

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 **PARA 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 **PARA Data Editor**, a multi-function web based revenue cycle management and analysis tool.

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

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
800-999-3332 x219 varchuleta@para-hcfs.com
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
Generic 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 PDF 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 3096 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

Page 1 of 589 Displaying Articles 1 - 23 of 13527

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 **PARA** Data Requirements

[PARA Data Requirements](#)

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

[PARA Secure File Transfer User Guide](#)

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

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

Sales **Operations** TPI Map User Log File Transfer Log Client/Advisory Maintenance PT Map INS Map DEPT Map BB Admin Data CDM Maintenance

Filter Hospitals

Projects

Data 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		☐	☐
Charge Description Master	09/03/2014	2/24/2015	1/1/2014			AutoStandard	☐	☐
Claims Data - EDI (837)	02/25/2013						☐	☐
Claims Data - SCAN / FAX	02/24/2015						☐	☐
Department Crosswalk							☐	☐
HIM Coded HCPCS	07/02/2013		01/01/2012	01/01/2012	01/02/2013		☐	☐
HIM Coded ICD-9 Diagnoses	12/17/2012		12/01/2012	11/01/2012	11/30/2012		☐	☐
HIM Coded ICD-9 Procedures	12/17/2012		12/25/2012	12/20/2012	12/24/2012		☐	☐
Insurance Crosswalk	09/03/2014		9/2/2014				☐	☐
Order Entry	02/01/2014		01/01/2014				☐	☐
PARA TEST	12/16/2012						☐	☐
Patient Type Crosswalk	09/03/2014		9/2/2014				☐	☐
Payer Contract Matrix	01/06/2013						☐	☐
Pharmacy Detail / Cost	10/10/2013		09/24/2013				☐	☐
Pharmacy Mark-up	01/08/2013		01/01/2013				☐	☐
Pharmacy NDC	09/03/2014	10/13/2014	10/1/2014			Auto	☐	☐
Revenue and Usage	02/28/2013	7/5/2013	02/28/2013	1/1/2013	5/31/2013	Auto	☐	☐
Supply Detail Cost PIM	08/26/2014	8/27/2014	8/27/2014			Auto	☐	☐

Update Data Tables Pricing Ready ☒

Data Table History

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Contract Management and Analysis

Contract Summary Tab

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

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 Contracts ADD8

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

BLUE CROSS - Parent
Total Contracts Assigned: 5

Blue Shield 2010 Rates - Parent
Total Contracts Assigned: 0

BLUE SHIELD MANAGED CARE PLAN - Parent
Total Contracts Assigned: 0

BLUE SHIELD MANAGED CARE PLAN - Parent
Total Contracts Assigned: 2

CIGNA - Parent
Total Contracts Assigned: 2

GATEWAY MEDICARE ASSURED - Parent
Total Contracts Assigned: 1

HEALTHAMERICA HMO - Parent
Total Contracts Assigned: 7

SOUTH CENTRAL PREFERRED - Parent
Total Contracts Assigned: 3

Contract Name: This contract is set as a Parent: Bind to this Pro Forma model: Select Pro Forma Model to bind this to... Save Contract

Contract Term: From: To: Co-Pay - Annual: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Annual Revenue Inflation Cap: 0.01 % % of Medicare: % Total Charges: Reimbursement is void for Parents

Required Notice Period: Days Renewal Status Warning: Days Rebillable: Yes Interest Rate of Late Payment: % Pro Fees Billable: No

Reimbursement Table Transaction Date Range: From: 07/01/2009 To: 06/30/2010 Reimbursement Table Creation Date: 06/30/2010

2. Selection of individual contracts for payment term analysis

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 Contracts ADD8

Select Parent Contract to Filter By... MC - MEDICARE Sort Standard Contracts Pro Forma Contracts

*Contract Mnemonic: *Insurance Company Name: PABSMAN - BLUE SHIELD MANAGED CARE PLAN
MC MEDICARE Total Charge: \$34,009,092.34

BC - BLUE CROSS
Total Charge: \$19,092,942.40

MCA.BS - MEDICARE ADVANTAGE/BLUE SHIELD
Total Charge: \$7,370,815.11

GATE - GATEWAY
Total Charge: \$7,289,435.79

MCA.OTH - MEDICARE ADVANTAGE ALL OTHERS
Total Charge: \$6,246,336.13

SP - SELF PAY
Total Charge: \$6,015,698.04

HGH - SOUTH CENTRAL PREFERRED
Total Charge: \$4,809,728.67

SCP - SOUTH CENTRAL PREFERRED
Total Charge: \$4,358,780.16

Bind to this Pro Forma model: Select Pro Forma Model to bind this to... Save Contract

