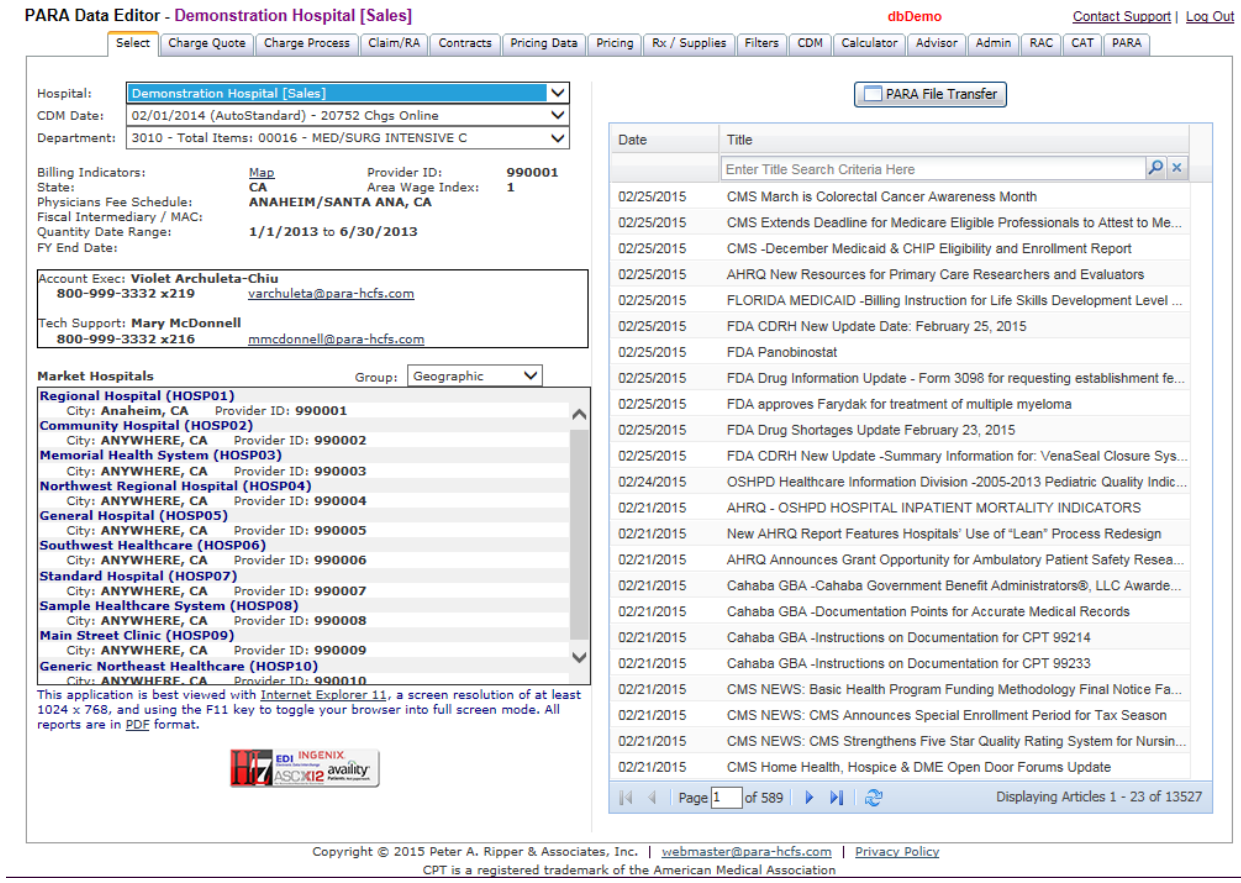
Contract Management and Analysis

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.



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

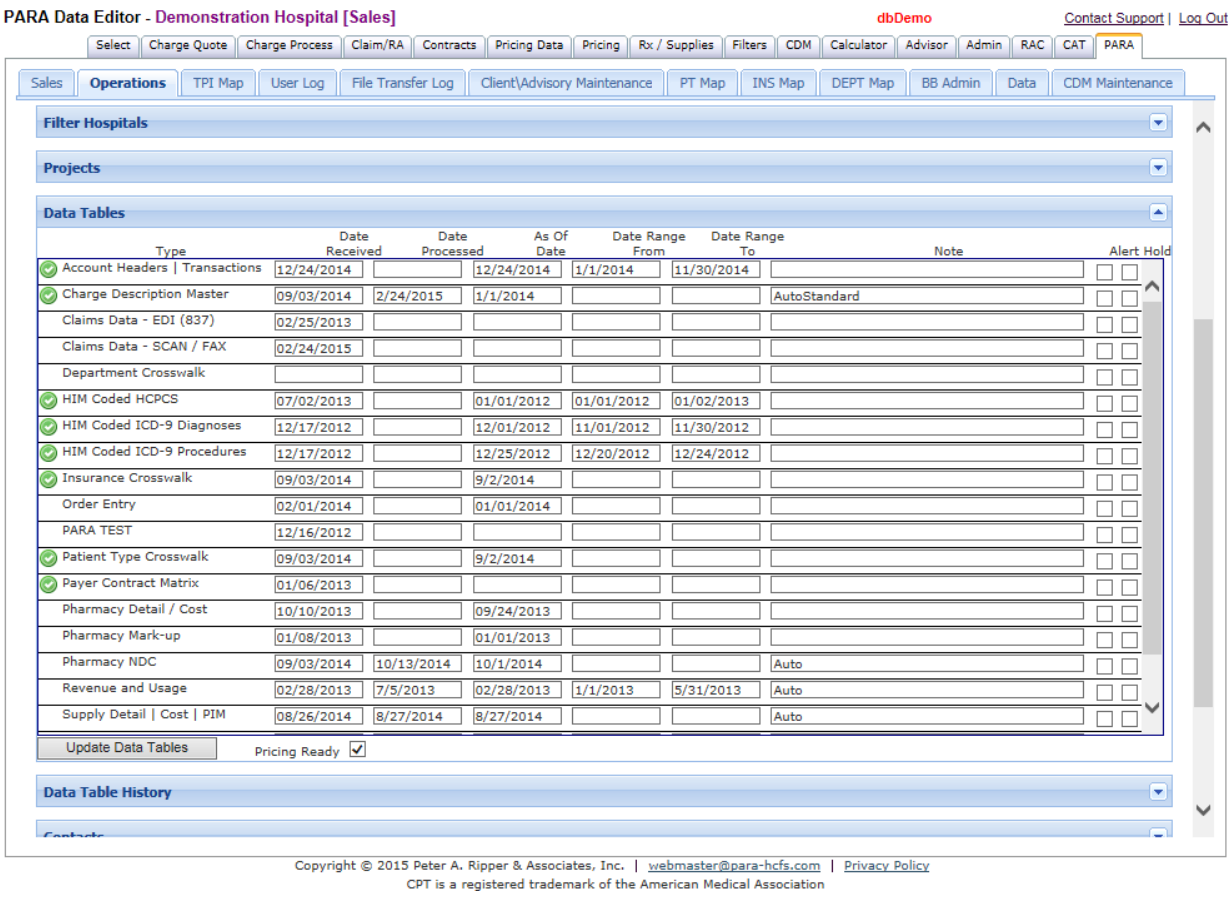
Pasted below is a link to the **PARA** Data Requirements

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.

