

Charge Master Audit Process - Desk Review

The **ParaRev** charge master audit process utilizes the **ParaRev Data Editor (PDE)** to create a series of focused screens and reports utilized by the **ParaRev HIM Coding Staff** to identify and correct charge master errors, compliance issues, and missing charges.

The **ParaRev Data Editor** is the main tool used for the review; the **PDE** is available 24/7 to all Hospital Users.

The desk review can be expanded with an “on-site review” to meet with each of the Revenue Department Managers and complemented with a “Claim Review” and on-site visit.

There are 5 phases to the **ParaRev Charge Master Desk Review** process:

1. Checking Invalid HCPCS and Revenue Codes
2. Checking Line Items for Charge Compliance and Modifiers
3. Checking Valid Code Assignment
4. Checking pricing against fee schedule and APC
5. Reporting and implementing updates

The screenshot displays the ParaRev Data Editor (PDE) interface. At the top, there is a navigation menu with tabs: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. Below the menu, the left sidebar contains several sections:

- Hospital:** Demonstration Hospital [Sales]
- CDM Date:** 03/01/2015 (AutoStandard) - 20752 Chgs Online
- Department:** 3010 - Total Items: 00016 - MED/SURG INTENSIVE C
- Billing Indicators:** Map, Provider ID: 990001, State: CA, Area Wage Index: 1
- Physicians Fee Schedule:** ANAHEIM/SANTA ANA, CA
- Fiscal Intermediary / MAC:**
- Quantity Date Range:** 7/1/2012 to 6/30/2013
- FY End Date:**
- Account Exec:** Violet Archuleta-Chiu (800-999-3332 x219, varchuleta@para-hcfs.com)
- Tech Support:** Mary McDonnell (800-999-3332 x216, mmcconnell@para-hcfs.com)
- Market Hospitals:** Group: Geographic
 - Regional Hospital (HOSP01) - City: Anaheim, CA - Provider ID: 990001
 - Community Hospital (HOSP02) - City: ANYWHERE, CA - Provider ID: 990002
 - General Hospital (HOSP05) - City: ANYWHERE, CA - Provider ID: 990005
 - Generic Northeast Healthcare (HOSP10) - City: ANYWHERE, CA - Provider ID: 990010
 - Main Street Clinic (HOSP09) - City: ANYWHERE, CA - Provider ID: 990009
 - Memorial Health System (HOSP03) - City: ANYWHERE, CA - Provider ID: 990003
 - Northwest Regional Hospital (HOSP04) - City: ANYWHERE, CA - Provider ID: 990004
 - Southwest Healthcare (HOSP06) - City: ANYWHERE, CA - Provider ID: 990006
 - Standard Hospital (HOSP07) - City: ANYWHERE, CA - Provider ID: 990007
 - Sample Healthcare System (HOSP08) - City: ANYWHERE, CA - Provider ID: 990008

At the bottom of the sidebar, there is a note: "This application is best viewed with Internet Explorer 11, a screen resolution of at least 1024 x 768, and using the F11 key to toggle your browser into full screen mode. All reports are in PDF format." Below the note are logos for EDI INGENIX and ASCX12 availability.

The main content area on the right features a "PARA File Transfer" button and a table with columns "Date" and "Title". The table contains a search bar "Enter Title Search Criteria Here" and a list of articles:

Date	Title
03/28/2016	Noridian Medicare Jurisdiction F Part B -MolDX: Breast Cancer Assay: Pro...
03/28/2016	Noridian Medicare Jurisdiction F Part B -Use of the AT modifier for Chiropr...
03/28/2016	Noridian Medicare Jurisdiction E Part B Subsequent Nursing Facility Care, ...
03/28/2016	Noridian Medicare Jurisdiction E Part B Annual Wellness Visit, G0439 - WI...
03/28/2016	Noridian Medicare Jurisdiction E Part B Initial Nursing Facility Care, 99306...
03/28/2016	Noridian Medicare Jurisdiction E Part B-Ambulance Service, A0427: ALS, ...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Ambulance Service, A0428: Basic...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Emergency Department Visit, 992...
03/28/2016	Noridian Medicare Jurisdiction E Part B -Colonoscopy, 45378 - Widesprea...
03/28/2016	Noridian Medicare Jurisdiction F Part B -New Waived Tests CR9563
03/28/2016	Oregon Health Authority -Fee-for-service hospice rates, effective October ...
03/28/2016	Oregon Health Authority -Provider Web Portal updates, posted 3/11/2016
03/28/2016	Oregon Health Authority -For Oregon DRG Hospitals - 3/18 Claim Reproce...
03/28/2016	Oregon Health Authority - 4/1 RVU Weight-Based Rates, 3/1 Private Duty ...
03/28/2016	Oregon Health Authority -Medical electrolysis; March 26 reprocessing for 2...
03/28/2016	OSHPD Healthcare Information Division -2010-2014 Long-Term Care Ann...
03/23/2016	CDRH Industry: Update to Final Guidance Document: "Submission and Re...
03/23/2016	FDA Guidance Documents Update
03/23/2016	FDA Drug Information Update - FY 2016 Regulatory Science Initiatives Par...
03/23/2016	CDRHNew -March 21, 2016
03/23/2016	FDA approves new treatment for inhalation anthrax
03/23/2016	CDRH New Update March 22, 2016
03/23/2016	FDA Proposal to Ban Powdered Surgeon's Gloves, Powdered Patient Exa...

At the bottom of the main content area, there is a pagination bar showing "Page 1 of 672" and "Displaying Articles 1 - 23 of 15442".

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All queries in the **PDE CDM tab** are color coded:

1. **Red** – Invalid code
2. **Blue** – Code, procedure number, NDC, OE mnemonic or description which matches the filter query
3. **Green** – ParaRev / Hospital recommended changes
4. **Purple** – ParaRev advisory recommended changes, to be reviewed by Hospital prior to implementation

The detail **CDM Tab** allows ParaRev and the Hospital User a view of all data tables tied to the charge items for a “one stop” all encompassing review.

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA													
CDM Detail			CDM Summary		Replacement / Explode Codes								
Hide Header CDM: 3/1/2015, NDC: 10/1/2014, Cost: 1/1/1900 Department: 4570 - Items: 127 of 454 With Quantity Quantity Date Range: 7/1/2012 to 6/30/2013													
Item	Procedure Code Billing Description Technical Description NDC / UPN Reimbursement APC Status OC Mnemonic-Active-Charge Edita...	QTY		Market High Avg Low Midpoint	HCP	CAID	CPT	OTHER	UBDFLT	Rx / Supply			Compliance App Inactive Flag
		O/P \$	I/P \$							ED \$	ASC \$	Ovr Rd \$	
1	4570 - 00090007 ANGIOGRAPHY RENAL BILATERAL	1	5,628.00	6,309	36252	75724TC	36252	-	0323	-	-	-	<input type="checkbox"/>
	-	-	-	6,309									<input type="checkbox"/>
	2,718.83 APC Q2 - T-Packaged Codes	-	-	6,309	36252 - Ins cath ren art 1st bilat				0323-Radiology - Diagnostic - Arteriography	-	-	-	<input type="checkbox"/>
	-	-	-	6,309	Extended Descriptions...				TC-TECHNICAL COMPONENT ONLY.	-	-	-	<input type="checkbox"/>
	-	-	-										<input type="checkbox"/>
2	4570 - 00090010 ANGIO EXTREMITY UNILAT	136	5,618.90	13,985	75710	75710TC	75710	-	0323	-	-	-	<input type="checkbox"/>
	-	-	-	6,951									<input type="checkbox"/>
	2,718.83 APC Q2 - T-Packaged Codes	-	-	2,524	75710 - Artery x-rays arm/leg				0323-Radiology - Diagnostic - Arteriography	-	-	-	<input type="checkbox"/>
	-	-	-	10,468	75710 - ARTERY X-RAYS ARM/LEG				TC-TECHNICAL COMPONENT ONLY.	-	-	-	<input type="checkbox"/>
	-	-	-		Extended Descriptions...								<input type="checkbox"/>
3	4570 - 00090011 VENACAVAGRAM INFERIOR	26	3,974.40	10,840	75825	75825TC	75825	-	0323	-	-	-	<input type="checkbox"/>
	-	-	-	6,751									<input type="checkbox"/>
	2,718.83 APC Q2 - T-Packaged Codes	-	-	1,418	75825 - Vein x-ray trunk				0323-Radiology - Diagnostic - Arteriography	-	-	-	<input type="checkbox"/>
	-	-	-	8,795	75825 - VEIN X-RAY TRUNK				TC-TECHNICAL COMPONENT ONLY.	-	-	-	<input type="checkbox"/>
	-	-	-		Extended Descriptions...								<input type="checkbox"/>
4	4570 - 00090013 PERC DRAIN CATH RENAL PELVIS	40	2,360.00	4,366	74475	74475TC	74475	-	0323	-	-	-	<input type="checkbox"/>
	-	-	-	3,134									<input type="checkbox"/>
	-	-	-	2,188	74475 - X-ray control cath insert				0323-Radiology - Diagnostic -	-	-	-	<input type="checkbox"/>
	-	-	-										<input type="checkbox"/>

