Clinical Practice
Solutions Center

Clinical Practice Solutions Center

Clinical Activity Suite • User Manual

June 2019

AAMC vizient.

Table of Contents

AAMC vizient.

AAMC vizient.

Introduction to Clinical Practice Solutions Center

The Association of American Medical Colleges and Vizient® joined forces to develop a consolidated offering of Web-based knowledge resources and benchmarking tools to support their members' physician practice management efforts. The Clinical Practice Solutions Center (CPSC) was initiated as a result of member input regarding the burdensome nature of duplicative data collection and survey activities.

The CPSC is a comprehensive service that provides benchmark data, decision support tools, and focused analyses and research to highlight insights to members' practices. Information is made available to users at participant institutions via secured access to the Web-based reporting tools and via email distribution of analyses and reports. The ***CPSC Briefing and CPSC Data Online Notice*** are email communications pushed to users in an effort to make CPSC information more readily available and easier to access.

The CPSC Team should be viewed as an extension of your staff; the CPSC reporting tools an extension of your internal reports. As such, the CPSC Team welcomes your questions, suggestions, and requests for customized analyses. Participant feedback is critical to ensuring CPSC resources continue to meet the needs of its members' practice management activities.

We hope you find this user manual to be a valuable resource. Most of the processes and methodologies described in this manual can also be found on the CPSC website (www.clinicalpracticesolutionscenter.org).

We thank you for your continued participation.

Sincerely,

The CPSC Team

CPSC Process and Methodologies

Data Collection and Validation

Data are collected from CPSC participants in a much different way than most other RVU benchmarking resources. Rather than using a survey-based instrument to collect information, participants extract line-item billing information from their billing systems utilizing a specified file layout and transmit those data to the CPSC Team via a secure data exchange site. This process ensures data are provided in a uniform and consistent process across all participants. The specifics of the file layout and available physician specialties can be found in the CPSC Operating Guide under the Access Technical Resources section of the CPSC Website.

Upon receipt, the data are scrubbed for inconsistencies, missing data, and/or other errors. Should issues arise in the data file, an error report will be generated and returned to the institution's designated data contact. Corrections are made as appropriate.

A final validation report is generated to ensure the information captured in the data file reconciles to the expected activity. Once this is confirmed, the data are processed, RVUs are assigned (see **RVU & Modifier Assignment Process** under the **Access CPSC Solutions** section of the CPSC Website for more information), and the data are posted online, which allows users to access the information using the CPSC's reporting tools. It is the goal of the CPSC Team to have this process take no longer than two weeks.

RVU Assignment Process and Modifier Adjustments

Relative Value Units (RVUs) are updated in the CPSC on an annual basis. The RVU assignment process is applied in the same manner for all CPSC participants to ensure consistency and comparability.

The Medicare RBRVS Fee Schedule is the primary source of RVU values. The Complete RBRVS fee schedule, published by Relative Value Studies, Inc., is used as a secondary source. RVU values are assigned to each procedural code based on the service date reported in the line-item billing data transmitted to the CPSC. Those codes without a published RVU value in either of the first two sources are assigned an RVU using a "gap-filling" methodology.

During the processing of a participant's data, we calculate imputed RVU values using a locally weighted ratio of RVUs to billed charges for a range of CPT codes. Ratios are calculated separately for each institution and each specialty to eliminate the impact of variation in charges among regions and across specialties. This ratio is then applied to the charges for the CPT code without a published RVU value. This value becomes the imputed RVU value. An illustration of the gap-filling methodology follows.

CPT Code	Billed Charges	RVUs
XXXX1	$100	1.40
XXXX2	$140	1.24
XXXX3	$150	1.22
XXXX4	$160	1.60
XXXX5	$120	X

The ratio of RVUs to Billed Charges for this range of codes (XXXX1-XXXX4) is multiplied by the charges for XXXX5 to "impute" an RVU value.

In this example, the ratio of RVUs to Billed Charges for codes XXXX1-XXXX4 is 9.927 x 10-3. When multiplied by the billed charges for code XXXX5 ($120), the result is the imputed RVU of 1.19. For physicians that bill a significant amount of unlisted procedures, this process is important because it assigns RVU credit for the work done.

Adjustments for modifiers are integrated into the RVU calculation process in CPSC. To ensure consistency and comparability of RVU data across all institutions, the CPSC follows the Medicare guidelines for modifier adjustments. Local or payer specific modifiers are not adjusted for in the CPSC. The below table displays the modifiers adjusted for in the CPSC and the associated adjustment values.

Modifier	Description	Adjustment to RVU
50	Bilateral Procedure	150%
51	Multiple Procedures	50%
62	Two Surgeons	62.5%
80, 81, 82	Assistant Surgeon	16%
AK, AL, AN, AU, AY	Nurse Practitioner, Physician Asst, Clinical Nurse Specialist	85%
AS	Physician Assistant	13.6%
All other modifiers		100%
Blank field		100%

The RVU values for Work, Practice Expense (PE) and Malpractice (MP) are independently multiplied against the published adjustment value and the three modifier adjusted RVU values are summed to calculate the total RVU value for each individual procedural code. The following table illustrates the process to adjust for modifiers in the CPSC.

CPT Code	Modifier 1	Modifier 1 Adj Value	Work RVU (raw value)	PE RVU (raw value)	MP RVU (raw value)	Mod Adj Work RVU	Mod Adj PE RVU	Mod Adj MP RVU	Mod Adj Total RVU
58661	62	0.625	11.3	4.44	1.34	7.06	2.78	0.84	10.68
33945	80	0.16	89.08	29.97	6.26	14.25	4.80	1.00	20.05
99201	AL	0.85	0.45	0.54	0.03	0.38	0.46	0.03	0.87
19328	50	1.50	6.35	5.06	0.91	9.53	7.59	1.37	18.49

The list of Medicare modifier adjustments is reviewed annually by the CPSC Advisory Group and updated as appropriate.

Clinical Full-Time Equivalent (CFTE)

The CPSC does not have a formal definition or methodology for calculating CFTE, although attempts toward developing a methodology have been made in the past. When those methodologies were presented to participants, the feedback received was that having a single methodology did not allow flexibility across specialties or did not mirror local methodologies, etc. Thus, the CPSC asks participants to define CFTE using local methodologies. Statistical analysis has demonstrated that allowing participants to define CFTE locally results in stable and reliable comparisons.

Participants are asked to provide CFTE for two distinct areas of the CPSC. The first is for use in the online reports. The second is for calculating the annual specialty-specific benchmarks. The CFTE information provided for these areas are two distinct processes. In other words, the values online are not the values we use to calculation the annual benchmarks.

- **CFTE for Online Reports** - Participants can submit CFTE values to the CPSC Team for all physicians for inclusion in the online reports. These values can be submitted on an annual basis, or more frequently if necessary, and the values will be maintained in the database until new values are provided. The database automatically defaults to a 1.0 CFTE, if values are not provided by the participant. The values provided for inclusion in the online reports do not affect or change the CPSC RVU benchmarks.
- **CFTE for Annual Benchmarks** – Annually, the RVU benchmark values are updated. Participants are asked to provide the CFTE values for a randomly selected subset of physicians for inclusion in the benchmark pool. These values are collected separately and for only a subset of physicians so that respondents may focus on the accuracy of the data for the subset. The benchmarking process is discussed in further detail in the Benchmark Development Process section below.

For more information on CFTE processes, please review the resources available in the Access CPSC Solutions section of the CPSC Website on the Clinical FTE Process & Tools page.

Benchmark Development Process

The specialty-specific RVU benchmarks are updated annually through a statistically rigorous process. In order to focus on the true central tendency of physicians in the database, outliers are removed using selection criteria based on the prior year's mean RVU benchmark values for each specialty.

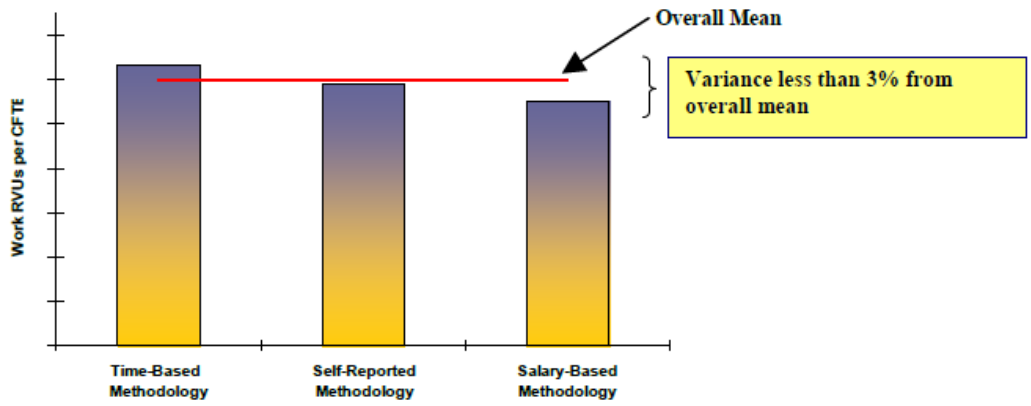
After the removal of outliers, up to 16 physicians per specialty per institution are selected for inclusion in the benchmark pool of physicians. Participants are asked to provide the CFTE values for physicians in the benchmark pool. By limiting each institution to 16 physicians per specialty, it reduces the burden on the respondent, allows the respondent to focus on the accuracy of the CFTE for this subset, and ensures that the count of physicians per institution is relatively stable.

Each physician's RVUs are divided by the CFTE values provided to adjust all physicians to a 1.0 status. Because the data are calculated at the individual physician level, additional outliers can be identified and CFTE values can be validated.

As mentioned in the CFTE section above, the CPSC does not have a formal CFTE definition, which often raises concerns about the reliability of the data. After receiving the participant feedback that a single CFTE methodology would not be feasible, it was determined to allow participants to define clinical effort locally. However, when responding to the CFTE data collection for the benchmarking process, participants are asked to provide detail on the methodology used internally for determining the values.

There are 3 primary methodologies that are used: time-based (retroactive review of the scheduling system), self-reported (the chair, chief, or administrator provides the estimated or contracted CFTE value), and salary-based (mission salary is reflective of effort).

To ensure that this process (allowing CFTE to be defined locally) did not result in unreliable or unstable results, statistical analysis has been applied. The following graph depicts the results of the specialty-by-specialty analyses.



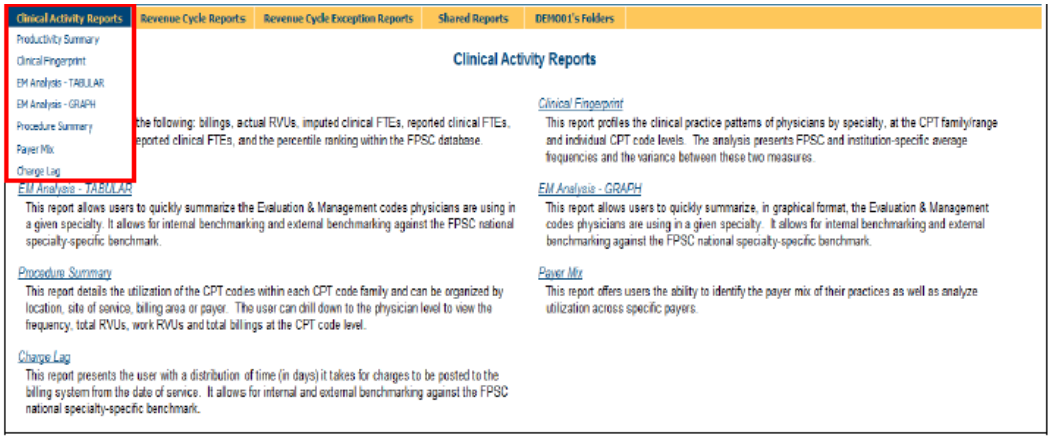
The mean Work RVUs per CFTE was calculated by specialty for the entire benchmark pool. Physicians were then grouped based on the CFTE methodology used, and the mean Work RVUs per CFTE were calculated for each of these groups. The finding that held consistently across specialties is that the variance from the overall mean was less than 3% for the three methodologies. Conclusion: statistically stable and reliable results are achieved by allowing participants to define clinical effort locally.

For more information on the CPSC Benchmarking Process, visit the Benchmark Development Process page under Access CPSC Solutions on the CPSC Website.

Generate a Report

The Our Solutions menu provides direct access to the CPSC reporting tools and saved reports. Selecting Clinical Activity Reports will open the Cognos Upfront page where you can access any of the reports that make up the CPSC Clinical Activity Reports Suite.

Note: If you haven't already logged in, you will be asked to enter your username and password. Please note that as a security measure, three consecutive failed attempts to log in will lock a user out of the system. Please use the Forgot My Password feature, if necessary.



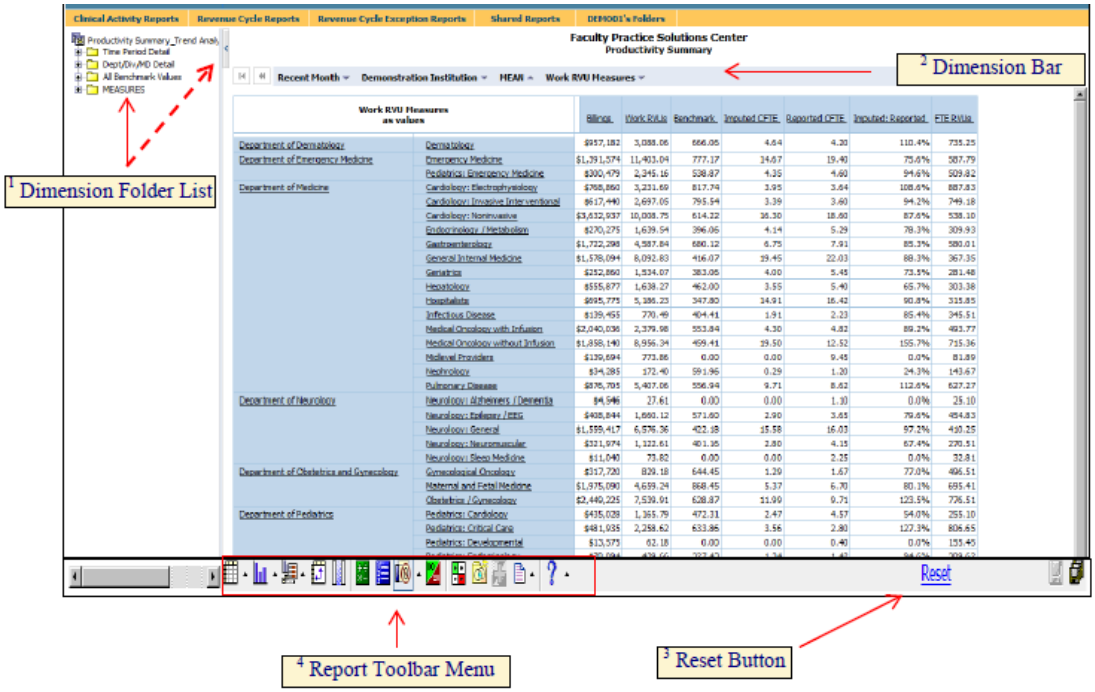
Summary of CPSC Clinical Reports

Report Type	Purpose	Uses
Productivity Summary	• Provides broad overview of department, specialty and physician productivity in comparison to the CPSC benchmark • Helps clinical management better understand the productivity of physicians within each specialty	• Determine where and how much capacity exists within each specialty • Aid in workforce planning • Develop rewards and incentive plans for physicians
Evaluation and Management Analysis Reports	• Allows users to identify variance in physicians coding patterns from both their department/division norm and the CPSC specialty-specific benchmark • Reports can be viewed in tabular and graphical formats	• Assist compliance departments in identifying coding trends and potential compliance issues • Identify opportunities in billing accuracy and revenue management • Discover opportunities for improving patient access
Charge Lag Analysis	• Presents the distribution of the time (in days) it takes for charges to be posted in the billing system from the date of service	• Assist management in identifying opportunities to improve collections and cash flow • Identify variations in billing activity by site of service
Procedure Summary	• Analyze the utilization of procedure information at the specialty and/or physician level • Run reports by family, range or individual CPT Code • The tool reports the frequency, total RVUs, work RVUs and/or total billings by CPT code	• Identifies scope of services down to the individual physician-level • Compare units, billings and productivity over time periods by site of service, unique location, or payer class
Clinical Fingerprint	• Provides CPT-level billing detail of physician productivity and allows comparison to billing patterns of the average physician in each specialty	• Better understand the productivity of physicians and how their practice patterns affect productivity Answer why a practice's costs are higher relative to a similar clinic • Understand where a provider may be over or under-performing relative to other

		providers in the department and / or the CPSC specialty
Payer Mix	• Offers users the ability to identify the payer mix of their practices as well as analyze utilization across specific payer classes	• Helps clinical management better understand the payer mix of services provided and identify the work done for an individual payer • Valuable for evaluating overall payer mix and its impact on revenue and specific payer and plan-level contracts

Getting Started: Basic Reporting Tool Navigation

Once you've selected a report from the home page, the report will open with your institution's data for the most recent time period of data online. An example is shown below for the Productivity Summary Report.



1 Dimension Folder List – Allows you to view all available dimensions in a folder format. Open and close the folders by clicking on the [+] or [-] next to the folder. Dimensions may be dragged into the report or to the Dimension Bar to change the data in the report window. You may also hide the folder list to create more report window space by clicking on the Hide Dimension Viewer tab on the top right side of the Folder List shown in the example above.

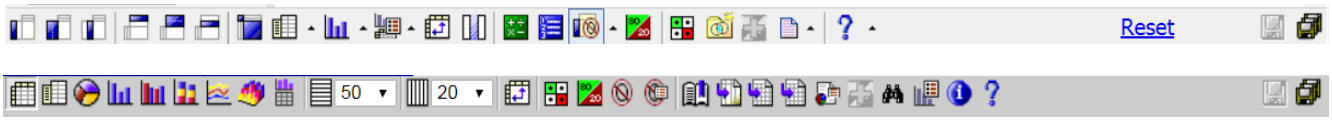
2 Dimension Bar – Provides the detail for what information is shown in the current report window. You may use the Dimension Bar's drop-down menus to change the data shown in the report window.

3 Reset Button – Return to the original view of the report (most recent time period's data or the most recently saved version of the report). This button is particularly useful if you've drilled and expanded a report several times and would like to quickly return to the initial view with a single click.

4 Report Toolbar Menu – Located at the bottom of all CPSC reports, the toolbar's icons offer a number of features that will be discussed in the Report Toolbar Menu section.

5 CPSC Logo – Located at the top left-hand side of all CPSC reports. Click on the CPSC logo to return to the CPSC homepage.

Report Toolbar Menu



The Report Toolbar offers a number of functions to help format your report, insert calculations, print, export, and more.

Crosstab – The crosstab icon allows you to change the basic format of the report between crosstab view and indented crosstab view. Crosstab view is the default. You can also use this icon when you are in a graphical view to return to the tabular view of the data.

Chart – Using the chart icon, you can change the report from a tabular view of the data to a graphical view of the data. Prior to selecting this option, you may need to do some formatting of the tabular report (hiding columns and/or rows) for the data to display graphically as you desire. If you are looking at the data in graphical form already, such as in the E&M Analysis-Graphical report, you can use this icon to change the type of graph (i.e., bar graph versus line graph).

Display Options – The display options icon contains several formatting features. You have the ability to change the number of rows and columns that appear within each Web window. You can edit the report title. You can even set up the report window to show the tabular and graphical view of the data simultaneously. You can also reset the report from this icon.

Swap – The swap icon allows you to swap the rows and columns.

Hide/Show – Use the hide/show icon to hide rows and columns of data. Multiple selections can be moved from visible to hidden or vice versa using this feature.

Calculation – The calculation icon can be used to insert calculations into the report based on columns or rows of data. A new column or row will be inserted into the report with the results of the calculation option selected.

Rank – The rank icon inserts a column with ranking based on the column or row of data selected. You can also set parameters to show the top x-number of responses.

Zero Suppression – The zero suppression icon is used to suppress rows and/or columns of data that have all zero values. Having zero values suppressed is selected by default.

Custom Exceptions Highlighting – This icon allows you to create cell formats based on criteria specified by you. For example, if a cell value falls below a certain criteria established by you, you can customize the font color and/or cell shading to highlight those values.

Custom Subsets – You can use this icon to create customized subsets of data. This is useful for grouping specific time periods or specialties that you would like to see placed together. For example, you could create a custom subset of 3 quarters' data to develop a fiscal year-to-date subset.

File – The file icon allows you to export the report to PDF, CSV, and XLS file types. The PDF export option can be used for developing a printable version of the report. The CSV and XLS (Microsoft Excel) options allow you to export the data for additional manipulation.

Help – The help menu allows you to search for help topics and explanations.

Save As – Save reports that you create in your own personal news box or the Shared Folder.

CPSC Clinical Reports Hierarchy

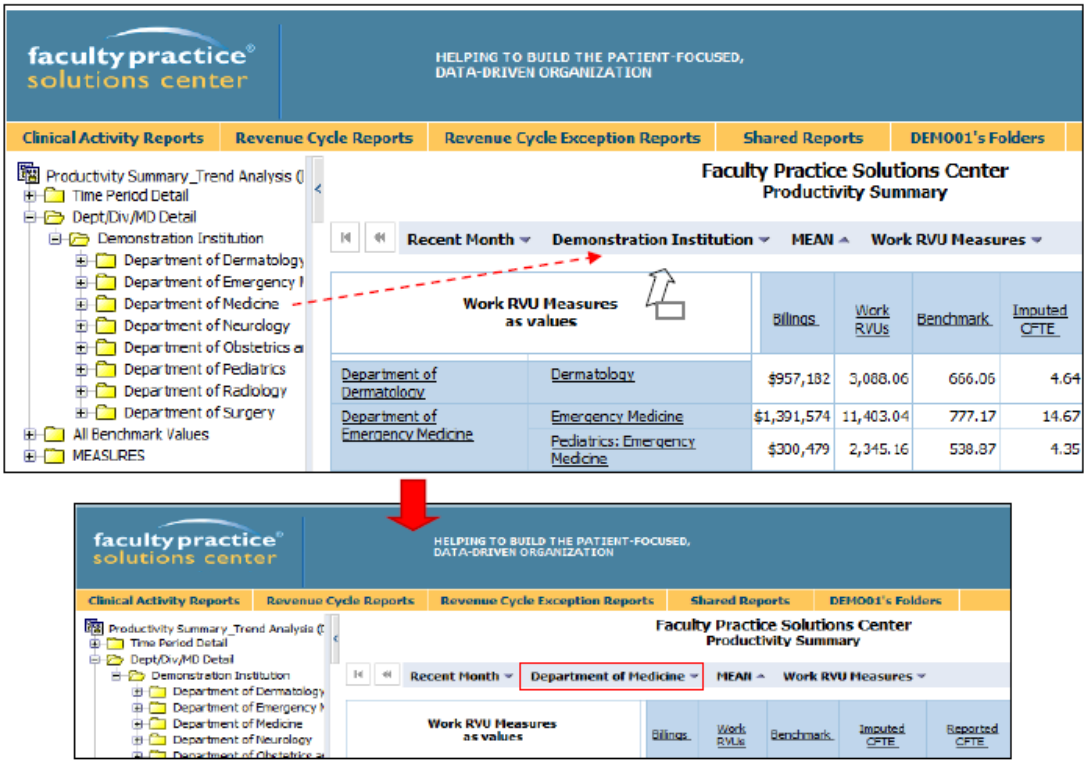
The data in the CPSC reports are organized in a hierarchical format so that users can drill down and expand reports to nest in additional information. The table in the **Appendix** provides a summary of the detail and hierarchy for the dimensions in the CPSC reports. Using this table as a reference will assist you when drilling and expanding reports.

Drilling/Expanding the Reports

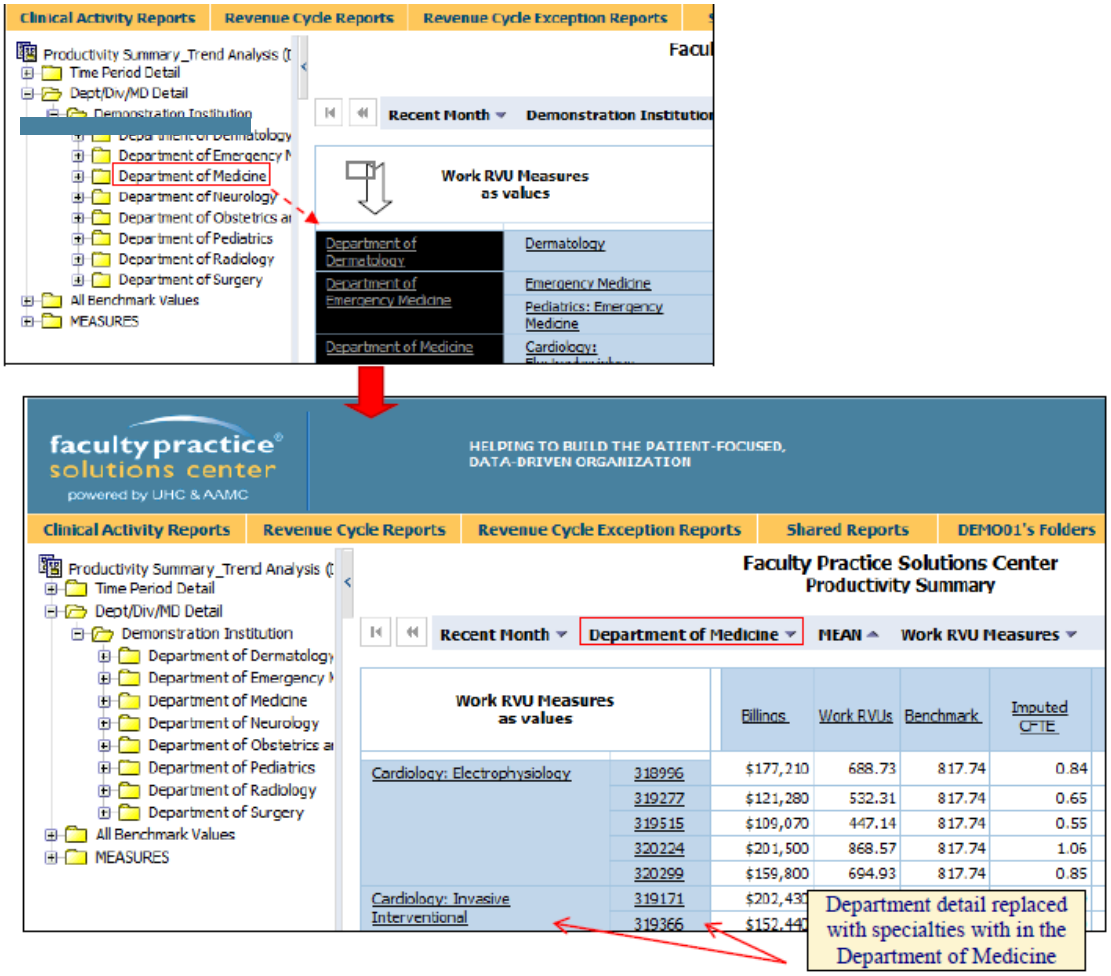
There are numerous ways to drill into and expand data in the reports. The various navigation options are outlined below.

Drag and Replace from the Folder List

1. **To the Dimension Bar**. You can drag a dimension to the dimension bar to replace the information in the report window. To replace the “Demonstration Institution” data that is showing in the report window below with the Department of Medicine data, left-click and hold the mouse button down, drag the folder from the folder list and drop it on top of “Demonstration Institution” in the dimension bar, as shown below. The department dimension and report view will update to display only Department of Medicine data.