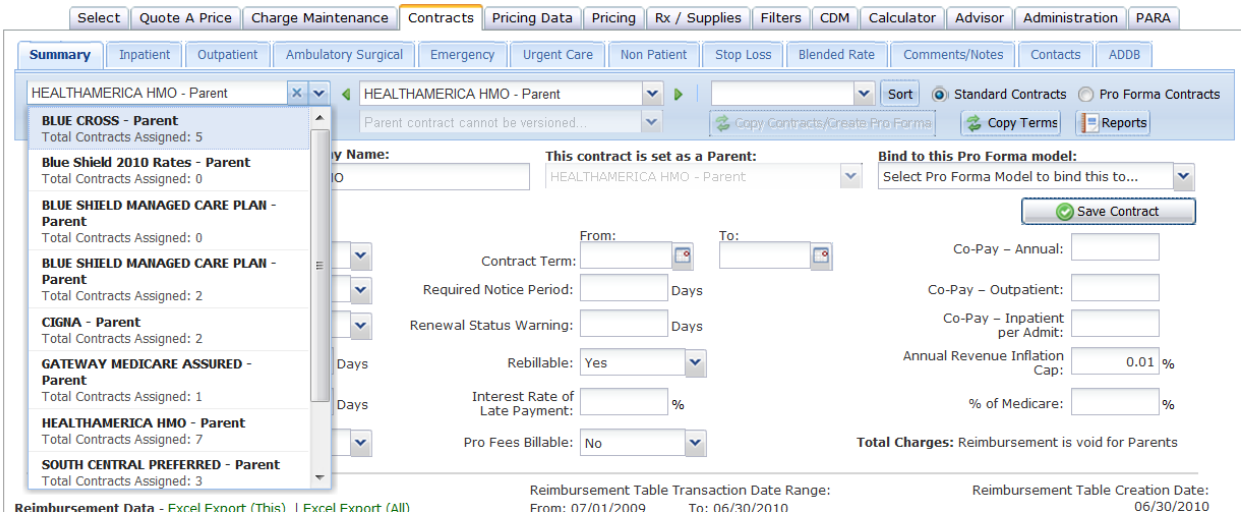


Contract Summary Tab

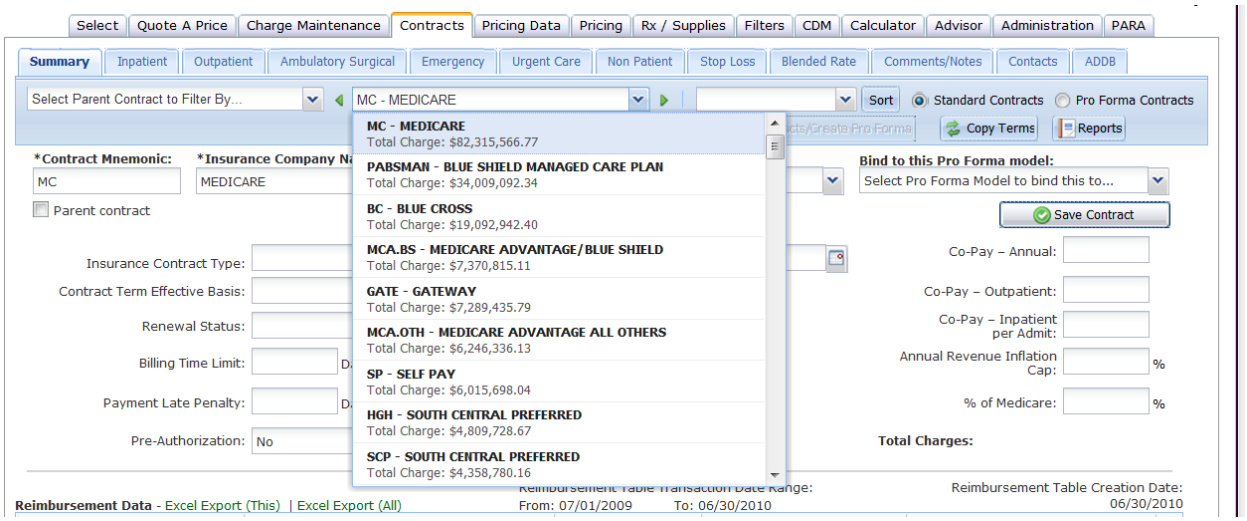
The **PDE Contract Summary** tab page contains the "dash board" for the Contact system.

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

1. **Linking of multiple "sibling" contracts to a single "parent"**



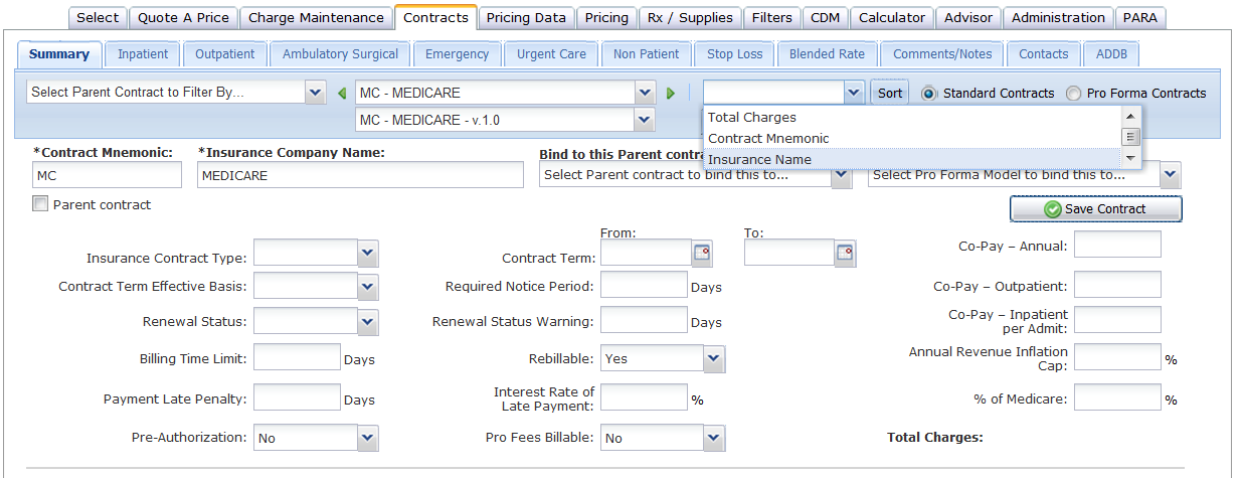
2. **Selection of individual contracts for payment term analysis**



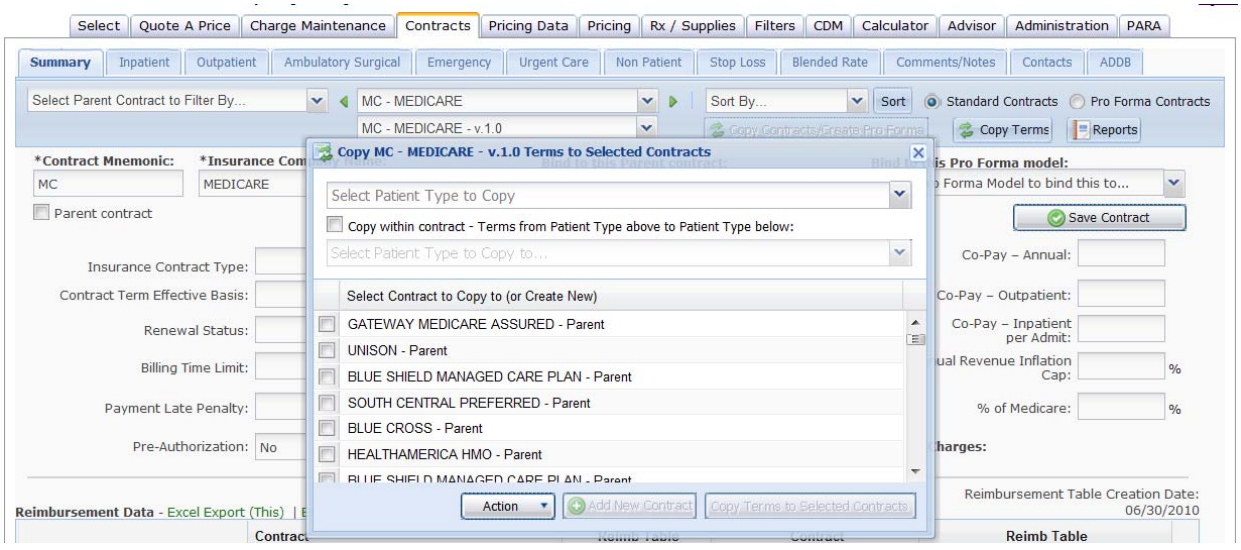
Contract Summary Tab (continued)

