

Practice Metrics Definitions

Title:	Description:	Numerator:	Denominator:
Number of Clinic Sites	Number of dental clinic sites that are included within this data report. Please only count fixed clinic locations where patients were seen during the reporting period. If portable equipment is regularly used for multiple locations, count the portable as one location.		
Number of Operatories	Total number of functional dental operatories (including each portable unit) within all dental clinic sites included above.		
Gross Charges	The total (non-discounted) amount charged for all services provided during the time period.		
Net Revenue	The amount that is actually collected for all dental services within the reporting period plus grant revenue. (Net revenue is equal to the gross charges minus contractual allowances and sliding fee discounts, plus grant revenue.)		
Grant Revenue	Total dollar amount of grant funding.		
Expenses	Both the direct and indirect costs incurred by the practice for the reporting period. Direct expenses are costs (salary and non-salary) directly associated with the dental program; indirect expenses are costs that are allocated to the dental program for administrative and/or agency overhead.		
Total Accounts Receivable	The total dollar amount owed to the practice for dental services rendered and not yet paid for.		
Total Accounts Receivable Past 90 days for Dental	The total dollar amount owed to the practice for dental services rendered and not yet paid for extending out past 90 days.		
Number of Visits	The overall number of patient visits that occurred during the reporting period. (Multiple visits by the same patient should be counted in this number.)		

Number of Unduplicated Patients	Number of unique patients who were seen at the dental practice during the reporting period. (Multiple visits by the same patient would only be counted one time.)		
Number of New Patients	Number of patients who received an initial comprehensive exam (D0150).		
Number of Procedures	The total number of procedure codes identifying that oral health services were provided. This would include most CDT codes and also dummy codes such as denture try-ins and suture removal. Please do not include CDT or dummy codes used for “tracking” purposes such as codes that track missed appointments, cancellations, treatment plan completion, the UDS Sealant metric, etc.		
Number of Preventive Procedures	Total number of D1000-D1999 ADA coded procedures.		
Broken Appointment Rate	Percentage of all scheduled appointments that were broken appointments. Number of appointments that were not kept divided by the total number of scheduled appointments. (Do not include walk-ins/same day appointments in the total number of scheduled appointments. If you do not specifically track walk-ins this can be estimated by the number of emergencies.)	Number of broken appointments (Broken Appointments = the sum of all no shows and late cancellations)	Total number of scheduled appointments (Scheduled appointment = The sum of kept visits plus all no-shows and last-minute cancellations, minus walk-ins)
Emergency Rate	Percentage of overall patient visits that were emergency visits during the reporting period.	Total number of emergencies (CDT codes D0140 and D9110)	Total number of visits
Number of FTE Dentists	The number of “Full Time Equivalent” dentists. <i>Notes: Residents’ full time equivalence should be included; however students’ time should not be counted. For providers that only worked part of the reporting period: multiply the average number of hours this provider worked per week by the number of weeks they worked during the reporting period. Divide that number by 960 (the average number of full time hours per reporting period). For example: DDS 20 hrs/week for 10 weeks during the 24 week long reporting period would be 200 hours ÷ 960 full time hours = 0.2 FTE.</i>	The sum of hours worked per week for all dentists	40 hours (or the number of hours that constitute a full work week)

Number of FTE Hygienists	The number of “Full Time Equivalent” hygienists. <i>Notes: For providers that only worked part of the reporting period: multiply the average number of hours this provider worked per week by the number of weeks they worked during the reporting period. Divide that number by 960 (the average number of full time hours per reporting period). For example: a RDH working 30 hrs/week for 10 weeks during the 24 week long reporting period would be 300 hours ÷ 960 full time hours = 0.3 FTE.</i>	The sum of hours worked per week for all hygienists	40 hours (or the number of hours that constitute a full work week)
Phase 1 Treatment Plan Completion Rate	Percentage of phase 1 treatment plans that are completed. Phase 1 treatment = all procedures needed to help the patient achieve dental disease-free oral health. (Including: diagnostics, preventive services, and elimination of disease procedures (restorative services, minor periodontal services, & extraction of hopeless teeth).	Number of all completed treatment plans (This number needs to be tracked by a dummy code that is entered when all needed phase 1 treatment for the patient is completed)	Total of all D0120, D0145, and D0150 visits (These are visits when the patient receives a treatment plan)
Number Under 21 Receiving Sealants	The number of patients under age 21 who received at least one sealant (ADA codes D1351 & D1353) during the time period. (One patient receiving multiple sealants would only be counted one time.)		
Number of Sealants	This is the total number of all sealants applied during the time period (ADA codes D1351 & D1353). (This number should be greater than the number receiving sealants.)		
Sealants Age 6-9 (UDS Measure)	Percentage of children aged 6-9 at moderate to high risk for caries who received a sealant on one or more first permanent molars during the reporting period.	How many of those patients in the denominator received a sealant (D1351) on a permanent first molar during the reporting period.	Number of dental patients of record in the practice in the reporting period aged 6-9 at elevated caries risk (D0602 & D0603) who needed a sealant on a permanent first molar (tooth numbers #3, #14, #19, & #30).