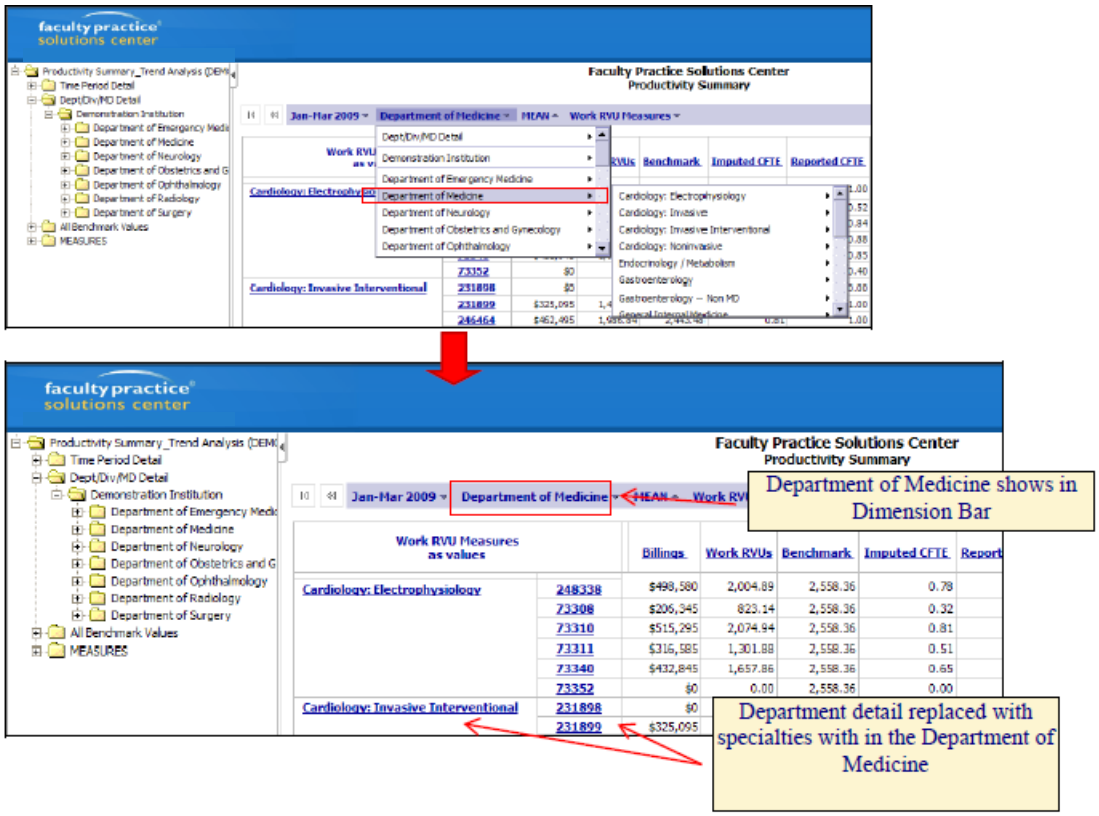


2. **Into the Report Window**. You can also drag a dimension directly into the report window to replace the data in the current view. In the example on the following page, the Department of Medicine is dragged from the folder list and dropped over the Department column in the report (note the column shading in the example on the following page). Because the original report showed two levels of detail (department and specialty), two levels of detail will be shown after replacement (division and physician). The Dimension Bar shows “Department of Medicine” to remind the user the department that is being viewed in the report window.

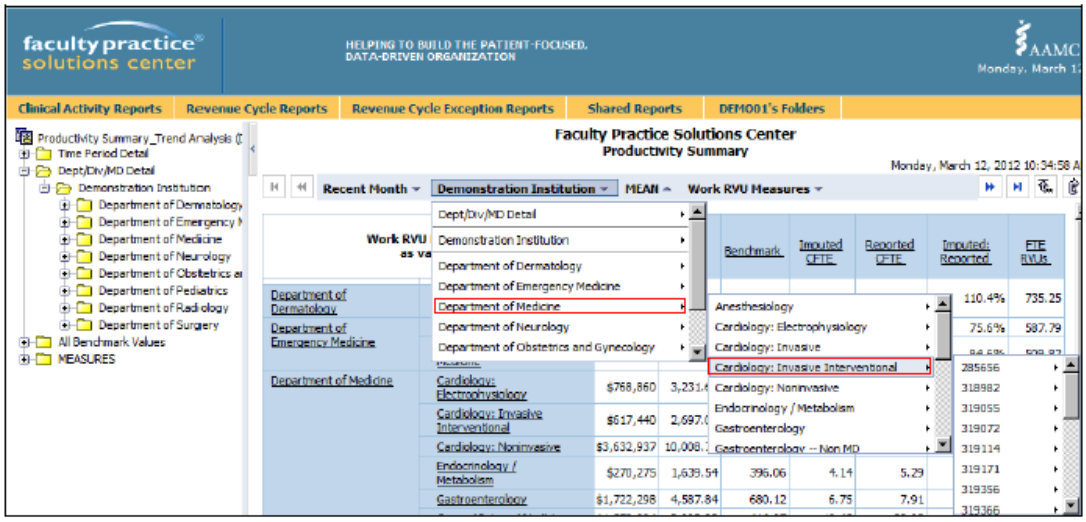


Select from the Dimension Bar. By clicking on an item in the Dimension Bar, it will open a drop-down menu that will correspond with the hierarchy in the Appendix. In this example, Demonstration Institution was selected to show all departments, and Department of Medicine was selected.

Again with this example, the initial report showed 2 levels of detail (department and specialty), after selecting Department of Medicine, 2 levels of detail will be shown (specialty and physician).

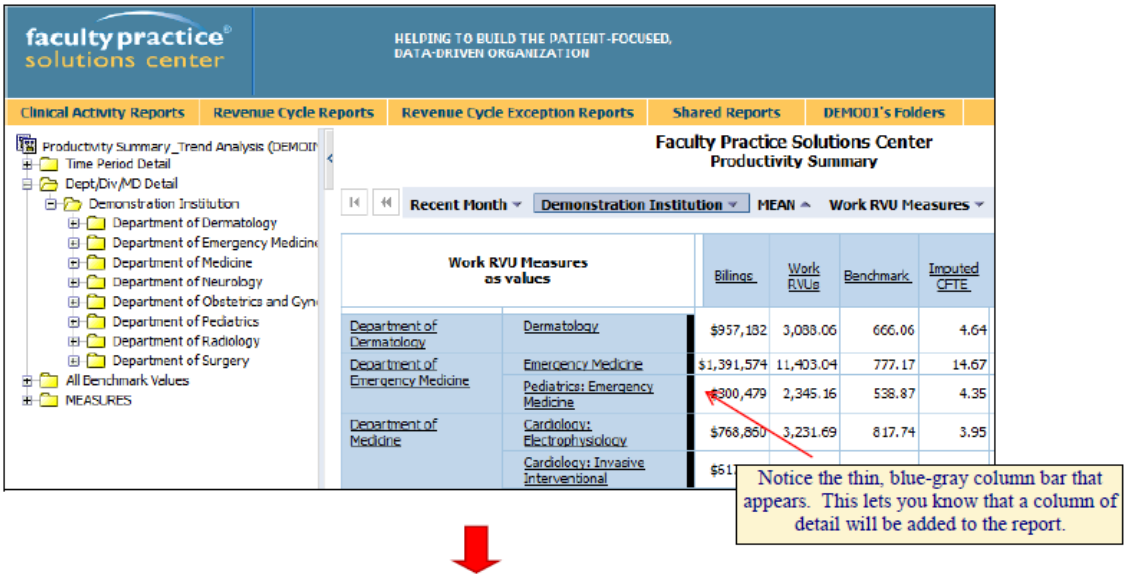


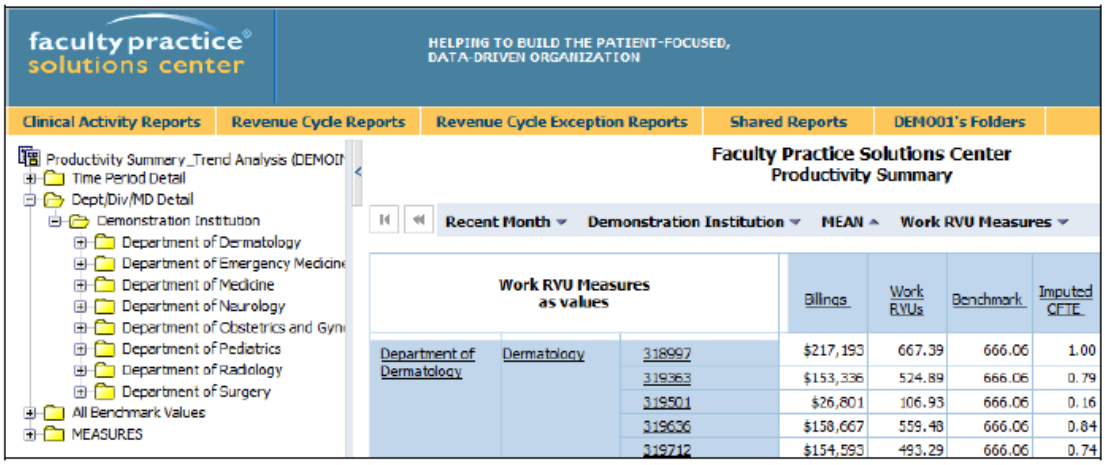
You can use the Dimension Bar drop-down menus to do more refined selections as well. In the example above, we selected an entire department. In the example below, an individual specialty or physician could be selected to replace the data in the report window.



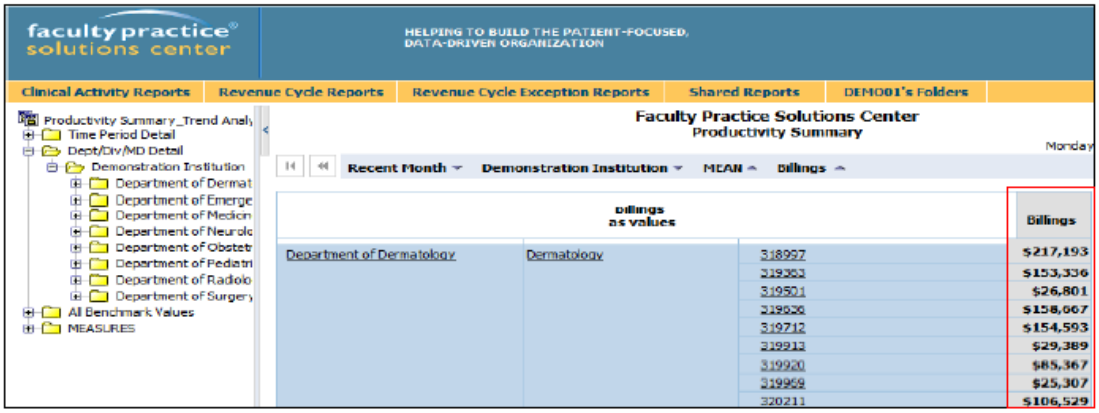
Expand the Report by Dragging from the Folder List or Dimension Bar. If you want to expand the report to show an additional level of detail, you can drag a dimension into the report. In the example shown below, the Productivity Summary Report shows department and specialty detail.

To see physician names for all departments and divisions, left-click and drag the metric into the report and place it where you want to see the additional detail – in this case, just to the right of the specialty column. When a thin, blue-gray bar appears, release the mouse button to drop the additional data in that location.





Drill Down by clicking on the links within the report. Report fields in underlined font are links within the report that enable the user to drill down the data. For example, click on the title Billings in the report to update the report view to display each physician's billings for the selected time period, as illustrated below.

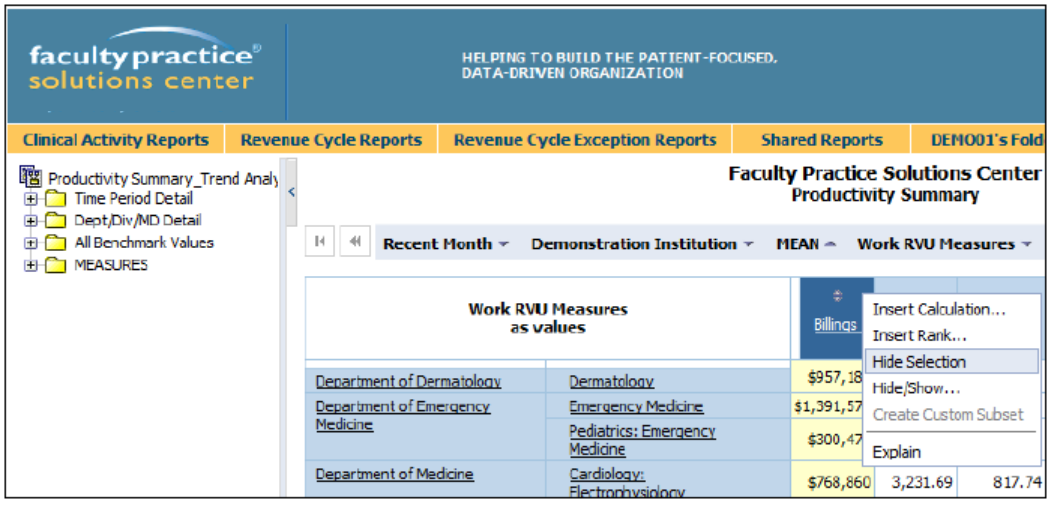


Removing Categories

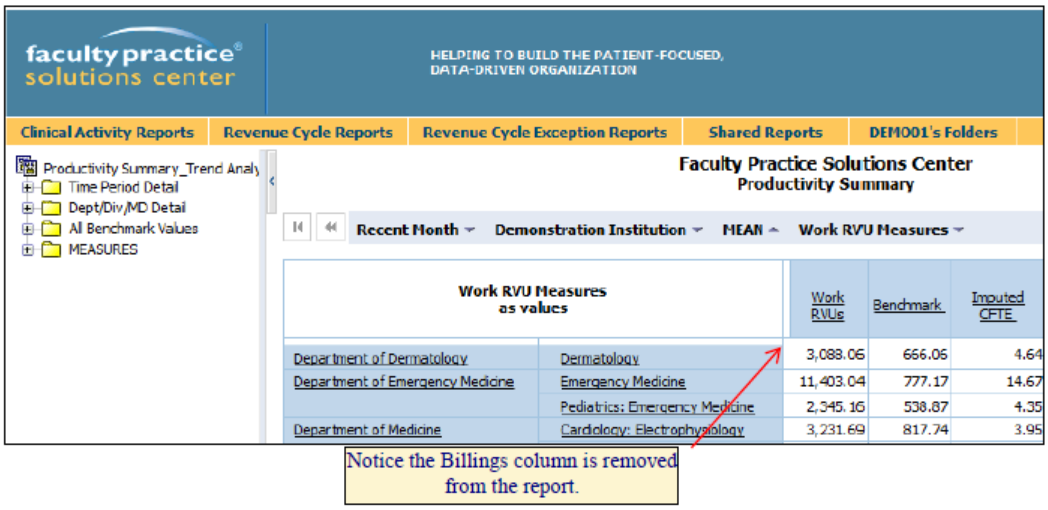
There may be times when you do not want to show all of the data fields in a report. Users can hide a single category or multiple categories in one step.

Hide categories with the Hide Selection option.

1. To remove a single category, right-click in the blue space of the category you want to hide so the column or row is highlighted and the menu box appears (**Note:** Left clicking on the link will drill down the report to only show that category's data). Here, we highlighted the Billings column and selected Hide Selection. To select multiple categories to hide, left click on the blue space of each category while holding down the control key, right click within the highlighted space of the category name, and select Hide Selection.



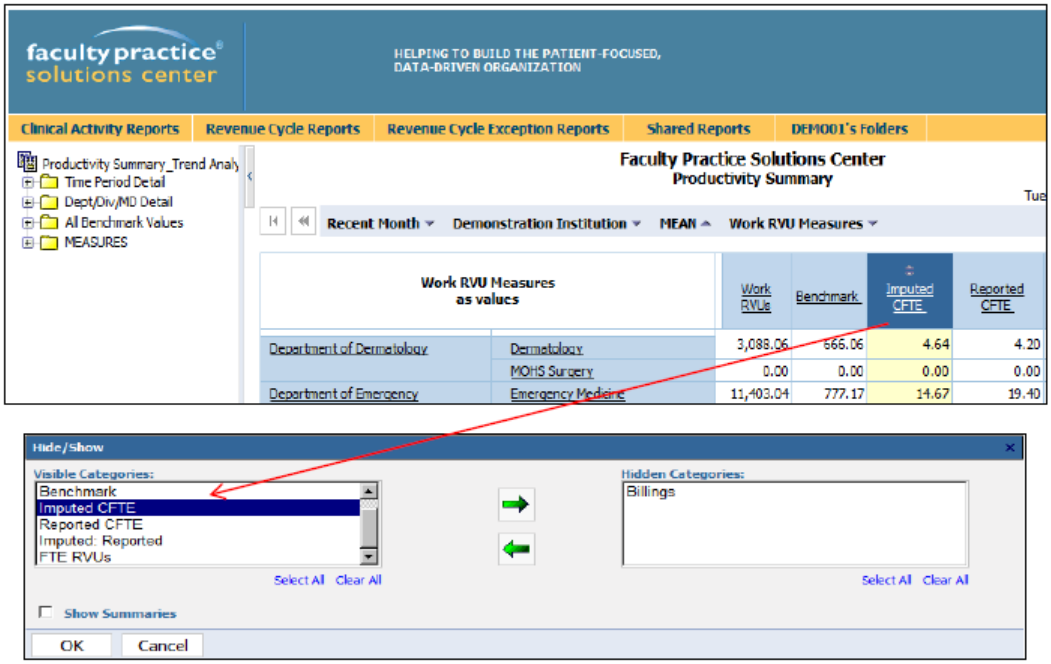
2. The report view will update with the Billings column hidden.



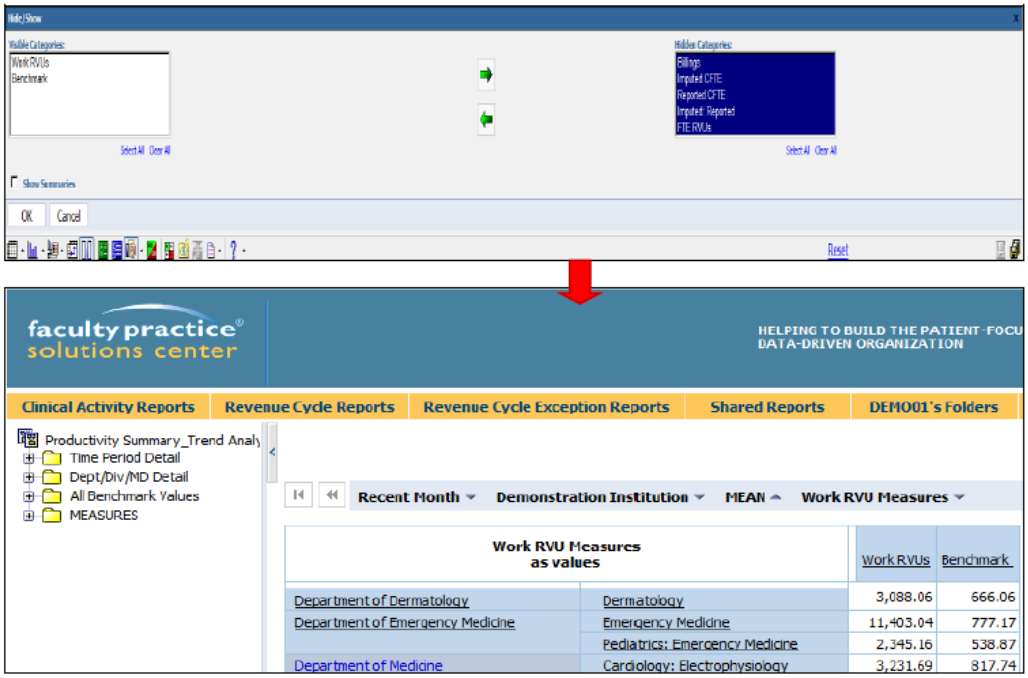
Hide categories using the Hide/Show option.

1. To remove categories, right-click in the blue space of the Imputed CFTE column. In the menu box, select Hide/Show. You can also use the Hide/Show icon in the Report Toolbar Menu at the bottom of the page.

2. The Hide/Show function box will appear at the bottom of the screen. Notice the highlighted column is highlighted in the Visible Categories box. Also, note the categories already present in the Hidden Categories box. These are categories either available to be pulled into the report, or components of calculated columns within the report.



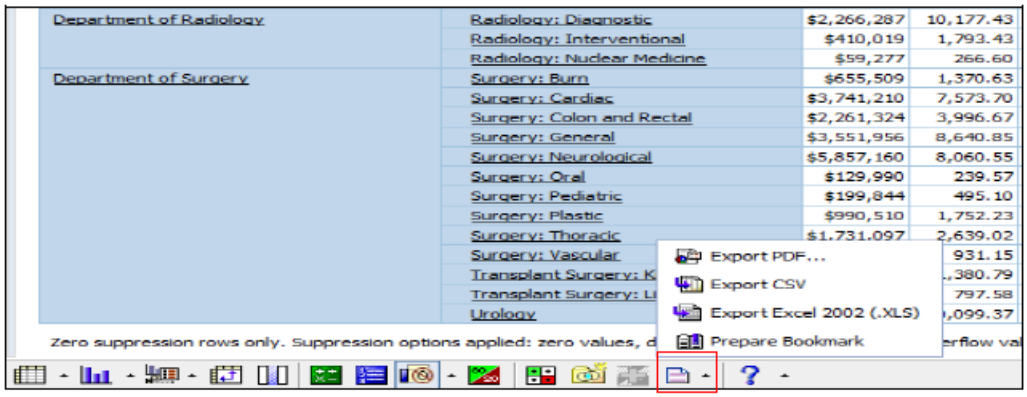
3. Select the **Imputed CFTE**, **Reported CFTE**, **Imputed: Reported**, and **FTE RVUs** categories in the Visible Categories box, and move them to the Hidden Categories section using the right facing green arrow. Click **OK**.



Note: Total and sub-total information will not change when using the Hide Selection or Hide/Show features.

Printing

Printing directly from the browser window is not the best option, as the data in the online report is not auto-formatted to fit in a print layout. For best results, export the report to a preferred format. These export options are found using the File icon in the Report Toolbar.



If PDF is selected, choose landscape or legal layout depending on the number of columns. Click the **Export** button, and the report will be exported to PDF.

Adobe PDF will open in your CPSC reports browser. To get back to the CPSC reports, click the **back button** on your browser. Closing out of Adobe PDF will also take you out of the CPSC.

Exporting to Excel or Other File Type

When you export to XLS or CSV, formulas are not exported, only values. Exporting to Excel will keep formatting intact, whereas exporting to CSV will only provide raw data. All graphs, including E&M Graphical Analysis, can only be exported to PDF format. When you save a document to your computer, make sure you change the file type to a format you desire; otherwise, it will save as a web page and be unusable.

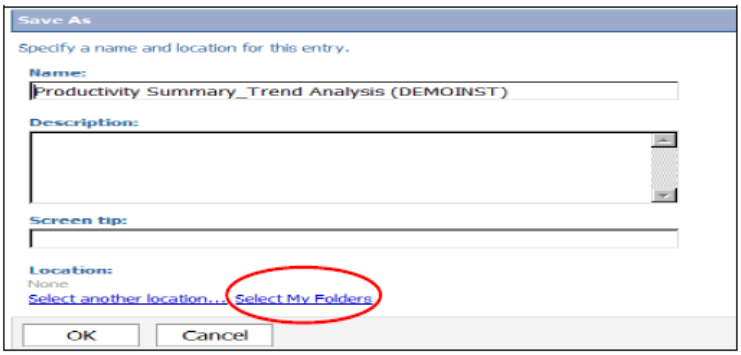
Saving Reports

Every CPSC user is assigned a personal folder, just as every member institution is assigned a shared folder. The CPSC reports you develop and save in the online tool can be stored in either location. This is especially valuable when you create customized reports that you will want to access on a routine basis. Reports saved in your personal folder are *not* accessible by other CPSC users; however, reports saved in the shared folder are accessible by other CPSC users in your institution, but the data is access specific. Please note the reports in the shared folder can be modified by all users in your institution.

Note: Once you save a report, the reset button will take you back to the last saved version of the report.

To save a report to your personal folder:

1. Click on the **Save As** icon in the lower right side of the Web page. A dialog box will appear.



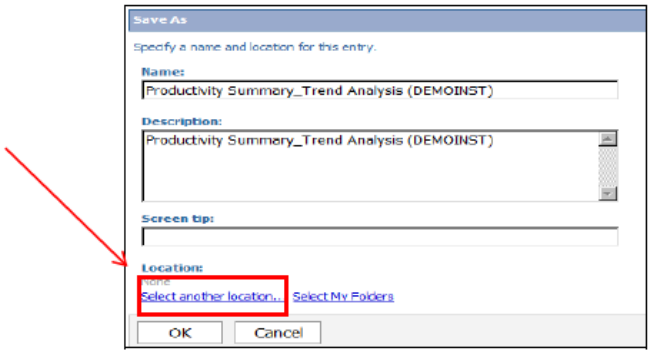
2. Name the report as desired. You can include details such as the report's creation date in the Description box to help identify the file. Click on "**Select my Folders**" and click **OK** to save the report to your personal folder. Once the report is saved, you will be taken back to the report you created. Notice a new icon to the left of the Save As icon in the lower right corner of the Web page. The Save icon is an indication that your report has been saved and will allow you to replace your saved report if you make any future changes.

3. To Access a report saved to your personal folder, click on your tab area outlined below. Your folder will be named with your user ID.

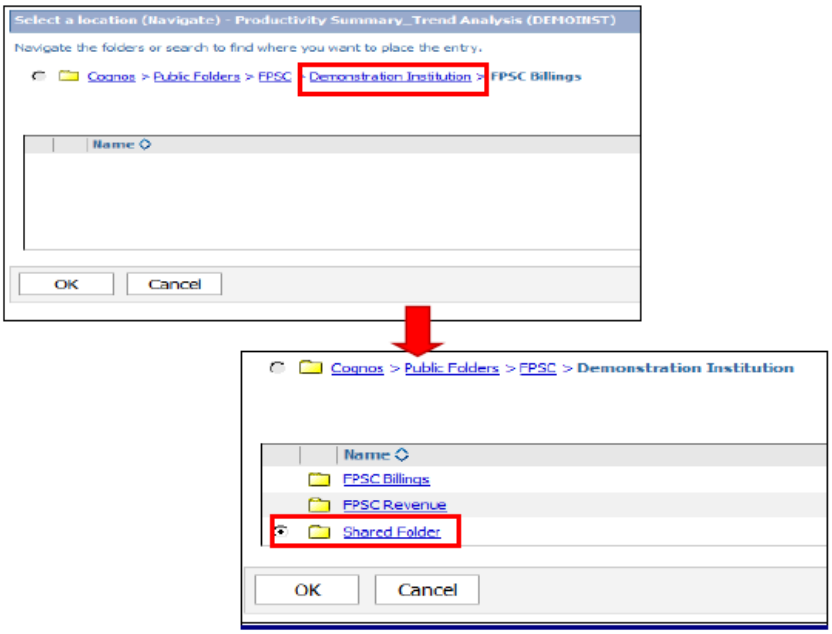
Note: Reports saved will include new data once your institution has new data online. To see new data in a saved report, open the saved report and select the date range desired from the Time Period dimension on the Dimension Bar.

To save a report to the Shared Folder:

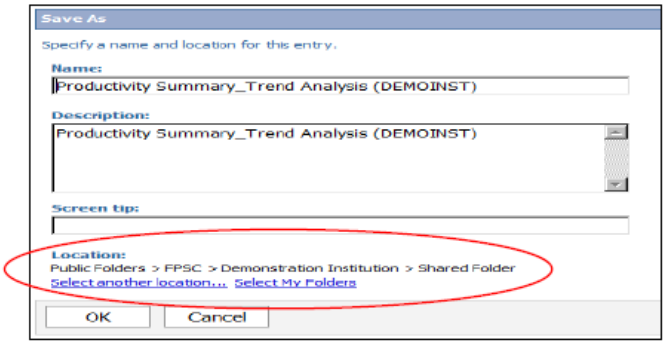
1. Click on the **Save As** icon in the lower right side of the Web page just as you did to save a report to your personal folder. The same dialog box will appear; however, you now need to click on the "**Select Another Location**" link at the bottom of the screen.



2. A dialog box with the title “Select A Location” will display. Click on your institution name in the breadcrumb links and select “**Shared Folder**.”



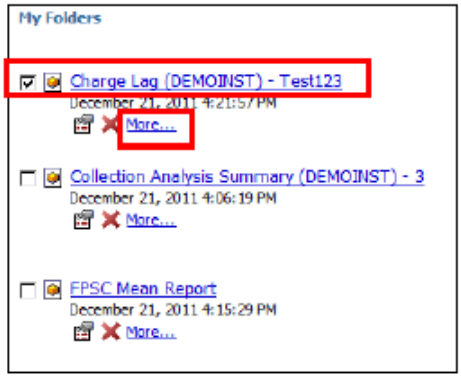
3. The original dialog box will reappear. You are now able to name the report and add details; however, the Location string at the bottom of the page will indicate that the report is being saved to the Shared Folder. Once the report is named, click **OK** to save the report to the Shared Folder.



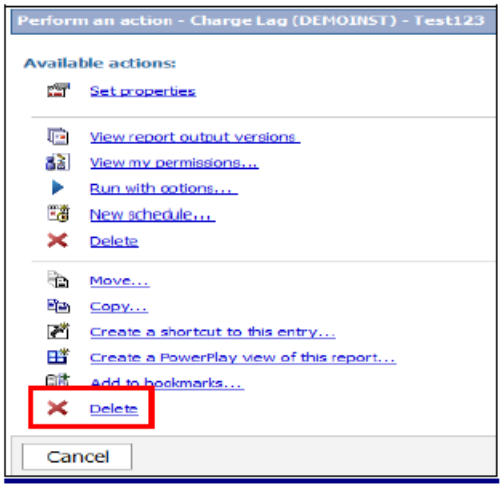
4. To access a report saved in your shared folder, click on the shared reports tab outlined below or you can click on shared reports in the “Run Reports” section of the CPSC website

Deleting Reports

1. Access your personal or shared folder and **check the box** next to the report you want to delete. Click on the "**More**" option as outlined below.



