



PRACTICE DATA



DEFINITIONS

Reference these definitions to guide you in your completion and/or review of Practice Data fields. Practice Data will prepopulate annually.

Practice name

A unique name, ID or tracking code for your practice(s). Only one practice should be identified per row.

Practice NPI

The National Provider Identifier (NPI) is a unique, 10-digit identification number assigned to each practice. Practice and Provider NPI's can be found [here](#).

Practice address

The street address of the organization for which the data is being reported.

Practice city

The city of the organization for which the data is being reported.

Practice state

The state of the organization for which the data is being reported.

Practice zip

The zip code of the organization for which the data is being reported.

Fiscal period beginning month

The beginning month of your fiscal year.

Fiscal period ending month

The end month of your fiscal year.

- **Beginning month:** Enter the beginning month of your most recently completed fiscal year.
- **Ending month:** Enter the ending month of your most recently completed fiscal year.



PRACTICE DATA

MGMA

Type of organization you work for

The work organization type you work for.

- **Medical Group Practice:** Physicians working in associations with the joint use of equipment and technical personnel and with centralized administration and financial organization.
- **Hospital:** A hospital is a facility of emergency, inpatient and outpatient services where patients are diagnosed and treated for illness and injury. A hospital may also serve as a center for research and teaching.
- **Integrated Health System (IHS) or Integrated Delivery System (IDS):** An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through “virtual” integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.
- **Management Services Organization (MSO):** An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.
- **Physician Practice Management Company (PPMC):** A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.
- **Independent Practice Association (IPA):** An IPA is an association of independent physicians, or other organizations that contract with independent physicians, and provides services to managed care organizations on a negotiated per capita rate, flat retainer fee, or negotiated fee-for-service basis.
- **Health Maintenance Organization (HMO):** An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium. Freestanding
- **Ambulatory Surgery Center (ASC):** An ASC is a freestanding entity that is specifically licensed to provide surgery services that are performed on a same-day outpatient basis. A freestanding ambulatory surgery center does not employ physicians and therefore is **NOT ELIGIBLE TO PARTICIPATE**.
- **Physician Hospital Organization (PHO):** PHOs are group practice arrangements where hospitals and physicians organize for contracting with managed care organizations. These relationships are formal, contractual, or corporate in nature and include physicians outside the hospital's medical staff.
- **Medical School Administration (University Level):** A medical school administration (university level) is a centralized administrative department which provides administrative services to multiple areas and departments within the university whole.
- **Medical School Faculty Practice Plan:** A medical school faculty practice plan is an organized group of physicians and other healthcare professionals that treat patients referred to an academic medical center.
- **Medical School Clinical Science Department (Department Level):** A medical school clinical science department (department level) is a graduate school department within a university that offers study leading to a medical degree.
- **Medical School (School of Medicine Level):** A medical school (school of medicine level) is a graduate school of medicine within a university that offers study leading to a medical degree.
- **University Hospital:** A university hospital (or teaching hospital) is a hospital that provides clinical education and training to future and current doctors, nurses, and other health professionals, in addition to delivering medical care to patients. They are generally affiliated with medical schools or universities, and may be owned by a university or may form part of a wider regional or national health system.
- **Consulting Firm:** A consulting firm is a person or group of persons who provide professional advice to an organization for a fee.
- **Recruitment Services Firm:** A recruitment services firm is a person or group of persons who provide recruitment services to an organization for a fee.
- **Other:** List any other work organization type if none of the above are applicable.



PRACTICE DATA

MGMA

Organization's top parent organization

The name of the top parent organization for which the practice is a subsidiary of, if organization is part of a larger entity.

Practice's majority owner

The majority owner of the practice for which the data is being reported.