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

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



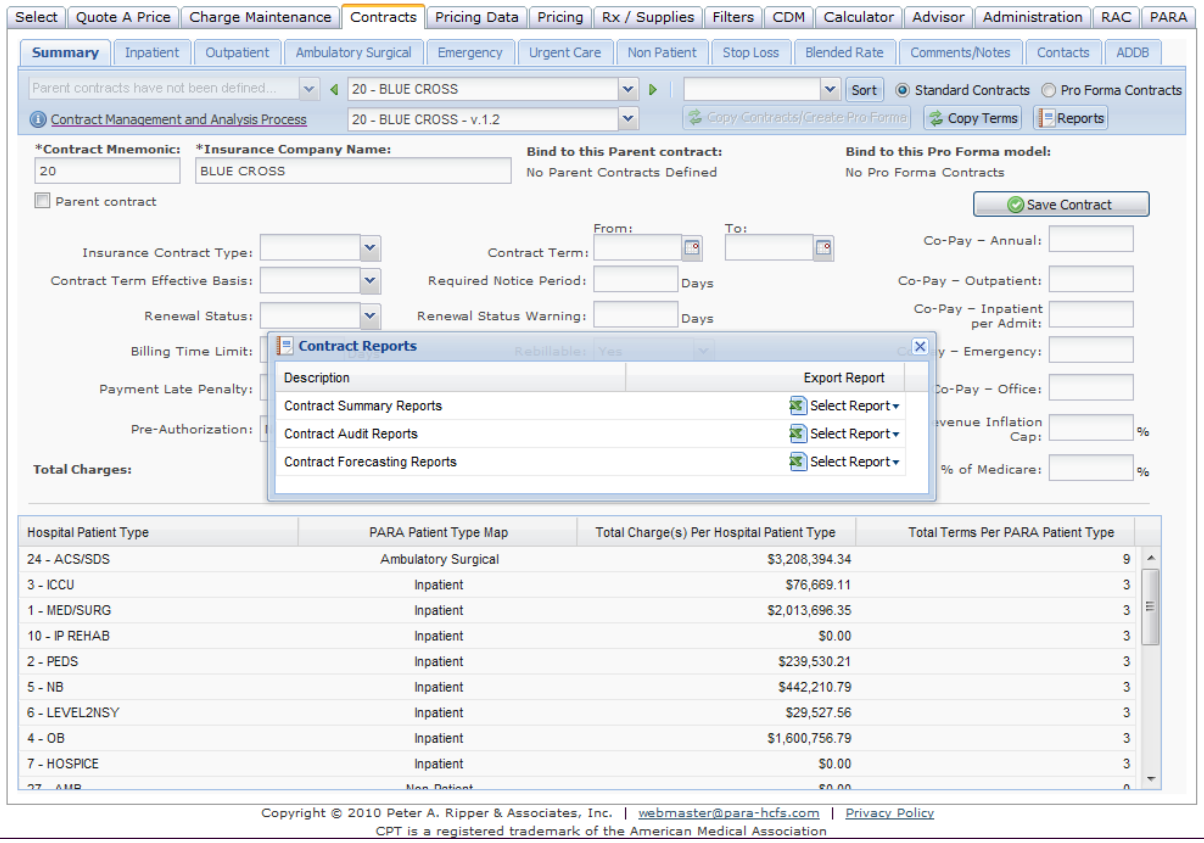
4. **Copy terms from one contract to another**



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

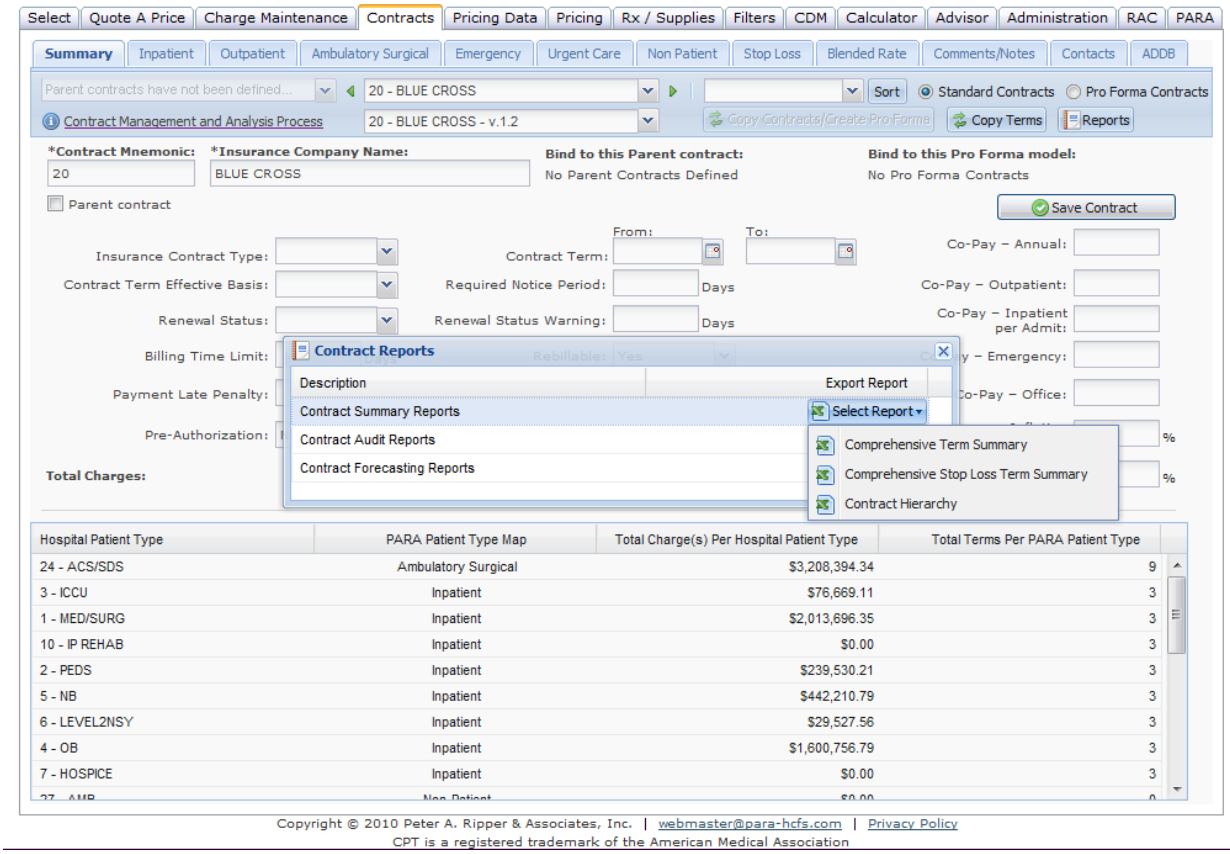


Each report option offers several different reports for the User to analyze reimbursement received versus the reimbursement expected.

