

Contract Management and Analysis

Contract management and analysis is one of the most critical focus points of revenue cycle management. Hospital Financial Managers need a tool to manage, evaluate and optimize reimbursement to achieve the required returns. To provide as needed ongoing Contract Management Modeling, Analysis and Consulting.

The **ParaRev Data Editor (PDE) Contract** tab provides the following:

1. Contract tracking for renewals and key terms
2. Settlement of claims by patient type with simple priority tiered payment structure
3. Calculation of Stop Loss impact
4. Calculation of individual claim cap impact
5. Calculation of annual inflation cap impact
6. Comparison of settlement to hospital specific cost data
7. Comparison of settlement to Medicare reimbursement
8. Calculation impact for pro-forma "what if" analysis
9. Calculation of "Lesser of Charge" or fee schedule impact

The **Contract** tab is a component of the **ParaRev Data Editor**, a multi-function web based revenue cycle management and analysis tool.

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

Hospital: **Demonstration Hospital [Sales]**
CDM Date: 02/01/2014 (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: **1/1/2013 to 6/30/2013**
FY End Date:

Account Exec: **Violet Archuleta-Chiu**
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Tech Support: **Mary McDonnell**
800-999-3332 x216 mmcdonnell@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**

Memorial Health System (HOSP03)
City: **ANYWHERE, CA** Provider ID: **990003**

Northwest Regional Hospital (HOSP04)
City: **ANYWHERE, CA** Provider ID: **990004**

General Hospital (HOSP05)
City: **ANYWHERE, CA** Provider ID: **990005**

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**

Main Street Clinic (HOSP09)
City: **ANYWHERE, CA** Provider ID: **990009**

General Northeast Healthcare (HOSP10)
City: **ANYWHERE, CA** Provider ID: **990010**

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 **PDE** format.

PARA File Transfer

Date	Title
	Enter Title Search Criteria Here
02/25/2015	CMS March is Colorectal Cancer Awareness Month
02/25/2015	CMS Extends Deadline for Medicare Eligible Professionals to Attest to Me...
02/25/2015	CMS -December Medicaid & CHIP Eligibility and Enrollment Report
02/25/2015	AHRQ New Resources for Primary Care Researchers and Evaluators
02/25/2015	FLORIDA MEDICAID -Billing Instruction for Life Skills Development Level ...
02/25/2015	FDA CDRH New Update Date: February 25, 2015
02/25/2015	FDA Panobinostat
02/25/2015	FDA Drug Information Update - Form 3098 for requesting establishment fe...
02/25/2015	FDA approves Farydak for treatment of multiple myeloma
02/25/2015	FDA Drug Shortages Update February 23, 2015
02/25/2015	FDA CDRH New Update -Summary Information for: VenaSeal Closure Sys...
02/24/2015	OSHPD Healthcare Information Division -2005-2013 Pediatric Quality Indic...
02/21/2015	AHRQ - OSHPD HOSPITAL INPATIENT MORTALITY INDICATORS
02/21/2015	New AHRQ Report Features Hospitals' Use of "Lean" Process Redesign
02/21/2015	AHRQ Announces Grant Opportunity for Ambulatory Patient Safety Resea...
02/21/2015	Cahaba GBA -Cahaba Government Benefit Administrators®, LLC Awarde...
02/21/2015	Cahaba GBA -Documentation Points for Accurate Medical Records
02/21/2015	Cahaba GBA -Instructions on Documentation for CPT 99214
02/21/2015	Cahaba GBA -Instructions on Documentation for CPT 99233
02/21/2015	CMS NEWS: Basic Health Program Funding Methodology Final Notice Fa...
02/21/2015	CMS NEWS: CMS Announces Special Enrollment Period for Tax Season
02/21/2015	CMS NEWS: CMS Strengthens Five Star Quality Rating System for Nursin...
02/21/2015	CMS Home Health, Hospice & DME Open Door Forums Update

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Contract Management and Analysis

Data Table Requirements

The tables required to load the Contract Management system are as follows:

1. Charge Description Master
2. Account Headers and Detail Transactions
3. Patient Type and Insurance Crosswalks
4. HIM ICD-10 codes for diagnosis and procedures
5. Payer Contracts or matrix

Pasted below is a link to the **ParaRev** Data Requirements

[ParaRev Data Requirements](#)

Data Tables are transmitted to **ParaRev** using the Secure File Transfer link pasted below

[ParaRev Secure File Transfer User Guide](#)

ParaRev tracks all data tables by client and project, with automatic email requests to designated Users to refresh the tables.

Type	Date Received	Date Processed	As Of Date	Date Range From	Date Range To	Note	Alert Hold
Account Headers Transactions	12/24/2014		12/24/2014	1/1/2014	11/30/2014		<input type="checkbox"/>
Charge Description Master	09/03/2014	2/24/2015	1/1/2014			AutoStandard	<input type="checkbox"/>
Claims Data - EDI (837)	02/25/2013						<input type="checkbox"/>
Claims Data - SCAN / FAX	02/24/2015						<input type="checkbox"/>
Department Crosswalk							<input type="checkbox"/>
HIM Coded HCPCS	07/02/2013		01/01/2012	01/01/2012	01/02/2013		<input type="checkbox"/>
HIM Coded ICD-9 Diagnoses	12/17/2012		12/01/2012	11/01/2012	11/30/2012		<input type="checkbox"/>
HIM Coded ICD-9 Procedures	12/17/2012		12/25/2012	12/20/2012	12/24/2012		<input type="checkbox"/>
Insurance Crosswalk	09/03/2014		9/2/2014				<input type="checkbox"/>
Order Entry	02/01/2014		01/01/2014				<input type="checkbox"/>
PARA TEST	12/16/2012						<input type="checkbox"/>
Patient Type Crosswalk	09/03/2014		9/2/2014				<input type="checkbox"/>
Payer Contract Matrix	01/06/2013						<input type="checkbox"/>
Pharmacy Detail / Cost	10/10/2013		09/24/2013				<input type="checkbox"/>
Pharmacy Mark-up	01/08/2013		01/01/2013				<input type="checkbox"/>
Pharmacy NDC	09/03/2014	10/13/2014	10/1/2014			Auto	<input type="checkbox"/>
Revenue and Usage	02/28/2013	7/5/2013	02/28/2013	1/1/2013	5/31/2013	Auto	<input type="checkbox"/>
Supply Detail Cost PIM	08/26/2014	8/27/2014	8/27/2014			Auto	<input type="checkbox"/>

Update Data Tables Pricing Ready

Contract Management and Analysis

Contract Summary Tab

The **PDE Contract Summary** tab page contains the “dash board” for the Contact system.

The tab contains basic contract notification and settlement terms which apply to all patient types, along with a number of functions:

1. Linking of multiple “sibling” contracts to a single “parent”

2. Selection of individual contracts for payment term analysis

Contract Management and Analysis

Contract Summary Tab (continued)

3. Sorting of contracts – Provides focus and quick retrieval of terms

- a. Total Charges
- b. Contract Mnemonic
- c. Insurance Name

The screenshot shows the 'Contracts' tab in a software application. The 'Sort' dropdown menu is open, showing options: 'Total Charges', 'Contract Mnemonic', and 'Insurance Name'. The 'Standard Contracts' radio button is selected. The interface includes various input fields for contract details such as 'Contract Mnemonic' (MC), 'Insurance Company Name' (MEDICARE), 'Contract Term', 'Renewal Status', and 'Billing Time Limit'. A 'Save Contract' button is visible at the bottom right.

4. Copy terms from one contract to another

The screenshot shows the same 'Contracts' tab interface, but with a 'Copy MC - MEDICARE - v.1.0 Terms to Selected Contracts' dialog box open. The dialog box has a 'Select Patient Type to Copy' dropdown and a 'Copy within contract - Terms from Patient Type above to Patient Type below:' checkbox. Below this, there is a 'Select Contract to Copy to (or Create New)' list with several contract names and checkboxes. At the bottom of the dialog, there are 'Action', 'Add New Contract', and 'Copy Terms to Selected Contracts' buttons. The background interface shows the same contract details as in the previous screenshot.

Contract Management and Analysis

Contract Summary Tab (continued)

5. **Reporting** - There are a number of different reporting options
 - a. Contract Summary Reports
 - b. Contract Audit Reports
 - c. Forecasting / Pro Forma – Proof and Claim

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
27 - AMP	Non Patient	\$0.00	0

Each report option offers several different reports for the User to analyze reimbursement received versus the reimbursement expected.

The Contract Summary Reports give the User an overall view of the contract terms including

- a complete listing of the settlement method for all types of services,
- all Stop Loss terms from the Commercial contracts in a combined view, and
- the hierarchy that **ParaRev** has assigned to the contracts.

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

The screenshot displays the 'Contract Management and Analysis' software interface. At the top, there is a navigation bar with tabs for 'Select', 'Quote A Price', 'Charge Maintenance', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Administration', 'RAC', and 'PARA'. Below this, the 'Summary' tab is active, showing details for contract '20 - BLUE CROSS'. A 'Contract Reports' dialog box is open, listing report options: 'Contract Summary Reports', 'Contract Audit Reports', and 'Contract Forecasting Reports'. An 'Export Report' dropdown menu is also visible, showing options for 'Comprehensive Term Summary', 'Comprehensive Stop Loss Term Summary', and 'Contract Hierarchy'. At the bottom of the interface, a table displays contract data.

