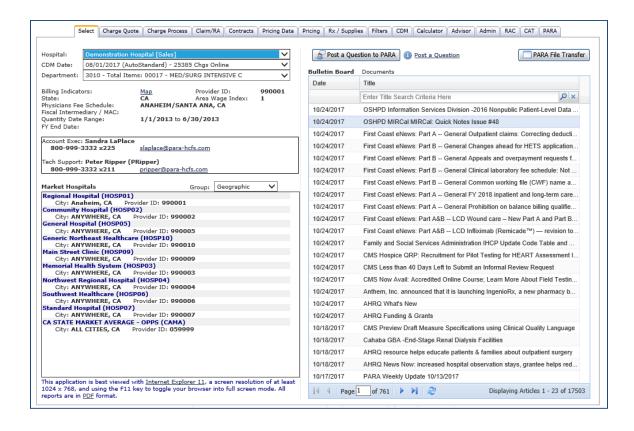
The **ParaRev Data Editor** is a multi featured web based system that allows hospitals unlimited access to a number of solutions to assist with revenue cycle functions.

The monthly subscription to the **PDE** provides twenty users at your Hospital unlimited access 24/7 (with the option for additional Users at minimal cost).

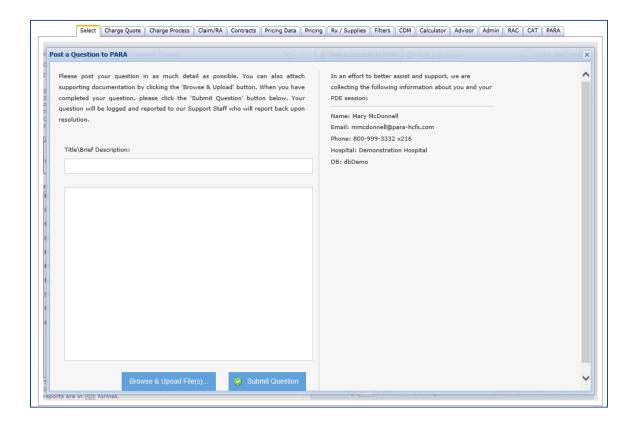
The **PDE** is composed of fifteen tabs (forty sub-tabs), which work together to provide Hospitals the same tools utilized by the **ParaRev** consulting staff to analyze, repair and improve the revenue cycle processes.

There is a minimum one year agreement to subscribe to the **PDE**, with a subsequent month to month continuation with a 60 day cancellation notice.



#### Select Tab – Post a Question to ParaRev

Submit a question to ParaRev staff for response-a task is created within the **PDE** and assigned to the appropriate staff member to respond. Documentation (including PHI) can be attached to the submission, the attachments are encrypted via our secure file transfer process.



- The User's information auto-fills
- Any type of documentation can be attached, including Medical Records, Remittance documents, Claims-data is encrypted for security
- A task is created to ParaRev Staff to research and respond
- With each task update, the creator is notified via email

### <u>Charge Quote – Share of Cost Estimator</u>

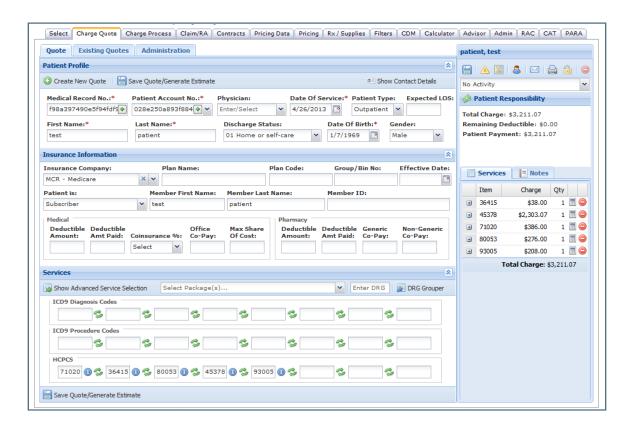
Produce Patient's estimated Co-Payments and Out-of-Pocket costs for Self-Pay, Medicare and Managed Care Patients, with Electronic Data Interchange (EDI) linkage to Patient's insurance plans to confirm coverage, copays and deductibles.



- Customized Patient correspondence (letter, fax, or email)
- Check CCI (Correct Coding Initiative) Edits & Local Coverage Determinations (LCDs) prior to service
- Produce ABN (Advanced Beneficiary Notice) with quote
- Packaging methodology designed to simplify the quoting process and improve accuracy
- Comparative Pricing Data for cases and line items for up to nine peer Hospitals
- Inpatient grouper quotes by DRG using the current MS-DRG Grouper
- Unlimited Provider defined procedure packages of services
- Additional Payer specific quoting can be added at any time

#### Charge Quote Sub-Tabs - Quote

Quote creation for Patient out-of-pocket cost in a single screen



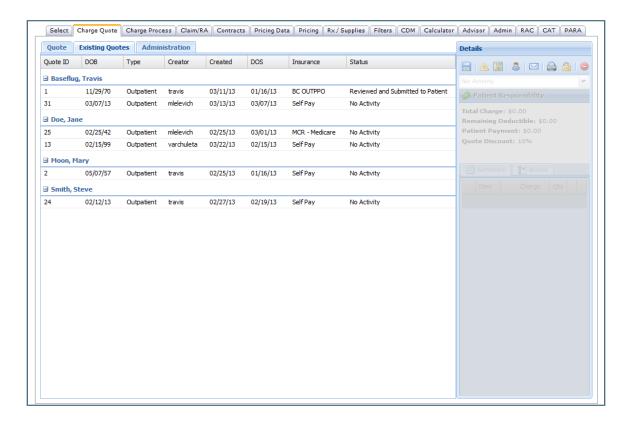
Displays Patient demographic information, insurance information, and service selection in a single easy to use screen.

Eligibility verification, ABN, LCD/NCD and CCI (Correct Coding Initiative) checker available as icons above the Patient Responsibility totals.

Within the Administration tab Users can filter the payers displayed in the Eligibility tool so that only the payers they choose will be displayed.

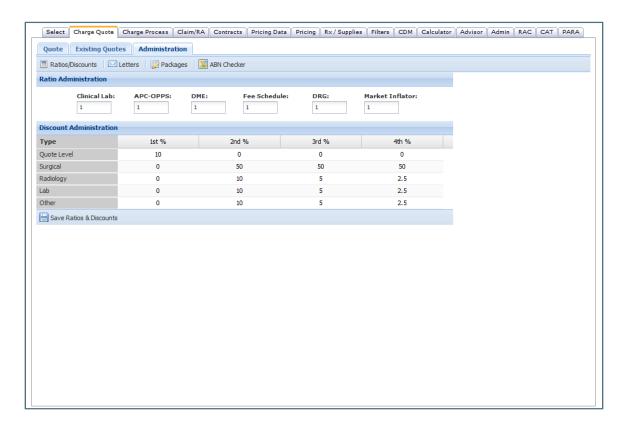
#### **Charge Quote Sub-Tabs – Existing Quotes**

Allows the User to search or sort quotes by a variety of data points



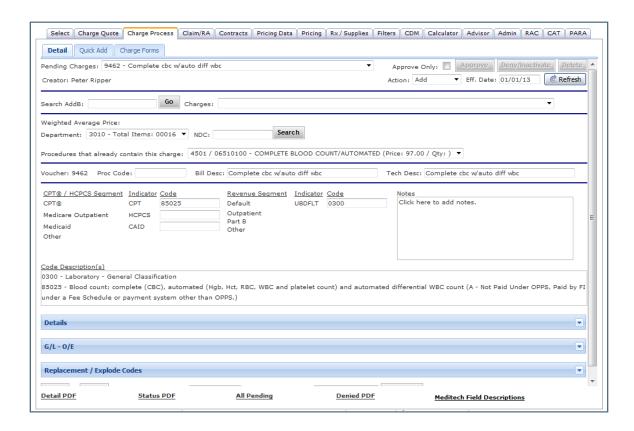
### **Charge Quote Sub-Tabs - Administration**

Administration – Administrative level Users can edit the Ratios and Discounts offered to patients, edit or create Packages, and create customized patient letters.



