

PARA – Market Based Pricing Process

The **ParaRev** Market Based Pricing Program (MBPP) is designed to improve profitability by enhancing the Hospital's ability to stay price competitive.

The goal of the MBPP is to identify line items in the charge master which have negative patient satisfaction due to high prices, identify gross margin improvement opportunities due to low prices and to establish a rational pricing methodology by setting prices based on fee schedule, APC, cost or competitive market pricing data.

The screenshot displays the PARA software 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. The main content area is divided into several sections:

- Hospital Selection:** Hospital: Demonstration Hospital [Sales], CDM Date: 08/18/2011 (AutoStandard) - 19599 Chgs Online, Department: 3010 - Total Items: 00016.
- Billing Indicators:** Map, Provider ID: 990001, State: CA, Area Wage Index: 1, Physicians Fee Schedule: ANAHEIM/SANTA ANA, CA, Fiscal Intermediary / MAC: 7/1/2009 to 6/30/2010, Quantity Date Range: 7/1/2009 to 6/30/2010, FY End Date: 7/1/2009 to 6/30/2010.
- Account Exec:** Violet Archuleta-Chiu, 800-999-3332 x219, varchuleta@para-hcfs.com.
- Tech Support:** Mary McDonnell, 800-999-3332 x216, mmcdonnell@para-hcfs.com.
- Market Hospitals:** A list of hospitals with their respective cities and provider IDs, grouped by Geographic. The list includes: Regional Hospital (HOSP01), Community Hospital (HOSP02), Memorial Health System (HOSP03), Northwest Regional Hospital (HOSP04), General Hospital (HOSP05), Southwest Healthcare (HOSP06), Standard Hospital (HOSP07), Sample Healthcare System (HOSP08), Main Street Clinic (HOSP09), and Generic Northeast Healthcare (HOSP10).
- Bulletin Board:** A table with columns for Date and Title, listing various updates and newsletters from 09/15/2013.

There are eight steps in the **ParaRev** pricing process:

1. Interview with hospital finance administration to determine goals of the process
2. Determine with hospital input the Geographic Market Group, used for Comparative Data
3. Assessment of competitive market pricing data, creation of “max” iteration
4. Loading of the managed care contract matrix into the **PDE** Contracts tab
5. Refinement of iteration parameters, processing of multiple iterations
6. Quality review, smoothing and rounding
7. Implementation via file table upload, keying or scripting, quality check of changes
8. Quarterly impact analysis, comparison of current revenue to projected revenue from the **ParaRev** iteration

Each of the steps in the process can be accessed using the **PARA Data Editor**.

Market Based Pricing Process

Interview with hospital finance administration to determine the goals of the process

There are several factors which determine the goals of the annual price increase:

- Hospital financial requirements
- Board Governance
- Public and physician comment on prices
- Competition by independent labs, imaging centers and ambulatory surgical centers
- Annual price inflation limits within managed care contracts

Assessment of competitive market pricing data, creation of “max” iteration

There are 5 basic service types reviewed to determine the opportunity within each of the three different market groups, each of the service types are available within the Pricing Data tab.

1. Daily hospital services – Hospital Room Rates – Average Charge / Day
2. Surgical services – DRG Service Line Summary, APC Status T Surgical Rank
3. Drugs sold to patients – DRG Service Line Summary
4. Medical supplies – DRG Service Line Summary
5. Diagnostic and therapeutic services – APC Status X, S, Y and Q Rank