Co-Pay - Annual: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Annual Revenue Inflation Cap: % % of Medicare: % Total Charges:

Reimbursement Table Transaction Date Range: From: 07/01/2009 To: 06/30/2010 Reimbursement Table Creation Date: 06/30/2010

Contract Management and Analysis

Contract Summary Tab (continued)

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

- Total Charges
- Contract Mnemonic
- Insurance Name

The screenshot displays the 'Contracts' tab in a software application. At the top, there is a navigation bar with tabs: Select, Quote A Price, Charge Maintenance, Contracts (highlighted), Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Administration, and PARA. Below this is a sub-navigation bar with tabs: Summary (highlighted), Inpatient, Outpatient, Ambulatory Surgical, Emergency, Urgent Care, Non Patient, Stop Loss, Blended Rate, Comments/Notes, Contracts, and ADD8. The main area shows a 'Select Parent Contract to Filter By...' dropdown set to 'MC - MEDICARE'. Below this, there are fields for '*Contract Mnemonic:' (MC) and '*Insurance Company Name:' (MEDICARE). A 'Bind to this Parent contract' section includes a dropdown for 'Select Parent contract to bind this to...' and a 'Select Pro Forma Model to bind this to...' dropdown. A 'Sort' button is visible, and a 'Save Contract' button is at the bottom right. The 'Total Charges' field is highlighted in the list of fields to be sorted.

4. Copy terms from one contract to another

The screenshot shows the same 'Contracts' tab interface as above, but with a 'Copy Terms' dialog box open. The dialog box has a title bar 'Copy MC - MEDICARE - v.1.0 Terms to Selected Contracts'. It contains a 'Select Patient Type to Copy' dropdown, a checkbox for 'Copy within contract - Terms from Patient Type above to Patient Type below:', and a 'Select Patient Type to Copy to...' dropdown. Below these is a list of contracts to copy to, including 'GATEWAY MEDICARE ASSURED - Parent', 'UNISON - Parent', 'BLUE SHIELD MANAGED CARE PLAN - Parent', 'SOUTH CENTRAL PREFERRED - Parent', 'BLUE CROSS - Parent', 'HEALTHAMERICA HMO - Parent', and 'BLUE SHIELD MANAGED CARE PLAN - Parent'. At the bottom of the dialog are buttons for 'Action', 'Add New Contract', and 'Copy Terms to Selected Contracts'. The background interface shows the 'Copy Contracts/Create Pro Forma' button and the 'Copy Terms' button highlighted.

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

The screenshot displays the 'Contract Management and Analysis' software interface. The 'Contracts' tab is selected in the top navigation bar. Below the navigation bar, the 'Summary' sub-tab is active. The main area shows contract details for '20 - BLUE CROSS'. A 'Contract Reports' pop-up menu is open, listing three report types: 'Contract Summary Reports', 'Contract Audit Reports', and 'Contract Forecasting Reports'. Each report type has an 'Export Report' button. The background interface includes fields for 'Contract Mnemonic', 'Insurance Company Name', 'Contract Term', and various co-pay rates. At the bottom, a table lists 'Hospital Patient Type' and 'Total Charge(s) Per Hospital Patient Type'.

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

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 **PARA** has assigned to the contracts.

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 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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days

Billing Time Limit: Payment Late Penalty: Pre-Authorization: Total Charges:

Contract Reports Description Export Report

- Contract Summary Reports Select Report
- Contract Audit Reports Comprehensive Term Summary %
- Contract Forecasting Reports Comprehensive Stop Loss Term Summary %
- Contract Hierarchy

