

2016 MSP

Salary Survey Special Report

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At a Glance

As healthcare reform drives consolidation, integration, and value-based reimbursement, the modern MSP's influence spans more functions, facilities, and settings than ever before.

To meet the demands of an industry on the move, MSPs must be fierce advocates not only for the patients they protect and the practitioners they support, but also for the profession they've chosen. The *2016 MSP Salary Survey Special Report* features unmatched insight into a wide spectrum of field experiences that MSPs can leverage to further their career goals, showcase their department's dynamism, and improve their profession's recognition.

Nearly 1,000 responses to the *2016 MSP Salary Survey* paint the picture of a profession that's at once niche and expansive: Almost one-third of this year's respondents work in a facility that employs one or fewer full-time MSPs, yet survey takers span the care continuum. Geographically, the 2016 survey drew respondents from every U.S. state, plus several overseas locales (e.g., Lebanon and Egypt).

Although MSPs' workforces trend lean, their roles are growing in scope and significance. Long-standing functions like credentialing, privileging, and data management remain among the most time-intensive for this year's respondents, but a brand-new survey question reveals that nearly one-third are part of a department that performs both medical staff services and provider enrollment. MSPs' work environments are likewise evolving. In another new survey focus, nearly one-third of respondents reported that their employer permits telecommuting.

The freedom to clock hours off-site isn't the only showing of employer support. Despite widespread efforts to reduce health-care spending, almost half of this year's respondents work for organizations that offer tuition reimbursement, and nearly three in four can request funding for conference attendance.

Compensation on the whole is strong, if somewhat static. For the second year in a row, the largest percentage of survey takers make between \$70,001 and \$100,000. Beyond substantial base salaries, almost three in four of this year's respondents have seen a raise in the past year.

While college educations and certification remain popular among 2016 respondents, certain degrees and credentials have lost ground. Almost half of survey takers possess certification from the National Association Medical Staff Services, but the percentage of those with a Certified Professional Medical Services Management credential is at a four-year low. Higher education rates have seen similar oscillation. Compared to previous years, more *2016 Salary Survey* respondents hold bachelor's degrees, but slightly fewer hold master's degrees.

Another predictor of career advancement, longevity has also seen some subtle fluctuation. Although nearly half of this year's respondents have been in the medical staff services field for more than 15 years, this turnout of industry veterans is the lowest in three years. In contrast, there's a noticeable uptick in newcomers, who are likelier than their more seasoned counterparts to hold a four-year college degree. Given the profession's growing rigor, MSPs hoping to stay competitive must sharpen and diversify their skill sets through ongoing professional development activities, according to *Special Report* contributors.

The *2016 MSP Salary Survey Special Report* reflects a profession that's in high demand and well on the way to reforming reductive viewpoints that once undermined career growth. To maintain this trajectory, MSPs must relentlessly energize their peers across the profession and demonstrate their value to outside stakeholders. This report provides statistics and strategies to advance these endeavors. \$

“I have deeply valued the training and expertise of our MSPs. High-quality MSPs doing their job well translates to quality care for our patients and lower malpractice risk for the organization.”

—Kathleen Kelly, MD, ABIHM, FACP

How to Use This Report

The *2016 MSP Salary Survey Special Report* contains three major sections, 10 special features, upwards of 50 statistical visualizations, and thousands of words devoted to expert-driven analysis and guidance. By publishing all this information, the Credentialing Resource Center team hopes to empower MSPs across career stages, the compensation spectrum, and the care continuum with insights and inspiration to advance their career goals. The following are tips for leveraging key findings in the field.

Jump around

Unless you're the one MSP with time to spare, a front-to-back read-through of the *Special Report* is probably not the best course of action. With your hectic schedule in mind, we've designed this resource for skimming and skipping around. Contents are shaped into a number of sections, figures, and features that reflect the experiences of MSPs across a diverse and evolving profession and quickly connect readers with the focus areas that matter most to their career.

Wondering whether a higher degree may put you on track for a raise or a move to a new setting? Turn to p. 56 for a look at professional trends among respondents with similar educational backgrounds. Are you the sole MSP on staff? Flip to p. 40 for an overview of work scopes, challenges, and opportunities among the 29.2% of respondents who go it alone. Eager to advance the compensation conversation with salary setters in your facility? Turn to p. 8 for pointers on establishing fair pay grades.

To locate the report findings most relevant to your career, consult the table of contents, which provides an outline of all major sections, special features, and figures. And throughout the report, look for text prefaced with an arrow (▶) symbol, which points to additional information on key subjects.

See how you stack up

Use the report's special features to gauge whether your experiences are on par with similarly situated peers and what it may take to kick your career into high gear:

- **In-depth profiles** close each section, providing a window into the ranks of this year's highest- and lowest-paid respondents, MSPs in one-person departments, and those with professional certification.
- **"Practical applications"** features provide prescriptive guidance on advancing common career goals.
- **"Perspectives"** sidebars highlight industry voices and explore indicators of a changing profession. While aggregate statistics show the sweep of key industry trends, direct quotes from survey takers provide deeper insight into how and why MSPs and their employers are embracing—or bucking—emerging focuses, including telecommuting and provider enrollment.

Identify, refocus, or advance professional goals

Study the *Special Report's* dozens of statistical breakdowns—including multiple takes on salary, education, certification, and tenure—to discern viable avenues for career advancement. Plus, harness the wealth of expert strategy to improve department workflows, invigorate professional development pursuits, engage colleagues across disciplines, and advance broader advocacy efforts. Covered action items include standardizing roles and responsibilities, capturing MSP performance metrics, and building career ladders.

Make the case for additional resources or compensation

The tremendous evolution of the medical staff services profession over the past four decades, coupled with a historic paucity of occupational data, can complicate the creation of appropriate pay grades for MSPs.

Leverage *Special Report* findings, analysis, and strategies in petitions for higher pay, better benefits, or additional department resources. Use the variety of salary breakdowns and incisive expert analysis to conduct meaningful research on relevant payment trends and to educate key stakeholders (e.g., executive and HR leadership) on compensation standards for MSPs.

"The people who responded to the survey should take a close look at the survey and talk to their managers and leadership in the organization about why their jobs are so important and ask for fair compensation," says **Kathleen Kelly, MD, ABIHM, FACP**, chief clinical integration officer at SwedishAmerican, a division of UW Health in Rockford, Illinois.

'Keep fighting the good fight'

Over the years, medical staff services has evolved from a clerical field into a multifaceted career path, but this rapid growth doesn't preempt the occasional flare-up of an outdated attitude. One key to improving public understanding and gaining deserved recognition? Ongoing advocacy.

"I would encourage MSPs to keep advocating for themselves in terms of salary, in terms of job description, in terms of job title," says **Barbara Warstler, MBA, CPMSM**, director of medical staff services and credentialing at University Hospitals in Cleveland.

The *Special Report*, which distills the perspectives of MSPs from all walks, can lend credence to professional advocacy on any scale. Cite a survey finding or two in on-the-fly collegial exchanges, integrate a larger sampling into formal appeals for funding, or draw on the trials and triumphs of respondents in coordinated efforts to foster professionwide progress.

"It's an uphill battle, and in the organizations that I've been in, luckily, leadership has been receptive, and they do see the value of services that we bring to the organization," says Warstler. "You have to keep fighting the good fight." \$

Methods

Although the *2016 MSP Salary Survey* closely resembles the 2015 version, feedback from two expert reviewers prompted several changes to the latest edition, including the following:

- Two brand-new focuses (telecommuting and provider enrollment)
- Revised scopes or verbiage in a handful of questions (e.g., one inquiry about department size was broadened to capture departmental increases, decreases, and stasis within the past year)
- The elimination of a redundant question on certification
- The addition of logic to streamline the survey-taking experience

The response period for the *2016 MSP Salary Survey* ran from March 21, 2016 through May 2, 2016. During that time, 997 MSPs submitted partial or complete surveys. The Credentialing Resource Center (CRC) connected with prospective survey takers by sending emails to professionals in the medical staff and credentialing fields, promoting the survey on the CRC website and affiliated social channels, and running ads in CRC's collection of free and paid newsletters.

The fine print

The *2016 MSP Salary Survey* reflects the perspectives of nearly 1,000 respondents—the highest turnout in recent history. Despite this wealth of input from in-the-trenches MSPs, the *Special Report* is by no means the definitive authority on the medical staff services profession.

Statistics, findings, and analyses in this report are intended to provide snapshots of experiences across a diverse and evolving industry, rather than conclusive insight into the state of play for all MSPs in a certain sector or circumstance.

When studying the report, keep in mind that all data are self-reported, meaning survey findings are subject to respondents' interpretations of questions and perceptions of professional experiences. CRC has made no effort to substantiate salaries—or any other reported data—with employers.