Select	Quote A Price	Charge Maintenance	Contracts	Pricing Data	Pricing	Rx / Supplies	Filters	CDM	Calculator	Advisor	Administration	PARA
Hospital Summary			Inpatient				Outpatient					
Hospital Summary 2009 Q4 High level charge analysis, compare your Hospital to the market average of your peers. The analysis includes: Inpatient cases and days, emergency room visits, outpatient surgery and diagnostic procedures. Multiple pages include both summary and detail charge and stat data.			DRG Summary FFY 2009 Q4 Average charge per case for each DRG is listed in this report. Review a head to head analysis of DRG charges versus your selected peers. The analysis is divided in four major service groups: Medical, Surgical, Obstetric, and Psychiatric.				Hospital Outpatient Summary 2009 The report includes a comprehensive analysis of over 70 key service lines... more					
Hospital 3 Year Trend This Excel workbook is a combination of the hospital and outpatient summaries. It includes three years of data with variance and percent change statistics.			DRG Service Line Summary FFY 2009 Q4 Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by service group (Medical, Surgical, OB and Psych). The analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.				Outpatient HCPCS 2009 Q4 This ad hoc report, allows the User to enter codes to retrieve HCPCS charge detail... more					
State Specific			DRG Service Line Detail FFY 2009 Q4 Key a DRG to retrieve detail by case for all lines grouped on the Cost Report, as many as 22 service lines. The analysis includes the specific Provider detail plus peer group by hospital to enable a detail product line analysis.				APC - Claim Analysis 2009 Enter surgical or significant diagnostic procedures to create a one page analysis... more					
Florida AHCA Inpatient 2008			Hospital Room Rates FFY 2009 Q4 Inpatient room rate charges detailed by Medical, Surgical, Obstetric, and Psychiatric claims.				APC Status T Rank 2009 PDF Analyze your top 100 APC status T charges.					
Florida AHCA Outpatient 2008			Hospital Room Rates - Average Charge / Day FFY 2009 Q4 Inpatient average room rate charge per day detailed by Medical, Surgical, Obstetric, Psychiatric and Rehabilitation claims.				APC Status X, S, V and Q Rank 2009 PDF Analyze your top 100 APC status X, S, V & Q charges.					
Pricing Group: Geographic Data Source Timing			DRG By MDC FFY 2009 Q4 Detail analysis as to what revenue centers and charges comprise an Inpatient case. Identify service lines that are not in line with your peers by MDC. The analysis includes Pharmacy, Materials/Central Supply, Operating Room and 19 other service lines.				APC Status T Surgical Rank 2009 Analyze your top 50 APC status T surgical charges.					
							APC Status T Detail 2009 Review detail line item charges at the claim level for any APC Status T procedure... more					
							Service Line Detail Inflation: 12% This worksheet combines your charge master into the PARA service lines... more					
							Svc: Allergy Dept: 11542					

Market Based Pricing Process

Assessment of competitive market pricing data, creation of “max” iteration (continued)

Based on the review of the market pricing data a “max” iteration is created within the Pricing tab in the PDE, the goal of the “max” iteration is to quantify the total opportunity within the market prior to the application of outside constraints.

A typical max iteration may have the following parameters:

1. Increasing ICU room rates by 20%
2. Increasing semi-private rates by 15%
3. Increasing I/P surgical service by 15%, O/P rates to be held
4. Setting O/P Lab to 2x independent lab prices, I/P to the 85th percentile
5. Setting O/P imaging to 2x independent testing facility, I/P to the 85th percentile
6. Increasing drugs sold to patients by 10%
7. Increasing medical supplies by 10%

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA

Pricing Iteration Name	Creator	Last Executed	Market Target	Raise Non Market	Upper Limit
Standard: Force compliance items to 1¢, hold all others					
Standard: Move to market average with max 30% increase, 10% increase for non-market items			Average	10	50
Standard: Move to market average with max 30% increase, hold non-market items			Average		50
Standard: Move to market midpoint with max 25% increase, 10% increase for non-market items			Midpoint	10	25
Standard: Move to market midpoint with max 25% increase, hold non-market items			Midpoint		25

Remove
Import Pricing Iteration

Pricing Iteration Name	Base Charge Master Date
<input type="text"/>	12/12/2008 (Standard) - 1001 Chgs Online
Iteration Date Range	GoTo Charge Master Date
Setup Pending - Please Contact PARA	Select GoTo Charge Master Date

Market Target	Market Inflator	Raise Non Market Items	Upper Limit	Do Not Lower Limit	Modifier	Hold Mkt	Flat Rate	Use Go To	Price Categories
<input type="radio"/> Midpoint	<input type="text" value="12.00%"/>	<input type="text" value="10.00%"/>	<input type="text" value="50.00%"/>	<input checked="" type="checkbox"/>	<input type="text" value="90"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/>	Default
<input checked="" type="radio"/> Average									

Revenue Stream	Hold	Mkt	Flat Rate	HCPCS	UB Code	Department	Hold	Mkt	Flat Rate	HCPCS	UB Code
Blood - Hold for hospital review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	11542	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Pricing Iteration Parameters				
Type	Value	Code	Rate	Price Category
Market Target	Average			
Raise Non-Market Items			10.00	
Market Inflator			12.00	
Lower Limit			.00	
Upper Limit			50.00	
Modifier	90			
Revenue Stream	DHS and Observ			Hold
Revenue Stream	Items which are zero priced			Hold

Remove

Clear
Save
Execute...
View Report(s)...