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Phase I – Checking Coding

The first portion of the charge master audit will be a review of issues using the following filters:

The screenshot displays the 'Filters' tab in a software application. The interface is divided into several sections:

- Coding Filters:** Includes a list of filter categories such as 'Invalid', 'Unit of service - per ml/sq cm', and 'Compliance - Marked'. It also features 'Segments' and various radio button options for filtering by 'Recommended Changes', 'Comment By', 'Pharmacy - Self Admin Drugs - MAC Specific', 'Status', 'Service', 'Quantity', and 'Search for Codes and Descriptions'.
- Pricing Filters:** Contains checkboxes for 'Recommended Price', 'Relative To Market', 'Price Below Clinical Lab', 'Price Below Professional Fees', 'Price Below DME', and 'Price Below APC Status'. It also includes radio buttons for 'Below Average', 'Below Midpoint', and 'Above High', along with a 'Market Inflation' percentage field.
- CDM:** Includes a 'Department' dropdown menu, 'Sort By' options (Procedure Code, Ascending, Descending), and a 'View CDM By' section with radio buttons for 'Summary', 'Detail', and 'Excel'.
- Reports:** Features 'Audit' and 'Service' dropdown menus, each with a 'Create PDF' button. The 'Dept:' dropdown is currently set to 'Allergy', and a list of department codes and descriptions is visible below it.

1. **Invalid** - This filter will list each line item which has an incorrect code. The codes will be listed in “red”, with any recommended changes displaying in green.
2. **Unit of service – per ml/sq cm** – This filter will find all items in the charge master which should be billed using a unit of service identified in the HCPCS code description. The User will need to review each line and determine if the charge is correct per unit of service, or the correct units of service have been entered into the billing system to adjust the units on the UB04. The hospital units of service adjusted will be displayed in the **PDE CDM tab** for the filtered items.
3. **Pharmacy – Self Admin Drugs – J Codes** – This filter is based on the Medicare list of SAD J coded drugs. The filter will allow the User to review each line, verify the code is correct, update the code, and then to be sure the line is coded to be billed to the Patient under the SAD rules.

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Phase I – Checking Coding (continued)

4. **Pharmacy – Self Admin Drugs – Identified for review** - This is a “keyword” search filter to display the lines in the charge master which appear to be SAD and are not coded correctly in the system. The User can then review the line items and assign the correct code for billing.
5. **DME – OPSS Exempt ID for Review** – This “keyword” filter will identify all line items in the charge master which may be billed using a DME code and the 0274 revenue code. The User will be able to create a report to be reviewed by Materials Management to determine the correct “L” code to be applied.
6. **Consistency** – In some of the more complex patient accounting systems there are opportunities to maintain a number of different “third party indicators”, all of the “indicators” are mapped to a code type (CPT®, Medicare, Medicaid, Workers Comp, or Other), within the **ParaRev PDE**, this filter will assist the User in making sure the codes and segments within a code type are internally consistent. This filter allows the User to identify the “background” codes which are different from the main upfront displayed codes and make corrections.
7. **Blood** – Review of blood charges to be sure that the Hospital does not incur a blood deductible for products billed using the 038X rev codes series.
8. **ED, Urgent Care and other Provider Based Clinics and Nursing Procedures** – Review of the department charges to be sure the hospital is billing for the technical portion of physician procedures, and all separately billable nursing procedures are charged and coded.
9. **Radiology Interventional Procedures** – Review the imaging departments to be sure all surgical procedures are coded and charged.
10. **Implants** – **ParaRev** reviews all line items which contain key words in the charge description to be sure the implant revenue codes are assigned correctly.
11. **Pharmacy J code and Unit of Service Review** – This review utilizes the CMS National Drug Code (NDC) to HCPCS J code audit file. **ParaRev** processes the Pharmacy clinical NDC data table into the **PDE** and then audits the currently assigned J codes and unit of service.

