



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

PRACTICE DEMOGRAPHICS (CONTINUED)

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

STAFF DEMOGRAPHICS

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