- **Physicians:** Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.
- **Advanced Practice Providers:** Any advanced practice provider (e.g. nurse practitioners, physician assistants, etc.) duly licensed and qualified under the law of jurisdiction in which treatment is received.
- **Hospital:** A hospital is a facility of emergency, inpatient and outpatient services where patients are diagnosed and treated for illness and injury. A hospital may also serve as a center for research and teaching.
- **Integrated Health System (IHS) or Integrated Delivery System (IDS):** An IDS is a network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.
- **Management services organization (MSO):** An MSO is an entity organized to provide various forms of practice management and administrative support services to healthcare providers. These services may include centralized billing and collections services, management information services, and other components of the managed care infrastructure. MSOs do not actually deliver healthcare services. MSOs may be jointly or solely owned and sponsored by physicians, hospitals or other parties. Some MSOs also purchase assets of affiliated physicians and enter into long-term management service arrangements with a provider network. Some expand their ownership base by involving outside investors to help capitalize the development of such practice infrastructure.
- **Physician practice management company (PPMC):** A PPMC is an entity that maintains full or partial ownership interest in, and provides management services to, multiple physician organizations. PPMCs may own practices that span multiple specialties, or may be focused on a single specialty such as emergency medicine or hospital medicine.
- **Insurance company (including HMO and PPO):** An insurance company is an organization that indemnifies an insured party against a specified loss in return for premiums paid, as stipulated by a contract. An HMO is an insurance company that accepts responsibility for providing and delivering a predetermined set of comprehensive health maintenance and treatment services to a voluntarily enrolled population for a negotiated and fixed periodic premium.
- **University or medical school:** A university is an institution of higher learning with teaching and research facilities comprising undergraduate, graduate and professional schools. A medical school is an institution that trains physicians and awards medical and osteopathic degrees.
- **Government:** A governmental organization at the federal, state, or local level. Government funding is not a sufficient criterion. Government ownership is the key factor. An example would be a medical clinic at a federal, state, or county correctional facility.
- **Privately Operated:** A company or individual that takes their own money and uses it to fund another organization. Some investors have the option to invest passively, which means they give their funding and play no further role, while others have a more significant role in the organization. Includes non-clinical investors or owners.
- **Foundation:** Foundations are very similar to nonprofit legal entities to allow physicians, organizations or other healthcare providers a mechanism to provide medical services or perform research. Foundations are generally organizations that do not qualify as a public charity, but are often set up via an endowment to support charitable purposes or as a memorial or similar healthcare related purpose. They are usually non-stock corporations and are eligible for federal tax exempt status.
- **Other:** List any other majority owner if none of the above are applicable.



PRACTICE DATA



Practice type or specialty type

The practice type or single specialty that most closely describes your practice.

Practice's legal organization

Business corporation: A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.

- **Multispecialty:** A medical practice that consists of physicians practicing in different specialties.
 - **Multispecialty with Primary and Specialty Care:** Medical practices that consist of physicians practicing in different specialties, including at least one primary care specialty listed below:
 - Family Medicine: General
 - Family Medicine: Sports Medicine
 - Family Medicine: With Obstetrics
 - Family Medicine: Without Obstetrics
 - Geriatrics
 - Internal Medicine: General
 - Pediatrics: Adolescent Medicine
 - Pediatrics: General
 - Pediatrics: Sports Medicine
 - Urgent Care
 - **Multispecialty with Primary Care Only:** A medical practice that consists of physicians practicing in more than one of the primary care specialties listed above or one of the specialties below:
 - Obstetrics/gynecology
 - Gynecology (only)
 - Obstetrics(only)
 - **Multispecialty with Specialty Care Only:** A medical practice that consists of physicians practicing in different specialties, none of which are the primary care specialties listed above.



PRACTICE DATA

MGMA

- **Single Specialty:** A medical practice that focuses its clinical work in one specialty. The determining factor for classifying the type of specialty is the focus of clinical work and not necessarily the specialties of the physicians in the practice.

