



2020 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"/>	*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 survey, what fiscal year was used?
<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 other faculty FTE in department ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*Total nonphysician provider FTE in practice
<input type="checkbox"/>	*Total support staff FTE in practice
<input type="checkbox"/>	*What was the total patient care revenue for your department? ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	*What was the total medical revenue (collections) for your practice or department?



PROVIDER DEMOGRAPHICS

<input type="checkbox"/>	*Provider Name
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	Provider NPI
<input type="checkbox"/>	*Physician or Nonphysician Provider Specialty
<input type="checkbox"/>	*Provider Rank
<input type="checkbox"/>	Provider Gender
<input type="checkbox"/>	*Type of On-Call Coverage Provided ON-CALL PROVIDERS ONLY
<input type="checkbox"/>	*Provider had Medical Directorship Duties MEDICAL DIRECTORSHIPS ONLY
<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
<input type="checkbox"/>	Actual Hours Worked per Week
<input type="checkbox"/>	Actual Hours Worked per Year
<input type="checkbox"/>	Vacation Offered (in Hours)
<input type="checkbox"/>	Total Sick Time Offered (in Hours)
<input type="checkbox"/>	Total Paid Time Off (PTO) Offered (in Hours)



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 or 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 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 Directorship 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"/>	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"/>	*Total RVUs
<input type="checkbox"/>	*Work RVUs
<input type="checkbox"/>	ASA Units ANESTHESIOLOGY PRACTICES ONLY
<input type="checkbox"/>	Collections for Professional Charges
<input type="checkbox"/>	Professional Gross Charges
<input type="checkbox"/>	*Does this provider's productivity include any that is not their own? PHYSICIANS ONLY
<input type="checkbox"/>	*Can Nonphysician Provider Bill Under Themselves? NONPHYSICIAN PROVIDERS ONLY
<input type="checkbox"/>	*% of Technical Component Included in Collections and Charges
<input type="checkbox"/>	Total 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 PHYSICIANS ONLY
<input type="checkbox"/>	Amount of Relocation Expenses Paid
<input type="checkbox"/>	Production Bonus Amount Offered
<input type="checkbox"/>	Tail Coverage Amount Offered
<input type="checkbox"/>	Signing Bonus Amount Offered
<input type="checkbox"/>	Loan Forgiveness Amount
<input type="checkbox"/>	First Year CME Paid Time Off (in Weeks)
<input type="checkbox"/>	Amount of CME Expenses Paid



STAFF DEMOGRAPHICS

<input type="checkbox"/>	*Staff Name
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Position Title
<input type="checkbox"/>	*Certified in Position
<input type="checkbox"/>	Lead in Position
<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 for Continuing Education (in Hours)
<input type="checkbox"/>	Continuing Education Amount Offered (in Dollars)
<input type="checkbox"/>	Vacation Offered (in Hours)
<input type="checkbox"/>	Total Sick Time Offered (in Hours)
<input type="checkbox"/>	Total Paid Time Off (PTO) Offered (in Hours)