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

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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 PARA 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 OUTPRO - Parent	ASC – Contract Specific			0.00				
35828	Ambulatory Surgical	BC OUTPRO - Parent	Case Rate – based on HCPCS	50590	50590	6,300.00				Lithotripsy
35828	Ambulatory Surgical	BC OUTPRO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Ambulatory Surgical	BC OUTPRO - Parent	Fee schedule – Contract Specific	0610	0619	825.00				MRI
35828	Emergency	BC OUTPRO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Emergency	BC OUTPRO - Parent	Percent of Charges			75.00				All Other
35828	Inpatient	BC OUTPRO - Parent	Case Rate – based on DRG	765	766	3,500.00	Day	4.00		C-Section
35828	Inpatient	BC OUTPRO - Parent	DRG – Medicare Weight	001	999	8,800.00				
35828	Inpatient	BC OUTPRO - Parent	DRG – Special Weight	222	222	22.00				Cardiac Defib Implant with Cardiac Cath
35828	Inpatient	BC OUTPRO - Parent	Fee schedule – Contract Specific	36415	36415	9.00				Venipuncture
35828	Inpatient	BC OUTPRO - Parent	Per Diem – based on Rev Code	945	945	875.00				Rehab with CC/MCC
35828	Inpatient	BC OUTPRO - Parent	Percent of Charges	0110	0110	1,500.00				Private Room
35828	Inpatient	BC OUTPRO - Parent	Percent of Charges	0274	0274	50.00				Implants
35828	Outpatient	BC OUTPRO - Parent	Fee schedule – Contract Specific	0610	0619	825.00				MRI
35828	Outpatient	BC OUTPRO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Outpatient	BC OUTPRO - Parent	Percent of Charges	0762	0762	75.00			2,200.00	Observation
35828	Outpatient	BC OUTPRO - Parent	Percent of Charges			75.00				All Other
35828	Urgent Care	BC OUTPRO - Parent	Fee schedule – Contract Specific	0350	0359	610.00				CT
35828	Urgent Care	BC OUTPRO - Parent	Fee schedule – Contract Specific	0610	0619	825.00				MRI
35828	Urgent Care	BC OUTPRO - 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 Type Exceed	Qty			
35828	BC OUTPPD - Parent	10/2/2010		123.00								
35828	BC OUTPPD - Parent	10/21/2010		25,000.00								
38738	32183 - BC OUTPPD	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)

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 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

Insurance Contract Type: Contract Term: From: To: Co-Pay - Annual: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Office: Revenue Inflation Cap: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days Billing Time Limit: Rebillable: Yes Payment Late Penalty: Pre-Authorization:

Contract Reports

Description Export Report

Contract Summary Reports Select Report

Contract Audit Reports Select Report

Contract Forecasting 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

Total Charges:

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	Med Patient	\$0.00

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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 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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days Billing Time Limit: Payment Late Penalty: Pre-Authorization: Total Charges:

Contract Audit Reports - Settlement Summary

Select Patient Type(s): ☐ All Patient Types ☒ Inpatient ☐ Outpatient ☐ Emergency ☐ Ambulatory Surgical

Contract Forecasting Reports Get Report

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

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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 Reimbursement	Estimated Reimbursement	% 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 **PARA** 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 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 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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days Billing Time Limit: Payment Late Penalty: Pre-Authorization: Total Charges:

Contract Audit Reports - Insurance Proof Settlement

This report requires the selection of an Iteration:
Final FY2011 Pricing

Select Patient Type(s):
☒ Inpatient ☐ Outpatient ☐ Emergency ☐ Ambulatory Surgical