- Allergy/Immunology
- Anesthesiology
- Anesthesiology: Pain Management
- Anesthesiology: Pain Management Only
- Audiology
- Bariatrics (Nonsurgical)
- Cardiology
- Chiropractic
- Critical Care: Intensivist
- Dentistry
- Dermatology
- Dermatology: Mohs Surgery
- Emergency Medicine
- Endocrinology/Metabolism
- Family Medicine
- Gastroenterology
- Genetics
- Geriatrics
- Hematology/Oncology
- Hospice
- Hospital Medicine
- Hyperbaric Medicine/Wound Care
- Infectious Disease
- Internal Medicine
- Neonatal Medicine
- Nephrology
- Neurology
- Obesity Medicine
- OB/GYN
- OB/GYN: Gynecological Oncology
- OB/GYN: Maternal and Fetal Medicine
- OB/GYN: Reproductive Endocrinology
- Occupational Medicine
- Ophthalmology
- Ophthalmology: Corneal and Refractive Surgery
- Ophthalmology: Retina
- Orthopedics (Nonsurgical)
- Orthopedic Surgery
- Otorhinolaryngology
- Palliative Care
- Pathology
- Pediatrics
- Pediatrics: Allergy/Immunology
- Pediatrics: Cardiology
- Pediatrics: Child Development
- Pediatrics: Clinical and Lab Immunology
- Pediatrics: Critical Care/Intensivist
- Pediatrics: Emergency Medicine
- Pediatrics: Endocrinology
- Pediatrics: Gastroenterology
- Pediatrics: Genetics
- Pediatrics: Hematology/Oncology
- Pediatrics: Hospitalist
- Pediatrics: Infectious Disease
- Pediatrics: Nephrology
- Pediatrics: Neurology
- Pediatrics: Pulmonology
- Pediatrics: Rheumatology
- Pediatrics: Sports Medicine
- Physiatry
- Physical Therapy
- Podiatry
- Podiatry: Surgery
- Psychiatry
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Radiology: Nuclear Medicine
- Rheumatology
- Sleep Medicine
- Surgery: Bariatric
- Surgery: Breast
- Surgery: Cardiovascular
- Surgery: Colon and Rectal
- Surgery: General
- Surgery: Neurological
- Surgery: Oncology
- Surgery: Oral
- Pediatrics: Surgery
- Surgery: Plastic and Reconstruction
- Surgery: Thoracic
- Surgery: Transplant
- Surgery: Trauma
- Surgery: Vascular
- Urgent Care
- Urology
- Other (List any other practice specialty if none of the above are applicable)



PRACTICE DATA



Practice's legal organization

- **Business corporation:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders need not be licensed in the profession practiced by the corporation.
- **Limited liability company:** A legal entity that is a hybrid between a corporation and a partnership, because it provides limited liability to owners like a corporation while passing profits and losses through to owners like a partnership. Not-for-profit corporation/foundation: An organization that has obtained special exemption under Section 501(c) of the Internal Revenue Service code that qualifies the organization to be exempt from federal income taxes. To qualify as a tax-exempt organization, a practice or faculty practice plan would have to provide evidence of a charitable, educational, or research purpose.
- **Partnership:** An unincorporated organization where two or more individuals have agreed that they will share profits, losses, assets, and liabilities, although not necessarily on an equal basis. The partnership agreement may or may not be formalized in writing.
- **Professional corporation/association:** A for-profit organization recognized by law as a business entity separate and distinct from its shareholders. Shareholders must be licensed in the profession practiced by the organization.
- **Sole proprietorship:** An organization with a single owner who is responsible for all profit, losses, assets, and liabilities.
- List any other legal organization if none of the above are applicable.

University Name (*Academic Practices*)

The university name for which the data is being reported.

Medical School Name (*Academic Practices*)

The name of the medical school for which the data is being reported.

Department Name (*Academic Practices*)

The department name for which the data is being reported.

DataDive access recipient email

The email address of the person who will receive access to the complimentary, single-user report. The email address must be associated with an MGMA account in order to grant access to the results in MGMA DataDive.

Is your practice an FQHC?