#### **Charge Process**

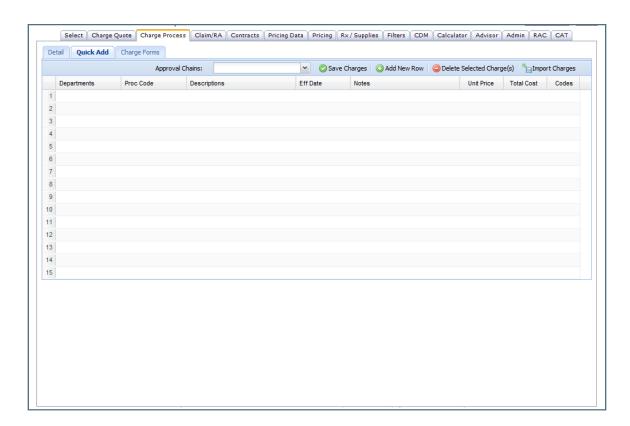
Simplify the process to add, change and inactivate items in your Charge Master, research databases to accurately add new services to the Charge Master



- Search capability for both billable codes and current Charge Description Master items to eliminate duplicate charges
- Provides recommended codes for all items including, CPT®, HCPCS, Medicaid,
- Workers Compensation, and UB revenue codes
- HCPCS Comparative Market Data for up to nine peer Hospitals to assist with pricing
- Hospital specific Medicare reimbursement to create pricing decisions
- Drugs and Supplies are priced according to Hospital mark-up policy
- Hospital defined approval chains for code additions

### **Charge Process Sub-Tabs**

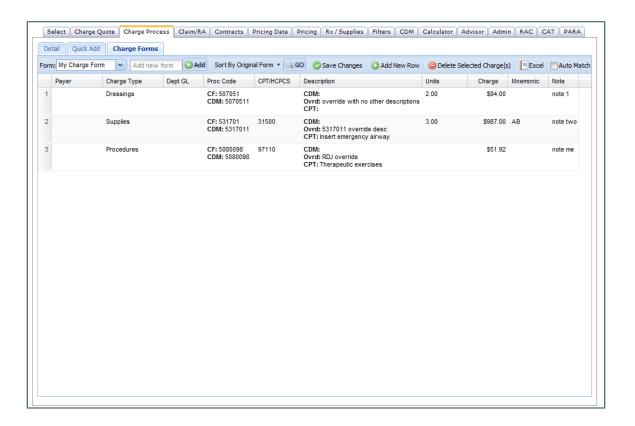
**Quick Add** – A form to facilitate Charge Description Master additions from a data entry standpoint, allowing a larger volume of requests to be entered in a single submission. The form is pre-built with 15 lines, additional lines can be added.



This tab will also allow the User to import new requests via an excel spreadsheet, to further expedite the process.

#### **Charge Process Sub-Tabs (continued)**

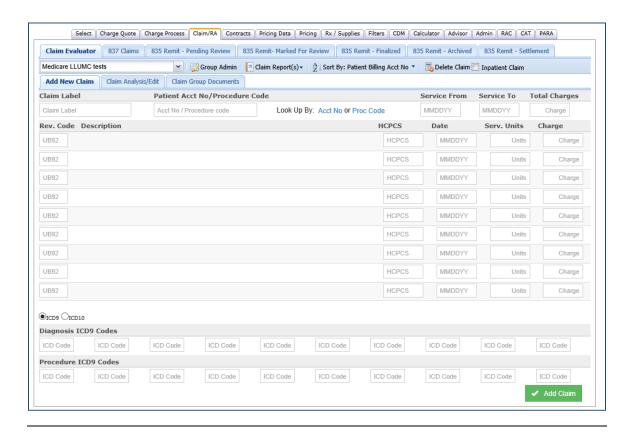
The Charge Forms tab allows the user to create and format a charge ticket for any department.



The User can add services to appear on the Charge Form, and tie them to the current Charge Master. Items can be sorted by Charge Type, look up current charge numbers, which will in turn auto-fill the line with the current CPT®/HCPCS code assignment, Procedure Description, and Price.

### Claim/RA Management

Hospitals can upload 835 and 837 files and use the **PDE** to review claims, manage denials, and analyze reimbursement patterns within a single program. Denials can be reviewed by Patient Name, Account Number, or by Denial Code. The electronic picture of your 835 file is formatted in a way that is easy to read and process, taking the challenge out of correcting and resubmitting denied claims.



Also available is a choice of charts, which display your selected denial codes in bar, pie, or line chart format.

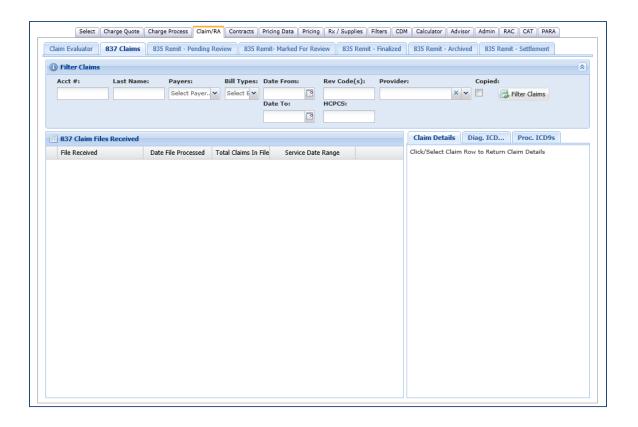
The Claim/RA tab within the **PDE** will assist Users to:

- Identify denials for corrective rebilling and collection
- Data mine paid claims for claim resubmission due to retroactive changes in regulations
- Report to management billing/charge process issues impacting billing efficiency and reimbursement

#### **Claim/RA Management Sub-Tabs**

The sub-tabs within the Claim/RA module include:

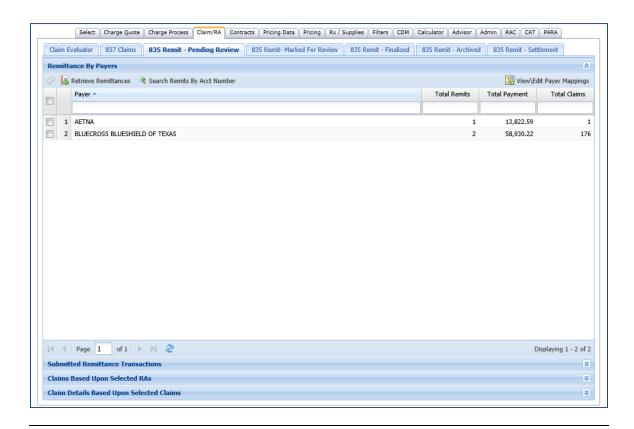
• 837 Claims



Claims can be selected by Payer, Bill Type, a date range, or specific Revenue or HCPCS codes to isolate for specific review. The claim details can then be displayed, including diagnostic and Procedural ICD-9/ICD-10 codes.

### **Claim/RA Management Sub-Tabs (continued)**

• 835 Remit – Pending Review



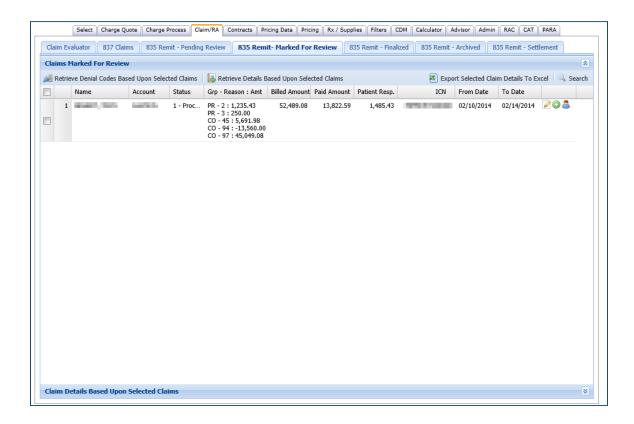
Details from Selected R/As can be filtered based on denial codes or claim details.

Once filtered, details can be exported in Excel format and assigned to Follow-up staff for review and resolution. The User can also generate charts (Bar, Line, or Pie format) based on reason codes or group codes.

This tab also allows selection of Remittances for the Reimbursement Analysis functions. Users can view/edit payer mappings for the reimbursement analysis to ensure claims are settled under to correct terms, and run the Reconciliation Report package to view all claims in the remit by Reconciled, Non-Reconciled, and Un-reconcilable status.

### **Claim/RA Management Sub-Tabs (continued)**

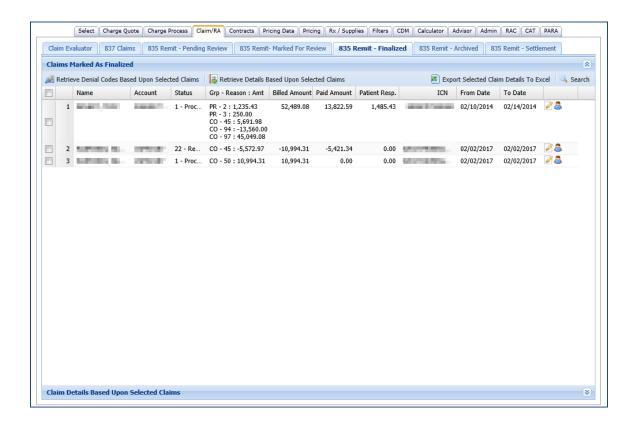
• 835 Remit – Marked For Review



Specific claims within a remittance can be marked for review, and are then able to be viewed in the Marked for Review tab.

