Community Health Care Association of New York State Compensation & Benefits: Current Trends and Future Outlook

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Agenda for Today

- What is in the Survey
- Survey Highlights & Trends
- Understanding “The Market” & Challenges

Survey Basics

- Questionnaires distributed in July and data still being collected through mid October 2025
- 23 health centers have participated so far (data in this presentation includes 21)
- Survey report to be completed mid-November

Report Contents

- Analysis for:
  - Entire sample
  - By health center revenue:
    - <$20, $20-50, >$50 mm
    - split about evenly, most in the middle
  - By nature of service area (urban/rural/mixed) – over half are urban
  - By geographic region:
    - NYC – 37% (down from 49%)
    - NYC Suburbs – 16% (up from13%)
    - Upstate Urban – 32% (up from 16%)
    - Upstate Rural – 16% (down from 22%
- Sections:
  - Characteristics of the participants
  - Compensation policies and practices
  - Benefits programs
  - Chief Executive Officer compensation
  - Compensation for balance of staff
  - Provider compensation (including compensation mix)

Understanding Survey Statistics

- Define Your Compensation Philosophy
- Sample Size
- Central Tendency
  - Mean: simple average
  - Median: the “middle response”
- Percentiles
  - 25th percentile: 25% of responses are lower
  - 75th percentile: 25% of responses are higher
- What is provided
  - If two participants: mean only
  - If three participants: mean and median
  - If four or more participants: mean, median, percentiles
  - “Outlier” analysis (e.g., 10th, 90th percentile) not provided because of sample sizes

Sample Compensation Page

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Community Health Care Association of New York State
2022 Compensation & Benefits Survey

Medical Assistant

Performs various patient care activities and related professional and non-professional services within the scope of law and regulations. Transports and prepares patients for examination and treatment. Takes and records temperatures, pulse, etc. as directed. Provides additional duties as permitted by certification. May or may not be a Certified Medical Assistant.

Scope		No. of Orgs.	No. of Emp.	Base Salary				Total Cash Compensation				
				Average	25th Percentile	Median	75th Percentile	No. of Orgs.	Average	25th Percentile	Median	75th Percentile
All		37	985	39,549	34,500	39,500	43,647	35	39,854	34,500	39,500	43,886
Revenue	< $20 mm	14	159	40,060	34,320	40,050	43,680	14	40,203	34,320	40,050	45,419
	$20 - $50 mm	13	255	36,911	34,500	35,000	40,000	13	37,324	34,500	35,065	40,000
	> $50 mm	10	571	42,265	39,004	41,651	47,380	8	43,356	39,956	42,515	47,501
Service Area	Mostly Urban	26	697	41,618	35,000	40,600	45,419	25	41,803	36,500	40,909	45,680
	Mostly Rural	6	88	33,185	31,200	34,410	34,861	6	33,685	31,200	34,410	35,065
	Mixed	5	200	36,429	34,446	35,759	39,004	4	36,925	34,598	37,381	39,252
Region	NYC	18	485	43,667	40,107	43,203	47,380	17	43,790	40,599	43,647	47,380
	NYC Suburbs	6	296	36,871	34,446	34,778	40,544	5	37,976	35,000	35,055	41,144
	Upstate Urban	5	96	36,807	35,000	35,759	39,004	5	37,107	35,759	36,500	39,004
	Upstate Rural	8	108	34,006	32,319	34,410	34,963	8	34,381	32,319	34,410	35,463

Compensation Trends

- Executive Roles
  - As size increases, pay increases
  - Pay is higher in “mostly urban” areas and NYC/Suburbs
- Management/Professional Roles
  - Impact of size on pay less dramatic, particularly with entry level professionals
  - Pay is higher in “mostly urban” areas and NYC/Suburbs
- Administrative/Clinical Support Roles
  - Impact of size is minimal
  - NYC frequently higher than Suburbs

Compensation Trends (continued)

- Clinical leadership
  - Follows executive pattern on revenue size (but not as much)
  - Frequently paid more in rural/outside NYC
- Clinicians
  - Limited impact by revenue – smaller health centers frequently pay more
  - Pay in rural locations typically higher (15-20%)
- Advanced Practice Providers (include DH/BH)
  - More closely follow mgmt./prof. trends