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
27 - AMP	Non-Patient	\$0.00	0

The Contract Summary reports offer the following options to view the terms of each contract within the PDE. They include:

- Comprehensive Term Summary – a complete listing of all terms for all contracts
- Comprehensive Stop Loss term Summary – a complete listing of all Stop Loss terms
- Contract Hierarchy – a summary of the hierarchy **ParaRev** has assigned to the contracts, with the insurance plan with the highest revenue assigned as the parent, all other plans that fall under that contract assigned as children, so that terms remain consistent across all plans under that contract.

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

Demonstration Hospital : Comprehensive Contracts Terms Summary

Contract ID	Patient Type	Contract	Reimbursement Method	Code From	Code To	Value	Threshold Claim Cap Type	Threshold Unit	Not To Exceed	Comments
35828	Ambulatory Surgical	BC OUTPPO - Parent	ASC – Contract Specific			0.00				
35828	Ambulatory Surgical	BC OUTPPO - Parent	Case Rate – based on HCPCS	50590	50590	6,300.00				Lithotripsy
35828	Ambulatory Surgical	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Ambulatory Surgical	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	625.00				MRI
35828	Emergency	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	625.00				MRI
35828	Emergency	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Emergency	BC OUTPPO - Parent	Percent of Charges	0350	0359	75.00				All Other
35828	Inpatient	BC OUTPPO - Parent	Case Rate – based on DRG	765	766	3,500.00	Day	4.00		C-Section
35828	Inpatient	BC OUTPPO - Parent	DRG – Medicare Weight	001	999	8,800.00				
35828	Inpatient	BC OUTPPO - Parent	DRG – Special Weight	222	222	22.00				Cardiac Defib Implant with Cardiac Cath
35828	Inpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	36415	36415	8.00				Venipuncture
35828	Inpatient	BC OUTPPO - Parent	Per Diem – based on Rev Code	945	945	675.00				Rehab with COMCC
35828	Inpatient	BC OUTPPO - Parent	Per Diem – based on Rev Code	0110	0110	1,500.00				Private Room
35828	Inpatient	BC OUTPPO - Parent	Percent of Charges	0274	0276	50.00				Implants
35828	Inpatient	BC OUTPPO - Parent	Percent of Charges	0610	0619	625.00				MRI
35828	Outpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	625.00				CT
35828	Outpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				Observation
35828	Outpatient	BC OUTPPO - Parent	Percent of Charges	0762	0762	75.00			2,200.00	Observation
35828	Outpatient	BC OUTPPO - Parent	Percent of Charges			75.00				All Other
35828	Urgent Care	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Urgent Care	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	625.00				MRI
35828	Urgent Care	BC OUTPPO - Parent	Percent of Charges			75.00				All Other
58173	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00				
58174	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00				
58175	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00				
58176	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00				
58177	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00				
58177	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on Diag ICD9	123		222.00				
58176	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on Diag ICD9	123		222.00				
58175	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on Diag ICD9	123		222.00				
58174	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on Diag ICD9	123		222.00				
58173	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on Diag ICD9	123		222.00				
58173	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00	Day	2.00		
58174	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00	Day	2.00		
58175	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00	Day	2.00		
58176	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00	Day	2.00		
58177	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00	Day	2.00		
58177	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00				
58176	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00				
58175	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00				
58174	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00				
58173	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00				

The above sample of the Comprehensive Contract Term Summary displays the following information:

- Contract ID – the FSC number or Payer ID
- Patient Type - the patient types listed in the contract as reimbursable
- Contract - the contract name and whether or not it is a parent or child contract
- Reimbursement Method – How the patient type is reimbursed
- Code Range - if the Reimbursement Method is code-based, the code range is displayed
- Value - the dollar amount of the Fee Schedule Reimbursement or percentage of charge rate
- Claim Cap – any limit on charges that will be reimbursed is displayed
- Threshold Type – if there is a threshold limitation (days of service, per case, hours, charges)
- Threshold Unit – the number of the limitation (i.e. 2 days)
- Not To Exceed Limit – if the reimbursement is limited to a specific dollar amount or time limit
- Comments – notes on that particular reimbursement

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

Demonstration Hospital : Comprehensive Contracts Stop Loss Terms Summary

Contract ID	Contract	Start Date	End Date	\$ Threshold	Threshold Type	% of Billed Charges	Method	Not To Exceed		Exclusions	Exclusion Definition	Exclusion Codes
								\$ Not to Exceed	Type Qty			
35628	BC-OU1990 - Parent	10/2/2010		123.00								
35628	BC-OU1990 - Parent	10/21/2010		25,000.00								
38738	32183 - BC-OU1990	4/1/2010	4/30/2010	1,000.00		43	1st Dollar	10,000.00				

If there are stop loss terms associated with any of the contracts, the Comprehensive Stop Loss Term Summary will display the following fields:

- Contract ID – FSC number or Payer ID
- Contract – Name of the contract/payer
- Start date – beginning date of Stop Loss Term
- End Date – Ending date of Stop Loss Term
- Threshold – The amount of the limit on charges or per diems before Stop Loss begins
- Threshold Type – Per diem or total charges
- % of Billed Charge – The percentage paid once Stop Loss threshold is reached
- Method – The type of reimbursement to reach threshold (First dollar, Second Dollar, day after)
- \$ Not to Exceed – The dollar amount of charges limited by the reimbursement method
- Not to Exceed Type – Per diem, case, or Level of care
- Not to Exceed Quantity – the quantity of the above
- Exclusions – and code or service type that are excluded from Stop Loss calculation
- Exclusion definitions – parameters that further define the excluded types of service
- Exclusion Codes – the list of codes that are excluded from Stop Loss calculation

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

Demonstration Hospital : Comprehensive Contracts Terms Summary

Contract ID	Contract	Contract Hierarchy
35828	BC OUTPPO - Parent	Parent
35738	32163 - BC OUTPPO	(35828) BC OUTPPO - Parent
36963	BC WVA - Parent	Parent
58173	BCBS OF ARKANSAS - Parent	Parent
58174	BCBS OF ARKANSAS - Parent	Parent
58175	BCBS OF ARKANSAS - Parent	Parent
58176	BCBS OF ARKANSAS - Parent	Parent
58177	BCBS OF ARKANSAS - Parent	Parent
54590	32162 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54589	32160 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54588	32107 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54587	31973 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54586	31969 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54585	31966 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54584	31962 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54583	31960 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54582	31913 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
54581	31902 - BLUE CROSS / COST - DO NOT USE	No Parent Assigned
35843	MCR - Medicare	No Parent Assigned
35744	MCR - Medicare	No Parent Assigned
35742	31968 - BC WVA	No Parent Assigned
35741	31968 - BC WVA	No Parent Assigned
35740	31002 - BCBS OF SOUTH CAROLINA	No Parent Assigned
35739	32163 - BC OUTPPO	No Parent Assigned
35736	32161 - BC OUT	No Parent Assigned
35735	32114 - BC EMP	No Parent Assigned
35733	31968 - BC WVA	No Parent Assigned
35732	31967 - BC WALMART	No Parent Assigned
35731	31965 - BC PPO	No Parent Assigned
35729	31961 - BC FEP	No Parent Assigned
35728	31959 - BC 2ND TO BC	No Parent Assigned
35727	31560 - BLUE CROSS VIRGINIA	No Parent Assigned
35726	31302 - BCBS OF TEXAS	No Parent Assigned
35725	31002 - BCBS OF SOUTH CAROLINA	No Parent Assigned
35724	30507 - BCBS OF OHIO	No Parent Assigned
35723	30402 - BCBS OF NEW YORK	No Parent Assigned
35722	30062 - BCBS OF NEW HAMPSHIRE	No Parent Assigned

The Contract Hierarchy report will display all contracts loaded into the **PDE**, in order of Contract ID, whether or not that contract has been designated a Parent contract, and identify the contracts assigned as children of the parent contract. Any payers that do not fall under a contract are listed with no parent assigned.

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

The screenshot displays the 'Contracts' tab in the software. The main window shows contract details for '20 - BLUE CROSS'. A 'Contract Reports' pop-up window is open, showing a list of report options. Below the pop-up, a table lists hospital patient types and their total charges per hospital.

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital
24 - ACS/SDS	Ambulatory Surgical	
3 - ICCU	Inpatient	
1 - MED/SURG	Inpatient	
10 - IP REHAB	Inpatient	
2 - PEDS	Inpatient	\$239,530.21
5 - NB	Inpatient	\$442,210.79
6 - LEVEL2NSY	Inpatient	\$29,527.56
4 - OB	Inpatient	\$1,600,756.79
7 - HOSPICE	Inpatient	\$0.00
27 - AMP	Non-Patient	\$0.00

The following reports are available in the Contract Audit Reports:

- Settlement Summary
- Insurance Proof Settlement
- Department Payer Settlement
- Top 100 Claims by settlement less than Medicare Settlement
- Top 100 Claims by Charges less than Contract Settlement
- Top 100 Claims by Short Payments vs. Contract Settlement
- Custom Account Search

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

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

Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADD8

Parent contracts have not been defined... 20 - BLUE CROSS Sort Standard Contracts Pro Forma Contracts

Contract Management and Analysis Process 20 - BLUE CROSS - v.1.2 Copy Contracts/Create Pro Forms Copy Terms Reports

*Contract Mnemonic: 20 *Insurance Company Name: BLUE CROSS Bind to this Parent contract: No Parent Contracts Defined Bind to this Pro Forma model: No Pro Forma Contracts

Parent contract Save Contract

Insurance Contract Type: [] Contract Term: From: [] To: [] Co-Pay - Annual: []

Contract Term Effective Basis: [] Required Notice Period: [] Days Co-Pay - Outpatient: []

Renewal Status: [] Renewal Status Warning: [] Days Co-Pay - Inpatient per Admit: []

Billing Time Limit: [] Contract Forecasting Reports Get Report

Payment Late Penalty: []

Pre-Authorization: []

Total Charges:

Contract Audit Reports - Settlement Summary

Select Patient Type(s):

All Patient Types Inpatient Outpatient Emergency Ambulatory Surgical

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
17 - AMP	Non Patient	\$0.00	0

The Settlement Summary report first requires the selection of a patient type.