### **Claim/RA Management Sub-Tabs (continued)**

• 835 Remit – Finalized

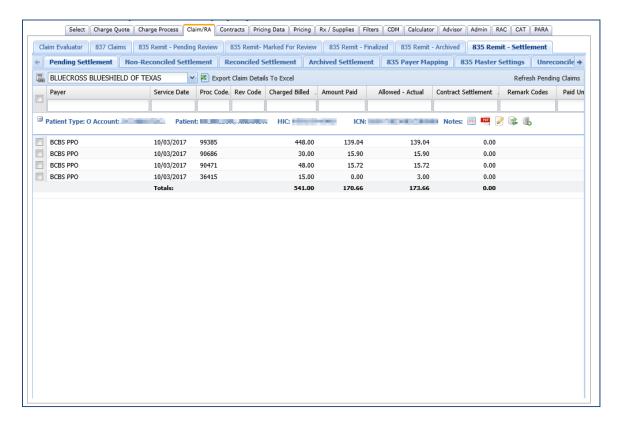


Once a marked claim has been worked (appealed, re-billed, etc.) it can be marked within the Marked For Review tab and it will be transferred to the Finalized tab.

### **Claim/RA Management Sub-Tabs (continued)**

• 835 Remit – Settlement

#### Pending Settlement

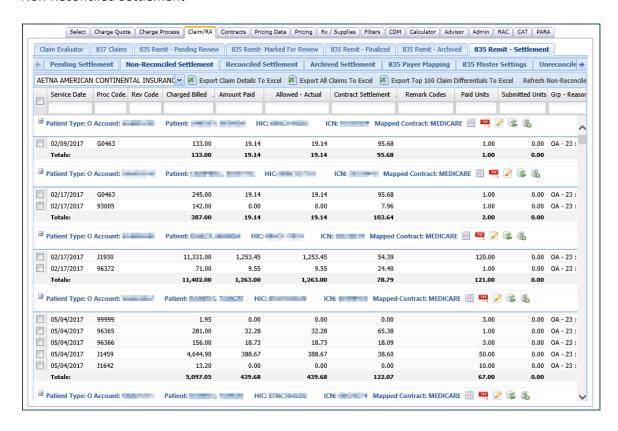


Remits that have not yet been run through the settlement process appear on this tab.

### Claim/RA Management Sub-Tabs (continued)

• 835 Remit – Settlement

#### Non-Reconciled Settlement

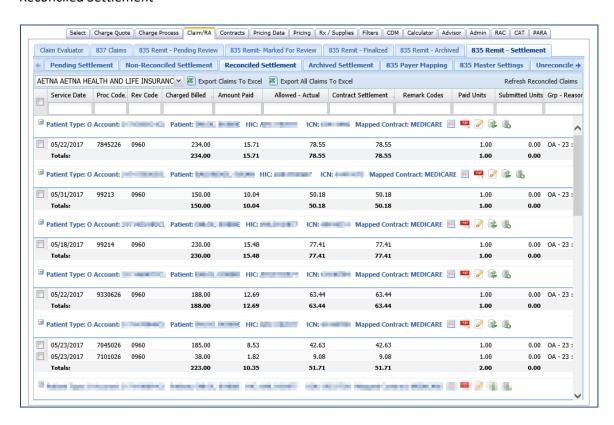


The remits on this tab have been processed through settlement, but the expected payment does not match the actual payment on the remit.

### Claim/RA Management Sub-Tabs (continued)

835 Remit – Settlement

#### **Reconciled Settlement**

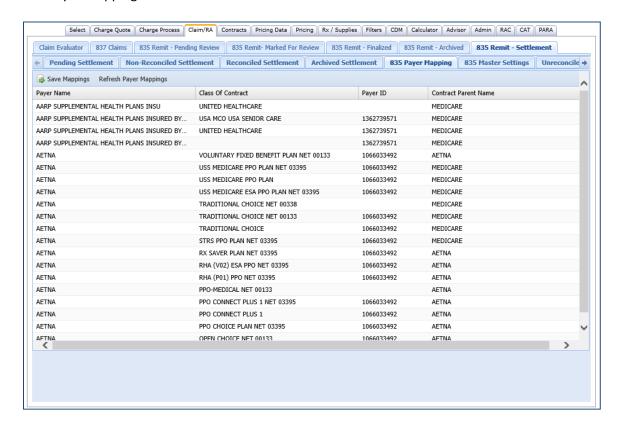


Remits that have been settled and the expected payment and actual payment match within a margin that the User can set.

#### Claim/RA Management Sub-Tabs (continued)

835 Remit – Settlement

#### 835 Payer Mapping

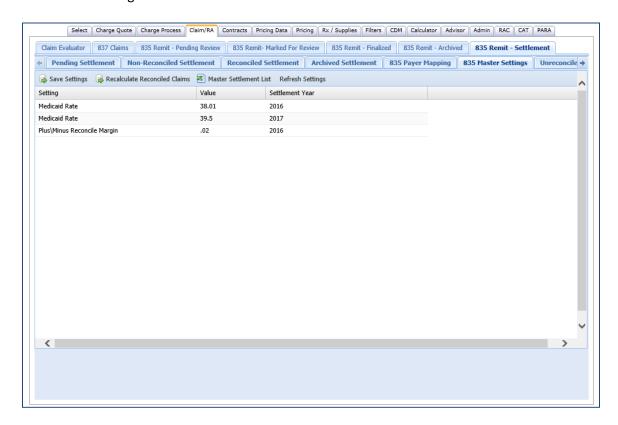


Payers from the remit are mapped to the parent contracts within the **PDE** Contracts tab to settle against the specific terms loaded for that parent.

### **Claim/RA Management Sub-Tabs (continued)**

• 835 Remit – Settlement

### 835 Master Settings

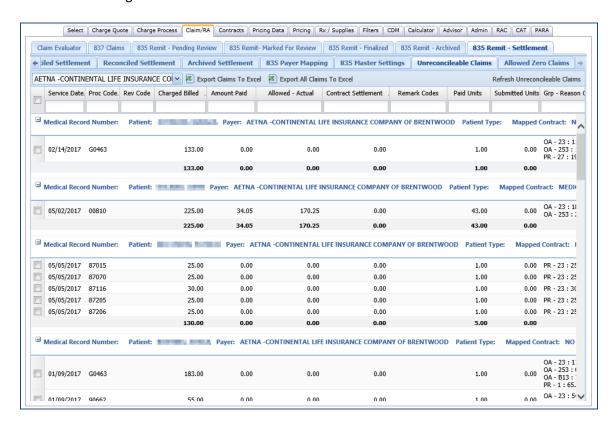


The percentage of charges for Medicaid settlement, as well as the acceptable margin of difference between actual and expected payments are set in the Master Settings tab.

### Claim/RA Management Sub-Tabs (continued)

835 Remit – Settlement

#### 835 Master Settings

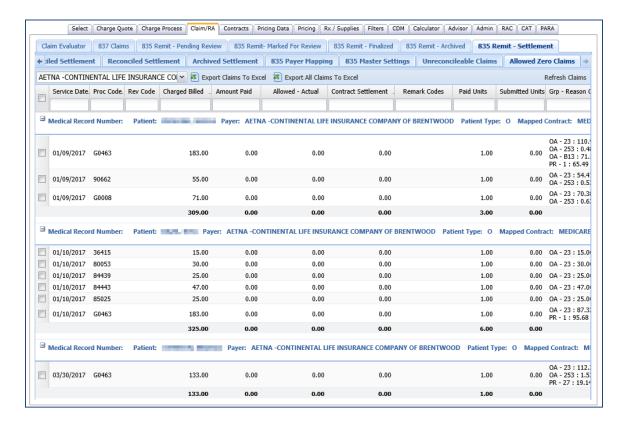


Claims that cannot be settled appear on this tab-typical reasons include missing CPT®/HCPCS codes or other data that may be missing from the remit.