The *Special Report* respondent pool does not necessarily reflect the national distribution of MSPs across settings, positions, pay grades, or any other highlighted circumstances. CRC has not conducted statistical analysis to generalize survey findings to any larger population of MSPs, nor has the team accounted for data missing from partially completed surveys. Instead, with an eye toward transparency, CRC has indicated sample sizes for individual figures and findings wherever practical.

Several graphs depict statistical breakdowns for respondent groups of varying size in order to disseminate data that's meaningful to as many MSPs as possible, as efficiently as possible. Use caution when drawing comparisons between groups with drastically different sample sizes.

Given the limitations discussed previously, CRC recommends integrating this report's contents with other research to promote a holistic view of the profession.

Caveats aside, the *Special Report* can play a valuable role in advancing MSPs' career goals, propelling compensation-related conversations with key decision-makers, and improving general recognition of the profession. See the "How to Use This Report" section for tips on putting these insights to effective use. \$

Compensation

Salaries stay the course

The MSP compensatory climate is generally sunny, with most respondents seeing sustainable—and, in some cases, sizable—salaries. The vast majority of 2016 respondents (82.7%) earn more than \$40,000 annually (Figure 1.1). For the second year in a row, the largest percentage of survey takers make between \$70,000 and \$100,000, and exactly 11.1% earn more than \$100,000 (Figure 1.2). High-end salaries often accompany advanced college degrees, professional certification, supervisory titles, long tenure, and large workforces.

Raises, bonuses, and other benefits

Almost three in four respondents (72.1%) to the 2016 MSP Salary Survey saw a salary increase in the past year. For roughly a third of raise recipients, the amount was small (\$500 or less). A significant portion, however, saw more: 22.6% have received \$1,001–\$2,000, and 6.2% have earned upwards of \$5,000 (Figure 1.3).

In addition, bonuses are an increasingly common form of compensation for respondents: 25.9% of this year's survey takers work in an organization that provides bonuses for their role, compared to 25.8% in 2015 and 21.9% in 2014 (Figure 1.4). “That definitely reflects a change in payment style over my history of being an employee,” says **Carol Cairns, CPMSM, CPCS**, advisory consultant with The Greeley Company and president of PRO-CON, an Illinois-based medical staff services consulting group.

Beyond direct payment, organizations offer a range of benefits for their employees, as outlined in Figure 1.5.

- ▶ See the “Professional Development and Career Growth” section of this report for an in-depth look at trends in professional development–focused employment benefits.

Titles

The most common job titles among this year's survey takers are medical staff services coordinator (21.0% hold this title), credentialing coordinator/specialist (20.8%), director of medical staff services (14.8%), and manager of medical staff services (13.8%). Of respondents who serve in one of these capacities, directors are far and away the highest earners, with 44.9% bringing in more than \$100,000 annually, and 41.5% making between \$70,001 and \$100,000 (Figure 1.6).

“It seems reasonable that the highest-paid people have the title of director because there's a lot of inherent responsibility,” says **Barbara Warstler, MBA, CPMSM**, director of medical staff services and credentialing at University Hospitals in Cleveland.

Managers of medical staff services are the second highest earners, with 41.5% earning \$70,001–\$100,000. Significantly, however, only 5.2% of managers earn more than \$100,000.

Many times, lower standing and salary have more to do with professional credentials than with the scope or quality of an MSP's work, says **Maggie Palmer, MSA, CPMSM, CPCS**,

a medical staff consultant based in Dallas. Managers and directors often have equitable responsibilities, but those with advanced degrees and certification clinch the higher status and pay grade, says Palmer, who sees ongoing professional development as integral to career advancement.

Education

As in any profession, salaries for MSPs can vary widely depending on geography and industry niche (e.g., academic medical center vs. critical access hospital), and such dissonance can make it difficult to gauge whether an MSP is getting a fair shake.

“The person who has the education and certification, no matter where they're at, is going to get higher pay.”

—Maggie Palmer, MSA, CPMSM, CPCS

However, certain factors are near-universal drivers of career and compensatory advancement. “The person who has the education and certification, no matter where they're at, is going to get higher pay,” says Palmer.

Indeed, this year's survey respondents with four-year degrees tend to earn more than their counterparts with less schooling (Figure 1.7).

For respondents whose highest level of education is a high school diploma, some college, or an associate's degree, the most common salary range is \$50,001–\$60,000. In contrast, the median salary range for respondents with a bachelor's degree is \$70,001–\$100,000. Those with graduate-level degrees often fare even better in the salary arena: 36.9% of respondents with a master's degree earn more than \$100,000, and almost as many (31.0%) earn between \$70,001 and \$100,000.

Certification

Certification from the National Association Medical Staff Services (NAMSS) also seems to influence salary. NAMSS offers two certifications for MSPs: Certified Provider Credentialing Specialist (CPCS) and Certified Professional Medical Services Management (CPMSM).

Compared to respondents without any certification (NAMSS or otherwise), respondents with a CPCS and/or a CPMSM are almost twice as likely to earn salaries in one of the three highest brackets: 57.8% of NAMSS-certified respondents earn more than \$60,000, compared to 24.4% of those without any certification. In particular, the CPMSM credential, which requires a longer tenure and knowledge of broader subject matter, is tied to high earnings: 34.2% of CPMSM holders earn between \$70,001 and \$100,000, and 26.2% make more than \$100,000 (Figure 1.8).

Longevity

Beyond education and certification, many respondents are rewarded for their experience and endurance in the medical staff services field. The median salary range among this year's respondents increases in step with years in the profession, as Figure 1.9 illustrates. More than half of survey takers who have been in the field for at least two decades earn more than \$70,000, compared to 9.8% of respondents who have been in the field less than two years.



Show MSPs the money

Over the past four decades, medical staff services has evolved from a clerical field into a multifaceted career path. However, a paucity of occupational data and the occasional flare-up of an outdated attitude about the niche profession can pose challenges for the healthcare executives and HR professionals tasked with determining appropriate pay grades for MSPs.

Use the following salary-setting strategies, which come courtesy of **Merella Schandl, BS, CPMSM, CPCS**, an independent consultant and NAMSS instructor based in Columbia, Illinois, to educate key stakeholders on MSP payment structures and to advance personal compensation conversations.

Promote pay parity across interrelated departments

When establishing a pay scale for MSP positions, look to other departments with similar functions, such as health information management, quality, and risk management.

Collaborate with similarly situated facilities

Solicit wage data from HR departments in nearby facilities that are comparable in size, service scope, and organizational structure. To uphold confidentiality, request salary ranges, rather than specific rates, for a given role or employee. See Table A1 for examples of actual MSP wage data supplied by HR professionals in Schandl's professional network.

Mine major data sources

Conduct targeted searches (e.g., by region and job title) on websites that aggregate employer-reported compensation data, such as www.salary.com.

Table A1: MSP salary data from actual healthcare institutions

Facility characteristics	Titles	Salary ranges
Hospital in St. Louis, Missouri (867 credentialed practitioners)	Credentialing coordinator	\$15–\$24/hr
	CME coordinator	\$15–\$24/hr
	Manager, medical staff office (MSO)	\$25–\$40/hr
Health system in St. Louis, Missouri (700–1,200 credentialed practitioners)	Credentialing coordinator	\$17.44–\$25.55/hr
	Team leader (Oversees six MSOs)	\$32–\$45/hr
Hospital in St. Clair County, Illinois (300–700 credentialed practitioners)	Credentialing specialist	\$15–\$20/hr
	Credentialing coordinator/medical staff coordinator	\$20–\$24/hr
	Manager, MSO	\$25–\$35/hr
	Director, MSO	\$35–\$45/hr

Source: Merella Schandl, BS, CPMSM, CPCS.

Compensation cont.

Longevity can sometimes trump other advancement criteria. Survey respondents who've racked up more than two decades in medical staff services are likelier than those with shorter tenures to earn high salaries without securing a college degree: 35.6% of respondents who have more than 20 years of experience and make more than \$70,000 reported some college or a high school diploma as their highest level of education, compared to 27.9% of respondents with the same salary standing who have been in the field for less time.

In explaining this disparity, Palmer draws the comparison to seasoned physicians who have lapsed in maintaining their board certification.

"If we have a physician who's not board-certified, but he's been doing these surgeries for 25 years and he's well-known ... you're still going to let him on staff," she says. Similarly, in the medical staff services field, leadership may decide to promote MSPs who entered the field when higher education was less accessible and certification was a fledgling initiative.

Palmer cautions that greener MSPs likely won't have the same opportunity for climbing career ladders and pay grades without securing a college degree and certification, which are considered testaments to commitment and expertise in an increasingly complex and expansive field.

Workforce

Respondents who are part of larger workforces often enjoy higher pay grades. This is predictable, given that larger medical staff services departments (MSSD) typically boast bigger budgets for education and resources, increased recognition from those outside the profession, and longer career ladders. 75.0% of respondents based in an organization with 21 or more full-time equivalent (FTE) MSPs earn upwards of \$70,000 (Figure 1.10). More than half of respondents in facilities with 11–20 MSPs earn that much, as do 68.2% in facilities with 9–10 MSPs.

