distribution of excess revenue to these three pools.

The COM-J Compensation Committee will annually review and recommend to the COM-J Executive Committee revisions to the COM-J Faculty Compensation Plan. Without revising the plan, incentive payments or other elements of this plan may be modified in specific cases (e.g., suspended in cases of financial exigency, or loss of a major contract during an academic year) where the COM-J fails to meet its budget targets, as determined by the Dean.

Financial exigency may include anything that as a whole or any part jeopardizes the financial viability or solvency of the operations of COM-J. A consistent pattern of negative variance of actual performance from budget over a period of three consecutive months within a single fiscal year can be sufficient to initiate the process for declaring financial exigency and implement appropriate responsive action.

Academic year (AY) is defined as the period between July 1 and June 30.

II. PRINCIPLES

1. Before any funds can be designated as additional compensation by the Dean, the Practice Plan **must exceed** the Board-approved budgeted bottom-line (sum of the departmental operating fund, the Dean's fund, and the PSA accounts) for the Academic Year (AY),

2. When the Dean determines that funds can be designated as additional compensation, the amount of funds will be divided into three (3) pools (as defined in Section IX).
3. Clinical expectations placed on faculty are based on a 1-minus methodology. This terminology means that the clinical FTE (cFTE) is based on a 1.0 FTE, minus funding support that is external to the department (e.g., grants, designated hospital support, contracts, etc.) or regulated clinical effort reductions (e.g., training Program Director/Associate Program Director time).

    Examples:

a. Example 1. A clinical faculty member with no external funding and no mandated reductions (e.g., clinical time reductions for Residency Program Director or programmatic medical director with funding) has a cFTE of 1.0.

b. Example 2. A clinical faculty member with external grant funding of 20% of their clinical time and no other reduction has a cFTE = 1.0 – 0.2 = 0.8.

c. Example 3. A clinical faculty member with no external funding but serves as a program director with a required commitment of 0.4 FTE has a cFTE = 1.0 -0.4 = 0.6.

4. Chairs are not eligible to participate in either the Productivity Incentive or Departmental Bonus pools.

5. Faculty with the academic title of Senior Associate Dean, who have less than .50 FTE of clinical activity, may not participate in the Productivity Incentive pool.

6. Within this compensation plan, departments, or divisions within a department, will be classified as either "Unitized" or "Non-Unitized". A Unitized department or division is one where fair and/or equal assignment of productivity targets, by the Chair or Division Chief, is highly difficult due to the diverse nature of the department with respect to patient care assignment and/or the inability of the organization to track specific revenue generation by provider with accuracy. For purposes of this incentive plan, four departments are defined as "Unitized"; **Anesthesia, Emergency Medicine**, **Pathology** and **Radiology**.

7. Within each of the remaining departments, a division may elect to participate in the plan as a "Unitized" service. Should a division in a department other than one that is designated as "Unitized" elect to be classified as "Unitized", that decision must be made, and documented, by the first day of the AY. This decision must be documented, in writing, by two-thirds of the eligible faculty within that department/division.

III. ELIGIBILITY

The compensation plan covers clinical faculty employed by the COM-J. All faculty (MD, DO, MBBS, DPM, DDS, DMD, PhD) employed by UFCOM/J, in a salaried, benefits-eligible position, (tenure or non-tenure track) with a minimum of 40% clinical FTE (cFTE) in non-unitized and 20% cFTE in unitized may participate. Individuals meeting the above criteria are eligible to receive a distribution from either the Productivity Incentive and/or the Departmental Bonus pool. "Clinical Service" is defined as services provided directly to patients for which a specific charge is generated with the expectation that payment will be made on these charges. Postdoctoral associates are not eligible to participate in any incentive or bonus plan.

Faculty hired after the beginning of the fiscal year, but not later than the end of the 3rd quarter (March 31, 20XX), will be eligible to participate in the Productivity Incentive and the Departmental Bonus on a pro-rated basis (adjusted for actual FTE and date of hire). Date of hire used to calculate the percent of eligible time, will be the

first day of the month in which the faculty reports. E.g. if a faculty reports on January 17, his/her date for participating in the incentive/bonus plan will be January 1. Thus, this individual would be pro-rated at 50%, i.e. January 1 – June 30.

Any faculty member must be employed on the date of the bonus payout to receive a distribution (see p 11, Section IX.1.e.).

Each new hire, with a report date between July 1 and March 31, will be assigned a gross charge or wRVU productivity target at the discretion of the chair and according to department/divisional model. Actual performance to this assigned target will determine the individual's qualifying to participate in that year's plan. Performance expectations for first year of eligibility will be outlined in an "initial gross charges or wRVU productivity target" letter, provided by the chair as part of the new hire faculty checklist. Targets may be distributed across the individual members of the department at the discretion of the chair. New hires participating in unitized departmental targets are considered as part of the sum of total productivity for the whole department or division. Eligibility to participate in the compensation plan does not, of itself, guarantee a faculty member will receive a productivity incentive or departmental bonus distribution.

In addition, to receive a productivity incentive, a faculty member must:

a. Have an overall faculty performance evaluation rating (Section V.) no lower than "Achieves Performance Standard".
b. Exceed productivity target (based on gross charges or wRVU) for that year.
c. Meet a door opener metric that will be determined yearly, and faculty notified on or before July 15 of the year it is in place.

IV. JOB EXPECTATIONS

Annually, the department chair or the faculty member's direct supervisor will define the job expectations in consultation with each individual faculty member and the percentage of effort each faculty member shall spend in patient care, education, research and leadership/service. Some education effort occurs in the context of direct patient care. An individual faculty member may have time allocated to one or more of the four mission categories. The criteria each department uses to determine distribution of effort allocation should be applied equitably to all faculty members of that department.

All of an individual faculty member's effort must be allocated to one or more of the mission categories or other approved activities. In the context of an individual faculty member's job expectations and effort allocation, performance goals will be jointly developed by the faculty member and supervisor on an annual basis. Goals should be based on individual, departmental and COM-J priorities. Explicit goals should be established in all categories to which effort is allocated and objective criteria shall be used to measure performance. A key concept is for goals, objectives, evaluations and compensation plan targets to be appropriately weighted in proportion to the effort assignment to the individual faculty member.

Clinical time may also be reduced by the department internally, based the department's available discretionary pool (up to 3% of total faculty FTEs within a department). Any internal reduction will adjust cFTE reduction in the same way as external funding. Internal reductions within a department are limited by the amount available in the departmental discretionary pool.

V. FACULTY PERFORMANCE EVALUATION

A formal performance evaluation process is a key requirement of this compensation plan. Performance will be evaluated using objective criteria. The department chair or the faculty member's direct supervisor will provide each faculty member an annual written performance evaluation, no later than September 30, based upon goals outlined at the start of the performance cycle (including clinical productivity targets). The evaluation period under this plan is based on the AY (July 1 – June 30). Clinical productivity is one aspect of this evaluation. Clinical targets (wRVUs or charges) will be determined and communicated to each faculty member in writing by July 15 and no later than August 1 of the AY for which the targets are set (see section VI. Clinical Productivity Models below).

In preparation for the annual evaluation, an individual faculty member shall have an obligation to provide data that demonstrates how he/she has met his/her goals for the evaluation period. The COM-J also will provide timely data on performance, as applicable, in such areas as teaching evaluations, clinical productivity, and quality and safety metrics.