2. A dialogue box with the title "Perform an Action" will appear. Click on the **delete icon** as shown below and select "**OK**."

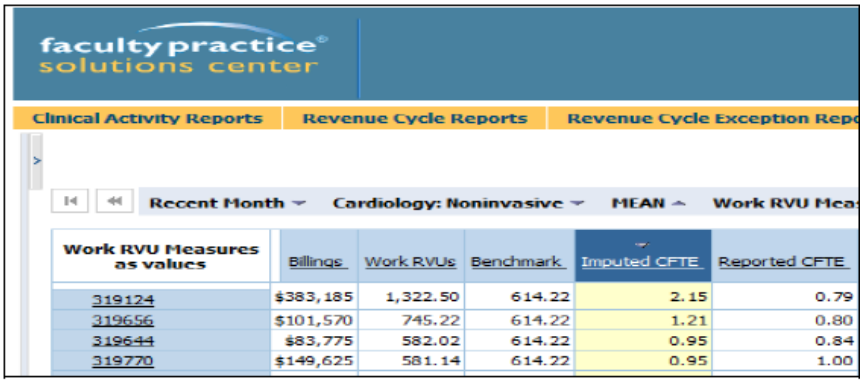


Note: Deleting a report from your organization's shared folder will eliminate that report for all users.

Sorting Data

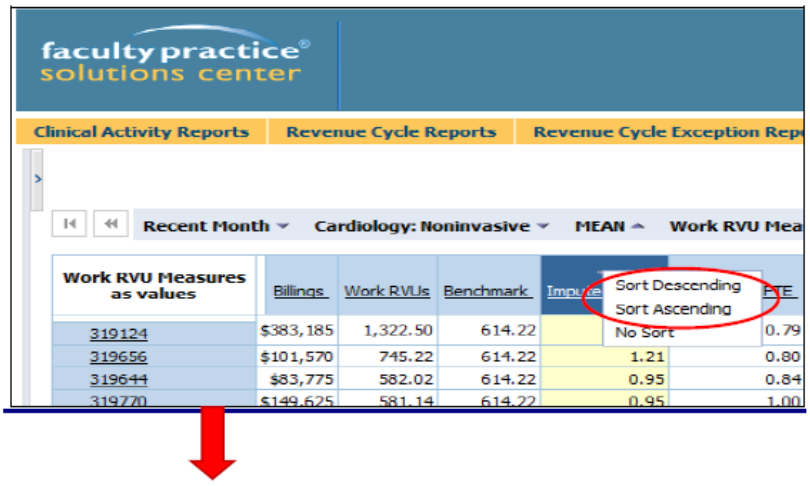
Numeric values in rows or columns can be sorted in ascending or descending order.

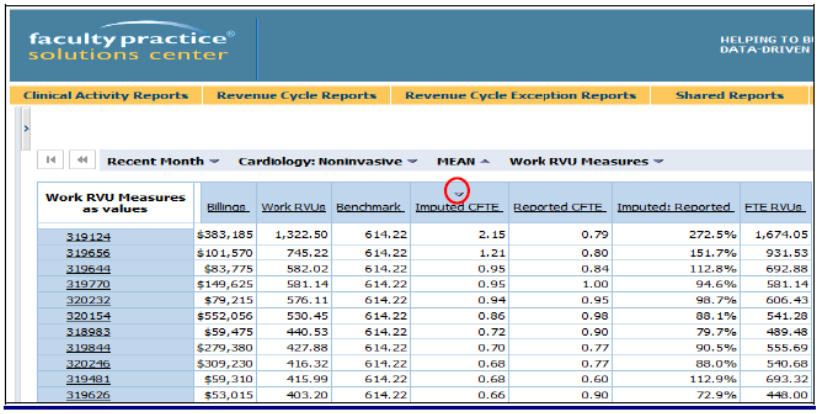
1. Left-click in the blue space of the category you want sorted.



Work RVU Measures as values	Billings	Work RVUs	Benchmark	Imputed CFTE	Reported CFTE
319124	$383,185	1,322.50	614.22	2.15	0.79
319656	$101,570	745.22	614.22	1.21	0.80
319644	$83,775	582.02	614.22	0.95	0.84
319770	$149,625	581.14	614.22	0.95	1.00

2. Left-click on the sorting arrows  that appear in the column header and select the desired sorting method. (**Note**: The down arrow in the column heading of the Imputed CFTE column indicates the column is currently sorted. To remove sorting, click the arrow and select “No Sort.”)





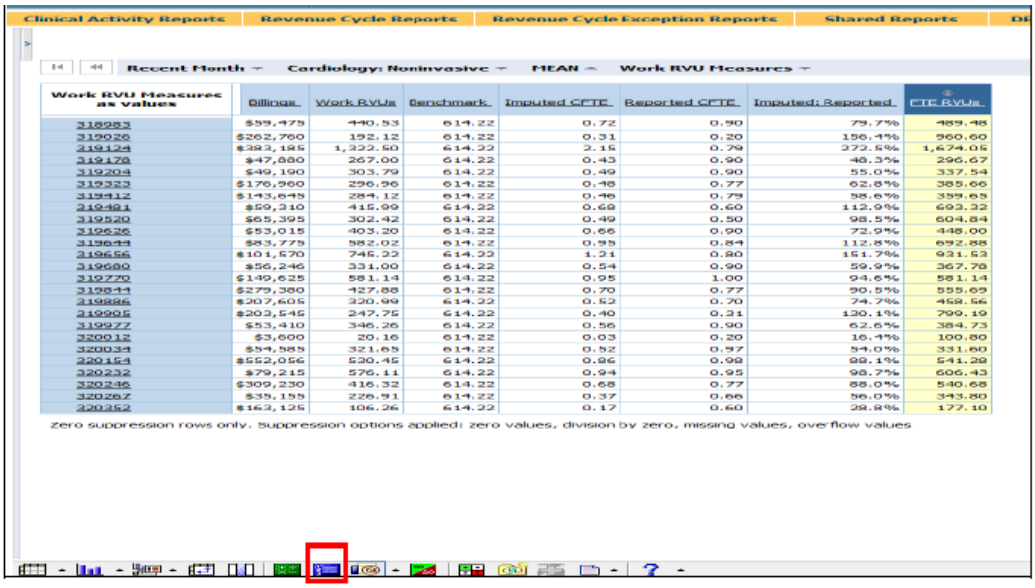
Ranking

Ranking adds ordinals to a report so you can quickly compare data. Add rankings by using the Rank icon on the Report Toolbar Menu.

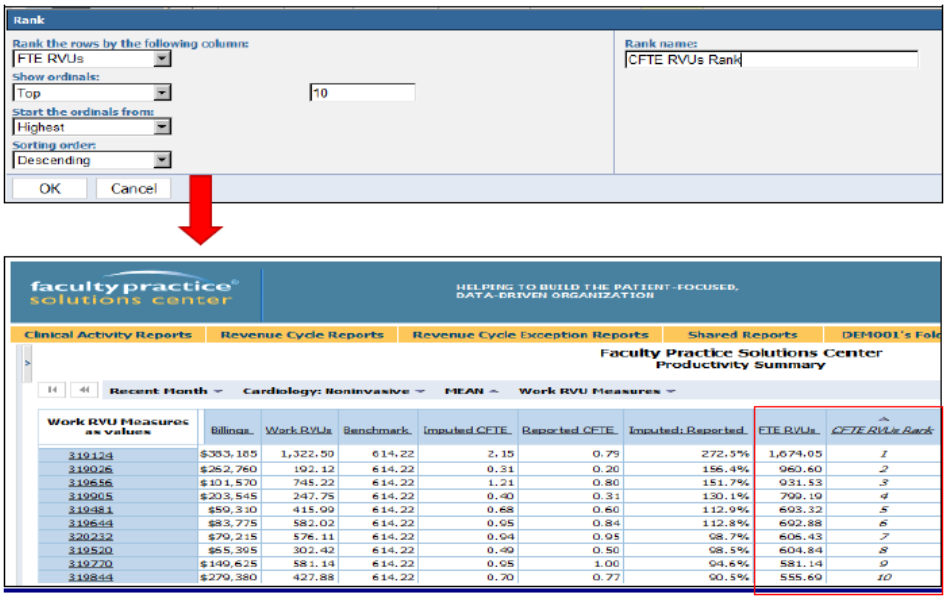
Categories are ranked by their values in a specific row or column and rank ordinals will appear as a new row or column in the report. The label and values of the rank category are italicized. Results can be sorted in ascending, descending or no sort order.

The following example illustrates ranking physicians in Endocrinology based on their adjusted Work RVUs.

1. Left-click in the blue space of the category you want ranked to highlight it, and click the Rank icon.



2. In the Rank menu, set the parameters for the ranking, add a name, and click OK.



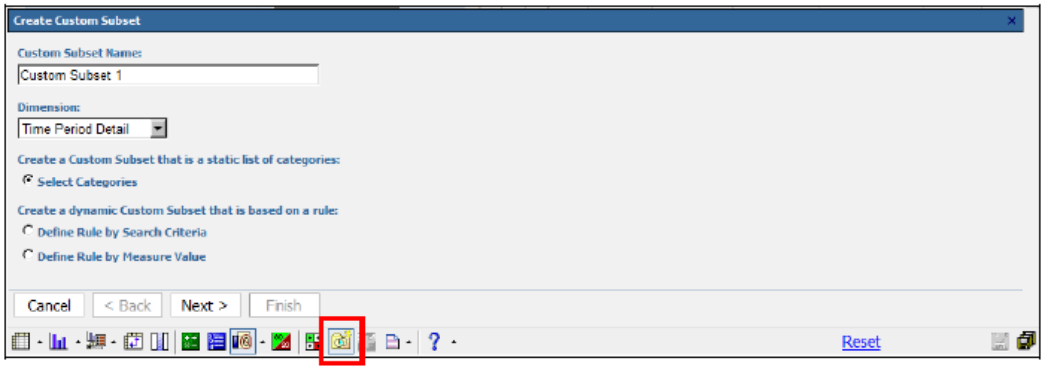
Custom Subsets

One of the most useful features of the CPSC reports is being able to create custom subsets of information. When you create a subset, totals and user-defined calculations are based on the subset of data. Users can define subsets of categories based on specified criteria.

Once you create a custom subset, it will appear as a new category within the Dimension Bar or Folder List. The new subset will have the name chosen at the time it was created.

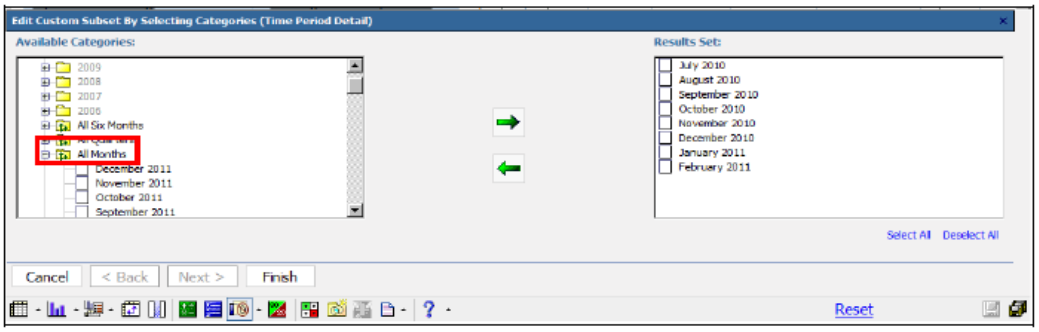
In this example, let's create a custom subset to look at the Productivity Summary report for the fiscal year-to-date period of July to March.

1. Click on the **Custom Subset** icon in the Report Tool Bar. In the menu, name the custom subset, select Time Period Detail as the Dimension, and click **Next**.



2. Open the "**All Months**" category by clicking the **+** sign next to the folder. Select and move all months equaling fiscal year-to-date into the results set, and click finish.

Hold the control key to move multiple at once. Also, be sure to select the months in chronological order, starting with the most historical month.

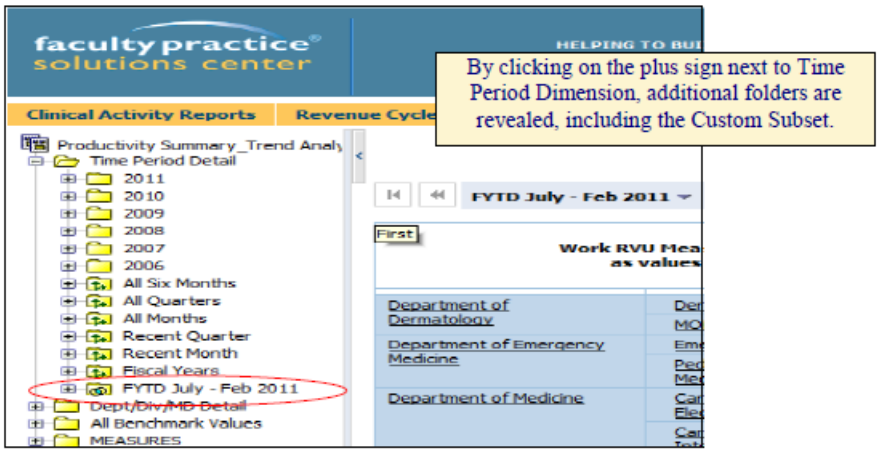


Note: Once custom subsets are created, they will auto-update with any parameters changes in the reports.

Using the Folder List to Edit Custom Subsets

Both renaming and editing a custom subset can be accomplished by using the Dimension Folder List located to the left of the report view.

1. Using the previous example, the custom subset will be found under the Time Period Detail folder since this is the dimension in which the subset was created. The custom subset folder will always be found at the bottom of the list of subfolders.



2. Right click on the FYTD July – Feb 2011 folder to open a menu of options. At the bottom of this menu, you are given the option to Rename and Edit the subset.

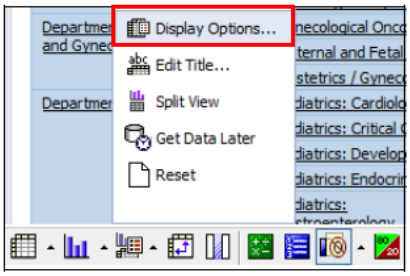
By clicking **Edit**, the original custom subset menu box will appear, enabling you to pull in or delete any part of the subset. Simply move data elements to or from the Results Set using the green arrows.

By clicking **Rename**, a menu box appears with a text field that allows a new name to be entered for the custom subset. Once a new name is entered, the report will refresh and the Dimension Bar and Folder List will now show the new name for the subset.

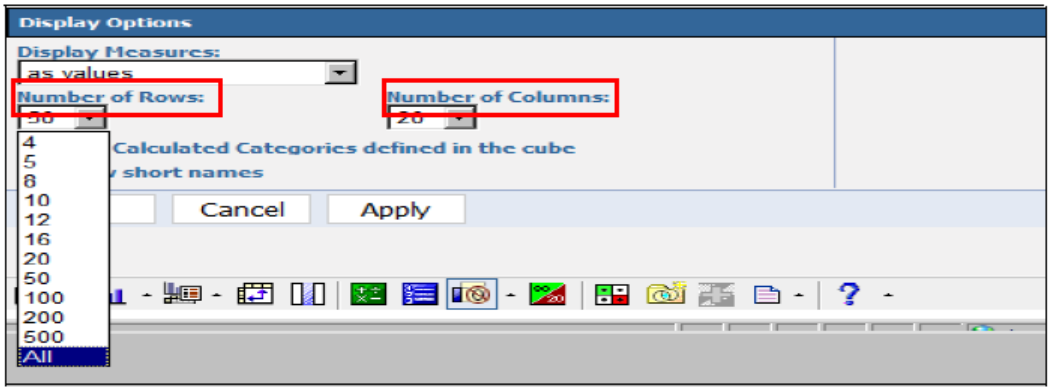
Displaying All Rows / Columns

By using the Display Options icon in the Report Tool Bar, you can choose to increase the number of rows or columns in the report view. This will allow you to use the scroll bar at the bottom or right side of the screen instead of paging through the data.

1. Click the **Display Options icon** in the Report Tool Bar menu. In the menu that appears, choose the first, “Display Options.”



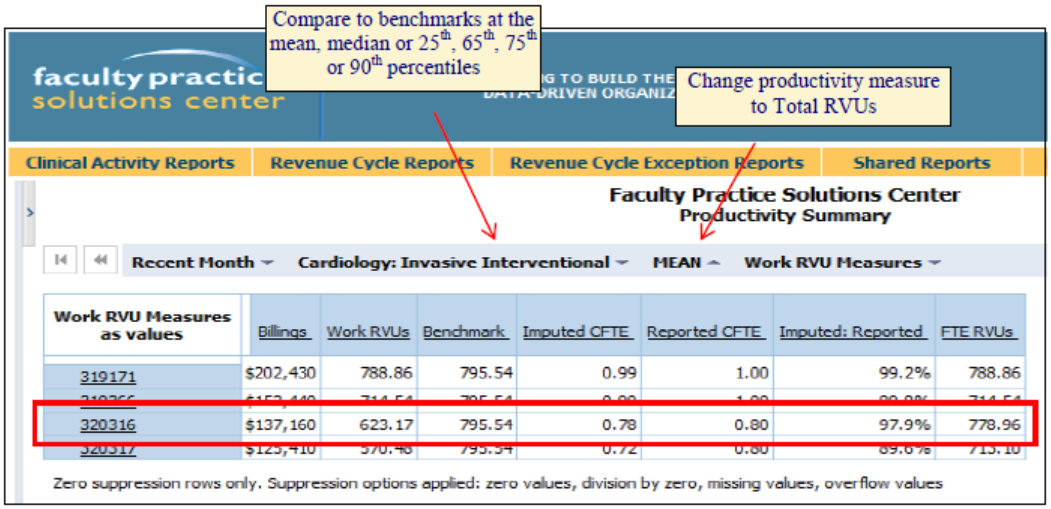
2. From the next menu, use the dropdown for the Number of Rows and/or Number of Columns field, choose “All,” and click **OK**.



Productivity Summary Report

The Productivity Summary Report helps clinical management better understand the actual productivity of physicians within each specialty, by work RVUs and total RVUs. Upon entering the reported/expected effort, one can determine the relative productivity for each physician. Accurate and updated CFTE information is vital for this report to deliver the most meaningful and credible information.

The Productivity Summary report below was pulled for the most recent month for all physicians in the Invasive Interventional Cardiology specialty. The productivity information is displayed in Work RVUs and the CPSC benchmarks are the mean values. Let's take a closer look at what this report means for Physician 320316 in this division.



Billings – The actual billings for the time period selected.

- Physician 320316 billed $137,160 in the most recent month

Work RVUs – The actual Work RVUs generated based on CPT codes billed during the period selected.

- Physician 320316 generated 623.17 Work RVUs based on his/her billings

Benchmark – The CPSC academic RVU benchmark is calculated during the annual benchmarking process. The default value is the Mean value; however, you may select 25th, 50th, 65th, 75th, or 90th percentiles. In the example above, the annual Work RVU mean value for each specialty has been divided by 12 because this is a monthly report.

- The average full-time (1.0 CFTE) invasive interventional cardiologist in the CPSC produces 795.54 Work RVUs in 1 month of this year.

Imputed CFTE – The Imputed CFTE is a relative measure of productivity. It is calculated by dividing each physician's actual Work RVUs by the benchmark.

- Physician 320316: 623.17 / 795.54 = .78

Reported CFTE – Participants must provide the reported or expected CFTE values for all physicians for use in several of the CPSC's online reports. The default value of 1.0 is used until a participant provides the actual value. [Note: the values displayed in the report are not used to calculate the CPSC benchmarks.

CFTE values are collected in a separate process.] The Data Update Tools page of the CPSC Website provides members with the ability to update provider CFTE information.

- Physician 320316 is expected to be clinically active 80% of the time

Imputed: Reported – This compares relative productivity (Imputed CFTE) to expected productivity (Reported CFTE). A value greater than 100% means a physician is performing better than expected, relative to the benchmark value selected.

- Example Physician 320316: 0.78 / 0.80 = 97.9%. This physician is performing almost exactly at his/her expected level.

FTE RVUs – To normalize productivity to 1.0 CFTE, each physician's Work RVUs are divided by the Reported CFTE value.

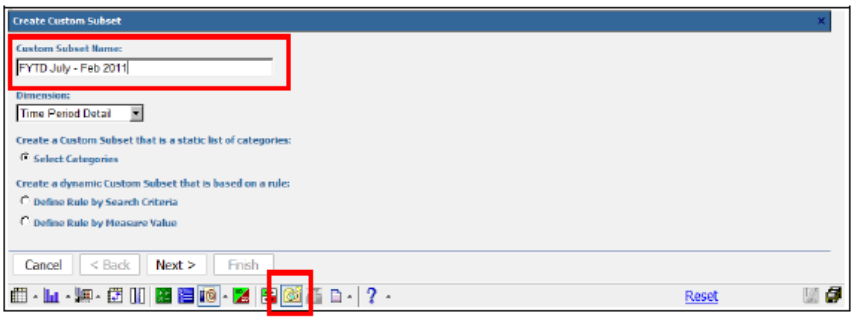
- Example Physician 320316: 623.17 / 0.80 = 778.96. If Physician 320316 was practicing as a full-time clinician, he would be producing 778.96 Work RVUs in the most recent month.

Trending Productivity

The productivity measures within the report can be viewed over time in order to analyze patterns in RVU production, seasonality in billing, or assess staffing needs. Productivity in terms of Work and Total RVUs , Imputed Clinical Effort, and Charges are examples of the metrics that may be trended.

If your desired time period is listed in the dimension bar, skip to step 4. If not, a custom subset will need to be created for time periods not listed in the dropdown of the dimension bar. For more information on this topic, see Custom Subsets in the **Getting Started: Basic Reporting Tool Navigation** section.

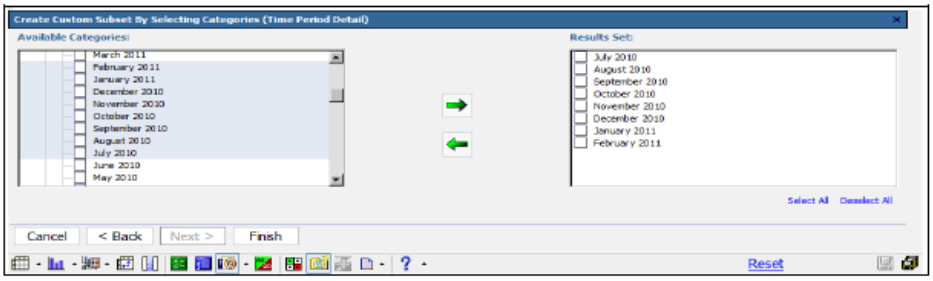
1. Open the Custom Subset menu by clicking the **Custom Subset** icon. Since the subset will be time period based, the Dimension field does not have to be changed. A name can be entered for the subset in Custom Subset Name field. In the example, the name "FYTD July – Feb 2011" was chosen. Click **Next** when finished.



2. A new menu screen will appear that will allow you to pull in the desired time periods. Use the "**All Months**" folder when creating a custom subset based on time period detail. Click the plus sign next to the "All Months" folder to open up the months that are able to be selected.

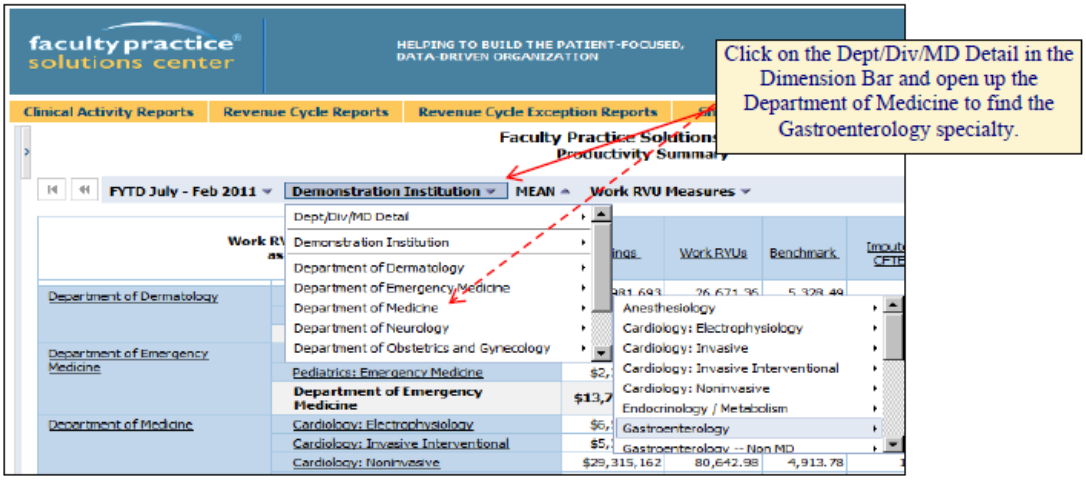
Beginning with the **most historical month**, in this example July 2010, choose the months moving forward in time. Use the Ctrl key to select multiple months at once.

Once all time periods have been selected, click ➡ to move the months to the Results Set. Click **Finish** and the report will refresh.

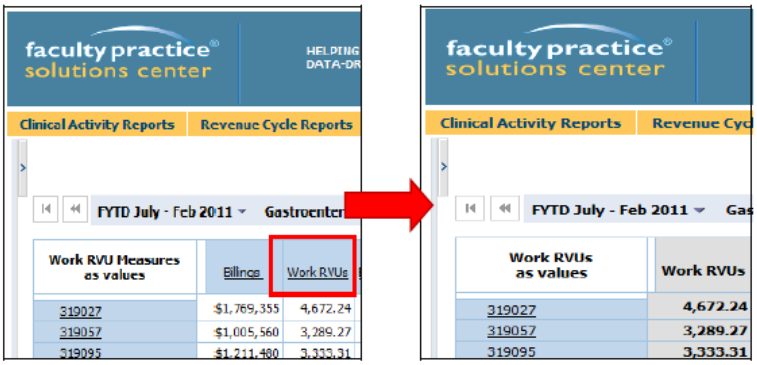


3. After the report refreshes, the Time Period Dimension will include the name of the custom subset that was just created.

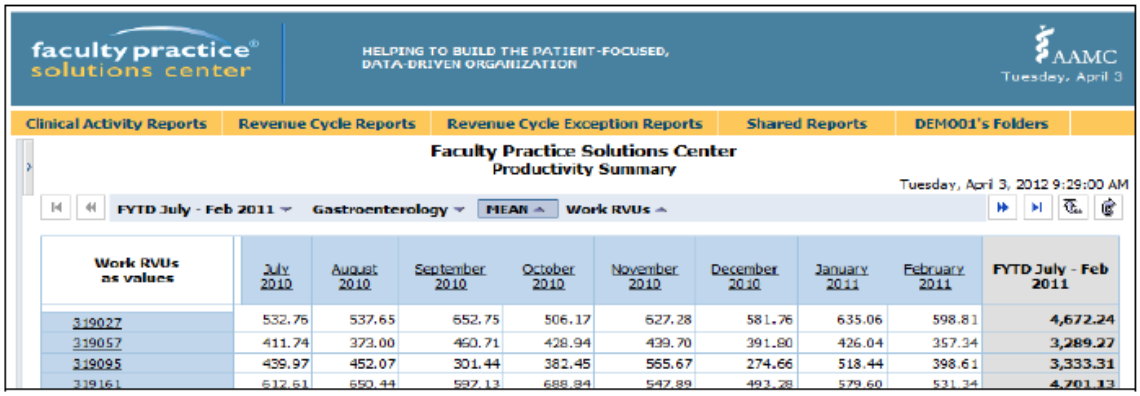
4. The next step in trending productivity data is to choose the department, specialty, or physician that is going to be analyzed, and then decided which measure is going to be trended. For this example, the WRVUs for a group of gastroenterologists will be trended.



5. Drill down on the “Work RVUs” column by clicking on the underlined link in the column header.



6. To trend the data, use the drag and drop feature of the reports by left-clicking and holding the mouse over the time period dimension. Drag the mouse into the report and drop it on top of the “Work RVUs” header. The report will be updated to trend WRVUs for each physician by month over the period of July 2010 to February 2011.