### **Claim/RA Management Sub-Tabs (continued)**

• 835 Remit – Settlement

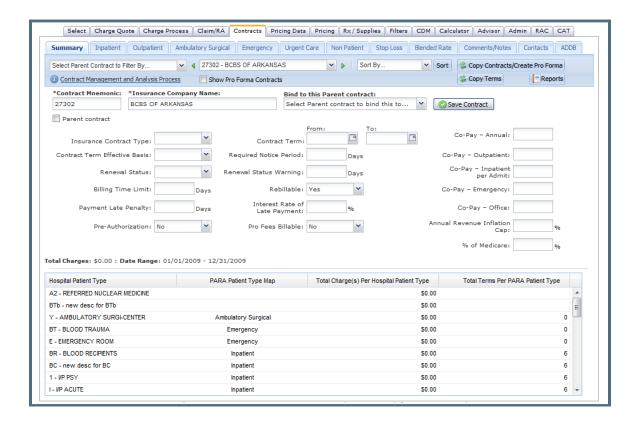
#### Allowed Zero Claims



Remits with a zero allowed amount are filtered into this tab.

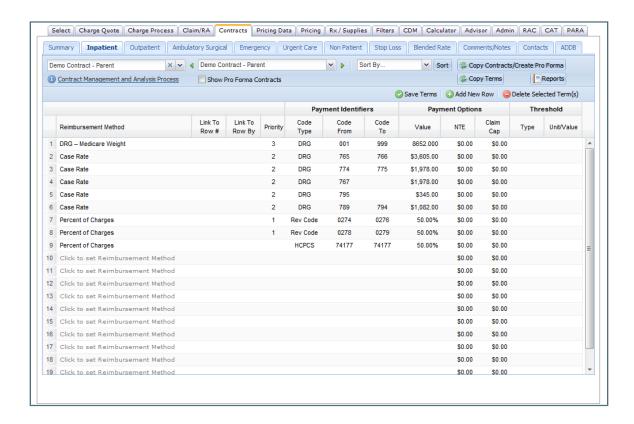
#### **Contracts**

Manage and update contract terms for Patient quoting, pricing, claim reconciliation or payer impact analyses, import costing data or compare contract reimbursement to a Medicare standard, pro forma modeling of contract terms



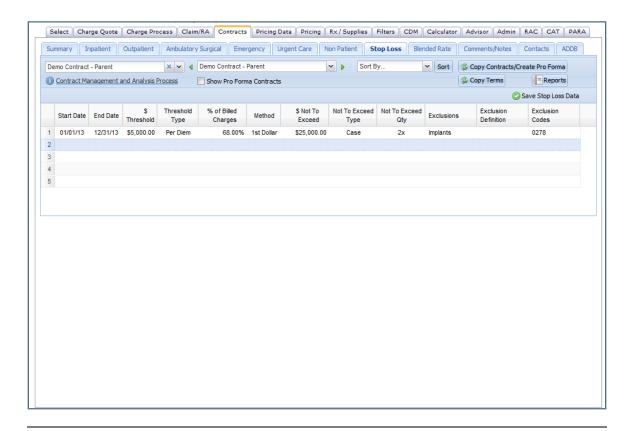
- Identify "short-pays" for collection
- Pro-forma contracts to determine benefits of changes
- Link cost data to determine contract profitability
- Track contract legal requirements
- Contract terms are available for price quoting (Charge Quote tab)
- Contract terms are available for the pricing model (Pricing tab)

#### **Contracts Sub-Tabs – Reimbursement Method Detail**



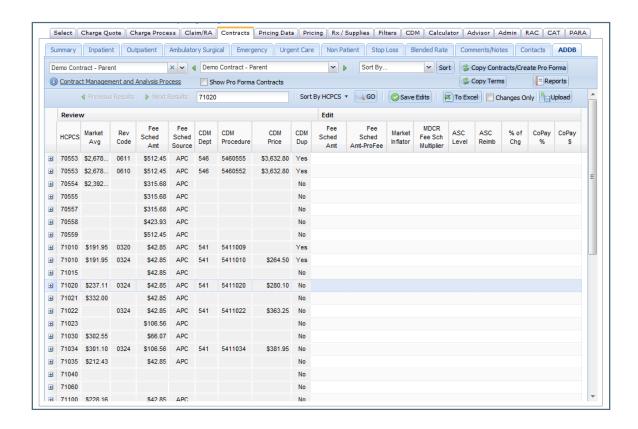
The Reimbursement Detail tabs, separated by patient type, can accommodate multiple methods of reimbursement. If the services are identified by HCPCS code, revenue code, or DRG, it can also incorporate claim caps and not to exceed (NTE) limitations.

### <u>Contracts Sub-Tabs – Stop Loss</u>



Stop Loss terms are also incorporated, including thresholds, exclusions, reimbursement method, and not to exceed limitations.

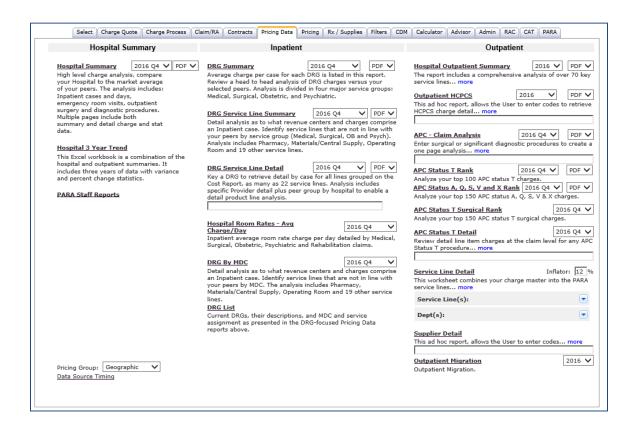
#### Contracts Sub-Tabs - AddB



If items are reimbursed under a contract-specific fee schedule, those rates are also tracked within a copy of the Addendum B.

#### **Pricing Data**

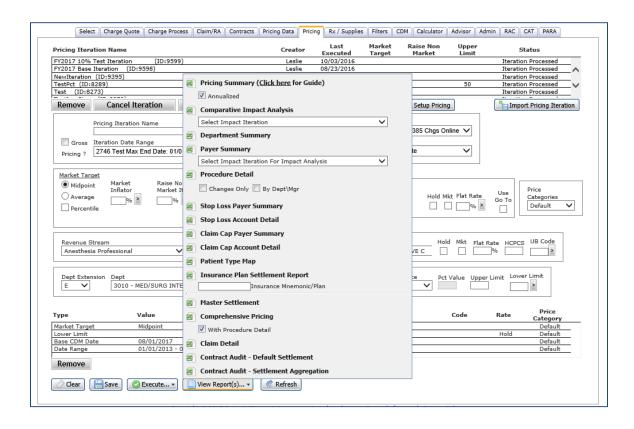
Unlimited access to the most current provider identifiable data in a pre-formatted and query based system



- Centers for Medicare and Medicaid (CMS) Claim Data for up to 9 peer providers by 3 different market groups
- A State Average market group with all hospitals within the state calculated
- Includes the low, average, midpoint, and high price for each HCPCS code, in addition to the specific price charged by each of the peer market Hospitals
- Analysis of Inpatient and Outpatient measures to the market average
- Link Hospital specific charge items to peer market queries
- Room Rates, DRG analysis, Outpatient, and supplier 1500 claim form data
- Search pricing data for any HCPCS at the local, county, or state level
- Add, change or delete hospitals from any of the 3 market groups instantly

#### **Pricing**

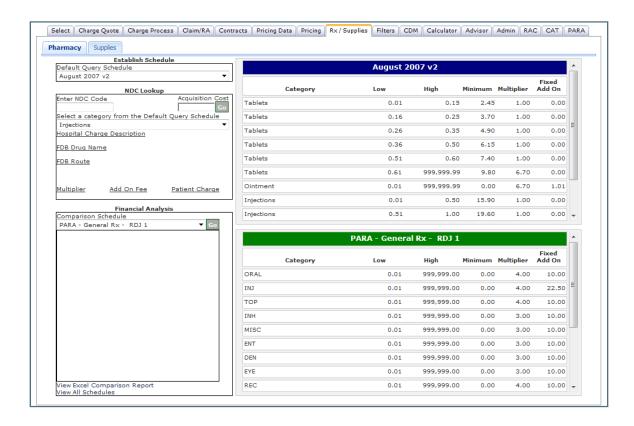
Focus your prices to promote transparency and improve your competitive position.



