The quality of our reported results depends upon the completeness and accuracy of every response.

Learn more about the benefits of participating.

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

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.

**Note:** Practices that are “Multispecialty with specialty care only” will be asked to break out data for each specialty in the Cost and Revenue Survey.

(*Asterisks denote required questions*)

### DEMOGRAPHICS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>□</td>
<td>*For the purpose of reporting the information in this questionnaire, what fiscal year was used?</td>
</tr>
<tr>
<td>□</td>
<td>How many branch/satellite clinics did your practice have, not counting the primary location?</td>
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<tr>
<td>□</td>
<td>Number of exam/treatment rooms?</td>
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<tr>
<td>□</td>
<td>What was the gross square footage of all practice facilities?</td>
</tr>
<tr>
<td>□</td>
<td>Does this practice/location rent or own its space?</td>
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<tr>
<td>□</td>
<td>How many years has this practice/location been open?</td>
</tr>
<tr>
<td>□</td>
<td>What accounting method was used for tax reporting purposes?</td>
</tr>
<tr>
<td>□</td>
<td>What accounting method was used for internal management purposes?</td>
</tr>
<tr>
<td>□</td>
<td>Did your practice provide ancillary-supplementary services? Such services are those that are provided as part of, or are wholly owned by the practice.</td>
</tr>
</tbody>
</table>
| □ | *Did your practice utilize a care team model?*  
ANESTHESIOLOGY PRACTICES ONLY |
## CHARGES

- Gross fee-for-service charges
- Adjustments to fee-for-service charges
- Adjusted fee-for-service charges
  \((\text{Gross fee-for-service charges} - \text{Adjustments to fee-for-service charges})\)
- Bad debts due to fee-for-service activity
- Gross charges for patients covered by capitation contracts
- Total gross charges
  \((\text{Gross fee-for-service charges} + \text{Gross charges for capitation contracts})\)

## REVENUE

- *Total net fee-for-service collections/revenue*
- Gross capitation revenue
- Purchased services for capitation patients
- Net capitation revenue
  \((\text{Gross capitation revenue} - \text{Purchased services for capitation patients})\)
- Incentive-based revenue
- Other medical revenue
- Revenue from the sale of medical goods and services
- Gross revenue from other medical activities
  \((\text{Incentive-based revenue} + \text{Other medical revenue} + \text{Revenue from sale of medical goods and services})\)
- Cost of sales and/or cost of other medical activities
- Net other medical revenue
  \((\text{Gross revenue from other medical activities} - \text{Cost of sales/other medical activities})\)
- *Total medical revenue*
  \((\text{Total net fee-for-service collections/revenue} + \text{Net capitation revenue} + \text{Net other medical revenue})\)
- Nonmedical revenue (investment and rental revenue)
- Extraordinary nonmedical revenue
- Financial support from parent organization (subsidies)
- Goodwill amortization
- Nonmedical cost (income taxes)
- Extraordinary nonmedical cost
- Net nonmedical income or loss
  \(((\text{Nonmedical revenue} + \text{Extraordinary nonmedical revenue} + \text{Financial support from parent organization (subsidies)} - \text{Goodwill amortization} - \text{Nonmedical cost} - \text{Extraordinary nonmedical cost})\)
<table>
<thead>
<tr>
<th><strong>STAFF</strong></th>
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</thead>
<tbody>
<tr>
<td>☐ General administrative FTE and Cost</td>
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<tr>
<td>☐ Patient accounting FTE and Cost</td>
</tr>
<tr>
<td>☐ General accounting FTE and Cost</td>
</tr>
<tr>
<td>☐ Managed care administrative FTE and Cost</td>
</tr>
<tr>
<td>☐ Information technology FTE and Cost</td>
</tr>
<tr>
<td>☐ Housekeeping, maintenance, security FTE and Cost</td>
</tr>
<tr>
<td>☐ <strong>Total business operations support staff FTE and Cost</strong></td>
</tr>
<tr>
<td><em>(Add General administrative through Housekeeping, maintenance, security)</em></td>
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<tr>
<td>☐ Medical receptionists FTE and Cost</td>
</tr>
<tr>
<td>☐ Medical secretaries, transcribers FTE and Cost</td>
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<tr>
<td>☐ Medical records FTE and Cost</td>
</tr>
<tr>
<td>☐ Other administrative support FTE and Cost</td>
</tr>
<tr>
<td>☐ <strong>Total front office support staff FTE and Cost</strong></td>
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<tr>
<td><em>(Add Medical receptionists through Other administrative support)</em></td>
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<tr>
<td>☐ Registered nurses FTE and Cost</td>
</tr>
<tr>
<td>☐ Licensed practical nurses FTE and Cost</td>
</tr>
<tr>
<td>☐ Medical assistants, nurse’s aides FTE and Cost</td>
</tr>
<tr>
<td>☐ <strong>Total clinical support staff FTE and Cost</strong></td>
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<tr>
<td><em>(Add Registered nurses through Medical assistants, nurse’s aides)</em></td>
</tr>
<tr>
<td>☐ Clinical laboratory FTE and Cost</td>
</tr>
<tr>
<td>☐ Radiology and imaging FTE and Cost</td>
</tr>
<tr>
<td>☐ Other medical support services FTE and Cost</td>
</tr>
<tr>
<td>☐ <strong>Total ancillary support staff FTE and Cost</strong></td>
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<tr>
<td><em>(Add Clinical laboratory, through Other medical support services)</em></td>
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<tr>
<td>☐ <strong>Total employed support staff FTE and Cost</strong></td>
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<tr>
<td><em>(Business operations + Front office + Clinical + Ancillary)</em></td>
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<tr>
<td>☐ <strong>Total employed support staff benefit cost</strong></td>
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<tr>
<td>☐ Total contracted support staff (temporary) FTE and Cost</td>
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<tr>
<td>☐ <strong>Total support staff FTE and Cost</strong></td>
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<tr>
<td><em>(Total employed support staff + Benefit cost + Contracted support staff)</em></td>
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</tbody>
</table>
#### EXPENSES