There's a significant drop-off in salary for employees in departments with one or fewer full-time MSPs. Just over one-fifth of respondents in departments with a single FTE MSP earn \$50,001–\$60,000; one-third of respondents with less than one full-time MSPs earn \$30,001–\$35,000.

Geography

Each region of the country had a median salary range of either \$50,001–\$60,000 or \$70,001–\$100,000 (Figure 1.11). Unsurprisingly, respondents in urban and suburban environments tend to make more money than their counterparts in rural areas (Figure 1.12).

Although state-specific survey data isn't robust enough to support an in-depth analysis, Table 1.1 presents a comprehensive rundown of reported salary ranges by respondent state. Considering local salary patterns is essential when establishing pay grades for MSPs, says Palmer.

- For tips on awarding appropriate compensation, see the "Show MSPs the money" sidebar on this page.

Room for improvement

Despite the steady compensation course charted over the last three iterations of the *MSP Salary Survey*, nearly one in five respondents to the 2016 edition earn \$40,000 or less—a fact that Warstler finds troubling. "My gut reaction when I looked at that was to say, 'Wow, we've got some real opportunities in our industry.' There seems to be a lot of organizations out there that feel like what an MSP does is secretarial work."

“We’ve got some real opportunities in our industry. There seems to be a lot of organizations out there that feel like what an MSP does is secretarial work.”

—Barbara Warstler, MBA, CPMSM

Beyond the consequences for individual MSPs, the persistence of low salaries can pose systemic issues for employers, says **Kathleen Kelly, MD, ABIHM, FACP**, chief clinical integration officer at SwedishAmerican, a division of UW Health in Rockford, Illinois. She cites the potential to lose high-performing talent to organizations offering recognition and payment that's more in line with an MSP's expertise and essential contributions to quality care, patient safety, and risk management.

"Part of growth is being recognized in salaries, and if you don't get that, you seek other opportunities and you leave the department," says Kelly. "That could be a problem in retaining really good people who are willing to become certified in the profession."

On the flip side, an investment in first-class MSPs is an investment in the overall caliber and compliance of the practitioner vetting process, says Kelly.

Compensation *cont.*

“Higher-quality MSPs ensure that you develop strong medical staffs that serve the patients and the system well,” she explains. “When credentialing is done with more than a checklist, where the people involved have the bigger picture and they understand, I think that you can find problems before the health system takes them on.” She cites several instances in which SwedishAmerican’s MSSD uncovered issues in privilege applications that other facilities in town had overlooked.

Kelly acknowledges that even within her own system, there’s room for improvement. More dedicated research on the profession, such as the findings in this report, can help raise awareness and establish a foundation for fair compensation.

“We need to make some of this information available to HR to help us with giving more fair compensation for the work that’s being done,” says Kelly. She also recommends sharing the results with other stakeholders who help set salaries, develop benefits packages, and allocate resources for the MSSD. Cultivating an engaged board of directors can help.

“We have to keep in mind that we are credentialing providers for patients, and we are ensuring for the group of patients that we serve that we have fully vetted our medical staff membership,” Kelly says. “Our board of directors has valued this tremendously, and they understand that.” **S**

Figure 1.1: What is your current salary range (per year)?

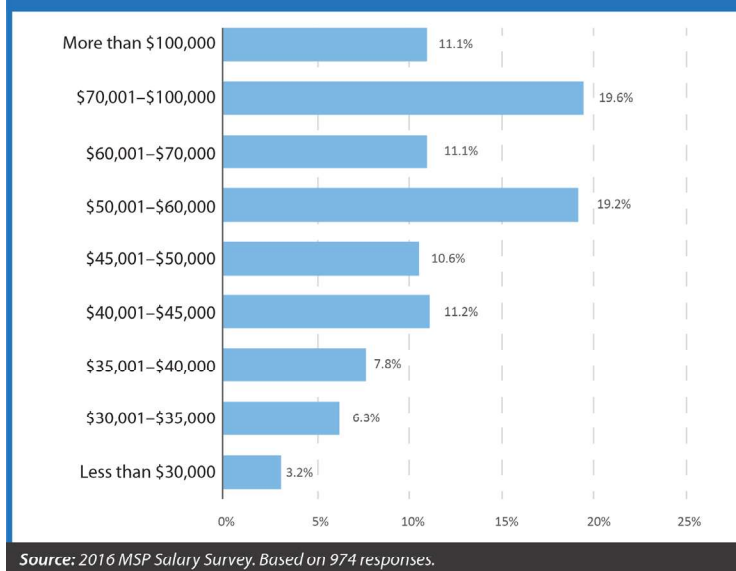
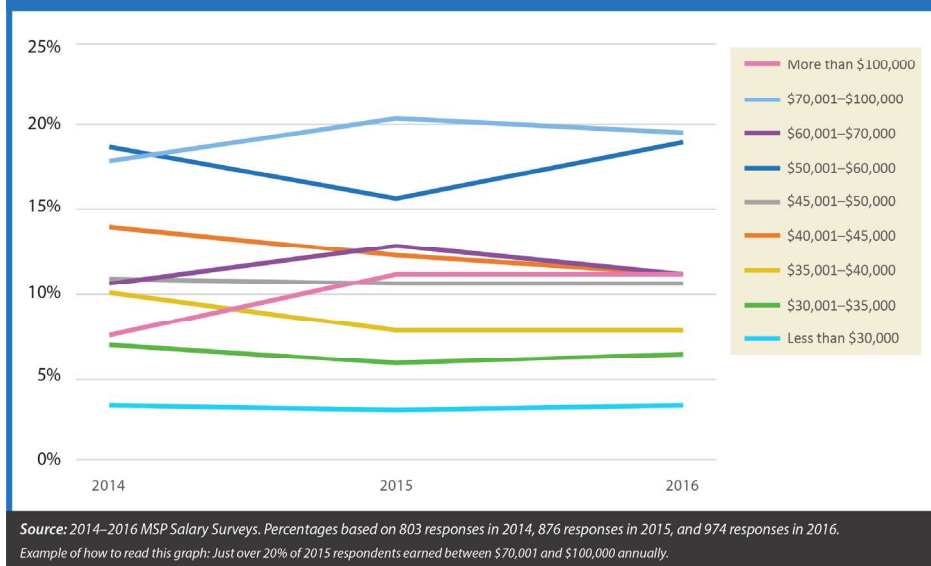


Figure 1.2: What is your current salary range? (2014–2016)



Compensation *cont.*

Figure 1.3: If you've received a raise in the past year, approximately how much was it?

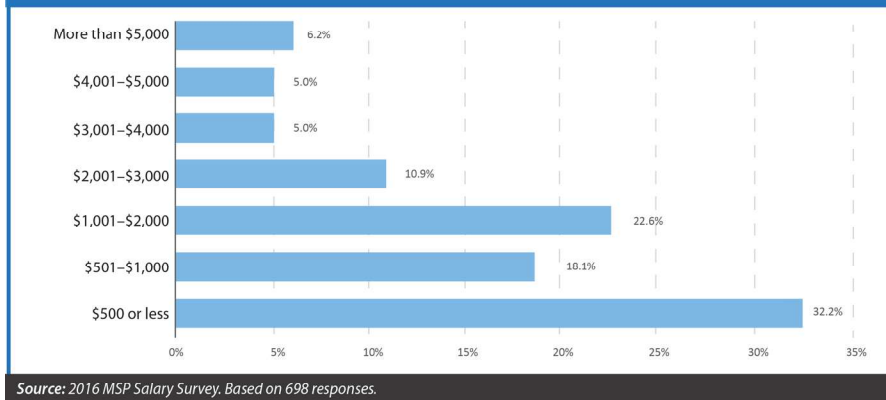


Figure 1.4: Respondents who work in an organization that provides bonuses for their role (2014–2016)