Compensation Changes Since 2022

	2022	2025	% Difference
Medical Assistant	39,000	43,839	12.4%
Front Desk Receptionist	36,000	41,123	14.2%
Dental Assistant	40,000	47,316	18.3%
Nurse RN	75,282	85,000	12.9%
Community Health Worker	43,000	45,000	4.7%
Medical Biller	44,500	52,494	18.0%
Front Desk Supervisor	55,000	62,703	14.0%
Accountant	61,680	68,958	11.8%
LCSW	75,000	87,391	16.5%
Nurse Practitioner	117,727	131,019	11.3%
Family Medicine Physician	197,184	223,045	13.2%
Dental Hygienist	73,188	96,748	32.2%

NY Compared to Other State FQHC

	NY	NV	CT	AL	MI	PA
Medical Assistant	43,839	40,769	45,000	34,000	43,369	41,701
Front Desk Receptionist	41,123	39,000	40,519	32,200	38,666	37,508
Dental Assistant	47,316	42,284	50,141	33,508	42,450	44,431
Nurse RN	85,000	78,000	86,445	63,750	73,528	72,053
Community Health Worker	45,000	45,241	46,613	38,288	43,683	43,519
Medical Biller	52,494	43,286	46,736	37,440	42,640	45,760
Front Desk Supervisor	62,703	53,593	60,139	40,279	50,601	47,910
Accountant	68,958	79,040	66,560	54,520	59,816	55,016
LCSW	87,391	92,000	74,000	58,526	72,400	73,465
Nurse Practitioner	131,019	124,692	121,900	104,141	115,000	122,155
Family Medicine Physician	223,045	194,665	240,000	237,500	225,858	227,508
Dental Hygienist	96,748	87,651	90,862	56,753	78,914	74,420

Why Surveys Don't Always Track Experience

Employee	Last Year	Bad Times	Good Times	Pandemic
A	16.00	- -	16.00	16.48
B	16.25	- -	16.25	16.74
C	16.25	16.25	16.25	18.00
D	16.50	16.50	16.50	18.25
E	16.50	16.50	16.50	17.00
F	16.50	16.50	16.50	17.00
G	16.75	16.75	16.75	17.25
H			16.00	
I			16.00	
Number	7	5	9	7
Average	16.39	16.50	16.30	17.25

Benefits

- Paid Time Off
  - 8 to 11 holidays
  - Full pay for jury duty (84%)
  - Bereavement: 3/0/0 days
  - Split between CTO and separate policies
    - CTO: 24 (1yr), 27 (3yrs), 30 (5yrs), 33 (1yrs)
      - Note: more days earlier for salaried employees
    - Others:
      - Vacation: 1wk (imm), 2 wks (1yr), 3wks (2yrs), 4wks (3yrs), 5wks (8yrs) [salaried much faster than hourly]
      - Sick days: 8-12/year
      - Personal days: 2-4/year

Benefits (continued)

- Health Insurance
  - 2/3 PPO, 1/3 HMO, 40% POS
  - 2/3 report an HDHP option
  - 60% have an HRA ($1,500/$2,850/$2,925)
  - Premium contributions:
    - Single: 12.4% of $1,085 ($135/mo, $1,620/yr)
    - EE+1: 16.5% of $2,433 ($402/mo, $4,824/yr)
    - Family: 18.6% of $3,052 ($569/mo, $6,828/yr)

Health Insurance Premiums (2022-2025)

	2022	2025	% Difference
Employee Only Monthly Premium	$1,105	$1,085	-1.8%
Employee Percent	14.5%	12.4%	-14.5%
Employee Only Cost to Employee	$160	$135	-15.6%
Employee Annual Cost	$1,920	$1,620	-15.6%
Employee +1 Monthly Premium	$2,431	$2,433	0.1%
Employee Percent	21.1%	16.5%	-21.8%
Employee +1 Cost to Employee	$513	$402	-21.6%
Employee Annual Cost	$6,156	$4,824	-21.6%
Full Family Monthly Premium	$3,181	$3,053	-4.0%
Employee Percent	22.6%	18.6%	-17.7%
Full Family Cost to Employee	$719	$569	-20.9%
Employee Annual Cost	$8,628	$6,824	-20.9%

Benefits (continued)

- Dental Insurance
  - 80% require premium contributions; employee pays over half of coverage
  - Deductibles: $50/$150
  - Co-pays: $0%/20%/50%/50%
  - Annual max benefit: $1,500