Market Based Pricing Process

Loading of managed care contract matrix into the PDE Contracts tab

Each managed care plan contract term which impacts net revenue is keyed into the Contracts tab to be used in the net revenue settlement, the terms which are loaded are as follows:

1. Percent of revenue
2. Annual inflation caps
3. Outpatient claim caps
4. Stop loss terms

The screenshot displays the 'Contracts' tab in a software application. The interface includes a navigation bar with tabs like 'Select', 'Quote A Price', 'Charge Maintenance', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Administration', and 'PARA'. Below this, there are sub-tabs for 'Summary', 'Inpatient', 'Outpatient', 'Ambulatory Surgical', 'Emergency', 'Urgent Care', 'Non Patient', 'Stop Loss', 'Blended Rate', 'Comments/Notes', 'Contracts', and 'ADDB'. The main area shows contract details for '32163 - BC OUTPPO - v.1.2'. Fields include Contract Mnemonic, Insurance Company Name, Contract Term, and various financial parameters like deductibles, inflation caps, and total charges (\$20,716,836.00). A 'Reimbursement Table' is also visible, showing data for different hospital patient types and their corresponding reimbursement methods and total charges.

Reimbursement Data - Excel Export (This) Excel Export (All)		Reimbursement Table Transaction Date Range: From: 01/01/2009 To: 12/31/2009		Reimbursement Table Creation Date: 02/09/2010	
Hospital Patient Type	Contract	Reimb Table	Contract	Reimb Table	
	Default Reimbursement Method	Total Charge	Charge Percentage Discount	Claim Cap	Cash Contributi... Margin
E : Emergency	Percentage of Charges	\$2,557,721.00			77.39%
EV : Emergency Observation	Percentage of Charges	\$1,865,508.00			77.39%
I : Inpatient	Fixed	\$9,299,886.00			
IB : Inpatient Newborn	Fixed	\$231,868.00			
O : Outpatient	Percentage of Charges	\$3,144,228.00			77.70%
OR : Outpatient Recurring	Percentage of Charges	\$261,907.00			77.70%
OV : Outpatient Observation	Percentage of Charges	\$184,042.00			77.70%
S : Surgical	Fixed	\$2,816,242.00			

Within each of the **ParaRev** standard patient types the contract terms are defined, if the service is reimbursed on the basis of a DRG, APC, fee schedule, ASC level or per diem, there is no relationship between pricing and reimbursement.

The Pricing tab will only attribute additional net variable revenue to those contracts which have been specifically loaded into the Contracts tab and the reimbursement is based on a percentage of charges; the “default” reimbursement is fixed, there is no relationship between prices and reimbursement.

Market Based Pricing Process

Refinement of iteration parameters, processing of multiple iterations

Based on the results of the max iteration and with consideration of the outside constraints, **ParaRev** will then process multiple iterations to calculate the settlement values.

Each of the iterations is “saved” so that the User can always refine and reprocess, without requiring the re-establishing the iteration.

The screenshot displays the ParaRev software interface. At the top, there is a navigation bar with tabs: Select, Quote A Price, Charge Maintenance, Contracts, Pricing Data, Pricing (highlighted), Rx / Supplies, Filters, CDM, Calculator, Advisor, Administration, and PARA. Below the navigation bar is a table titled "Pricing Iteration Name" with columns: Pricing Iteration Name, Creator, Last Executed, Market Target, Raise Non Market, and Upper Limit. The table contains several rows of iteration data, including "New Process Test 1" and various standards for market target and non-market items.

Below the table, there is a "Remove" button and an "Import Pricing Iteration" button. A report pop-up window is overlaid on the interface, showing a list of report options:

- Pricing Summary (Click here for Guide)
- Annualized
- Annual Inflation Cap Account Audit
- Department Summary
- Payer Summary
- Procedure Detail
- Stop Loss Payer Summary
- Stop Loss Account Detail
- Claim Cap Payer Summary
- Claim Cap Account Detail
- Patient Type Map
- Reimbursement Table
- Insurance Proof Settlement
- Insurance Plan Settlement Report

The pop-up window also includes a "View Report(s)..." button and a "Remove" button. The background interface shows various input fields and buttons for configuring the pricing iteration, such as "Market Target" (Midpoint, Average), "Market Inflater" (12.00%), and "Revenue Stream" (Blood - Hold for hospital review).

