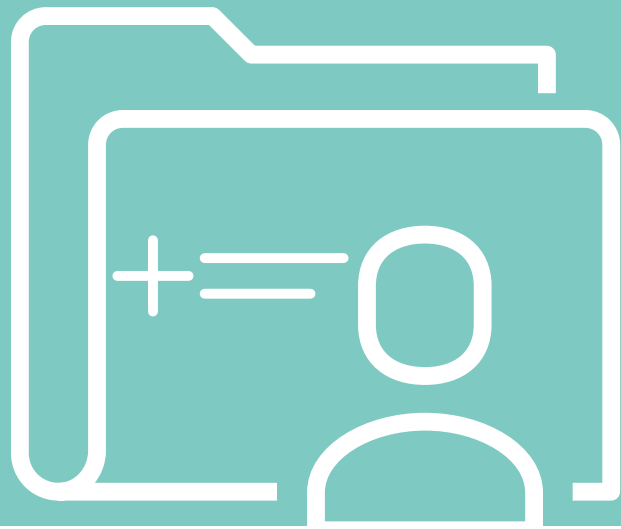


2020 MGMA Practice Profile Survey Guide

Opens: October 11, 2019



This document is intended to serve as a guide for completing the 2020 MGMA Practice Profile. 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 practice(s).

Before you begin, please click here to confirm you are eligible to participate.

An explanation of each survey question and the provided answer options are included. For additional participation resources, including FAQs, Excel survey help, change notices and participation benefits, check out our Survey Participation Resources page [mgma.com/participate](https://www.mgma.com/participate).

Getting Started:

- The Practice Profile can be accessed at data.mgma.com by clicking on the "Participate" title on the far left, and opens before the surveys launch.
- The quality of our reported results depends upon the completeness and accuracy of every response. The more you give, the more you get. Learn more **about the benefits of participating**.
- Questions with an asterisk * are required. Questionnaires with required questions left blank may not be eligible for submission.
- Before entering the Practice Profile, you will have the option to prefill demographic information from the previous year's submission.
- Complete for your practice's 2019 fiscal year.



PRACTICE PROFILE

This section contains demographic information regarding your practice(s). It must be completed in full before entering any survey as it will help tailor the surveys to be relevant to your practice(s).

*Practice NPI

The National Provider Identifier (NPI) is a unique, 10-digit identification number assigned to healthcare providers to submit claims or conduct other transactions specified by the Health Insurance Portability and Accountability Act (HIPAA). A healthcare provider is defined as an individual, practice or organization that provides medical or other health services. Look up practice and provider NPI numbers here: <https://npiregistry.cms.hhs.gov/>

*Practice Name

Enter a unique name, ID, or tracking code for your practice(s), one per row, under the Practice Name header.

Practice Address

Enter the street address of the organization for which the data is being reported.

Practice City

Enter the city of the organization for which the data is being reported.

*Practice State

Enter the state of the organization for which the data is being reported.

*Practice Zip

Enter the zip code of the organization for which the data is being reported.

*What type of organization do you work for?

Select your work organization type from the list provided. If the type of work organization you work for isn't listed, please select "Other" and enter the type of entity in the corresponding write-in field.

Medical Group Practice: Physicians working in associations with the joint use of equipment and technical personnel and with centralized administration and financial organization.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.



Management Services Organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician Practice Management Company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Independent Practice Association (IPA): An IPA is an association of independent physicians, or other organizations that contract with independent physicians, and provides services to managed care organizations on a negotiated per capita rate, flat retainer fee, or negotiated fee-for-service basis.

Health Maintenance Organization (HMO): An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

Freestanding Ambulatory Surgery Center (ASC): An ASC is a freestanding entity that is specifically licensed to provide surgery services that are performed on a same-day outpatient basis. A freestanding ambulatory surgery center does not employ physicians and therefore is **NOT ELIGIBLE TO PARTICIPATE**.

Physician Hospital Organization (PHO): PHOs are group practice arrangements where hospitals and physicians organize for contracting with managed care organizations. These relationships are formal, contractual, or corporate in nature and include physicians outside the hospital's medical staff.

Medical School Administration (University Level): A medical school administration (university level) is a centralized administrative department which provides administrative services to multiple areas and departments within the university whole.

Medical School Faculty Practice Plan: A medical school faculty practice plan is an organized group of physicians and other healthcare professionals that treat patients referred to an academic medical center.

Medical School Clinical Science Department (Department Level): A medical school clinical science department (department level) is a graduate school department within a university that offers study leading to a medical degree.

Medical School (School of Medicine Level): A medical school (school of medicine level) is a graduate school of medicine within a university that offers study leading to a medical degree.

University Hospital: A university hospital (or teaching hospital) is a hospital that provides clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients. They are generally affiliated with medical schools or universities, and may be owned by a university or may form part of a wider regional or national health system.

Consulting Firm: A consulting firm is a person or group of persons who provide professional advice to an organization for a fee.



Recruitment Services Firm: A recruitment services firm is a person or group of persons who provide recruitment services to an organization for a fee.

Other: If your work organization type is not listed, select "other" and enter the type of entity in the corresponding write-in field.

*DataDive Access Recipient Email

Enter the email address of the person who will receive access to the complimentary, single-user report. The email address must be associated with an MGMA account in order to grant access to the results in MGMA DataDive.

*Who is your practice's majority owner?