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Phase II - Checking Line Items for Charge Compliance and Modifiers

1. **Compliance – Identified for Review** – The compliance ID for review filter is driven by the “Wheatlands” Medicare billable item PDF. This document can be found in the **Hospital Downloads** section of the **PDE Select tab**. The filter will search the charge master for compliance-related keywords and identify the items which should not be billed to the Program.
2. **Compliance – Modifiers** – With the focus on modifiers, this filter and review allows the User to review all modifiers “hard coded” in the charge master to be absolutely sure the auto application of the modifier is correct.

Medicare Chargeable Items List

The determination regarding whether a service, supply or equipment is chargeable is based upon:

- The Kansas Fiscal Intermediary’s (FI) interpretation and application of existing Medicare laws and regulations or CMS manuals and other instructions regarding coverage, charging and billing.
- Absent specific regulatory or CMS guidance, a provider survey to determine the common or established classification of an item or service as routine and not separately chargeable or separately chargeable as an ancillary item wherein 40% or more of responding providers made a separate ancillary charge for a particular item or service.

Some items on the chargeable items list were based upon surveys conducted by the Kansas Hospital Association. Survey results were reviewed by a committee of hospital representatives and the Kansas Fiscal Intermediary.

The first survey to determine “common and established” charging practices in Kansas was performed in 1997. In December 1998, the FI published M-K Letter 99-1 containing the results of the survey. A second survey was performed in 2006.

This list is not all-inclusive.

The authoritative source for reliance on a survey to determine charging practices by hospitals in the state of Kansas is the following citation from the Provider Reimbursement Manual (PRM) 15-1, Chapter 22, Section 2203 Provider Charge Structure as Basis for Apportionment.⁽¹⁾

The authoritative sources for classifying a service, supply or equipment as routine or ancillary are PRM 15-1, Section 2202.6 Routine Services and Section 2202.8 Ancillary Services.⁽¹⁾ **(Note: CMS responded to the Kansas FI, on August 24, 2006, and is in agreement with this source. Nursing services to patients in the routine rooms are part of the routine room and board charge.)**

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Phase III – Checking coding and usage

The third portion of the charge master review is to identify items which are coded incorrectly, but the code is a valid code, or if the service assigned to the code is inconsistent with other services assigned to the same code. The process utilized for this review will be contained in the **Audit Report** section on the right side of the **Filters Tab**.

The screenshot displays a software interface for charge master auditing. At the top, a navigation bar includes tabs for 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters' (highlighted), 'CDM', 'Calculator', 'Advisor', 'Admin', 'RAC', 'CAT', and 'PARA'. The main interface is divided into several sections:

- Coding Filters:** A list of 2016 Code Map Update items such as 'Invalid', 'Invalid - CPT Only', 'Invalid - HCPCS Only', 'Invalid - Medicaid Only', 'Unit of service - per ml/sq cm', 'Compliance - Marked', 'Compliance - Identified for Review', 'Compliance - Modifiers', and 'CA Mcaid J3490 ID for Review'. Below this are 'Segments' and various filter options like 'Recommended Changes', 'Changed By', 'Comment By', 'Pharmacy - Self Admin Drugs - MAC Specific', 'Status', 'Service', and 'Quantity'.
- Pricing Filters:** Includes checkboxes for 'Recommended Price', 'Same CPT@ w/ Different Price', 'Relative To Market' (with sub-options: 'Below Average', 'Below Midpoint', 'Above High'), 'Price Below Clinical Lab', 'Price Below Professional Fees', 'Price Below DME', 'Price Below APC Status T, Q, Q1, Q2, Q3', and 'Price Below APC Status S'.
- CDM:** Features a 'Single' dropdown, 'Department' dropdown, 'Sort By' dropdown (set to 'Procedure Code'), 'Add Department' field, 'Ascending/Descending' radio buttons, and 'View CDM By' radio buttons (set to 'Summary').
- Reports:** Includes 'Audit' and 'Service' dropdowns, 'Create PDF' and 'Create Service Line PDF' buttons, and a list of departments with item counts, such as '4540 - Total Items: 00036 - BLOOD BANK' and '4650 - Total Items: 00121 - NUCLEAR MEDICINE'.

