BACKGROUND:

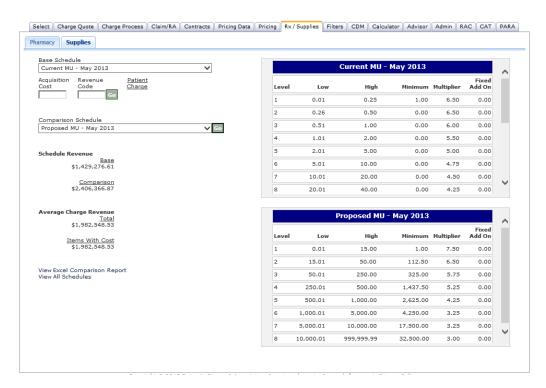
Departments such as materials management traditionally develop separate pricing policies when compared to the rest of the organization.

These pricing policies involve the development of distinct formulas. Generally, facilities assign higher level markup formulas to items with lower cost and assign lower markup formulas for higher priced items. Health care organizations create markups based on various factors including:

- Payer mix
- Utilization
- Market Rates
- Service Offerings

Hospitals are moving towards standardizing supply pricing across all departments and services, thus improving compliance issues associated with inconsistent charging practices. Although no standard methodology exists, it is ParaRev's opinion that when creating supply pricing methodologies, the following must be considered:

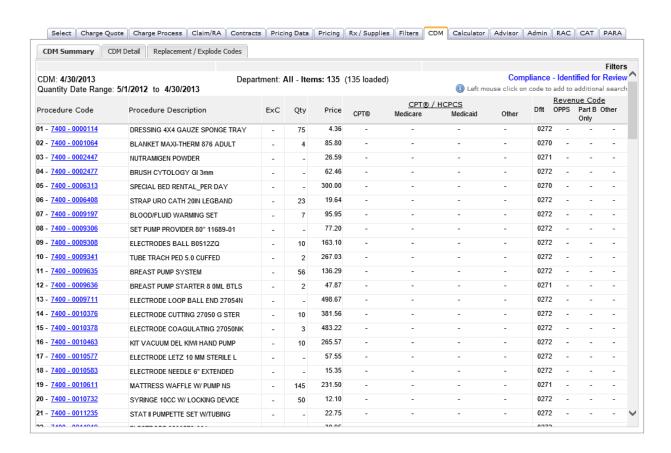
- Pricing should be developed using the actual cost basis to create a rational markup schedule
- Implants should have a separate markup to provide sensitivity to any contract terms that may have carve-outs
- Fixed Add-On and Minimum Charges should be utilized to compensate for any additional use of departmental resources for handling the supply



REVIEW OF NON-BILLABLE ITEMS:

The majority of Providers bill for items which are not appropriate under CMS, Medicaid, or managed care charge policies. The **ParaRev Data Editor (PDE)** contains a filter to assist Providers in identifying charge items which may not be allowable charges.

The User can create a list of charges which when reviewed and marked will allow the User to calculate the gross revenue impact of removing the items. The **ParaRev Supply Pricing Process** will not assign a price or revenue assignment to any item market as compliance.



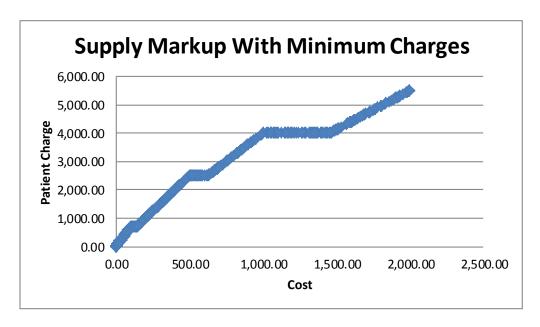
REVENUE CODE AND COST BASIS OPTIONS:

The **ParaRev Supply Pricing Process** is customized to meet the needs of the facility by allowing separate markups for implants versus other supply categories. The project also uses the facility's most recent cost extract to determine the most rational cost-based markup.