The report pop-up window allows detail analysis of the iteration with a number of worksheet schedules.

ParaRev tracks your revenue and sets prices using “revenue streams”; each of the revenue streams is established to allow the User complete control over the pricing.

Market Based Pricing Process

Refinement of iteration parameters, processing of multiple iterations (continued)

The revenue stream definitions are as follows:

- | | |
|------------------------------|----------------------------------|
| 1 Blood | 10 Med Supplies sold to Patients |
| 2 Compliance | 11 Non Prescription Drugs |
| 3 DHS and Observation | 12 OR/Anesthesia/Recovery |
| 4 Diagnostic/Therapeutic | 13 Personal Patient Items |
| 5 Drugs Sold to Patients | 14 Professional Fees |
| 6 Ed/Clinic/Treatment Room | 15 Radiopharmaceuticals |
| 7 Inactive Items | 16 Rehab |
| 8 Items that are Zero Priced | 17 Trauma |
| 9 Labor Room/Delivery | 18 Undefined Items |

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Admin RAC CAT PARA

Pricing Iteration Name	Creator	Last Executed	Market Target	Raise Non Market	Upper Limit	Status
Initial Iteration	travis	09/18/2012		5	25	Iteration Processed
2007 Test 3	travis					Iteration Processed
2007 Test 2	travis					Iteration Processed
2007 Test 3	travis					Iteration Processed
2007 Test 4	travis					Iteration Processed
rdj test import	rdj					Iteration Processed
rdj test import 2	rdj					Iteration Processed
Test	travis					Iteration Processed

Remove Setup Pricing Import Pricing Iteration

Pricing Iteration Name Initial Iteration	Base Charge Master Date 10/25/2010 (Test) - Not Available
Iteration Date Range Test: 01/01/2009 - 12/31/2009	GoTo Charge Master Date Select GoTo Charge Master Date

Market Target <input checked="" type="radio"/> Midpoint <input type="radio"/> Average	Market Inflator 12.0%	Raise Non Market Items 5.00%	Upper Limit 25.0%	Do Not Lower <input checked="" type="checkbox"/>	Lower Limit .00%	Abv APC/Fee Sched 0%	Modifier or Hold Mkt Flat Rate Use Go To	Price Categories Default
---	--------------------------	---------------------------------	----------------------	---	---------------------	-------------------------	---	-----------------------------

Revenue Stream Blood - Hold for hospital review	Hold <input type="checkbox"/>	Mkt <input type="checkbox"/>	Flat Rate <input type="checkbox"/>	HCPCS <input type="checkbox"/>	UB Code <input type="checkbox"/>	Department UNK -	Hold <input type="checkbox"/>	Mkt <input type="checkbox"/>	Flat Rate <input type="checkbox"/>	HCPCS <input type="checkbox"/>	UB Code <input type="checkbox"/>
--	-------------------------------	------------------------------	------------------------------------	--------------------------------	----------------------------------	---------------------	-------------------------------	------------------------------	------------------------------------	--------------------------------	----------------------------------

Pricing Iteration Parameters		
Code	Rate	Price Category
	5.00	Default
	12.00	Default
		Default
	.00	Default
	25.00	Default
zero priced		Hold
es		Hold
r hospital review		Hold

View Report(s)... Iteration ID: 2185

The detail may take up to three minutes to create plus the time required to download, which is based on the speed and bandwidth of your Internet connection.

Market Based Pricing Process

Refinement of iteration parameters, processing of multiple iterations (continued)

