Clinical Practice
Solutions Center

Glossary

Term	Definition
Access and Throughput Benchmarks	These metrics can be found in the Access and Throughput Dashboard and Access & Throughput Subspecialty Report. Reporting is based on service date and leverages your organization's visit-level ambulatory scheduling data combined with professional fee billing data.
Appointment Cancellations- Provider attributed	Appointments canceled by the provider or clinic (i.e., not the patient) as a percentage of the total number of appointments. Member cancellation reasons are mapped to the CPSC cancellation types ("Provider" and "Clinic").
Appointment No Shows	Appointments for which the patient did not show up, or the patient canceled either the day of or day before the appointment as a percentage of the total number of the scheduled appointments.
Benchmark	Comparative standard against which others may be compared. The value is calculated using the academic, specialty-specific billing data to determine statistical comparisons. The value is updated annually using a sampling methodology and trimming process to remove outliers and identify central tendencies. Values such as Mean, Median, and the 25th, 65th, 75th and 90th percentiles are provided.
Billings	Gross billed charges entered into the billing system for each CPT Code.
Charge Lag	The number of days it takes to enter a service charge in the billing system from the date of service.
Clinical Operational Benchmark	Those metrics found in CPSC Analytics, Opportunity Dashboard and Clinical Activity Reports. Reporting is based on post-date and leverages your organization's professional fee billing data.
Clinical Full-Time Equivalent (CFTE)	The percent of full-time a provider spends in billable, clinical activity. Percent clinical effort cannot exceed 100%.

Commercial Traditional	Commercially insured (i.e., all private insurers including Blue Cross, Blue Shield, excluding government payers and payers included in category "Other") patients for whom physicians providing clinical care are reimbursed on a fee schedule basis or fee for service.
Commercial Managed	Commercially insured patients. Referring physicians providing clinical care are reimbursed on any basis other than pre-paid capitation.
Commercial Capitated	Commercially insured patients. Physicians providing clinical care are reimbursed on a pre-paid, capitated basis
CFTE adjusted wRVU	Raw wRVUs produced by individual clinicians, indexed to a 1.0 CFTE level. This calculation compares clinician productivity to CPSC productivity benchmarks, which are published on a "per 1.0 CFTE" basis.
CFTE adjusted wRVU trend	Temporal view of a clinician's "per 1.0 CFTE" Work RVU production.
Consistency in encounters per provider/hour	The interquartile range (75th percentile minus 25 percentile) of the completed encounters per provider per hour based on the scheduled appointment time
Contract Rate (CPSC Mean Rate)	National average reimbursement for a given CPT code based on time period, national payer and payer product
CPSC Mean Rate as % of GPCI-adj Medicare	Locally adjusted (I e., based on Geographic Practice Cost Index) average reimbursed for a given CPT code based on time period, national payer, and payer product. Benchmark expressed as a percentage of Medicare payment rate.
CPSC Mean Rate per GPCI adj tRVU-	Locally adjusted (i.e., based on Geographic Practice Cost Index) average reimbursement per Total RVU for a given GPT code based on time period, national payer, and payer product.
CPT Code	See Current Procedural Terminology Code.
CPT Family	A grouping of CPT Codes related to a common category of clinical services (e.g., Surgery, Evaluation & Management, Radiology).
CPT Range	A subset of codes within a CPT Family that defines a particular grouping of related procedures (e.g., Surgery-Musculoskeletal).
Current Procedural Terminology (CPT) Code	A systematic listing and coding of procedures and services performed by physicians. Each procedure or service is identified with a five-digit CPT Code to simplify the reporting and billing of services.

Denied CPTs Paid	The number of CPT codes denied on first pass that ultimately goes on to get paid.
Denial Rate	The number of CPT codes denied on the first pass is divided by the number of billed CPT codes.
Denial Rate Opportunity Encounter	The number of CPT codes denied on the first pass is divided by the number of billed CPT codes.
Encounter	An interaction, either face-to-face or virtual, between the patient and clinician that occurs on a single day.
Encounter Distribution	Numerator (Sum of Encounters for a given CPT Code) / Denominator (Sum of all Encounters for all CPT Codes in a given range).
Evaluation & Management Coding	Average distribution of units of CPT codes rendered (based on post date) within CPT code ranges in the Evaluation and Management family of CPT codes. These codes can include an encounter in the inpatient or outpatient setting.
Evaluation & Management (E&M)	Service delivered during an inpatient or outpatient setting that includes a review of patient history, patient examination, and medical decision-making by the clinician. E&M CPT codes are found in the 99201 – 99499 range.
Evaluation & Management (E&M) Opportunity	Models the difference between revenue from the observed distribution across commonly used E&M CPT code ranges and the potential revenue opportunity if those same visits were billed at the CPSC benchmark distribution. Opportunity – the difference between the dollar amounts modeled from the CPT codes as billed (i.e., actual) and the dollar amount modeled using the benchmark distribution.
Full-Time Equivalent (FTE) RVUs	A measure to determine the number of RVUs a provider would produce at 1.0 CFTE (calculated by dividing actual RVUs by the Reported CFTE). This measure is found in the Productivity Summary report. Also, it equals the Local Mean value in the Clinical Fingerprint report.
Imputed CFTE	A measure of the clinical activity of an individual physician or group of physicians relative to the benchmark value for a given specialty. This is computed by dividing the actual RVUs (work or total) generated by the benchmark value selected in the report (mean, median, 75th percentile, etc.).
Imputed: Reported	The ratio of the Imputed CFTE to Reported CFTE. This ratio measures the relative productivity of providers. In other words, it tells what an individual provider or group of providers is producing compared to what is expected.