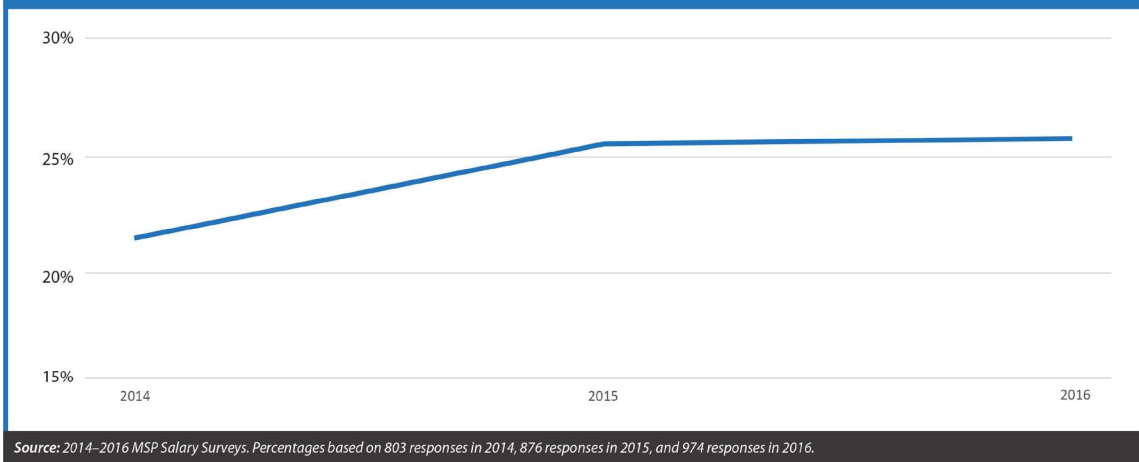
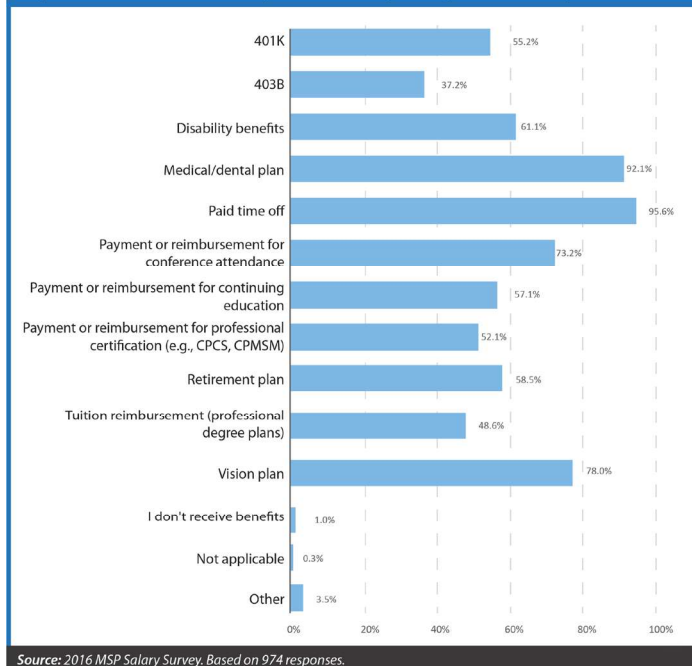
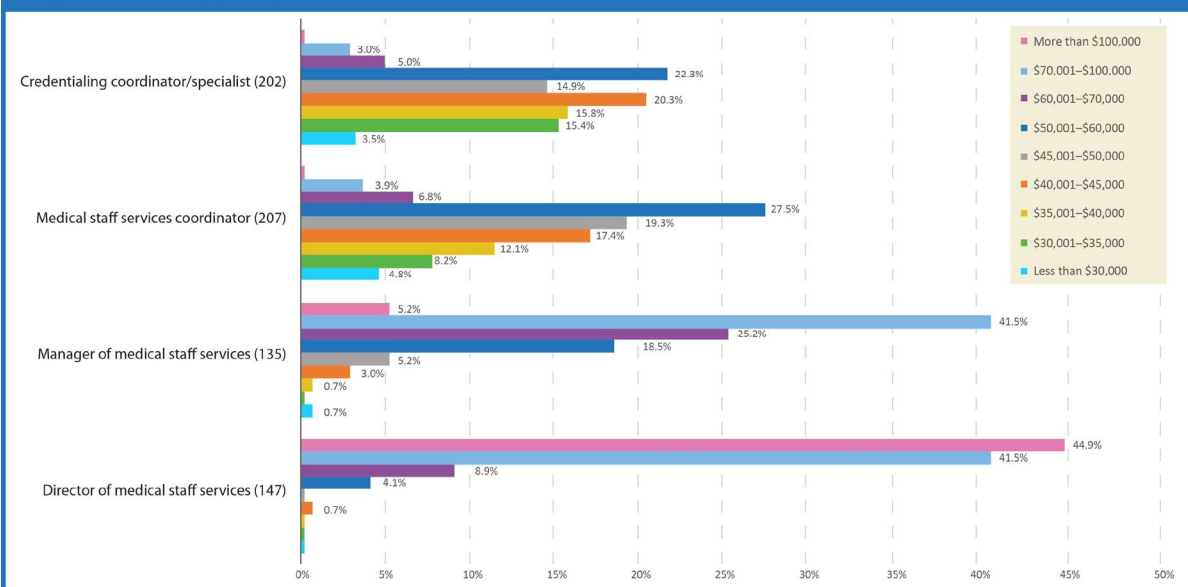


Figure 1.5: What benefits do you receive as part of your total compensation?



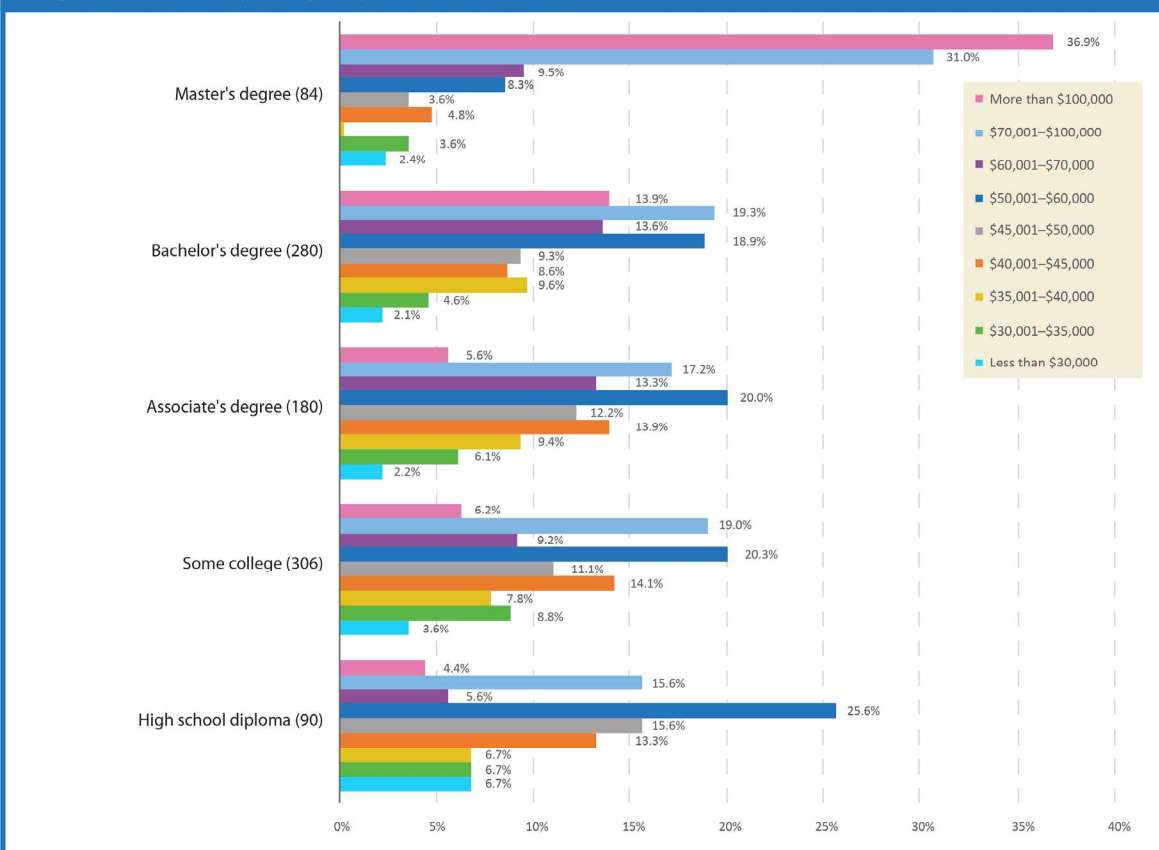
Compensation cont.

Figure 1.6: Salary range by title



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category.
 Example of how to read this graph: 3.5% of respondents who serve as credentiaing coordinator/specialists earn less than \$30,000 annually.

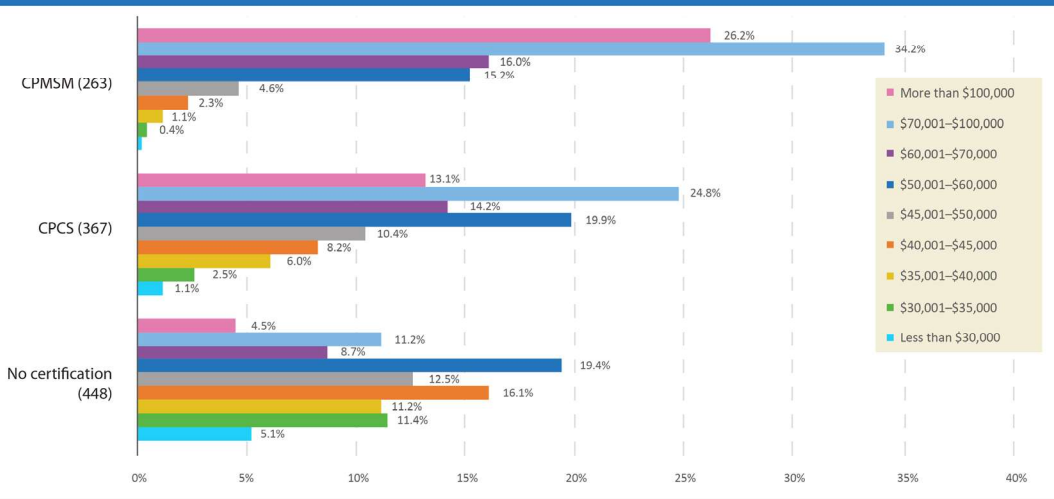
Figure 1.7: Salary range by education level



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category.
 Example of how to read this graph: 36.9% of respondents with a master's degree earn more than \$100,000 annually.