Get Report

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

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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	Reimb Type
Insurance Proof Settlement Report																						
Base CDM Date: 12/06/2019																						
Date Range: 10/1/2009 - 09/30/2019																						
139	50977	29	35	O	5403	10/1/2009	10/1/2009	1	194	0	1	1	521	5210106	MAMMOGRAM SCREENING BL	194	77057		387	Percent of Charges (D/LT)		
176	50979	53	45	O	5401	10/1/2009	10/1/2009	1	430	0	1	1	540	5212105	MAMMOGRAM BLAT	180	77058		240	Percent of Charges (D/LT)		
176	50979	53	45	O	5401	10/1/2009	10/1/2009	1	430	0	2	1	521	5212110	MAMMOGRAM BLAT	180	77058		420	Percent of Charges (D/LT)		
256	509124	54	54	O	5300	10/2/2009	10/2/2009	1	119	0	1	1	540	5020541	VENIPUNCTURE	28	56415		28	Fixed		
256	509124	54	54	O	5300	10/2/2009	10/2/2009	1	119	0	2	1	540	5020517	D-DIMER	91	56378		119	Fixed		
400	502039	53	52	O	5730	10/4/2009	10/4/2009	1	2,485	0	1	1	540	5020508	EKG	181	55005		181	Fixed		
400	502039	53	52	O	5450	10/4/2009	10/4/2009	1	2,485	0	2	1	579	5792339	ED FAC LEVEL 5 W/PROC	796	56265		2,865	Fixed		
412	509311	71	70	O	5762	10/4/2009	10/5/2009	1	7,055	0	1	1	510	5101981	OBSERV W/MONTON FIRST HR	629	56378		629	Fixed		
412	509311	71	70	O	5450	10/4/2009	10/5/2009	1	7,055	0	2	1	579	5792339	ED FAC LEVEL 5 W/PROC	796	56265		7,685	Fixed		
419	509320	69	62	O	5320	10/4/2009	10/4/2009	1	901	0	1	1	521	5210506	FRAGILE HAIR 3 VIEWS	181	51149		181	Fixed		
419	509320	69	62	O	5450	10/4/2009	10/4/2009	1	901	0	2	1	579	5792337	ED FAC LEVEL 5 W/PROC	512	56265		901	Fixed		
467	509362	67	72	O	5308	10/5/2009	10/5/2009	1	1,523	0	1	1	540	5020501	CRK W/AUTO DFP	144	56026		144	Fixed		
467	509362	67	72	O	5450	10/5/2009	10/5/2009	1	1,523	0	2	1	579	5792337	ED FAC LEVEL 5 W/PROC	512	56265		1,523	Fixed		
491	509399	53	50	O	5762	10/5/2009	10/5/2009	1	6,187	0	1	1	510	5101987	OBSERVATION FIRST HOUR	449	56378		449	Fixed		
491	509399	53	50	O	5450	10/5/2009	10/5/2009	1	6,187	0	2	1	579	5792339	ED FAC LEVEL 5 W/PROC	796	56265		6,187	Fixed		
528	509468	51	70	O	5762	10/5/2009	10/6/2009	1	-322	0	1	1	510	5101987	OBSERVATION FIRST HOUR	449	56378		449	Fixed		
528	509468	51	70	O	5450	10/5/2009	10/6/2009	1	-322	0	2	1	579	5792422	ADD SEQ NY SAME DRUG	42	56378		18,236	Fixed		
529	509469	50	45	O	5341	10/5/2009	10/5/2009	1	1,624	0	1	1	521	5212253	MR HEPATOBILIARY INJECT	1,559	51223		1,559	Percent of Charges (D/LT)		
529	509469	50	45	O	5343	10/5/2009	10/6/2009	1	1,624	0	2	1	521	5215406	ISOTOPE HDA	110	43657		1,624	Percent of Charges (D/LT)		
577	509520	53	54	O	5730	10/6/2009	10/6/2009	1	440	0	1	1	540	5020508	EKG	181	55005		181	Percent of Charges (Rev Code)		
577	509520	53	54	O	5301	10/6/2009	10/6/2009	1	440	0	2	1	540	5020537	KV	32	54132		440	Fixed (Rev Code)		
672	509637	54	50	O	5321	10/7/2009	10/8/2009	1	5,174	0	1	1	510	5100647	HOLM CHISEL ADULT	1,357			1,357	Fixed		
676	509637	54	50	O	5450	10/7/2009	10/8/2009	1	5,174	0	2	1	579	5792368	FOLEY CATH INSERTION	123	51762		5,174	Fixed		
758	509726	52	52	O	5308	10/7/2009	10/7/2009	1	-100	0	1	1	540	5020501	CRK W/AUTO DFP	144	56026		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)

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 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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days Billing Time Limit: Payment Late Penalty: Pre-Authorization: Total Charges:

Contract Audit Reports - Department Payer Settlement

This report requires the selection of an Iteration:
Final FY2011 Pricing

This report requires the entry of a department:

Select Patient Type(s):
☐ Inpatient ☒ Outpatient ☐ Emergency ☐ Ambulatory Surgical

Get Report

Hospital Patient Type	Non-Patient	Non-Patient	Non-Patient
24 - ACS/SDS	Inpatient	\$76,000.00	9
3 - ICCU	Inpatient	\$2,915,000.00	3
1 - MED/SURG	Inpatient	\$0.00	3
10 - IP REHAB	Inpatient	\$239,530.21	3
2 - PEDS	Inpatient	\$442,210.79	3
5 - NB	Inpatient	\$29,527.56	3
6 - LEVEL2NSY	Inpatient	\$1,600,756.79	3
4 - OB	Inpatient	\$0.00	3
7 - HOSPICE	Inpatient	\$0.00	3
07 - AMP	Non-Patient	\$0.00	0