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

Account No.	Contract ID	Insurance Description	Patient TP	Charges	Payments	Adjustments	Transactions	Medicare Reimburseme	Estimated Reimburseme	% Difference to Medicare	% Difference to Payment
Demonstration Hospital [MBP] - PARA Settlement Summary Report											
Filtered by the following Patient Types: I											
608570	19682	BLUE CROSS	I	41,640.68	41,640.68	0.00	2	27,473.00			
608725	19682	BLUE CROSS	I	4,615.61	3,433.17	0.00	2	2,485.50			
608744	19682	BLUE CROSS	I	2,612.52	1,585.72	0.00	2	5,970.50			
608954	19682	BLUE CROSS	I	9,832.15	9,832.15	0.00	2	3,436.50			
608961	19682	BLUE CROSS	I	13,689.83	13,689.83	0.00	2	3,421.50			
608964	19682	BLUE CROSS	I	2,395.98	2,395.98	0.00	2	5,970.50			
609101	19682	BLUE CROSS	I	2,782.94	2,782.94	0.00	2	808.50			
609193	19682	BLUE CROSS	I	15,714.05	15,714.05	0.00	2	2,919.50			
609279	19682	BLUE CROSS	I	7,638.16	7,638.16	0.00	2	3,432.50			
609281	19682	BLUE CROSS	I	10,142.81	10,142.81	0.00	2	4,988.00			
609339	19682	BLUE CROSS	I	17,732.42	17,732.42	0.00	2	5,541.50			
609377	19682	BLUE CROSS	I	8,912.72	7,011.00	0.00	2	4,980.00			
609444	19682	BLUE CROSS	I	9,252.66	9,252.66	0.00	2	2,485.50			
609447	19682	BLUE CROSS	I	3,663.36	3,663.36	0.00	2	5,970.50			
609573	19682	BLUE CROSS	I	14,174.49	13,051.02	0.00	2	5,970.50			
609591	19682	BLUE CROSS	I	16,664.06	15,339.56	0.00	2	4,680.00			
609751	19682	BLUE CROSS	I	9,525.57	9,525.57	0.00	2	5,862.50			
609898	19682	BLUE CROSS	I	4,615.71	4,615.71	0.00	2	2,485.50			
609952	19682	BLUE CROSS	I	2,569.46	2,569.46	0.00	2	808.50			
610236	19682	BLUE CROSS	I	9,564.15	9,564.15	0.00	2	4,131.50			
610506	19682	BLUE CROSS	I	2,029.95	2,029.95	0.00	2	5,970.50			
610507	19682	BLUE CROSS	I	6,585.14	6,585.14	0.00	2	4,634.00			
610520	19682	BLUE CROSS	I	12,427.16	12,427.16	0.00	2	3,763.00			
610538	19682	BLUE CROSS	I	3,247.88	3,247.88	0.00	2	5,970.50			
610718	19682	BLUE CROSS	I	7,377.76	7,377.76	0.00	2	4,698.00			
610739	19682	BLUE CROSS	I	5,501.47	4,478.89	0.00	2	2,485.50			
610833	19682	BLUE CROSS	I	1,950.20	1,899.83	0.00	2	808.50			
610942	19682	BLUE CROSS	I	9,556.70	9,556.70	0.00	2	4,988.00			
611123	19682	BLUE CROSS	I	18,656.53	18,656.53	0.00	2	4,294.50			
611150	19682	BLUE CROSS	I	24,262.42	24,262.42	0.00	2	7,530.00			
611273	19682	BLUE CROSS	I	5,466.55	5,466.55	0.00	2	2,485.50			
611278	19682	BLUE CROSS	I	1,939.53	1,939.53	0.00	2	5,970.50			
611518	19682	BLUE CROSS	I	11,191.75	11,191.75	0.00	2	3,763.00			
611552	19682	BLUE CROSS	I	2,564.50	2,564.50	0.00	2	808.50			
611591	19682	BLUE CROSS	I	6,130.48	6,130.48	0.00	2	2,485.50			
611606	19682	BLUE CROSS	I	1,944.70	1,944.70	0.00	2	5,970.50			
611716	19682	BLUE CROSS	I	18,700.78	18,700.78	0.00	2	3,547.50			
611851	19682	BLUE CROSS	I	6,306.01	6,306.01	0.00	2	2,252.00			
611897	19682	BLUE CROSS	I	5,702.05	5,702.05	0.00	2	2,485.50			
611992	19682	BLUE CROSS	I	31,191.90	29,905.50	0.00	2	6,740.50			
612145	19682	BLUE CROSS	I	11,282.97	11,282.97	0.00	2	3,170.50			
612167	19682	BLUE CROSS	I	7,542.77	7,542.77	0.00	2	2,485.50			
612317	19682	BLUE CROSS	I	10,222.08	8,839.45	0.00	2	3,436.50			
612360	19682	BLUE CROSS	I	3,919.61	3,919.61	0.00	2	2,485.50			
612367	19682	BLUE CROSS	I	2,868.08	2,297.59	0.00	2	5,970.50			
612526	19682	BLUE CROSS	I	10,309.09	10,309.09	0.00	2	3,333.00			
612597	19682	BLUE CROSS	I	8,918.25	8,918.25	0.00	2	8,794.50			
612634	19682	BLUE CROSS	I	8,096.82	8,096.82	0.00	2	4,089.00			
612728	19682	BLUE CROSS	I	1,889.25	1,889.25	0.00	2	808.50			
613082	19682	BLUE CROSS	I	21,105.55	21,105.55	0.00	2	6,309.50			
613101	19682	BLUE CROSS	I	6,871.81	6,871.81	0.00	2	2,485.50			
613151	19682	BLUE CROSS	I	5,475.47	5,475.47	0.00	2	2,485.50			
613202	19682	BLUE CROSS	I	24,803.60	24,803.60	0.00	2	4,872.50			

The Settlement Summary displays a variety of data fields:

- Account Number– The patient account number
- Contract ID – The identifier **ParaRev** has assigned to the contract
- Insurance Description – The insurance plan name
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, Non-Patient
- Total Charges
- Total Payments – Total payments received
- Total Adjustments - Total adjustments on account
- Transactions – number of transactions for claim
- Medicare Reimbursement – total payments expected from Medicare based on codes
- Estimated Reimbursement – reimbursement expected from plan based on contract
- Percentage of difference to Medicare Reimbursement
- Percentage of difference in Payments to estimated reimbursement

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

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

Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADDB

Parent contracts have not been defined... 20 - BLUE CROSS Sort Standard Contracts Pro Forma Contracts

Contract Management and Analysis Process 20 - BLUE CROSS - v.1.2 Copy Contracts/Create Pro Forma Copy Terms Reports

*Contract Mnemonic: 20 *Insurance Company Name: BLUE CROSS Bind to this Parent contract: No Parent Contracts Defined Bind to this Pro Forma model: No Pro Forma Contracts

Parent contract Save Contract

Insurance Contract Type: Contract Term: From: To: Co-Pay - Annual:

Contract Term Effective Basis: Required Notice Period: Days Co-Pay - Outpatient:

Renewal Status: Renewal Status Warning: Days Co-Pay - Inpatient per Admit:

Billing Time Limit: **Contract Audit Reports - Insurance Proof Settlement** Co-Pay - Emergency:

Payment Late Penalty: This report requires the selection of an Iteration: Final FY2011 Pricing Co-Pay - Office:

Pre-Authorization: Select Patient Type(s): Inpatient Outpatient Emergency Ambulatory Surgical Revenue Inflation Cap: %

Total Charges: % of Medicare: %

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
27 - AMP	Non-Patient	\$0.00	0

Get Report

The Insurance Proof Settlement Report requires the selection of a Pricing Iteration, as well as a patient type.