Because the annual evaluation is narrative in format, the evaluator writes an appraisal of the faculty member's relevant activities associated with each mission area for which the faculty member had an assignment. Evaluative comments are required for each mission area evaluated. An overall evaluation rating should be stated in the letter of evaluation using one of the following categories that best describes the faculty member's overall performance during the AY: (1) Outstanding Performance; (2) Exceeds Performance Standard; (3) Achieves Performance Standard; (4) Below Performance Standard; or (5) Unsatisfactory Performance. In order for a faculty member to be eligible to participate in either the incentive or bonus plan, an annual performance ranking of (3) Achieves Performance Standard or higher, for the prior AY is required.

VI. CLINICAL PRODUCTIVITY MODELS

This plan includes three potential models that determine productivity benchmarks to accommodate differences in practice types and settings of faculty. The three models are Academic, Hybrid and FLEX, briefly described as follows:

- Academic: The faculty member regularly works with residents/fellows/students
- Hybrid: The faculty member occasionally works with residents/fellows/students
- FLEX: The faculty member works in a clinical environment for which AAMC/CPSC benchmarks are not available or do not accurately reflect the faculty member's clinical opportunities. In this case other benchmarks (eg MGMA) or blends may be used after appropriate approvals.

ACADEMIC MODEL:

Academic faculty are those who are assigned by their Chair to duties mostly based within the academic center that encompass clinical and teaching responsibilities and optionally research effort.

For individualized department members, targets will be based upon a core set of performance measures for each work assignment and appropriate for faculty rank and opportunity. For departments/divisions in this model, using AAMC and CPSC the general expectation is to assign an individual a percentile CPSC productivity target 15 points higher than that individual's salary percentile using the prior year's AAMC data. For example, a faculty member paid at the 50th %ile of AAMC (Fixed salary + MPS) would be assigned a CPSC productivity target at the 65th %ile. An average 15-point percentile difference across all faculty was determined in 2020 to provide the amount of revenue that covered expenses. Based on actual fiscal results, the Dean may increase or decrease this difference. Finalized individual expectations and targets are set by the chair, using appropriate applicable COM-J principles and with input from the faculty member, and division chief, if applicable. The assigned target will take into consideration base salary allocated to clinical activities, clinical hours or sessions, historical performance, and opportunity. For those departments/divisions for which AAMC/CPSC benchmarks are not appropriate, either the hybrid or FLEX model should be considered and appropriate approvals secured from the compensation committee and dean prior to implementation of alternative metrics (see information about Hybrid and Flex model below).

For each clinical faculty member, a final wRVU target will be provided for the corresponding AY (no later than July 15th) from the Finance Department. Any disagreement on the assigned targets must be addressed with the Chair who may then escalate to the Dean's office prior to August 1.

The clinical financial incentives will be paid in accordance with the provisions of the COM-J faculty compensation plan based on clinical productivity. Work RVU targets are set using benchmarks of the AAMC salary %ile plus 15 to reach the CPSC target using the most recent CPSC annual data. Section XI addresses the resolution of conflict and grievances when a faculty member and chair disagree on productivity targets.

Once productivity target assignments have been distributed, each faculty will be provided with a monthly and YTD summary of their individual productivity. Methodology for calculation of an individual faculty member's productivity incentive is described in Exhibit A.

Unitized departmental targets are the productivity target assigned to the whole department or division. These may be determined as the sum of assigned individual productivities.

Targets may be adjusted, by the Chair, with approval of the Senior Associate Dean for Clinical Affairs, under changed circumstances, such as unpaid leave or change in assignment. Prior to new target assignments, faculty should use currently assigned targets.

HYBRID MODEL:

The hybrid compensation model is applicable to divisions, or individual faculty at "Stand-Alone" clinical sites ("Practice"), who occasionally work with residents, fellows and/or students and for whom there are not expectations of generating new scholarship, as defined by their department chair. "Practice" sites are those clinical operations below the level of a Department that have their own Board-approved budget and bottom line. By definition, "Practice" sites generate a pro-rated share of practice plan administrative costs and Dean's taxes.

Such divisions and individual faculty must be approved for a hybrid compensation model by the compensation committee and deans. An established model that may be used as an example is the Community Health and Family Medicine (CHFM) Faculty Compensation Plan (FY2023 plan attached as Exhibit C). Benchmarks for Hybrid plans should be based either on MGMA or a blend of AAMC Fixed + MPS and MGMA for salary and similarly proportioned blend of CPSC and MGMA for productivity. Departmental and Divisional Hybrid plans must be submitted for review and approval to the compensation committee for review before submission to the Deans for approval. In general, such plans must be submitted by March of the calendar year in order to be implemented in July of that year, to allow adequate time for reviews and approvals.

FLEX (Flexible) MODEL:

The goal of this model is to provide flexibility for these departments and divisions that do not have specific AAMC/CPSC benchmarks.

This model is limited to those departments/divisions where normal standards/benchmarks are not available (e.g. Anesthesiology) or adequate (e.g. there are no subspecialty benchmarks for Ophthalmology, Otolaryngology, Pediatric Transition or Complex Care in AAMC or CPSC), or where a blend of specialties might be appropriate (e.g., OMFS may use a blend of two specialties with ENT and Plastics). Departments/Divisions must submit a proposal to the Compensation Committee for review and subsequent approval by the Dean and CEO of practice plan,

Use of the FLEX Model will follow all other aspects of the compensation plan with the exception of the benchmarks utilized. For FLEX Model, charge targets may be the appropriate metric for productivity. It is expected that the sum of individual productivity targets assigned by a Department Chair for Flex Model departments will approximate that proportion of the final departmental budget for total gross charges or the total expected wRVU the department as memorialized in the UFJPI Board approved budget for any given year.

1. Examples for justifications for utilization of the FLEX model include but are not limited to areas such as Ophthalmology, Otolaryngology, and certain Pediatric subspecialties as highlighted above.

Ophthalmology and Otolaryngology have only 1 practice line included for each specialty in the AAMC and/or CPSC data. Salaries and productivity in these specialties often vary greatly among the subspecialties in these disciplines. This limited comparison would make it difficult to accurately assess and reward subspecialties and faculty with variable assignments. Certain Pediatric subspecialties have so few practicing physicians that there are no normative data in AAMC or MGMA.

VII. TOTAL COMPENSATION

Compensation is measured on an annual basis and is the amount of money, not including benefits, paid to a faculty member over a 12-month period for performing assigned responsibilities and excludes extra duty payments for work beyond assigned responsibilities. Compensation may be paid as base salary only, or as base salary in combination with a stipend that recognizes assigned effort in non-clinical (e.g., administrative) functions. In determining compensation levels, a department will use comparable and objective market data.

At COM-J for the Academic plan, the source to determine compensation is the prior year's faculty salary survey from the Association of American Medical Colleges (AAMC), specifically Fixed plus Medical Practice Supplement/All Public Schools.

At COM-J for the Hybrid plan, the source to determine compensation can be chosen from the AAMC or MGMA survey or some blend of the two surveys that has been approved by the compensation committee and the Deans.

At COM-J for the FLEX plan, for those departments/divisions where AAMC, MGMA, and/or CPSC benchmarks are not appropriate, not available or do not contain enough granularity, alternative metrics may be used with prior approval from the compensation committee and Deans (see information about FLEX model above).

Productivity-based salary adjustments

Clinical productivity, when measured by wRVUs, should exceed the 25th percentile of the CPSC specialty benchmark (or other approved benchmark) adjusted for clinical effort for each faculty member with a clinical assignment. Department chairs and the compensation committee will annually review base salaries and productivity to determine if salary adjustments are needed. The final decisions of salary adjustments will be made by the Dean's office taking into account the fiscal situation of the enterprise.