- Information technology
- Drug supply
- Medical and surgical supply
- Building and occupancy
- Building depreciation
- Furniture and equipment
- Furniture and equipment depreciation
- Administrative supplies and services
- Professional liability insurance premiums
- Other insurance premiums
- Legal fees
- Consulting fees
- Outside professional fees
- Promotion and marketing
- Clinical laboratory
- Radiology and imaging
- Other ancillary services
- Billing and collections purchased services
- Management fees paid to an MSO or PPMC
- Miscellaneous operating cost
- Cost allocated to medical practice from parent organization

*Total general operating cost*  
(Add Information technology through Cost allocated to medical practice)

*Total operating cost*  
(Total support staff cost + Total general operating cost)
### PROVIDERS

- Advanced practice provider provider compensation
- Advanced practice provider provider benefit cost
- **Total advanced practice provider FTE and Cost**
  
  (Advanced practice provider compensation + Advanced practice provider benefit cost)
- Primary care physicians FTE
- Nonsurgical specialty physicians FTE
- Surgical specialty physicians FTE
- Total physician compensation
- Total physician benefit cost
- **Total physicians FTE and Cost**
  
  (Primary care FTE + Nonsurgical FTE + Surgical physicians FTE)
  
  (Total physician compensation + Physician benefit cost)
- **Total providers FTE and Cost**
  
  (Total advanced practice providers + Total physicians)

### NET INCOME

- **Total medical revenue after operating cost**
  
  (Total medical revenue - Total operating cost)
- **Net practice income or loss**
  
  (Total medical revenue after operating cost - Total provider cost + Net nonmedical income or loss)

### PERFORMANCE

- Current to 30 days in A/R
- 31 to 60 days
- 61 to 90 days
- 91 to 120 days
- Over 120 days
- Total Accounts Receivable
  
  (Current to 30 days + 31 to 60 days + 61 to 90 days + 91 to 120 days + Over 120 days)
- Did your practice re-age accounts receivable when a balance was transferred to a secondary carrier or the patient’s private account?
- Medicare percent of gross charges
- Medicaid percent of gross charges
- Commercial percent of gross charges
## PERFORMANCE (CONTINUED)

- Workers’ compensation percent of gross charges
- Charity care percent of gross charges
- Self-pay percent of gross charges
- Other federal government payers percent of gross charges
- **Total payer mix gross charges**
  (> Add Medicare through Other federal government payers)
- **Specify the number of Level 1, 2 and 3 trauma centers serviced**
  ANESTHESIOLOGY PRACTICES ONLY
- **Number of Hospital, Same-Day Surgery Center, Surgeon Offices and Other facilities staffed**
  ANESTHESIOLOGY PRACTICES ONLY
- **Number of Hospital, Same-Day Surgery Center, Surgeon Offices and Other anesthetizing locations**
  ANESTHESIOLOGY PRACTICES ONLY
- What was the total number of hospitals covered that paid a stipend?
  ANESTHESIOLOGY PRACTICES ONLY
- **Total stipend amount for top 3 entities**
  ANESTHESIOLOGY PRACTICES ONLY
- Number of beds for top 3 entities
  ANESTHESIOLOGY PRACTICES ONLY

## PRODUCTION

- Medical procedures conducted inside the practice's facilities: Number of procedures and Gross charges
- Medical procedures conducted outside the practice's facilities: Number of procedures and Gross charges
- Surgery and anesthesia procedures conducted inside the practice's facilities: Number of procedures and Gross charges
- Surgery and anesthesia procedures conducted outside the practice's facilities: Number of procedures and Gross charges
- Clinical laboratory and pathology procedures: Number of procedures and Gross charges
- Diagnostic radiology and imaging procedures: Number of procedures and Gross charges
- Total procedures and procedural gross charges
  (> Medical procedures + Surgery and anesthesia procedures + Clinical laboratory + Diagnostic radiology)
- Nonprocedural gross charges
- Total gross charges
  (> Total procedural gross charges + Nonprocedural gross charges)
### PRODUCTION (CONTINUED)

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>*Work RVUs</td>
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<td></td>
<td>*Total RVUs</td>
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<td>*Total ASA units</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>*Number of individual patients</td>
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<td>Number of patient encounters</td>
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<td>Practice panel size for the past 18 months</td>
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<td>CARDIOLOGY AND PRIMARY CARE PRACTICES ONLY</td>
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<td>Surgical anesthesia: *Physician base units, *Physician Minutes, Charge per ASA Unit, *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Labor epidurals: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>C-Sections: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Epidurals: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Follow-up visits: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Nerve blocks for post op pain: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Critical care services: *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Other (lines, intubations, etc.): *Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<tr>
<td></td>
<td>*Total for anesthesiology procedures: Number of cases, Gross charges, Total medical revenue</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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<td>Claims processed per biller</td>
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<td>ANESTHESIOLOGY PRACTICES ONLY</td>
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**TELEHEALTH**

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<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Telehealth gross charges</td>
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<td>Adjustments to telehealth gross charges</td>
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<td>Adjusted telehealth charges</td>
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<td>Overall telehealth revenue</td>
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<td>Overall cost of telehealth-based technology</td>
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<td>Number of telehealth encounters</td>
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<td></td>
<td>Payer Mix – percent of total gross charges for telehealth services only</td>
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</tbody>
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