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. (*Asterisks denote required questions)

**PRACTICE DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>*University Name</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*Medical School Name</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*Department Name</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*For the purpose of reporting the information in this survey, what fiscal year was used?</td>
<td></td>
</tr>
<tr>
<td>*Program sponsorship</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*Total physician FTE in practice</td>
<td></td>
</tr>
<tr>
<td>*Total other faculty FTE in department</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*Total advanced practice provider FTE in practice</td>
<td></td>
</tr>
<tr>
<td>*Total support staff FTE in practice</td>
<td></td>
</tr>
<tr>
<td>*Total patient care revenue for your department</td>
<td>ACADEMIC PRACTICES ONLY</td>
</tr>
<tr>
<td>*Total medical revenue (collections) for your practice or department</td>
<td></td>
</tr>
</tbody>
</table>
### PROVIDER DEMOGRAPHICS
- *Unique Provider Identifier
- *Provider NPI
- *Employment Status
- *Physician or Advanced Practice Provider Specialty
- *Provider Rank
- Provider Gender
- Years in Specialty
- *Provider had On-Call Duties
- *Provider had Medical Directorship Duties
- *Provider had Supervisory Duties
- Provider Performed Telehealth Services

### FTE DEMOGRAPHICS
- *Full-Time Equivalent
- *% Billable Clinical
- *% Administrative
- *% Teaching
- *% Research
- *% Other
- Actual Hours Worked per Week
- Actual Hours Worked per Year
- Vacation Offered (in Hours)
- Total Sick Time Offered (in Hours)
- Total Paid Time Off (PTO) Offered (in Hours)
### PROVIDER COMPENSATION

- *Base Compensation
  - Academic Providers Only
- *Total Compensation
- *First Year Guaranteed Compensation
  - New Hires Only
- *% of Total Compensation based on Straight or Base Salary
- *% of Total Compensation based on Productivity
- *% of Total Compensation based on Quality and Patient Experience Metrics
- *% of Total Compensation based on On-Call Compensation
- *% of Total Compensation based on Other Metrics
- *Type of Compensation Tax Form

### ON-CALL INFORMATION (ON-CALL PROVIDERS ONLY)

- *Type of On-Call Coverage Provided
- *Method by which the Provider was Compensated for On-Call Coverage
- *Amount Compensated per On-Call Compensation Method
- *Number of Hours per On-Call Compensation Method (if no additional compensation was offered, report hours per week)
- Holiday On-Call Compensation Amount (per day)
- Weekend On-Call Compensation Amount (per day)

### MEDICAL DIRECTORSHIP INFORMATION (MEDICAL DIRECTORSHIP ONLY)

- *Method by which the Medical Directorship was Compensated
- *Directorship Compensation per Method
- *Total Annualized Directorship Compensation
- Directorship Hours per Week
- Internal or External Directorship

### ADDITIONAL PROVIDER INFORMATION

- Bonus/Incentive Amount
- Retirement Benefits
- Compensation Includes Revenue from Separate Facility Fee
## PROVIDER PRODUCTION

- ☐ *Did this Physician's Productivity Include any that was not their own?*
  - PHYSICIANS ONLY
- ☐ *Can Advanced Practice Provider Bill Under Themself?*
  - ADVANCED PRACTICE PROVIDERS ONLY
- ☐ *% of Technical Component (TC) Included in Productivity*
- ☐ *Total RVUs*
- ☐ *Work RVUs*
- ☐ *ASA Units*
  - ANESTHESIOLOGY PROVIDERS ONLY
- ☐ Collections for Professional Charges
- ☐ Professional Gross Charges
- ☐ Total Encounters
- ☐ Number of Outpatient E/M Codes
- ☐ Number of Inpatient E/M Codes

## TELEHEALTH INFORMATION

- ☐ Method by which the Provider was Compensated for Telehealth Services
- ☐ Amount Compensated per Telehealth Compensation Method
- ☐ Total RVUs from Telehealth Services
- ☐ Work RVUs from Telehealth Services
- ☐ Collections for Professional Charges for Telehealth Services
- ☐ Professional Gross Charges for Telehealth Services
- ☐ Total Number of Telehealth Patients
- ☐ Total Number of Telehealth Visits
### PLACEMENT INFORMATION (NEW HIRES ONLY)
- [ ] *State Provider Relocated From*
- [ ] *Hired Out of Residency or Fellowship*
- [ ] *Signing Bonus Offered*
  - Signing Bonus Amount Offered
  - Signing Bonus Payback Required
- [ ] *Starting Bonus Offered*
  - Starting Bonus Amount Offered
- [ ] Amount of Relocation Expenses Paid
- [ ] Loan Forgiveness Amount
- [ ] First Year CME Paid Time Off (in Weeks)
- [ ] Amount of CME Expenses Paid

### STAFF DEMOGRAPHICS
- [ ] *Unique Staff Identifier*
- [ ] *Employment Status*
- [ ] *Position Title*
- [ ] *Certified in Position*
- [ ] *Lead in Position*
- [ ] *Full-Time Equivalent*
- [ ] Actual Hours Worked per Week
- [ ] Staff Gender
- [ ] ACMPE Status
- [ ] Formal Education
- [ ] Years of Position Experience
<table>
<thead>
<tr>
<th>STAFF COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ <em>Total Annual Compensation</em></td>
</tr>
</tbody>
</table>
| ☐ *Hourly Rate Compensation*  
SUPPORT STAFF ONLY |
| ☐ Compensation Method |
| ☐ Annual Overtime Compensation |
| ☐ Annual Bonus/Incentive Amount |
| ☐ Annual Retirement Benefits excluding FICA |
| ☐ Total Paid Time Off for Continuing Education (in Hours) |
| ☐ Continuing Education Amount Offered (in Dollars) |
| ☐ Vacation Offered (in Hours) |
| ☐ Total Sick Time Offered (in Hours) |
| ☐ Total Paid Time Off (PTO) Offered (in Hours) |