Benefits (continued)

- Short-Term Disability (82%)
  - 50% of pay to max of $170/week (average $648 indicates some richer plans
  - $170/week quoted at flat amount
  - One week waiting period, 26 weeks benefits)
- Long-Term Disability (70%)
  - 60% of pay to $5,000/month ($6,700 average)
  - 180 day waiting period, benefits generally until retirement (71%)

Benefits (continued)

- Life Insurance (97%)
  - 100% of salary when quoted as percent
  - $50,000 when quoted as a flat rate
- Accidental Death (90%)
  - 100% of salary when quoted as percent
  - $50,000 when quoted as a flat rate
- Retirement (92%)
  - Safe harbor contribution 0% to 3%
  - Average match 71% of first 4.8% of pay
  - Total employer retirement contributions 1.7% to 3.7% (avg. 2.8%) of total payroll

“what’s going on in the market???”

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What's the Workforce Look Like Now?

- Labor market softening; there are now more people unemployed than there are job openings
- Many will not accept a job that requires time in office
- Many took different jobs during the pandemic
  - Travel nursing is booming, and very attractive
- Many determined that earnings weren't sufficient to cover costs
  - $15,687/child (about $9.40/hour pre-tax) statewide per child; $16,656/child (about $10.00/hour pre-tax) in NYC
  - Health insurance – single parent roughly $8,600/year (about $5.00/hour pre-tax)
- Costs are going up – more than 10% year in living wage
- Many increases caused people to fall off the "benefits cliff"

