



2018 MGMA COMPENSATION AND PRODUCTION SURVEY

(*Asterisks denote required questions)

Note: The Practice Profile must be completed before beginning any of the MGMA Surveys

Time is a valuable thing! We've created a tiered participation benefit structure to ensure we reward you for the time spent completing the surveys. See details regarding the tiers for each survey below.

TIER 1	Submit the minimum amount of data required to be considered an eligible survey participant and receive this tier of the participation benefit.
TIER 2	Provide us with more than the minimum and we'll reward you with access to expanded benchmarking data in addition to the Tier 1 benefit.

[Click here to view full participation benefits details.](#)

[Click here to view the survey guide and learn more about what's included in each question.](#)

Use the checklist below to help you compile answers in preparation for survey participation.

PRACTICE DEMOGRAPHICS	
<input type="checkbox"/>	*Practice NPI number
<input type="checkbox"/>	*University Name ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Medical School Name ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Department Name ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*For the purpose of reporting the information in this questionnaire, what fiscal year was used?
<input type="checkbox"/>	What is your practice's legal organization?
<input type="checkbox"/>	Is your practice a Federally Qualified Health Center (FQHC)?
<input type="checkbox"/>	Is your practice a Rural Health Clinic (RHC)?
<input type="checkbox"/>	*Is your program sponsored by a medical school or is it a nonmedical school sponsored program? ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Total physician FTE in practice
<input type="checkbox"/>	*Total nonphysician provider FTE in practice



PRACTICE DEMOGRAPHICS (CONTINUED)

<input type="checkbox"/>	*Number of other FTE faculty in department ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Total support staff FTE in practice
<input type="checkbox"/>	How did your practice store medical records for the majority of patients served?
<input type="checkbox"/>	How many years has your EHR been fully implemented in your practice?
<input type="checkbox"/>	*What was the total medical revenue (collections) for your practice?
<input type="checkbox"/>	*What was the total patient care revenue for your department? ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	What is your ACO affiliation? ACO PRACTICES ONLY
<input type="checkbox"/>	PCMH Accreditation/Recognition PCMH PRACTICES ONLY

PROVIDER DEMOGRAPHICS

<input type="checkbox"/>	*Provider Name
<input type="checkbox"/>	Provider NPI
<input type="checkbox"/>	*Physician or Nonphysician Provider Specialty
<input type="checkbox"/>	*Provider Rank ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	Provider Gender
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Type of On-Call Coverage Provided (if you plan to submit data for your providers that took call)
<input type="checkbox"/>	*Provider had Medical Directorship Duties (if you plan to submit data for your medical directorships)
<input type="checkbox"/>	Type of Compensation Tax Form
<input type="checkbox"/>	Years in Specialty

FTE DEMOGRAPHICS

<input type="checkbox"/>	*Full-Time Equivalent
<input type="checkbox"/>	*% Billable Clinical
<input type="checkbox"/>	*% Administrative
<input type="checkbox"/>	*% Teaching
<input type="checkbox"/>	*% Research
<input type="checkbox"/>	*% Other



FTE DEMOGRAPHICS (CONTINUED)

<input type="checkbox"/>	Actual Hours Worked per Week
<input type="checkbox"/>	Actual Hours Worked per Year
<input type="checkbox"/>	Vacation offered (in Weeks)