The service line filters and audit reports are based on CPT®/HCPCS codes contained in the CMS Addendum B. Each of the codes are tied to a service line, in some cases a single code can be tied to several service lines. By listing the codes in CPT®/HCPCS code sequence the codes are grouped together and allow a fast and efficient review. The **Service Line Filters** and **Audit Reports** can be utilized to identify any codes which are not currently contained in the charge master or where codes, prices or usage is incorrect.

The **Service Line Filters** and **Audit Reports** are very useful for multi-hospital groups to tie similar codes across different hospitals and departments, for consistent coding, charge descriptions and pricing.

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Phase IV – Checking pricing against fee schedule and APC

The **Filters Tab** within the **PDE** contains a number of different views/filters to review prices against various fee schedules and pricing data extracted from Medicare claim data.

The available pricing filters are as follows:

1. Price below Clinical Lab fee schedule
2. Price below Professional Fee schedule
3. Price below DME fee schedule
4. Price below APC Status T, Q1, Q2, Q3
5. Price below APC Status S
6. Price below APC Status X

The market pricing filters contain the most current peer market pricing data available, the market prices are always up to date for every User within the **PDE**.

The screenshot displays the 'Filters' tab in the Charge Master Audit Process. The interface is divided into several sections:

- Coding Filters:** Includes a list of 2016 Code Map Update items (Invalid, CPT Only, HCPCS Only, Medicaid Only, Unit of service, Compliance - Marked, Compliance - Identified for Review, Compliance - Modifiers, CA Mcaid J3490 ID for Review). It also features 'Segments' and various checkboxes for 'Recommended Changes', 'All', 'Approved', 'Not Approved', 'Changed By', 'Comment By', 'Pharmacy', 'Status', 'Service', and 'Quantity'.
- Pricing Filters:** Contains checkboxes for 'Recommended Price', 'Same CPT@ w/ Different Price', 'Relative To Market' (with radio buttons for 'Below Average', 'Below Midpoint', 'Above High' and a 'Market Inflation' field), 'Price Below Clinical Lab', 'Price Below Professional Fees' (with radio buttons for 'Facility', 'Non-Facility', 'Facility & Non-Facility'), 'Price Below DME', 'Price Below APC Status T, Q, Q1, Q2, Q3', and 'Price Below APC Status S' and 'X'.
- CDM:** Includes 'Single', 'Department', 'Sort By' (Procedure Code, Add Department), 'Ascending/Descending' radio buttons, and 'View CDM By' (Summary, Detail, Excel).
- Reports:** Features 'Audit', 'Service', and 'Dept' dropdown menus, 'Create PDF' and 'Create Service Line PDF' buttons, and a list of items with their total items and descriptions.

The 'Reports' section shows a list of items:

Item	Total Items	Description
4540	-	BLOOD BANK
4560	-	ECHOCARDIOLOGY
4570	-	CARDIAC CATH SVCS
4590	-	CARDIOLOGY SERVICES
4593	-	CARDIAC REHABILITATI
4620	-	ELECTROENCEPHALOGRAP
4630	-	RADIOLOGY-DIAGNSTIC
4640	-	RADIOLOGY-THERAPEUTI
4641	-	BRACHYTHERAPY
4650	-	NUCLEAR MEDICINE

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Phase V - Reporting and implementing updates

There are a number of different reporting filters available; the User can “build” a report using a number of filters, with logic to include, exclude or “find” exact matches.

