

# ParaRev Revenue Integrity Program

The goal of the **ParaRev Revenue Integrity Program (PRIP)** is to audit and enhance each aspect of the revenue cycle process to ensure that all appropriate revenue is created, captured, coded, priced and paid correctly within compliance guidelines.

Due to the current reduction in reimbursement and utilization, hospitals need to gain efficiencies; the **PRIP** will allow your hospital to dedicate Staff and resources to areas which will provide a greater return.

The **PRIP** will also integrate your Department Managers into the revenue cycle to make them active participants in charge creation, capture and reimbursement.

## There are 5 components to the Program

1. **Claim audit – charge capture, coding and compliance**
2. **Pricing – market based pricing with a relationship to fee schedules or cost**
3. **Charge Master – code review and maintenance**
4. **Compliance – HIM / Business Office assigned codes and modifiers**
5. **Revenue Management Committee – oversight, governance and guidance**

The **ParaRev Data Editor (PDE)** is utilized in every aspect of the **PRIP**.

The screenshot displays the ParaRev Data Editor (PDE) interface. At the top, there is a navigation bar 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 navigation bar, the 'Hospital' dropdown is set to 'Demonstration Hospital [Sales]'. The 'CDM Date' is '03/01/2015 (AutoStandard) - 20752 Chgs Online' and the 'Department' is '3010 - Total Items: 00016 - MED/SURG INTENSIVE C'. The 'Billing Indicators' section shows 'Map' as 'CA', 'Provider ID' as '990001', 'State' as 'CA', and 'Area Wage Index' as '1'. The 'Physicians Fee Schedule' is 'ANAHEIM/SANTA ANA, CA'. The 'Fiscal Intermediary / MAC' is '1/1/2013 to 6/30/2013'. The 'Quantity Date Range' is '1/1/2013 to 6/30/2013' and the 'FY End Date' is '1/1/2013 to 6/30/2013'. The 'Account Exec' section lists 'Violet Archuleta-Chiu' with contact information '800-999-3332 x219' and 'varchuleta@para-hcfs.com'. The 'Tech Support' section lists 'Mary McDonnell' with contact information '800-999-3332 x216' and 'mmcdonnell@para-hcfs.com'. The 'Market Hospitals' section is set to 'Geographic' and lists various hospitals with their Provider IDs. The 'Date' and 'Title' table shows a list of articles with dates and titles, such as '01/24/2016 NGS Jurisdiction B DME MAC -- Competitive Bidding: KG Modifier'. The bottom of the screen shows 'Page 1 of 663' and 'Displaying Articles 1 - 23 of 15227'.

# ParaRev Revenue Integrity Program

## Claim audit – charge capture, coding and compliance

There are disparate data elements which flow together to create a patient claim-the goal of the claim review is to audit and reconcile as many data elements within the claim back to the originating source. The claim review will trace the following items from the claim to the medical record, departmental worksheets or remittance advices.

1. HIM coded surgical procedures
2. Separately billable nursing procedures
3. Supplies – charge capture, codes and compliance of charges
4. Drugs - codes and unit multipliers
5. Determination of the evaluation and management levels for emergency and clinic visits
6. Business Office / HIM assigned modifiers
7. Payments and denials

Claims are processed into the **PDE** using the **Claim/RA Evaluator tab**; the claims are either loaded by processing data tables within the **PDE** (header and transaction tables), EDI 837 records or manual keying. The **ParaRev HIM Staff** will review the claims with the supporting documentation for reporting back to the Revenue Management Committee (**RMC**).

The members of the **RCM** have 24/7 access to all segments of the **PDE** for continuing review.

The screenshot displays the 'Claim Evaluator' interface. At the top, there are navigation tabs: Select, Charge Quote, Charge Process, Claim/RA (active), Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, PARA. Below these are sub-tabs: Claim Evaluator, 837 Claims, 835 Remit - Pending Review, 835 Remit - Marked For Review, 835 Remit - Finalized, 835 Remit - Archived. A search bar contains 'NewTest'. Below the search bar are buttons for 'Add New Claim', 'Claim Analysis/Edit', and 'Claim Group Documents'. A table header shows columns for Claim Type, Patient Billing Acct No, Service From, Service Through, Total Charges, Mark for Review, HCPCS, and Rev Code. A search bar is present below the header. The main table has columns for Original Data and Revised Data, with sub-columns for 42 Rev. Co., 44 HCPCS, Mod. 1, Mod. 2, 46 Serv. Units, CCI, 47 Total Charges, and Reimb. The table contains several rows of data. At the bottom, there are summary statistics: Original Total Charges: \$0.00, Original Reimbursement Total: \$920.63, Revised Total Charges: \$0.00, Revised Reimbursement Total: \$920.63. There are also buttons for 'Save Claim', 'Run Reimbursement', 'Add New Claim Detail', 'Delete Selected Claim Detail(s)', and 'CCI Color Legend'.