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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 Type	Admit Dt	Discharge Dt	LOS	Chrg	Paym	Adjctm	Rev	Old P	New P	DRG	CPT Co	QTY	Reimbursement Method	Reimbursement Amount	Reimbursement %	Reimbursement Match	Reimbursement Notes
CDM: 12562550																											
Revenue: 10000000-10000000																											
402	1	1	10/09/19	F	310001	OSCEAN VENTILATOR/STRUCTURE	000001	00	0	0	10/09/19	10/09/19	1	7,893.45	7,893.45	0.00	629.00	629.00	629.00	F142	00070	1	FIXED	0.00%	---		
401	1	1	10/09/19	F	310067	OSCEAN VENTILATOR/STRUCTURE	000004	03	0	0	10/09/19	10/09/19	1	1,947.62	1,947.62	0.00	489.00	489.00	489.00	F142	00070	1	FIXED	0.00%	---		
324	1	1	10/09/19	F	310067	OSCEAN VENTILATOR/STRUCTURE	000004	01	0	0	10/09/19	10/09/19	1	11,224.04	1,222.41	0.00	489.00	489.00	489.00	F142	00070	1	FIXED	0.00%	---		
476	1	1	10/09/19	F	310047	PROCHARGE ADULT	000007	24	0	0	10/09/19	10/09/19	1	5,073.07	5,073.07	0.00	1,272.00	1,272.00	1,473.00	F101		1	FIXED	0.00%	---		
178	1	1	10/09/19	F	310001	OSCEAN VENTILATOR/STRUCTURE	000004	05	0	0	10/09/19	10/09/19	1	5,918.00	7,152.00	0.00	629.00	629.00	629.00	F142	00070	1	FIXED	0.00%	---		
134	1	1	10/09/19	F	310001	OSCEAN VENTILATOR/STRUCTURE	000004	03	0	0	10/09/19	10/09/19	1	4,791.24	4,791.24	0.00	629.00	629.00	629.00	F142	00070	1	Percentage of Charge (PCT)	89.11%	89.00%		
162	1	1	10/09/19	F	310067	OSCEAN VENTILATOR/STRUCTURE	000008	47	0	0	10/09/19	10/09/19	1	14,524.50	14,524.50	0.00	489.00	489.00	489.00	F142	00070	1	FIXED	0.00%	---		
935	1	1	10/09/19	F	310047	PROCHARGE ADULT	000008	23	0	0	10/09/19	10/09/19	1	3,242.89	3,242.89	0.00	1,272.00	1,272.00	1,473.00	F101		1	FIXED	0.00%	---		
142	1	1	10/09/19	F	310061	PT/RESP/INTUBAL	000001	47	0	0	10/09/19	10/09/19	1	181.76	181.76	0.00	629.00	629.00	629.00	F142	00070	1	FIXED	0.00%	---		
994	1	1	10/09/19	F	310001	OSCEAN VENTILATOR/STRUCTURE	000004	01	0	0	10/09/19	10/09/19	1	3,442.24	327.59	0.00	629.00	629.00	629.00	F142	00070	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)

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 AADB

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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Renewal Status: Billing Time Limit: Payment Late Penalty: Pre-Authorization: Total Charges:

Contract Audit Reports - Top 100 Claims by settlement less than Medicare Settlement

Select Patient Type(s):
☐ All Patient Types ☒ Inpatient ☐ Outpatient ☐ Emergency ☐ Ambulatory Surgical

Contract Summary Reports Get Report
Contract Audit Reports Select Report
Contract Forecasting Reports Select Report

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

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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	5252	01143119	91933	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	91991	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	91994	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	5252	01143119	91925	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		43.01	5251	01143119	91172	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	91278	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	91964	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	91675	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		93.00	5301	01143120	590	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	595	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	31104	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	31211	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	31225	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	31229	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	31235	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		32.00	5781	01143131	31285	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	31371	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	91952	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		41.05	5252	01143119	91972	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	5251	01143119	91125	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		11.38	5251	01143119	91133	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		12.75	5251	01143119	91371	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	5252	01143119	91364	05/31/09	0	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		15.90	5250	01143119	91931	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		52.74	5258	01143119	91966	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		5.00	5251	01143119	91905	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	5252	01143119	91933	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		8.00	5251	01143119	91954	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		26.70	5252	01143119	91925	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		45.01	5251	01143119	91172	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		65.10	5257	01143119	91964	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		11.90	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		18.00	5305	01143120	595	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	5272	01143131	31211	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	31225	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	31229	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	31235	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		288.00	5412	01143131	31371	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		5.00		NCOR	91191	05/31/09	1	
								152,796,674.40	62,308,021.05	90,488,653.35		55,970.50	148,202.40					