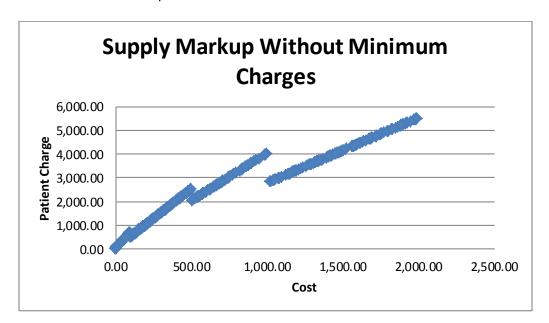
A typical supply markup will assign higher multipliers to lower cost items and lower multipliers to higher cost items. In order to ensure the patient price accurately reflects the cost of the item, fixed add-on and minimum charges are used to keep items standardized across the markup.

MINIMUM CHARGES:

Let's consider the following supply markup comparisons with and without minimum charges. The markup with minimum charges shows a consistent increase in the patient prices as the cost of the item increases.

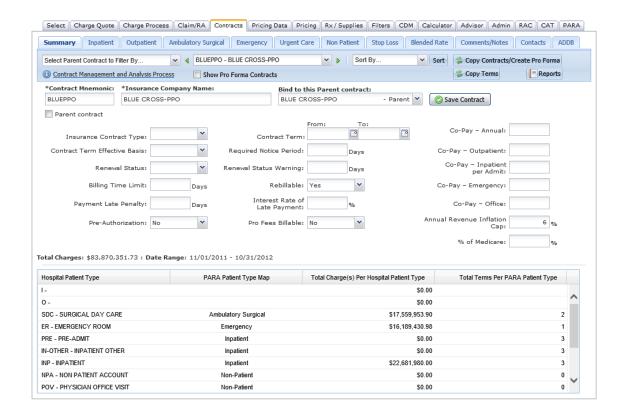


However, without the minimum charges, there are areas in the markup where a more expensive item will have a lower patient prices than a lesser expensive item. The proper use of minimum charges helps to create a rational markup formula.



GROSS AND NET REVENUE PROJECTIONS:

ParaRev's Supply Pricing Process uses historical transaction data and the top ten payer contract terms to project the gross and net revenue realized by changes to the materials management markup. The **ParaRev Data Editor** has the ability to copy and compare different markup schedules to "test" various scenarios using different cost-basis and charge category options.



IMPLEMENTATION OPTIONS:

ParaRev has the capability to assist with full implementation of proposed supply markups. The **ParaRev Data Maintenance Services** establish a secure connection to the hospital system to update markups, costs, and other information. Please see the link below regarding details of **ParaRev's Data Maintenance Services**.

ParaRev Data Maintenance Service

Facility Data Maintenance

Goal of the Process:

Establish a secure connection to the hospital system to facilitate the following:

- Create data downloads for the ParaRev Data Editor (PDE)
- Process updates to the Hospital charge master for pricing revisions
- Process updates to the Hospital charge master for coding revisions
- Access pharmacy clinical system for NDC, markup, and cost updates
- Access purchase item master for cost, markup, and charge number updates

ParaRev will have the option of installing a batch update service, usually, incorporating a scripting solution if the manual update process is determined by **ParaRev** to be too time-consuming (in excess of 5 hours per month on average).

ParaRev Deliverables:

This engagement allows ParaRev to access necessary tables and reporting tools to process the following within the hospital systems:

- Update recommendations from charge master reviews and CMS quarterly update
- Update pricing Recommendations from Market Based Pricing and other pricing reviews
- Monthly coding updates from Medicare, Medicaid, and Worker's Compensation
- Process new charge items and changes to existing charge items
- Access to Medical Records for coding/claim audits
- Follow up for Accounts Receivable
- Process physician billing activities

THE PARAREV SOLUTION:

Although there is no right or wrong way to structure a markup formula for supplies, these concepts help to see the various factors and how they affect the overall result. The **ParaRev Supply Pricing Process** assists facilities in creating a rational, cost-based supply markup that remains sensitive to implants and compensates for additional use of resources.

Details of this project including purpose, data requirements, method, timeline, and deliverables are as follows. If you would like more information, please contact your Account Executive.