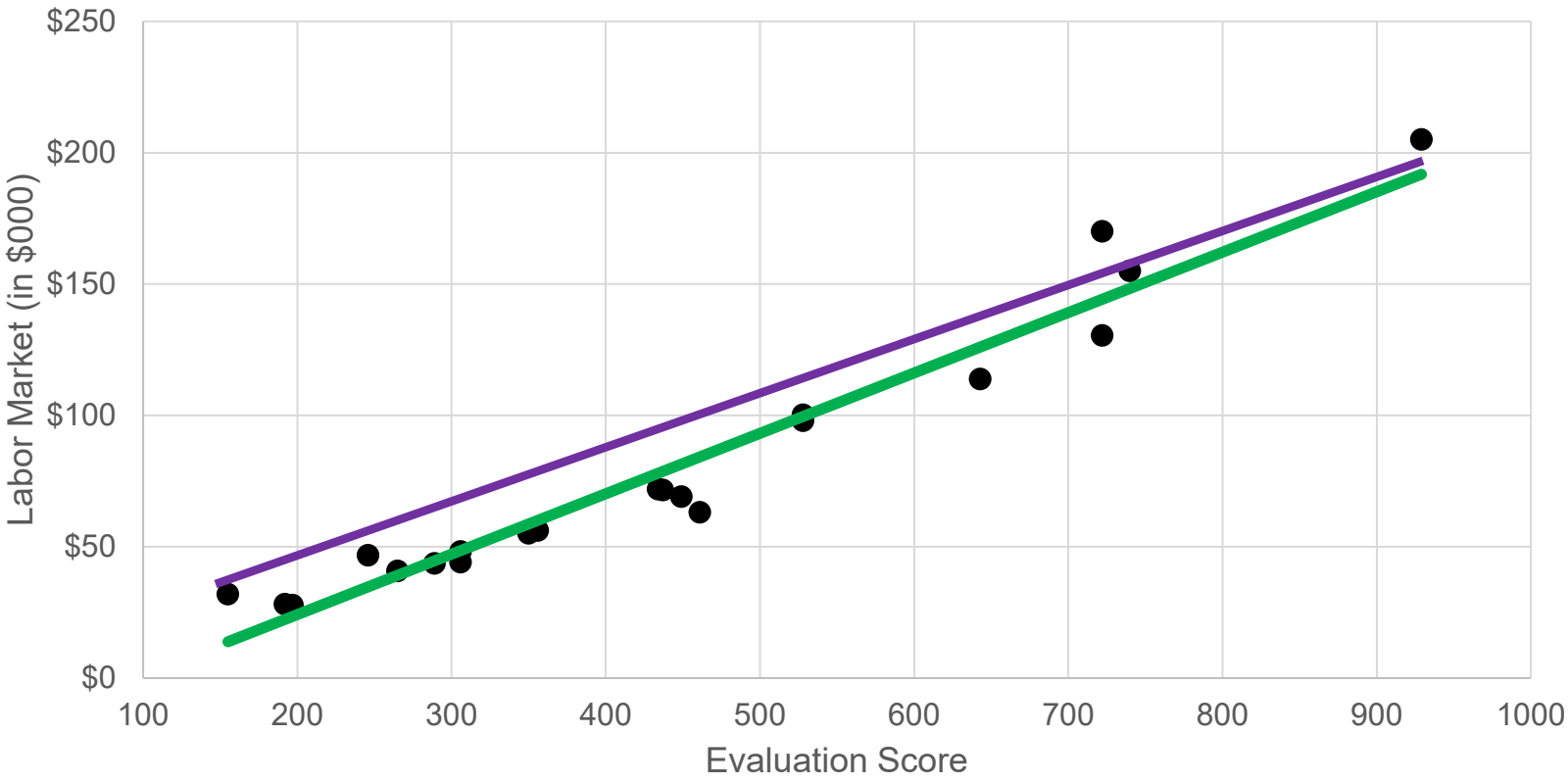
Trends at a Glance

- "Average" increase is roughly 3-4% this time year over year
  - Largest increases in entry-level roles (5-6%)
  - Increases for management likely to be lower, unless there is significant growth
  - It is likely that the data you see will not match your experience in hiring
- Compensation is still the number one driver of recruiting/retention
  - You can have advantages elsewhere, but you still need to cross the competitiveness hurdle
  - "Leveraging" (e.g., through incentives) isn't as attractive as guaranteed income
  - Some people may not want more money!!! See: "Benefits Cliff"

What is the Impact of New “Floors”?

- There are several “floors” to consider
  - Minimum wages: $16.00 for 2026, $16.50 in NYC
  - Living wages: NYC: $28.87 (1person) $51.29 (1 person, 1 child)
  - Behemoth employers have receded somewhat in starting pay but can still hurt you
- What will be the impact of minimum wages, or new hiring wages, on jobs that are typically above the minimum/market wage?
  - Some jobs don’t seem to have a tie to the minimum wage… when the minimum wage is very low (e.g., MAs seem to be paid about the same throughout the Midwest)
  - In NY, MA median of about $20.60 is $5.10, or 33% higher than minimum wage of $15.50 (compared to 44% higher in 2022). Basically what happened is that when the minimum wage went up, it “compressed” the market from the bottom up
- Will rising wages cause health centers to become more efficient, resulting in need for fewer employees, thus creating more availability, resulting in wages growing at a slower rate?

Strategic Structure Updates/Adjustments



What Will Happen?

- There will be a new normal, but it will not look like the current normal
- Dust is beginning to settle
  - Can't minimize the importance of the changes in the economy
    - Hiring dropping
    - Inflation rising
  - People will need to see what the opportunities will look like
  - Employers will have to see how much they will adjust
- Survey and other market data have shown that "average reported rates" have not increased nearly as much as hiring rates – there must be a lot of older employees earning less than new ones
- There will need to be more understanding of local concerns/data
- There will be pay compression

What Should We Do?

- Look at your workforce and feel their pains
  - Flexibility is a big deal, but you still have to cross the competitiveness hurdle
  - Health insurance premium sharing is an opportunity to provide a big advantage
  - Identify the biggest pain points and try to see if there's anything you can do to relieve them
- Remember that you have to look at how to bring people back into the workforce, not just entice them from other employers

Understanding What the Survey Is

- This survey is one of **many** tools that you need to develop a compensation & benefits program
  - **You should not rely on this survey alone to set rates of pay**
  - Use as many sources as you can:
    - Government data (e.g., Bureau of Labor Statistics)
    - Other State PCAs (if you're on or near a border)
    - Employers' associations
    - Consulting firms
  - Do not use:
    - Information from recruiters (or at least understand what it is)
    - Data from educational institutions or unions
    - Information from online/algorithm sources
    - Be careful with MGMA
- Labor market data is only one piece of the puzzle that includes:
  - Analysis of your jobs to create pay grades and ensure equity
  - A systematic application of the data to ensure grades are competitive
  - A method of measuring individual contribution to ensure pay is equitable

Questions?

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