- Review the history of price changes for up to twenty past price updates
- Approve and review all recommended price changes and select an effective date for any price changes
- CMS Market Data by HCPCS code for 3 different custom market groups as determined by the User
- The **PDE** will include the low, average, midpoint, and high price for each HCPCS code, in addition to the specific price charged by each of the peer market providers
- · Produce new price iterations
- Access any pricing iteration at the grand summary level or detail Excel worksheets
- Review charges lower than Medicare Fee Schedules, Summary and Detail reports for Stop Loss terms and claim caps, or perform a comparative impact analysis
- Customized reports detailing price changes and the impact at the line item, department, and payer level

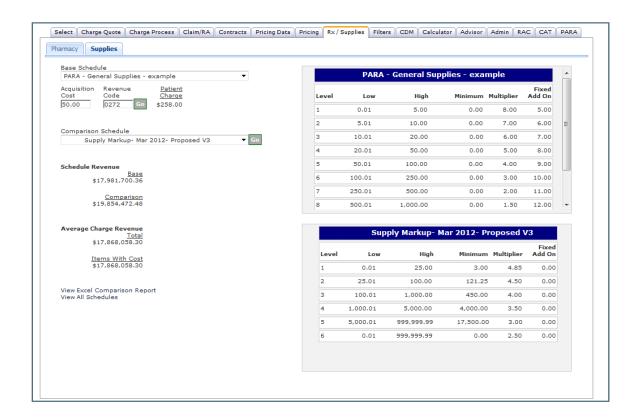
### RX/Supplies - Pharmacy

Gain control of your Pharmacy and Materials pricing and coding in an easy to use interface



- Publish mark-up schedules on-line for Staff to price any new supply or drug
- Review and assign NDC (National Drug Code) and CMS J codes and units of service for billing and reimbursement
- Evaluate and pro-forma new mark-up schedules, project gross and net revenue impact
- Research C codes, assign for device edits

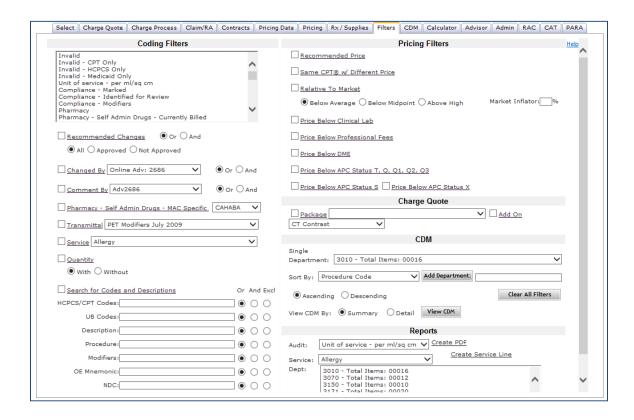
### **RX/Supplies – Supplies**



Compare your current markup schedule to a proposed schedule, or calculate a patient charge based on a selected schedule.

#### **Filters**

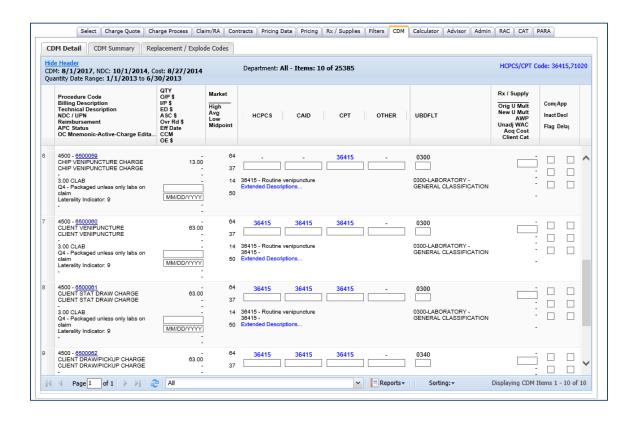
Allows quick and multiple queries of data elements of the Charge Master to create a focus on the items that require attention, all queries are exportable in Excel or PDF.



- Three categories of filters coding, pricing and audit each will improve your focus of items requiring attention
- Coding filters identify specific items in the Charge Master that are affected by APC changes, CPT® / HCPCS code changes, or any other regulatory impact
- Audit reports are predefined to identify services not currently billed by the Hospital
- Filters identify quarterly APC updates, annual CPT® / HCPCS updates, CMS program transmittals, CCI edits, and Med Learn transmittals
- Pricing filters identify items that are below fee schedule, APC, or market targets
- User-created custom filters to locate items in the Charge Description Master based on codes and/or description

#### **CDM Tab**

A comprehensive view of all data elements Charge Master related



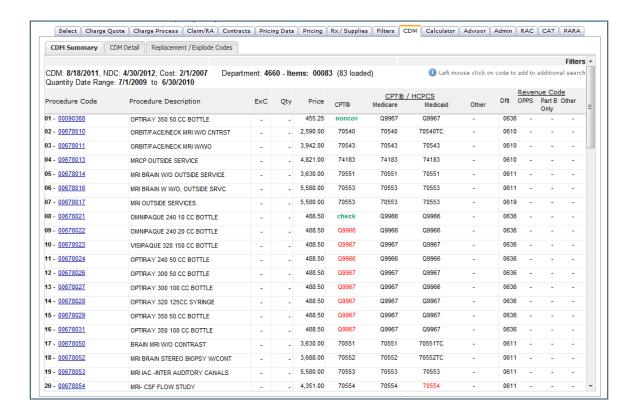
- Edit all Charge Description Master code segments from one screen
- Review history of code and price changes, including who made them, when and why
- Pricing history tracked across all Charge Description Master files online
- Document code changes and notes to explain code assignment, pricing and process decisions
- Map claim processing edits to the Charge Master to allow a complete view of the bill write system
- Create extract file of code and pricing changes for upload to Hospital system
- CPT®, HCPCS, Medicaid, Workers Comp and revenue code descriptions
- Hospital comparison pricing data by HCPCS code
- Medicare Fee Schedules/Reimbursement Rates specific to the Provider
- National Drug Code (NDC), Universal Product Number (UPN), Relative Value Units (RVU), exploding charge component codes and order entry mnemonics tied to Charge Master items

### **Charge Description Master (CDM) Sub-Tabs**

The sub-tabs available in the Filters/CDM module include:

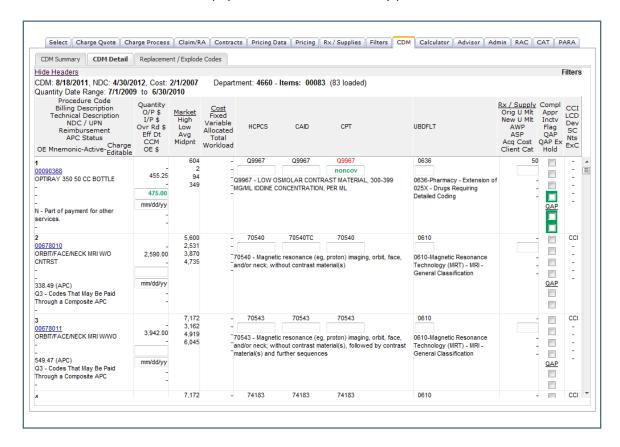
- CDM Summary
- CDM Detail
- Replacement/Explode Codes

The CDM Summary view shows the main data points on the Charge Description Master items pulled by the Filters tab, such as Department Code, Procedure Code, Procedure Description, usage Quantity, Price, and CPT® and Revenue code assignments.



### <u>Charge Description Master (CDM) Sub-Tabs – Detail</u>

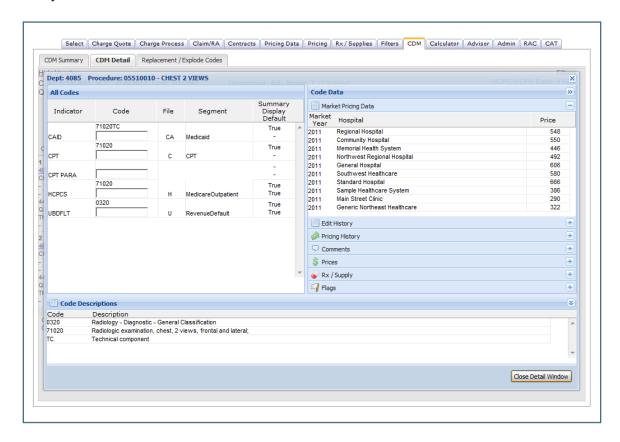
The Detail view incorporates the descriptions for the HCPCS and Revenue Codes, as well as Medicare reimbursement rates, payment status, and summary peer market data



The Replacement/Explode Codes tab displays all component codes within a panel or "exploding" charge, if that information is provided to **ParaRev**.