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 Summary Tab - Reporting (continued)



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 Summary Tab – Reporting (continued)

Demonstration Hospital : Comprehensive Contracts Terms Summary

Contract ID	Patient Type	Contract	Reimbursement Method	Code From	Code To	Value	Claim Cap	Threshold Type	Threshold Unit	Not To Exceed	Comments
35828	Ambulatory Surgical	BC OUTPPO - Parent	ASC – Contract Specific			0.00					
35828	Ambulatory Surgical	BC OUTPPO - Parent	Case Rate – based on HCPCS	50590	50590	8,300.00					Lithotripsy
35828	Ambulatory Surgical	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00					CT
35828	Ambulatory Surgical	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	825.00					MRI
35828	Emergency	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	825.00					MRI
35828	Emergency	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00					CT
35828	Emergency	BC OUTPPO - Parent	Percent of Charges			75.00					All Other
35828	Inpatient	BC OUTPPO - Parent	Case Rate – based on DRG	765	766	3,500.00		Day	4.00		C-Section
35828	Inpatient	BC OUTPPO - Parent	DRG – Medicare Weight	001	999	8,800.00					
35828	Inpatient	BC OUTPPO - Parent	DRG – Special Weight	222	222	22.00					Cardiac Defib Implant with Cardiac Cath
35828	Inpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	36415	36415	9.00					Venipuncture
35828	Inpatient	BC OUTPPO - Parent	Per Diem	945	945	875.00					Rehab with CC/MCC
35828	Inpatient	BC OUTPPO - Parent	Per Diem – based on Rev Code	0110	0110	1,500.00					Private Room
35828	Inpatient	BC OUTPPO - Parent	Percent of Charges	0274	0278	50.00					Implants
35828	Outpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	825.00					MRI
35828	Outpatient	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00					CT
35828	Outpatient	BC OUTPPO - Parent	Percent of Charges	0762	0762	75.00				2,200.00	Observation
35828	Outpatient	BC OUTPPO - Parent	Percent of Charges			75.00					All Other
35828	Urgent Care	BC OUTPPO - Parent	Fee schedule – Contract Specific	0350	0359	610.00					CT
35828	Urgent Care	BC OUTPPO - Parent	Fee schedule – Contract Specific	0610	0619	825.00					MRI
35828	Urgent Care	BC OUTPPO - Parent	Percent of Charges			75.00					All Other
58173	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00					
58174	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00					
58175	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00					
58176	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00					
58177	Inpatient	BCBS OF ARKANSAS - Parent	APC – Percent of Medicare			77.00					
58177	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate - based on Diag ICD9	123		222.00					
58176	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate - based on Diag ICD9	123		222.00					
58175	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate - based on Diag ICD9	123		222.00					
58174	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate - based on Diag ICD9	123		222.00					
58173	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate - based on Diag ICD9	123		222.00					
58173	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00		Day	2.00		
58174	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00		Day	2.00		
58175	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00		Day	2.00		
58176	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00		Day	2.00		
58177	Inpatient	BCBS OF ARKANSAS - Parent	Case Rate – based on DRG	765	766	4,000.00		Day	2.00		
58177	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00					
58176	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00					
58175	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00					
58174	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00					
58173	Inpatient	BCBS OF ARKANSAS - Parent	Per Diem			555.00					

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

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

Contract 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	Not To Exceed Type	Not To Exceed Qty	Exclusions	Exclusion Definition	Exclusion Codes
35828	BC OUTPPO - Parent	10/3/2010		123.00									
35826	BC OUTPPO - Parent	10/21/2010		25,000.00									
35739	32163 - BC OUTPPO	4/1/2010	4/20/2010	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

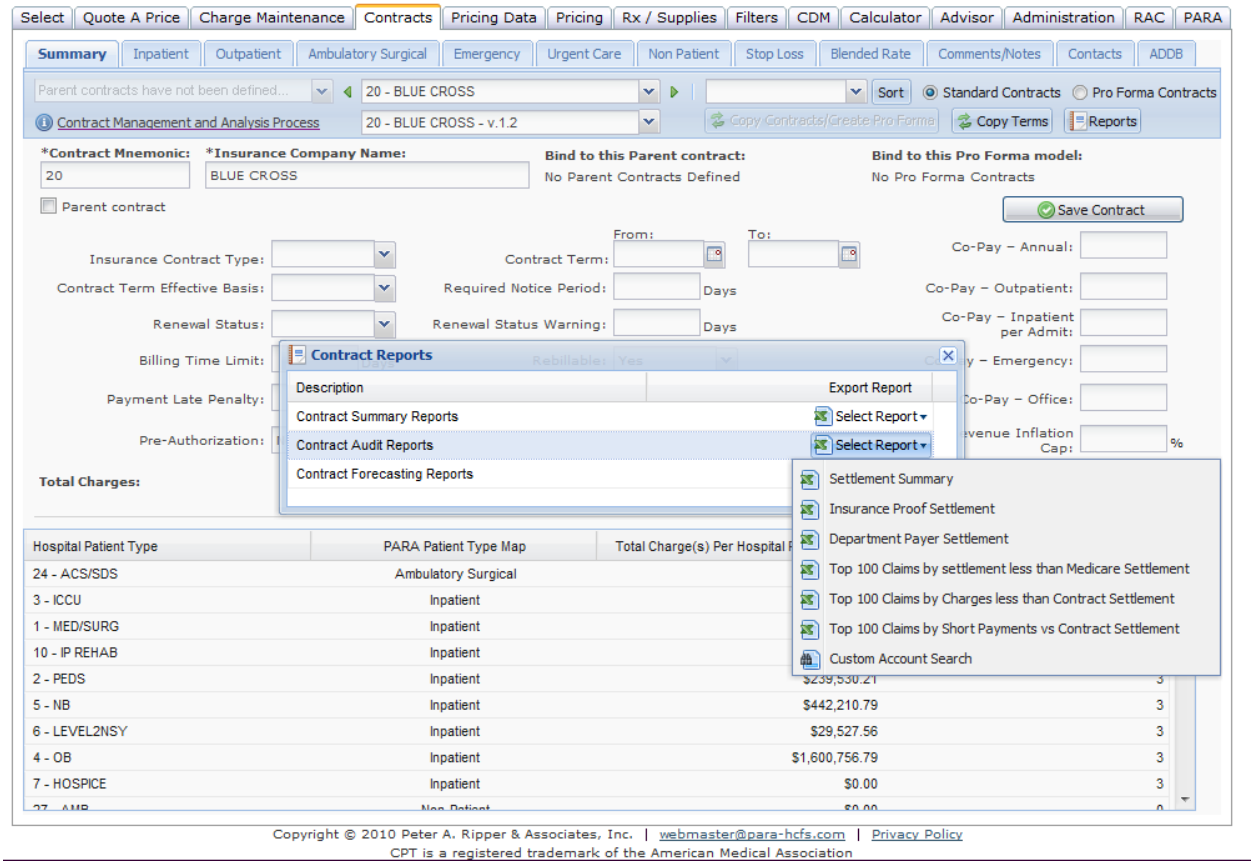
Contract Summary Tab - Reporting (continued)

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.

