



## MGMA 2016 Management and Staff Compensation Survey

(\*Asterisks denote required questions)

**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 below to view the survey guide and learn more about what's included in each question.

**MGMA 2016 Management and Staff Survey Guide**

Use the checklist below to help you compile answers in preparation for survey participation.

### PRACTICE DEMOGRAPHICS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>*What is your practice NPI number?</b>  |
| <input type="checkbox"/> | <b>*University Name</b><br>ACADEMIC PRACTICES ONLY   |
| <input type="checkbox"/> | <b>*Medical School Name</b><br>ACADEMIC PRACTICES ONLY   |
| <input type="checkbox"/> | <b>*Department Name</b><br>ACADEMIC PRACTICES ONLY   |
| <input type="checkbox"/> | <b>*For the purpose of reporting the information in this questionnaire, what fiscal year was used?</b>                           |
| <input type="checkbox"/> | <b>What is your practice's legal organization?</b>   |
| <input type="checkbox"/> | <b>What is your practice's demographic classification surrounding the primary location of your practice?</b>                     |
| <input type="checkbox"/> | <b>Is your practice a Federally Qualified Health Center (FQHC)?</b>  |
| <input type="checkbox"/> | <b>Is your practice a Rural Health Clinic (RHC)?</b>   |
| <input type="checkbox"/> | <b>*Is your program sponsored by a medical school or is it a nonmedical-school-sponsored program?</b><br>ACADEMIC PRACTICES ONLY |
| <input type="checkbox"/> | <b>*Total physician FTE in practice</b>  |
| <input type="checkbox"/> | <b>*Total nonphysician provider FTE in practice</b>  |
| <input type="checkbox"/> | <b>*Number of other FTE faculty in department</b><br>ACADEMIC PRACTICES ONLY   |

## PRACTICE DEMOGRAPHICS (CONTINUED)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>*Total business operations support staff FTE in department</b><br>ACADEMIC PRACTICES ONLY        |
| <input type="checkbox"/> | <b>*Total front office support staff FTE in department</b><br>ACADEMIC PRACTICES ONLY               |
| <input type="checkbox"/> | <b>*Total clinical support staff FTE in department</b><br>ACADEMIC PRACTICES ONLY                   |
| <input type="checkbox"/> | <b>*Total ancillary support staff FTE in department</b><br>ACADEMIC PRACTICES ONLY                  |
| <input type="checkbox"/> | <b>*Total support staff FTE in practice</b>   |
| <input type="checkbox"/> | <b>How many years has your EHR been fully implemented in your organization?</b>                     |
| <input type="checkbox"/> | <b>How did the practice store information for the majority of patients served by your practice?</b> |
| <input type="checkbox"/> | <b>*What was the total medical revenue (collections) for your practice?</b>                         |
| <input type="checkbox"/> | <b>*What was the total patient care revenue for your department?</b><br>ACADEMIC PRACTICES ONLY     |

## STAFF DEMOGRAPHICS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>*Staff Name</b>   |
| <input type="checkbox"/> | <b>*Position Title</b>                                     |
| <input type="checkbox"/> | <b>Centralized Staff Position</b>                          |
| <input type="checkbox"/> | <b>*Full-Time Equivalent</b>                               |
| <input type="checkbox"/> | <b>Compensation Method</b>                                 |
| <input type="checkbox"/> | <b>Formal Education</b>                                    |
| <input type="checkbox"/> | <b>*ACMPE Status</b>                                       |
| <input type="checkbox"/> | <b>Professional Credentials</b>                            |
| <input type="checkbox"/> | <b>Years of Position Experience</b>                        |
| <input type="checkbox"/> | <b>Weeks Worked per Year</b>                               |
| <input type="checkbox"/> | <b>Percent Administrative</b><br>PHYSICIAN EXECUTIVES ONLY |
| <input type="checkbox"/> | <b>Percent Clinical</b><br>PHYSICIAN EXECUTIVES ONLY       |

## COMPENSATION

|                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | *Total Annual Compensation         |
| <input type="checkbox"/> | Hourly Rate Compensation           |
| <input type="checkbox"/> | Overtime Compensation              |
| <input type="checkbox"/> | Commission Compensation            |
| <input type="checkbox"/> | Bonus/Incentive Amount             |
| <input type="checkbox"/> | Retirement Benefits excluding FICA |

## ACO/PCMH (ACO/PCMH PRACTICES ONLY)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | What is your ACO affiliation?  |
| <input type="checkbox"/> | Is your ACO payment model FFS shared savings?  |
| <input type="checkbox"/> | Is your ACO payment model FFS with a global cap?   |
| <input type="checkbox"/> | Is your ACO payment model professional service capitation?   |
| <input type="checkbox"/> | Is your ACO payment model full capitation?   |
| <input type="checkbox"/> | Who is the primary leadership of your ACO(s)?  |
| <input type="checkbox"/> | Did your practice currently staff additional behavioral health PCMH positions?   |
| <input type="checkbox"/> | Does your practice currently staff additional case manager PCMH positions?   |
| <input type="checkbox"/> | Did your practice currently staff additional home health nurse PCMH positions?   |
| <input type="checkbox"/> | Did your practice currently staff additional nutritionist PCMH positions?  |
| <input type="checkbox"/> | Did your practice currently staff additional patient/care coordinator PCMH positions?  |
| <input type="checkbox"/> | Did your practice currently staff additional patient education PCMH positions?   |
| <input type="checkbox"/> | Did your practice currently staff additional social worker PCMH positions?   |
| <input type="checkbox"/> | Did your practice currently staff additional other PCMH positions?   |
| <input type="checkbox"/> | Did your practice use a capitation PMPM payment model to cover all medical services and medical home activities?                             |
| <input type="checkbox"/> | Did your practice use an enhanced FFS payment model for office visits, regular FFS or other services?  |
| <input type="checkbox"/> | Did your practice use a regular FFS for all services and a PMPM payment model for medical home activities?                                   |
| <input type="checkbox"/> | Did your practice use a regular FFS payment model for all services with pay-for performance or shared savings for meeting utilization goals? |
| <input type="checkbox"/> | Did your practice reimburse PCMH related services using a special HCPCS code?  |
| <input type="checkbox"/> | Did your practice receive no additional payment for becoming a PCMH?   |
| <input type="checkbox"/> | Is your PCMH accredited/recognized by the Accreditation Association of Ambulatory Health Care (AAAHC)?                                       |
| <input type="checkbox"/> | Is your PCMH accredited/recognized by the Bridges of Excellence?   |
| <input type="checkbox"/> | Is your PCMH accredited/recognized by the Joint Commission (JC)?   |
| <input type="checkbox"/> | Is your PCMH accredited/recognized by the National Committee for Quality Assurance (NCQA)?   |
| <input type="checkbox"/> | Is your PCMH accredited/recognized by the URAC?  |
| <input type="checkbox"/> | Is your PCMH not formally accredited?  |
| <input type="checkbox"/> | What level of designation would your practice be considered?   |