Increases in base salaries are made in accordance with UF and COM-J guidelines, including increases due to promotions. Productivity-based increases in base salary are allowed annually to a maximum up to 10% of the cFTE salary for faculty who exceeded their productivity targets by at least 10% for the academic year. 50% of the productivity-based incentive earned may be applied to the base salary of the following year. If the base salary is increased, the wRVU target for the following year will be proportionately increased to align with AAMC salary metrics as a function of academic rank. The AAMC %ile at rank for this new base would be determined and the new CPSC wRVU productivity target would be adjusted to maintain the same salary-productivity percentile

differential. The chair and the faculty member would review the options and consequences before a final decision is made. This includes the ability of the faculty member to opt out of the salary increase.

Unitized departments/divisions in coordination with the Dean, may choose to request an increase in the sum of the cFTE salaries of the unitized faculty using the same methodology, which can be distributed across members of the department/division based on individual job assignments and clinical and academic productivity.

Base salary is subject to reduction if productivity targets are not met for two consecutive years (and the lack of productivity was not the result of a protected event or condition and barriers to increasing productivity have been addressed). Such reductions cannot exceed more than 10% per year of the cFTE salary. Base salary may not be reduced below the AAMC 25th percentile of fixed plus MPS. The next year's base salary is adjusted based on University directives and/or performance ranking. Any reduction in base salary will require recommendation from the chair and/or compensation committee and will require review and approval from the compensation committee (if recommended by chair) and the Deans.

In circumstances where the 25th percentile of wRVU production is not surpassed (and the lack of productivity was not the result of a protected event or condition), and a salary reduction is recommended by the chair, mandatory review of the presumptive salary reduction by the Compensation Committee will occur and the faculty member will be notified of the presumptive reduction in writing by the COM-J. Within 10 days of receipt of the notice, the faculty member may appeal the base salary adjustment to the Dean by providing written documentation of an assignment change, alternative salary support or other extenuating circumstances. A chair's letter with justification of the proposed reduction must accompany the faculty member's appeal as well as a profit-loss statement for the faculty member for informational purposes. The Compensation Committee will advise the Dean of its recommendation and the Dean's decision will be considered final. If the appeal is denied, the faculty member's base pay will be reduced, as recommended by the Compensation Committee, following its review, not to exceed 10% of the cFTE salary. Reductions in base salary will not occur if the faculty member's base salary is at or below the 25th percentile of the AAMC Fixed plus MPS salary benchmark. If productivity increases in subsequent years, base salary may be increased consistent with the process outlined above.

Faculty members will not be subject to reductions in base salary in the 36 months after initial appointment unless COM-J experiences financial exigencies that warrant across the board salary reductions. In addition, reductions in base salary related to performance will not occur when productivity was affected by conditions protected by law (such as, by way of illustration, personal or family illness) or a change in assignment that directly resulted in expected or unexpected low productivity.

VIII. COMPENSATION PLAN ASSESSMENT

Based on a faculty member's overall annual performance, the department chair will complete a compensation plan assessment, no later than September 30, to determine if the productivity of a faculty member, who meets all eligibly requirements for participation in the compensation plan, merits a productivity incentive.

IX. PRODUCTIVITY/BONUS/CHAIR ADDITIONAL COMPENSATION

The Dean will determine, at the end of the academic year, with the concurrence of the UFJPI executive committee, the amount of funds that will be made available for distribution to faculty as Additional Compensation. If UFJPI has fewer than 100 days in cash, the aggregate amounts of these distributions cannot exceed 50% of the positive variance to the UFJPI budgeted bottom line.

The total Additional Compensation consists of three (3) distinct pools of funds; Productivity Incentives (individual and unit departments/divisions), Departmental Bonuses, and Chair Bonuses. Criteria for an individual faculty member to participate in the productivity incentive category are outlined in Section II.4. Criteria for a unit department/division to participate in the productivity incentive category are outlined in Section II.7.

1. Productivity Incentive Pool
    a. As determined by the Dean, the Productivity Incentive pool will be a set at 50-70% of the total Additional Compensations after deduction of the Chair Bonus pool. This pool will pay earned individual faculty and unit department/division incentives.
    b. For an individual faculty to receive a distribution from this pool, they must meet criteria as outlined in Section II.4.
    c. For a unitized department, or division, to receive a distribution from this pool, the department or division must exceed the budgeted year-end gross charges/wRVUs per budgeted FTE (see example).
    d. The Productivity Incentive distributed to individual faculty, and unit departments/divisions, will be prorated to the funds available in this pool.
    e. Any productivity awards not distributed from the productivity pool due to exclusion (e.g., non-renewal; termination prior to bonus payout) or failure to qualify (e.g., non-qualifying overall performance) may be retained in departmental/divisional PSA that can be used to support faculty and programs at the discretion of the chair.

2. Departmental Bonus Pool
    a. As determined by the Dean, the Departmental Bonus pool will be set at 30%-50% of the total Additional Compensation after deduction of the Chair Bonus pool. This pool will pay bonuses to departments that exceed their year-end budgeted bottom-line.
    b. A department must exceed its board-approved budgeted bottom line to be eligible for a departmental bonus,
    c. Department Chairs, with the approval of the Dean, will determine distributions from the Departmental Bonus pool to individual faculty based on superior performance in one or more of an individual's missions, the criteria for which are clearly defined and documented.

d. With approval of the Dean, the Chair may elect to deposit up to 20% of the Departmental Bonus pool into a departmental PSA account to be used to support faculty programs and projects.
e. No individual is guaranteed a distribution from this pool.
f. The Departmental Incentive distributed to individual faculty, and unitized departments/divisions, will be prorated to the funds available in this pool.

3. Chair Bonus Pool

   The Dean will have the option to designate a Chair Bonus pool, *not to exceed 5%* of total Additional Compensation, to be distributed to individual Chairs as an end-of-year bonus. No chair can receive a bonus that is greater than $50,000 for any given academic year. Chairs are not eligible for distributions from the Productivity Incentive Pool or the Departmental Bonus Pool.

4. A faculty member who has earned a productivity payment (IX.1) and/or a bonus payment (IX.2) may elect to receive the total sum either in the form of payroll distribution or as an addition to individual Professional Expense Account (PEA). Election must occur no later than the deadline established by the practice plan for this election, and cannot be changed after that date has passed. Any funds deposited to a PEA account are subject to being "frozen" in the event of financial exigency or poor financial performance of the organization. Frozen funds may be unfrozen at the discretion of the Dean if future financial circumstances permit. A faculty member who is no longer employed is not entitled to these funds should they become "unfrozen" at some future date.

5. Neither the department chair nor the Dean may make a Productivity Incentive payment to an individual faculty that exceeds that faculty's calculated incentive amount (as prorated, if applicable).

X. TIMELINE

The evaluation period under this plan will be based on the academic year (July 1 – June 30). Productivity targets will be determined annually beginning with the start of the fiscal year. Letters communicating clinical productivity targets must be given to the faculty no later than July 15 as delineated in Section V. Faculty evaluations must be completed by Sept 30 and signed by faculty by October 31.

XI. RESOLUTION OF CONFLICT AND GRIEVANCES

In the situation where a faculty member and chair disagree on productivity targets, the issue will be decided by the chair, with the faculty member having available the established UF grievance rights, including appeal to the Dean. The Dean may refer the issue to the COM-J Compensation Committee or select another designee for investigation and recommendation.