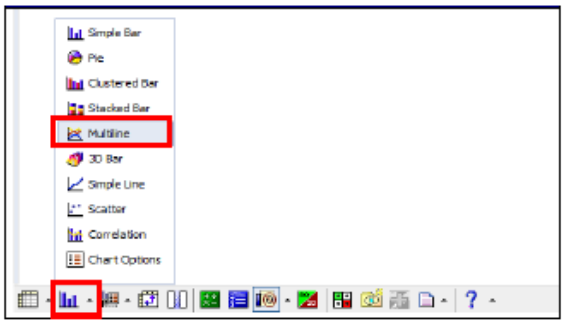


Work RVUs as values	July 2010	August 2010	September 2010	October 2010	November 2010	December 2010	January 2011	February 2011	FYTD July - Feb 2011
319027	532.76	537.65	652.75	506.17	627.28	581.76	635.06	598.81	4,672.24
319057	411.74	373.00	460.71	428.94	439.70	391.80	426.04	357.34	3,289.27
319095	439.97	452.07	301.44	382.45	565.67	274.66	518.44	398.61	3,333.31
319161	612.61	650.44	597.13	688.84	547.89	493.28	579.60	531.34	4,701.13

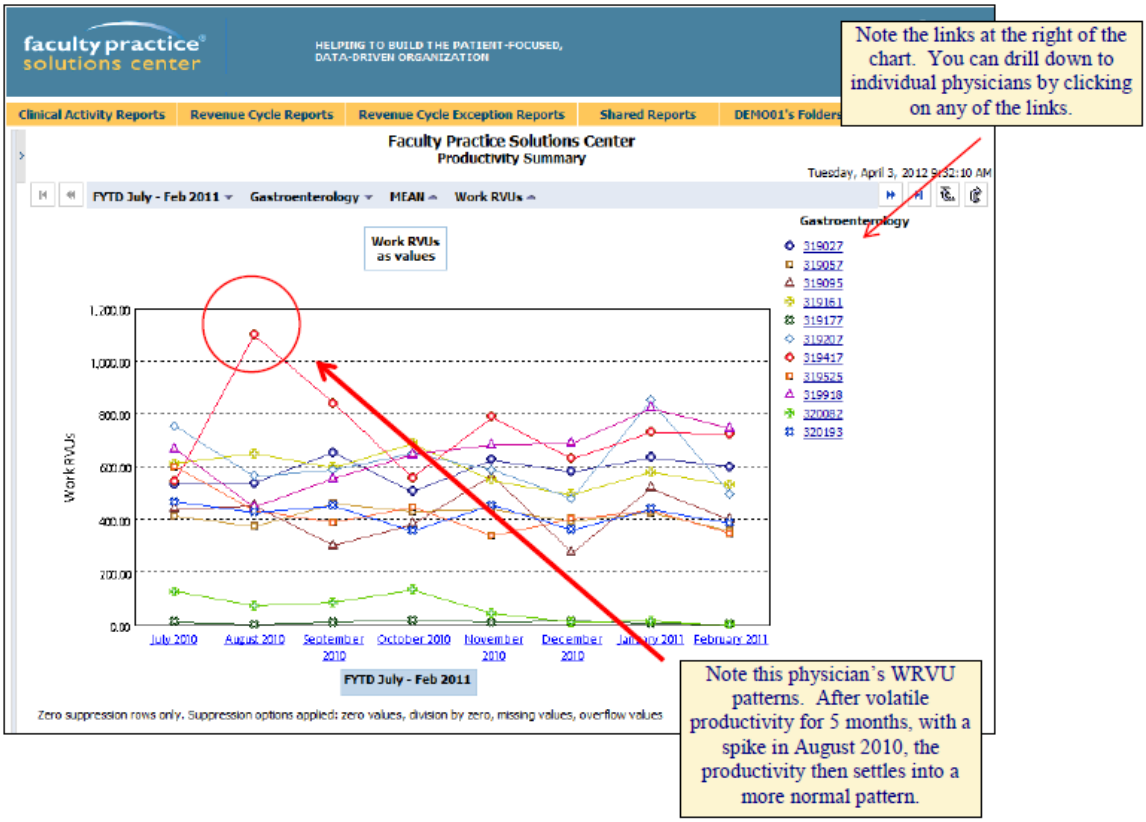
7. Users can now create a graph of this information, either showing how the RVU production of all physicians compare to one another or focusing on key individuals based on the output of the report. To create the graphical view of this report, click the **Chart Icon** .

By clicking the icon, a simple bar chart is generated. This type of chart will be sufficient if you have drilled down to one physician; however, if you are looking at the group as a whole, you must choose a different type of chart by clicking on the **up arrow** to the right of the chart icon.

For this example, a multi-line graph will be used.



8. The report view will refresh with a multi-line graph of the WRVU data for each physician within GI, trended over the selected 8 month period.



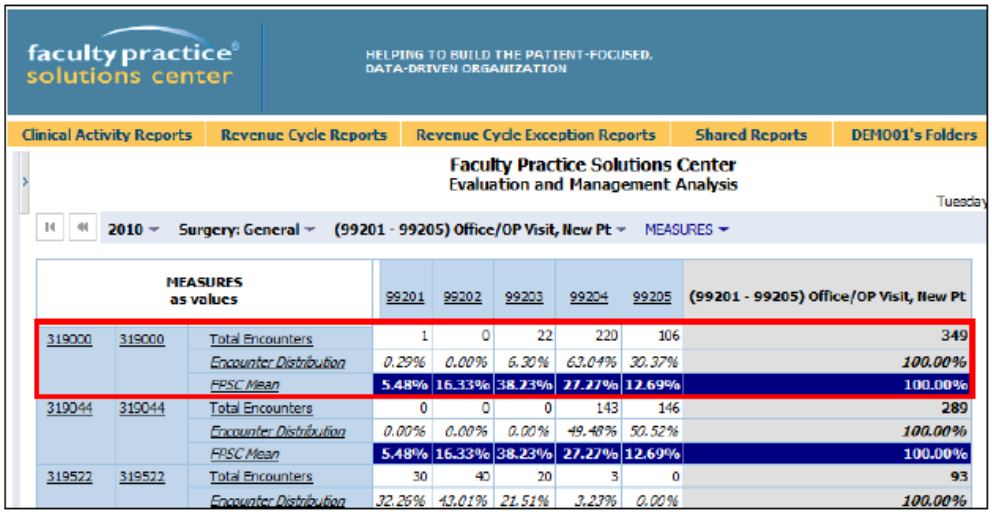
Evaluation and Management Analysis Reports

The Evaluation & Management (E&M) Analysis reports provide the user with an in-depth assessment of a physician's current and past E&M coding practices. There are many benefits and uses for this report:

- Identify variance in physician's coding patterns from both their department/division norm and the CPSC national specialty-specific benchmark. I
- Assist Compliance Departments in identifying coding trends and potential compliance issues.
- Offers a starting point in the information gathering process for physician coding education endeavors.
- Identify opportunities for improvement in billing accuracy and revenue management issues.
- The reports can also be displayed in both a tabular and graphical format.

E&M Tabular Analysis Report

The E&M Tabular Analysis report below lists the coding patterns for the New Outpatient Visit range (99201-99205) for all physicians in General Surgery. Let's interpret this report for physician 319000.


faculty practice solutions center

HELPING TO BUILD THE PATIENT-FOCUSED, DATA-DRIVEN ORGANIZATION

Clinical Activity Reports | Revenue Cycle Reports | Revenue Cycle Exception Reports | Shared Reports | DEM001's Folders

Faculty Practice Solutions Center
Evaluation and Management Analysis

Tuesday

2010 | Surgery: General | (99201 - 99205) Office/OP Visit, New Pt | MEASURES

MEASURES as values			99201	99202	99203	99204	99205	(99201 - 99205) Office/OP Visit, New Pt
319000	319000	Total Encounters	1	0	22	220	106	349
		Encounter Distribution	0.29%	0.00%	6.30%	63.04%	30.37%	100.00%
		FPSC Mean	5.48%	16.33%	38.23%	27.27%	12.69%	100.00%
319044	319044	Total Encounters	0	0	0	143	146	289
		Encounter Distribution	0.00%	0.00%	0.00%	49.48%	50.52%	100.00%
		FPSC Mean	5.48%	16.33%	38.23%	27.27%	12.69%	100.00%
319522	319522	Total Encounters	30	40	20	3	0	93
		Encounter Distribution	32.26%	43.01%	21.51%	3.23%	0.00%	100.00%

Total Encounters – The number of units billed within the displayed E&M range

- Physician 319000 billed 349 visits in the new patient visit range in 2010. Of those 349 visits, he coded 1 at a level 1, 0 at a level 2, 22 at a level 3, etc.

Encounter Distribution – The % coding distribution at each CPT code within the range. Users can compare this with the CPSC mean

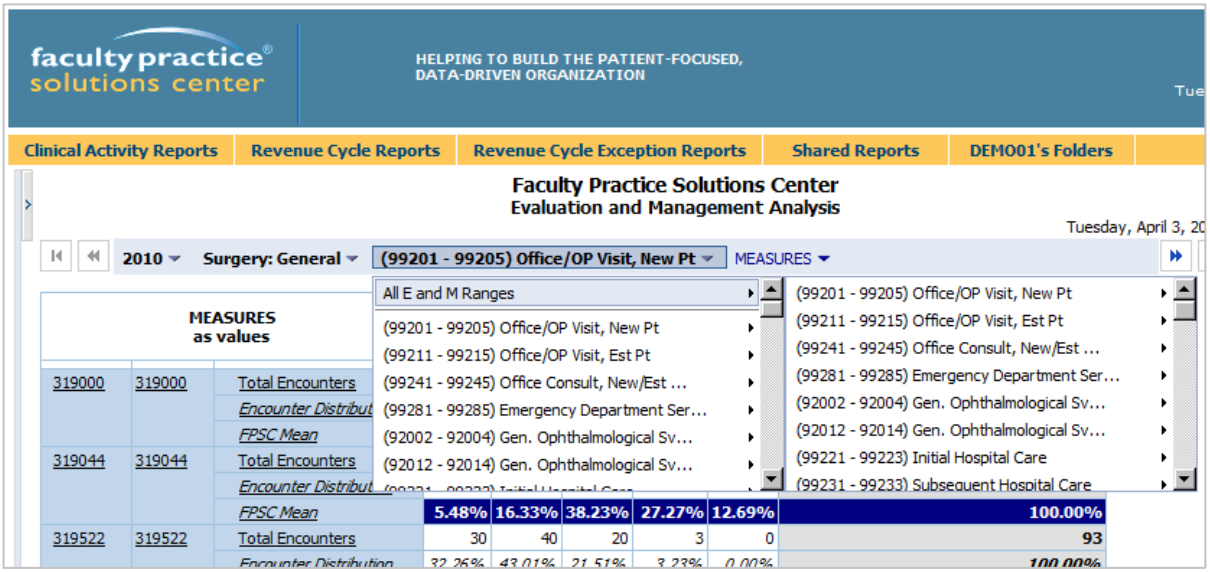
- Physician 319000 billed 63% of the 349 visits at 99204

CPSC Mean - The average coding distribution for all physicians in the specialty in the CPSC database

- The average physician in General Surgery codes 27% of visits in this range at a 99204

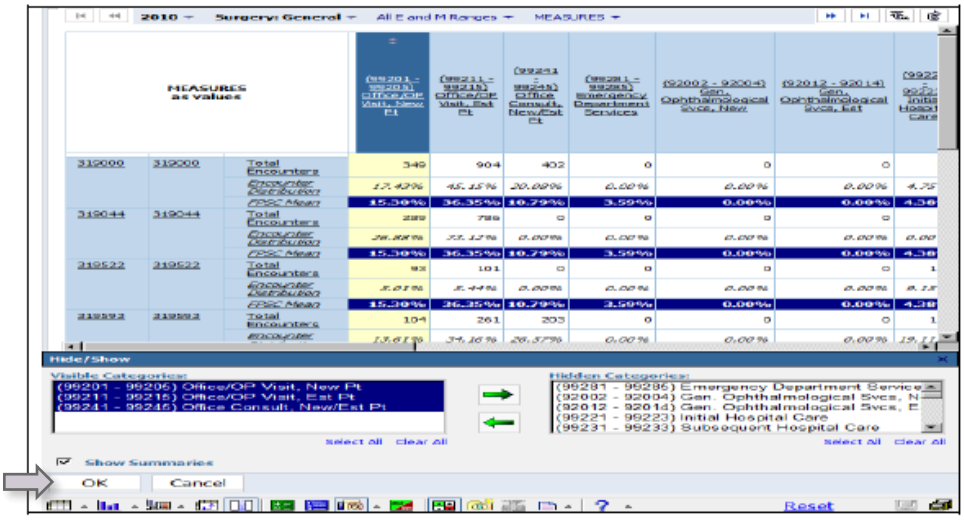
Users can select and view the coding patterns for other E&M ranges by selecting the desired range on the dimension bar. Users can also use the All E&M Ranges category to view the coding patterns for multiple ranges. Many specialties like to compare the new, established and consult visit coding patterns to identify the mix of patients and access opportunities. The example below highlights how to create a report to look at these codes for General Surgery.

1. Left-click on the E&M range dimension on the Dimension Bar to open the range options and select "All E&M Ranges." All E&M ranges will appear in the report.

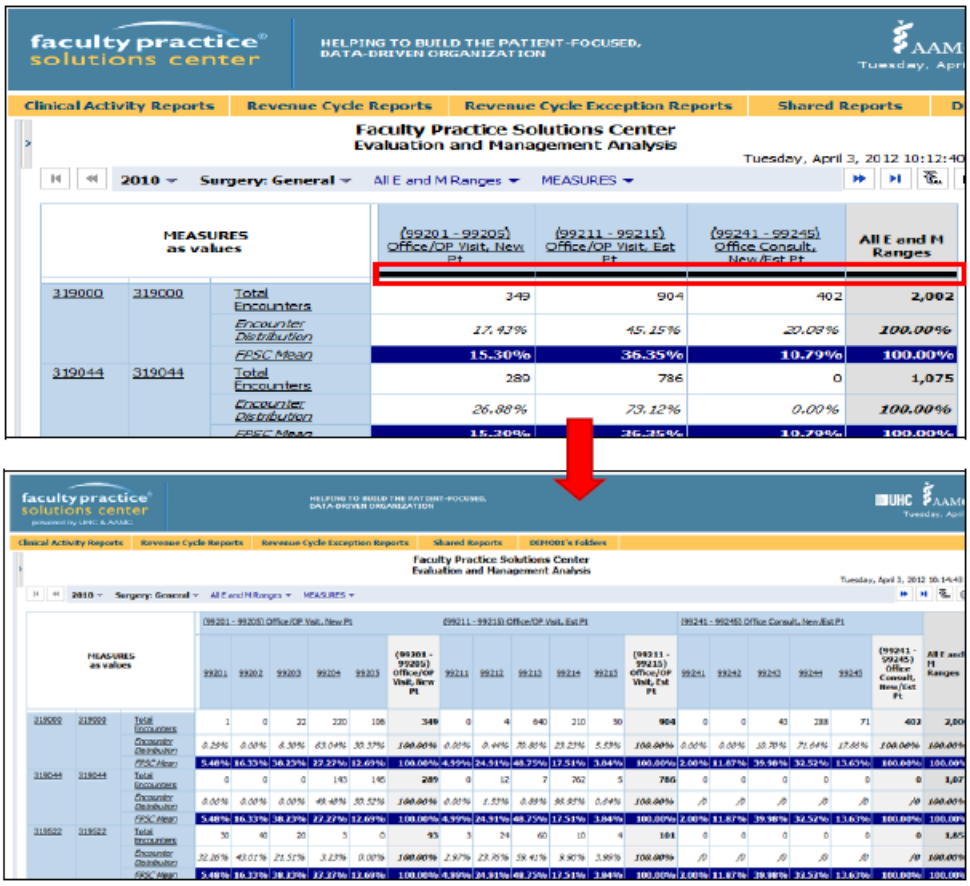


2. Highlight any one of the columns. Click the **Hide/Show** icon. A menu will appear at the bottom of the report. Click "**Select All**" on the left side of the menu to highlight all E&M ranges. Click the **right arrow** to move all E&M ranges to the Hidden Categories.

   Select the new outpatient, established outpatient and consult ranges and click the left-facing arrow to bring these three ranges to Visible Categories. Click **OK**.



3. Use the drag and drop feature to bring in the individual codes for each of these ranges. Left-click and hold the mouse over the All E&M Ranges dimension. Drag the mouse into the report, placing it just below the header columns. Once the thin black bar appears, let go of the mouse. The report will be updated to show the CPT codes for the 3 E&M ranges.

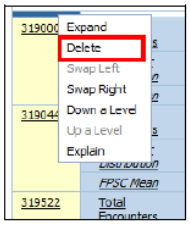


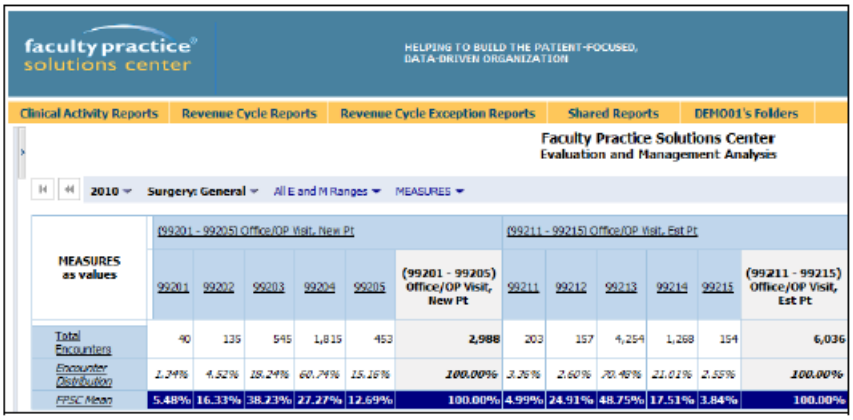
Swap

You can exchange the positions of categories in rows and columns. In the example above, when viewing coding patterns for multiple E&M ranges, the report may contain a few rows but many columns that exceed the width of the page. Use the **Swap** icon to exchange rows and columns to fit the report on one page.

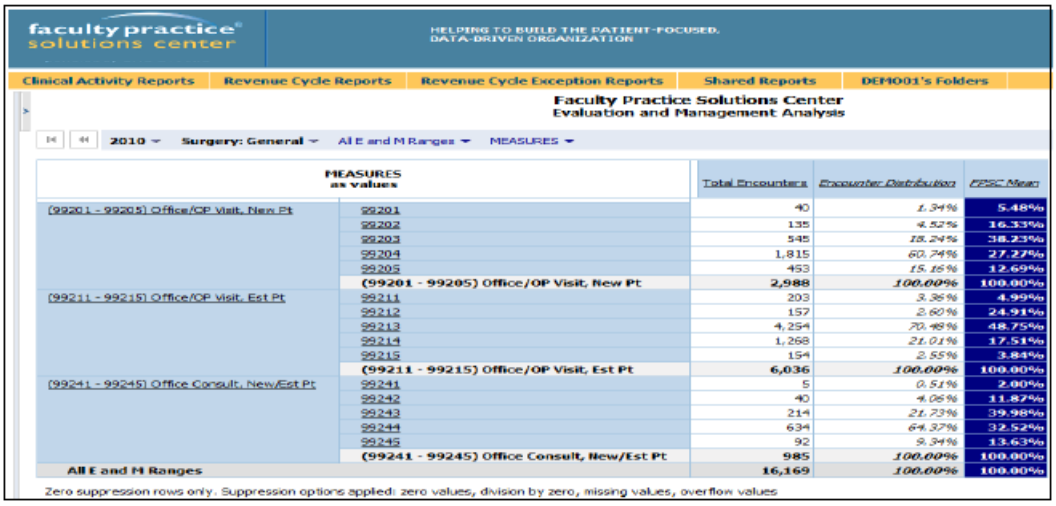
Let's use the example we just created.

1. Roll-up the data to the specialty level by deleting the provider names and/or provider ID numbers from the report.





2. Click on the **Swap** icon in the Report Toolbar located at the bottom of the report. The columns and rows in the report will exchange positions.



Note: You can also drag and drop rows and columns to swap them.

Calculations

Users can create calculations in the online reports using the **Calculation icon** . A new row or column will be included in the report with the calculated category. Even after a new calculated category is added, users can create calculations using existing ones.

The following is a sample of the calculations that can be performed in the online reports:

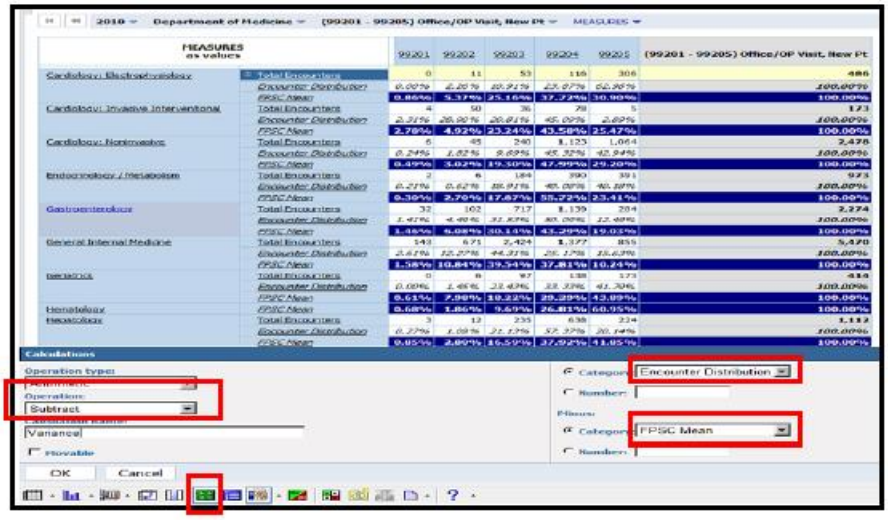
- Add
- Subtract
- Multiply
- Divide
- Percent
- Percent of base
- Cumulative percent
- Rollup
- Exponentiate
- Accumulate

When you insert a calculation in a report, its position is based on the columns or rows you select to create the calculation. The label and values of the calculation are italicized.

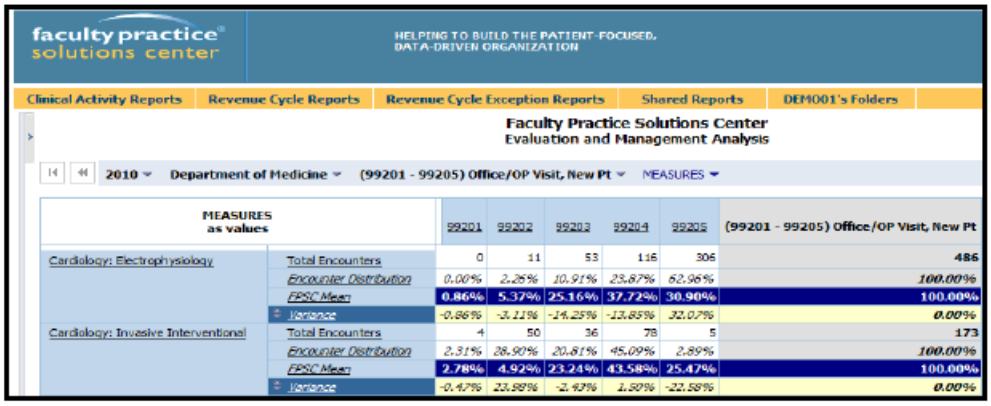
You can name the calculation to clarify what it is showing or leave the default name. You can also edit the calculation after it is created.

Let's create a calculation in the E&M report that identifies the coding variance of each specialty from the CPSC mean. The calculation will be: **Variance = Encounter Distribution – CPSC Mean**. This calculation allows groups to easily identify coding patterns that are aggressive, conservative, or in-line with the CPSC average for that specialty.

1. Highlight the Total Encounters row in the report, and click on the Calculation icon in the Report Toolbar. Select Subtract as the Operation, and title the calculation "Variance." Select Encounter Distribution as the 1st category and CPSC Mean as the 2nd category, and click **OK**.



2. Notice a new category titled “Variance” for each specialty has appeared. The calculation stays applied if you decide to drill down to physician level or view coding patterns for other E&M ranges.



Note: To edit, rename, or delete a calculation from the report, right-click the calculated row or column label, and select the appropriate action from the menu.

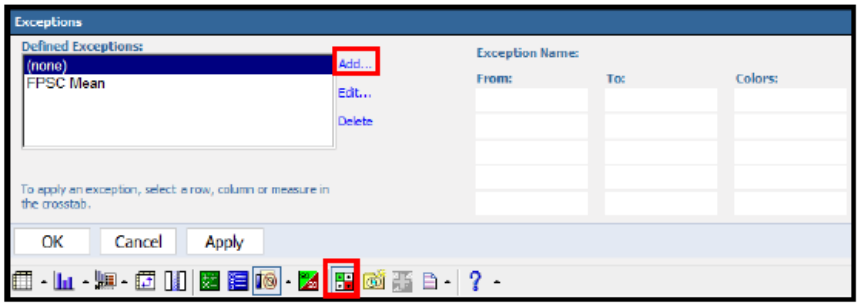
Custom Exceptions Highlighting

The Custom Exceptions Highlighting icon on the Report Toolbar allows users to call attention to specific categories, such as high variances from the CPSC average. Users can determine what values are considered exceptional by defining custom exception highlighting rules.

A custom exception can contain up to five different value ranges with formatting attached to each range. For each value range there is a minimum value, maximum value, font color and background color. Value ranges are all inclusive. All data within a value range appears in the defined formatting.

Custom exceptions highlighting can help identify areas of focus for compliance-related efforts. For example, we can create a custom exception to highlight any variances that are greater or less than a specific percentage from the CPSC mean. Below, we will use the custom exception highlighting feature to identify coding variances that are greater than a positive and negative 20% from the CPSC mean.

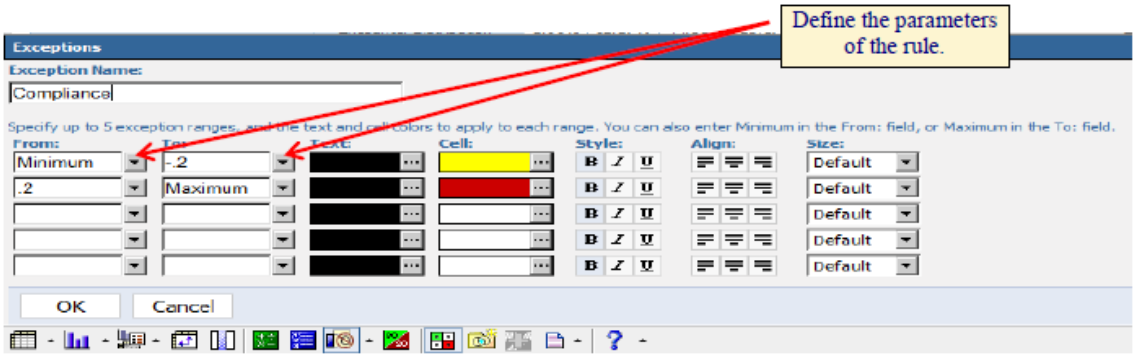
1. Highlight the calculated row titled Variance. Click the **Custom Exceptions Highlighting** icon in the Report Toolbar, and click **Add**.



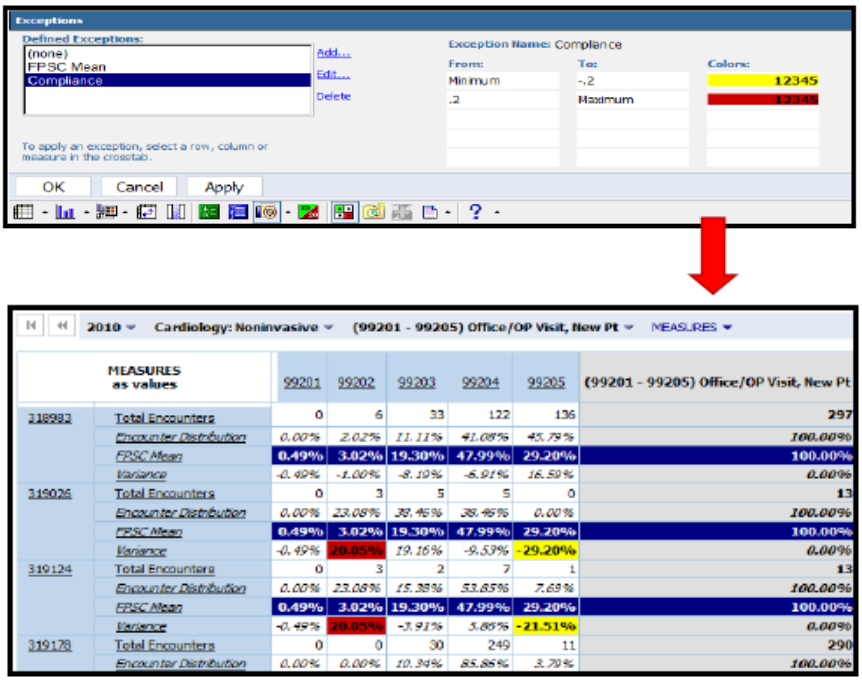
2. On the next screen, title this example “Compliance.” In the first range, create a rule to identify variances that are greater than -20% from the CPSC mean. Click the From box and select Minimum. In the “To” box, type -0.2. Now, identify how the information will be displayed by selecting the color of text or the color of the cell. In this example, leave the text color as black and change the cell color to yellow.

3. For the next range, create a rule to identify variances that are greater than 20% from the CPSC mean. In the “From” box, type 0.2, in the “To” box, select Maximum. Leave the text black and change the cell color to red.