PURPOSE:

The purpose of the **ParaRev Supply Pricing Process** is to create a rational, cost-based materials management markup using the concepts according to the information presented above.

The project focuses on creating a cost-based supply markup that remains sensitive to implants and compensates for additional use of resources to meet the revenue goals of the organization.

DATA REQUIREMENTS:

The required data tables and fields for the ParaRev Supply Pricing Process are as follows:

- Materials Markup- Charge category, multipliers, minimums, and additional fees
- Charge Master- Charge code, current charge/price, HCPCS Code
- Detailed Materials Cost Data- Cost data as found in the materials management system
- Transaction Data- Detailed patient level claims data
- Payer Contract Matrix- Managed care contract settlement terms

METHOD:

ParaRev Data Staff will tie these tables together and load into the **ParaRev Data Editor**. The client will complete a Supply Markup/Pricing Goals questionnaire to outline preferences in cost basis, revenue goals, and other important aspects of the analysis.

The **ParaRev** Coding staff will review the current CDM for non-billable supplies. The new markup schedule will not assign a price to any item identified as non-billable during this review.

The **ParaRev** analytic staff will create a markup to meet the goals of the project and calculate the gross and net revenue opportunity of the proposed markup. The client will review the proposed markup and identify any areas where changes would like to be made.

After the final markup has been approved, the client will either implement or engage **ParaRev** to implement the markup as outlined above.

TIMELINE:

Supply Pricing Process

	Supply Pricing Process									
				Week Number						
	Process	Completion Date or Estimated Date after receipt of data/service agreement by ParaRev	1	2	3	4	5	6	7	8
1.	Engagement									
2.	Processing of Initial Data Set	2 weeks								
3.	Load Managed Care Settlement	2 weeks								
4.	Non-Billable Review	2 weeks								
5.	Financial Analysis	1 week								
6.	Refinement of Mark-up	1 week								
7.	Implementation	2 weeks								

DELIVERABLES:

The **ParaRev Supply Pricing Process** deliverables to the client include identification of non-billable supply items and gross revenue impact, proposed markup, gross and net revenue projections, item-specific detailed spreadsheet of proposed changes, and a full write-up of techniques and findings.

Dept Code	Procedure Code	Procedure Description	UB Code	Qty	Cost	Current Charge	Proposed Charge	Current Revenue	Proposed Revenue
Supply Schedule Analysis Report – Prepared for: Demo Hospital Schedule 1: Current Markup- Jan 2013 Schedule 2: Semi Final Proposed MU v2 - Mar 201					Base CDM	Date: 4/3	Average Charge Source: Pricing Iteration 5650		
7400	0003166	BLADEARTHINCISOR 4.5MM	0278		59.48	151.67	163.57	0.00	0.00
7400	0003250	BLADE SAW SAGITTAL 2296- 3-111	0272	1	38.21	315.23	315.23	315.23	315.23
7400	0003974	FO RCEP BIOPSY	0272	900	7.62	62.87	62.87	56,578.50	56,578.50
7400	0004004	C OMP PLUS CLEAR 4 X4	0272	14	1.91	0.00	0.00	0.00	0.00
7400	0004535	PLATE5 HOLE 2460-41-05 IMPLNT	0278		35.10	89.51	96.53	0.00	0.00
7400	0004536	PLATE6 HOLE 2460-49-06 IMPLNT	0278		50.87	129.72	139.89	0.00	0.00
7400	0004564	PLATE226.08	0278		274.00	698.70	753.50	0.00	0.00
7400	0004590	PLATECONDYLAR	0278		398.00	1,014.90	1,094.50	0.00	0.00
7400	0004817	CAPSCREW 5.0 394.993	0272		4.28	0.00	0.00	0.00	0.00
7400	0004820	SCREWSCHANZ 5.0 BLUNTED TROCA	0278		113.00	288.15	310.75	0.00	0.00
7400	0005090	BLADE SAW SAGITTAL 5052- 179	0272	40	40.32	332.64	332.64	13,305.60	13,305.60