Pricing Iteration Work Sheet				
Hospital:	Completed by:	Approved by:	Date:	
Iteration Goals:		Notes:		
1	Gross revenue target			
2	Incremental net revenue requirement			
3	Maximum percentage price increase			
4	Maximum percentage price decrease			
5	Minimum mark-up or multiple of a fee schedule			
Revenue Stream Questions:				
Indic	Name	Max Iterations	Notes / Options	Notes:
1	Daily Hospital Services & Observation	No Change	Room rates to be compared to MEDPAR data. Set Observation Hourly Rates equal to 1/24 semi private room rate. Rates are usually moved a flat percentage.	
2	Professional Fees	No Change	Professional are set to the 50th, 75th or 90th percentile or to a minimum multiple of Medicare fee schedule	
3	Blood & Blood Processing	36430 & 8xxxx codes priced to Market	Hospital to provide guidance if any changes are required, check State regulations and Blood Bank contract	
4	Trauma	No Change	Perform a revenue code audit of the trauma revenue codes, discuss results with the hospital and move accordingly	
5	Personal Patient Items - Marked for compliance	No Change	This is a focus point of Patient's, Adjust markup policy, revenue adjustment can be spread across overall rate increase, specific departments, or pharmacy revenue	
6	Self Administered Drugs	No Change	Adjust markup policy, revenue adjustment can be spread across overall rate increase, specific departments, or pharmacy revenue	
7	Pharmacy	No Change	Review actual prices versus expected prices based on current mark up policy. Recalibrate pharmacy using Acquisition Cost or Average Sales Price	
8	Materials/Central Supply	No Change	Review actual prices versus expected prices based on current mark up policy. Recalibrate supply pricing using current cost data. Set mark up policy to insure correct carve out reimbursement	
9	Operating Room Services	Price CPT/HCPCS Codes to Market Data	Time & Level Based pricing relationships are preserved. Adjustments made at a flat percentage rate to reflect market position. Comparisons made at the case and service line level. HCPCS coded items are priced by line item	
10	ED/Clinic/Treatment Room	Price to Market	HCPCS coded items are priced to market data. Can set different targets based on site of service. Comparisons will be done on a per visit and line item level to insure desired market position is achieved	
11	Zero Price Items	No Change	These are all items that are not priced by the CDM. These items are not changed. We provide a listing of these items in case they are manually priced and a change in methodology needs to be incorporated to insure they are priced appropriately	
12	Rehab Services	Price to Market	Time based charges are reviewed to insure prices are consistent. Modifiers are included in the market data improving pricing accuracy	
13	Diagnostic & Therapeutic Services	Price to Market	Priced to the market pricing by HCPCS code. Modifiers also included (where appropriate) for pricing accuracy	

Market Based Pricing Process

Quality review

To insure your hospital is achieving maximum reimbursement on the final iteration and that the prices are consistent within the services and correctly rounded, **ParaRev** will process a series of audit reports, from the report pop-up window.

Procedure Detail – This report allows the User to view each line item in the charge master along with market pricing data and the GoTo price from the iteration. The report is used to check consistency between prices, round, and verify the application of the iteration parameters.

Payer Summary – The worksheet summarizes the financial impact to payers by patient type, and includes the payer factors which determine total reimbursement. The worksheet is utilized to perform “reasonableness” checks on the annual inflation cap, stop loss and claim cap adjustments.

Insurance Proof Settlement – The worksheet contains a random sample of 200 accounts which can be “audited” to be sure the contracts are loaded correctly into the contract tab for settlement.

Fee Schedule Audit - This worksheet will list any GoTo price which is lower than a Medicaid fee schedule, or a Medicare APC status A, X, S, Q, or T reimbursement.

The screenshot displays the ParaRev software interface with the 'Pricing' tab selected. The 'Pricing Iteration Name' table lists several standards with their respective market targets and limits. A dropdown menu is open, showing various report options such as 'Pricing Summary', 'Annual Inflation Cap Account Audit', 'Department Summary', 'Payer Summary', 'Procedure Detail', 'Stop Loss Payer Summary', 'Stop Loss Account Detail', 'Claim Cap Payer Summary', 'Claim Cap Account Detail', 'Patient Type Map', 'Reimbursement Table', 'Insurance Proof Settlement', and 'Insurance Plan Settlement Report'. The 'Procedure Detail' option is currently selected. The background interface includes fields for 'Market Target' (Midpoint selected), 'Market Inflater', 'Revenue Stream' (Blood - Hold for hospital review), and a 'Parameters' table with columns for Code, Rate, and Price Category.