Note: percentages must be displayed in a decimal format.



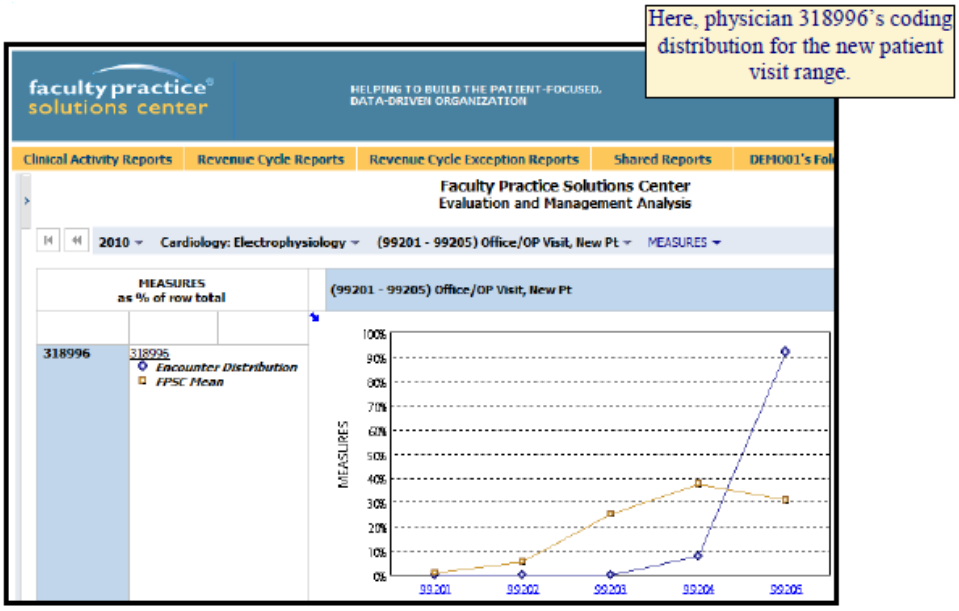
4. Once all ranges are defined, click OK. The exceptions highlighting box should still appear at the bottom of the report screen. Now that the exceptions have been defined, we need to specify which category to apply the rules. Highlight the Variance category in the report, and click “Apply.” Notice any variances meeting the criteria are highlighted in red or yellow. Click OK.



Note: The exceptions highlighting feature can be used in any of the reports, but is most commonly used in the E&M Tabular Report, Clinical Fingerprint Report and Procedure Summary Report.

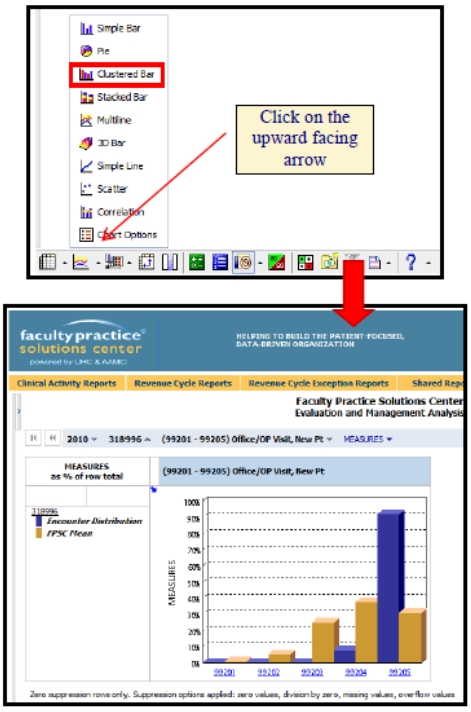
E&M Graphical Analysis

The E&M Graphical Analysis report will display the coding distribution for an individual or group of physicians to the CPSC specialty-specific mean in a graphical format. The report is defaulted to new outpatient visit range, however, users can select other ranges using the Dimension Bar or Folder List.



Graphical Options

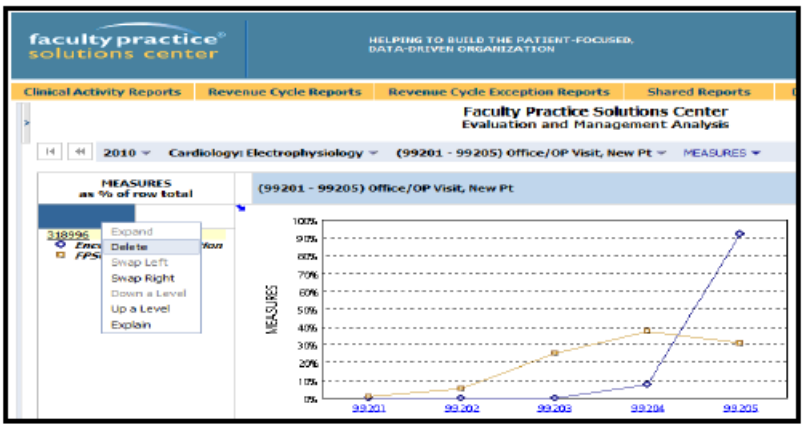
Users can select other graphical outputs using the **Chart icon** in the Report Toolbar. Click on the icon and select clustered bar in the box that appears.



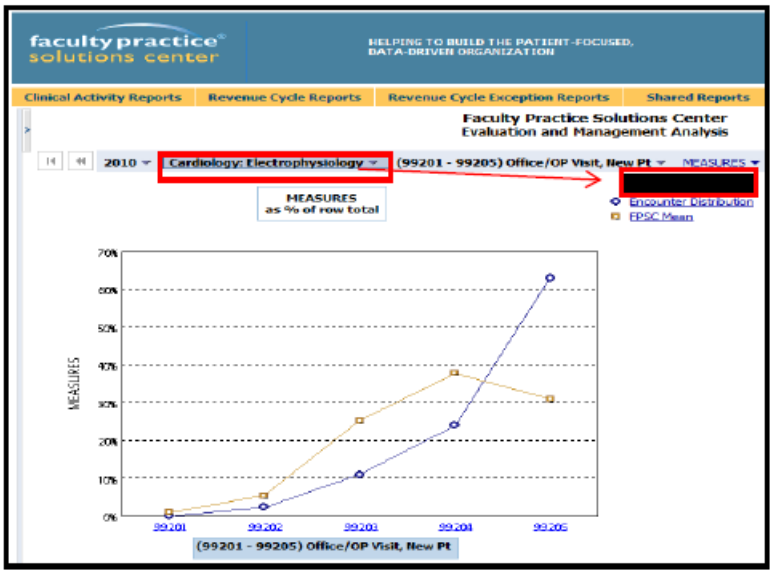
Display All Physicians on One Graph

Users can compare the coding patterns for all physicians in a specialty to one another using the E&M Graphical Analysis report.

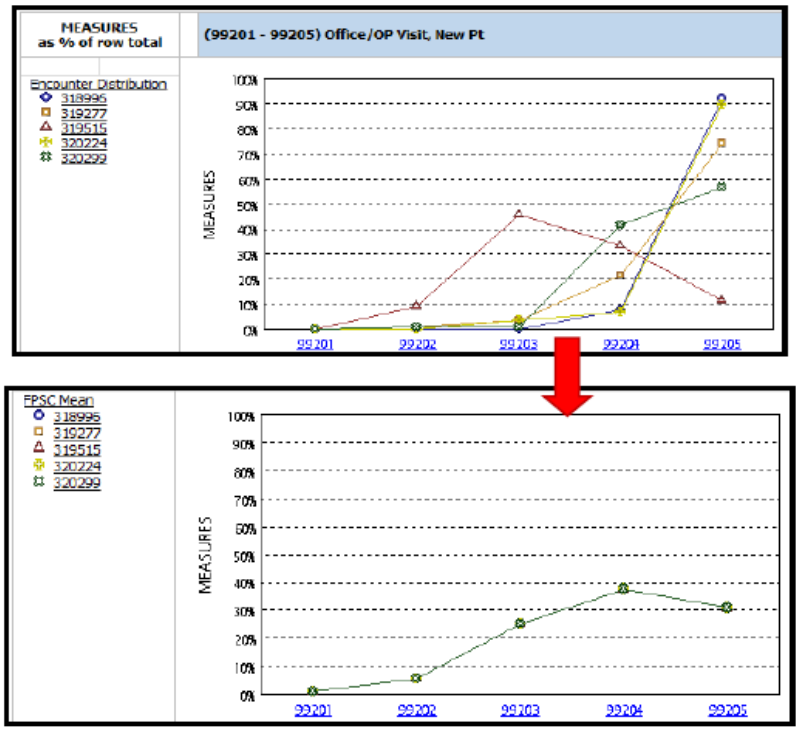
1. While viewing all physicians in the specialty, right-click in the blank cell above the physician name or physician ID column, and select delete.



2. The graph will update to display the coding pattern for the entire specialty. To compare the coding patterns for all physicians in the specialty, drag-and-drop the specialty name on top of the cell labeled Measures in the legend on the far right.



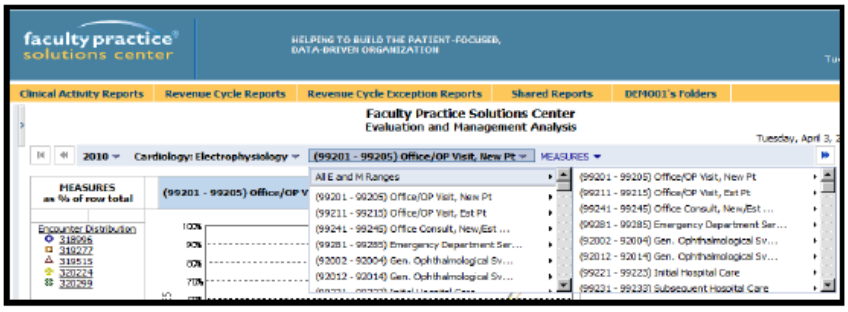
3. The report will update to provide 2 graphs. The first will display the coding patterns for all physicians, while the second will display the coding pattern for the CPSC average.



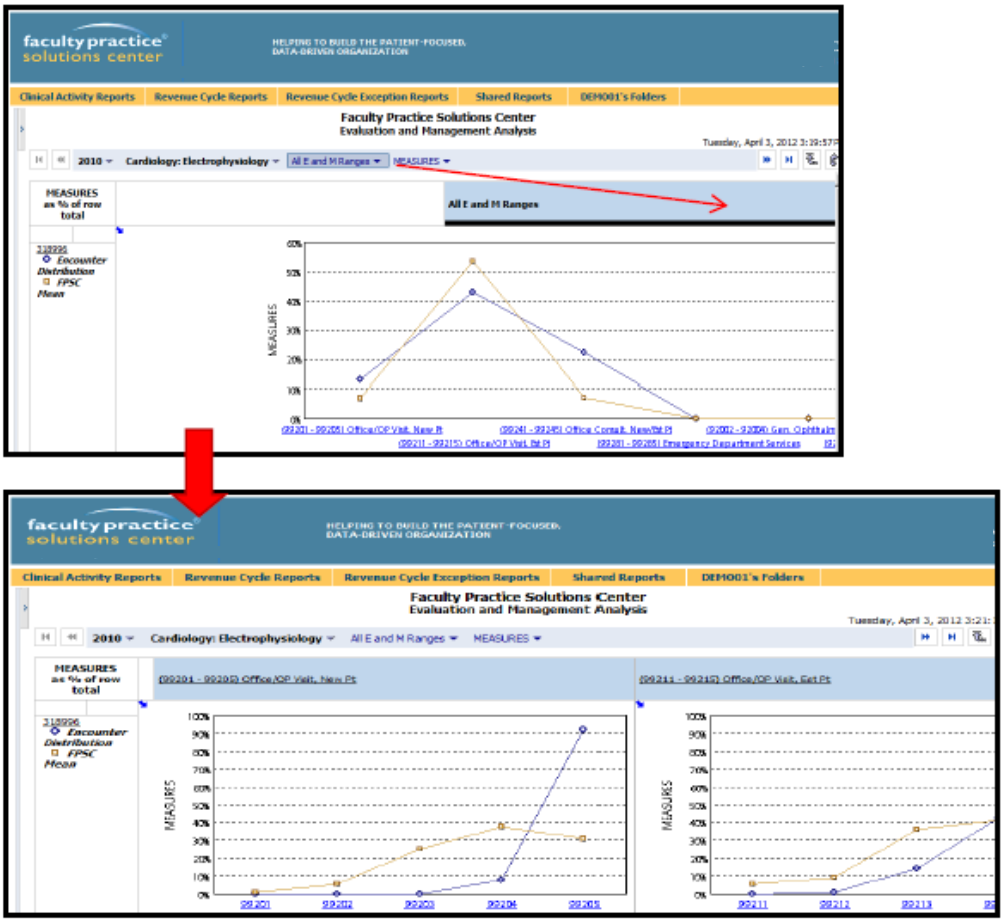
Display Graphs for Multiple E&M Ranges

Similar to the E&M Tabular report, users can also compare the coding patterns for multiple E&M ranges in one report in the E&M Graphical Analysis.

1. Left-click on the E&M range listed in the Dimension Bar, and select “All E&M Ranges.”



2. The report will update to display the coding patterns for all E&M ranges. Drag and drop the “All E&M Ranges” dimension into the report, placing it just below the column titled “All E&M Ranges.” A thin black bar will appear. Let go of the mouse once the bar appears. The report will update to show the graphs for each CPT range.

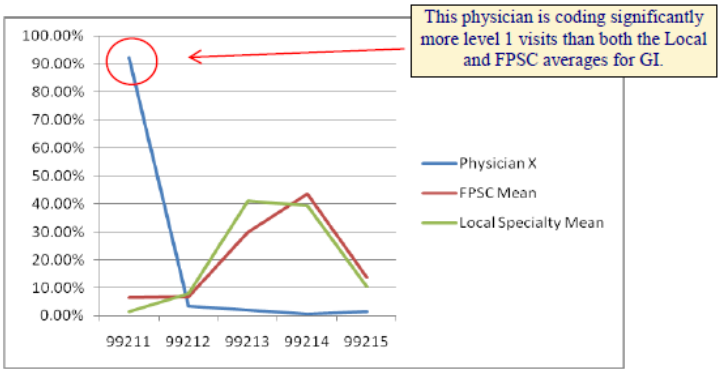


Tip: These steps will display the coding patterns for all E&M Ranges. To only view selected ranges, use the Hide/Show icon to select specific E&M ranges.

Compare E&M Coding Patterns for Physician, Specialty Mean, and CPSC Mean

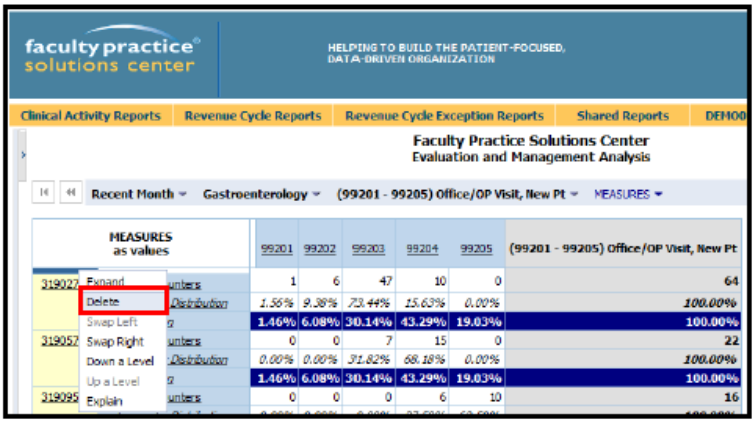
As illustrated in the following chart, identifying variances that are more aggressive or conservative from both the department/division norm and the CPSC benchmarks can be extremely valuable.

July 2010 – February 2011
E&M CPT Range: Office Visit/OP Visit, Est Pt
Gastroenterology

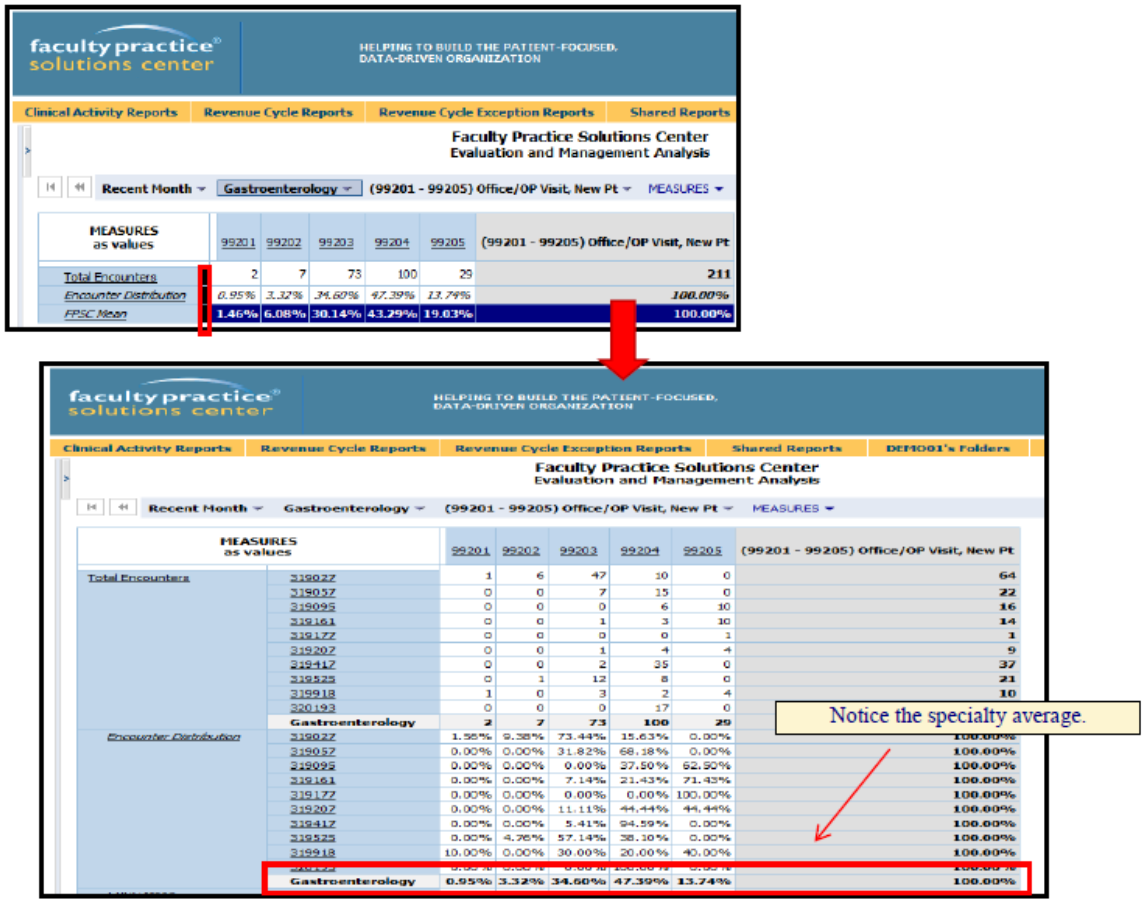


Currently, the specialty average is not displayed in the default view of the E&M Analysis reports. However, users can change the display of the data and create this report using CPSC E&M Tabular Analysis.

1. Delete the physician name (and, if applicable, the physician ID) column so that the data is rolled up to the specialty level.



2. Drag and drop the specialty name to the right of the measures in the report. Once this is completed, the report will include subtotal information for the total encounters and the average coding distribution for the specialty.



3. Use the **Hide Selection** feature; right click on the row, to remove the Total Encounter information since this level of information is not necessary for the report.

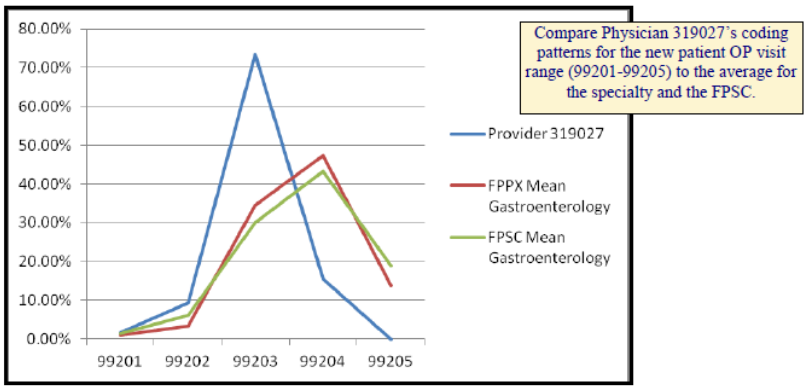
4. Export the report into **Excel** and format the report based on preference. Next, using Chart Options in Excel, create a chart with the graphs for selected physicians, specialty mean and CPSC mean.

Faculty Practice Solutions Center
Evaluation and Management Analysis

Tuesday, April 3, 2012

[Recent Month][Gastroenterology][(99201 - 99205) Office/OP Visit, New Pt]MEASURES

MEASURES as values		99201	99202	99203	99204	99205	99201 - 99205 Office/OP Visit, New Pt
Encounter Distribution	319027	1.56%	9.38%	73.44%	15.63%	0.00%	100.00%
	319057	0.00%	0.00%	31.82%	68.18%	0.00%	100.00%
	319095	0.00%	0.00%	0.00%	37.50%	62.50%	100.00%
	319161	0.00%	0.00%	7.14%	21.43%	71.43%	100.00%
	319177	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
	319207	0.00%	0.00%	11.11%	44.44%	44.44%	100.00%
	319417	0.00%	0.00%	5.41%	94.59%	0.00%	100.00%
	319525	0.00%	4.76%	57.14%	38.10%	0.00%	100.00%
	319918	10.00%	0.00%	30.00%	20.00%	40.00%	100.00%
	320193	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%
	FPPX Mean Gastroenterology	0.95%	3.32%	34.60%	47.39%	13.74%	100.00%
FPSC Mean	FPSC Mean Gastroenterology	1.46%	6.08%	30.14%	43.29%	19.03%	100.00%

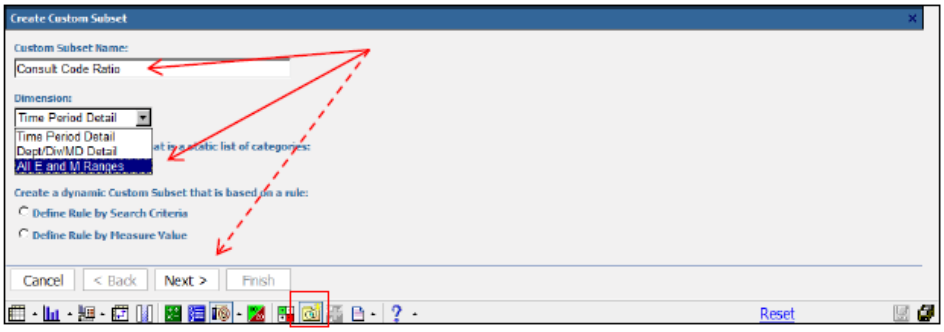


Improving Charge Capture

In addition to trending coding patterns and identifying potential compliance issues, the E&M Analysis reports have also been used as a starting point for physician coding education endeavors. Many CPSC participants have used the data to create ratios to identify the mix of E&M work, which has subsequently identified opportunities for improving charge capture, enhancing revenue, and improving patient access.

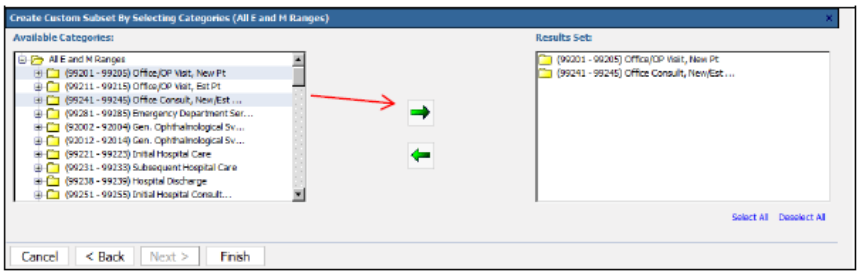
Understanding the use of consults versus new outpatient visit codes is an area of interest for many practice plans. Institutions that suspect low consult code usage can use the E&M Analysis Report in conjunction with documentation review efforts to inform compliance, billing, and revenue enhancement opportunities. Follow these steps to create the consult code ratio.

1. In the E&M Tabular report, select the **Custom Subset icon** in the Report Toolbar at the bottom of the screen. A menu will appear. Title the custom subset Consult Code Ratio, change the Dimension to “All E&M Ranges,” and click **Next**.

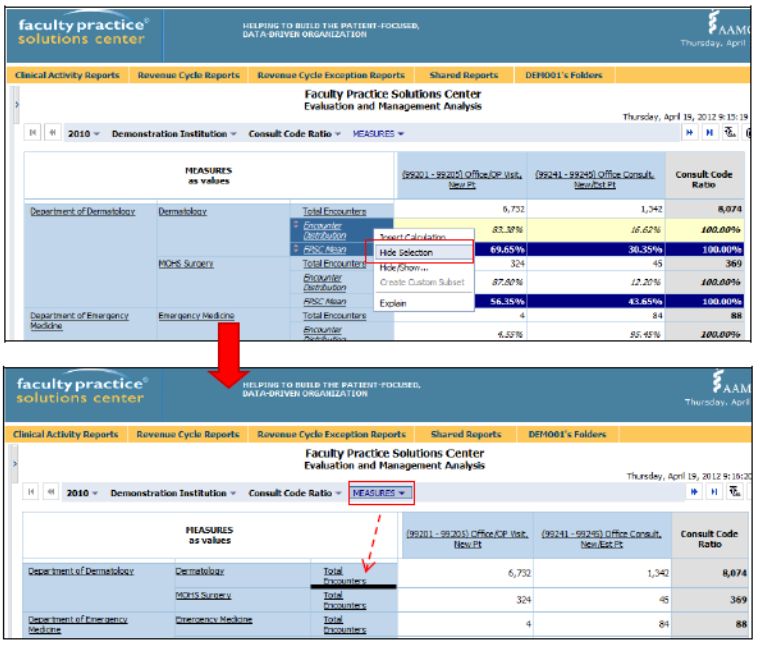


2. Select and move the following E&M Ranges to the “Results Sets” on the right and click finish.
    - new outpatient (99201-99205)
    - office consults (99241-99245)

Note: For general ophthalmologic services new patient (92002-92004) {include this range when calculating the ratio for specialties providing ophthalmologic services throughout these examples}



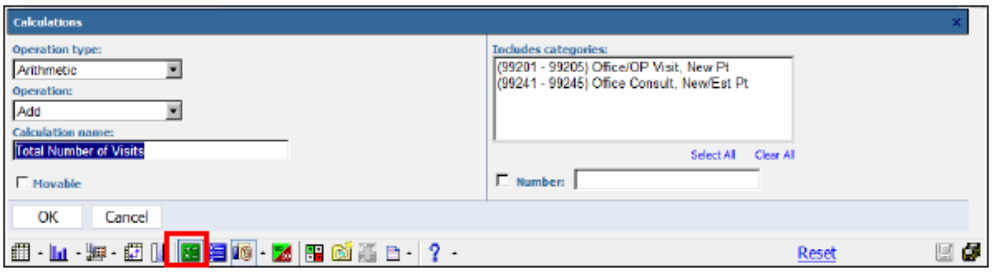
3. Hide the Encounter Distribution and CPSC Mean rows using the **Hide Selection** feature. Add the CPSC Units, from the “Measures” dropdown in the Dimension Bar, to the report using the drag and drop feature. The report should now include both Total Encounters & CPSC Mean Units.



