



# 2018 MGMA PRACTICE PROFILE

(\*Asterisks denote required questions)

The Practice Profile must be completed in full before beginning any of the MGMA surveys. It is intended to help tailor your survey to be relevant to your organization.

[Click here to view the Practice Profile Guide for definitions for each question.](#)

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

*The Practice Profile does not determine tier 1 or tier 2 participation benefits, but denoted questions are required (\*) to be eligible for submission.*

| PRACTICE INFORMATION     |  |
|--------------------------|--|
| <input type="checkbox"/> | *Practice Name   |
| <input type="checkbox"/> | Practice Address   |
| <input type="checkbox"/> | Practice City  |
| <input type="checkbox"/> | *Practice State  |
| <input type="checkbox"/> | *Practice Zip  |
| <input type="checkbox"/> | *What type of organization do you work for?                                    |
| <input type="checkbox"/> | *Report Recipient Email  |
| <input type="checkbox"/> | *Who is your practice's majority owner?  |
| <input type="checkbox"/> | *What is your practice's practice or specialty type?                           |
| <input type="checkbox"/> | Practice is affiliated with Accountable Care Organization                      |
| <input type="checkbox"/> | Practice is Patient Centered Medical Home                                      |
| <input type="checkbox"/> | *Do you plan to submit data specific to your practice's medical directorships? |
| <input type="checkbox"/> | *Do you plan to submit data specific to your providers that take call?         |
| <input type="checkbox"/> | What is your practice's EHR system?  |
| <input type="checkbox"/> | What is your practice's management system?                                     |
| <input type="checkbox"/> | What is your clearinghouse (or "Network Transaction Company")?                 |
| <input type="checkbox"/> | What is your practice's payroll system?  |
| <input type="checkbox"/> | What is your practice's financial system?                                      |