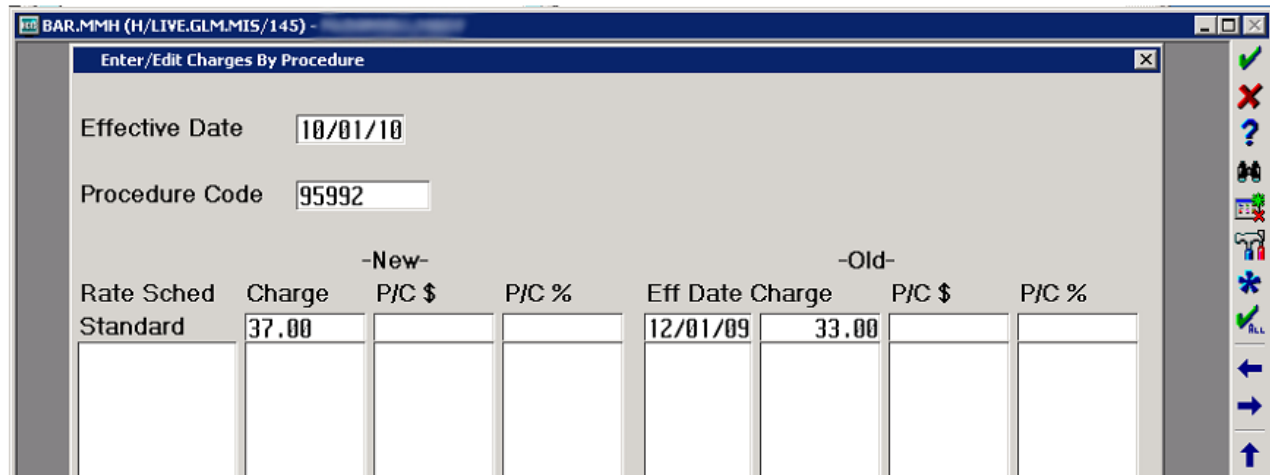
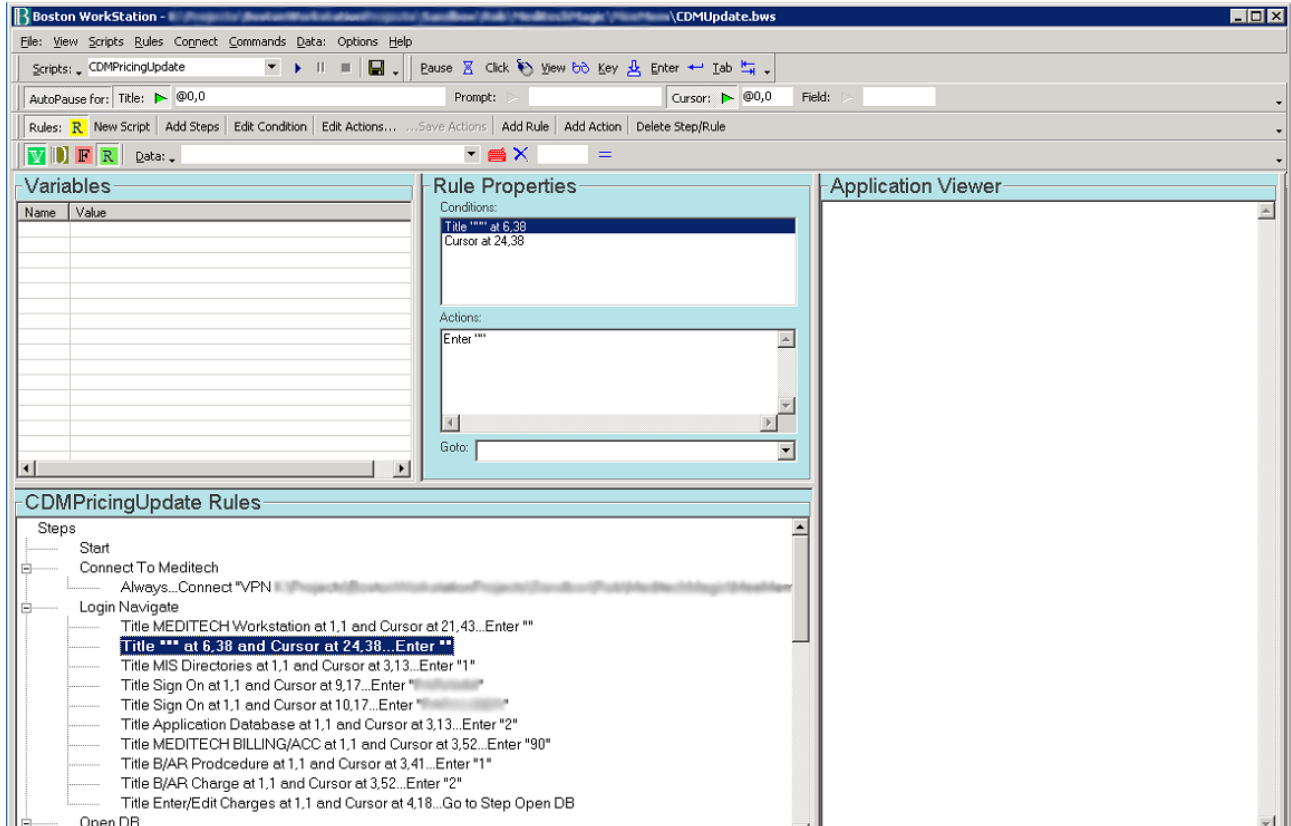
Pricing Iteration Name	Creator	Last Executed	Market Target	Raise Non Market	Upper Limit
Standard: Force compliance items to 1¢, hold all others					
Standard: Move to market average with max 50% increase, 10% increase for non-market items			Average	10	50
Standard: Move to market average with max 50% increase, hold non-market items			Average		50
Standard: Move to market midpoint with max 25% increase, 10% increase for non-market items			Midpoint	10	25
Standard: Move to market midpoint with max 25% increase, hold non-market items			Midpoint		25