Inpatient	Services delivered in an acute care setting. The CPSC's inpatient focus is primarily on services delivered in the hospital (POS 21).
Local Mean	A measure to determine the number of RVUs or units a provider would produce at 1.0 CFTE (calculated by dividing actual RVUs by the Reported CFTE). This measure is found in the Clinical Fingerprint report. Also, it equals the FTE RVUs value in the Productivity Summary report.
Malpractice Relative Value Unit (Malpractice RVU)	A unit of measure used to express the amount of malpractice expense of a service relative to other services.
Median days from scheduling an appointment to seeing a new patient	Median number of days between the date on which a visit was scheduled and the date on which the appointment occurs for new patient visits.
Median number of the encounters per provider/hour	Median number of completed encounters per provider per hour based on the scheduled appointment time
Medicaid Traditional	Medicaid insured patients. Physicians providing clinical care are reimbursed on a fee schedule basis.
Medicaid Managed	Medicaid insured patients. Physicians providing care are reimbursed on any basis other than pre-paid capitation.
Medicaid Capitated	Medicaid insured patients. Physicians providing care are reimbursed on a pre-paid, capitated basis.
Medicare Traditional	Medicare insured patients. Physicians providing clinical care are reimbursed on a fee schedule basis.
Medicare Managed	Medicare insured patients. Physicians providing care are reimbursed on any basis other than pre-paid capitation.
Medicare Capitated	Medicare insured patients. Physicians providing care are reimbursed on a pre-paid capitated basis.
Modifier	Under certain circumstances, listed RVU values may be modified to reflect the circumstance. Depending on the modifier used, it can increase or decrease the listed value.
New Patient	One who has not received any professional services from the provider or the same group practice within a past period of time determined by the organization.

New Patient Visit Percentage seen within 7/10/14 days	New patient visits within 7/10/14 days of scheduling an appointment as a percentage of the total number of new patient visits.
New Patient Visit Opportunity	New patient visit CPT codes billed as a percentage of all visit CPT codes. Opportunity – the difference between the actual number of new patient visits and the expected number of visits derived from the 50th percentile benchmark value
New Patient Visits (NPV) Benchmark	The national benchmark for new patient visit percentage at a specialty level. Benchmarks are calculated for the mean, 25th percentile, 50th percentile, 75th percentile, and 90th percentile. All organizations and clinicians from the Faculty Practice Solutions Center (FPSC) database are considered for this metric's benchmark cohort.
Net Collection Opportunity	Percentage of the expected payment (sum of charges minus contractual adjustments, discounts, and charity care) that has been received by the organization using a matched invoice method. Opportunity – the difference between actual collections and what would have been collected had the collection rate been at the 50th percentile benchmark rate for the benchmark year selected.
Net Collection Rate (Matched)	Percentage of the expected payment (sum of charges minus contractual adjustments, discounts, and charity care) that has been received by the organization using a matched invoice method
No Show Appointments	Appointments for which the patient did not show up, or the patient canceled either the day of or day before the appointment as a percentage of the total number of scheduled appointments.
Opportunity Definitions of Clinical Operational and Revenue Metrics	These metrics are only found only in the Opportunity Dashboard and leverage professional fee billing data and invoice-level transaction data from the CPSC Clinical Activity Suite and Revenue Cycle Suite.
Other (Payer)	Patients whose source of payment includes one of the following: Self-Pay, Payer Unrecorded, Payer Uninsured, Tricare, Workers' Compensation, and Professional Courtesy.
Outpatient	Services delivered in a non-acute care setting. The CPSC's outpatient focus is primarily on services delivered in the office setting (POS 11), hospital outpatient departments (POS 19 and 22), virtually (POS 02), ambulatory surgery centers (POS 24), and immediate care centers (POS 17 and 20).
Percentile	Uses the FTE RVUs number to rank the provider against the database's specialty population.

Practice Expense Relative Value Unit (Practice Expense RVU)	A unit of measure used to express the amount of practice overhead costs of a service relative to other services.
Provider/clinic attributed appointment cancellations	Appointments canceled by the provider or clinic (i.e., not the patient) as a percentage of the total number of appointments. Member cancellation reasons are mapped to CPSC cancellation types (i.e., "Provider" and "Clinic").
Resource-Based Relative Value System (RBRVS)	Unit amount for determining the value of clinical services.
Relative Value Unit (RVU)	A non-monetary unit of measure used to express the time, complexity, and cost of performing a given service relative to other procedures.
Reported CFTE	The percent of time spent in billable clinical activity, as reported by the participant. Participants must provide data to calculate other measures.
Revenue Cycle Benchmarks	Reporting is based on invoice creation date and leverages your organization's professional fee billing data and invoice-level transaction data (Subscription upgrade needed for access).
RVU	See Relative Value Unit (RVU).
Total Relative Value Unit (Total RVU)	The sum of the physician work involved (Work RVU), practice overhead costs (Practice Expense RVUs), and malpractice expense (Malpractice RVUs) for any given CPT per 1.0 CFTE.
Work Relative Value Unit (wRVU)	A unit of measure used to express the amount of effort (time, intensity of effort, technical skills) required by a provider to perform a given service relative to other services.
wRVU Mean Benchmark	The average number of work RVUs produced by a clinician at the 1.0 level of clinical effort for a given specialty. All Work, RVU productivity benchmarks represent annual (i.e., 12 months) activity and can be adjusted to accommodate shorter increments of time.
Work RVUs Opportunity	Provider work RVUs (wRVU) compared to the CSPC Median wRVU per 1.0 CFTE benchmark. Opportunity = difference between the observed wRVU production and what would be expected if the provider were performing at the adjusted median benchmark value