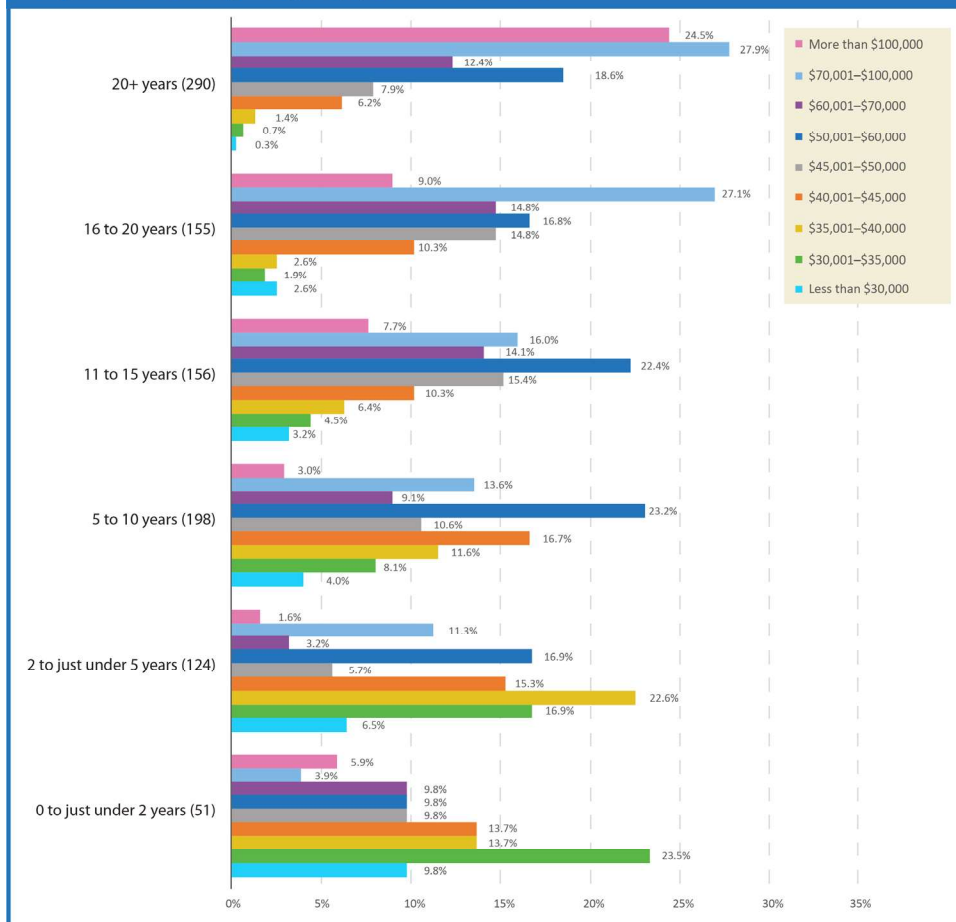
Compensation cont.

Figure 1.8: Salary range by certification type



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category.
 Example of how to read this graph: 26.2% of CPMSM-certified respondents earn more than \$100,000 annually.

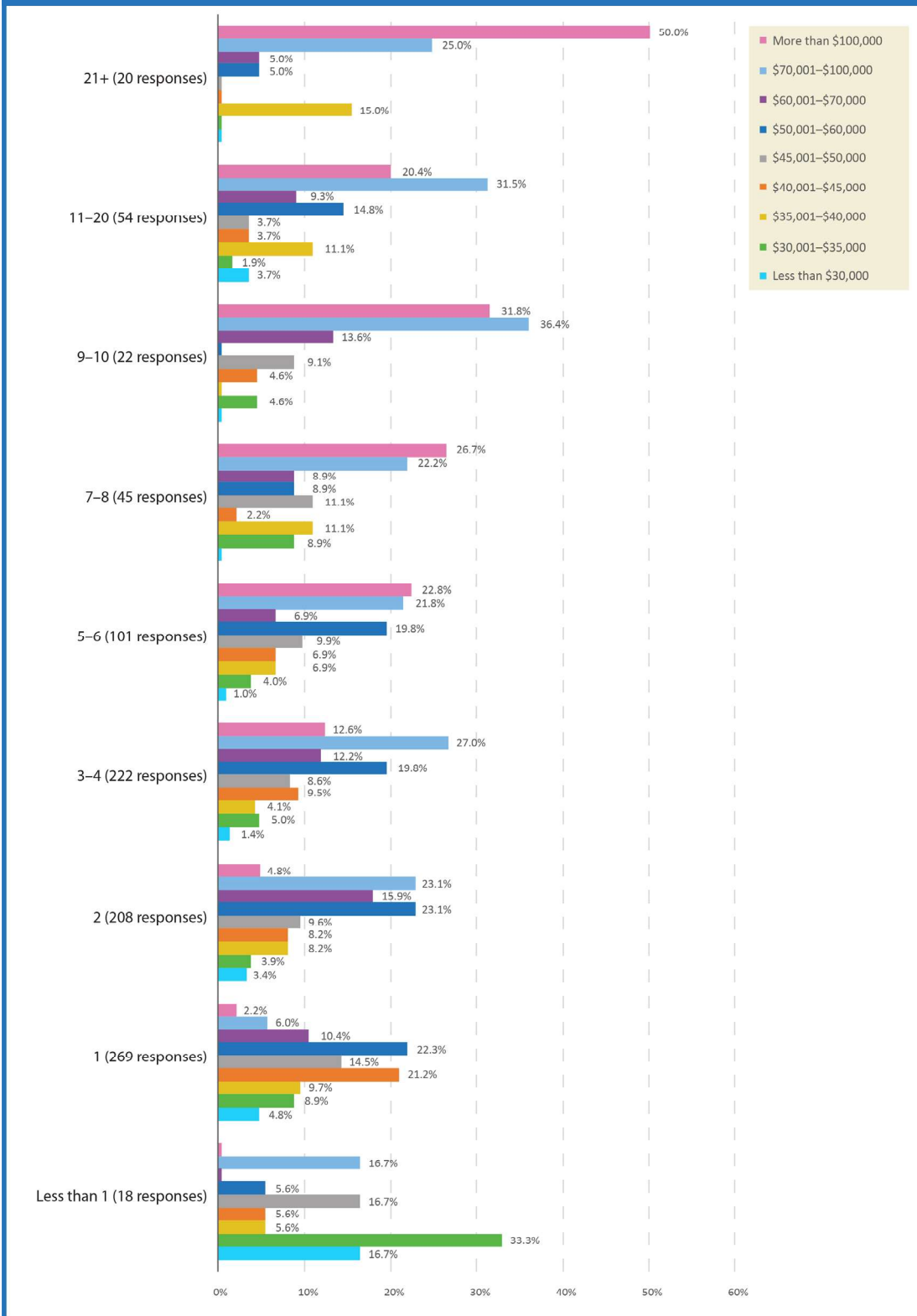
Figure 1.9: Salary range by years in the field



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category.
 Example of how to read this graph: 5.9% of respondents who have been in the field for less than two years earn more than \$100,000 annually.

