To report more granular data that meets your benchmarking needs, certain questions have been modified, added or removed from the 2022 MGMA Practice Operations Survey. The following information summarizes these changes.

Survey Launch  February 28, 2022
Survey Close  April 29, 2022

If you have any questions about the updates listed in this Change Notice, please contact the Data Solutions Department at survey@mgma.com or 877.275.6462, ext. 1895.

Please note: Questions that have been removed are not identified in this document.

**Question Additions:**

- **Value-Based**
  - *Did your practice participate in Commercial value-based programs?*
  - *Did your practice participate in Government value-based programs?*
  - *Did your practice participate in Medicare Advantage value-based programs?*
  - Did your practice utilize a bundled payment reimbursement methodology?
  - Did your practice utilize a full capitation reimbursement methodology?
  - Did your practice utilize a partial capitation reimbursement methodology?
  - Did your practice utilize a shared risk reimbursement methodology?
  - Did your practice utilize a shared savings reimbursement methodology?
  - Did your practice utilize a reimbursement methodology not already listed?
  - *Number of commercial payer contracts held by your practice*
  - *Number of government payer contracts held by your practice*
  - *Number of Medicare Advantage payer contracts held by your practice*
  - *How many covered lives were attributed to this practice?*
  - *Number of commercial contracts your practice held that included a risk or value-based or reimbursement methodology*
  - *Number of government contracts your practice held that included a risk or value-based or reimbursement methodology*
  - *Number of Medicare Advantage contracts your practice held that included a risk or value-based or reimbursement methodology*
  - *How many covered lives were attributed to value-based contracts in this practice?*
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- Average number of quality measures your practice reported on in a commercial payer contract
- Average number of quality measures your practice reported on in a government program
- Average number of quality measures your practice reported on in a Medicare Advantage payer contract
- Across all payer types and all payer contracts, which specific measure(s) were a focus for your practice?
- Did your practice participate in an alternative payment model (APM)?
- Did your practice participate in the CMS Merit-based Incentive Payment System (MIPS)?
- What was your practice’s MIPS composite score (CPS)?
- Among your practice’s covered lives attributed under value-based contracts, what was your practice’s hospital admission rate?
- Among your practice’s covered lives attributed under value-based contracts, what was your practice’s hospital 30-day readmission rate?
- Among your practice’s covered lives attributed under value-based contracts, what was your practice’s emergency department utilization rate?
- Among your practice’s covered lives attributed under value-based contracts, what was your practice’s 30-day post-operative infection rate?
- Did your practice risk stratify the patient population?
- Did your practice track social determinants of health (SDOH) in care management plans?
- Did your practice receive payment from any payer for care coordination and/or chronic care management?
- Did your practice perform hierarchal condition category (HCC) coding?
- What was your practice’s generic dispensing rate (GDR)?
- *What was your practice’s total medical revenue specific to value-based contracts?

• Scheduling
  - What was the average throughput or total cycle time for the patient from check-in to check-out?

Question Modifications:

• Scheduling
  - What was the average scheduled appointment slot-time (in minutes) for post-operative visits? If N/A, indicate 0.
  - *On average, what was the third next available appointment (in business days) for post-operative visits?
  - What was the average number of appointment slots in a schedule per day per provider for post-operative visits?