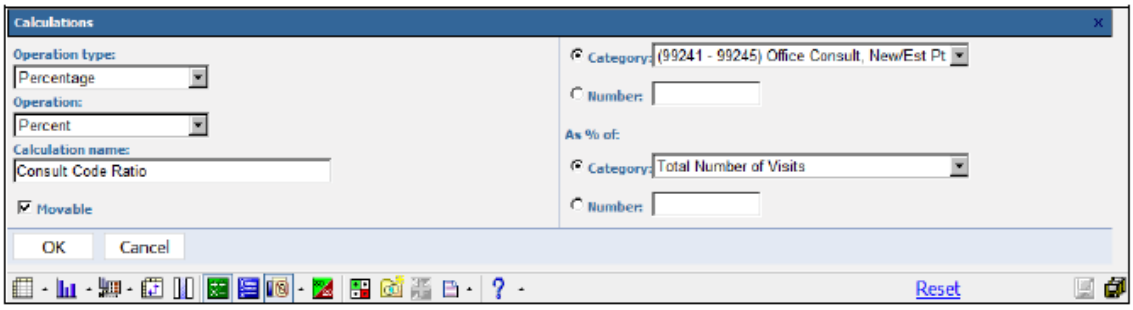
4. Use the calculate icon to determine the Total Number of Visits. Now select Add as the calculations operation, and title the calculation Total Number of Visits. Under the categories section, select
    - new outpatient (99201-99205)
    - office consult range (99241-99245)

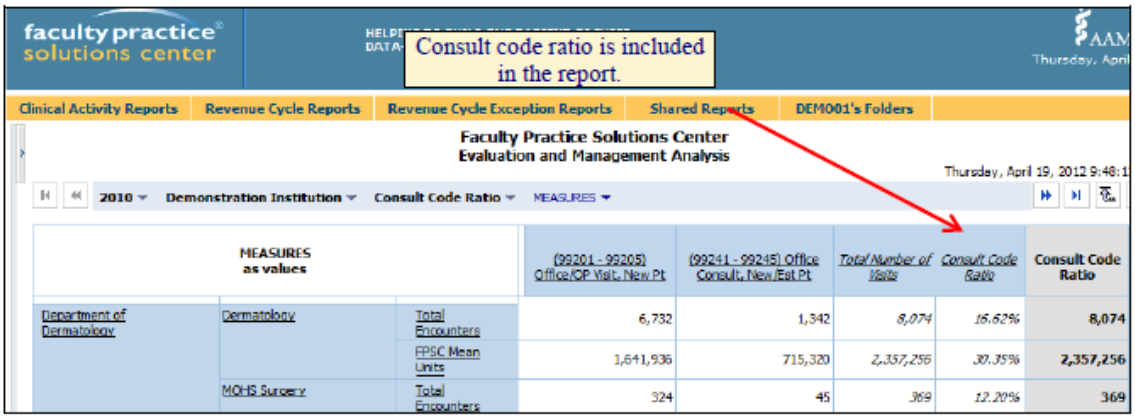
    Click **OK** and a new column will be inserted into the report titled Total Number of Visits

5. Now create another calculation to determine the Consult Code Usage Ratio. Select Percent as the operation, and title the calculation Consult Code Ratio. Select consult code range (99241-45) in the first category and total number of visits in the second category and click OK. A new column will be inserted into the report with the consult code ratio.



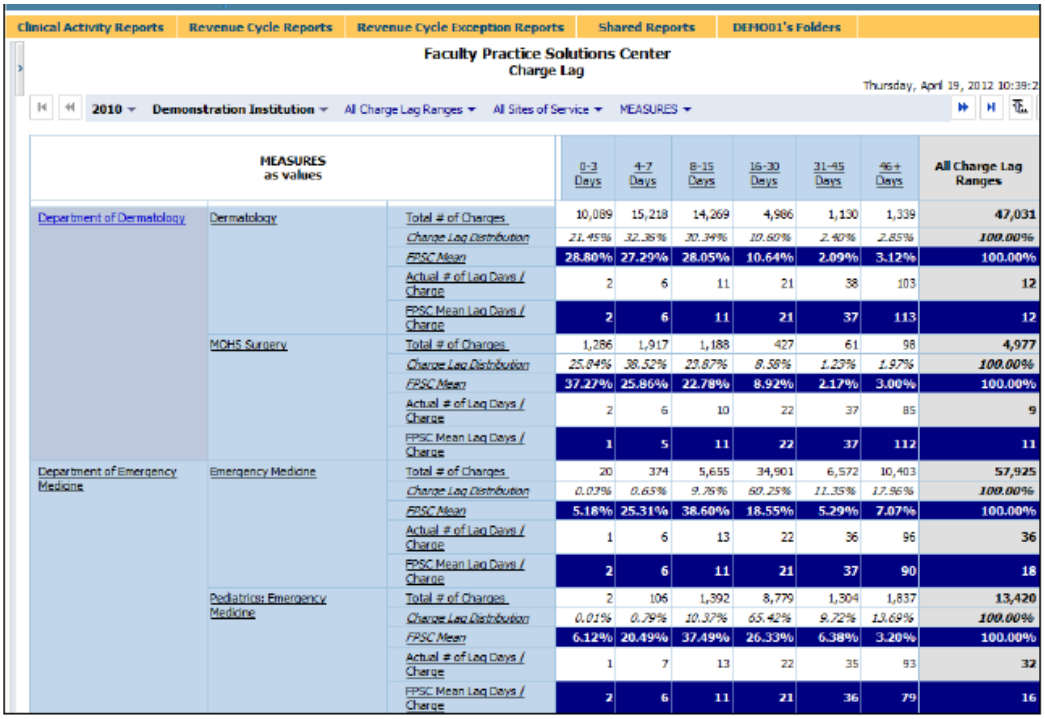
Next, calculate the consult code ratio.





Charge Lag Report

The Charge Lag report presents the user with a distribution of the time (in days) it takes for charges to be posted to the billing system from the date of service. It presents the number and percentage of charges entered into the billing system at the specialty or individual physician level. The report assists management in identifying opportunities to improve collections and cash flow.



Clinical Activity Reports | Revenue Cycle Reports | Revenue Cycle Exception Reports | Shared Reports | DEMO01's Folders

Faculty Practice Solutions Center
Charge Lag

Thursday, April 19, 2012 10:39:2

2010 ▾ Demonstration Institution ▾ All Charge Lag Ranges ▾ All Sites of Service ▾ MEASURES ▾

MEASURES as values			0-3 Days	4-7 Days	8-15 Days	16-30 Days	31-45 Days	46+ Days	All Charge Lag Ranges
Department of Dermatology	Dermatology	Total # of Charges	10,089	15,218	14,269	4,986	1,130	1,339	47,031
		Charge Lag Distribution	*21.45%*	*32.36%*	*30.34%*	*10.60%*	*2.40%*	*2.85%*	***100.00%***
		FPSC Mean	**28.80%**	**27.29%**	**28.05%**	**10.64%**	**2.09%**	**3.12%**	**100.00%**
		Actual # of Lag Days / Charge	2	6	11	21	38	103	12
		FPSC Mean Lag Days / Charge	**2**	**6**	**11**	**21**	**37**	**113**	**12**
	MOHS Surgery	Total # of Charges	1,286	1,917	1,188	427	61	98	4,977
		Charge Lag Distribution	*25.84%*	*38.52%*	*23.87%*	*8.58%*	*1.23%*	*1.97%*	***100.00%***
		FPSC Mean	**37.27%**	**25.86%**	**22.78%**	**8.92%**	**2.17%**	**3.00%**	**100.00%**
		Actual # of Lag Days / Charge	2	6	10	22	37	85	9
		FPSC Mean Lag Days / Charge	**1**	**5**	**11**	**22**	**37**	**112**	**11**
Department of Emergency Medicine	Emergency Medicine	Total # of Charges	20	374	5,655	34,901	6,572	10,403	57,925
		Charge Lag Distribution	*0.03%*	*0.65%*	*9.76%*	*60.25%*	*11.35%*	*17.96%*	***100.00%***
		FPSC Mean	**5.18%**	**25.31%**	**38.60%**	**18.55%**	**5.29%**	**7.07%**	**100.00%**
		Actual # of Lag Days / Charge	1	6	13	22	36	96	36
		FPSC Mean Lag Days / Charge	**2**	**6**	**11**	**21**	**37**	**90**	**18**
	Pediatrics: Emergency Medicine	Total # of Charges	2	106	1,392	8,779	1,304	1,837	13,420
		Charge Lag Distribution	*0.01%*	*0.79%*	*10.37%*	*65.42%*	*9.72%*	*13.69%*	***100.00%***
		FPSC Mean	**6.12%**	**20.49%**	**37.49%**	**26.33%**	**6.38%**	**3.20%**	**100.00%**
		Actual # of Lag Days / Charge	1	7	13	22	35	93	32
		FPSC Mean Lag Days / Charge	**2**	**6**	**11**	**21**	**36**	**79**	**16**

The analysis allows the user to benchmark internally or to the CPSC's specialty-specific benchmarks. The CPSC Mean is the average for all physicians of the selected specialty in the CPSC database.

In the example above, Dermatology entered 10,089 or 21.45% of charges into the billing system within 0 to 3 days of the date of service. The total number of charges the specialty posted for the period is listed in the last column, 47,031. The average number of lag days per charge for the specialty is 12 days compared to the CPSC specialty-specific average of 12 days. In other words, it takes this division an average of 12 days to post a charge into the billing system from the date of service which is in line with the CPSC Benchmark.

To view the data by the various sites of service, simply drag and drop All Sites of Service from the Dimension Bar into the report. To trend Charge Lag by site of service, select a time period and drag and drop the dimension above the charge lag ranges.

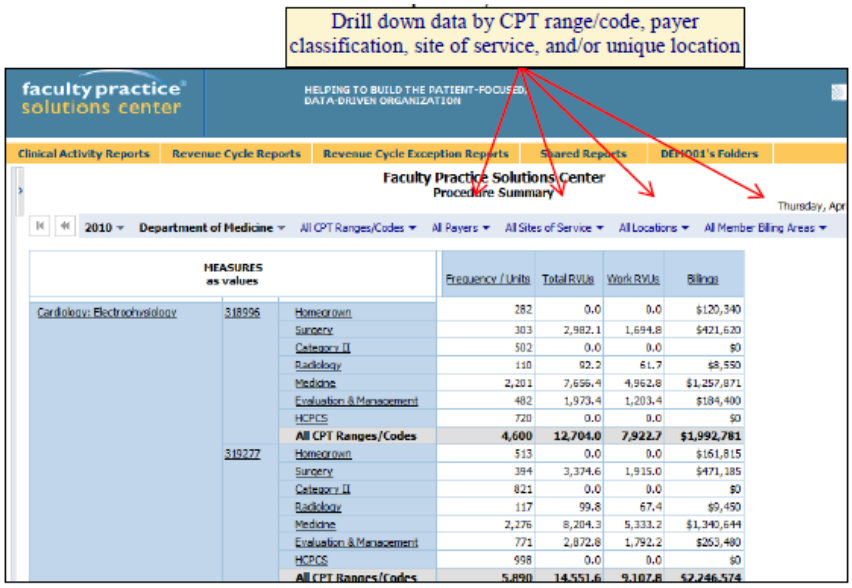
Procedure Summary Report

The Procedure Summary Report allows users to analyze the utilization of procedure information at the specialty and/or physician level. Users can run reports at the department, specialty, and individual physician-level by family, range, or individual CPT code. The tool reports the frequency, Total RVUs, Work RVUs and/or total billings down to the CPT code.

The Procedure Summary Report has numerous drilling options, which offer flexibility as you drill into the procedure detail for your physicians. The report opens showing the data by specialty and CPT Family. If you have specific information that you are looking for, you may choose to drill to the CPT Range and Code levels, or to the physician level. You can also view productivity detail by CPT code, payer class category, site of service, or unique location.

Note: Since this report contains a number of member specific information, it has no benchmarks.

Below is an example of the Procedure Summary report for several Electrophysiologists within the Department of Medicine. The report summarizes the Units, Total RVUs, Work RVUs, and Billings by CPT family for all physicians within each specialty.



MEASURES as values			Frequency / Units	Total RVUs	Work RVUs	Billings
Cardiology: Electrophysiology	318996	Homegrown	282	0.0	0.0	$120,340
		Surgery	303	2,982.1	1,694.8	$421,620
		Category II	502	0.0	0.0	$0
		Radiology	110	92.2	61.7	$8,550
		Medicine	2,201	7,656.4	4,962.8	$1,257,871
		Evaluation & Management	482	1,973.4	1,203.4	$184,400
		HCPCS	720	0.0	0.0	$0
		All CPT Ranges/Codes	**4,600**	**12,704.0**	**7,922.7**	**$1,992,781**
	319277	Homegrown	513	0.0	0.0	$161,815
		Surgery	394	3,374.6	1,915.0	$471,185
		Category II	821	0.0	0.0	$0
		Radiology	117	99.8	67.4	$9,450
		Medicine	2,276	8,204.3	5,333.2	$1,340,644
		Evaluation & Management	771	2,872.8	1,792.2	$263,480
		HCPCS	998	0.0	0.0	$0
		All CPT Ranges/Codes	**5,890**	**14,551.6**	**9,107.8**	**$2,246,574**

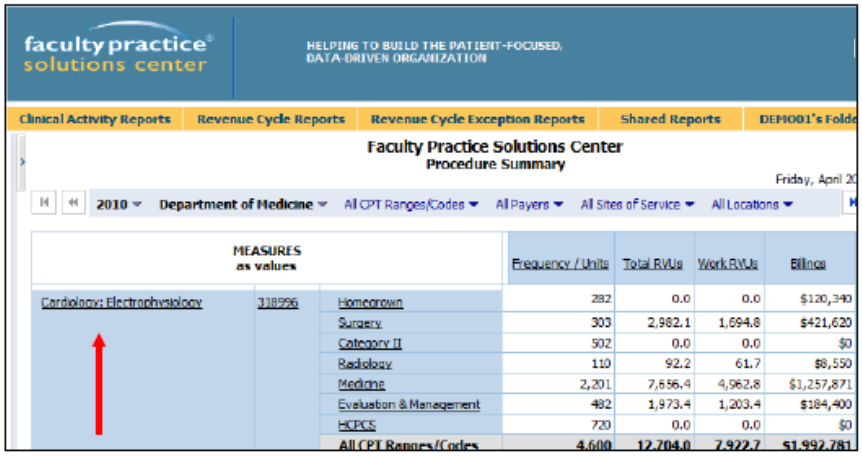
Physician 318996 had over $1,992,781 in billings during CY 2010. This physician billed 4,600 units and produced approximately 7,922 WRVUs and 12,704 TRVUs. We can then identify where physician 318996's work came from: almost than 50% of his work came from the Medicine family.

Comparing RVU Production by CPT Code

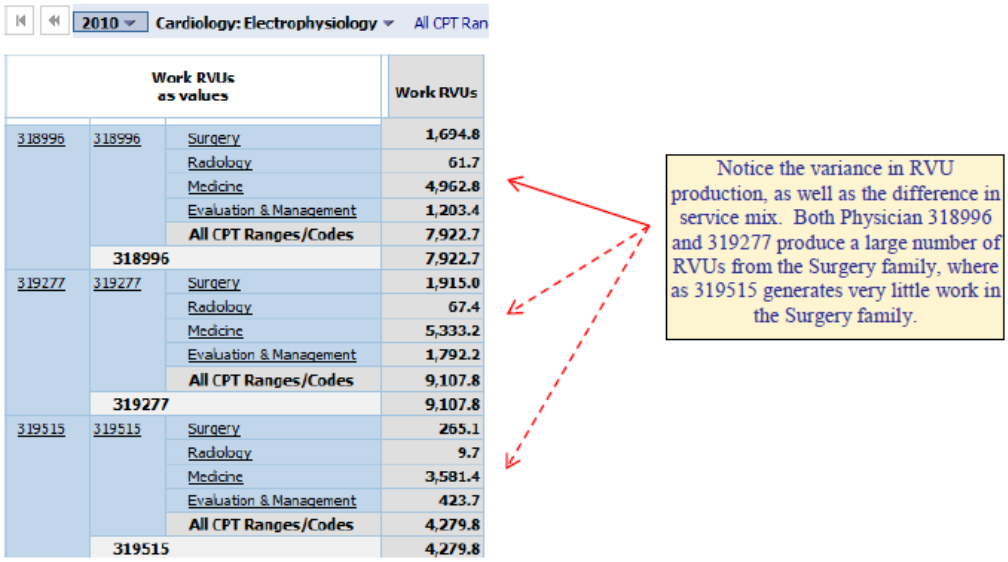
One way this report can be used is to compare physician RVU production by CPT code. This is helpful following a review of the Productivity Summary report where variances in RVU generation were identified among physicians who were expected (Reported CFTE) to be similar.

Starting with the Department of Medicine illustrated on the previous page, this example will focus on a group of Electrophysiologists in 2010.

1. To update the report view from looking at the Department of Medicine to focusing only on Noninvasive Cardiology, drill down to the specialty level by clicking on the Cardiology: Electrophysiology link.



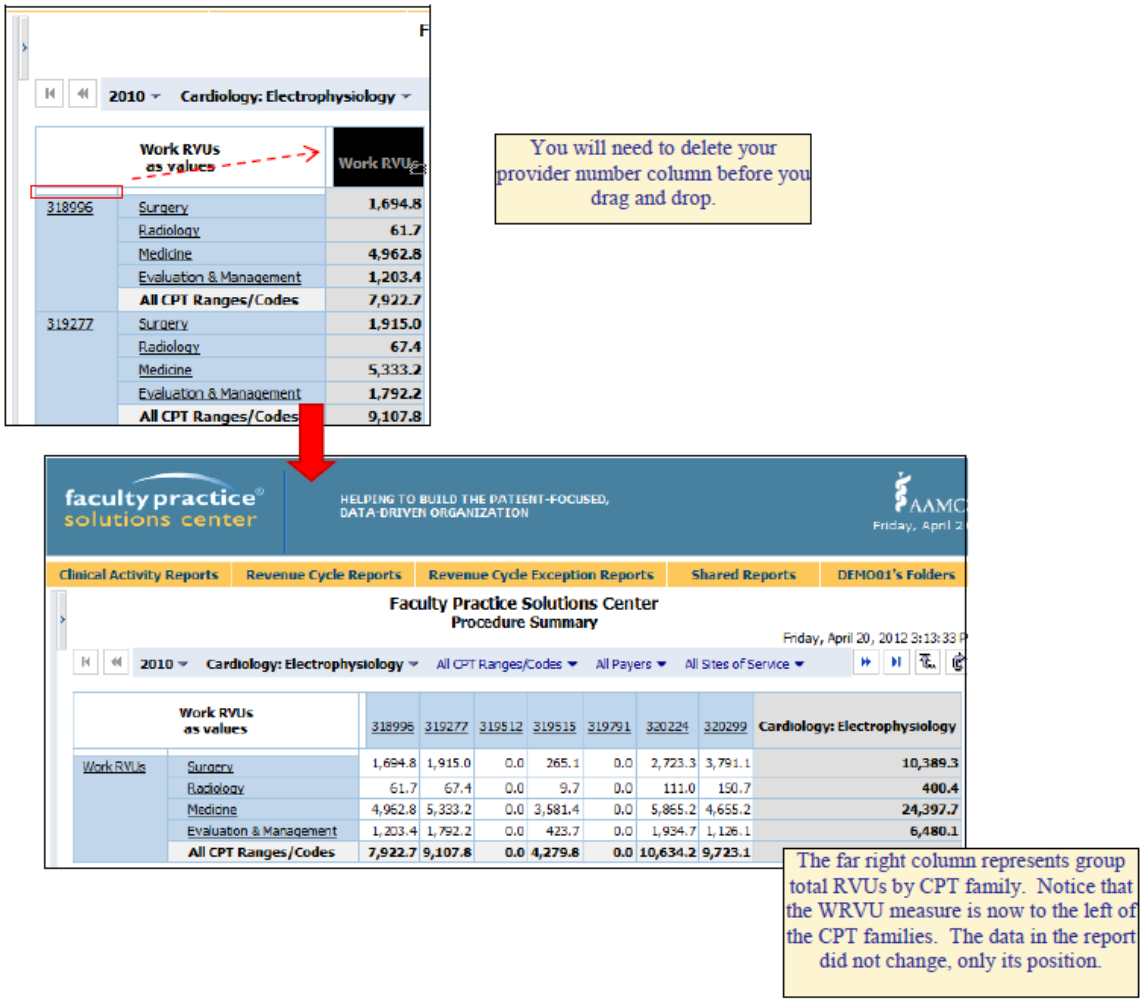
2. Click on the Work RVUs link in the column header to drill down. By doing so, a physician-to-physician comparison can be made regarding RVU production by CPT family. High and low producers can be identified and further analyzed.



3. The next step is to move the Physician IDs (or names if you choose) to the top of the report so that each physician will have his/her own column. This is because the number of rows will increase substantially when we drill down to the CPT code range and again to the individual CPT code.

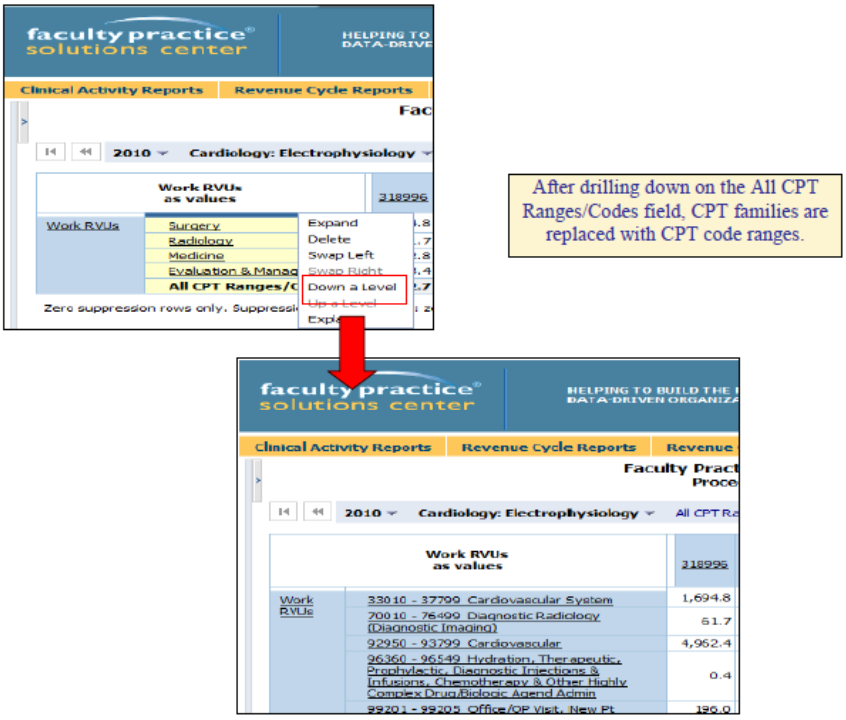
   Hover over the thin line above the Physician ID column so that it becomes black in color. Left click on the mouse and drag this field over the Work RVU column header so that the box color changes to black. Release the mouse button and the report will refresh with each physician across the top of the report.

Note: One of the ID columns was deleted in the creation of this view.

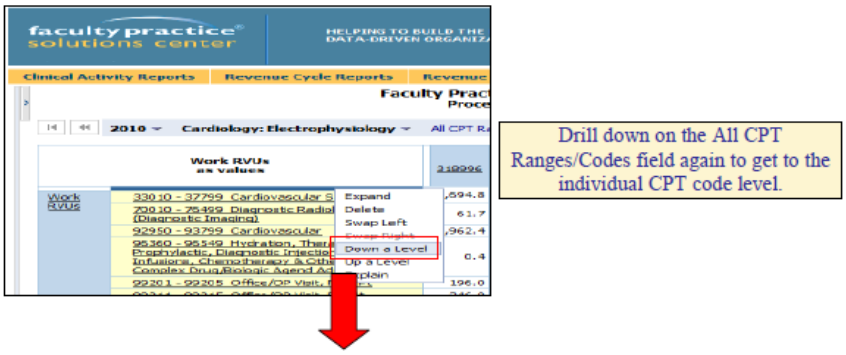


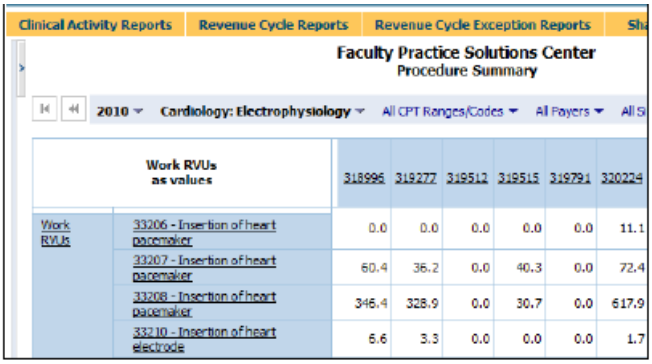
4. Lastly, this report allows the user to drill down from CPT family to CPT range and individual CPT code in order to compare productivity at a more granular level and compare physician service mix within the group.

   To drill down on to CPT range and then individual CPT code, right click on the thin black bar above the CPT family names. From the menu that appears, choose “Down A Level,” and the report will refresh with CPT code ranges where the CPT families used to be.

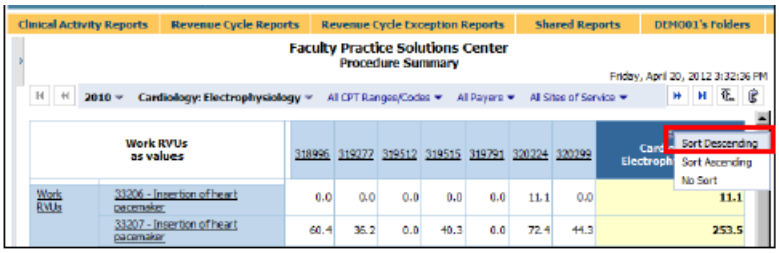


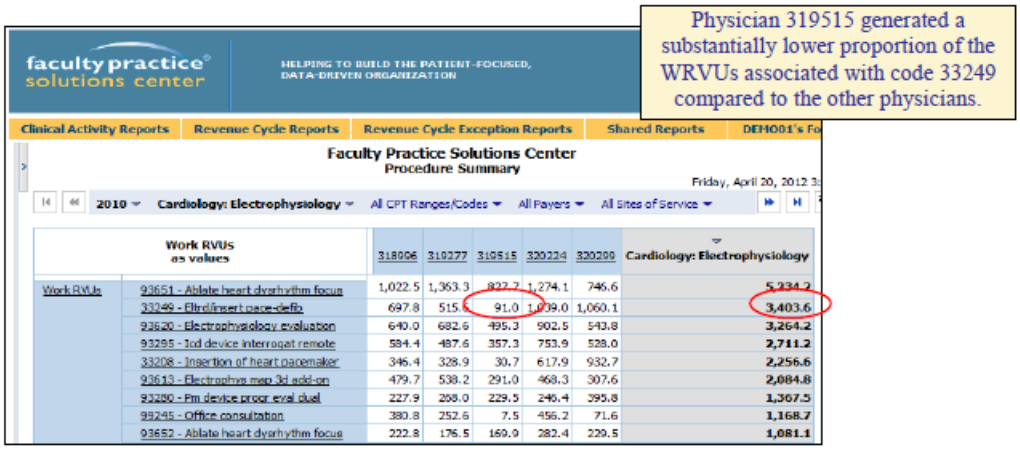
If you choose to drill down further, repeat the same step. The report will again refresh with the CPT code range field replaced with individual CPT codes.





From this view, any number of report manipulations can be done to look at the data in multiple ways. If you wanted to look at the top CPT codes by RVUs generated for group in 2010, use the sort feature on the far right column and choose Descending. The report will now show the top CPT codes by RVUs, and proportionate production levels for each code by physician.



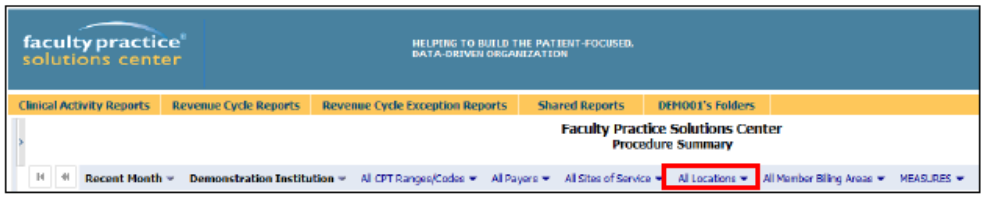


The data could also be sorted based on the physician who generated the most RVUs in order to measure what procedures he/she is billing for compared with others in the group.

Pulling All Locations into the Report

The options in the “All Locations” field are specific to each member institution and represent the various locations at which physicians provide service. This field allows users to measure productivity at the CPT code level by location in WRVUs, TRVUs, billings, or units.

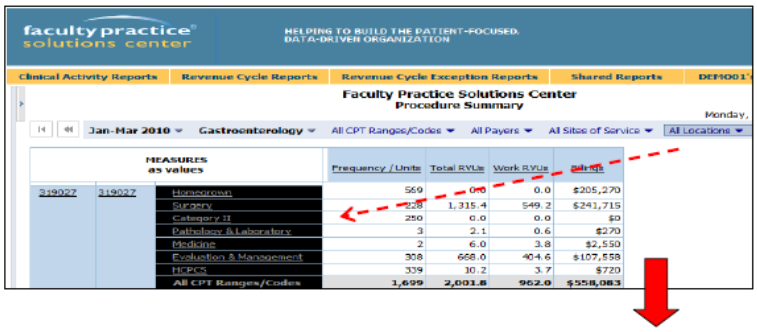
The All Locations dimension is especially useful when physicians practice in multiple locations, such as inpatient hospital and outpatient clinic settings. In these situations, the discovery of operational or procedural differences may lead to revenue opportunities.

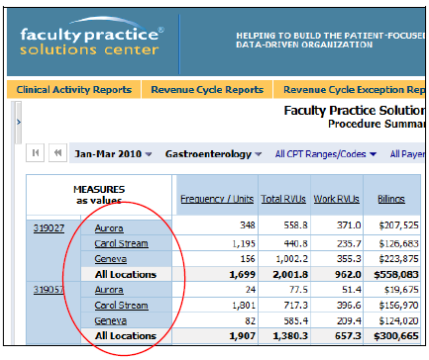


It is best to pull the entire “All Locations” field into the report without selecting specific locations. The report will automatically only pull in those locations associated with the department, specialty, or physician that is being viewed.