Market Based Pricing Process

Implementation

ParaRev has the ability to assist the hospital in the implementation of the prices.

ParaRev can produce a custom upload file or ParaRev will process the price change utilizing a secured connection and Boston Workstation to set each individual price.



Market Based Pricing Process

Follow-up

ParaRev provides ongoing follow-up services as part of the Market Based Pricing Process to be sure the prices are implemented correctly and that the revenue target is achieved.

Implementation confirmation - Immediately after implementation **ParaRev** requests a copy of the updated charge master to check that the prices were implemented correctly.

Quarterly Impact Analysis - **ParaRev** will perform a quarterly impact analysis to track the expected gross and net revenue to identify variances from the projection due to a shift in volume, patient type and financial class mix.

ParaRev will produce the following reports and files to track the projected benefit of the pricing analysis. The impact analyses are based on the current fiscal period as compared to the prior year fiscal period; they are produced at the hospital, department and line levels.

1. Payer mix
2. Procedure volume
3. Stop loss
4. Claim cap
5. Contract annual inflation cap
6. Market pricing opportunity

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA

Pricing Iteration Name	Creator	Last Executed	Market Target	Raise Non Market	Upper Limit
New Process Test 1	travis	07/21/2010			
Standard: Force compliance items to 1¢, hold all others					
Standard: Move to market average with max 50% increase, 10% increase for non-market items			Average	10	50
Standard: Move to market average with max 50% increase, hold non-market items			Average		50
Standard: Move to market midpoint with max 25% increase, 10% increase for non-market items			Midpoint	10	25
Standard: Move to market midpoint with max 25% increase, hold non-market items			Midpoint		25

Remove Setup Pricing Import Pricing Iteration

Pricing Iteration Name 3rd Quarter Impact Analysis	Base Charge Master Date 02/01/2007 (Standard) - 3964 Chgs Online
Iteration Date Range Setup Pending - Please Contact PARA	GoTo Charge Master Date 01/31/2008 (Standard) - 11544 Chgs Online
	Select GoTo Charge Master Date 01/31/2008 (Standard) - 11544 Chgs Online
	02/01/2007 (Standard) - 3964 Chgs Online

Market Target <input checked="" type="radio"/> Midpoint <input type="radio"/> Average	Market Inflator % >	Raise Non Market Items % >	Upper Limit % >	Lower Limit <input checked="" type="checkbox"/> 0 % >	Modifier or	Hold <input type="checkbox"/>	Mkt <input type="checkbox"/>	Flat Rate % >	Use Go To <input type="checkbox"/>	Price Categories Default
---	------------------------	-------------------------------	--------------------	--	----------------	-------------------------------	------------------------------	------------------	---------------------------------------	-----------------------------

Revenue Stream Blood - Hold for hospital review	Hold <input type="checkbox"/>	Mkt <input type="checkbox"/>	Flat Rate % >	HCPCS	UB Code >	Department 1020	Hold <input type="checkbox"/>	Mkt <input type="checkbox"/>	Flat Rate % >	HCPCS	UB Code >
--	-------------------------------	------------------------------	------------------	-------	--------------	--------------------	-------------------------------	------------------------------	------------------	-------	--------------

Pricing Iteration Parameters				
Type	Value	Code	Rate	Price Category
Market Target	Midpoint			Default
Lower Limit			Hold	Default
Compliance			1¢	Default
Date Range	undefined			Default