A grievance shall be filed no later than thirty (30) days from the date following the act or omission giving rise to the grievance, or thirty (30) days from the date the grievant acquires knowledge, or could reasonably have been expected to acquire knowledge, of the act or omission, if that date is later.

EXHIBITS

Exhibit A

University of Florida College of Medicine-Jacksonville

Faculty Compensation Plan

SAMPLE MODEL FOR DETERMINING END OF YEAR
DEPARTMENTAL BONUS DISTRIBUTION FROM TOTAL AVAILABLE FUNDS

The following example provides **$1,500,000** as the **total available to bonus compensation pools:**

Corporate End of Year Actual Bottom-line:		$3,500,000
Corporate End of Year Budget Bottom-line:		$ 500,000
Corporate End of Year Budget Excess		$3,000,000
Total Available for Distribution from Dean:	(≤ 50% of Budget Excess)	**$1,500,000**
Chair Bonus Pool	$1.5M x 2% (0-5%)	$30,000
Amount of allocated funds available for distribution as Productivity Incentive or Departmental Bonus.		**$1,470,000**

Productivity Incentive Pool (between 50% - 70%) $1,470,000 x 65% = **$955,500**

Departmental Bonus Pool (between 30% -50%) $1,470,000 x 35% = **$514,500**

$1,470,000

****

Productivity Incentive Pool Distribution Example:

RVU's in excess of individual faculty RVU Targets	50,000
RVU's in excess of unitized department RVU Targets	25,000
Total RVU's in excess of RVU Targets	75,000
Total available for Productivity Incentive Pool	$955,500
Total available for Productivity Incentive Pool per Excess RVU	$ 12.74

Individual Faculty Productivity Incentive Pool Distribution

	Actual RVUs	Target RVUs	Excess RVUs	Rate/RVU	Distribution
Faculty A Total Productivity	10,000	8,000	2,000	$12.74	$25,480
Faculty A Interim* Payment	5,000	4,000	1,000	$ 5.00	$(5,000)
Faculty A End of Year Payment					$20,480
Faculty B Total Productivity	8,000	7,500	500	$12.74	$ 6,370
Faculty B Interim* Payment	3,000	3,750	0	$ 5.00	$ (0)
Faculty B End of Year Payment					$ 6,370
Faculty C Total Productivity	7,000	8,000	0	$12.74	$ 0
Faculty C Interim* Payment	3,000	4,000	0	$ 5.00	$ (0)
Faculty C End of Year Payment					$ 0
Faculty D Total Productivity	8,000	8,000	0	$12.74	$ 0
Faculty D Interim* Payment	4,250	4,000	250	$ 5.00	$(1,250)#
Faculty D End of Year Payment					$ 0

*Interim is semiannual or payment made at an interval less than 12 months

#in the current plan, no repayment will be required if a faculty member earned an incentive for the first interim payment but in the end did not meet their target.

Unitized Department/Division Productivity Incentive Pool Distribution **

	Actual RVUs	Target RVUs	Excess RVUs	Rate/RVU	Distribution
Unit A Total Productivity	40,000	35,000	5,000	$12.74	$ 63,700
Unit A Interim Payment	20,000	17,500	2,500	$ 5.00	$(12,500)
Unit A End of Year Payment					$ 51,200
Unit B Total Productivity	30,000	40,000	0	$12.74	$ 0
Unit B Interim Payment	15,000	20,000	0	$ 5.00	$ (0)
Unit B End of Year Payment					$ 0

**- Distribution to individual faculty based on Department Chair's discretion with Deans approval.

Department Bonus Pool Distribution Example:

Dept. A Bottom-line Excess to Budget	$ 200,000	$0.2M/$1.0M x $514,500 =	$102,900
Dept. B Bottom-line Excess to Budget	$ 300,000	$0.3M/$1.0M x $514,500 =	$154,350
Dept. C Bottom-line Excess to Budget	$ 250,000	$0.25M/$1.0M x $514,500 =	$128,625
Dept. D Bottom-line Excess to Budget	$ 250,000	$0.25M/$1.0M x $514,500 =	$128,625
Dept. E Bottom-line Excess to Budget	$ 0	$0.0M/$1.0M x $514,500 =	$ 0
Non-Dept. Bottom-line Excess to Budget	$2,000,000	$0.0M/$1.0M x $514,500 =	$ 0
	$3,000,000		$514,500

Total Department Bonus Pool Distribution* **$514,500**

*- Distribution to individual faculty based on Department Chair's discretion with Deans approval.
Sum of department positive budget excess = $1.0M.