1. For example, to compare the Q1 2010 productivity of the physicians in the Gastroenterology group, first drill down and create a report view for Q1 2010 and GI.

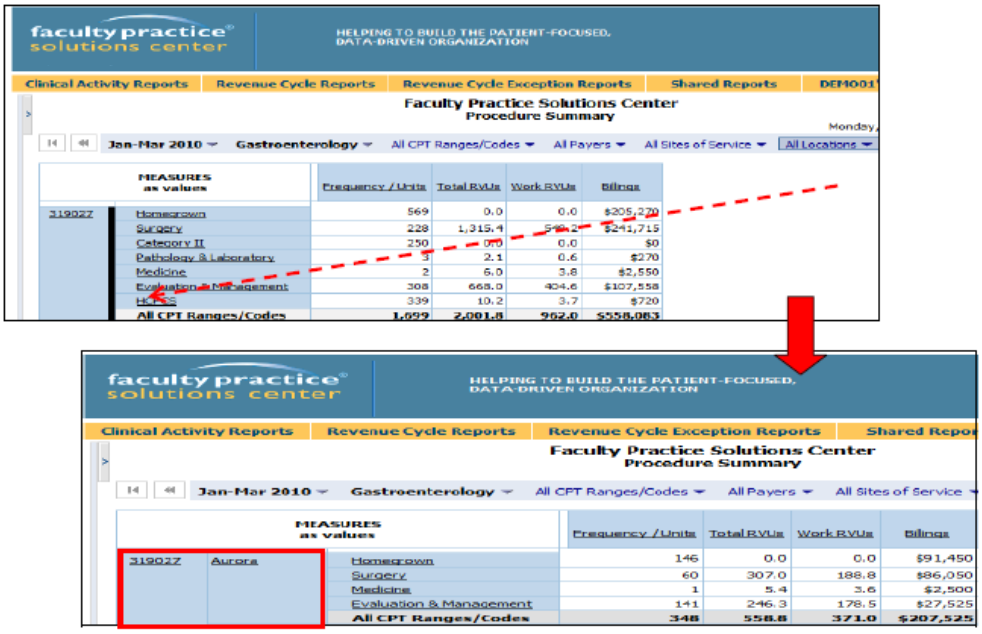
2. Use the drag and drop feature in the reports to pull the “All Locations” dimension into the report view. The placement of the field is important as it determines the information displayed when the report refreshes. If you want to view where each physician practices and get a sense of his/her productivity at each location, drag the All Locations dimension over the CPT family field. The report will refresh with the CPT families replaced by locations and productivity reported by locations.





3. Click the browser “**Back**” button to see other options for the “All Locations” dimension.

4. To keep the CPT code detail in the report while viewing locations, drag the “All Locations” dimension to the left of the CPT family field until a thin black line appears, then release. The report now shows which CPT codes are being billed at each facility, by physician. As with the CPT field in other reports, you can drill down from the CPT family to CPT range and individual CPT code.

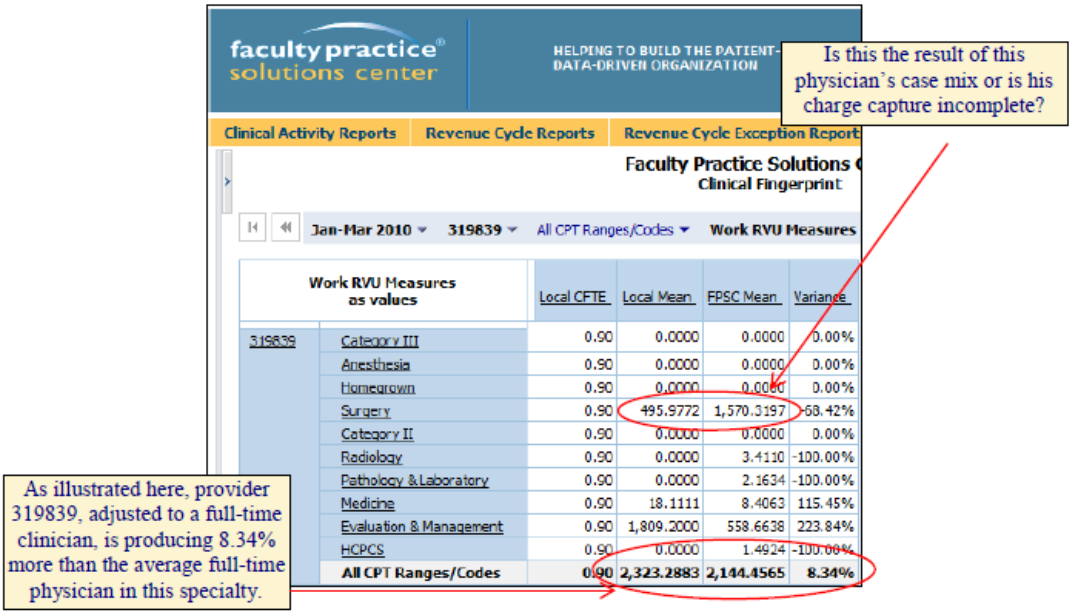


Clinical Fingerprint Report

The Clinical Fingerprint Report, like the Procedure Summary Report, provides CPT-level billing patterns in frequency (unit), Work RVU, and Total RVU formats. However, it differs from the Procedure Summary Report in that it reports billing patterns on a “1.0 CFTE” basis and compares them to the average physician’s coding patterns in each specialty. This report allows the participant to better understand the productivity of physicians and how their practice patterns affect productivity.

Upon assessing productivity at a high level with the CPSC Productivity Summary report, the Clinical Fingerprint has been used to:

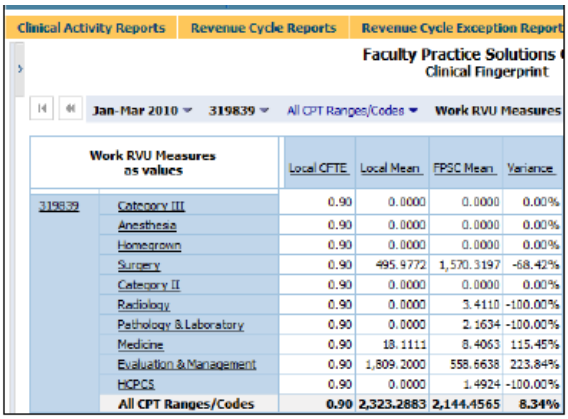
- Better understand where a provider may be over or under-performing relative to other providers within the specialty group and/or the CPSC for that specialty.
- Identify missed coding opportunities.
- Develop physician scheduling templates for inpatient and outpatient services.



Work RVU Measures as values		Local CFTE	Local Mean	FPSC Mean	Variance
319839	Category III	0.90	0.0000	0.0000	0.00%
	Anesthesia	0.90	0.0000	0.0000	0.00%
	Homegrown	0.90	0.0000	0.0000	0.00%
	Surgery	0.90	495.9772	1,570.3197	-68.42%
	Category II	0.90	0.0000	0.0000	0.00%
	Radiology	0.90	0.0000	3.4110	-100.00%
	Pathology & Laboratory	0.90	0.0000	2.1634	-100.00%
	Medicine	0.90	18.1111	8.4063	115.45%
	Evaluation & Management	0.90	1,809.2000	558.6638	223.84%
	HCPCS	0.90	0.0000	1.4924	-100.00%
	All CPT Ranges/Codes	**0.90**	**2,323.2883**	**2,144.4565**	**8.34%**

Like the Procedure Summary report, the data will be rolled-up by CPT family. The report is defaulted to display CPT coding patterns in Work RVUs but users can change the productivity measure to Total RVUs or unit frequency from the Measures dimension in the Dimension Bar.

Let's interpret the Clinical Fingerprint for a General Surgeon, physician 319839, at one faculty practice plan by first looking at the grey subtotal line.



Work RVU Measures as values		Local CFTE	Local Mean	FPSC Mean	Variance
319839	Category III	0.90	0.0000	0.0000	0.00%
	Anesthesia	0.90	0.0000	0.0000	0.00%
	Homegrown	0.90	0.0000	0.0000	0.00%
	Surgery	0.90	495.9772	1,570.3197	-68.42%
	Category II	0.90	0.0000	0.0000	0.00%
	Radiology	0.90	0.0000	3.4110	-100.00%
	Pathology & Laboratory	0.90	0.0000	2.1634	-100.00%
	Medicine	0.90	18.1111	8.4063	115.45%
	Evaluation & Management	0.90	1,809.2000	558.6638	223.84%
	HCPCS	0.90	0.0000	1.4924	-100.00%
	All CPT Ranges/Codes	**0.90**	**2,323.2883**	**2,144.4565**	**8.34%**

Local CFTE – Expected or reported clinical effort for the specified time period

- Physician 319839 is expected to be clinically active 90% of the time

Local Mean – Current measure (Work RVU, Total RVU, unit frequency) adjusted for effort

- If physician 319839 was practicing as a full-time clinician in General Surgery, she would be producing 2,323 Work RVUs.

CPSC Mean - Current measure adjusted for effort for the average physician in the specialty

- The average full-time General Surgeon in the CPSC produces 2,144 Work RVUs in 1 quarter

Variance – Percent variance of local vs. CPSC mean

- Adjusted for effort, physician 319839 is 8.34% more productive than the average General Surgeon in the CPSC.

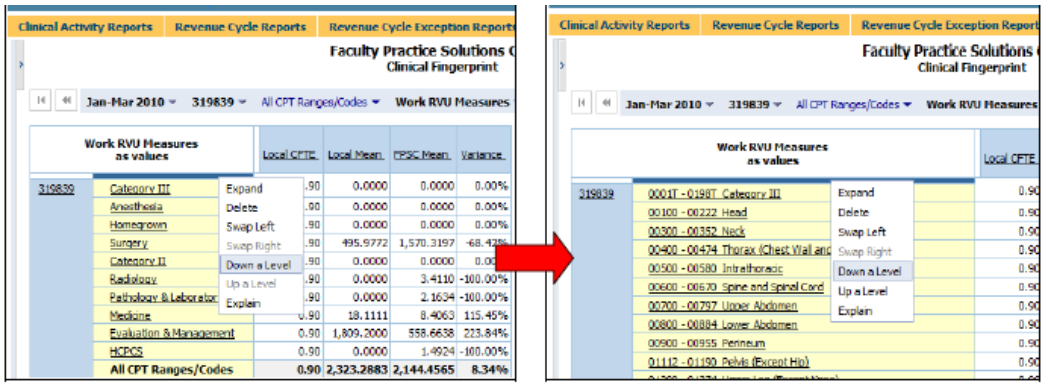
Now let's identify where physician 319839's work is coming from. The majority of her work is in the E&M family of codes. She's also doing work in the Surgery family and a very few services in the Medicine family of codes. We can also compare her distribution of services to the average General Surgeon in the CPSC.

Drilling Down and Up Levels

We have discussed the various ways you can drill up and down to explore different aspects of data and move between levels of information using the drag and drop feature. For example, you can examine productivity at the CPT family level or drill down and see it by CPT code. When you finish viewing data at the individual code level, you can drill back up to the range level.

When you drill down on a nested category, some information may be removed. This feature is especially valuable when you do not require the data hierarchy to be displayed in the report. You can use the down a level feature to see where productivity is coming from by CPT range and by individual CPT code.

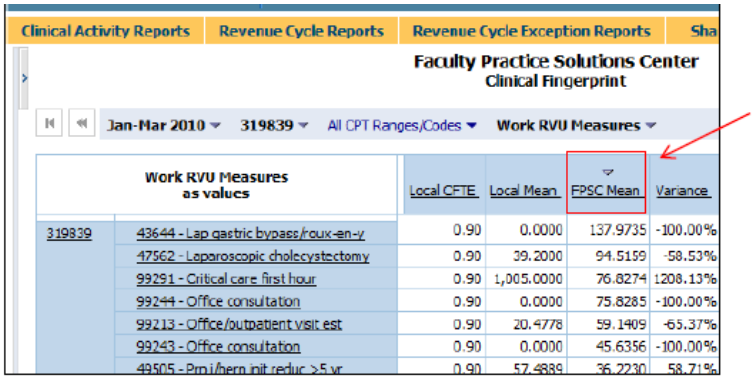
To use the down a level feature, right-click in the thin space above the CPT family column and select down a level from the menu. Repeat the steps to view individual CPT codes. To go back up a level, follow the same steps and select the up a level option from the menu or use your browser back button.



At the individual CPT code level, users can sort data by the Local Mean or CPSC Mean columns to view where a physician is spending the majority of his/her time compared to the average physician in the specialty.

The following report sorts the data by the CPSC Mean column. The Local Mean column provides the billing pattern for each code per 1.0 CFTE for your organization's physicians. In this example, physician 319839 generates 0.00 Work RVUs per 1.0 CFTE per quarter for Laparoscopic Gastric Bypass services (43644).

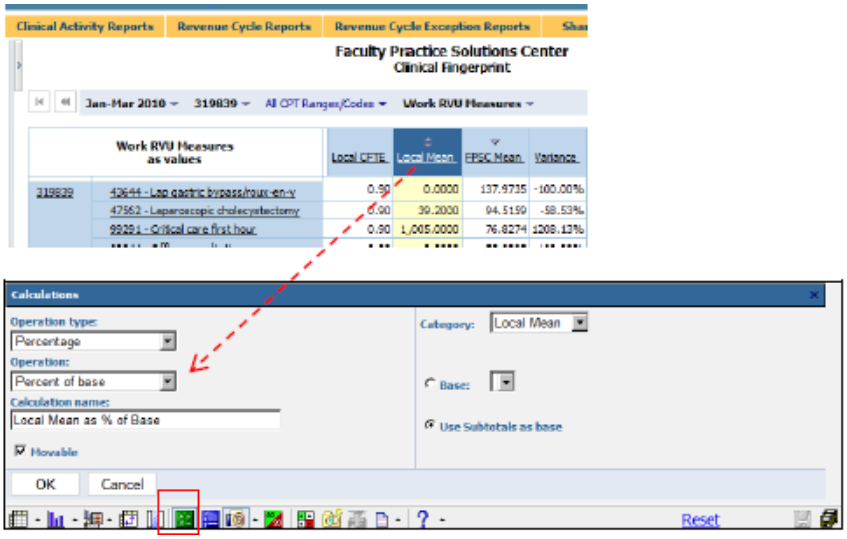
The CPSC Mean column shows the coding patterns per 1.0 CFTE of the average physician of this specialty type. Using the same example, the average General Surgeon in the CPSC generates 137.97 Work RVUs per CFTE per quarter for code 43644.



Viewing Mix of Services as a Percent of Total Work

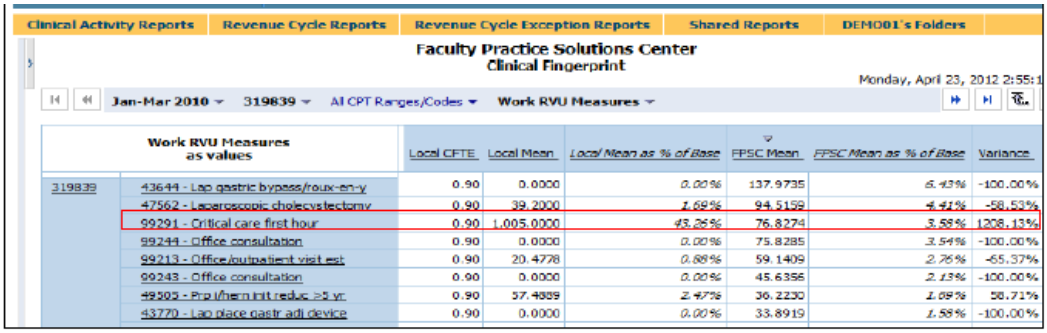
Users can also insert a percent of base calculation on the Local Mean and CPSC Mean columns to compare the percent of time spent in clinical activity. Inserting this calculation will provide a comparison of service mix without accounting for clinical effort.

1. Highlight the Local Mean column and click on the Calculation icon in the Report Toolbar. Select Percentage as the Operation Type and Percent of Base as the Operation. Title the calculation. Under the Category drop down, Local Mean will already be populated. Leave the default setting of Use Subtotals as Base, and click **OK**.



2. Repeat step 1 to calculate the percent of base off the CPSC Mean column.

3. Sort the data by either of the 2 columns just created. In the example below, the data is sorted on the Local Mean as % of Base column.



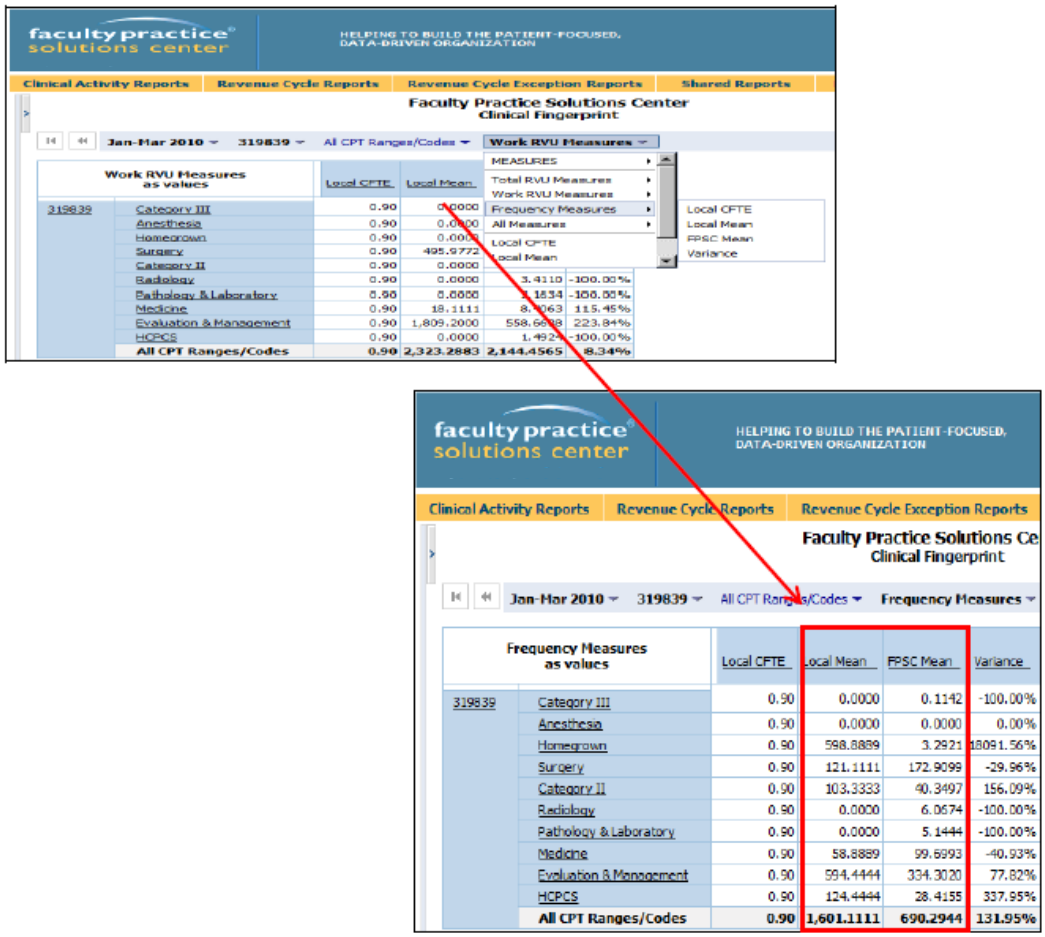
Physician 319839 performs 43.26% of his/her work performing Critical Care First Hour services (code 99291) whereas the average General Surgeon in the CPSC spends only 3.58% of his/her time performing this service.

View CPT Production based on Frequency

Instead of viewing CPT productivity by WRVU or TRVU generation, users can also view the data based on the number of times a specific CPT code was billed over a give time period. This can be compared to a peer group or the national, specialty-specific benchmark. Using this unit of measurement allows another metric for which to analyze service mix based on the frequency of a specific CPT code.

In the next example, we again looked at Physician 319839 in General Surgery. You'll notice the report defaults to the Work RVU measure. Adjusting for clinical effort, this physician is very close to the average full-time general surgeon, in terms of total WRVU production; however, he/she produces more WRVUs from the Surgery family than the benchmark and less from E&M codes.

If you change the WRVU measure to Frequency Measures, the comparison looks different.

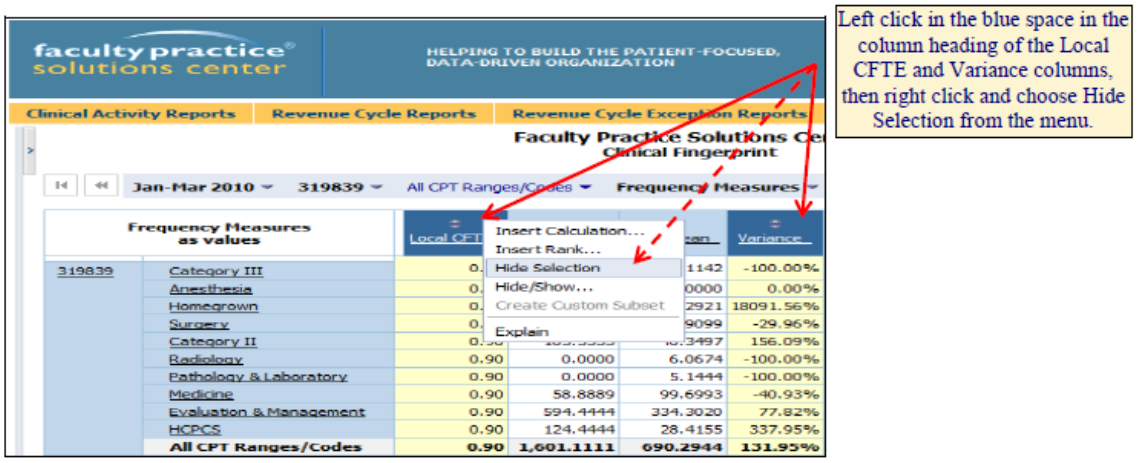


From this view, you can see that Physician 319839 billed far more codes within the Homegrown and E&M families, compared with the average full-time General Surgeon. In fact, this provider was really only lower in the Surgery and Medicine families. From this view, specific CPT ranges and codes that were billed can be viewed by drilling down on the CPT code field within the report.

Determining the Top Used CPT Codes

Taking the above example a step further, you could use the sort feature of the report to determine which codes were the most frequently billed codes for a specific specialty or physician compared to those that were most frequently billed by that average physician in the specialty benchmark.

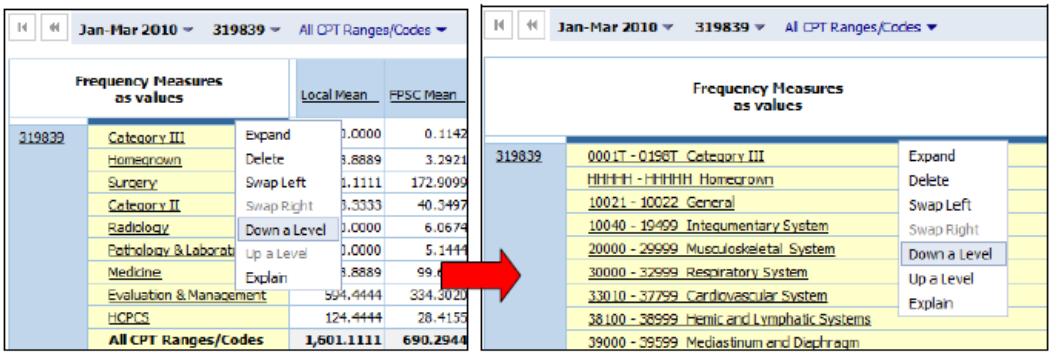
1. Hide the Local CFTE and Variance columns to focus attention on the frequency of physician 319839 compared with the average general surgeon.



Left click in the blue space in the column heading of the Local CFTE and Variance columns, then right click and choose Hide Selection from the menu.

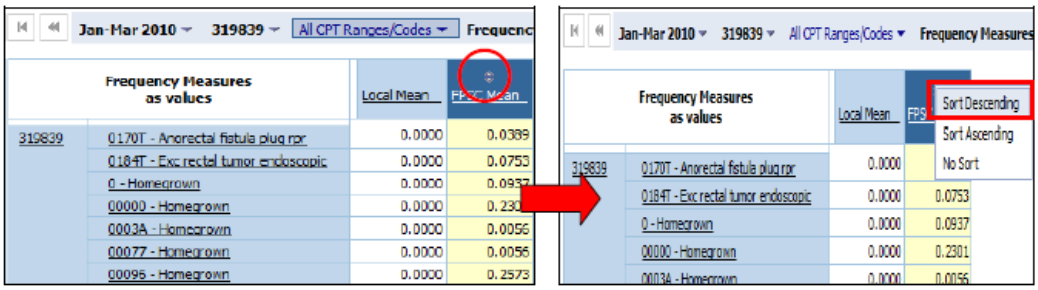
The report will refresh to display only the Local Mean and CPSC Mean columns.

2. Drill down on the CPT family to view CPT code ranges and again to view individual CPT codes by placing the mouse cursor in the thin space above the column until it turns black. Right click in this field and choose Down A Level from the menu that appears.

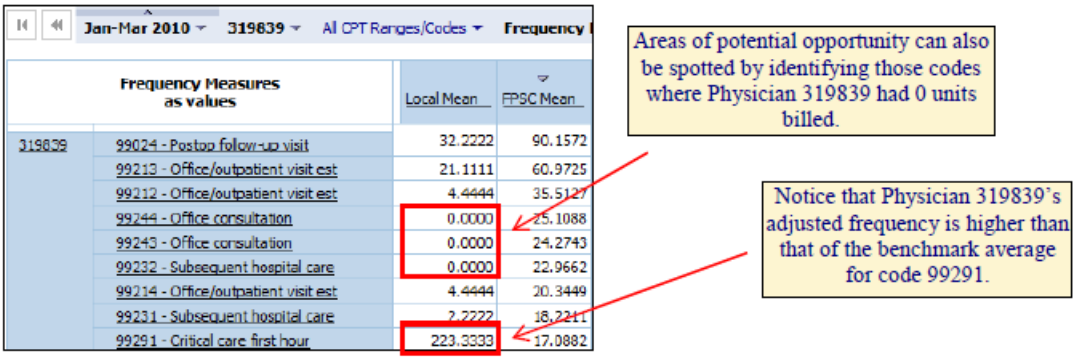


3. The report will refresh to show all CPT codes billed by either physician 319839 or a physician in the CPSC benchmark group. The report will default to be sorted based upon CPT code. In order to determine the top CPT codes billed by the average general surgeon in the CPSC, resort the data on the CPSC mean column in descending order and compare the top codes billed with the top codes billed by physician 319839.

4. Left click in the blue space in the column header of the CPSC Mean column and again on the downward facing arrow that appears above the column title. Choose Descending from the menu that appears, and the report will refresh, sorted by the top CPT codes billed (in terms of frequency) by the average pediatric surgeon.

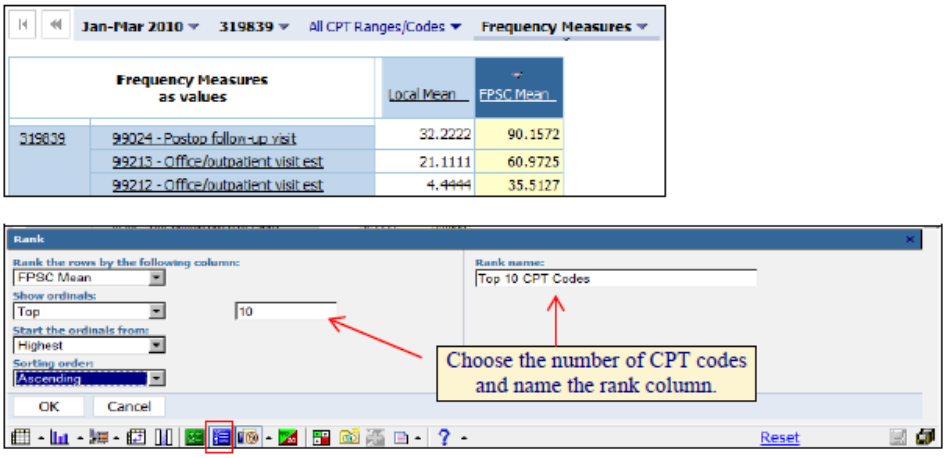


The coding pattern and service mix of physician 319839 can now be compared to the benchmark.