Contract Management and Analysis

Contract Summary Tab –Reporting (continued)

Head ID	Account No	Insurance	PTP	Patient TP	Rev Code	Admit	Discharge	LOS	Payments	Adjustments	DRG	Trans ID	Visit ID	Dept Code	Proc Code	Proc Desc	Old Price	New Price	CPT Code	Revenue	Reimb Method
Insurance Proof Settlement Report																					
Date Range: 10/1/2009 - 09/30/2019																					
176	500919	53	0	5401	10/1/2009	10/1/2009	1	420	0	1	1	521	5212106	MAMMOGRAM SCREENING DL	194	77057	367	Percent of Charges (PFLT)			
176	500919	53	0	5401	10/1/2009	10/1/2009	1	420	0	1	1	521	5212106	MAMMOGRAM BLAT	180	77056	420	Percent of Charges (PFLT)			
258	509124	54	0	5300	10/2/2009	10/2/2009	1	119	0	1	1	502	5020541	VENIPUNCTURE	28	56415	28	FIXED			
258	509124	54	0	5300	10/2/2009	10/2/2009	1	119	0	2	1	502	5020517	D-DIMER	91	56378	119	FIXED			
400	502099	53	0	5750	10/4/2009	10/4/2009	1	2,865	0	1	1	502	5020508	EXG	181	50095	181	FIXED			
400	502099	53	0	5450	10/4/2009	10/4/2009	1	2,865	0	2	1	579	5792339	ED FAC LEVEL 4 W/PROC	790	56265	2,865	FIXED			
412	509111	71	0	5762	10/4/2009	10/5/2009	1	7,055	0	1	1	510	5101981	OBSERV W/MONITOR FIRST HR	629	56378	629	FIXED			
412	509111	71	0	5450	10/4/2009	10/5/2009	1	7,055	0	2	1	579	5792339	ED FAC LEVEL 3 W/PROC	790	56265	7,055	FIXED			
418	509320	52	0	5320	10/4/2009	10/4/2009	1	901	0	1	1	521	5211006	FRAGILE HR 3 VIEW	181	57148	181	FIXED			
418	509320	52	0	5450	10/4/2009	10/4/2009	1	901	0	2	1	579	5792337	ED FAC LEVEL 3 W/PROC	512	56263	901	FIXED			
467	509262	57	0	5306	10/5/2009	10/5/2009	1	1,523	0	1	1	502	5020501	CKC w/AUTO DPF	144	56226	144	FIXED			
467	509262	57	0	5450	10/5/2009	10/5/2009	1	1,523	0	2	1	579	5792327	ED FAC LEVEL 3 W/PROC	512	56263	1,523	FIXED			
491	502099	53	0	5762	10/5/2009	10/5/2009	1	6,187	0	1	1	510	5101987	OBSERVATION FIRST HOUR	449	56278	449	FIXED			
491	502099	53	0	5450	10/5/2009	10/5/2009	1	6,187	0	2	1	579	5792339	ED FAC LEVEL 4 W/PROC	790	56265	6,187	FIXED			
528	509468	51	0	5762	10/5/2009	10/6/2009	1	-322	0	1	1	510	5101987	OBSERVATION FIRST HOUR	449	56278	449	FIXED			
528	509468	51	0	5450	10/5/2009	10/6/2009	1	-322	0	2	1	579	5792422	ADD SQ W/ SAME DRUG	92	56378	18,238	FIXED			
529	509469	50	0	5341	10/5/2009	10/5/2009	1	1,624	0	1	1	521	5212253	MR HEPATOBLILIARY W/EXECT	1,509	57223	1,509	Percent of Charges (PFLT)			
529	509469	50	0	5343	10/5/2009	10/5/2009	1	1,624	0	2	1	521	5215498	ISOTOPE HDA	110	49557	1,624	Percent of Charges (PFLT)			
577	509520	73	0	5730	10/6/2009	10/6/2009	1	440	0	1	1	502	5020528	EXG	181	50095	181	Percent of Charges (Rev Code)			
577	509520	73	0	5301	10/6/2009	10/6/2009	1	440	0	2	1	502	5022037	KV	32	54132	440	Fixed (Rev Code)			
676	504637	54	0	5211	10/7/2009	10/7/2009	1	5,174	0	1	1	510	5100647	HDSM CHSD ADULT	1,307	51702	1,307	FIXED			
676	504637	54	0	5450	10/7/2009	10/7/2009	1	5,174	0	2	1	579	5792368	FOLEY CATH RIGERTON	123	51702	5,174	FIXED			
758	509728	52	0	5306	10/7/2009	10/7/2009	1	-100	0	1	1	502	5020501	CKC w/AUTO DPF	144	56226	144	FIXED			

The Insurance Proof Settlement Report displays the following fields:

- Head ID – ID number from the Header File received from the Facility
- Account Number – The patient account number
- Insurance – The insurance plan code
- PTP – Patient Type Detail
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, Non-Patient
- Revenue Code – The revenue code for the line item on the claim
- Admit Date – As represented in the Patient Header File
- Discharge Date – As represented in the Patient Header File
- LOS – Length of stay
- Payments – Total payments received
- Adjustments – Total adjustments on account
- DRG – Diagnosis related group as represented in the Patient Header File
- Trans ID – Unique ID calculated on the transaction level for each claim
- Visit ID – Unique ID calculated on the date of service for each claim
- Department Code - Links to the CDM, cost center
- Procedure Code – Links to the CDM, charge code
- Procedure Description – Item description from the CDM
- Old Price – Price from CDM used to create iteration
- New Price – New price from iteration
- CPT® Code – The CPT® code for the line item on the claim
- Revenue – Total charges for item, using price x quantity
- Reimbursement Method – how item is reimbursed in contract terms
- Reimbursement Type – Fixed (Fee Schedule) or Percentage of Charge (Variable)
- Reimbursement Amount – Final reimbursement amount for item based on contract terms
- Reimbursement Percentage – Final percent calculated for item for variable terms
- Reimbursement Notes – any notes created during settlement

Contract Management and Analysis

Contract Summary Tab –Reporting (continued)

The screenshot displays the 'Contract Management and Analysis' software interface. The 'Contracts' tab is selected, showing details for contract '20 - BLUE CROSS'. A modal window titled 'Contract Audit Reports - Department Payer Settlement' is open, prompting the user to select a pricing iteration, a department, and a patient type. The background shows a table of hospital patient types and their associated charges.

Hospital Patient Type	Charge	Rate	Days
24 - ACS/SDS			9
3 - ICU		\$76	3
1 - MED/SURG		\$2,919,000.00	3
10 - IP REHAB		\$0.00	3
2 - PEDS		\$239,530.21	3
5 - NB		\$442,210.79	3
6 - LEVEL2NSY		\$29,527.56	3
4 - OB		\$1,600,756.79	3
7 - HOSPICE		\$0.00	3
07 - AMP	Non-Patient	\$0.00	0

The Department Payer Settlement Report requires the selection of a Pricing Iteration, a Department, and a Patient Type.

Contract Management and Analysis

Contract Summary Tab –Reporting (continued)

Head ID	Trans ID	Visit ID	Trans Date	Day	Proc Code	Description	Account	Insurance	PT	Patient Typ	Admit Dt	Discharge Dt	LC	Obs	Paym	Adjctm	Rev	Old P	New P	DRG	CPT C	QTY	Reimbursement Method	Reimbursement Amount	Reimbursement %	Reimbursement Match	Reimbursement Notes	
CDM: 02610500																												
Revenue: 00000000-00000000																												
402	1	1	01/01/2016	F	31991	OPERATION/POSTOPERATIVE	00010	01	0	0	01/01/2016	01/01/2016	1	0	7,893.45	7,893.45	0.00	629.00	629.00	629.00	F142	00370	1	FIXED		0.00%	--	
401	1	1	01/01/2016	F	31967	OPERATION/POSTOPERATIVE	00010	03	0	0	01/01/2016	01/01/2016	1	0	5,197.62	5,197.62	0.00	480.00	480.00	480.00	F142	00370	1	FIXED		0.00%	--	
321	1	1	01/01/2016	F	31967	OPERATION/POSTOPERATIVE	00010	01	0	0	01/01/2016	01/01/2016	1	0	11,224.04	1,222.40	0.00	480.00	480.00	480.00	F142	00370	1	FIXED		0.00%	--	
376	1	1	01/01/2016	F	31967	OPERATION/POSTOPERATIVE	00010	04	0	0	01/01/2016	01/01/2016	1	0	5,073.07	5,073.07	0.00	527.00	527.00	527.00	F142	00370	1	FIXED		0.00%	--	
778	1	1	01/01/2016	F	31991	OPERATION/POSTOPERATIVE	00010	05	0	0	01/01/2016	01/01/2016	1	0	2,918.28	2,918.28	0.00	629.00	629.00	629.00	F142	00370	1	FIXED		0.00%	--	
034	1	1	01/01/2016	F	31991	OPERATION/POSTOPERATIVE	00010	03	0	0	01/01/2016	01/01/2016	1	0	4,391.24	4,391.24	0.00	629.00	629.00	629.00	F142	00370	1	Percentage of Charge (PCT)		85.11%	0.00%	
042	1	1	01/01/2016	F	31967	OPERATION/POSTOPERATIVE	00010	07	0	0	01/01/2016	01/01/2016	1	0	14,524.70	14,524.70	0.00	480.00	480.00	480.00	F142	00370	1	FIXED		0.00%	--	
031	1	1	01/01/2016	F	31967	OPERATION/POSTOPERATIVE	00010	03	0	0	01/01/2016	01/01/2016	1	0	3,242.89	3,242.89	0.00	527.00	527.00	527.00	F142	00370	1	FIXED		0.00%	--	
040	1	1	01/01/2016	F	31961	PT/OPER/INITIAL	00010	01	0	0	01/01/2016	01/01/2016	1	0	101.76	101.76	0.00	65.00	65.00	65.00	F142	00370	1	FIXED		0.00%	--	
044	1	1	01/01/2016	F	31991	OPERATION/POSTOPERATIVE	00010	01	0	0	01/01/2016	01/01/2016	1	0	2,842.24	2,842.24	0.00	629.00	629.00	629.00	F142	00370	1	FIXED		0.00%	--	

This report displays the following data:

- Head ID – ID number from the Header File received from the Facility
- Trans ID – Unique ID calculated on the transaction level for each claim
- Visit ID – Unique ID calculated on the date of service for each claim
- Trans Date – the date of service for the line item
- Department Code - Links to the CDM, cost center
- Procedure Code – Links to the CDM, charge code
- Procedure Description – Item description from the CDM
- Account Number – The patient account number
- Insurance – The insurance plan code
- PTP – Patient Type Detail
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, Non-Patient
- Revenue Code – The revenue code for the line item on the claim
- Admit Date – As represented in the Patient Header File
- Discharge Date – As represented in the Patient Header File
- LOS – Length of stay
- Total Charges – total charge for item, based on transaction data
- Payments – Total payments received
- Adjustments – Total adjustments on account
- Revenue – Total charges for item, using price x quantity
- Old Price – Price from CDM used to create iteration
- New Price – New price from iteration
- DRG – Diagnosis related group as represented in the Patient Header File
- Revenue Code – The revenue code assigned to the line item
- CPT® Code – The CPT® code for the line item on the claim
- Quantity – The usage of an item
- Reimbursement Method – how item is reimbursed in contract terms
- Reimbursement Type – Fixed (Fee Schedule) or Percentage of Charge (Variable)
- Reimbursement Amount – Final reimbursement amount for item based on contract terms
- Reimbursement Percentage – Final percent calculated for item for variable terms
- Reimbursement Match – any matches to the reimbursement rates found in the contract
- Reimbursement Notes – any notes created during settlement

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
27 - AMP	Non-Patient	\$0.00	0

As with the previous reports, the Top 100 Claims by settlement less than Medicare Settlement requires selection of a patient type.

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

Rank	Account Number	Insurance	Insurance Name	PTP	Patient Type	Admit	Discharge	Charges	Payments	Adjustments	Medicare Reimbursement	Revenue	Revenue Code	Department Code	Procedure Code	Trans Date	QTY	Reimbursement Method
PARA Top 100 Claims by settlement less than Medicare Settlement Report Filtered by the following Patient Types: I																		
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		158.22	5258	01143119	91968	05/31/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		20.00	5251	01143119	91905	05/31/09	4	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5282	01143119	92533	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		0.00	5257	01143119	90991	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		12.00	5251	01143119	92984	05/31/09	4	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		40.05	5282	01143119	93025	05/31/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		45.01	5251	01143119	93172	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		30.45	5257	01143119	93278	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		130.20	5257	01143119	93264	05/31/09	4	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		216.00	5250	01143119	93875	05/31/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		24.00	5301	01143120	780	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		44.00	5301	01143120	215	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5301	01143120	289	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	5305	01143120	710	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		95.00	5301	01143120	960	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		18.00	5305	01143120	968	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		105.00	5320	01143122	71010	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		79.00	5301	01143121	3104	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5322	01143131	13111	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		480.00	5270	01143131	13225	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		1,199.00	5410	01143131	13229	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		19.00	5480	01143131	13255	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		33.00	5781	01143131	13285	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		576.00	5412	01143131	13371	05/31/09	6	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		3.00	5251	01143119	90952	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		41.00	5252	01143119	90972	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	5251	01143119	91125	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		11.35	5251	01143119	91133	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	5251	01143119	91209	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		12.75	5251	01143119	91371	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		0.00	5252	01143119	91564	06/01/09	0	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		15.90	5280	01143119	91831	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		52.74	5258	01143119	91968	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		5.00	5251	01143119	92005	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5282	01143119	92533	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		8.00	5251	01143119	92564	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		26.70	5282	01143119	93025	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		48.01	5251	01143119	93172	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		85.10	5257	01143119	93264	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		24.00	5301	01143120	780	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		11.90	5301	01143120	215	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5301	01143120	289	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	5305	01143120	710	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		18.00	5305	01143120	968	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	5272	01143131	13011	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		480.00	5270	01143131	13225	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		1,199.00	5410	01143131	13229	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		19.00	5480	01143131	13255	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		288.00	5412	01143131	13371	06/01/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		5.00		NC09	93191	06/01/09	1	
								152,796,674.40	62,208,021.05	90,488,653.35		55,970.50	148,202.40				1,701	

The fields displayed in the report are:

- Rank – Where in the top 100 the claim falls
- Account Number – Unique patient identifier from the Patient Header File
- Insurance Mnemonic – Insurance plan code or FSC
- Insurance Name – name of Insurance Plan in transaction file
- Patient Type Detail – Hospital patient type
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, or Non-patient
- Admit Date– As represented in the Patient Header File
- Discharge Date– As represented in the Patient Header File
- Total Charges– total charge for item, based on transaction data
- Total Payments– Total payments received
- Total Adjustments– Total adjustments on account
- Medicare Reimbursement – What Medicare would pay on item or claim
- Revenue – CDM price multiplied by usage quantity
- Revenue Code – revenue code assigned to item
- Department Code – Links to CDM, cost center
- Procedure Code – Links to CDM, charge code
- Transaction Date – date of posting to account for payments, date of service for charges
- Quantity – quantity posted to account
- Reimbursement Method – how item is reimbursed under contract terms

Charges, Payments, Adjustments, and Medicare Reimbursement, and Quantity are all totaled at the end of each account.

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
24 - ACS/SDS	Ambulatory Surgical	\$3,208,394.34	9
3 - ICCU	Inpatient	\$76,669.11	3
1 - MED/SURG	Inpatient	\$2,013,696.35	3
10 - IP REHAB	Inpatient	\$0.00	3
2 - PEDS	Inpatient	\$239,530.21	3
5 - NB	Inpatient	\$442,210.79	3
6 - LEVEL2NSY	Inpatient	\$29,527.56	3
4 - OB	Inpatient	\$1,600,756.79	3
7 - HOSPICE	Inpatient	\$0.00	3
27 - AMP	Non-Patient	\$0.00	0

As with the previous reports, the Top 100 Claims by charges less than Contract Settlement requires selection of a patient type.

Contract Management and Analysis

Contract Summary Tab – Reporting (continued)

Rank	Account Number	Insurance	Insurance Name	PT	Patient Typ	Admit	Discharge	Charges	Payments	Adjustments	Medicare Reimbursement	Revenue	Revenue Code	Department Code	Procedure Code	Trans Date	QT	Reimbursement Method	Reimbursement Amount	Reimbursement Match	Reimbursement Percent	Reimbursement Notes	
PARA Top 100 Claims by Charges less than Contract Settlement Report Filtered by the following Patient Types: E																							
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			3.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			3.00	7020	7020	7020	08/24/09	2	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			8.00	8000	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			23.23	4700	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
85	747670	COBRA	COBRA OF TRICARE	ER	E	882459	882459	302.00	302.00			0.00	0000	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								1,812.00	1,212.00	0.00		182.71	382.00										
22	705429	COBRA	COBRA OF TRICARE	ER	E	893292	893292	297.00	297.00			18.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
22	705429	COBRA	COBRA OF TRICARE	ER	E	893292	893292	297.00	297.00			43.00	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
22	705429	COBRA	COBRA OF TRICARE	ER	E	893292	893292	297.00	297.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								1,812.00	822.00	0.00		49.00	297.00										
20	705943	COBRA	COBRA OF TRICARE	ER	E	840209	840209	333.00	613.00	61.42		23.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
20	705943	COBRA	COBRA OF TRICARE	ER	E	840209	840209	333.00	333.00	61.42		0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
20	705943	COBRA	COBRA OF TRICARE	ER	E	840209	840209	333.00	333.00	61.42		0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								684.00	478.00	205.28		79.48	229.00										
24	707702	COBRA	COBRA OF TRICARE	ER	E	890990	890990	257.00	257.00			18.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
24	707702	COBRA	COBRA OF TRICARE	ER	E	890990	890990	257.00	257.00			28.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
24	707702	COBRA	COBRA OF TRICARE	ER	E	890990	890990	257.00	257.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
24	707702	COBRA	COBRA OF TRICARE	ER	E	890990	890990	257.00	257.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								1,028.00	0.00	0.00		79.48	257.00										
31	702078	COBRA	COBRA OF TRICARE	ER	E	050569	050569	249.00	249.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
31	702078	COBRA	COBRA OF TRICARE	ER	E	050569	050569	249.00	249.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
31	702078	COBRA	COBRA OF TRICARE	ER	E	050569	050569	249.00	249.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								617.00	0.00	0.00		79.48	257.00										
15	706982	COBRA	COBRA OF TRICARE	ER	E	050569	050569	233.00	233.00			71.48	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
15	706982	COBRA	COBRA OF TRICARE	ER	E	050569	050569	233.00	233.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								422.00	0.00	0.00		79.48	257.00										
25	702048	COBRA	COBRA OF TRICARE	ER	E	090669	090669	244.00	244.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
25	702048	COBRA	COBRA OF TRICARE	ER	E	090669	090669	244.00	244.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
25	702048	COBRA	COBRA OF TRICARE	ER	E	090669	090669	244.00	244.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
25	702048	COBRA	COBRA OF TRICARE	ER	E	090669	090669	244.00	244.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								1,328.00	0.00	0.00		79.48	257.00										
72	703841	COBRA	COBRA OF TRICARE	ER	E	020619	020619	286.00	286.00			63.02	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
72	703841	COBRA	COBRA OF TRICARE	ER	E	020619	020619	286.00	286.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
72	703841	COBRA	COBRA OF TRICARE	ER	E	020619	020619	286.00	286.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								948.00	948.00	0.00		128.11	356.00										
18	807056	COBRA	COBRA OF TRICARE	ER	E	030270	030270	222.00	222.00			43.00	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
18	807056	COBRA	COBRA OF TRICARE	ER	E	030270	030270	222.00	222.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								422.00	0.00	0.00		49.00	257.00										
26	709620	COBRA	COBRA OF TRICARE	ER	E	090569	090569	885.00	525.00	285.00		0.00	0000	7020	7020	08/24/09	0	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
26	709620	COBRA	COBRA OF TRICARE	ER	E	090569	090569	885.00	525.00	285.00		0.00	0000	7020	7020	08/24/09	0	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
26	709620	COBRA	COBRA OF TRICARE	ER	E	090569	090569	885.00	525.00	285.00		0.00	0000	7020	7020	08/24/09	0	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
26	709620	COBRA	COBRA OF TRICARE	ER	E	090569	090569	885.00	525.00	285.00		0.00	0000	7020	7020	08/24/09	0	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
26	709620	COBRA	COBRA OF TRICARE	ER	E	090569	090569	885.00	525.00	285.00		0.00	0000	7020	7020	08/24/09	0	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								4,378.00	2,675.00	1,378.00		274.00	905.00										
17	706702	COBRA	COBRA OF TRICARE	ER	E	090999	090999	222.00	61.00	42.25		33.43	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
17	706702	COBRA	COBRA OF TRICARE	ER	E	090999	090999	222.00	61.00	42.25		0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								422.00	137.00	84.48		79.48	257.00										
19	720371	COBRA	COBRA OF TRICARE	ER	E	050999	050999	286.00	286.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
19	720371	COBRA	COBRA OF TRICARE	ER	E	050999	050999	286.00	286.00			71.49	2100	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]	600.00			880-0402	
19	720371	COBRA	COBRA OF TRICARE	ER	E	050999	050999	286.00	286.00			0.00	7020	7020	7020	08/24/09	1	Per Visit - Based on Fee Schedule [REY CODE]				880-0402	
								648.00	0.00	0.00		79.48	257.00										