University of Florida College of Medicine-Jacksonville
Faculty Compensation Plan

INCENTIVE COMPENSATION POOL MODEL

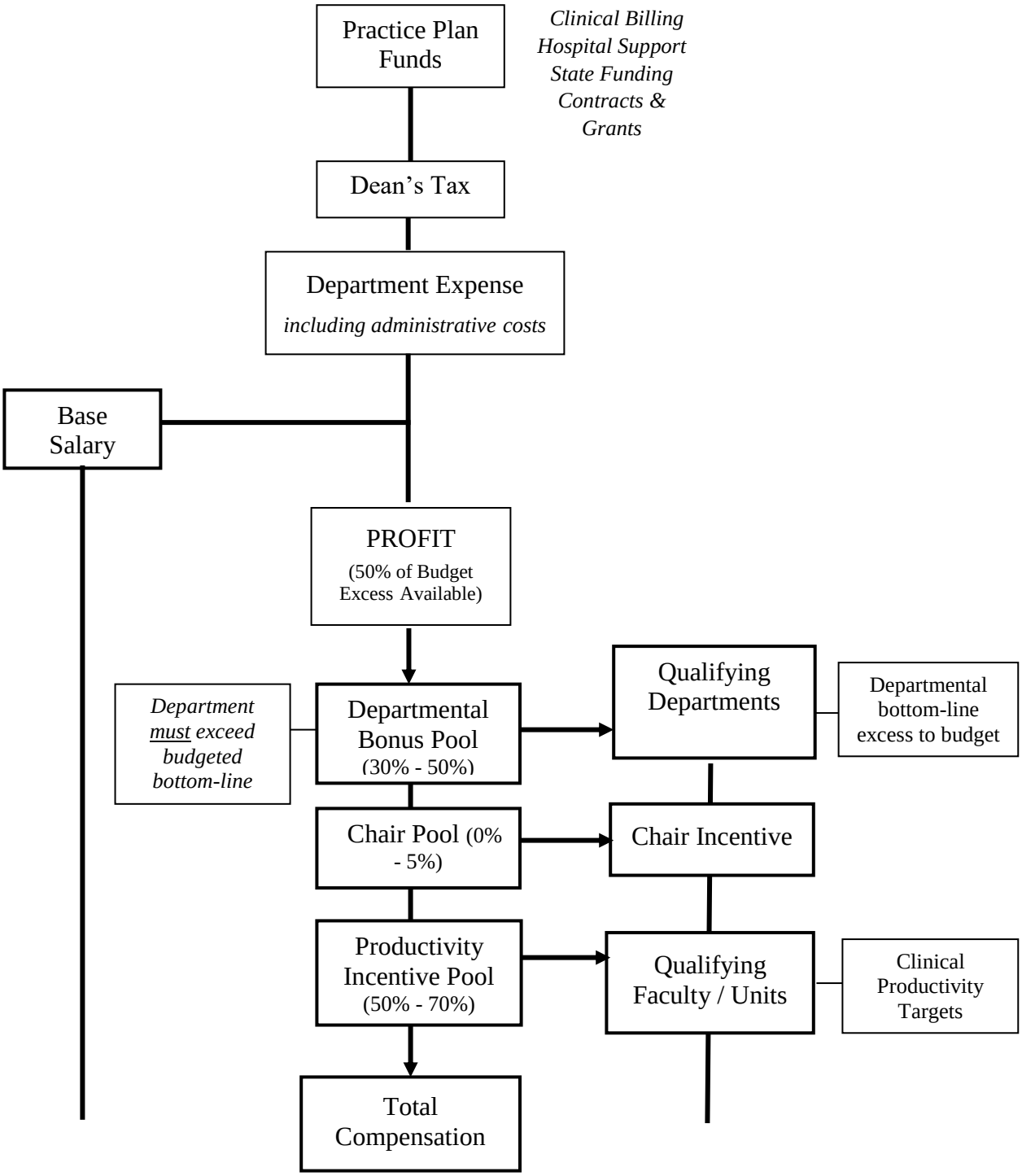

Exhibit C

UFCOM/Jacksonville
Department of CHFM
Faculty Compensation Plan Summary
For FY2025 and beyond

I. Eligibility and Work Hours Expectation:

A. For eligibility to receive any incentive or bonus distribution under this compensation plan, the physician must be a permanent employee (not locums/PRN/OPS) of the UFCOM/J, Department of CHFM at the time the incentive/bonus is paid, and must not have a letter of resignation on file.

B. CHFM physicians agree to commit to the highest quality and continuity of care of our patients as it pertains to specialty care and radiologic procedures within our health system, while knowing that patients ultimately decide where to seek their specialty care.

C. Work Hours Expectation

Typical patient care hours for all physicians will be 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal state holidays. The physician will be scheduled to provide patient care in the medical practice for a minimum of seven and a half hours during a normal full work day and 3 hours and 45 minutes during a half day, prorated for actual assigned FTE.

It is expected that documentation and inbox task management within EPIC, our Electronic Health Record, will be completed as necessary, which may include working in the evenings/weekends. Average work week for full-time physicians is approximately 50 hours/week. It is also expected that the physician abide by the Professional Code of Conduct policy, which is posted on the CHFM website on the UF Jacksonville Intranet, "Bridge." https://1b-esx-infonet.umc.ufl.edu/CHFM/Pages/default.aspx

The physician will participate in an equitable call schedule for providing professional coverage for the medical practice after hours, including weekday evenings, weekends, and holidays. The after-hours call schedule will be established by the practice medical director and/or the department director, with assistance from the clinic administrator. For those physicians with an established patient panel, administrative time may be granted at the request of the physician if the physician is consistently meeting their wRVU benchmarks, has a large patient panel size, and there's demand for their services as per the Third Next Available Appointment (TNAA) Report. This optional administrative time will be at a maximum of 3 hours and 45 minutes/week for a full-time physician.

II. Compensation:

A. New faculty in CHFM will be offered a fixed base salary based on the most recent available data from the AAMC Faculty Salary Survey Special Report - Fixed Salary plus MPS Benchmarks for 'General Family Medicine.' This salary will be commensurate with rank, and based on cumulative experience in the field of family medicine/primary care.

B. Maximum Compensation:

Total direct compensation (inclusive of stipends, incentives and bonuses) under this plan is limited. Maximum annual total compensation for family medicine/internal medicine (inclusive of incentives and bonuses) for FY 2025 and beyond is:

Maximum Direct Compensation	$336,298

C. New faculty appointments and salary equity/market adjustments (within or outside of a compensation plan) will be subject to the most current University of Florida's College of Medicine – Jacksonville restrictive covenant (non-compete provision).

D.

Years of family medicine experience	Base Salary
<3 years	$225,000
≥3 years	+$7000
≥10 years	+$10,000

*Based on total experience in the field of family medicine as defined by the American Academy of Family Physicians.

1. Eligibility Date--Each Tier of 'Family Medicine Experience'
Example:
If the date of initial employment is February 1, 2022, then the first "3 year cycle" anniversary date will be February 1, 2025.

2. Effective Date for 'Family Medicine Experience' Increase
The experience-based salary adjustment will occur on July 1 of the year following the anniversary date of the physician. The anniversary date is the date on which the next interval begins.
Example: Employment anniversary date is February 1, 2022; salary adjustment is made on July 1, 2025.
Employment anniversary date is June 30, 2022; salary adjustment is made on July 1, 2025.

III. Stipend:

Medical Director/Assistant Medical Director Stipend:

A. Medical Director: [1]

1 physician same-location practice = $10K
2-4 physician same-location practice = $15K
5 or more physician same-location practice = $20K

Note: ≤ 1.5 physician FTE = 1.0 FTE
> 1.5 physician FTE = 2.0 FTE
> 4.5 physician FTE = 5.0 FTE

B. Assistant Medical Director = $5K (must be approved by the Senior Associate Dean of Clinical Affairs) When a medical director of a clinic elects to have an Assistant Medical Director, $5K of the medical director's stipend is forfeited, prorated per FTE.

C. When a Medical Director elects to be <1.0 FTE, the medical director stipend will be reduced by the applicable % of FTE, i.e. if a medical director is 0.8 FTE, his/her stipend will be reduced so that only 80% of the respective stipend is received on an annual basis.

[1] Supervision of APPs is compensated via the 15% additional credit as described in this document. Thus, no additional Medical Director stipend will be provided for supervision of APPs.

E. In the situation where a medical director is supervising more than one practice located in a different geographical location while the clinic is awaiting the appointment of a permanent medical director (prorated per FTE and total number of months/year in this role):

2 total practices supervised: additional $10K
3 total practices supervised: additional $20K

IV. Productivity-Based Incentive:

A. Incentive Period: Each 6-month period, July 1st – December 31st and January 1st – June 30th of each fiscal year.

B. Calculation Methodology:

For eligibility to participate in the productivity-based incentive program, the physician must be an employee of the University of Florida College of Medicine/Jacksonville. The physician must generate work RVUs (wRVUs) at ~ CPSC 75% for that specific year. For FY 2025 and beyond, the benchmark is:

Expected productivity level: **6,755** wRVUs/fiscal year (CPSC 75%ile)

Total wRVUs used to calculate the productivity-based incentive will be the sum of 100% of wRVUs generated by a qualifying physician plus any additional wRVUs from any managed care bonuses and 15% of the total wRVUs generated by the APP(s) supervised by the physician. The wRVUs generated by the APP(s) will only be added to the total wRVUs of the physician if they first meet their personal benchmark/minimum threshold of 75% CPSC wRVU productivity standard themselves.

WRVU benchmarks will not be altered based on FMLA or prolonged absences.

For every wRVU above the threshold, the physician will earn $15 wRVU, with a maximum compensation limit as stated in Section II. B. of this document.

C. Payment of Productivity-Based Incentive:

1. Every attempt will be made so that the payment of the productivity-based incentive is made no later than 120 days following the end of each 6 month period of the fiscal year, or annually if preferred. However, the 120 days is an estimate, and not guaranteed. The productivity-based incentive will be calculated using the methodology described in this document for those physicians who elect to receive biannual payments, in which case one-half (50%) of the calculated incentive will be paid to the physician as a biannual incentive and one-half (50%) will be carried forward to the following 6 month period, where it either will be added to that period's incentive calculation, or will be used to offset any year-to-date negative incentive calculation through that period. For those physicians who elect an annual payment, and meet the minimum criteria for a distribution, no hold-back will be applied.