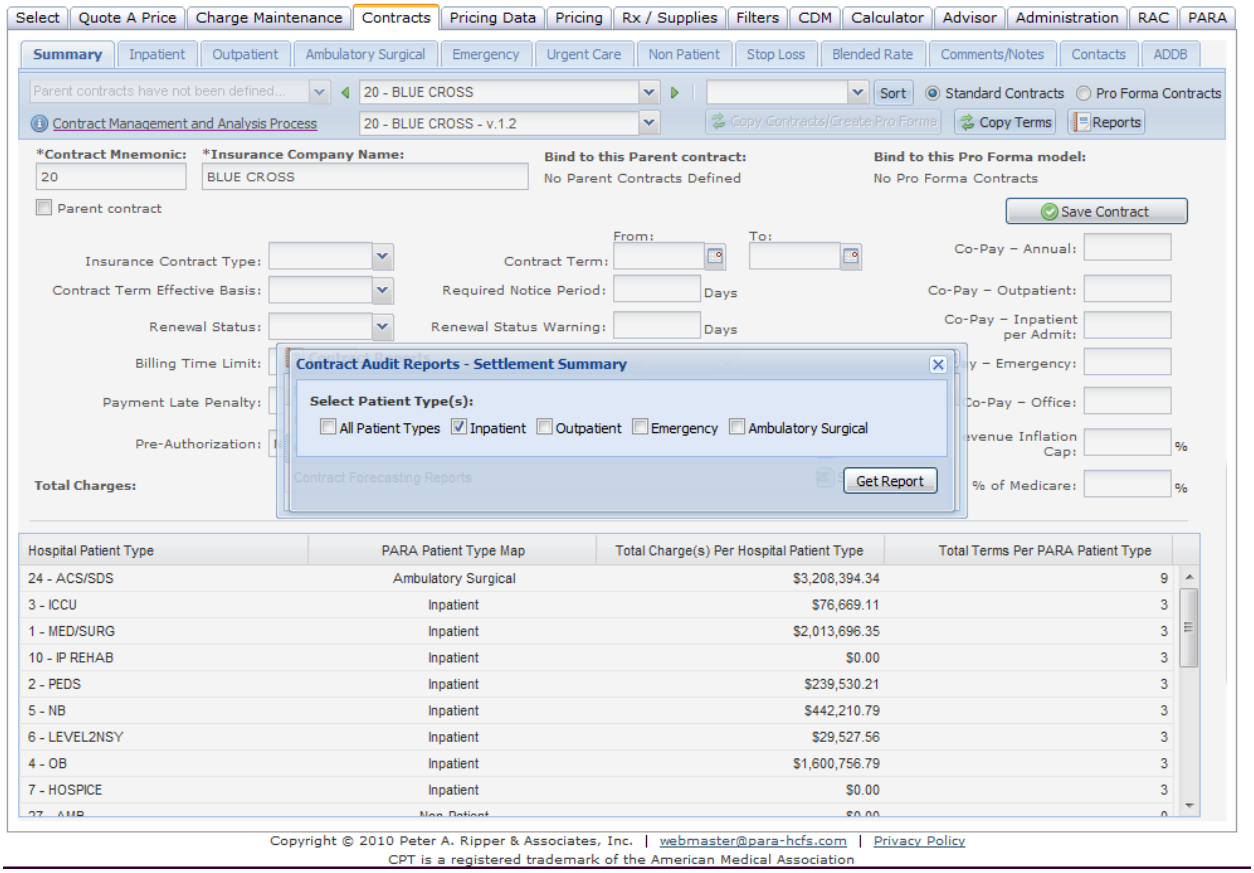
Contract Summary Tab – Reporting (continued)



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 Summary Tab – Reporting (continued)



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

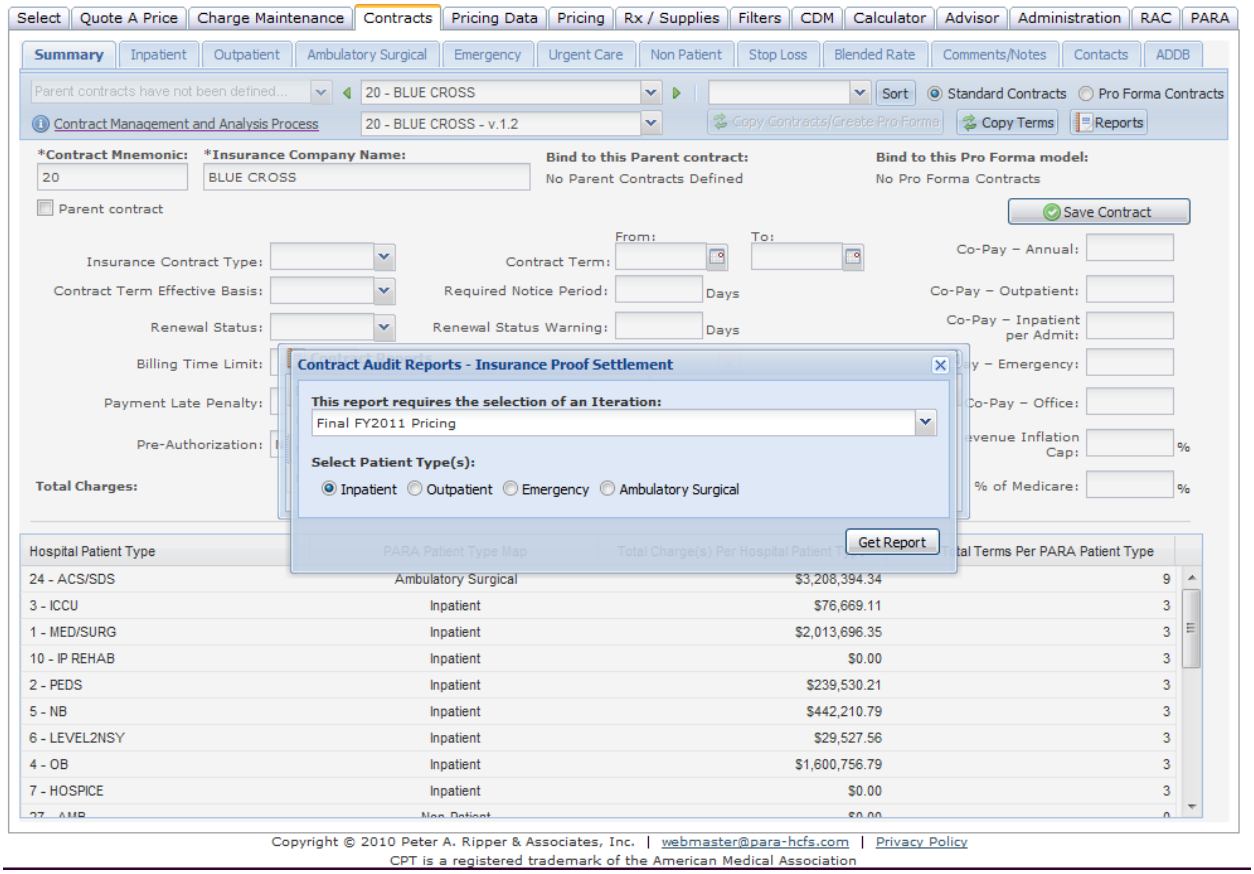
Contract Summary Tab – Reporting (continued)

Account No	Contract ID	Insurance Description	Patient TP	Charges	Payments	Adjustments	Transactions	Medicare Reimburseme	Estimated Reimburseme	% Difference to Medicar	% 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	1,698.00			
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:

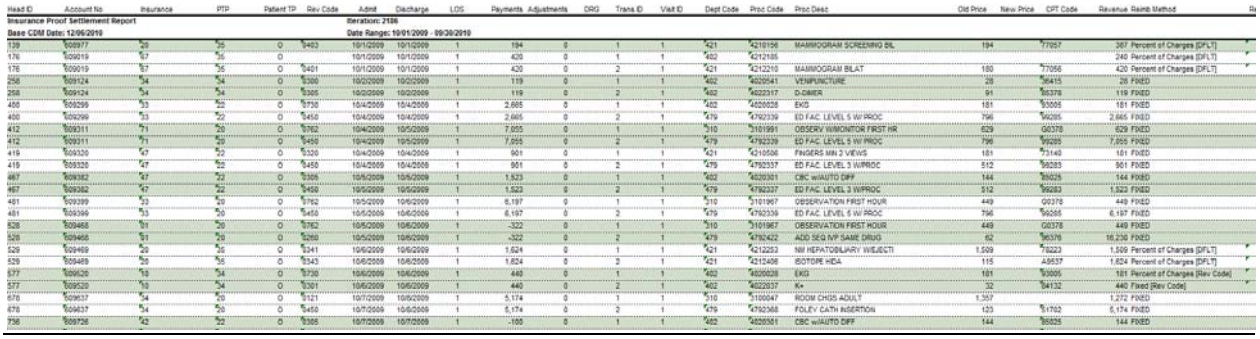
- Account Number– The patient account number
- Contract ID – The identifier **PARA** has assigned to the contract
- Insurance Description – The insurance plan name
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, Non-Patient
- Total Charges
- Total Payments – Total payments received
- 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 Summary Tab – Reporting (continued)



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

Contract Summary Tab –Reporting (continued)

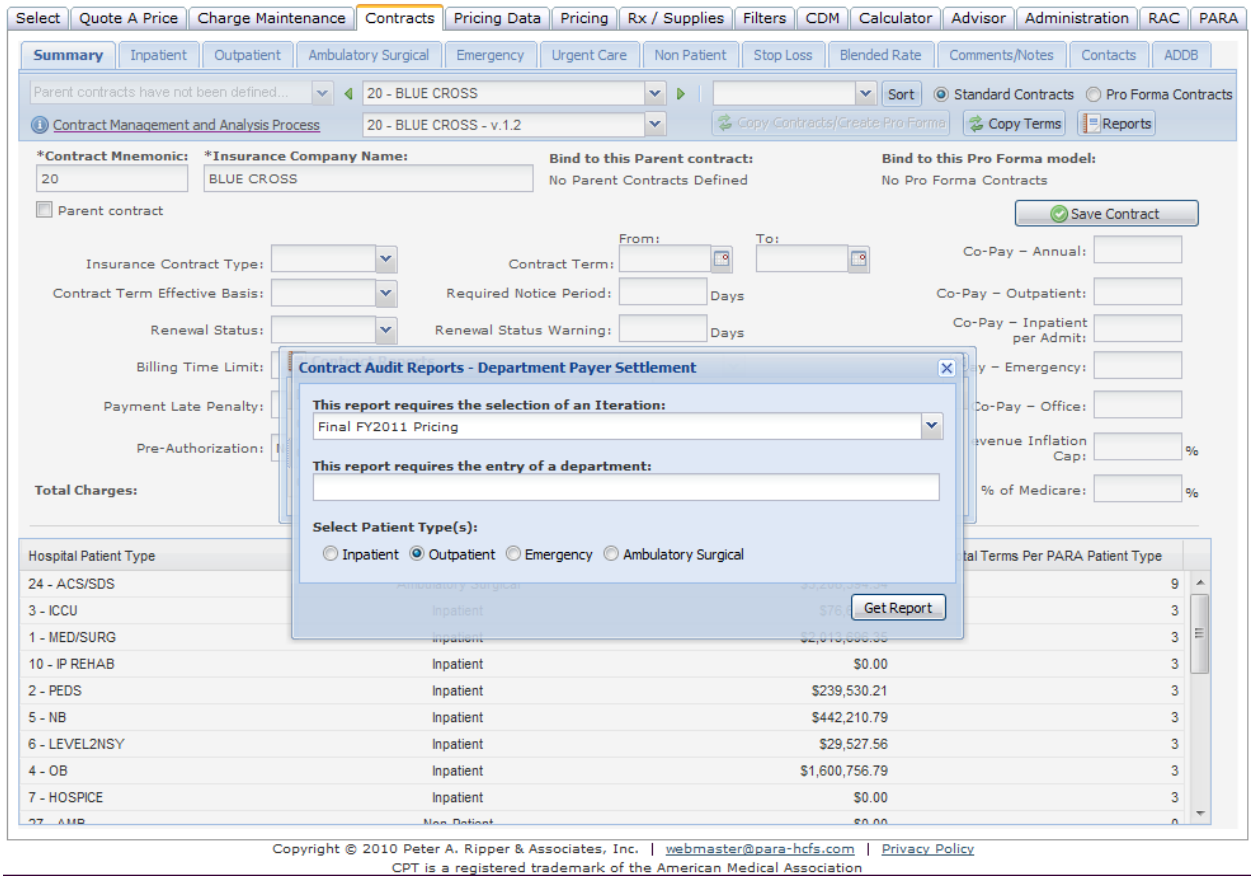


Head ID	Account No	Insurance	PTP	Patient TP	Rev Code	Admit	Discharge	LOS	Payments	Adjustments	DRG	Trans ID	Visit ID	Dept Code	Proc Code	Proc Desc	Old Price	New Price	CPT Code	Revenue	Reimb Method	R
Insurance Proof Settlement Report						Iteration: 2186																
Base CDM Date: 12/05/2010						Date Range: 10/01/2009 - 09/30/2010																
139	609977	29	35	0	0403	10/1/2009	10/1/2009	1	194	0	1	1	421	4210156	MAMMOGRAM SCREENING BIL	194		77057	387	Percent of Charges [DFLT]	
176	609919	57	55	0		10/1/2009	10/1/2009	1	420	0	1	1	402	4212185					240	Percent of Charges [DFLT]	
176	609919	57	55	0	0401	10/1/2009	10/1/2009	1	420	0	2	1	421	4212210	MAMMOGRAM BILAT	180		77056	420	Percent of Charges [DFLT]	
258	609124	54	54	0	0300	10/2/2009	10/2/2009	1	119	0	1	1	402	4009541	VENIPUNCTURE	28		36415	28	FIXED	
258	609124	54	54	0	0305	10/2/2009	10/2/2009	1	119	0	2	1	402	4022317	D-DIMER	91		85378	119	FIXED	
400	609299	33	52	0	0730	10/4/2009	10/4/2009	1	2,665	0	1	1	402	4020028	EKG	181		93005	181	FIXED	
400	609299	33	52	0	0450	10/4/2009	10/4/2009	1	2,665	0	2	1	479	4792339	ED FAC. LEVEL 5 W/ PROC	796		99285	2,665	FIXED	
412	609311	71	20	0	0762	10/4/2009	10/5/2009	1	7,055	0	1	1	510	5101991	OBSERV W/MONITOR FIRST HR	629		G0378	629	FIXED	
412	609311	71	20	0	0450	10/4/2009	10/5/2009	1	7,055	0	2	1	479	4792339	ED FAC. LEVEL 5 W/ PROC	796		99285	7,055	FIXED	
419	609320	47	52	0	0320	10/4/2009	10/4/2009	1	901	0	1	1	421	4210586	FINGERS MIN 2 VIEWS	181		73140	181	FIXED	
419	609320	47	52	0	0450	10/4/2009	10/4/2009	1	901	0	2	1	479	4792337	ED FAC. LEVEL 3 W/PROC	512		99283	901	FIXED	
467	609382	47	22	0	0305	10/5/2009	10/5/2009	1	1,523	0	1	1	402	4020301	CBC w/AUTO DIFF	144		85025	144	FIXED	
467	609382	47	22	0	0450	10/5/2009	10/5/2009	1	1,523	0	2	1	479	4792337	ED FAC. LEVEL 3 W/PROC	512		99283	1,523	FIXED	
481	609399	33	20	0	0762	10/5/2009	10/6/2009	1	6,197	0	1	1	510	5101967	OBSERVATION FIRST HOUR	449		G0378	449	FIXED	
481	609399	33	20	0	0450	10/5/2009	10/6/2009	1	6,197	0	2	1	479	4792339	ED FAC. LEVEL 5 W/ PROC	796		99285	6,197	FIXED	
526	609468	91	20	0	0762	10/5/2009	10/6/2009	1	-322	0	1	1	510	5101967	OBSERVATION FIRST HOUR	449		G0378	449	FIXED	
526	609468	91	20	0	0260	10/5/2009	10/6/2009	1	-322	0	2	1	479	4792422	ADD SEQ IVP SAME DRUG	62		96376	16,230	FIXED	
529	609469	29	35	0	0241	10/6/2009	10/6/2009	1	1,624	0	1	1	421	4212253	NM HEPATOBILIARY W/EJECTI	1,509		78223	1,509	Percent of Charges [DFLT]	
529	609469	29	35	0	0345	10/6/2009	10/6/2009	1	1,624	0	3	1	421	4213496	ISOTOPE HDA	115		A9537	1,624	Percent of Charges [DFLT]	
577	609520	10	54	0	0730	10/6/2009	10/6/2009	1	440	0	1	1	402	4020028	EKG	181		93005	181	Percent of Charges [Rev Code]	
577	609520	10	54	0	0301	10/6/2009	10/6/2009	1	440	0	2	1	402	4022937	K+	32		84132	440	Fixed [Rev Code]	
676	609637	54	20	0	0121	10/7/2009	10/8/2009	1	5,174	0	1	1	510	5100047	ROOM CHGS ADULT	1,357			1,272	FIXED	
676	609637	54	20	0	0450	10/7/2009	10/8/2009	1	5,174	0	2	1	479	4792368	FOLEY CATH INSERTION	123		51702	5,174	FIXED	
736	609726	42	22	0	0305	10/7/2009	10/7/2009	1	-165	0	1	1	402	4020581	CBC w/AUTO DIFF	144		85025	144	FIXED	