PROVIDER COMPENSATION

<input type="checkbox"/>	*Base Compensation ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Total Compensation
<input type="checkbox"/>	*First Year Guaranteed Compensation NEW HIRES ONLY
<input type="checkbox"/>	*% of Total Compensation based on Straight/Base Salary
<input type="checkbox"/>	*% of Total Compensation based on Productivity
<input type="checkbox"/>	*% of Total Compensation based on Quality and Patient Experience Metrics
<input type="checkbox"/>	*% of Total Compensation based on On-Call Compensation
<input type="checkbox"/>	*% of Total Compensation based on Other Compensation Metrics
<input type="checkbox"/>	*Method by which the Provider is Compensated for On-Call Coverage ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	*Amount Compensated per On-Call Compensation Method ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	*Number of Hours per On-Call Compensation Method (if no additional compensation is offered, report hours per week) ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	Holiday On-Call Compensation Amount (per day) ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	Weekend On-Call Compensation Amount (per day) ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	*Method by which the Medical Director is Compensated MEDICAL DIRECTORSHIPS ONLY
<input type="checkbox"/>	*Directorship Compensation per Method MEDICAL DIRECTORSHIPS ONLY
<input type="checkbox"/>	Directorship Hours per Week MEDICAL DIRECTORSHIPS ONLY
<input type="checkbox"/>	*Total Annualized Directorship Compensation MEDICAL DIRECTORSHIPS ONLY



ADDITIONAL PROVIDER INFORMATION

<input type="checkbox"/>	Additional Compensation
<input type="checkbox"/>	Bonus/Incentive Amount
<input type="checkbox"/>	Retirement Benefits
<input type="checkbox"/>	Compensation Includes Revenue from Separate Facility Fee
<input type="checkbox"/>	Internal or External Directorship MEDICAL DIRECTORSHIPS ONLY

PROVIDER PRODUCTION

<input type="checkbox"/>	*Are External Providers Included in Productivity?
<input type="checkbox"/>	*Can NPP Bill Under Them Self? NONPHYSICIAN PROVIDERS ONLY
<input type="checkbox"/>	*Total RVUs
<input type="checkbox"/>	*Work RVUs
<input type="checkbox"/>	ASA Units ANESTHESIOLOGY ONLY
<input type="checkbox"/>	Collections for Professional Charges
<input type="checkbox"/>	Professional Gross Charges
<input type="checkbox"/>	*% of TC Included in Collections and Charges
<input type="checkbox"/>	Provider Panel Size
<input type="checkbox"/>	Total Number of Patient Encounters
<input type="checkbox"/>	Number of Outpatient E&M Codes
<input type="checkbox"/>	Number of Inpatient E&M Codes

PLACEMENT INFORMATION (NEW HIRES ONLY)

<input type="checkbox"/>	*Which State did the Provider Relocate from?
<input type="checkbox"/>	*Hired Out of Residency or Fellowship
<input type="checkbox"/>	Amount of Relocation Expenses Paid
<input type="checkbox"/>	Production Bonus Amount Offered
<input type="checkbox"/>	Nose Coverage Amount Offered
<input type="checkbox"/>	Tail Coverage Amount Offered
<input type="checkbox"/>	Signing Bonus Amount Offered
<input type="checkbox"/>	Loan Forgiveness Amount



PLACEMENT INFORMATION (NEW HIRES ONLY) (CONTINUED)

<input type="checkbox"/>	First Year CME Paid Time Off (in Weeks)
<input type="checkbox"/>	Amount of CME Paid

STAFF DEMOGRAPHICS

<input type="checkbox"/>	*Staff Name
<input type="checkbox"/>	*Position Title
<input type="checkbox"/>	*Certified in Position
<input type="checkbox"/>	Lead in Position
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Full-Time Equivalent
<input type="checkbox"/>	Actual Hours Worked per Week
<input type="checkbox"/>	Staff Gender
<input type="checkbox"/>	ACMPE Status
<input type="checkbox"/>	Formal Education
<input type="checkbox"/>	Years of Position Experience

STAFF COMPENSATION

<input type="checkbox"/>	*Total Annual Compensation
<input type="checkbox"/>	*Hourly Rate Compensation SUPPORT STAFF ONLY
<input type="checkbox"/>	Compensation Method
<input type="checkbox"/>	Annual Overtime Compensation
<input type="checkbox"/>	Annual Bonus/Incentive Amount
<input type="checkbox"/>	Annual Retirement Benefits excluding FICA
<input type="checkbox"/>	Total Paid Time Off (PTO) Offered (in Hours)
<input type="checkbox"/>	Total Paid Time Off for Continuing Education (in Hours)
<input type="checkbox"/>	Continuing Education Amount Offered (in Dollars)