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)

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 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: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Renewal Status: Billing Time Limit: Payment Late Penalty: Pre-Authorization:

Contract Audit Reports - Top 100 Claims by Charges less than Contract Settlement

Select Patient Type(s):
☐ All Patient Types ☒ Inpatient ☒ Outpatient ☐ Emergency ☐ Ambulatory Surgical

Contract Summary Reports Get Report
Contract Audit Reports Select Reports
Contract Forecasting Reports Select Report

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

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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 Name	PT	Patient Type	Admit Date	Discharge Date	Charges	Payments	Adjustments	Medicare Reimbursement	Revenue Code	Department Code	Procedure Code	Trans Date	QTY	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 Type E																				
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		2.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		4.00 7630	7630	7630	08/04/09	2	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		8.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		79.40 2100 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		23.23 4700 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
65	747576	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	302.00	302.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
1,912.00 1,912.00 0.00 182.71 382.00																				
23	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	287.00	287.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
23	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	287.00	287.00		43.00 2100 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
23	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	287.00	287.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
1,912.00 1,912.00 0.00 49.30 297.00																				
29	709843	CIGNA	CIGNA OF TRICHCAT	ER	E	04/01/09	04/01/09	333.00	333.00		0.00 7630	7630	7630	04/01/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
29	709843	CIGNA	CIGNA OF TRICHCAT	ER	E	04/01/09	04/01/09	333.00	333.00		79.40 2100 7630	7630	7630	04/01/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
29	709843	CIGNA	CIGNA OF TRICHCAT	ER	E	04/01/09	04/01/09	333.00	333.00		0.00 7630	7630	7630	04/01/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
684.00 678.00 295.20 79.40 279.00																				
24	737702	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	257.00	257.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
24	737702	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	257.00	257.00		79.40 2100 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
24	737702	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	257.00	257.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
1,829.00 0.00 0.00 79.40 257.00																				
31	702078	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	289.00	289.00		0.00 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
31	702078	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	289.00	289.00		4.00 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
31	702078	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	289.00	289.00		0.00 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
697.00 0.00 0.00 79.40 279.00																				
15	709843	CIGNA	CIGNA OF TRICHCAT	ER	E	04/01/09	04/01/09	255.00	255.00		79.40 2100 7630	7630	7630	04/01/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
15	709843	CIGNA	CIGNA OF TRICHCAT	ER	E	04/01/09	04/01/09	255.00	255.00		0.00 7630	7630	7630	04/01/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
422.00 0.00 0.00 79.40 279.00																				
25	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	284.00	284.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
25	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	284.00	284.00		79.40 2100 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
25	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	284.00	284.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
25	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	284.00	284.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
1,328.00 0.00 0.00 79.40 279.00																				
72	703041	CIGNA	CIGNA OF TRICHCAT	ER	E	07/05/09	07/05/09	284.00	284.00		0.00 7630	7630	7630	07/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
72	703041	CIGNA	CIGNA OF TRICHCAT	ER	E	07/05/09	07/05/09	284.00	284.00		79.40 2100 7630	7630	7630	07/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
72	703041	CIGNA	CIGNA OF TRICHCAT	ER	E	07/05/09	07/05/09	284.00	284.00		0.00 7630	7630	7630	07/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
548.00 548.00 0.00 129.11 356.00																				
18	807056	CIGNA	CIGNA OF TRICHCAT	ER	E	03/07/09	03/07/09	232.00	232.00		0.00 7630	7630	7630	03/07/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
18	807056	CIGNA	CIGNA OF TRICHCAT	ER	E	03/07/09	03/07/09	232.00	232.00		43.30 2100 7630	7630	7630	03/07/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
422.00 0.00 0.00 49.30 279.00																				
26	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	885.00	885.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
26	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	885.00	885.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
26	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	885.00	885.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
26	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	885.00	885.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
26	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	885.00	885.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
4,375.00 2,475.00 1,375.00 279.00 885.00																				
17	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	232.00	232.00		79.40 2100 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
17	750429	CIGNA	CIGNA OF TRICHCAT	ER	E	08/04/09	08/04/09	232.00	232.00		0.00 7630	7630	7630	08/04/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
422.00 137.40 44.40 79.40 279.00																				
19	720371	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	284.00	284.00		0.00 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
19	720371	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	284.00	284.00		79.40 2100 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
19	720371	CIGNA	CIGNA OF TRICHCAT	ER	E	05/05/09	05/05/09	284.00	284.00		0.00 7630	7630	7630	05/05/09	1	Per Visit - Based on Fee Schedule (REV CODE)	000.00	000.00		
648.00 0.00 0.00 79.40 279.00																				