The fields displayed in the report are:

- Rank – Where in the top 100 the claim falls
- Account Number – Unique patient identifier from the Patient Header File
- Insurance Mnemonic – Insurance plan code or FSC
- Insurance Name – name of Insurance Plan in transaction file
- Patient Type Detail – Hospital patient type
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, or Non-patient
- Admit Date – As represented in the Patient Header File
- Discharge Date – As represented in the Patient Header File
- Total Charges – total charge for item, based on transaction data
- Total Payments – Total payments received
- Total Adjustments – Total adjustments on account
- Medicare Reimbursement – What Medicare would pay on item or claim
- Revenue – CDM price multiplied by usage quantity
- Revenue Code – revenue code assigned to item
- Department Code – Links to CDM, cost center
- Procedure Code – Links to CDM, charge code
- Transaction Date – date of posting to account for payments, date of service for charges
- Quantity – quantity posted to account
- Reimbursement Method – how item is reimbursed under contract terms
- Reimbursement Amount – Final reimbursement amount for item based on contract terms
- Reimbursement Match – any matches to the reimbursement rates found in the contract
- Reimbursement Percentage – Final percent calculated for item for variable terms

Contract Management and Analysis

Contract Summary Tab - Reporting (continued)

The screenshot displays the 'Contracts' tab in the software. The main form shows contract details for 'MCR - Medicare'. A 'Contract Audit - Custom Account Search' dialog box is open, prompting the user to 'Enter Account Number(s)'. Below the dialog, a table summarizes charges and terms per patient type.

Hospital Patient Type	PARA Patient Type Map	Total Charge(s) Per Hospital Patient Type	Total Terms Per PARA Patient Type
SDC - SURGICAL DAY CARE PATIENT	Ambulatory Surgical	\$6,710,068.25	0
ER - EMERGENCY ROOM PATIENT	Emergency	\$2,189,799.20	0
INPT - INPATIENT	Inpatient	\$28,525,472.03	0
O ER - EMERGENCY ROOM PATIENT	Outpatient	\$0.00	0
O OUT - OUTPATIENT CLINICAL	Outpatient	\$0.00	0
O PHC - OP PRIMARY HEALTH CLINIC	Outpatient	\$0.00	0
O POV - PROVIDER OFFICE VISIT	Outpatient	\$0.00	0
O REC - RECURRING PATIENT	Outpatient	\$0.00	0
O SDC - SURGICAL DAY CARE PATIENT	Outpatient	\$0.00	0
O UTC - UNITY CLINIC	Outpatient	\$0.00	0

The Custom Account Search allows the User to select a specific account by entering the account number.

Contract Management and Analysis

Contract Summary Tab (continued)

6. Forecasting / Pro Forma – Assignment of Pro Forma contract to current contract

The Forecasting model provides an efficient tool to determine the impact of a change to a contract and quantity the impact against an existing book of business.

The screenshot displays the 'Contracts' tab in the software. The 'Summary' sub-tab is active, showing a form for configuring a contract. The form includes fields for Contract Mnemonic (PABS), Insurance Company Name (PENNSYLVANIA BLUE SHIELD), and various contract parameters like Insurance Contract Type, Contract Term Effective Basis, Renewal Status, Billing Time Limit, Payment Late Penalty, and Pre-Authorization. A dropdown menu for 'Bind to this Parent contract:' is open, showing a list of parent contracts including BLUE CROSS, BLUE SHIELD 2010 Rates, BLUE SHIELD MANAGED CARE PLAN, CIGNA, GATEWAY MEDICARE ASSURED, HEALTHAMERICA HMO, SOUTH CENTRAL PREFERRED, UNISON, and UNITED HEALTH CARE. A 'Save Contract' button is visible. Below the form, the 'Reimbursement Data' table is shown, with columns for Hospital Patient Type, Contract, Reimb Table, and Contract details (Charge Percentage Discount, Claim Cap, Cash Contribution Margin, Fixed/Variable/Cost Settlement Method). The table lists patient types: ER : Emergency Room, INP : Inpatient, OBSERV : Observation Pts, OP : Outpatient, OUT : Outpatient, REC : Recurring Outpatient, and SDC : Surgical Day Care.

Hospital Patient Type	Contract	Reimb Table	Contract		Reimb Table	
			Charge Percentage Discount	Claim Cap	Cash Contribution Margin	Fixed/Variable/Cost Settlement Method
ER : Emergency Room	Default Reimbursement Method	Total Charge				
INP : Inpatient						
OBSERV : Observation Pts						
OP : Outpatient						
OUT : Outpatient						
REC : Recurring Outpatient						
SDC : Surgical Day Care						

Contract Management and Analysis

Contract Terms and Settlement Sub Tabs

Each of the “summary” patient types defined on the summary tab to link to a sub tab for term construction and settlement, the components of each of the sub tabs is as follows:

1. Reimbursement Method – how the charge is settled (i.e., Fee Schedule or percent of charge)
2. Link to / by Row Number – if a threshold exists for that settlement, then a different rate applies
3. Priority – the order in which charges are settled
4. Code Type – settlement by DRG, HCPCS, Revenue code
5. Code From / To – range of the codes
6. Value – payment rate or percentage of charges
7. NTE – Not To Exceed amount (reimbursement limitation)
8. Claim Cap – limit on charges for service
9. Type – limiter type (days, total charges)
10. Unit – number of days or amount of total charges
11. Threshold Link to Row # – identifies the row of the initial reimbursement rate

HEALTHAMERICA HMO - Parent												
HEALTHAMERICA HMO - Parent												
Parent contract cannot be versioned...												
<input type="checkbox"/> Save Terms <input type="checkbox"/> Add New Row <input type="checkbox"/> Delete Selected Term(s)												
			Payment Identifiers				Payment Options			Threshold		
Reimbursement Method	Link To Row #	Link To Row By	Priority	Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1 Case Rate – Based on DRG			2	DRG	767	768	\$3,906.00	\$0.00	\$0.00	Day	3	5
2 Case Rate – Based on DRG			2	DRG	789	795	\$1,577.00	\$0.00	\$0.00			
3 Case Rate – Based on DRG			2	DRG	765	766	\$5,958.00	\$0.00	\$0.00	Day	4	5
4 Case Rate – Based on HCPCS			3	Rev Code	0170	0179	\$856.00	\$0.00	\$0.00			
5 Per Diem			4	Rev Code	0110	0129	\$3,050.00	\$0.00	\$0.00			
6 Per Diem			4	Rev Code	0200	0219	\$4,013.00	\$0.00	\$0.00			
7 Case Rate – Based on DRG			2	DRG	460	470	\$23,540.00	\$0.00	\$0.00			
8 Per Diem			4	Rev Code	0190	0199	\$756.00	\$0.00	\$0.00			
9 Case Rate – Based on DRG			2	DRG	945	946	\$1,364.00	\$0.00	\$0.00			
10 Per Diem			4	Rev Code	0550	0559	\$367.00	\$0.00	\$0.00			
11 Case Rate – Based on DRG			2	DRG	774	775	\$3,906.00	\$0.00	\$0.00	Day	3	5
12 Fixed			1	Rev Code	0272	0272		\$0.00	\$0.00			
When charges exceed \$1,500												
13 Fixed			1	Rev Code	0274	0275		\$0.00	\$0.00			
When charges exceed \$1,500												
14 Fixed			1	Rev Code	0278	0278		\$0.00	\$0.00			
When charges exceed \$1,500												
15 Fixed			1	Rev Code	0634	0636		\$0.00	\$0.00			
When charges exceed \$1,500												
16 Fixed			1	Rev Code	0255	0255		\$0.00	\$0.00			