2. After the end of each fiscal year (June 30th), the total annual productivity-based incentive will be calculated. The productivity-based incentive, less any advance biannual payments which have been paid during the fiscal year, and any withholds as described in this section or other relevant sections in this document will be paid to the physician no later than 120 days following the end of the fiscal year or after approved by the Senior Associate Dean of Clinical Affairs at the University of Florida. In like manner, if the

earned productivity-based incentive for the entire fiscal year is less than the total biannual productivity- based incentive payments which have been made during the year, the physician will be required to repay, to the corporation, the excess amount, even if the physician is no longer employed at University of Florida or at CHFM. Re-payment must be received within 60 days of notification of the repayment requirement.

3. If the overall annual evaluation of the physician is "Below Performance Standards," the physician will forfeit **50%** (in addition to any withholds described in other section of this plan) of any incentive payable during that fiscal year, based on performance during same fiscal year. If the incentive has already been paid before the evaluation is complete, the physician will be responsible for repaying this amount, within 60 days of the notification of the required refund, even if no longer employed at CHFM and/or the University of Florida.

4. All earned incentives and bonuses are calculated through the end of the fiscal year (June 30) of the respective year. No earned incentive or bonus will be carried forward into the following fiscal year. Any unallocated profit-sharing or shared-savings distribution will be returned to the department.

5. UF TEAMS APPs are eligible for receiving the profit sharing or the shared savings incentives.

D. General Operating Fund Negative to Budget.
In the event the General Operating Fund (GOF) of the corporation is negative to budget at the end of any given six-month period during a defined fiscal year (excluding the last quarter), 10% of any incentive payment for that quarter (in addition to the 50% withhold described in this document may be withheld. This 10% withhold, and any subsequent withhold under this section, may be withheld until the GOF's performance-to-approved operating budget is positive, or until the end of the fiscal year. This 10%, and any additional productivity-based incentive funds withheld, will be distributed in accordance with what is described in this document, unless a financial exigency is declared as described in this document.

E. The productivity-based incentive will be calculated monthly, and reported to each physician.

V. Managed Care Bonus Pool:

A. Bonus Distribution:

1. The physician may receive productivity credits for all contract revenue, HMO profit sharing and/or bonus pool distributions credited to the medical practice due to their efforts. In practices with more than one physician, managed care profit-sharing and bonus pool distributions may be pro-rated to each physician according to the percentage of gross charges generated by the physician for the patient population on which the bonus pool distribution was based. There may be another methodology utilized for distribution as determined by the Associate Dean of Managed Care.

Example:
Medical practice receives a $10,000 bonus pool distribution from insurance plan "Blue." Physician "A" generated 60% of the charges billed for plan "Blue" patients enrolled in his/her practice. Physician "A" receives productivity-based incentive credit for 60% of the bonus pool distribution ($6,000). Physician "B" generated 40% of the "Blue" plan charges, thus receives $4,000 productivity-based incentive credit for the "Blue" plan bonus pool distribution.

2. For physicians that bill for APP services, and receive Managed Care Bonuses for the work done by the APPs, the amount of the bonus for the work of the respective APP will be debited from the physician's Managed Care Bonus. When such data is not available, the Chair of CHFM, in consultation with the Associate Dean of Managed Care, will have discretion as to how to allocate the Managed Care bonus.

B. Eligibility:

To be eligible for a managed care distribution bonus the physician must, at a minimum, meet the wRVU benchmark for that fiscal year, as defined in this document. WRVUs assigned to the physician can be used to meet this requirement.

C. Managed care bonus distribution "At Risk":

At the end of the fiscal year, up to 50% of any unbudgeted managed care bonus distribution (converted to wRVUs) will be at risk for any negative variance to practice budget. When this occurs, up to 50% of any portion, in dollars, of an unbudgeted managed care bonus distribution credited to an individual physician for the purpose of calculating his/her productivity-based incentive, will be subtracted from the total managed care bonus distribution as an offset to any residual negative variance to practice budget after applying withholds.Only those dollars remaining in the managed care bonus distribution pool after this offset, will be credited toward the physician(s) productivity-based incentive.

VII. Practice Performance-to-Budgeted Bottom line (PPBBL) Incentive (previously Profit Sharing/Shared Savings). Only applicable to UFJPI clinics, not TCC Group clinics

A. Profit-Sharing Incentive

UF CHFM clinics with a budgeted ***positive*** bottom line (i.e. no UFJPI contribution), which finish the fiscal year with a positive variance to budgeted bottom line, will be able to participate in a Profit-Sharing allocation that is 75% of the positive variance, with a cap on total distribution of $120,000, or $10,000 per FTE of physicians and APPs, whichever is greater. From this allocation, ~5% will be withdrawn for the clinic administrators' incentive pool. Profit is defined as: excess (deficit) operating revenue over expenses before incentives. The remaining 25% of the positive variance will stay within the practice plan.

B. Shared Savings Incentive:

UF CHFM clinics with a budgeted ***negative*** bottom line (i.e. with a UFJPI contribution), which finish the fiscal year with a positive variance to budget, will be eligible for a Shared-Savings Bonus equal to 25% of clinic's profits, with a cap on total distribution of $60,000, or $10,000 per FTE of physicians and APPs, whichever is greater. Profit is defined as: excess (deficit) operating revenue over expenses before incentives. Profit would imply a positive variance to budgeted bottom line which results in less contribution by UFJPI than was in the approved budget. The remaining 75% of the positive variance will stay within the practice plan.

C. Criteria/Details of Practice Performance to Budgeted Bottom Line (PPBBL) Incentive:

1. In order to qualify for this incentive, the physician must not have missed any deadlines during the fiscal year to complete mandatory training activities, such as 'Hospitality,' HIPAA, Blood Borne Pathogens, Sexual Harassment etc. In such cases, the PPBBL incentive amount will not be distributed.

2. If organizational policies of patient encounter and inbox tasks completion within 48 hours of the patient visit (Rx auth, Results) are not met, the physician/APP will not receive the PPBBL incentive. A maximum of ten episodes of having more than 10 incomplete tasks and/or encounters per fiscal year will be allowed before incentive is withheld. The physician will not be held responsible for incomplete encounters due to delay in those being sent to them by the APP.

3. Actual distribution of PPBBL funds among the practice personnel (physicians, providers and staff) will be initially determined by the practice medical director. The expectation is that the medical director will remunerate and share the funds in a manner that compensates all those who contributed to the achievement of a positive bottom line. Final distribution amounts will be determined and approved by the Chair, with input from UFJPI Finance Department, especially in regards to allocation to staff. Distribution of any PPBBL incentives among practice personnel is to be allocated to two distinct pools of funds: Clinicians, including the medical director, 50%; the remaining 50% is to be distributed to the office staff. Allocation of the clinicians' pool will be determined proportionate to their individual contribution towards the total wRVUs (utilizing data from personal direct patient care only, not managed care incentive credit or APP supervision credit), for the clinic during the respective fiscal year. For any unallocated funds, distribution will be at the discretion of the Chair.

4. Distribution to the clinic administrator and the central CHFM administrative staff will be distributed from a maximum of 5% of the clinicians' PPBBL pool, and is at the discretion of the department director, in collaboration with the CHFM Chair. Criteria to be considered in distributing to the administrators will include but not be limited to performance on metrics such as proportional and total decrease in write-off charges, prompt action to decrease open encounters and unaddressed inbox messages of their respective clinicians, quality and accuracy of monthly clinic performance summaries, and efficient use of clinic space. The department director and the CHFM office administrative staff may also receive an incentive from this pool, at the discretion of the Chair. In accordance with the UFCOM-J compensation plan, the CHFM department must exceed its board-approved budgeted bottom line in order for the department director to be eligible for the PPBBL incentive.