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)

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 ADOB

Select Parent Contract to Filter By... MCR - Medicare Sort Standard Contracts Pro Forma Contracts

Contract Management and Analysis Process MCR - Medicare - v.1.2 Copy Contracts/Create Pro Forma Copy Terms Reports

*Contract Mnemonic: MCR *Insurance Company Name: Medicare Bind to this Parent contract: Select Parent contract to bind this to... Bind to this Pro Forma model: No Pro Forma Contracts

☐ Parent contract Save Contract

Insurance Contract Type: Contract Term: From: To: Co-Pay - Annual: Co-Pay - Outpatient: Co-Pay - Inpatient per Admit: Co-Pay - Emergency: Co-Pay - Office: Revenue Inflation Cap: % of Medicare: %

Contract Term Effective Basis: Required Notice Period: Days Renewal Status: Renewal Status Warning: Days

Billing Time Limit: Contract Reports Contract Audit - Custom Account Search Export Report Select Report Select Report Select Report

Payment Late Penalty: Pre-Authorization: Total Charges:

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

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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 quantify the impact against an existing book of business.

SelectQuote A PriceCharge MaintenanceContractsPricing DataPricingRx / SuppliesFiltersCDMCalculatorAdvisorAdministrationPARA

SummaryInpatientOutpatientAmbulatory SurgicalEmergencyUrgent CareNon PatientStop LossBlended RateComments/NotesContactsADD8

Select Parent Contract to Filter By...PABS - PENNSYLVANIA BLUE SHIELD - ProSortStandard ContractsPro Forma ContractsParent contract cannot be versioned...Copy Contracts/Create Pro FormaCopy TermsReports

*Contract Mnemonic:PABS

*Insurance Company Name:PENNSYLVANIA BLUE SHIELD

☐ Parent contract

Insurance Contract Type:

Contract Term Effective Basis:

Renewal Status:

Billing Time Limit:Days

Payment Late Penalty:Days

Pre-Authorization:No

Bind to this Parent contract:

Bind to this Pro Forma model:
Select a non-Pro Forma Contract

BLUE CROSS - Parent

Blue Shield 2010 Rates - Parent

BLUE SHIELD MANAGED CARE PLAN - Parent

BLUE SHIELD MANAGED CARE PLAN - Parent

CIGNA - Parent

GATEWAY MEDICARE ASSURED - Parent

HEALTHAMERICA HMO - Parent

SOUTH CENTRAL PREFERRED - Parent

UNISON - Parent

UNITED HEALTH CARE - Parent

Save Contract

ay - Annual:

Outpatient:

- Inpatient
per Admit:

Due Inflation
Cap:

of Medicare:

Reimbursement Data - Excel Export (This) | Excel Export (All)

Reimbursement Table Transaction Date Range:
From: 07/01/2009 To: 06/30/2010

Reimbursement Table Creation Date:
06/30/2010

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

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Page 23

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

SelectQuote A PriceCharge MaintenanceContractsPricing DataPricingRx / SuppliesFiltersCDMCalculatorAdvisorAdministrationPARA

SummaryInpatientOutpatientAmbulatory SurgicalEmergencyUrgent CareNon PatientStop LossBlended RateComments/NotesContractsADD8

HEALTHAMERICA HMO - ParentHEALTHAMERICA HMO - Parent

Parent contract cannot be versioned...

SortStandard ContractsPro Forma ContractsCopy Contracts/Create Pro FormaCopy TermsReports

Save TermsAdd New RowDelete 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)

				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 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 Contracts ADDB																																																																																																																																																											
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<table> <tr> <th colspan="3"></th><th colspan="3">Payment Identifiers</th><th colspan="3">Payment Options</th><th colspan="3">Threshold</th><th></th></tr> <tr> <th>Reimbursement Method</th><th>Link To Row #</th><th>Link To Row By</th><th>Priority</th><th>Code Type</th><th>Code From</th><th>Code To</th><th>Value</th><th>NTE</th><th>Claim Cap</th><th>Type</th><th>Unit</th><th>Link To Row #</th></tr> <tr> <td>1 Percent of Charges</td><td></td><td></td><td>2</td><td></td><td></td><td></td><td>88.00%</td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td></tr> <tr> <td>2 Fee schedule – Contract Specific</td><td></td><td></td><td>1</td><td>Rev Code</td><td>0350</td><td>0359</td><td>\$950.00</td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td></tr> <tr> <td>3 Fee schedule – Contract Specific</td><td></td><td></td><td>1</td><td>Rev Code</td><td>0610</td><td>0614</td><td>\$1,300.00</td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td></tr> <tr> <td>4 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> <tr> <td>5 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> <tr> <td>6 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> <tr> <td>7 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> <tr> <td>8 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> <tr> <td>9 Click to set Reimbursement Method</td><td></td><td></td><td></td><td></td><td></td><td></td><td>\$0.00</td><td>\$0.00</td><td></td><td></td><td></td><td></td></tr> </table>																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 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				
			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 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																																																																																																																																																		
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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																																																																																																																																																																																																		
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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