#### Charge Description Master (CDM) Sub-Tabs – Detail Window

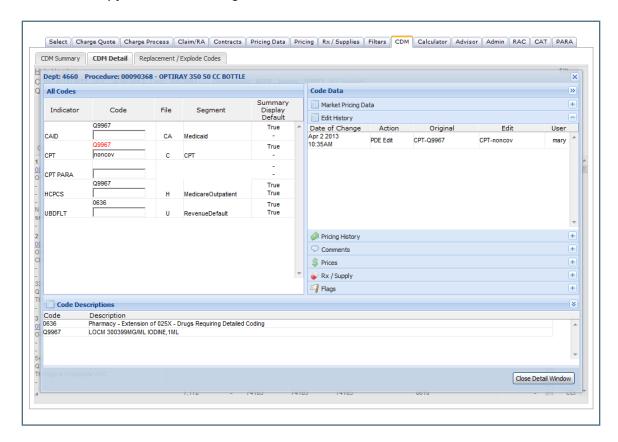
Within the CDM tab there are additional information windows available when a procedure code is selected. These windows provide in-depth historical data for each line item, as well as editable data fields



The detail window supplies the code assignments for each of the fields provided by the client, complete descriptions of the codes assigned to the item, and detail peer market data.

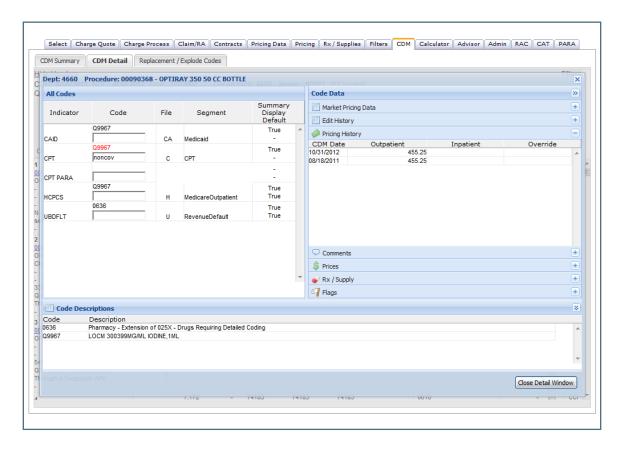
### Charge Description Master (CDM) Sub-Tabs - Edit History

The Edit History fields track all changes made to a line item within the PDE



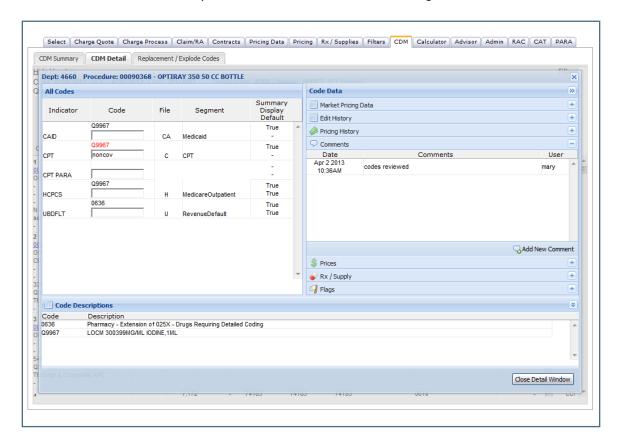
### Charge Description Master (CDM) Sub-Tabs - Pricing History

The pricing History fields track any price changes that have taken place in the Charge Description Masters that have been submitted to **ParaRev** 



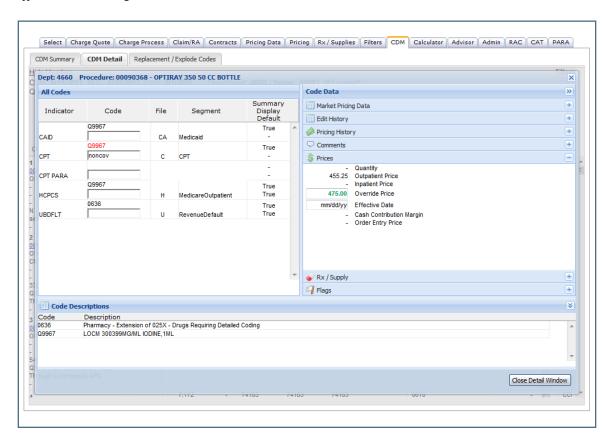
### Charge Description Master (CDM) Sub-Tabs – Comments

Comments can be added to any line item, and are stored in chronological order



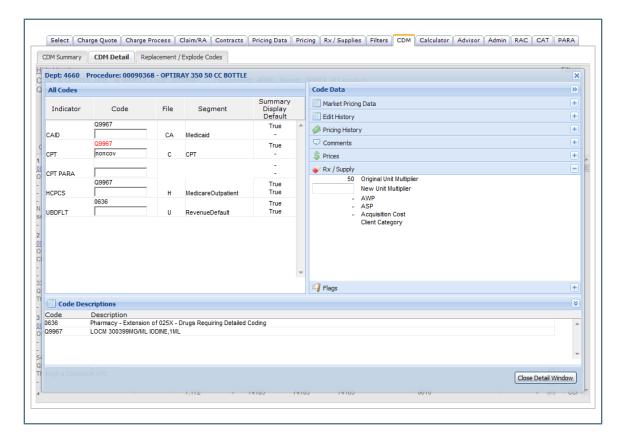
### Charge Description Master (CDM) Sub-Tabs - Prices

Prices can be reviewed and new recommended prices added within the Prices window, with an effective date assigned



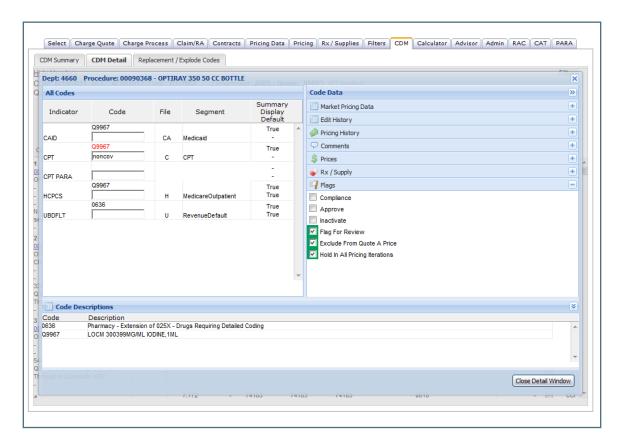
### <u>Charge Description Master (CDM) Sub-Tabs – Rx/Supply</u>

Unit Multipliers can be reviewed and updated within the Rx/Supply window



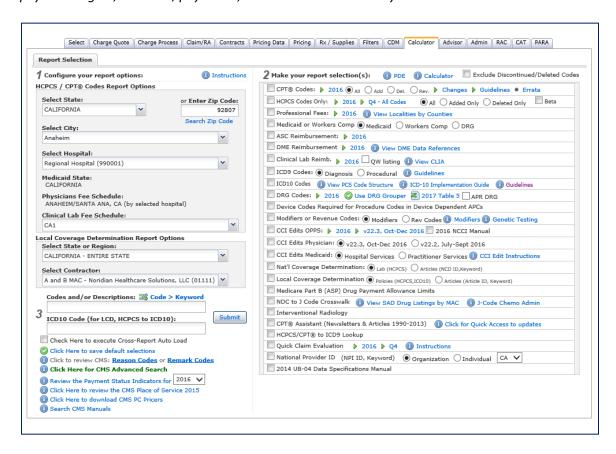
### <u>Charge Description Master (CDM) Sub-Tabs – Flags</u>

Individual line items can be flagged for multiple reasons, and then can be isolated in a filter for review



#### Calculator

A query based research tool that allows the User unlimited access to multiple data sources. The query information can be exported to PDF or Excel files or copied to the desktop for email applications. The User can save their preferences which are specific to their geographic and payment region, all codes, payments, and claim edits are always the most current available.



#### The Calculator components are as follows:

CPT® Codes

**HCPCS Codes** 

Professional Fee Schedule

Medicaid/Workers Comp Fee Schedules

**ASC Reimbursement** 

**DME Reimbursement** 

Clinical Lab Fee Schedule Reimbursement

ICD-9 Codes (Diagnosis and Procedural)

ICD-10 Codes

DRG Codes (and current Grouper)

Device to Procedure Code Crosswalk

Modifiers and Revenue Codes

CCI Edits (Hospital, Physician, Medicaid)

**National Coverage Determination** 

**Local Coverage Determination** 

Part B (ASP) Drug Payment Allowance Limits

NDC to J Code Crosswalk

Interventional Radiology Crosswalk

CPT® Assistant Newsletter and Article Archive

HCPCS/CPT® to ICD9 Crosswalk

Quick Claim Evaluation (CMS Settlement)

National Provider ID Database search

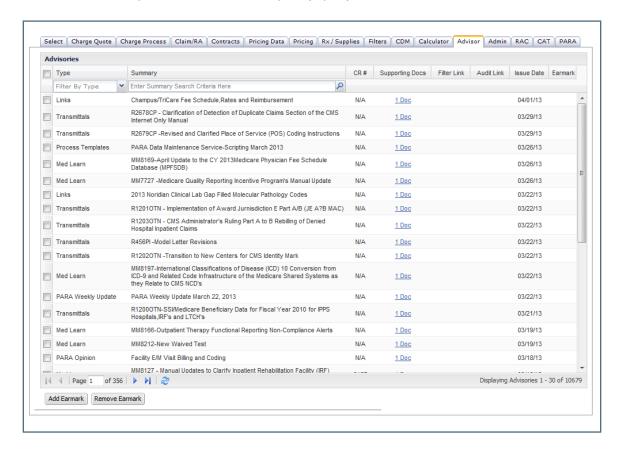
2014 UB04 Data Specifications Manual search

**HCPCS** to Anesthesia Code Crosswalk

### **Advisor Tab**

An educational repository for all Bulletins, Transmittals, and Updates that **ParaRev** receives from a variety of sources into a single platform. The User can sort by the type of document, search by keyword within the Summary description, and select the Charge Master link to tie the specific items in the update to the Charge Master.