5. the department director may only receive the PPBBL incentive if the CHFM department's bottom-line is positive to budget.

6. Actual amounts of distribution of funds must be in accordance with UF HR and UFJPI HR policies and within the limits applied to total compensation and maximum levels of incentives and bonuses as are established within this document and as may be mandated by the various bodies under which these individuals are employed.

7. The amount allocated will be prorated by the time an individual is employed at the respective clinic during the fiscal year.

8. The medical director may choose to allocate part of the PPBBL funds for a PSA account to be used by the clinic for staff training/luncheons/holiday parties etc. The amount allocated must be used within the current fiscal year or be forfeited to the Practice plan. The maximum amount that can be allocated to the PSA is $1000/FTE physician and APP. As an example, a clinic with a total of 4.5 physicians and providers may allocate a maximum of $4500 for their PSA account, if those funds are available.

9. Any funds from the PPBBL allocation which are not distributed will be retained in a PSA account within the Department of CHFM to be used to support activities and functions which benefit the Department and its personnel.

10. Prior to distribution of any PPBBL incentives, the distribution plan must be approved by the Department Chair, who may allow for changes based on unique circumstances. The Senior Associate Dean of Clinical Affairs and/or the Dean will also approve final allocation amounts prior to disbursement. If staff members receive any part of the distribution, the Director of UFJPI

Human Resources will also have to approve. This PPBBL incentive will be paid as a one-time payment not later than 5 months following the end of the fiscal year (June 30), or after approval from the Dean.

11. For FY2025 and beyond, clinics that reach a goal of 90% of their budgeted bottom line, and have experienced unusual and unexpected circumstances, may still be eligible for the PPBBL incentive after approval from the Senior Associate Dean of Clinical Affairs.

VIII. Quality of Care (QOC) Incentive

A. Objective: To recognize and encourage clinical excellence in comprehensive primary care services to the patient population being served.

B. Eligibility Criteria:

1. Physician or APP must not have a letter of resignation in the file, and must be employed within CHFM at the time of distribution of the incentive.
2. The physician or APP must be assigned to the medical practice ≥0.5 FTE for a minimum of six consecutive calendar months of the fiscal year.
3. The physician or APP must generate individual wRVUs equal or greater than the assigned wRVU benchmark (adjusted for assigned FTE).
4. Physician or APP must have 80% or higher rating on "Overall Care from your Provider category," from at least 15 recent patient satisfaction surveys. An appropriate, relatively equivalent substitution may be made if measurement agencies change.
5. The physician must not have missed any deadlines during the fiscal year to complete mandatory training activities, such as 'Hospitality,' HIPAA, Blood Borne Pathogens, Sexual Harassment etc. In such cases, the quality of care incentive will not be distributed.
6. If organizational policies of patient encounter and inbox tasks completion within 48 hours of patient visit are not met, the physician/APP will not receive the quality of care incentive. A maximum of ten episodes of having more than 10 incomplete tasks and/or encounters per fiscal year will be allowed before incentive is withheld.

C. Incentive Payment:

1. Annual payment of the QOC incentive may be withheld if CHFM has a negative variance to the budgeted bottom line. Final decision for distribution will be made by the Senior Associate Dean of Clinical Affairs with recommendations from the Chair of CHFM.

2. Payment of the QOC incentive is based solely on achieving a cumulative score that meets or exceed the threshold. The maximum QOC incentive in any fiscal year is up to a maximum of $3,000 per eligible physician or APP. No partial credit is given for lower scores. Physicians who qualify for this incentive will receive a one-time payment annually as determined by the Senior Associate Dean of Clinical Affairs. Physicians assigned less than 1.0 FTE and/or less than one calendar year will be prorated as follows:
   a. The physician's assigned FTE (0.5 – 1.0).
   b. The number of consecutive calendar months assigned to the practice (6 – 12).
   1.0 FTE x 12 mo. = 1.00 FTE = $3,000
   0.5 FTE x 12 mo. = 0.50 FTE = $1,500
   1.0 FTE x 6-11 mo. = 0.50 FTE = $1,500

0.5 FTE x 6-11 mo. = 0.25 FTE = $750
<0.5 FTE and/or <6 consecutive calendar months = $0

D. Criteria for Determining Point Score for Earning Quality-of-Care incentive:

1. On the MIPS Dashboard in EPIC, Year to Date (YTD) values will be evaluated.

2. To qualify, the physician or APP must meet or exceed the median value for CHFM (i.e. value is highlighted green, or is yellow, but above the median for that category) in all of the following:
    a. CMS 122 (Diabetes HgA1C Control)
    b. CMS 124 (Cervical Cancer Screening)
    c. CMS 125 (Breast Cancer Screening)
    d. CMS 130 (Colorectal cancer screening)
    e. CMS 138 (Tobacco Screening/Cessation counseling)

3. These specific quality criteria are subject to change with adequate notification.

E. Method for Determining Each Physician's Cumulative Quality-of-Care Score:

1. Quality of Care Incentive audit:

A random audit of 20 medical records of applicable patients (with at least 2 clinical encounters in the measuring period and appropriate age for intervention) seen during the preceding fiscal year will be performed for each physician and APP who meets eligibility criteria. This audit will be performed by the UFJPI/UFJHI audit department during the first quarter of the new fiscal year. Medical records, selected at random, shall include records of patients seen by the physician or APP during the previous fiscal year, up to and including, the end of the fiscal year (June 30). Score for this portion of the cumulative QOC incentive score will be determined by successful compliance with quality of care criteria outlined in Section D, which will be revised periodically to comply with changes in health maintenance recommendations of national or other valid organizations. Physicians will be advised when quality of care indicators have changed. Each physician will receive a full report of the audit findings relative to his/her medical records.

2. Patient Satisfaction Component:

The patient satisfaction component of the QOC incentive score will be calculated based on results of ongoing electronically collected patient satisfaction surveys. The results of the survey(s) will be used to determine the individual physician's score for inclusion in the QOC incentive score. The survey instrument that will be used will be from Press Ganey.

IX. Budget Development:

A. Budget Preparation:

1. The annual operating budget for each CHFM medical clinic will be developed by the Senior Associate Dean of Clinical Affairs in consultation with the CHFM Department Chair, the Department Director and the UFJPI Finance and Collections Departments. A combination of historical and national benchmark data will be used to project gross charges, net operating revenue, and operating expenses for each practice. Precise budget development methodology is subject to change from year to year. However, the

methodology used in any given year will be the same for all CHFM medical practices operating under the CHFM Compensation Plan.

2. Productivity standards for all satellite physicians are subject to change from year to year based on the fiscal needs of the entire physicians' practice plan. Productivity standards used for purposes of budget development will affect the operating budget's excess/deficit for each CHFM medical practice. However, these standards will not affect parameters used for calculation of physician's incentives, as described in this document.

3. For CHFM clinics that finish a fiscal year with a Profit-Sharing or Shared–Savings allocation, the bottom line budget for the following fiscal year may be set at 100% of the current year-end budgeted, bottom line, plus 25% of the positive variance to budgeted bottom line, from the previous year. An alternative calculation method may also be utilized.