Compensation *cont.*

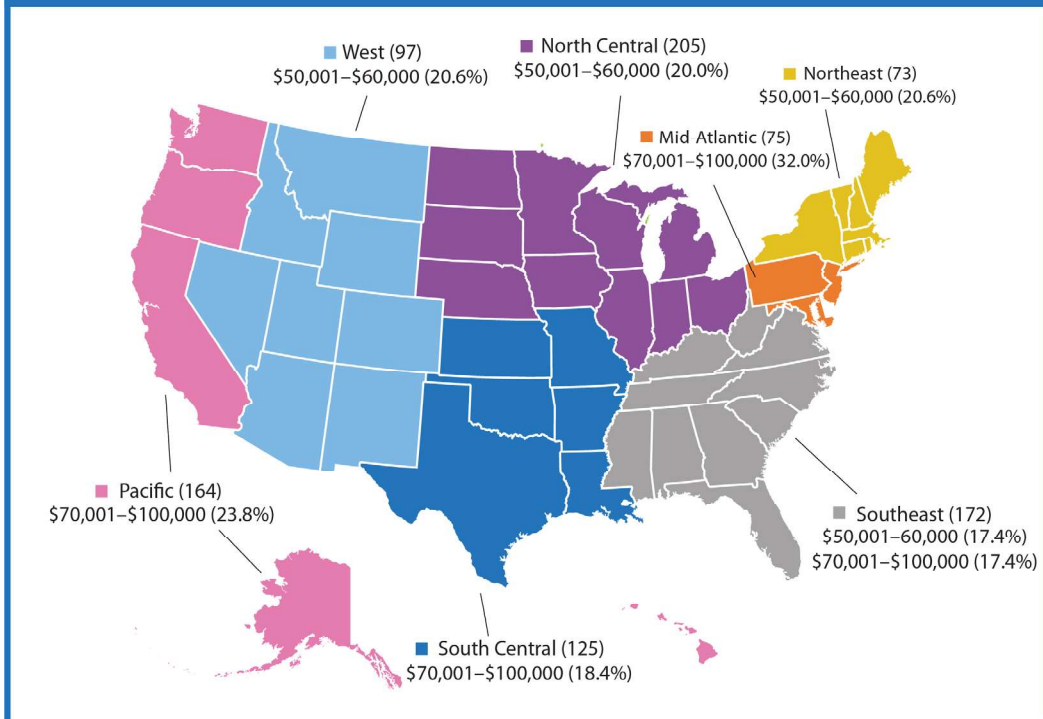
Figure 1.10: Salary range by number of MSPs (FTE) in facility



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category.
 Example of how to read this graph: 16.7% of respondents who work in organizations with less than one FTE MSP make less than \$30,000.

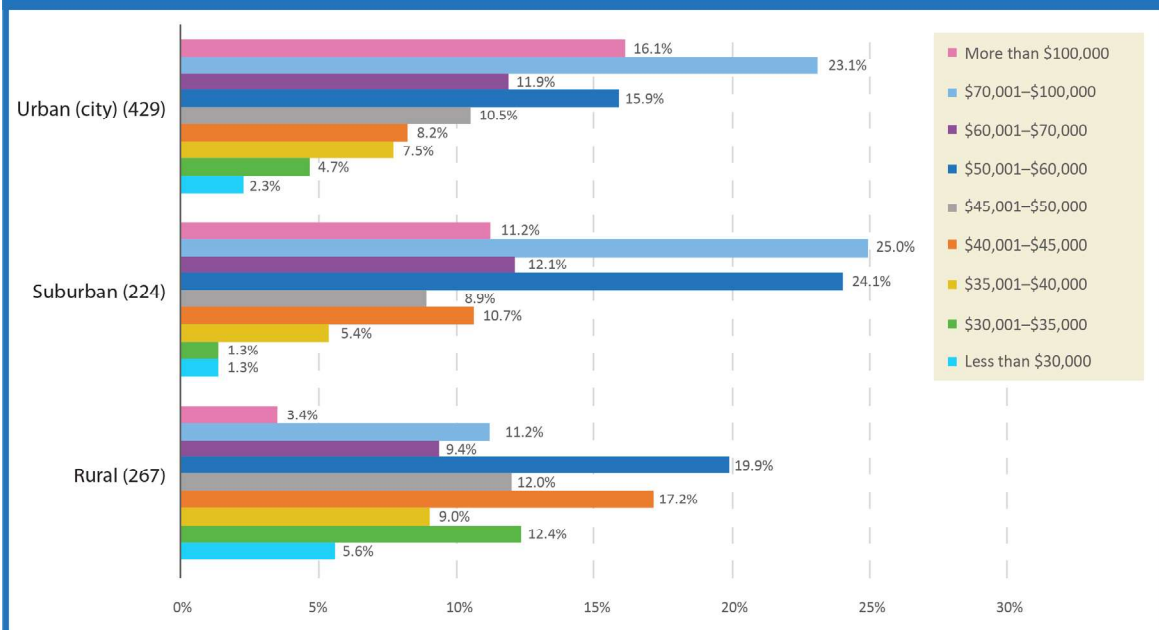
Compensation cont.

Figure 1.11: Median salary range by region



Source: 2016 MSP Salary Survey. The parenthetical whole number beside each region indicates the number of respondents based in that region; the parenthetical percentage beside each median salary range indicates the percent of respondents from the given region who earn a salary within the specified range.

Figure 1.12: Salary range by geographic area



Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents for the given category. Example of how to read this graph: 16.1% of respondents who work in an urban environment earn more than \$100,000 annually.

Compensation cont.

Table 1.1: Salary range by state

	Less than \$30,000	\$30,001–\$35,000	\$35,001–\$40,000	\$40,001–\$45,000	\$45,001–\$50,000	\$50,001–\$60,000	\$60,001–\$70,000	\$70,001–\$100,000	More than \$100,000
Alabama (16)	0.0%	18.8%	12.5%	25.0%	6.3%	18.8%	12.5%	0.0%	6.3%
Alaska (13)	0.0%	0.0%	7.7%	7.7%	7.7%	38.5%	23.1%	7.7%	7.7%
Arizona (16)	0.0%	0.0%	12.5%	6.3%	6.3%	37.5%	6.3%	12.5%	18.8%
Arkansas (3)	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	33.3%
California (103)	2.9%	1.9%	3.9%	2.9%	3.9%	15.5%	10.7%	25.2%	33.0%
Colorado (18)	0.0%	0.0%	11.1%	0.0%	16.7%	22.2%	22.2%	22.2%	5.6%
Connecticut (7)	0.0%	0.0%	0.0%	0.0%	14.3%	28.6%	0.0%	42.9%	14.3%
Delaware (2)	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Florida (36)	2.8%	2.8%	5.6%	13.9%	8.3%	13.9%	8.3%	36.1%	8.3%
Georgia (27)	3.7%	11.1%	0.0%	18.5%	7.4%	18.5%	14.8%	18.5%	7.4%
Hawaii (6)	0.0%	16.7%	0.0%	0.0%	0.0%	33.3%	16.7%	33.3%	0.0%
Idaho (8)	0.0%	0.0%	12.5%	12.5%	0.0%	25.0%	25.0%	12.5%	12.5%
Illinois (33)	3.0%	6.1%	3.0%	15.2%	15.2%	24.2%	6.1%	24.2%	3.0%
Indiana (15)	6.7%	0.0%	13.3%	13.3%	20.0%	33.3%	6.7%	0.0%	6.7%
Iowa (15)	0.0%	13.3%	6.7%	20.0%	13.3%	20.0%	13.3%	13.3%	0.0%
Kansas (15)	6.7%	26.7%	0.0%	20.0%	20.0%	20.0%	0.0%	6.7%	0.0%
Kentucky (14)	7.1%	14.3%	14.3%	14.3%	14.3%	7.1%	7.1%	21.4%	0.0%
Louisiana (14)	7.1%	7.1%	7.1%	21.4%	14.3%	7.1%	14.3%	14.3%	7.1%
Massachusetts (15)	6.7%	0.0%	6.7%	0.0%	6.7%	33.3%	13.3%	6.7%	26.7%
Maryland (15)	0.0%	0.0%	6.7%	6.7%	0.0%	0.0%	6.7%	53.3%	26.7%
Maine (7)	0.0%	14.3%	0.0%	14.3%	0.0%	28.6%	28.6%	14.3%	0.0%
Michigan (36)	5.6%	5.6%	25.0%	11.1%	8.3%	22.2%	5.6%	13.9%	2.8%
Minnesota (16)	6.3%	6.3%	12.5%	18.8%	25.0%	0.0%	6.3%	25.0%	0.0%
Missouri (18)	0.0%	0.0%	5.6%	33.3%	5.6%	33.3%	5.6%	16.7%	0.0%
Mississippi (10)	20.0%	10.0%	0.0%	30.0%	20.0%	10.0%	0.0%	10.0%	0.0%
Montana (15)	6.7%	13.3%	26.7%	26.7%	13.3%	0.0%	6.7%	0.0%	6.7%
Nebraska (7)	0.0%	14.3%	0.0%	42.9%	0.0%	14.3%	0.0%	14.3%	14.3%
New Hampshire (6)	0.0%	0.0%	0.0%	16.7%	33.3%	16.7%	33.3%	0.0%	0.0%
New Jersey (17)	0.0%	0.0%	0.0%	11.8%	11.8%	5.9%	5.9%	47.1%	17.7%
New Mexico (20)	5.0%	20.0%	10.0%	5.0%	10.0%	10.0%	15.0%	15.0%	10.0%
New York (30)	0.0%	10.0%	3.3%	10.0%	6.7%	13.3%	13.3%	26.7%	26.7%
N. Carolina (20)	5.0%	0.0%	15.0%	5.0%	25.0%	10.0%	10.0%	10.0%	20.0%
N. Dakota (4)	0.0%	0.0%	0.0%	50.0%	0.0%	25.0%	0.0%	0.0%	25.0%
Nevada (12)	0.0%	8.3%	8.3%	16.7%	8.3%	25.0%	0.0%	25.0%	8.3%
Ohio (45)	2.2%	11.1%	11.1%	8.9%	8.9%	15.6%	15.6%	22.2%	4.4%
Oklahoma (17)	5.9%	11.8%	0.0%	17.7%	23.5%	5.9%	5.9%	23.5%	5.8%
Oregon (15)	0.0%	0.0%	6.7%	0.0%	26.7%	26.7%	20.0%	13.3%	6.7%
Pennsylvania (41)	0.0%	0.0%	2.4%	19.5%	12.2%	26.8%	14.6%	19.5%	4.9%
Rhode Island (3)	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%
S. Carolina (6)	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	16.7%	16.7%
S. Dakota (4)	0.0%	25.0%	50.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%
Tennessee (24)	0.0%	8.3%	0.0%	12.5%	12.5%	29.2%	8.3%	8.3%	20.8%
Texas (58)	5.2%	5.2%	5.2%	8.6%	8.6%	15.5%	17.2%	22.4%	12.1%
Utah (3)	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%	0.0%	0.0%	0.0%
Vermont (5)	20.0%	20.0%	0.0%	20.0%	0.0%	20.0%	0.0%	20.0%	0.0%
Virginia (13)	0.0%	7.7%	15.4%	7.7%	7.7%	30.8%	7.7%	15.4%	7.7%
Washington (27)	0.0%	3.7%	3.7%	0.0%	7.4%	29.6%	22.2%	29.6%	3.7%
W. Virginia (6)	16.7%	16.7%	16.7%	0.0%	16.7%	0.0%	16.7%	16.7%	0.0%
Wisconsin (30)	0.0%	10.0%	10.0%	13.3%	6.7%	26.7%	6.7%	16.7%	10.0%
Wyoming (5)	0.0%	0.0%	60.0%	0.0%	20.0%	20.0%	0.0%	0.0%	0.0%