A reimbursement designation that refers to several health programs funded under Section 330 of the Public Health Service Act of the US Federal Government. These 330 grantees in the Health Center Program include:

- Community Health Centers which serve a variety of underserved populations and areas;
- Migrant Health Centers which serve migrant and seasonal agricultural workers;
- Health Care for the Homeless Programs which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services; and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

FQHCs are community-based organizations that provide comprehensive primary and preventive health, oral, and mental health/substance abuse services to persons in all stages of the life cycle, regardless of their ability to pay.

Is your practice an RHC?

A clinic certified to receive special Medicare and Medicaid reimbursement. The purpose of the RHC program is to improve access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and advanced practice providers (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with an advanced practice provider. RHCs may also provide other healthcare services, such as mental health or vision services, but reimbursement for those services may not be based on their allowable costs.



PRACTICE DATA

MGMA

Is your practice an ACO?

A group of coordinated healthcare providers who form a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for their population of patients. The ACO is accountable to patients and the third-party payer for the quality, appropriateness, and efficiency of the care provided.

Is your practice a PCMH?

A care delivery model where patient treatment and care is coordinated through their primary care provider to ensure they receive high quality care when care is necessary. The objective is collaboration between the patient and physicians with care delivered in a way the patient can understand. PCMHs seek to improve the quality, effectiveness, and efficiency of the care delivered while focusing on meeting patient needs first.

How many hours per week does the practice consider to be Full-Time (in hours)?

The number of hours the practice considers to be minimum for a normal workweek to be a 1.0 full-time equivalent (FTE).

How many branch/satellite clinics did your practice have, not counting the primary location?

The primary clinic location is the clinic with the most FTE physicians out of all the practice branches. A branch or satellite clinic is a smaller clinical facility for which the practice incurs occupancy costs such as lease, depreciation and utilities. A branch is in a separate location from the practice's principal facility. Merely having a physician practice in another location does not qualify that location as a branch or satellite clinic. For example, if a physician sees patients in a hospital, this would not normally be counted as a branch or satellite clinic unless the practice pays rent for the space.

Number of exam/treatment rooms

The number of exam/treatment rooms located in the practice.

Gross square footage of all practice facilities

The total number of finished and occupied square feet within outside walls for all the facilities (both administrative and clinical) that comprise the practice. Hallways, closets, elevators, stairways and other such spaces are included. For anesthesia practices, include any leased or rented administrative office space, regardless of whether it is inside or outside the hospital setting.

Does this practice/location rent or own its space?

Rent: A tenant who makes regular payments to a landlord for the use of property in which practice is located.

Own: The practice or hospital/IDS owns the space in which the practice is located.

How many years has this practice/location been open?

The number of years this practice/location has been open regardless of changes made to the name, ownership, organization structure, tax identification number (TIN), practice NPI etc.

Did your practice utilize a care team model? (Anesthesiology Practices)

According to the American Society of Anesthesiologists, the care team model consists of anesthesiologists supervising qualified advanced practice anesthesia providers and/or resident physicians who are training in the provision of anesthesia care. The anesthesiologist may delegate patient monitoring and appropriate tasks to these advanced practice providers while retaining overall responsibility for the patient.

Members of the Anesthesia Care Team work together to provide the optimal anesthesia experience for all patients. Core members of the anesthesia care team include both physicians (anesthesiologist, anesthesiology fellow, anesthesiology resident) and advanced practice providers (anesthesiologist assistant, nurse anesthetist, anesthesiologist assistant student, student nurse anesthetist). Other healthcare professionals also make important contributions to the perianesthetic care of the patient.

To provide optimum patient safety, the anesthesiologist directing the Anesthesia Care Team is responsible for management of team personnel, patient pre-anesthetic evaluation, prescribing the anesthetic plan, management of the anesthetic, post-anesthesia care and anesthesia consultation.



PRACTICE DATA

MGMA

The open and close times for each day of the week the practice was available for seeing patients.