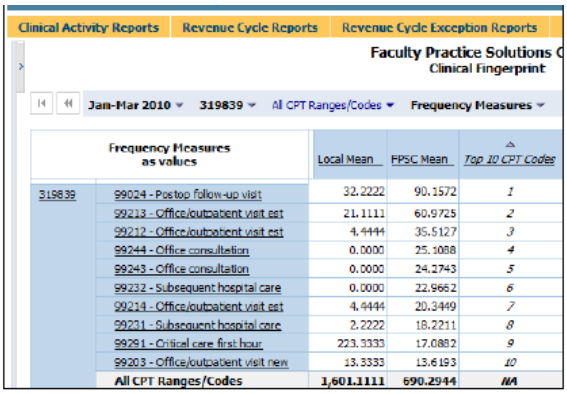


Using the **Rank** feature in the reports will let you identify the top 10 (or any other chosen quantity) CPT codes billed and remove the rest of those listed. This will provide a focused target for any education or staff efforts on the top codes.

1. Highlight the CPSC mean column and click the **Rank icon** in the Report Tool Bar. The menus can be left at the default selections. If you choose, you can change the Sorting Order from Descending to Ascending so that the ranking numbers will begin with 1 as shown in the example.



The report will refresh to show the top 10 codes billed by the average general surgeon in the CPSC benchmark group. Alternatively, this view could be run with the top CPT codes ranked by your physician or specialty division.



Find Specific Dimensions or Measures

Users can search the current report or cube to find specific dimensions or measures in the data using the Find feature. This tool is particularly valuable in the Clinical Fingerprint and Procedure Summary reports to view mix of services for a physician who is mapped to multiple specialties or to identify who is performing certain services.

When you search the current report, the tool searches the data in the current display. When you search the cube, the tool searches all the data in the cube.

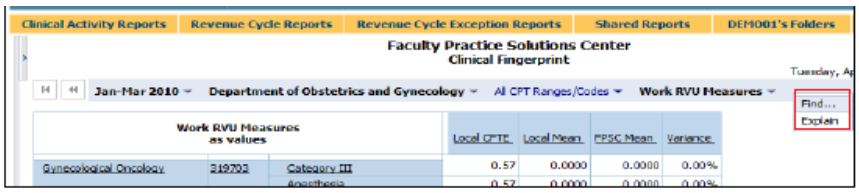
You can search for text in a category or measure based on the following criteria:

- **Contains**
- **Begins with**
- **Ends with**

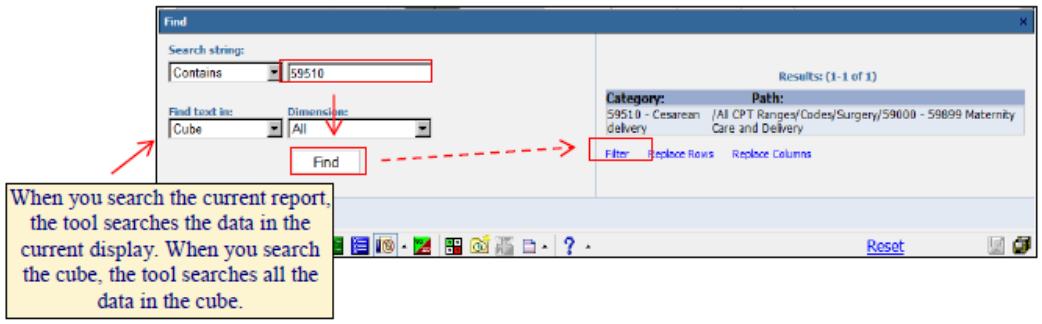
The search results provide the category name and full path.

In the Clinical Fingerprint Report, you can use the Find feature to search for a specific physician or CPT code. In the example below, we'll use the Find feature to quickly identify all providers in the Department of Obstetrics and Gynecology who performed a cesarean section delivery, CPT code 59510, in the first quarter 2010.

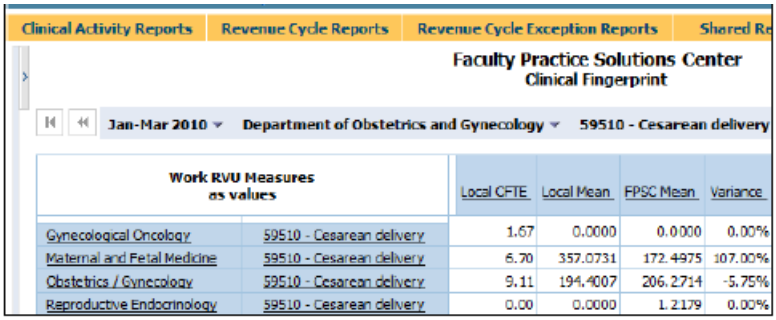
1. Note that the report is set to display information for the Department of OB-GYN. Right-click anywhere on the Dimension Bar at the top of the page, and select "**Find**" in the menu.



2. In the Find menu at the bottom of the report screen, type in CPT code 59510 in the Search String category. Under **Find Text in:** select Cube, and click **Find**. Once this is complete all available results will appear to the right of the Find menu. Highlight the category desired and click **Filter**.



3. The report will update to display all providers in OB-GYN that performed CPT code 59510 during Q1 2010.



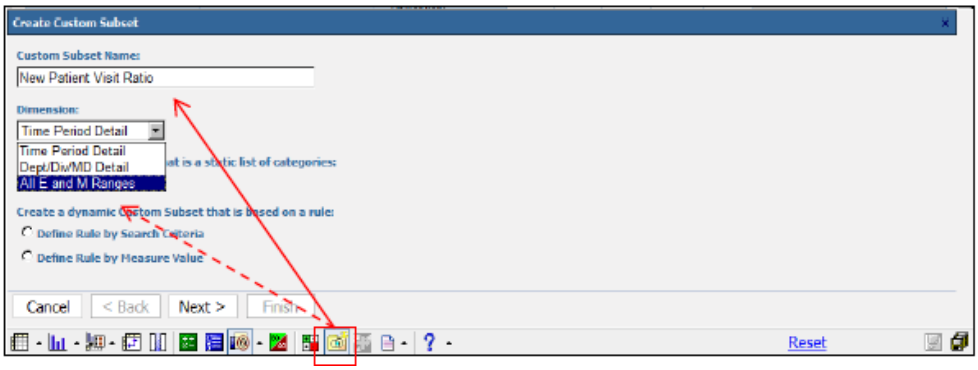
Note: If you want to find all physicians who billed CPT code 59510, set your Department/Division/MD dimension on the Dimension Bar to list all departments and specialties.

Monitoring Patient Access

Many CPSC participants have used the Clinical Fingerprint report to identify opportunities for improving patient access. One way to research access and wait time issues is by looking at the mix of established to new patients. The example below lists the steps to create this ratio in the Clinical Fingerprint report.

1. In the Clinical Fingerprint report, select the department and time period you desire. Make sure to change the measures to frequency and not wRVUs.

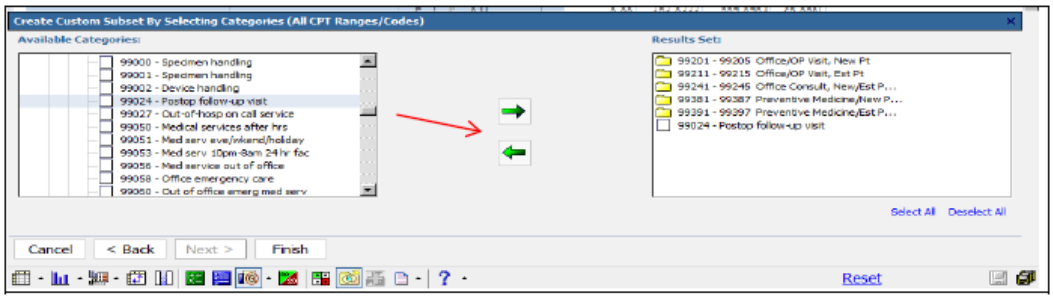
2. In the Clinical Fingerprint report, select the **Custom Subset icon** in the Report Toolbar at the bottom of the report. In the menu that appears, title the custom subset New Patient Visit Ratio, change the Dimension to “All CPT Ranges/Codes” and click **Next**.



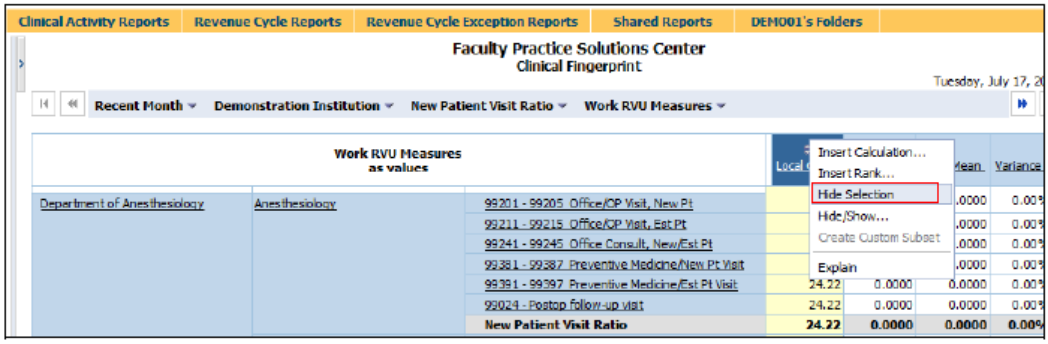
3. Select and move the following E&M Ranges to the Results Box on the right and click finish.

    - New Outpatient (99201-99205) – In E&M
    - Established Outpatient (99211-99215) – In E&M
    - Office Consult Range (99241-99245) – In E&M
    - New Patient Preventive Medicine (99381-99387) – In E&M
    - Established Patient Preventive Medicine (99391-33997) – In E&M
    - Post-Operative Follow Up (99024) – In Medicine

Note: For general ophthalmologic services new patient (92002-92004) and established patient (92012-92014) {include theses ranges for each ratio when calculating for specialties providing ophthalmologic services}

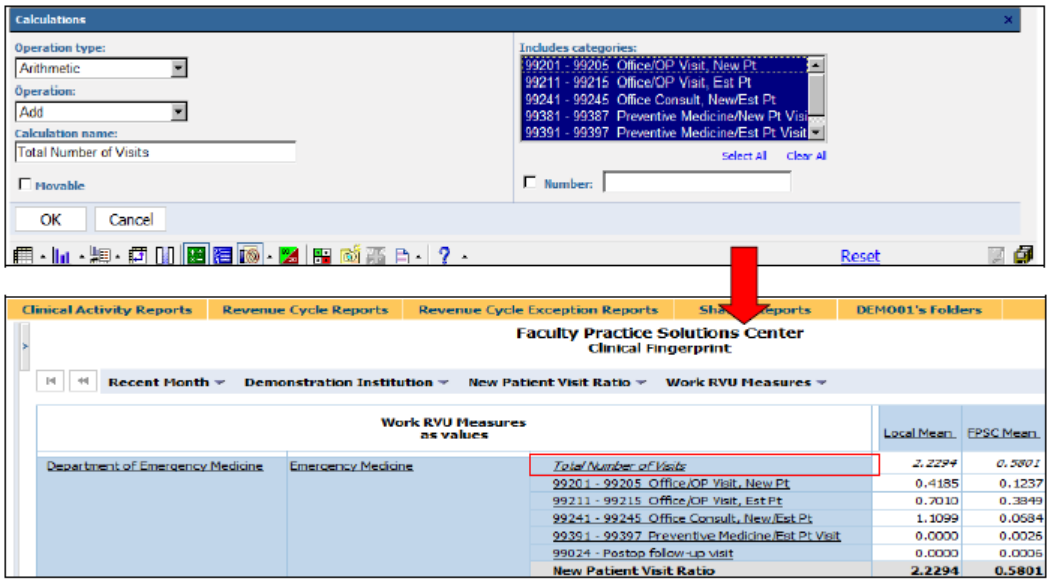


4. Hide the Local CFTE and Variance columns using the **Hide Selection** feature.



5. Use the **Calculation icon** to determine the Total Number of Visits. Select Arithmetic as the Operation Type, add as the Operation, and title the calculation “Total Number of Visits.” Under the categories section, select all the ranges/codes listed.

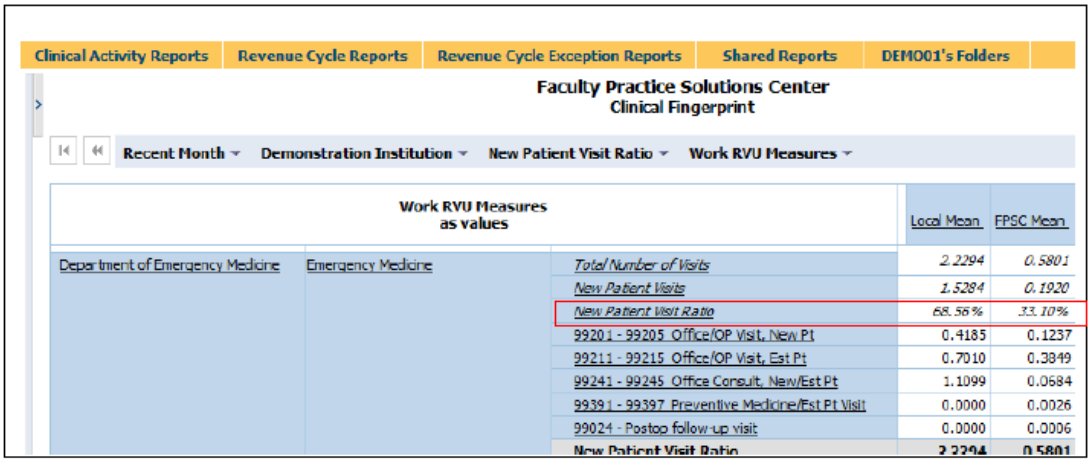
Click **OK**, and a new column will be inserted into the report titled “Total Number of Visits.”



6. Create a calculation to determine the number of new patients. Select Arithmetic as the Operation Type, add as the Operation, and title the calculation “New Patient Visits.” Under the categories section, select:
    - New Outpatient (99201-99205) – In E&M
    - Office Consult Range (99241-99245) – In E&M
    - New Patient Preventive Medicine (99381-99387) – In E&M

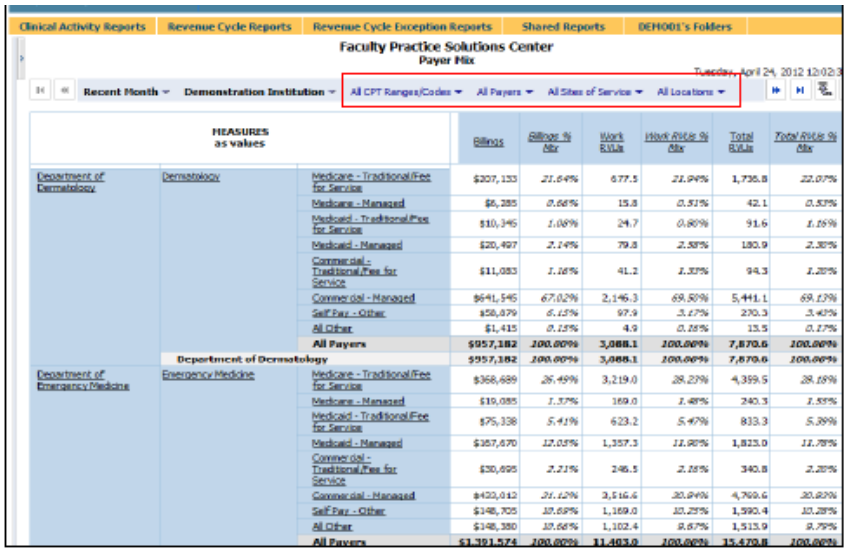
7. Create a calculation to determine the ratio of new patient visits. Select Percentage as the Operation Type, percent as the Operation, and title the calculation “New Patient Visit Ratio.”

   Select New Patient Visits in first category, total Number of Visits in the second category, and click **OK**. A new row will be inserted into the report with the new patient visit ratio.



Payer Mix Report

The Payer Mix Report provides the user with a view of the department, division, and/or individual physician's mix of services across payer types by Billings, Work RVUs, and Total RVUs. Users have the ability to also look at the data by CPT code, site of service, and unique location.



Clinical Activity Reports | Revenue Cycle Reports | Revenue Cycle Exception Reports | Shared Reports | DEMO01's Folders

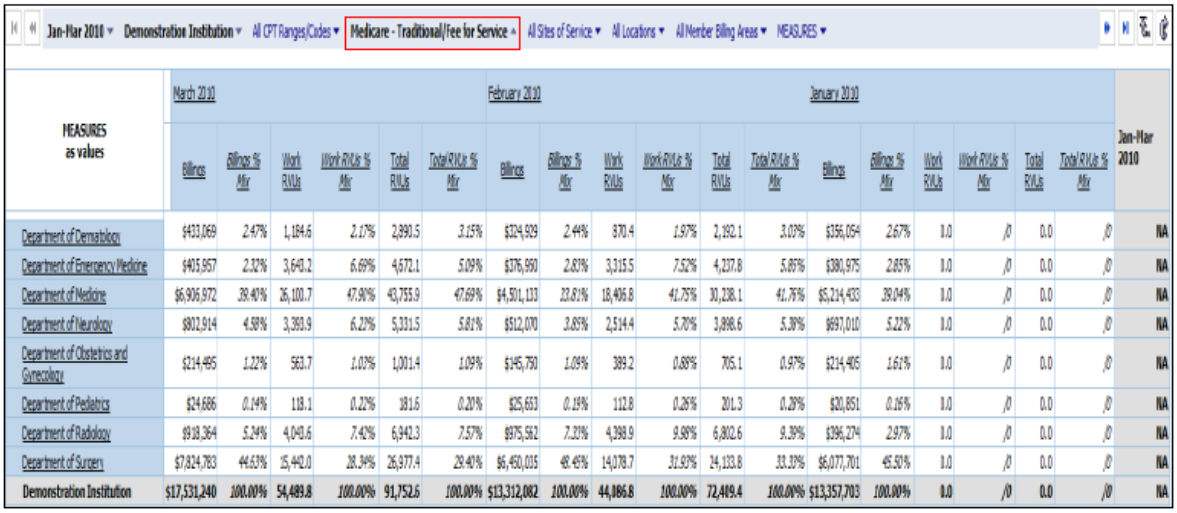
Faculty Practice Solutions Center
Payer Mix

Tuesday, April 24, 2012 12:02:3

Recent Month | Demonstration Institution | All CPT Ranges/Codes | All Payers | All Sites of Service | All Locations

MEASURES as values			Billings	Billings % Mix	Work RVUs	Work RVUs % Mix	Total RVUs	Total RVUs % Mix
Department of Dermatology	Dermatology	Medicare - Traditional/Fee for Service	$207,133	21.64%	677.5	21.94%	1,736.8	22.07%
		Medicare - Managed	$6,285	0.66%	15.8	0.51%	42.1	0.53%
		Medicaid - Traditional/Fee for Service	$10,346	1.08%	24.7	0.80%	91.6	1.16%
		Medicaid - Managed	$20,497	2.14%	79.8	2.58%	180.9	2.30%
		Commercial - Traditional/Fee for Service	$11,083	1.16%	41.2	1.33%	94.3	1.20%
		Commercial - Managed	$641,545	67.02%	2,146.3	69.50%	5,441.1	69.13%
		Self Pay - Other	$58,079	6.15%	97.9	3.17%	270.3	3.43%
		All Other	$1,415	0.15%	4.9	0.16%	13.5	0.17%
		All Payers	$957,182	100.00%	3,088.1	100.00%	7,870.6	100.00%
	Department of Dermatology		$957,182	100.00%	3,088.1	100.00%	7,870.6	100.00%
Department of Emergency Medicine	Emergency Medicine	Medicare - Traditional/Fee for Service	$368,689	26.49%	3,219.0	28.23%	4,359.5	28.18%
		Medicare - Managed	$19,085	1.37%	169.0	1.48%	240.3	1.55%
		Medicaid - Traditional/Fee for Service	$75,338	5.41%	623.2	5.47%	833.3	5.39%
		Medicaid - Managed	$167,670	12.05%	1,357.3	11.90%	1,823.0	11.78%
		Commercial - Traditional/Fee for Service	$30,695	2.21%	246.5	2.16%	340.8	2.20%
		Commercial - Managed	$420,042	31.12%	3,516.6	30.84%	4,769.6	30.82%
		Self Pay - Other	$148,705	10.68%	1,169.0	10.25%	1,590.4	10.28%
		All Other	$148,380	10.66%	1,102.4	9.67%	1,513.9	9.79%
		All Payers	$1,391,574	100.00%	11,403.0	100.00%	15,470.8	100.00%

Use report features like custom subsets to drill down and trend data by payer class. The report below looks at all Traditional Medicare business trended for Q1 2010 across all departments for this institution.



Jan-Mar 2010 | Demonstration Institution | All CPT Ranges/Codes | Medicare - Traditional/Fee for Service | All Sites of Service | All Locations | All Member Billing Areas | MEASURES

MEASURES as values	March 2010						February 2010						January 2010						Jan-Mar 2010
	Billings	Billings % Mix	Work RVUs	Work RVUs % Mix	Total RVUs	Total RVUs % Mix	Billings	Billings % Mix	Work RVUs	Work RVUs % Mix	Total RVUs	Total RVUs % Mix	Billings	Billings % Mix	Work RVUs	Work RVUs % Mix	Total RVUs	Total RVUs % Mix	
Department of Dermatology	$433,069	2.47%	1,184.6	2.17%	2,890.5	3.15%	$324,929	2.44%	870.4	1.97%	2,192.1	3.02%	$356,054	2.67%	1.0	/0	0.0	/0	NA
Department of Emergency Medicine	$405,957	2.32%	3,643.2	6.69%	4,672.1	5.09%	$376,990	2.83%	3,315.5	7.52%	4,237.8	5.85%	$380,975	2.85%	1.0	/0	0.0	/0	NA
Department of Medicine	$6,906,972	39.40%	26,100.7	47.90%	43,755.9	47.69%	$4,501,133	33.81%	18,406.8	41.75%	30,238.1	41.75%	$5,214,433	39.04%	1.0	/0	0.0	/0	NA
Department of Neurology	$802,914	4.58%	3,393.9	6.23%	5,331.5	5.81%	$512,070	3.85%	2,514.4	5.70%	3,898.6	5.38%	$697,010	5.22%	1.0	/0	0.0	/0	NA
Department of Obstetrics and Gynecology	$214,495	1.22%	563.7	1.03%	1,001.4	1.09%	$195,750	1.05%	389.2	0.88%	705.1	0.97%	$214,405	1.61%	1.0	/0	0.0	/0	NA
Department of Pediatrics	$24,686	0.14%	118.1	0.22%	181.6	0.20%	$25,653	0.19%	112.8	0.26%	201.3	0.28%	$20,851	0.16%	1.0	/0	0.0	/0	NA
Department of Radiology	$918,364	5.24%	4,043.6	7.42%	6,942.3	7.57%	$975,562	7.31%	4,398.9	9.98%	6,802.6	9.39%	$396,274	2.97%	1.0	/0	0.0	/0	NA
Department of Surgery	$7,824,783	44.63%	15,443.0	28.34%	26,377.4	29.40%	$6,450,035	48.45%	14,078.7	31.93%	24,133.8	33.33%	$6,077,701	45.50%	1.0	/0	0.0	/0	NA
Demonstration Institution	$17,531,240	100.00%	54,489.8	100.00%	91,752.6	100.00%	$13,312,082	100.00%	44,186.8	100.00%	72,419.4	100.00%	$13,357,703	100.00%	0.0	/0	0.0	/0	NA

Appendix – Clinical Reports Hierarchy

Productivity Summary Report

Time Period Detail	Department/Division/Provider Detail***	Benchmark Value	Measures
Calendar Year	Department	Mean	Work RVUs
6-Month	Division/Specialty	25th Percentile	Total RVUs
Quarter	Provider Name	50th Percentile	Trend Measures
Month	Provider ID	75th Percentile	
Recent Quarter - identifies most recent quarter's data		90th Percentile	
Recent Month - identifies most recent month's data			
Fiscal Year - Rolling 12-month period of data			

E&M Tabular and Graphical Analysis Reports

Time Period Detail	Department/Division/Provider Detail***	E&M Ranges	Measures
Calendar Year	Department	All E&M Ranges	Total Encounters
6-Month	Division/Specialty	Individual E&M Ranges - select particular E&M range	FPSC Mean Units
Quarter	Provider Name		
Month	Provider ID		
Recent Quarter - identifies most recent quarter's data			
Recent Month - identifies most recent month's data			
Fiscal Year - Rolling 12-month period of data			

Charge Lag Analysis Report

Time Period Detail	Department/Division/Provider Detail***	All Charge Lag Ranges	All Sites of Service**	Measures
Calendar Year	Department	All Charge Lag Ranges	All Sites of Service	Total # of Charges
6-Month	Division/Specialty	0-3 days	Inpatient Hospital	Actual # of Lag Days/Charge
Quarter	Provider Name	4-7 days	Outpatient Hospital	FPSC Mean Lag Days
Month	Provider ID	8-15 days	Emergency Room - Hospital	FPSC Mean Units
Recent Quarter - identifies most recent quarter's data		16-30 days	Office	FPSC Mean Lag Days/Charge
Recent Month - identifies most recent month's data		31-45 days	Ambulatory Surgical Center	
Fiscal Year - Rolling 12-month period of data		46+ days	Nursing Facility	

Procedure Summary Report and Payer Mix Report

Time Period Detail	Department/Division/Provider Detail***	All CPT Ranges/Codes	All Payers*	All Sites of Service**	All Locations	Measures
Calendar Year	Department	All CPT Ranges/Codes	All Payers	All Sites of Service	Each member's local site of service associated Billings with the encounter	
6-Month	Division/Specialty	CPT Family	Medicare - Traditional/Fee for Service	Inpatient Hospital		Work RVUs
Quarter	Provider Name	CPT Range	Medicare - Managed	Outpatient Hospital		Total RVUs
Month	Provider ID	CPT Code	Medicare - Capitated	Emergency Room - Hospital		Frequency
Recent Quarter - identifies most recent quarter's data			Medicaid - Traditional/Fee for Service	Office		
Recent Month - identifies most recent month's data			Medicaid - Managed	Ambulatory Surgical Center		
Fiscal Year - Rolling 12-month period of data			Medicaid - Capitated	Nursing Facility		
			Commercial - Traditional/Fee for Service			
			Commercial - Managed			
			Commercial - Capitated			
			Self Pay - Charity Care			
			Self Pay - Other			
			All Other			

Clinical Fingerprint Report

Time Period Detail	Department/Division/Provider Detail***	All CPT Ranges/Codes	Measures
Calendar Year	Department	All CPT Ranges/Codes	Total RVU Measures
6-Month	Division/Specialty	CPT Family	Work RVU Measures
Quarter	Provider Name	CPT Range	Frequency Measures
Month	Provider ID	CPT Code	All Measures
Recent Quarter - identifies most recent quarter's data			
Recent Month - identifies most recent month's data			
Fiscal Year - Rolling 12-month period of data			

* Payers are mapped by each institution and categories may vary. For questions about your data, please contact your institution's FPSC project liaison.

** Site of service is based upon CMS Sites of Service

*** To update information in this category, please contact the FPSC team.

Glossary

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 tendency. 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 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 for whom physicians providing clinical care are reimbursed on any basis other than prepaid capitation.
Commercial Capitated	Commercially insured patients for whom physicians providing clinical care are reimbursed on a pre-paid, capitated basis.
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-Muscoloskeletal)
Current Procedural Terminology Code (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
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 and also 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.
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 and also 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.
Medicaid Traditional	Medicaid insured patients for whom physicians providing clinical care are reimbursed on a fee schedule basis.
Medicaid Managed	Medicaid insured patients for whom physicians providing care are reimbursed on any basis other than prepaid capitation.
Medicaid Capitated	Medicaid insured patients for whom physicians providing care are reimbursed on a prepaid, capitated basis.
Medicare Traditional	Medicare insured patients for whom physicians providing clinical care are reimbursed on a fee schedule basis.
Medicare Managed	Medicare insured patients for whom physicians providing care are reimbursed on any basis other than prepaid capitation
Medicare Capitated	Medicare insured patients for whom physicians providing care are reimbursed on a prepaid 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.
Other (Payer)	Patients whose source of payment is one of the following: Self-Pay, Payer Unrecorded, Payer Uninsured, Tricare, Workers' Compensation, and Professional Courtesy.
Percentile	Takes the FTE RVUs figure 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.
RBRVS	Abbreviation for Resource-Based Relative Value System, which provides a 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 these data in order to calculate other measures.
RVU	See Relative Value Unit (RVU).
Total Relative Value Unit (Total RVU)	The value consists of three components: the physician work involved (Work RVU), practice overhead costs (Practice Expense RVUs), and malpractice expense (Malpractice RVUs). RVUs are used as the basis for reimbursement of physicians' services by Medicare and by many other third-party payers.
Work Relative Value Unit (Work RVU)	A unit of measure used to express the amount of effort (time, intensity of effort, technical skills) required of a provider in performing a given service relative to other services.

Need Help?

If you need assistance using Clinical Practice Solutions Center, contact CPSC support at CPSCSupport@vizientinc.com.

Clinical Practice
Solutions Center

AAMC vizient.