

2022 MGMA Compensation and Production Condensed 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.

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.

PRACTICE PROFILE INFORMATION	
<input type="checkbox"/>	*Practice Name
<input type="checkbox"/>	*Practice NPI
<input type="checkbox"/>	Practice Address
<input type="checkbox"/>	Practice City
<input type="checkbox"/>	*Practice State
<input type="checkbox"/>	*Practice Zip
<input type="checkbox"/>	*If selected as a better-performing practice, would you like to be publicly recognized?
<input type="checkbox"/>	*DataDive Access Recipient Email
<input type="checkbox"/>	*What type of organization do you work for?
<input type="checkbox"/>	What is your organization's top parent organization?
<input type="checkbox"/>	*Who is your practice's majority owner?
<input type="checkbox"/>	*What is your practice's practice or specialty type?
<input type="checkbox"/>	*Does your practice participate in value-based contracts?
<input type="checkbox"/>	*For the purpose of reporting the information in this questionnaire, what fiscal year was used?
<input type="checkbox"/>	*Total physician FTE in practice
<input type="checkbox"/>	*Total advanced practice provider FTE in practice
<input type="checkbox"/>	*Total support staff FTE in practice
<input type="checkbox"/>	*Total medical revenue (collections) for your practice or department



PROVIDER DEMOGRAPHICS

<input type="checkbox"/>	*Unique Provider Identifier
<input type="checkbox"/>	*Provider NPI
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Physician or Advanced Practice Provider Specialty
<input type="checkbox"/>	*Provider Rank

FTE DEMOGRAPHICS

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

PROVIDER COMPENSATION

<input type="checkbox"/>	*Total Compensation
<input type="checkbox"/>	*First Year Guaranteed Compensation NEW HIRES ONLY
<input type="checkbox"/>	*% of Total Compensation based on Straight or Base Salary
<input type="checkbox"/>	*% of Total Compensation based on Productivity
<input type="checkbox"/>	*% of Total Compensation based on Quality and Patient Experience Metrics
<input type="checkbox"/>	*% of Total Compensation based on On-Call Compensation
<input type="checkbox"/>	*% of Total Compensation based on Other Metrics



PROVIDER PRODUCTION

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

PLACEMENT INFORMATION

<input type="checkbox"/>	*State Provider Relocated From
<input type="checkbox"/>	*Hired Out of Residency or Fellowship

STAFF INFORMATION

<input type="checkbox"/>	*Unique Staff Identifier
<input type="checkbox"/>	*Employment Status
<input type="checkbox"/>	*Position Title
<input type="checkbox"/>	*Certified in Position
<input type="checkbox"/>	*Lead in Position
<input type="checkbox"/>	*Full-Time Equivalent
<input type="checkbox"/>	*Total Annual Compensation
<input type="checkbox"/>	*Hourly Rate Compensation SUPPORT STAFF ONLY