The Advisor tab also includes **ParaRev's** Weekly Update, which contains a Summary of all Bulletins issued the previous week and analysis of specific issues.



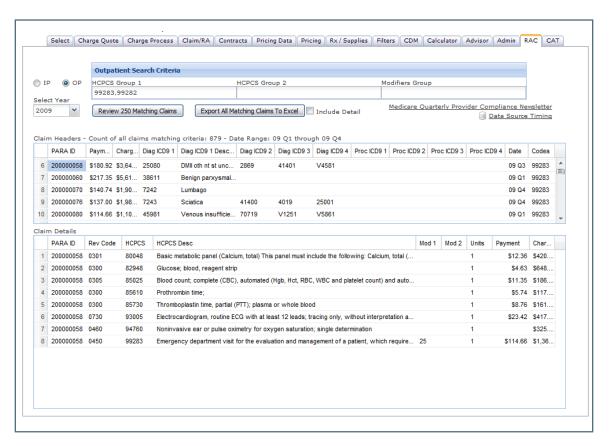
- View all Advisories by type
- Advisories are linked to your Charge Master to focus your attention
- Single source library for issues impacting your hospital reimbursement
- Frequently referenced documents can be earmarked by the User so that they can be more easily recalled

#### **RAC Tab**

Knowing your hospital's exposure to Recovery Audit Contractor (RAC) audits and recoveries plus penalties is an important component of the revenue cycle process.

The RAC tab maintains an online claim repository of 800 million Medicare claims, both inpatient and outpatient for the period of 2006 – 2016.

This period and data table is the same used by the RACs to request claims for Additional Documentation Requests (ADRs).



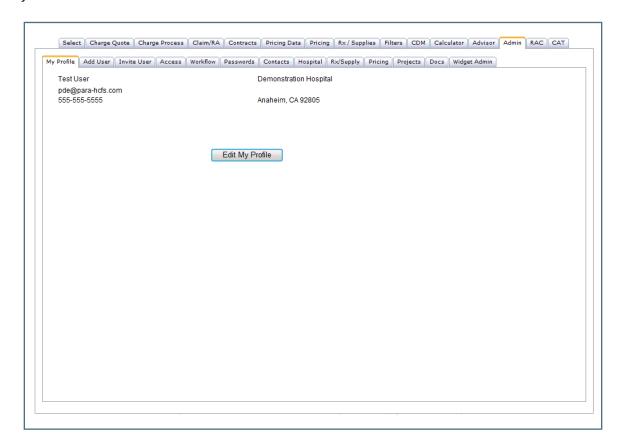
The RAC tab allows a hospital to perform the following:

- Perform queries on both inpatient and outpatient claims
- String queries with multiple "or" or "and" logical expressions
- Export the queries into a Excel worksheet
- View line item payments on outpatient claims

#### **Administration Tab**

Control all aspects of the PDE from a central control point.

A limited number of Users have access to the admin tab; the tab runs the management functions within the **PDE**.

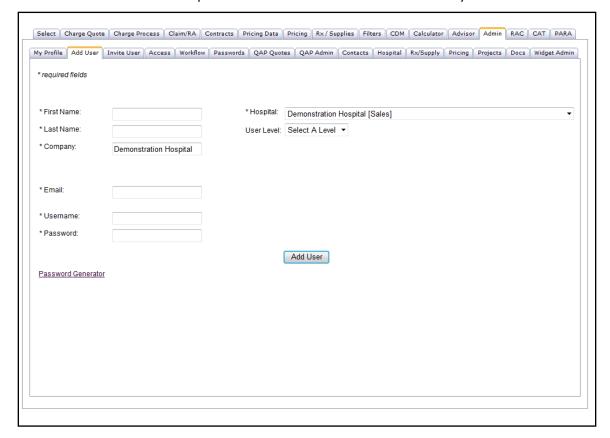


- Provides the Hospital Administrator complete control over all functions within the PDE
- Allows the Hospital Administrator to add and delete users for their facility, and specify a User's access capabilities
- Allows the Hospital Administrator to change market groups at any time
- The Hospital Administrator can create and edit approval chains used in the Charge Maintenance process
- All documents submitted to PARA by the hospital are tracked in the Docs sub-tab, and always accessible
- Also allows Hospital Administrators to view PARA projects, what data tables are utilized in that project, and when files were last received and processed

### **Administration Sub-Tabs (continued)**

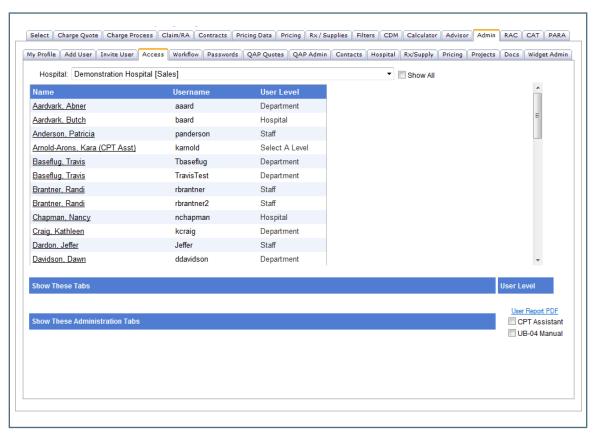
Other Sub-tabs available within the Administration tab include:

• Add User – allows Hospital-level users to Add Users for their facility



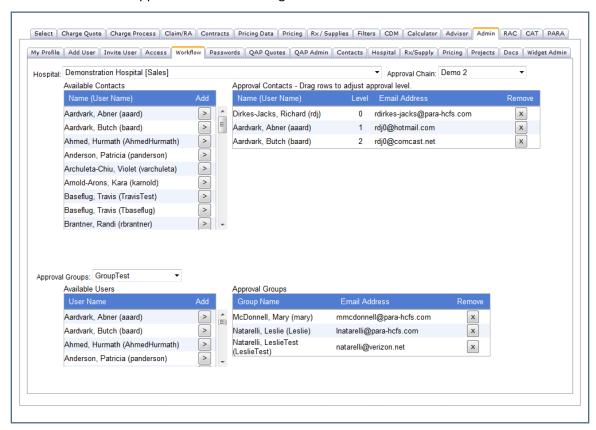
### **Administration Sub-Tabs (continued)**

Access – the level of access for a User can be controlled, so the User only sees what you
want them to see



### Administration Sub-Tabs (continued)

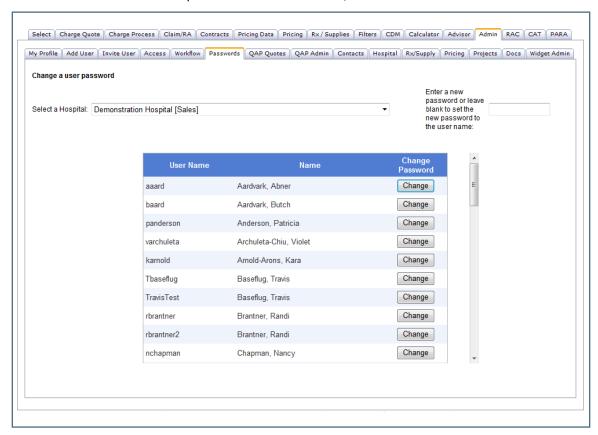
Workflow – Approval Chains for Charge Maintenance can be created and edited