Original Data										Revised Data										Error	Late	Date
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	DOS	MUE	OCE Qty	LCD NCD	
71020				1		\$0.00	\$59.34							\$0.00	\$59.34			02/01/14	0	4		
93005				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	3	4		
93017				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	1	2		
93351				1		\$0.00	\$594.20							\$0.00	\$594.20			02/01/14	1			
94640				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	10	1		
g0202	52			1		\$0.00	\$120.92							\$0.00	\$120.92					1	10	
g0204	52			1		\$0.00	\$146.17							\$0.00	\$146.17					2	10	
J1250				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	0			

# ParaRev Revenue Integrity Program

## Pricing – market based pricing with a relationship to fee schedules or cost

Pricing is critical to revenue cycle success; the **ParaRev Market Based Pricing Program** is a sub-component of the **PRIP**.

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. There are seven steps in the **ParaRev** pricing process:

1. Interview with hospital finance administration to determine goals of the process
2. Assessment of competitive market pricing data, creation of “max” iteration
3. Loading of the managed care contract matrix into the **PDE Contracts tab**
4. Refinement of iteration parameters, processing of multiple iterations
5. Quality review, rounding and smoothing
6. Implementation
7. Follow-up

## ParaRev Market Based Pricing Program

The screenshot displays the ParaRev Pricing application 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, PARA. A 'Refresh' button is located in the top right corner.

The main area features a table of pricing iterations with the following columns: Pricing Iteration Name, Creator, Last Executed, Market Target, Raise Non Market, Upper Limit, and Status. The table contains several rows of test data.

Below the table, there are buttons for 'Remove' and 'Cancel Iteration'. A 'Pricing Iteration Name' field is present, along with a 'Gross Pricing?' checkbox and an 'Iteration Date Range' field.

The 'Market Target' section includes radio buttons for 'Midpoint', 'Average', and 'Percentile', and input fields for 'Market Inflater' and 'Raise No. Market It'. A 'Revenue Stream' dropdown menu is set to 'Anesthesia Professional'.

A 'Type' table is shown with columns 'Type' and 'Value':

Type	Value
Market Target	Midpoint
Lower Limit	
Base CDM Date	03/01/2015
Date Range	01/01/2013 - 0

Buttons for 'Clear', 'Save', and 'Execute...' are located at the bottom left. A 'View Report(s)...' dropdown is at the bottom center.

A large configuration panel is open in the center, titled 'Pricing Summary (Click here for Guide)'. It contains several sections with checkboxes and dropdowns:

- Annualized** (checked)
- Comparative Impact Analysis**: Select Impact Iteration (dropdown)
- Department Summary**
- Payer Summary**: Select Impact Iteration For Impact Analysis (dropdown)
- Procedure Detail**:  Changes Only,  By Dept/Mgr
- Stop Loss Payer Summary**
- Stop Loss Account Detail**
- Claim Cap Payer Summary**
- Claim Cap Account Detail**
- Patient Type Map**
- Insurance Plan Settlement Report**: Insurance Mnemonic/Plan (input field)
- Master Settlement**
- Comprehensive Pricing** (checked):  With Procedure Detail
- Claim Detail**

On the right side of the configuration panel, there are sections for 'Setup Pricing' (with '752 Chgs Online' dropdown), 'Hold Mkt Flat Rate' (checkboxes), 'Use Go To' (checkbox), 'Price Categories' (dropdown set to 'Default'), and a table for 'Code Rate Price Category' with rows for 'Hold' and 'Default'.

# ParaRev Revenue Integrity Program

## Pricing – market based pricing with a relationship to fee schedules or cost (continued)

As a part of the annual pricing process, **ParaRev** will reset the pharmacy and materials mark-up schedules.

The **Rx / Supplies** tab within the **PDE** is utilized for this review.

PARA has the ability to price drugs on any cost basis or Wholesale Acquisition Cost, supplies are commonly priced on the basis of cost.

The tab also contains a process for researching pharmacy NDC codes and supply CMS “C” codes.

The **Rx / Supplies** tab also allows Department Managers a resource to price charge description master additions and changes utilizing the hospital specific mark-up schedule.



# ParaRev Revenue Integrity Program

## Charge Master – code review and maintenance (continued)

One of the main goals of the **PRIP** is to empower and unleash the entrepreneurial forces contained within each Department Manager. Managers are encouraged to update codes, prices and add services throughout the month, Managers are often frustrated by the slow pace of the current charge maintenance process.