SelectQuote A PriceCharge MaintenanceContractsPricing DataPricingRx / SuppliesFiltersCDMCalculatorAdvisorAdministrationPARA SummaryInpatientOutpatientAmbulatory SurgicalEmergencyUrgent CareNon PatientStop LossBlended RateComments/NotesContactsADDB HEALTHAMERICA HMO - ParentHEALTHAMERICA HMO - Parent Sort Standard ContractsPro Forma Contracts Parent contract cannot be versioned... Copy Contracts/Create Pro FormsCopy TermsReports Save TermsAdd New RowDelete 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 Percent of Charges							88.00%	\$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			
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

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 ADD8													
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)													
				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 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

The screenshot shows the 'Stop Loss' configuration window. At the top, there is a navigation bar with tabs: Select, Quote A Price, Charge Maintenance, Contracts (highlighted), Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Administration, and PARA. Below this is a sub-navigation bar with tabs: Summary, Inpatient, Outpatient, Ambulatory Surgical, Emergency, Urgent Care, Non Patient, Stop Loss (highlighted), Blended Rate, Comments/Notes, Contacts, and ADD8. The main area contains a form for configuring stop loss terms. It includes a dropdown for 'HEALTHAMERICA HMO - Parent', a 'Sort By...' dropdown, and a 'Sort' button. Below these are buttons for 'Copy Contracts/Create Pro Forma', 'Copy Terms', and 'Reports'. A 'Save Stop Loss Data' button with a green checkmark is also present. The main table has columns: 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, and Exclusion Codes. The first row shows: 1, 07/01/09, 06/30/10, \$100,000..., Charges, 90.00%, 2nd Dollar. Rows 2 through 5 are empty.

	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 x 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 \$	
0001F								No						50%			
0003T								No									
0005F								No									
0008T								No									
00100								No									
00102								No									
00103								No									
00104								No									
00120								No									
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:

First Name:* Last Name:* Discharge Status: Requested By: Date Of Birth:* Gender:

Insurance Information (For Eligibility Only) (Click Here for Comprehensive List of Eligibility Payers)

Eligibility Payer: Plan Name: Plan Code: Group/Bin No: Effective Date:

Patient is: Member First Name: Member Last Name: Member ID:

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

Services

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

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

Services

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

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Contract Management and Analysis

Pricing

PARA Data Editor - Demonstration Hospital [Sales]

dbDemo

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[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
TestHicarcHicarcGoTo (ID:7922)	Leslie	10/20/2014		70	55	Iteration Processed

[Remove](#) [Cancel Iteration](#) [Refresh Iterations](#) [Setup Pricing](#) [Import Pricing Iteration](#)

☐ Gross Pricing ?

☐ Iteration Date Range

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

Base Charge Master Date

02/01/2014 (AutoStandard) - 20752 Chgs Online

GoTo Charge Master Date

Select GoTo Charge Master Date

Market Target
☒ Midpoint
☐ Average
☐ Percentile

Market Inflator
%

Raise Non Market Items
%

Upper Limit
%

Do Not Lower
☒

Lower Limit
0 %

Abv APC/Fee Sched
0 %

Modifier or
▼

Hold Mkt Flat Rate
☐ ☐ %

Use Go To
☐

Price Categories
Default ▼

Revenue Stream
Anesthesia Professional ▼

Hold ☐

Mkt ☐

Flat Rate
14 %

HCPCS
UB Code

Department
3010 - MED/SURG INTENSIVE C ▼

Hold ☐

Mkt ☐

Flat Rate
%

HCPCS
UB Code

Pricing Iteration Parameters[Remove](#)[Clear](#) [Save](#) [Execute...](#) [View Report\(s\)...](#)

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