Example 1: Clinic A is budgeted for a bottom line of $100,000 and finishes the fiscal year with an actual bottom line of $200,000, resulting in a positive variance to budget of $100,000. For the following fiscal year, clinic A is budgeted to achieve a bottom line of $125,000 (previous year's bottom line target of $100,000 + $25,000 (25% of positive variance).

Example 2: Clinic B is budgeted for a bottom line of ($100,000) and finishes the fiscal year with an actual bottom line of ($75,000), resulting in a positive variance to budget of $25,000. For the following fiscal year, Clinic B is budgeted to achieve a bottom line of ($93,750) (previous year's bottom line target of ($100,000) + $6,250 (25% of positive variance).

5. Final approval of medical practice operating budgets is by the UFJPI board.

B. <u>Changes in Approved Operating Budget</u>:

1. Once a new budget year has begun and operating budgets have been approved by the UFJPI board, changes to operating budgets will not normally be subject to revision. Exceptions to this policy may be granted by the Dean and/or UFJPI President/CEO for unique and unusual circumstances. Unique and unusual circumstances would be such things as: loss of a provider due to death or serious illness, executive management decisions made within the budget year which have an adverse impact on the financial performance of the department's medical practices (e.g. changes in primary care reimbursement for full-risk managed care programs, changes in management systems which result in increased practice operating expenses, unbudgeted corporate adjustments to employee salaries and benefits, closing of certain clinics, etc.) Budget adjustments will not normally be considered for external influences that are outside the control of the practice plan, such as: loss of a managed care contract, changes in primary care reimbursement by third party payors, voluntary loss of a provider, etc. Medical directors who believe their budget meets criteria for adjustment during the fiscal year, will be given an opportunity to present their requested changes to the Department Chair, for submission to the UFJPI President/CEO for consideration.

2. No changes to operating budget, as a result of unique and unusual circumstances, will be considered after the end of the second quarter of the fiscal year.

X. Productivity Minimum:

Global Policy: All "established" UFCOM/Jacksonville physicians assigned to a medical practice in the department of CHFM, who are incentivized under the UFCOM/J, Department of CHFM Compensation Plan, will be required to achieve a minimum level of clinical productivity. CPSC data will be used to set a minimum, required level of clinical productivity for physician wRVUs for their respective specialty in CHFM.[2] Actual physician wRVU will be prorated based on assigned FTE. For FY25 and beyond, this level is:

Minimum productivity level: **5,790** wRVUs/fiscal year (CPSC 60%ile)

Failure to meet this required minimum may result in disciplinary action, including but not limited to reduction in guaranteed base salary, reduction of FTE, placement in more than one clinic, and possible termination for this reason alone.

For purposes of defining and enforcing this policy the following definitions will apply:

A. "Established Physician"- A physician will be considered "established" upon the completion of 18 consecutive months of full-time) employment in the University of Florida College of Medicine-Jacksonville Department of CHFM.

B. "Clinical Productivity"- Generation of physician wRVUs from patient care services and contract revenue. For purposes of this section, wRVUs from APP services are not included.

D. "Evaluation Period"- The period of time over which the physician's cumulative wRVU generation must meet the CPSC benchmark of 5,790 wRVUs. This will be an entire 12-month fiscal year (July through June) for all physicians (example 1), except for those who complete 18 months of employment prior to January 1 of the respective fiscal year.

E. "Initial Evaluation Period" – An abbreviated evaluation period of six months for physicians who complete 18 months of consecutive employment prior to January 1. In this instance, the initial evaluation period will be the last 6 months (January through June) of the fiscal year in which they complete 18 consecutive months of employment. These physicians will begin their next evaluation period on July 1 of that calendar year. This, and all subsequent evaluation periods will be for an entire 12-month fiscal year. (Example 2)

Example:

#1. Physician begins employment August 1, 2005 and completes 18 months employment January 31, 2007.

Physician must generate cumulative physician wRVUs equal to or greater than the CPSC wRVUs for family medicine (without OB) for the 12-month evaluation period July 1, 2007- June 30, 2008 and for each subsequent 12-month evaluation period (July 1- June 30).

#2. Physician begins employment February 1, 2006 and completes 18 months employment August 1, 2007.

Physician must generate cumulative professional wRVU equal to or greater than the CPSC wRVUs for the 6-month period January 1- June 30, 2008 (initial evaluation period) and for each subsequent 12 month evaluation period (July 1 - June 30).

[2] Internal medicine will use family medicine standards.

G. Enforcement of Policy

Pursuant to UF Rule 6C1-7.048, failure to meet this performance standard will constitute neglect of duties and responsibilities that impairs normal and expected service to the University and which shall be deemed just cause for termination, suspension and/or other disciplinary action including base salary reduction.

XI. Corporate Fiduciary Viability:

A. Financial Exigency:

1. Physician Incentives "At Risk" for Negative Financial Performance by the Group Practice (Physician Practice Plan):

a. Productivity-Based Incentive: Significant negative performance to budget of the general operating fund may result in declaration of a financial exigency by the Dean. In order to ensure funds are available at the end of each the fiscal year to partially offset said negative performance, ten percent (10%) of each physician's quarterly distribution of his/her productivity-based incentive, plus any other withholds defined in other sections of this plan, will be withheld. In the event the Dean declares a financial exigency, this additional 10% withhold is forfeit.

b. Ambulatory-Encounter Incentive: In the event the Dean declares a financial exigency, defined in section X.B., each physician's ambulatory-encounter incentive will be forfeit.

B. Definition:

1. In any given fiscal year, the Dean of the Regional Campus, Jacksonville is authorized to declare a financial exigency, with the approval of the UF Senior Vice President of Health Affairs. A financial exigency may include anything that jeopardizes the financial viability or solvency of the operations of the UFCOM/J, or any division or department of UFCOM/J.

2. A financial exigency is defined as:
A consistent pattern of negative variance from budget, of actual performance of the General Operating Fund (GOF) over a period of three consecutive months within a single fiscal year. This pattern shall be sufficient to initiate the process for declaring financial exigency and implementing appropriate responsible action.

C. Limited Corporate Funds:

If no financial exigency is declared, corporate financial performance following final audit must be sufficiently positive to pay CHFM physicians the 10% withhold described in this document, without resulting in a negative variance to the corporation's general operating fund. At no time will payment of this 10% withhold be allowed to move the corporation from a positive to a negative variance. In the event payment of any portion of this 10% withhold, up to 100%, will result in a negative variance, that amount of the withhold necessary to prevent a negative variance to budget, will be forfeit.

Example:

If a total of $50,000 is withheld from all CHFM physicians' productivity-based and ambulatory-encounter based incentives, then the end of the year corporate GOF, following final audit, must be $50,000 or greater to pay all of the $50,000 withhold.

If the corporate GOF is positive but less than $50,000, each physician will receive a prorated share based on total GOF available for distribution. (GOF final balance is $30,000. Each physician receives 60% [$30K / $50K] of their withhold amount.

D. Additional Withhold:

In the event a financial exigency, as defined in this document, is declared, the Dean, UFCOM/J may elect to withhold 100% of all YTD unpaid incentive funds (productivity-based and/or ambulatory-encounter based) until after the final audit. This withhold is to help ensure sufficient operating funds are available to the corporation for the remainder of the fiscal year. Following the final corporate audit for a given fiscal year, all incentive funds payable, will be distributed in accordance with what is described in the relevant sections in this document.

Attestation statement:
I hereby acknowledge and attest that I have read and understand the FY2025 and beyond CHFM Faculty Compensation Plan.

_____

Printed Name Signature