The process within the **PDE** for initiating, approving and implementing changes to the charge master is the **Charge Process tab**.

The charge maintenance process provides a secure email centric creation, approval and implementation process for which the Managers can monitor the progress 24/7, if a charge maintenance item is “lingering” on a desk for approval, the Manager will know the point of delay and be able to take action.

The **ParaRev HIM Staff** will review and implement all changes within 48 hours of receipt, with email confirmation back to the originating Manager; all charge maintenance is accessible to the Manager impacted by the charge items 24/7.

The screenshot displays the 'Charge Process' tab in the ParaRev system. The interface includes a navigation bar at the top with tabs for 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'RAC', 'CAT', and 'PARA'. Below this, there are sub-tabs for 'Detail', 'Quick Add', and 'Charge Forms'. The main content area shows the following information:

- Pending Charges:** A dropdown menu.
- Creator:** A text field.
- Approve Only:** A checkbox.
- Action:** A dropdown menu.
- Eff. Date:** 01/01/16.
- Buttons:** Approve, Deny/Inactivate, Delete, Refresh.
- Search AddB:** 36415. **Charges:** 36415 - collection of venous blood by venipuncture.
- Weighted Average Price:** 46.47.
- Department:** 3010 - Total Items: 00016 - MED/SURG INTENSIVE C. **NDC:** Search.
- Procedures that already contain this charge:** 4010 - EMERGENCY SERVICES / 08810600 - BLOOD DRAW (Price: 50.60 / Qty: 9629).
- Proc Code:** Bill Desc: Routine venipuncture. Tech Desc: Routine venipuncture.
- Table:**

CPT® / HCPCS Segment	Indicator	Code	Revenue Segment	Indicator	Code	Notes
CPT®	CPT	36415	Default	UBDFLT	0300	
Medicare Outpatient	HCPCS	36415	Outpatient			
Medicaid	CAID		Part B			
Other	OTHER		Other			
- Code Description(s):** 36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE (Q4 - Packaged unless only labs on claim); 0300 - Laboratory - General Classification.
- Details, G/L - O/E, Replacement / Explode Codes:** Expandable sections.
- Buttons:** Clear, Save and send first email alert, Save only.
- Approval Chains:** LeslieChain. **Current Approver:** Leslie Natarelli. **Buttons:** Re-Route.

# PARA Revenue Integrity Program

## Charge Master – code review and maintenance (continued)

One of the many resources **PARA** brings to a hospital to support the revenue department Managers, Business Office and HIM staff is the **PDE Calculator**.

The **Calculator** provides 20 different resources accessible 24/7, with up to 5 years of history for CPT® / HCPCS codes and 25 years of CPT® Assistant.

- |   |   |
|---|---|
| 1. CPT® Codes                           | 13. CCI Physician Edits                     |
| 2. HCPCS / CPT® Codes                   | 14. CCI Medicaid Edits                      |
| 3. Professional Fees                    | 15. National Coverage Determination         |
| 4. Medicaid / Workers Comp Fee Schedule | 16. Local Coverage Determination            |
| 5. ASC Reimbursement                    | 17. Medicare Part B ASP Drug Payments       |
| 6. DME Reimbursement                    | 18. NDC to J Code Crosswalk                 |
| 7. ICD9 Codes Diagnosis and Procedural  | 19. Interventional Radiology Crosswalk      |
| 8. ICD10 Codes                          | 20. CPT® Assistant – Newsletters & Articles |
| 9. DRGs                                 | 21. HCPCS/CPT® to ICD9 Crosswalk            |
| 10. Device Dependent Codes              | 22. Quick Claim Evaluation                  |
| 11. Modifiers and Revenue codes         | 23. National Provider ID database lookup    |
| 12. CCI OPDS Edits                      | 24. UB-04 Data Specifications Manual        |

# ParaRev Revenue Integrity Program

## Compliance – HIM / Business office assigned codes and modifiers

With the growth of RAC type audits, the quality and accuracy of claims is a financial requisite, the time, effort and penalties associated with a claim error are onerous.

The **PRIP** will assist and advise the HIM and Business Office in the correct application and use of codes and modifiers, the coding will be furthered reviewed on an ongoing basis with the claim audits.

The **PDE Advisory Tab** will also provide the Departments Managers a resource to access in regards to regulations and updates.

The most important part of the compliance process is the questioning of modifiers assigned without HIM review, or automatically by the charge master, again the claim review will bring these issues to the forefront.

On an annual basis **ParaRev** will audit the pharmacy NDC codes, J codes assignment and unit of service multiplier, which again have been a focus of audits.