Contract Management and Analysis

Inpatient

The available terms are as follows:

1. Case Rate
2. Case Rate – Percent of Charges
3. Case Rate – Percent of Charges [Lesser Of]
4. Case Rate – Lesser Of
5. Case Rate with Carve Out
6. DRG – Contract Specific [Lesser Of]
7. DRG – Medicare Weight
8. DRG – Medicare Weight - Insurance Per Diem
9. DRG – Medicare Weight [Lesser Of]
10. DRG – Special Weight
11. DRG – Special Weight with Carve Out
12. Per Diem
13. Per Diem [Lesser Of]
14. Per Diem – Lower of Percent Discount or Daily Limit
15. Per Diem with Carve Out
16. Percent of Charges
17. Percent of Charges – subject to Claim Limit
18. Percent of Charges – subject to Claim Limit w/Carve Out
19. Cost - Subject to Settlement

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

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

Summary **Inpatient** Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADDB

BLUE CROSS - Parent x BLUE CROSS - Parent Sort By... Sort Copy Contracts/Create Pro Forma

Contract Management and Analysis Process Show Pro Forma Contracts Copy Terms Reports

Save Terms Add New Row Delete Selected Term(s)

	Reimbursement Method	Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold	
					Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit/Value
1	Per Diem			1	Rev Code	0100	0129	\$2,345.00	\$0.00	\$0.00		
2	Per Diem			1	Rev Code	0174	0174	\$2,345.00	\$0.00	\$0.00		
3	Per Diem			1	Rev Code	0481	0481	\$4,633.00	\$0.00	\$0.00		
4	Case Rate			1	HCPCS	77761	77799	\$12,742.00	\$0.00	\$0.00		
5	Case Rate			1	DRG	768	775	\$4,402.00	\$0.00	\$0.00	Day	3
6	Case Rate			1	DRG	765	766	\$4,402.00	\$0.00	\$0.00	Day	3
7	Per Diem			2	DRG	765	766	\$2,346.00	\$0.00	\$0.00		
8	Per Diem			1	Rev Code	0170	0172	\$579.00	\$0.00	\$0.00		
9	Per Diem			1	Rev Code	0179	0179	\$579.00	\$0.00	\$0.00		
10	Per Diem			1	Rev Code	0214	0214	\$1,159.00	\$0.00	\$0.00		

Contract Management and Analysis

Outpatient

The available terms are as follows:

1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent of Charges
9. Percent of Charges – not subject to Fee Schedule
10. Percent of Charges – subject to Claim Limit
11. Percent of Charges – subject to Claim Limit w/Carve Out
12. Per Visit – Based on Fee Schedule
13. Per Visit – Based on Fee Schedule [Lesser Of]
14. Per Visit – Based on Fee Schedule w/Carve Out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA												
Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADD8												
HEALTHAMERICA HMO - Parent		HEALTHAMERICA HMO - Parent		Sort		Standard Contracts		Pro Forma Contracts		Copy Contracts/Create Pro Forms Copy Terms Reports		
Save Terms Add New Row Delete Selected Term(s)												
Reimbursement Method	Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold		
				Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1 Fee schedule – Contract Specific			1	Rev Code	0610	0614	\$1,391.00	\$0.00	\$0.00			
2 Fee schedule – Contract Specific			1	Rev Code	0350	0359	\$1,017.00	\$0.00	\$0.00			
3 Percent of Charges			4				88.00%	\$0.00	\$0.00			
4 Fixed			3	HCPCS	80000	89999		\$0.00	\$0.00			
5 Percent of Charges			2	Rev Code	0762	0762	88.00%	\$3,371.00	\$0.00			
6 Click to set Reimbursement Method								\$0.00	\$0.00			
7 Click to set Reimbursement Method								\$0.00	\$0.00			

Contract Management and Analysis

Ambulatory Surgical

The available terms are as follows:

1. ASC – Contract Specific [Lesser Of]
2. ASC – Percent of Medicare
3. ASC – Contract Specific
4. ASC – Medicare
5. ASC Groups 1-9 2009
6. ASC Ungroupable – Fee Schedule
7. ASC Ungroupable – Percentage of Charge
8. Fee schedule – Contract Specific [Lesser Of]
9. Fee schedule – Pro Fee
10. Fee schedule – Contract Specific
11. Fee schedule – Contract Specific - multi code discount
12. Fee schedule – Contract Specific - multi code discount [Lesser Of]
13. Fee Schedule – Cost Plus
14. Fee schedule – Lab Medicare
15. Percent of Charges
16. Percent of Charges – not subject to Fee Schedule
17. Percent of Charges – subject to Claim Limit
18. Percent of Charges – subject to Claim Limit w/Carve Out
19. Per Visit – Based on Fee Schedule
20. Per Visit – Based on Fee Schedule [Lesser Of]
21. Per Visit – Based on Fee Schedule w/Carve Out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA												
Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADDB												
HEALTHAMERICA HMO - Parent		HEALTHAMERICA HMO - Parent		Sort		Standard Contracts		Pro Forma Contracts		Copy Contracts/Creates Pro Forms Copy Terms Reports		
Save Terms Add New Row Delete Selected Term(s)												
Reimbursement Method	Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold		
				Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1 Percent of Charges			2				88.00%	\$0.00	\$0.00			
2 Fee schedule – Contract Specific			1	Rev Code	0350	0359	\$950.00	\$0.00	\$0.00			
3 Fee schedule – Contract Specific			1	Rev Code	0610	0614	\$1,300.00	\$0.00	\$0.00			
4 Click to set Reimbursement Method							\$0.00	\$0.00				
5 Click to set Reimbursement Method							\$0.00	\$0.00				
6 Click to set Reimbursement Method							\$0.00	\$0.00				
7 Click to set Reimbursement Method							\$0.00	\$0.00				
8 Click to set Reimbursement Method							\$0.00	\$0.00				
9 Click to set Reimbursement Method							\$0.00	\$0.00				

Contract Management and Analysis

Emergency

The available terms are as follows:

1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent of Charges
9. Percent of Charges – not subject to Fee Schedule
10. Percent of Charges – subject to Claim Limit
11. Percent of Charges – subject to Claim Limit w/Carve Out
12. Per Visit – Based on Fee Schedule
13. Per Visit – Based on Fee Schedule [Lesser Of]
14. Per Visit – Based on Fee Schedule w/Carve Out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA													
Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADD8													
HEALTHAMERICA HMO - Parent		HEALTHAMERICA HMO - Parent		Sort		Standard Contracts		Pro Forma Contracts		Parent contract cannot be versioned...			
				Copy Contracts/Creates Pro Forms		Copy Terms		Reports					
				Save Terms		Add New Row		Delete Selected Term(s)					
Reimbursement Method		Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold		
					Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1 Percent of Charges				2				88.00%	\$0.00	\$0.00			
2 Fee schedule – Contract Specific				1	Rev Code	0350	0359	\$950.00	\$0.00	\$0.00			
3 Fee schedule – Contract Specific				1	Rev Code	0610	0614	\$1,300.00	\$0.00	\$0.00			
4 Click to set Reimbursement Method									\$0.00	\$0.00			
5 Click to set Reimbursement Method									\$0.00	\$0.00			
6 Click to set Reimbursement Method									\$0.00	\$0.00			
7 Click to set Reimbursement Method									\$0.00	\$0.00			
8 Click to set Reimbursement Method									\$0.00	\$0.00			
9 Click to set Reimbursement Method									\$0.00	\$0.00			
10 Click to set Reimbursement Method									\$0.00	\$0.00			
11 Click to set Reimbursement Method									\$0.00	\$0.00			
12 Click to set Reimbursement Method									\$0.00	\$0.00			

Contract Management and Analysis

Urgent Care

The available terms are as follows:

1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent of Charges
9. Percent of Charges – not subject to Fee Schedule
10. Percent of Charges – subject to Claim Limit
11. Percent of Charges – subject to Claim Limit w/Carve Out
12. Per Visit – Based on Fee Schedule
13. Per Visit – Based on Fee Schedule [Lesser Of]
14. Per Visit – Based on Fee Schedule w/Carve Out

HEALTHAMERICA HMO - Parent												
Parent contract cannot be versioned.												
<input type="checkbox"/> Save Terms <input type="checkbox"/> Add New Row <input type="checkbox"/> Delete Selected Term(s)												
Reimbursement Method	Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold		
				Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1							88.00%	\$0.00	\$0.00			
2								\$0.00	\$0.00			
3								\$0.00	\$0.00			
4								\$0.00	\$0.00			
5								\$0.00	\$0.00			
6								\$0.00	\$0.00			
7								\$0.00	\$0.00			
8								\$0.00	\$0.00			
9								\$0.00	\$0.00			
10								\$0.00	\$0.00			
11								\$0.00	\$0.00			
12								\$0.00	\$0.00			

Contract Management and Analysis

Non Patient

The available terms are as follows:

1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent of Charges
9. Percent of Charges – not subject to Fee Schedule
10. Percent of Charges – subject to Claim Limit
11. Percent of Charges – subject to Claim Limit w/Carve Out
12. Per Visit – Based on Fee Schedule
13. Per Visit – Based on Fee Schedule [Lesser Of]
14. Per Visit – Based on Fee Schedule w/Carve Out