For days where the practice was closed, select "Not Open". If the practice operated 24 hours a day, select "Open 24 Hours".

Monday open time – Monday close time

Tuesday open time – Tuesday close time

Wednesday open time – Wednesday close time

Thursday open time – Thursday close time

Friday open time – Friday close time

Saturday open time – Saturday close time

Sunday open time – Sunday close time

Accounting method used for tax reporting purpose

- **Cash:** An accounting system where revenues are recorded when cash is received and costs are recorded when cash is paid out. Receivables, payables, accruals, and deferrals arising from operations are ignored. On a pure cash basis, long-lived (fixed) assets are expensed when acquired, leaving cash and investments as the only assets, and borrowings and payroll withholdings as the only liabilities.
- **Accrual:** An accounting system where revenues are recorded as earned when services are performed rather than when cash is received. Cost is recorded in the period during which it is incurred, that is, when the asset or service is used, regardless of when cash is paid. Costs for goods and services that will be used to produce revenues in the future are reported as assets and recorded as costs in future periods. The accrual system balance sheet includes not only the assets and liabilities from the cash basis balance sheet but also includes the receivables from patients, prepayments and deferrals of costs, accruals of costs and revenues, and payables to suppliers.

Accounting method used for internal management purposes

- **Cash:** An accounting system where revenues are recorded when cash is received and costs are recorded when cash is paid out. Receivables, payables, accruals and deferrals arising from operations are ignored. On a pure cash basis, long-lived (fixed) assets are expensed when acquired, leaving cash and investments as the only assets, and borrowings and payroll withholdings as the only liabilities.
- **Modified Cash:** An accounting system that is primarily a cash basis system, but allows the cost of long-lived (fixed) assets to be expensed through depreciation. The modified cash system recognizes inventories of goods intended for resale as assets. Under a modified cash system, purchases of buildings and equipment, leasehold improvements, and payments of insurance premiums applicable to more than one accounting period are normally recorded as assets. Costs for these assets are allocated to accounting periods in a systematic manner over the length of time the practice benefits from the assets.
- **Accrual:** An accounting system where revenues are recorded as earned when services are performed rather than when cash is received. Cost is recorded in the period during which it is incurred, that is, when the asset or service is used, regardless of when cash is paid. Costs for goods and services that will be used to produce revenues in the future are reported as assets and recorded as costs in future periods. The accrual system balance sheet includes not only the assets and liabilities from the cash basis balance sheet but also includes the receivables from patients, prepayments and deferrals of costs, accruals of costs and revenues, and payables to suppliers.

Did you re-age A/R when balance was transferred to a secondary carrier or the patient's private account?

Accounts receivable that were re-aged when a second insurance company or the patient was billed after the first insurance company refused to pay the entire billed amount.

How did your practice manage inbound telephone calls?

- **Front desk staff:** Front desk staff were responsible for answering inbound telephone calls, calls coming in.
- **In-house call center:** Inbound telephone calls, calls coming in, were answered by an in-house call center. A centralized group of staff within the practice other than front desk staff were responsible for answering inbound telephone calls.
- **Outsourced call center:** Inbound telephone calls, calls coming in, were answered by an outsourced call center. A third-party company was responsible for answering inbound telephone calls.
- **Other, please specify:** List any other management of inbound telephone calls if none of the above are applicable.



PRACTICE DATA

MGMA

Does your practice participate in value-based contracts?

Value-based contracts may be offered by both federal (MIPs/APMs) and commercial payers and are contractual arrangements in which payment for providing healthcare goods and services is tied to terms that are based on clinical quality, patient outcomes, and other specified measures of the appropriateness and effectiveness of the services rendered.

The systems used by the practice for which the data is being reported.

- **Practice's EHR system**
- **Practice's management system**
- **Practice's clearinghouse (or "Network Transaction Company")**
- **Practice's payroll system**
- **Practice's financial system**
- **List all other practice systems utilized (write in)**