<a href="#">Select</a> <a href="#">Charge Quote</a> <a href="#">Charge Process</a> <a href="#">Claim/RA</a> <a href="#">Contracts</a> <a href="#">Pricing Data</a> <a href="#">Pricing</a> <a href="#">Rx / Supplies</a> <a href="#">Filters</a> <a href="#">CDM</a> <a href="#">Calculator</a> <a href="#">Advisory</a> <a href="#">Admin</a> <a href="#">RAC</a> <a href="#">CAT</a> <a href="#">PARA</a>							
Advisories							
Type	Summary	CR #	Supporting Docs	Filter Link	Audit Link	Issue Date	Bookm...
Filter By Type	Enter Summary Search Criteria Here						
PARA Opinion	CMS to Hold Claims with G0477-G0483, 90630	N/A	<a href="#">1 Doc</a>			01/26/16	
Med Learn	MM9442 - Medicare Benefit Policy Manual – Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Update - Chapter 13	N/A	<a href="#">1 Doc</a>			01/25/16	
Medicaid	Oregon Health Authority Medicaid Rates for CMHP and AFH Facilities - January 2016	N/A	<a href="#">1 Doc</a>			01/22/16	
Medicaid	Oregon Medicaid Newsletter - January 2016	N/A	<a href="#">1 Doc</a>			01/22/16	
Transmittals	R634PI -Reviewers' Credentials, Notifying the Provider, CARC Code Update	N/A	<a href="#">1 Doc</a>			01/22/16	
Transmittals	R1595OTN -Issuing Continuing Compliance Letters to Specific Providers and Suppliers	N/A	<a href="#">1 Doc</a>			01/22/16	
Transmittals	R1593OTN -Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2016	N/A	<a href="#">1 Doc</a>			01/22/16	
PARA Weekly Update	PARA Weekly Update January 22 2016	N/A	<a href="#">1 Doc</a>			01/22/16	
Frequently Asked Que...	Q & A - EGD with Diwulafoy Lesion Treatment in ICD-10	N/A	<a href="#">1 Doc</a>			01/22/16	
PARA Opinion	Implementation of New G-Codes for Home Health and Hospice Services	N/A	<a href="#">1 Doc</a>			01/22/16	
PARA Opinion	CMS Will Hold Processing for Outpatient Claims with Lab Codes G0477-G0483 or Flu Vaccine 90630 Until 4/4/2016	N/A	<a href="#">1 Doc</a>			01/22/16	
PARA Opinion	OPPS Lab Service Billing and Reimbursement	N/A	<a href="#">1 Doc</a>			01/21/16	
Links	CMS MLN Provider Connects eNews January 21, 2016	N/A	<a href="#">1 Doc</a>			01/21/16	
Med Learn	PO-Modifier-FAQ-1-19-2016.pdf	N/A	<a href="#">1 Doc</a>			01/19/16	
Medicaid	Nebraska Medicaid - CY2016 Primary Care Practitioners Advance Enhanced Payments Fee Schedule	N/A	<a href="#">1 Doc</a>			01/18/16	
Medicaid	UTAH Medicaid Newsletter January 2016	N/A	<a href="#">1 Doc</a>			01/18/16	
Links	2016 CMS Preventive Services Booklet	N/A	<a href="#">1 Doc</a>			01/15/16	
	R97GI - Internet Only Manual (IOM) Publication 100-01 - General Information,						
						Page 1 of 727	Displaying Advisories 1 - 30 of 21786
<a href="#">Add Bookmark</a>		<a href="#">Remove Bookmark</a>					



# ParaRev Revenue Integrity Program

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## Revenue Management Committee – oversight, governance and guidance

The key component to the **PRIP** is the Revenue Management Committee (**RMC**). The **RMC** is composed of the following:

1. **Finance Administration**
2. **Business Office**
3. **Health Information Management**
4. **PARA Staff**
5. **Nursing Services**
6. **Surgical Services**
7. **Laboratory**
8. **Radiology**
9. **Pharmacy**
10. **Materials**
11. **Rehab Medicine**
12. **Cardiopulmonary**

The goal of the **RMC** is to bring together the key “players” in the revenue cycle to resolve problems and develop processes.

The standing agenda of the **RMC** is as follows:

1. Review and acceptance of previous months minutes
2. Presentation of claim audit findings – insurance and patient requests
3. Claim denial presentation
4. Discussion of coding, billing and pricing issues
5. Current regulatory findings
6. Updates to the **ParaRev Data Editor**
7. Projects and focus for the month

The **ParaRev** HIM Staff will attend the **RMC** usually by conference call (GoTo Meeting), **ParaRev** will maintain the minutes of the meeting and coordinate activities.