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA												
Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADDB												
HEALTHAMERICA HMO - Parent		HEALTHAMERICA HMO - Parent		Sort		Standard Contracts		Pro Forma Contracts		Parent contract cannot be versioned...		
Copy Contracts/Create Pro Forms Copy Terms Reports												
Save Terms Add New Row Delete Selected Term(s)												
Reimbursement Method	Link To Row #	Link To Row By	Priority	Payment Identifiers			Payment Options			Threshold		
				Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1 Click to set Reimbursement Method								\$0.00	\$0.00			
2 Click to set Reimbursement Method								\$0.00	\$0.00			
3 Click to set Reimbursement Method								\$0.00	\$0.00			
4 Click to set Reimbursement Method								\$0.00	\$0.00			
5 Click to set Reimbursement Method								\$0.00	\$0.00			
6 Click to set Reimbursement Method								\$0.00	\$0.00			
7 Click to set Reimbursement Method								\$0.00	\$0.00			
8 Click to set Reimbursement Method								\$0.00	\$0.00			
9 Click to set Reimbursement Method								\$0.00	\$0.00			

Contract Management and Analysis

Stop Loss

The stop loss term settlement components are as follows:

1. Start / End Dates
2. Dollar Threshold
3. Threshold Type
4. Percentage of Billed Charges
5. Method
6. Dollars Not to Exceed
7. Not to Exceed Type
8. Not to Exceed Quantity
9. Exclusions
10. Exclusion Definition
11. Exclusion Codes

Select Quote A Price Charge Maintenance Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisor Administration PARA												
Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate Comments/Notes Contacts ADD8												
HEALTHAMERICA HMO - Parent		HEALTHAMERICA HMO - Parent		Sort By...		Sort		Standard Contracts		Pro Forma Contracts		
Parent contract cannot be versioned...				Copy Contracts/Create Pro Forma		Copy Terms		Reports		Save Stop Loss Data		
	Start Date	End Date	\$ Threshold	Threshold Type	% of Billed Charges	Method	\$ Not To Exceed	Not To Exceed Type	Not To Exceed Qty	Exclusions	Exclusion Definition	Exclusion Codes
1	07/01/09	06/30/10	\$100,000...	Charges	90.00%	2nd Dollar						
2												
3												
4												
5												

Contract Management and Analysis

Blended Rate

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

Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss **Blended Rate** Comments/Notes Contacts ADD8

HEALTHAMERICA HMO - Parent x HEALTHAMERICA HMO - Parent Sort By... Sort Standard Contracts Pro Forma Contracts

Parent contract cannot be versioned... Copy Contracts/Create Pro Forma Copy Terms Reports

Save Blended Rate(s)

	Start Date	End Date	Blended Rate	Notes/Comments
1				
2				
3				
4				
5				

Comments / Notes

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

Summary Inpatient Outpatient Ambulatory Surgical Emergency Urgent Care Non Patient Stop Loss Blended Rate **Comments/Notes** Contacts ADD8

HEALTHAMERICA HMO - Parent x HEALTHAMERICA HMO - Parent Sort By... Sort Standard Contracts Pro Forma Contracts

Parent contract cannot be versioned... Copy Contracts/Create Pro Forma Copy Terms Reports

Save Comments/Notes

Comments/Notes	Entered On (By)
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	
Click here to enter a new comment/note	

Contract Management and Analysis

Contacts

[Select](#) [Quote A Price](#) [Charge Maintenance](#) **Contracts** [Pricing Data](#) [Pricing](#) [Rx / Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Administration](#) [PARA](#)

[Summary](#) [Inpatient](#) [Outpatient](#) [Ambulatory Surgical](#) [Emergency](#) [Urgent Care](#) [Non Patient](#) [Stop Loss](#) [Blended Rate](#) [Comments/Notes](#) **Contacts** [ADDB](#)

HEALTHAMERICA HMO - Parent HEALTHAMERICA HMO - Parent Sort By... [Sort](#) Standard Contracts Pro Forma Contracts

Parent contract cannot be versioned... [Copy Contracts/Create Pro Forms](#) [Copy Terms](#) [Reports](#)

[Save Contact\(s\)](#)

Contact Type	Name	Phone	Address	Addr 2	City	State	Zip
1							
2							
3							
4							
5							

ADDB

[Select](#) [Quote A Price](#) [Charge Maintenance](#) **Contracts** [Pricing Data](#) [Pricing](#) [Rx / Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Administration](#) [PARA](#)

[Summary](#) [Inpatient](#) [Outpatient](#) [Ambulatory Surgical](#) [Emergency](#) [Urgent Care](#) [Non Patient](#) [Stop Loss](#) [Blended Rate](#) [Comments/Notes](#) [Contacts](#) **ADDB**

Select Parent Contract to Filter By... 27302 - BCBS OF ARKANSAS [Sort](#) Standard Contracts Pro Forma Contracts

27302 - BCBS OF ARKANSAS - v.1.2 [Copy Contracts/Create Pro Forms](#) [Copy Terms](#) [Reports](#)

[Previous Results](#) [Next Results](#) Search by HCPCS or Proc Code [Sort By HCPCS](#) [GO](#) [Save Edits](#) [To Excel](#) Changes Only [Upload](#)

Review										Edit							
HCPCS	Market Avg	Rev Code	Fee Sched Amt	Fee Sched Source	CDM Dept	CDM Procedure	CDM Price	CDM Dup	Fee Sched Amt	Market Inflator	MDCR Fee Sch Multiplier	ASC Level	ASC Reimb	% of Chg	CoPay %	CoPay \$	
<input type="checkbox"/> 0001F								No						50%			
<input type="checkbox"/> 0003T								No									
<input type="checkbox"/> 0005F								No									
<input type="checkbox"/> 0008T								No									
<input type="checkbox"/> 00100								No									
<input type="checkbox"/> 00102								No									
<input type="checkbox"/> 00103								No									
<input type="checkbox"/> 00104								No									
<input type="checkbox"/> 00120								No									
<input type="checkbox"/> 00124								No									

Contract Management and Analysis

The Contract Management system is also used for the Charge Quote and Pricing modules.

Charge Quote

PARA Data Editor - Demonstration Hospital [Sales] dbDemo [Contact Support](#) | [Log Out](#)

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

Quote Existing Quotes Administration **User Manual** Eligibility Only

Patient Profile

Create New Quote Save Quote/Generate Estimate CMS Preventive Services Show Contact Details

Medical Record No. Patient Account No. Physician Date Of Service Patient Type Expected LOS
Enter/Select Enter/Select Enter/Select Outpatient

First Name Last Name Discharge Status Requested By Date Of Birth Gender
Select Status... McDonnell, Mary Male

Insurance Information (For Eligibility Only) [\(Click Here for Comprehensive List of Eligibility Payers\)](#)

Eligibility Payer Plan Name Plan Code Group/Bin No Effective Date
Select...

Patient is Member First Name Member Last Name Member ID
Subscriber

Medical				Pharmacy				
Deductible Amount	Deductible Amt Paid	Coinsurance %	Co-Pay	Max Share Of Cost	Deductible Amount	Deductible Amt Paid	Generic Co-Pay	Non-Generic Co-Pay
		Select						

Services

Show Advanced Service Selection Select Package(s)... Enter DRG DRG Grouper

ICD9 Diagnosis Codes
ICD9 Procedure Codes
HCPCS

Save Quote/Generate Estimate

Details

No Activity

Patient Responsibility

Self Pay

Please select the payer from the above, and enter the quote details to calculate Patient Share of Cost

Item	Charge	Qty
------	--------	-----

Contract Management and Analysis

Pricing

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

Pricing Iteration Name	Creator	Last Executed	Market Target	Raise Non Market	Upper Limit	Status
TestPct (ID:8289)	Leslie	02/09/2015	Average		50	Iteration Processed
Test (ID:8273)	Leslie	01/10/2015				Iteration Processed
TestImpStore (ID:8272)	Leslie					Iteration Processed
TestPricing - Wed Nov 19 12:15:20 PST 2014 (ID:7999)	Leslie		Average			Iteration Processed
Test (ID:7981)	Leslie					Iteration Processed
TestPricing (ID:7974)	Leslie	01/10/2015	Average			Iteration Processed
TestGrossPricing (ID:7972)	Leslie	11/19/2014	Midpoint			Iteration Processed
TestHicrshwGoTo (ID:7922)	Leslie	10/20/2014		70	55	Iteration Processed

Remove Cancel Iteration Refresh Iterations Setup Pricing Import Pricing Iteration

Pricing Iteration Name: Base Charge Master Date: 02/01/2014 (AutoStandard) - 20752 Chgs Online

Gross Iteration Date Range: GoTo Charge Master Date: Select GoTo Charge Master Date

Pricing ? 2746 Test Max End Date: 01/01/2013 - 06/30/2013

Market Target: Midpoint Average Percentile

Market Inflator: % Raise Non Market Items: % Upper Limit: % Do Not Lower: Lower Limit: % Abv APC/Fee Sched: %

Modifier: or Hold Mkt: Flat Rate: % Use Go To: Price Categories: Default

Revenue Stream: Anesthesia Professional Hold: Mkt: Flat Rate: % HCPCS: UB Code:

Department: 3010 - MED/SURG INTENSIVE C Hold: Mkt: Flat Rate: % HCPCS: UB Code:

Pricing Iteration Parameters

Type	Value	Code	Rate	Price Category
Market Target	Midpoint			Default
Lower Limit			Hold	Default
Base CDM Date	02/01/2014			Default
Date Range	01/01/2013 - 06/30/2013			Default

Remove

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