

# 2022 MGMA Compensation and Production Survey Question Checklist



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	
<input type="checkbox"/>	<b>*University Name</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*Medical School Name</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*Department Name</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*For the purpose of reporting the information in this survey, what fiscal year was used?</b>
<input type="checkbox"/>	<b>*Program sponsorship</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*Total physician FTE in practice</b>
<input type="checkbox"/>	<b>*Total other faculty FTE in department</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*Total advanced practice provider FTE in practice</b>
<input type="checkbox"/>	<b>*Total support staff FTE in practice</b>
<input type="checkbox"/>	<b>*Total patient care revenue for your department</b> ACADEMIC PRACTICES ONLY
<input type="checkbox"/>	<b>*Total medical revenue (collections) for your practice or department</b>



## PROVIDER DEMOGRAPHICS

<input type="checkbox"/>	<b>*Unique Provider Identifier</b>
<input type="checkbox"/>	<b>*Provider NPI</b>
<input type="checkbox"/>	<b>*Employment Status</b>
<input type="checkbox"/>	<b>*Physician or Advanced Practice Provider Specialty</b>
<input type="checkbox"/>	<b>*Provider Rank</b>
<input type="checkbox"/>	Provider Gender
<input type="checkbox"/>	Years in Specialty
<input type="checkbox"/>	<b>*Provider had On-Call Duties</b>
<input type="checkbox"/>	<b>*Provider had Medical Directorship Duties</b>
<input type="checkbox"/>	<b>*Provider had Supervisory Duties</b>
<input type="checkbox"/>	Provider Performed Telehealth Services

## FTE DEMOGRAPHICS

<input type="checkbox"/>	<b>*Full-Time Equivalent</b>
<input type="checkbox"/>	<b>*% Billable Clinical</b>
<input type="checkbox"/>	<b>*% Administrative</b>
<input type="checkbox"/>	<b>*% Teaching</b>
<input type="checkbox"/>	<b>*% Research</b>
<input type="checkbox"/>	<b>*% Other</b>
<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)



<b>PROVIDER COMPENSATION</b>	
<input type="checkbox"/>	<b>*Base Compensation</b> ACADEMIC PROVIDERS ONLY
<input type="checkbox"/>	<b>*Total Compensation</b>
<input type="checkbox"/>	<b>*First Year Guaranteed Compensation</b> NEW HIRES ONLY
<input type="checkbox"/>	<b>*% of Total Compensation based on Straight or Base Salary</b>
<input type="checkbox"/>	<b>*% of Total Compensation based on Productivity</b>
<input type="checkbox"/>	<b>*% of Total Compensation based on Quality and Patient Experience Metrics</b>
<input type="checkbox"/>	<b>*% of Total Compensation based on On-Call Compensation</b>
<input type="checkbox"/>	<b>*% of Total Compensation based on Other Metrics</b>
<input type="checkbox"/>	<b>*Type of Compensation Tax Form</b>
<b>ON-CALL INFORMATION (ON-CALL PROVIDERS ONLY)</b>	
<input type="checkbox"/>	<b>*Type of On-Call Coverage Provided</b>
<input type="checkbox"/>	<b>*Method by which the Provider was Compensated for On-Call Coverage</b>
<input type="checkbox"/>	<b>*Amount Compensated per On-Call Compensation Method</b>
<input type="checkbox"/>	<b>*Number of Hours per On-Call Compensation Method (if no additional compensation was offered, report hours per week)</b>
<input type="checkbox"/>	Holiday On-Call Compensation Amount (per day)
<input type="checkbox"/>	Weekend On-Call Compensation Amount (per day)
<b>MEDICAL DIRECTORSHIP INFORMATION (MEDICAL DIRECTORSHIP ONLY)</b>	
<input type="checkbox"/>	<b>*Method by which the Medical Directorship was Compensated</b>
<input type="checkbox"/>	<b>*Directorship Compensation per Method</b>
<input type="checkbox"/>	<b>*Total Annualized Directorship Compensation</b>
<input type="checkbox"/>	Directorship Hours per Week
<input type="checkbox"/>	Internal or External Directorship
<b>ADDITIONAL PROVIDER INFORMATION</b>	
<input type="checkbox"/>	Bonus/Incentive Amount
<input type="checkbox"/>	Retirement Benefits
<input type="checkbox"/>	Compensation Includes Revenue from Separate Facility Fee



## PROVIDER PRODUCTION

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

## TELEHEALTH INFORMATION

<input type="checkbox"/>	Method by which the Provider was Compensated for Telehealth Services
<input type="checkbox"/>	Amount Compensated per Telehealth Compensation Method
<input type="checkbox"/>	Total RVUs from Telehealth Services
<input type="checkbox"/>	Work RVUs from Telehealth Services
<input type="checkbox"/>	Collections for Professional Charges for Telehealth Services
<input type="checkbox"/>	Professional Gross Charges for Telehealth Services
<input type="checkbox"/>	Total Number of Telehealth Patients
<input type="checkbox"/>	Total Number of Telehealth Visits



### PLACEMENT INFORMATION (NEW HIRES ONLY)

<input type="checkbox"/>	<b>*State Provider Relocated From</b>
<input type="checkbox"/>	<b>*Hired Out of Residency or Fellowship</b>
<input type="checkbox"/>	<b>*Signing Bonus Offered</b>
<input type="checkbox"/>	Signing Bonus Amount Offered
<input type="checkbox"/>	Signing Bonus Payback Required
<input type="checkbox"/>	<b>*Starting Bonus Offered</b>
<input type="checkbox"/>	Starting Bonus Amount Offered
<input type="checkbox"/>	Amount of Relocation Expenses Paid
<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"/>	<b>*Unique Staff Identifier</b>
<input type="checkbox"/>	<b>*Employment Status</b>
<input type="checkbox"/>	<b>*Position Title</b>
<input type="checkbox"/>	<b>*Certified in Position</b>
<input type="checkbox"/>	<b>*Lead in Position</b>
<input type="checkbox"/>	<b>*Full-Time Equivalent</b>
<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"/>	<b>*Total Annual Compensation</b>
<input type="checkbox"/>	<b>*Hourly Rate Compensation</b> 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)