Upon assigning a filter the User will then create the CDM by clicking on the **CDM** tab.

The screenshot displays the software interface with several tabs: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, and PARA. The **Filters** tab is active, divided into **Coding Filters** and **Pricing Filters**.

Coding Filters: Includes a list of 2016 Code Map Update items (Invalid - CPT Only, Invalid - HCPCS Only, etc.), Segments dropdown, Recommended Changes (All, Approved, Not Approved), Changed By (Online Adv2686), Comment By (pripper), Pharmacy (NGS), Status (APC Status), Service (Allergy), Quantity (With/Without), and Search for Codes and Descriptions (HCPCS/CPT Codes, UB Codes, Description, Procedure, Modifiers, OE Mnemonic).

Pricing Filters: Includes Recommended Price, Same CPT® w/ Different Price, Relative To Market (Below Average, Below Midpoint, Above High), Price Below Clinical Lab, Price Below Professional Fees, Price Below DME, Price Below APC Status T, Q, Q1, Q2, Q3, and Price Below APC Status S and X.

CDM: Single, Department (All), Sort By (Procedure Code), Add Department, View CDM By (Summary, Detail, Excel), and Clear All Filters.

Reports: Audit (Unit of service - per ml/sq cm), Service (Allergy), Dept (Allergy), and a list of items with total items and department names (e.g., 4540 - Total Items: 00036 - BLOOD BANK).

The User then has options on how the report is to be sorted (procedure code, HCPCS / CPT® code, gross revenue, charge description) and reported (PDF or Excel) summary or detail.

The screenshot shows a list of items with columns for Item ID, Code, Description, Quantity, Price, and Status. A sorting menu is open over the list, showing options: Quantity, Proc Code, Proc Desc, Revenue(Qty*Price), Default HCPCS/CPT Cod, and OE Mnemonic. The status bar at the bottom indicates "Page 1 of 1" and "Displaying CDM Items 1 - 7 of 7".

Item ID	Code	Description	Quantity	Price	Status
3	4770 - 08400902	ASSISTED W/2 THERAPISTS 10MIN	144	64.00	Inactivate
4	4770 - 08401100	PULMONARY REHAB EVAL 15 MIN	92	104.00	Inactivate

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Phase V - Reporting and implementing updates

The User also has options on how the codes are to be implemented within the hospital information system.

ParaRev provides a service to update the codes and prices using Boston Workstation, utilizing a remote access connection.

PARA Healthcare Financial Services - Hospital Systems Interfacing Capabilities

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HL7 **Boston Software Systems**
ASC X12 **EDI INGENIX** **availity**
The Accredited Standards Committee Electronic Data Interchange Patients. Not paperwork.

PARA Healthcare Financial Services has expanded upon our systems data integration capabilities by establishing electronic links to major clearing houses and adding the capabilities for processing Electronic Data Interchange file formats, HL7 messages as well as automated scripting capabilities. Here you will find a brief explanation of some of the types of messages being transmitted and how they are being utilized within the PARA Data Editor.

Development Roadmap			
EDI Transaction Set	Description	PARA - PDE Applications	Implementation Status
270	Eligibility, Coverage or Benefit Inquiry	Quote A Price, Widget	Currently available in the Quote A Price tab for real time EDI inquiries
271	Eligibility, Coverage or Benefit Information	Quote A Price, Widget	Currently available in the Quote A Price tab for real time EDI inquiries
837	Health Care Claim	Claim Evaluator	Currently available in the Charge Maintenance - Claim Evaluator tab for audit of charge process
835	Health Care Claim Payment / Advice	Contract Management, Denial Analysis	Currently available in the Charge Maintenance - Remittance tab
269	Health Care Benefit Coordination Verification: Used to transmit Health Care Benefit coordination information such as claim identification and previous payment from one Health Care Payer to another and report the positive or negative acknowledgment of payments.	Quote A Price - Pre-Cert	In development cycle
	Boston Workstation	Quote A Price (Eligibility Information) HIS Interfacing,	Currently PARA can update Meditech, McKesson, and HMS.

ParaRev can also format a file for hospital upload with the specific header and trailer data elements assigned within the file.