Source: 2016 MSP Salary Survey. Parenthetical values represent number of respondents based in the given state.

Highest-paid professionals

Respondents who make more than \$100,000 a year (“highest-paid professionals”) are likelier than their lower-paid counterparts to manage others, have a long tenure in the field, hold an advanced college degree, and work in an organization that performs high-volume credentialing. Here are the standout statistics for this population.

Compensation

Beyond the higher pay grade, respondents who make six-figure salaries are likelier than their lower-paid counterparts to see raises: 81.5% of 2016’s highest-paid professionals have received an increase in the past year, compared to 70.9% of all other respondents. Of those who saw a salary bump, roughly one-fifth (21.4%) took in more than \$5,000.

Standing

The majority of this year’s highest earners (61.1%) serve as directors of medical staff services. The next highest-reported positions—manager of medical staff services and credentialing director/manager—paled in comparison, fitting the roles of 6.5% and 3.7% of respondents, respectively.

27.8% of top earners serve in a role not specified in the survey answer options. A number of write-in responses featured variants on the director title (e.g., regional, senior, or assistant director). Several pointed to oversight of multiple departments and/or facilities. Here’s a sampling:

- Product manager
- Corporate director, medical staff services
- System director, medical affairs administration
- Administrator, medical affairs
- Director of quality and medical staff services
- Senior vice president, medical staff relations
- Director of enterprise credentialing and director of medical staff services
- Director of medical staff services, continuing medical education, and graduate medical education
- Executive director, credentialing and provider enrollment
- Manager, CVO (large health system)
- Vice president, medical staff services (integrated healthcare system)
- Area credentialing officer

Working conditions and performance expectations

The highest-paid professionals are likelier than others to work in a growing organization—49.1% have seen their department expand within the past year, compared to 37.9% of lower-paid respondents.

Survey takers who earn six-figure salaries are much likelier than those in other pay grades to work in organizations that perform high-volume credentialing: 47.2% of these high earners are part of a department that credentials more than 1,000 practitioners, compared to 17.0% of all other respondents.

Despite this trend toward extensive credentialing, not all top earners are based in massive departments. Roughly one in five of this year’s highest-paid professionals (19.5%) work in a department with 11 or more MSPs, but even more work in 3–4 person departments (25.9%) or in 5–6 person departments (21.3%).

When it comes to the activities likeliest to consume more than half the workday (“time-intensive tasks”), “data management” and “other medical staff support” rank in the top three for the largest portion of highest earners and for their lower-paid counterparts.

However, beyond these shared functions, there’s a significant point of departure: 18.6% of the highest-paid professionals spend more than half their day on survey preparation, compared to 8.2% of respondents in other pay grades. Likewise, 18.6% of top earners invest that much time in meeting management, compared to 16.3% of respondents in other pay grades. In contrast, analysis of credentials files is among the most time-intensive tasks for the lowest-paid survey takers; 23.1% spend more than half their day on it, compared to 9.1% of the highest-paid professionals.

Write-in responses from top earners reflect a wide range of high-power functions. One respondent expressly pointed to her role’s emphasis on “strategy for systemizing credentialing and for medical staff services and growth, including provider satisfaction and onboarding.” Other notable duties reported through written responses include provider enrollment; revenue cycle; professional practice evaluation; governance; corporate-level oversight of credentialing and administrative duties; bylaws; and legal and medical staff compliance.

Supervisory status

Beyond heading up big-picture projects, almost all highest-paid professionals (93.5%) supervise others. Of these supervisors, 64.0% manage 3–9 people, and 63.4% oversee other departments. Of specified departments, top earners are likeliest to oversee continuing medical education, followed by graduate medical education and provider enrollment. Several respondents wrote that they oversee medical research and library services. Other functions named in written responses include IT, peer review, infection prevention, practitioner relations, recruitment, and provider data integrity.

Professional development

The majority of highest-paid professionals (65.7%) have been in the field for 20 or more years. They are much likelier than their lower-paid counterparts to have an advanced degree: 36.1% hold a bachelor’s degree and 28.7% hold a master’s degree, compared to 27.8% and 6.1%, respectively, of their counterparts.

“The more education that you have, obviously, the better the opportunities,” says Carol Cairns, CPMSM, CPCS, advisory consultant with The Greeley Company and president of PRO-CON, an Illinois-based medical staff services consulting group. “In my day, it wasn’t nearly as important as it is now, and now it’s the ticket to run the game.”

Highest-paid professionals *cont.*

Professional certification is prevalent among the highest earners. Most (72.2%) have at least one certification from the National Association Medical Staff Services (NAMSS). The majority (63.9%) hold the Certified Professional Medical Services Management (CPMSM) credential, and nearly half (44.4%) hold the Certified Provider Credentialing Specialist (CPCS) credential. Dual certification is more than twice as prevalent among highest-paid professionals as it is among lower-paid respondents; 36.1% of top earners hold both credentials, compared to 13.9% of all other respondents. The highest earners are also likelier to hold non-NAMSS certification: 10.2% hold the Certified Professional in Healthcare Quality credential, a distinction shared with less than 1% of their counterparts.

Some of the certification and education divide may stem from elevated professional requirements and opportunities for the highest-paid professionals: 63.0% of top earners report that certification is required for their job, compared to 28.5% of all other respondents who face such expectations. The CPCS and the CPMSM are by far the most common mandatory credentials in both groups.

Top earners are also likelier than their lower-paid counterparts to receive funding for professional development activities as part of their benefits package, as Table B1 illustrates.

Activity	% of highest-paid professionals who receive funding	% of all other respondents who receive funding
Conference attendance	86.1%	71.6%
Tuition (professional degree plans)	64.8%	46.5%
Continuing education	71.3%	55.3%
Professional certification	51.9%	52.1%

Source: 2016 MSP Salary Survey. Based on responses from the 108 respondents who earn more than \$100,000 annually.

Facility and regional characteristics

The highest-paid professionals are also likelier than their counterparts in other salary brackets to work in an urban organization (67.0% and 44.1%, respectively, work in such an environment) and in facilities that are part of a healthcare system (76.0% and 65.4%, respectively).

In terms of setting, highest earners, like their lower-paid counterparts, most often work in acute care hospitals and medical centers. This commonality aside, the highest earners are much likelier to work in academic medical centers: 33.3% work in such a facility, compared to 7.4% of all other respondents.