Select the choice that represents the majority owner of your practice. If your practice's ownership is not listed in the options provided, please select "Other" and enter the type of entity in the corresponding write-in field.

Physicians: Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.

Nonphysician Providers: Any nonphysician provider (e.g. nurse practitioners, physical therapists, etc.) duly licensed and qualified under the law of jurisdiction in which treatment is received.

Hospital: A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues.

Integrated Health System (IHS) or Integrated Delivery System (IDS): An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.

Management services organization (MSO): An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.

Physician practice management company (PPMC): A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.

Insurance company or health maintenance organization (HMO): An insurance company is an organization that indemnifies an insured party against a specified loss in return for premiums paid, as stipulated by a contract. An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.

University or medical school: A university is an institution of higher learning with teaching and research facilities comprising undergraduate, graduate and professional schools. A medical school is an institution that trains physicians and awards medical and osteopathic degrees.



Government: A governmental organization at the federal, state, or local level. Government funding is not a sufficient criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility.

Private investor(s): A private investor is a company or individual that takes their own money and uses it to fund another organization. Some investors have the option to invest passively, which means they give their funding and play no further role, while others have a more significant role in the organization.

Telehealth: A telehealth practice uses electronic information and telecommunication technologies to support and deliver long-distance clinical healthcare, patient and professional health-related education, public health, and health administration.

Other: If your majority owner is not listed, select "other" and enter the type of entity in the corresponding write-in field.

*What is your practice's practice or specialty type?

Select the practice type or single specialty that most closely describes your practice. If your single specialty is not listed, select "Other Single Specialty" and enter the practice or specialty type in the corresponding write-in field.

*Do you plan to submit data specific to your practice's medical directorships? (Recruiting firms do not need to answer)

Answer "Yes" if your practice had at least one medical directorship for the full 2019 fiscal year and you wish to answer specific directorship questions for those medical directorships. By answering those additional questions, you will receive access to the Medical Directorship Compensation results in MGMA DataDive. Answer "No" if your practice did not have any medical directorships, your medical directorships were not for the full 2019 fiscal year, or you do not wish to submit data for those medical directorships.

*Do you plan to submit data specific to your providers that take call? (Recruiting firms do not need to answer)

Answer "Yes" if your practice had at least one provider who provided on-call services, paid or unpaid and you wish to answer specific on-call questions for those providers. By answering those additional questions, you will receive access to the On-Call Compensation results in MGMA DataDive. Answer "No" if none of your providers worked on-call or you do not wish to submit on-call data for those providers.



What is your practice's legal organization?

Business corporation: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.

Limited liability company: A legal entity that is a hybrid between a corporation and a partnership, because it provides limited liability to owners like a corporation while passing profits and losses through to owners like a partnership.

Not-for-profit corporation/foundation: An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational, or research purpose.

Partnership: An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets, and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.

Professional corporation/association: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders must be licensed in the profession practiced by the organization.

Sole proprietorship: An organization with a single owner who is responsible for all profit, losses, assets, and liabilities.

Other: If your practice's legal organization is not listed, describe in the "other" text box.

*Practice is Federally Qualified Health Center (FQHC)

A reimbursement designation that refers to several health programs funded under Section 330 of the Public Health Service Act of the US Federal Government. These 330 grantees in the Health Center Program include:

- Community Health Centers which serve a variety of underserved populations and areas;
- Migrant Health Centers which serve migrant and seasonal agricultural workers;
- Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

FQHCs are community-based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.



*Practice is Rural Health Clinic (RHC)

A clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is to improve access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and nonphysician providers (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with a nonphysician provider. RHCs may also provide other healthcare services, such as mental health or vision services, but reimbursement for those services may not be based on their allowable costs.

Practice is affiliated with Accountable Care Organization (ACO)

A group of coordinated healthcare providers who form a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for their population of patients. The ACO is accountable to patients and the third-party payer for the quality, appropriateness, and efficiency of the care provided.

Practice is Patient Centered Medical Home (PCMH)

A care delivery model where patient treatment and care is coordinated through their primary care provider to ensure they receive high quality care when care is necessary. The objective is collaboration between the patient and physicians with care delivered in a way the patient can understand. PCMHs seek to improve the quality, effectiveness, and efficiency of the care delivered while focusing on meeting patient needs first.

Does your practice offer telehealth services?

Telehealth/Telemedicine is the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

How did the practice store information for the majority of patients served?

Choose the method in which the practice stored health/medical records for the majority of patients served by the practice. A fully functional Electronic Health Record (EHR) would include the following four functions:

- Collect patient data;
- Display test results;
- Allow providers to enter medical orders and prescriptions; and
- Aid physicians in making treatment decisions.



How many years has your current EHR been fully implemented in your practice?

Enter the number of years that an EHR has been fully implemented. If your practice has had more than one EHR, enter the number since the first EHR was fully implemented.

What value based program does your practice participate in?

- CMS value based program
- Commercial value based program
- Both CMS and Commercial value based programs
- None, do not participate in value based contracts

% of your commercial payer contracts include a value based reimbursement component

Provide the whole-number.

Please identify your systems. (Recruiting firms do not need to answer)

- What is your practice's EHR system?
- What is your practice's management system?
- What is your clearinghouse (or "Network Transaction Company")?
- What is your practice's payroll system?
- What is your practice's financial system?