# PARA Data Editor (PDE)

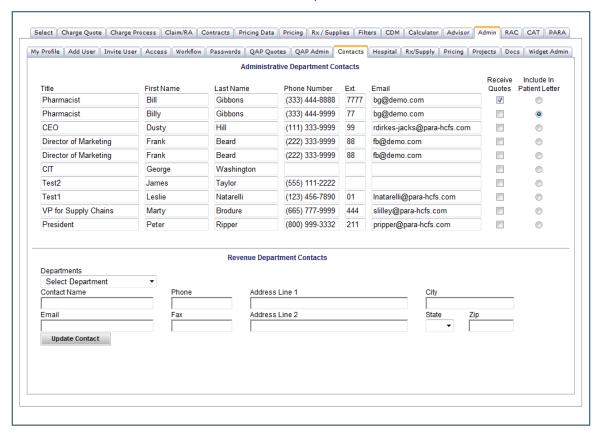
### **Administration Sub-Tabs (continued)**

Passwords – a User's password can be unlocked, and can be reset



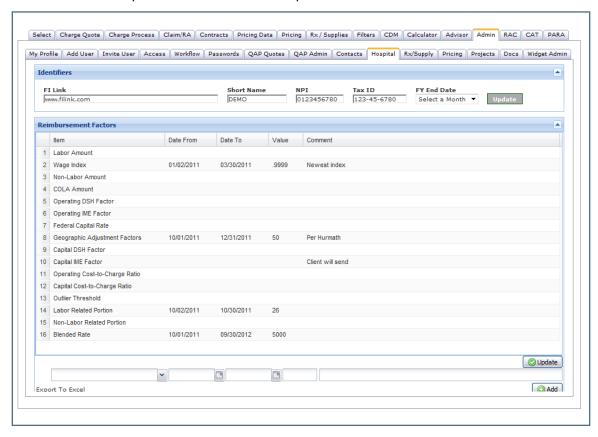
### **Administration Sub-Tabs (continued)**

• Contacts – a list of Contacts within the Hospital



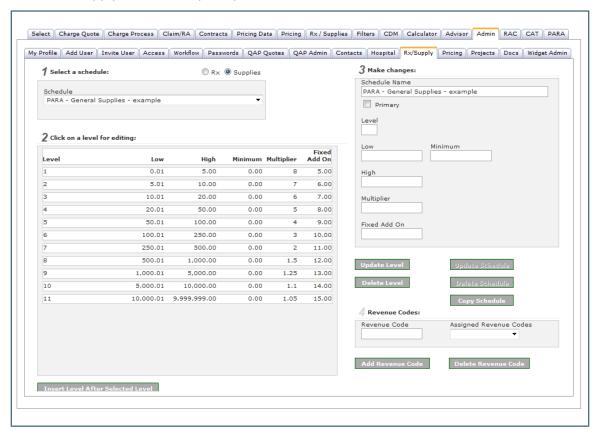
### Administration Sub-Tabs (continued)

 Hospital – the Hospital's Blended Rate, Fiscal Year End Date, National Provider ID, and Tax ID are stored in this tab for use in other modules. There is also an email history of all email correspondence between the Hospital and ParaRev



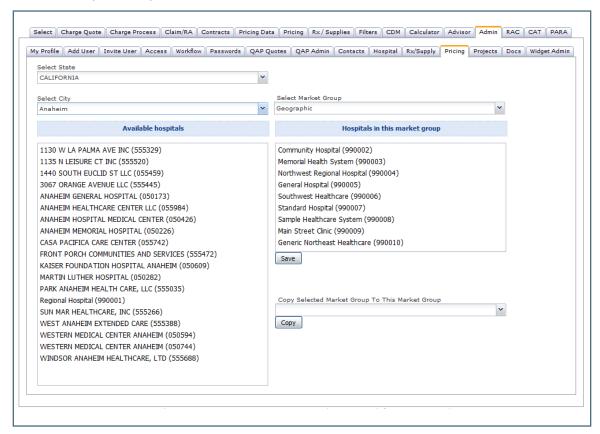
### Administration Sub-Tabs (continued)

 Rx/Supply – the Hospital's mark-up schedules are entered here for calculations in the Rx/Supply main tab. Any comparative scheduled can be created here as well



### **Administration Sub-Tabs (continued)**

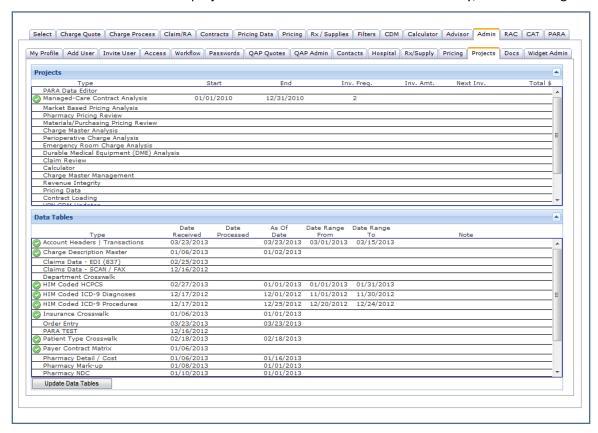
Pricing – this tab allows the User to edit their Peer Market Groups, or create a new one
if they currently have less than the three available



### PARA Data Editor (PDE)

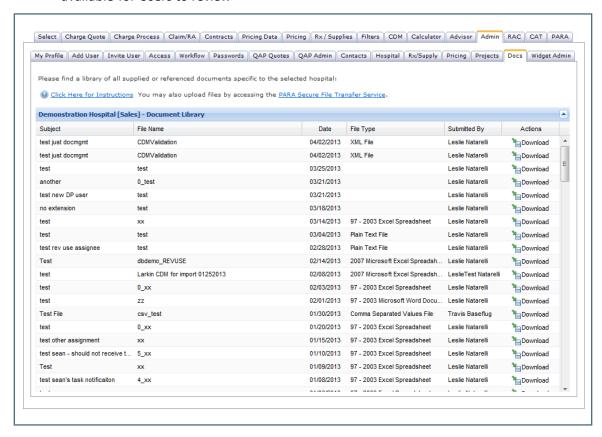
### Administration Sub-Tabs (continued)

 Projects – a listing of all of ParaRev's Project options, with indicators for the project type for which the Hospital is currently contracted, as well as the applicable Data Tables in use for that project. Also noted are the Data Tables' history, with date ranges.



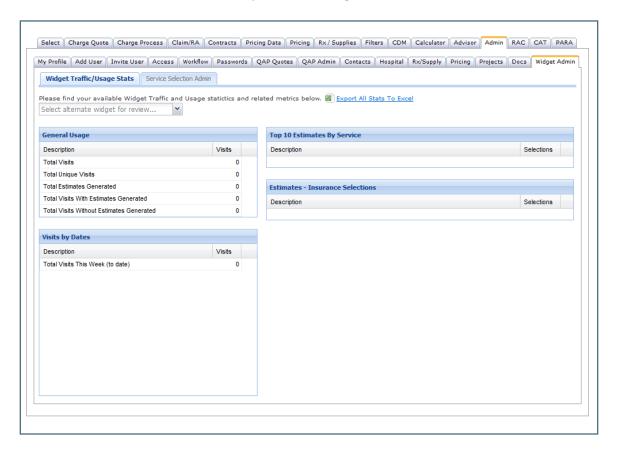
### **Administration Sub-Tabs (continued)**

 Docs – all documentation sent to ParaRev via the secure File Transfer Protocol (FTP), and sent to the Hospital from ParaRev, are loaded into the Docs tab where they are available for Users to review



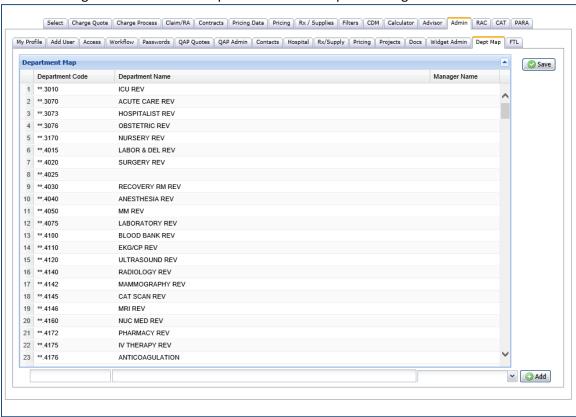
### **Administration Sub-Tabs (Continued)**

 Widget Administration – If a client elects to incorporate the ParaRev Widget into their own website, services can be updated and usage traffic can be tracked



### **Administration Sub-Tabs (Continued)**

• Department Map – this tab displays the department code, department name, and the manager's name for each department in the hospital's charge master.



### Administration Sub-Tabs (Continued)

File Transfer Log (FTL) – this tab displays all files uploaded to the PDE via File Transfer.
 The date of the transfer, the user's name, email address and the name of the file are all stored for reference.