Quick take

Professional experience category	Description	Statistics for highest-paid professionals
Title	Top titles	▶ Director of medical staff services (61.1%)
	(% of respondents who have the given title)	▶ Manager of medical staff services (6.5%)
	Responses of "other" excluded	▶ Credentialing director/manager (3.7%)
Supervisory status	% of respondents who supervise others	▶ 93.5%
Tenure	Most common tenure ranges	▶ 20+ years (65.7%)
	(% of respondents who've been in the field for the given length of time)	▶ 16–20 years (13.0%)
		▶ 11–15 years (11.1%)
Education	Most common education levels	▶ Bachelor's degree (36.1%)
	(% of respondents who report the given response as their highest level of education)	▶ Master's degree (28.7%)
		▶ Some college (17.6%)
Professional certification	% of CPCS-certified respondents	▶ 44.4%
	% of CPMSM-certified respondents	▶ 63.9%
	% of uncertified respondents	▶ 18.5%
Professional certification requirements	% of respondents who are required to have certification	▶ 63.0%
Raise	% of respondents who have received a raise in the past year	▶ 81.5%
Bonus	% of respondents whose employer provides bonuses for their role	▶ 69.4%

Source: 2016 MSP Salary Survey. Based on responses from the 108 respondents who earn more than \$100,000 annually.

Lowest-paid professionals

For the past three iterations of the *Salary Survey*, MSPs who earn \$35,000 or less annually (“lowest-paid professionals”) have made up roughly 10% of survey takers. Low-end earners often work in small or one-person departments. They are less likely than their counterparts in other salary brackets to receive raises, serve in direct supervisory roles, work in health systems, have college degrees, or hold professional certification. Here’s the state of play for these MSPs.

Compensation

The lowest-paid professionals of 2016 are less likely than their peers to see salary increases. 62.0% have received a raise in the past year, compared to 73.1% of all other respondents. The majority of lowest-paid respondents (67.8%) who did receive a raise saw \$500 or less; only 29.4% of their counterparts saw this little. The lowest earners also have a slimmer chance of earning a bonus—only 10.9% work in an organization that awards a bonus for their role, compared to 27.4% of their counterparts in other salary brackets.

Standing

Lower earners are likeliest to be credentialing coordinators/specialists (41.3% hold this title) and medical staff services coordinators (29.4%).

16.3% hold titles that weren’t specified in survey answer choices. Several indicated that they serve as credentialing or administrative assistants. Other write-in titles include:

- RN
- Medical staff officer
- Record specialist I, medical staff services
- Medical staff/HR coordinator
- Medical staff credentialer
- Credentialing coordinator/executive assistant

Working conditions and performance expectations

This year’s lowest-paid professionals are most likely to fly solo in the medical staff services department: 40.2% are part of an institution that employs a single full-time equivalent (FTE) MSP. A significant portion are in workforces comprising two MSPs (16.3%) or 3–4 MSPs (15.2%). Only 14.1% work in an organization that enlists additional MSPs.

- ▶ For more on the professional experiences of respondents who serve as the lone MSP in their organization’s workforce, see the “Roles, Responsibilities, and Working Conditions” section of this report, which features a profile on “onesies,” Carol Cairns’ affectionate moniker for these solo acts.

In line with their sparser workforces, the lowest-paid professionals most often work in departments with modest credentialing volumes: the largest portion (29.4%) are based in departments that credential 201–400 practitioners; 23.9% work in departments that credential 1–100 practitioners; and another 23.9% work in departments that credential 101–200 practitioners. Still, 22.8% of the lowest earners work in departments that credential more than 400 practitioners—a significant undertaking given their typically limited backup and low income, says **Carol Cairns, CPMSM, CPCS**, advisory consultant with The Greeley Company and president of PRO-CON, an Illinois-based medical staff services consulting group.

In terms of time-intensive tasks, the lowest-paid respondents typically spend more than half of their workday performing credentials verification (26.4% report spending 50% or more of their day on this activity), analyzing credentials files (25.0%), or privileging (24.4%). They tend to spend the least amount of time performing practitioner recruitment (94.7% of respondents spend 0%–10% of their day on this function), risk management (84.2%), and survey preparation and participation (75.3%).

Supervisory status

Lowest earners seldom serve as direct supervisors. Only 5.4% manage others, and each in this group supervises a single full-time person. Only one supervisor reported overseeing other departments.

When it comes to leadership, the number of direct reports rarely tells the whole story, according to Cairns. Pervasive overemphasis of direct management distracts from the significant leadership that virtually all MSPs demonstrate in routine interactions with practitioners, she says. “Some of these people really function like a manager, but they don’t have the title or the money.”

- ▶ For more on Cairns’ call to redefine leadership, see the “Professional Development and Career Growth” section of this report.

Professional development

The lowest-paid professionals tend to be newer to medical staff services. Exactly half have less than five years of experience in the field; only 3.3% have been in the profession for 20 or more years.

Low earners are less likely than their counterparts in other salary brackets to hold a college degree, as Table C1 illustrates.

Table C1: Highest education level (By annual salary)

Highest education level	\$35,000 or less	\$35,001 or more
High school diploma	13.0%	8.8%
Some college	41.3%	30.4%
Associate’s degree	16.3%	18.7%
Bachelor’s degree	20.7%	29.6%
Master’s degree	5.4%	9.0%

Source: 2016 MSP Salary Survey. Based on responses from the 92 respondents who earn \$35,000 or less annually.

Lowest-paid professionals *cont.*

Perhaps the greatest disparity between lowest-paid professionals and those in other salary brackets is the rate of professional certification. Only 14.1% of the lowest earners have a Certified Provider Credentialing Specialist (CPCS) credential, compared to 40.1% of respondents who make more money. Only 1.1% hold a Certified Professional Medical Services Management (CPMSM) credential, compared to 29.7% of their higher-paid counterparts. Some of this gap may be explained by divergent job expectations: only 12.0% of the lowest earners are required to hold certification for their job, compared to 34.5% of those in other salary brackets.

Facility and regional characteristics

This year's lowest-paid professionals, like their higher-paid counterparts, are likeliest to work in acute care hospitals or medical centers. However, the former group is found far more frequently in critical access hospitals than the higher-paid set (23.9% vs. 10.1%).

Low earners are much likelier than their peers to work in rural areas (57.1% and 26.2%, respectively, work in such an environment). They are less likely than respondents in other salary brackets to work in health systems (50.6% and 68.2%, respectively).

A smaller portion of the lowest-paid respondents work in Joint Commission–accredited facilities than their counterparts in other pay brackets (64.7% vs. 74.9%), and a larger portion work in facilities that only undergo CMS/state surveys (25.9% vs. 16.1%).

Vouch for your stand-up work

Although self-advocacy is important for all MSPs, experts stress that it's especially vital for the lowest-paid professionals, who often lack the built-in advancement opportunities and collegial support that higher earners enjoy. For these individuals, moving up the ranks can require a more hands-on approach.

Because compensation can be dictated by a number of factors beyond an individual's direct control, such as facility-specific resources and regional wage trends, Cairns recommends investing in the areas where MSPs do have immediate agency. For example, regularly review job descriptions to ensure they reflect the MSP's impact on the organization's overarching mission.

To further illustrate important contributions to big-picture goals, start capturing meaningful data, says **Kathleen Kelly, MD, ABIHM, FACP**, chief clinical integration officer at SwedishAmerican, a division of UW Health in Rockford, Illinois. Kelly, a self-professed "believer in showing outcomes," recommends making proactive, well-reasoned requests for resources and raises; to do so, make sure those requests draw on productivity and other key performance metrics.

"You probably have some low earners who are doing the same amount of work and the same kind of work as high earners," says Kelly. "I think they would need to organize with their colleagues to really highlight the benefits and demonstrate some of the good outcomes that the health system achieved by having them as professionals."

- ▶ See the "Professional Development and Career Growth" section of this report for more on crafting reflective job descriptions, leveraging data to demonstrate value, and otherwise propelling career advancement.

Quick take

Table C2: Professional experiences of lowest-paid professionals

Professional experience category	Description	Statistics for lowest-paid professionals
Title	Top titles (% of respondents who have the given title) Responses of "other" excluded	<ul style="list-style-type: none"> ▶ Credentialing coordinator/specialist (41.3%) ▶ Medical staff services coordinator (29.4%) ▶ Medical staff assistant/specialist (9.8%)
Supervisory status	% of respondents who supervise others	▶ 5.4%
Tenure	Most common tenure ranges (% of respondents who've been in the field for the given length of time)	<ul style="list-style-type: none"> ▶ 2 to just under 5 years (31.5%) ▶ 5–10 years (26.1%) ▶ 0 to just under 2 years (18.5%)
Education	Most common education levels (% of respondents who report the given response as their highest level of education)	<ul style="list-style-type: none"> ▶ Some college (41.3%) ▶ Bachelor's degree (20.7%) ▶ Associate's degree (16.3%)
Professional certification	% of CPCS-certified respondents	▶ 14.1%
	% of CPMSM-certified respondents	▶ 1.1%
	% of uncertified respondents	▶ 80.4%
Professional certification requirements	% of respondents who are required to have certification	▶ 12.0%
Raise	% of respondents who have received a raise in the past year	▶ 62.0%
Bonus	% of respondents whose employer provides bonuses for their role	▶ 10.9%

Source: 2016 MSP Salary Survey. Based on responses from the 92 respondents who earn \$35,000 or less annually.

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