The Insurance Proof Settlement Report displays the following fields:

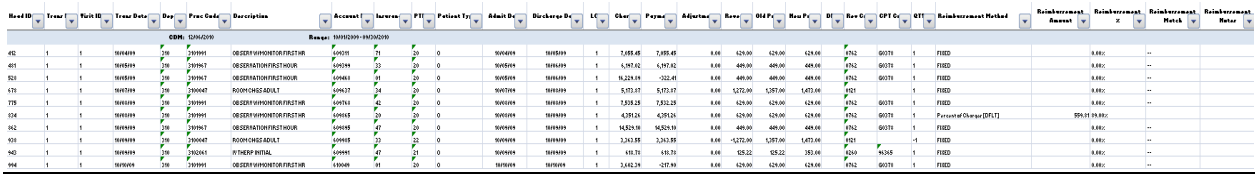
- Head ID – ID number from the Header File received from the Facility
- Account Number – The patient account number
- Insurance – The insurance plan code
- PTP – Patient Type Detail
- Patient Type – Inpatient, Outpatient, Emergency, Ambulatory Surgical, Non-Patient
- Revenue Code – The revenue code for 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 Summary Tab –Reporting (continued)



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

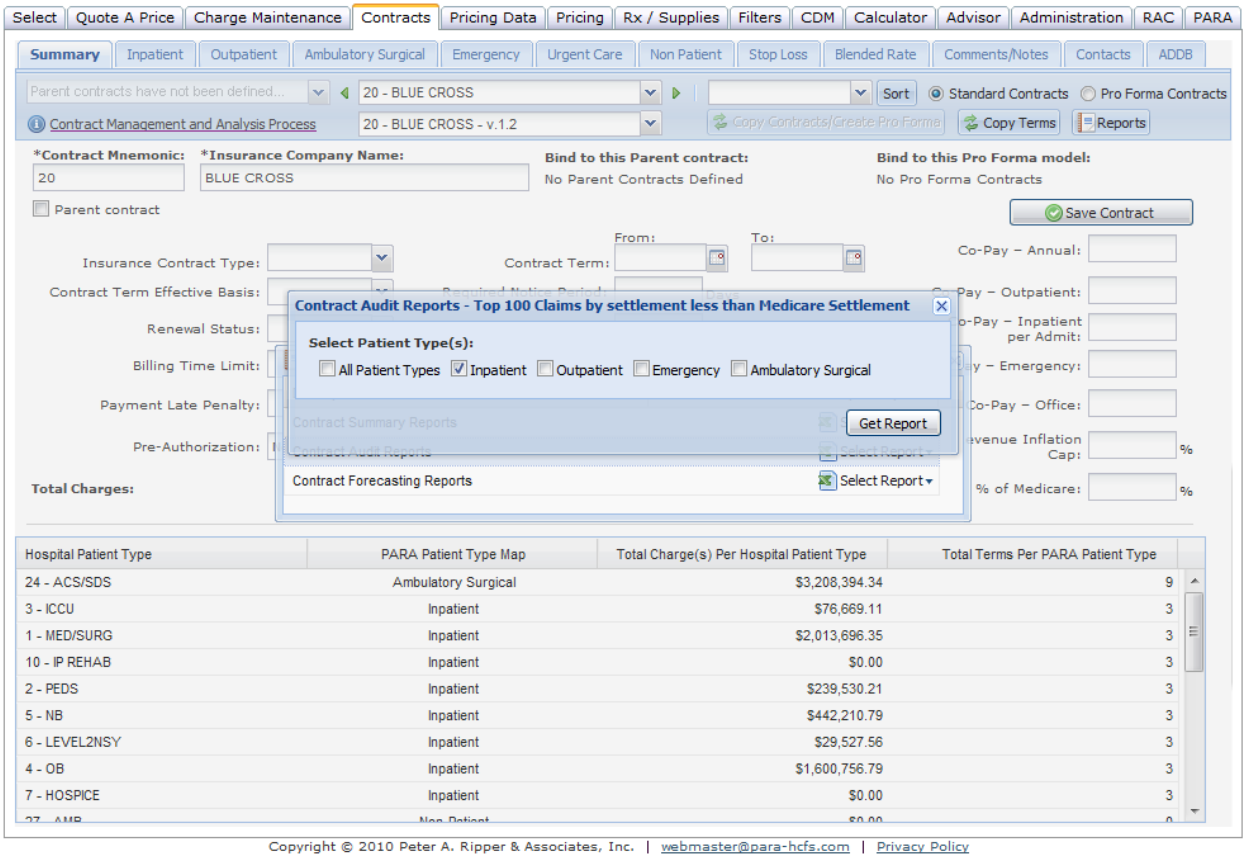
Contract Summary Tab –Reporting (continued)



This report displays the following data:

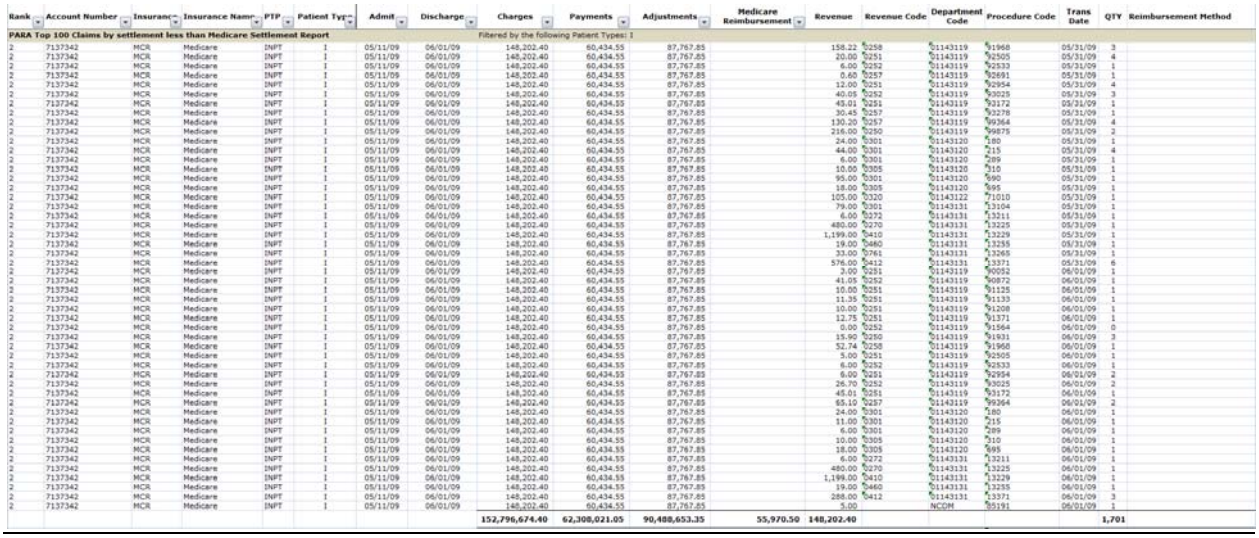
- Head ID – ID number from the Header File received from the Facility
- Trans ID – Unique ID calculated on the transaction level for each claim
- Visit ID – Unique ID calculated on the date of service for each claim
- Trans Date – the date of service for the line item
- Department Code - Links to the 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 Summary Tab – Reporting (continued)



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

Contract Summary Tab - Reporting (continued)



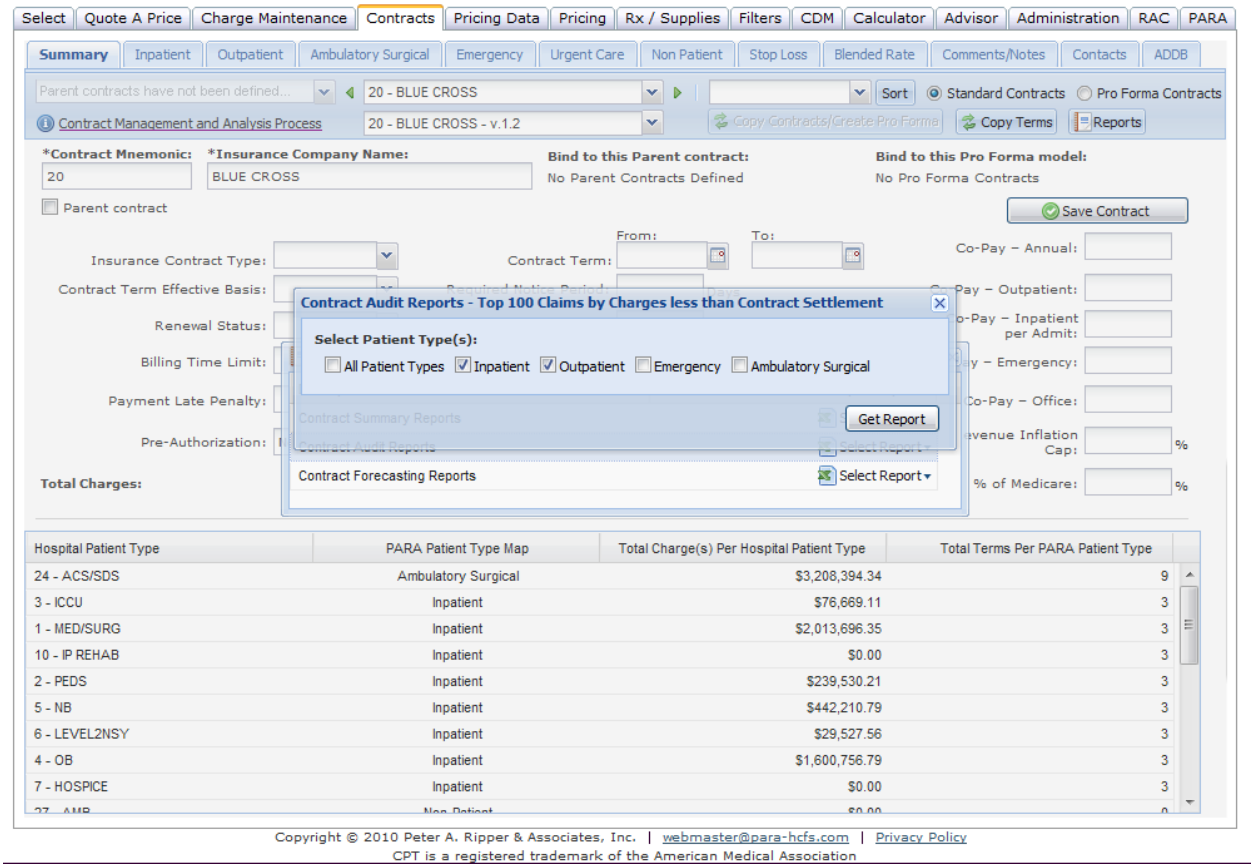
Rank	Account Number	Insurance	Insurance Name	PTP	Patient Type	Admit	Discharge	Charges	Payments	Adjustments	Medicare Reimbursement	Revenue	Revenue Code	Department Code	Procedure Code	Trans Date	QTY	Reimbursement Method
PARA Top 100 Claims by settlement less than Medicare Settlement Report					Filtered 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	0258	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	0251	01143119	92505	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	0252	01143119	92533	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		0.60	0257	01143119	92691	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	0251	01143119	92954	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	0252	01143119	93025	05/31/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		45.01	0251	01143119	93172	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		30.45	0257	01143119	93278	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		130.20	0257	01143119	99364	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	0250	01143119	99875	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	0301	01143120	180	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	0301	01143120	215	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	0301	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	0305	01143120	310	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		95.00	0301	01143120	490	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	0305	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	0320	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	0301	01143131	73104	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	0272	01143131	73211	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	0270	01143131	73225	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	0410	01143131	73229	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	0480	01143131	73255	05/31/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		33.00	0761	01143131	73265	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	0412	01143131	73371	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	0251	01143119	90052	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		41.05	0252	01143119	90872	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	0251	01143119	91125	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		11.35	0251	01143119	91133	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	0251	01143119	91208	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		12.75	0251	01143119	91371	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		0.00	0252	01143119	91564	06/01/09	0	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		15.90	0250	01143119	91931	06/01/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		52.74	0258	01143119	91968	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		5.00	0251	01143119	92505	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	0252	01143119	92533	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	0251	01143119	92954	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		26.70	0252	01143119	93025	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		45.01	0251	01143119	93172	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		65.10	0257	01143119	99364	06/01/09	2	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		24.00	0301	01143120	180	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		11.00	0301	01143120	215	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	0301	01143120	289	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		10.00	0305	01143120	310	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		18.00	0305	01143120	595	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		6.00	0272	01143131	73211	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		480.00	0270	01143131	73225	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		1,199.00	0410	01143131	73229	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		19.00	0460	01143131	73255	06/01/09	1	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		288.00	0412	01143131	73371	06/01/09	3	
2	7137342	MCR	Medicare	INPT	I	05/11/09	06/01/09	148,202.40	60,434.55	87,767.85		5.00		NCDM	95191	06/01/09	1	
								152,796,674.40	62,308,021.05	90,488,653.35	55,970.50	148,202.40					1,701	

The fields displayed in the report are:

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

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

Contract Summary Tab - Reporting (continued)



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

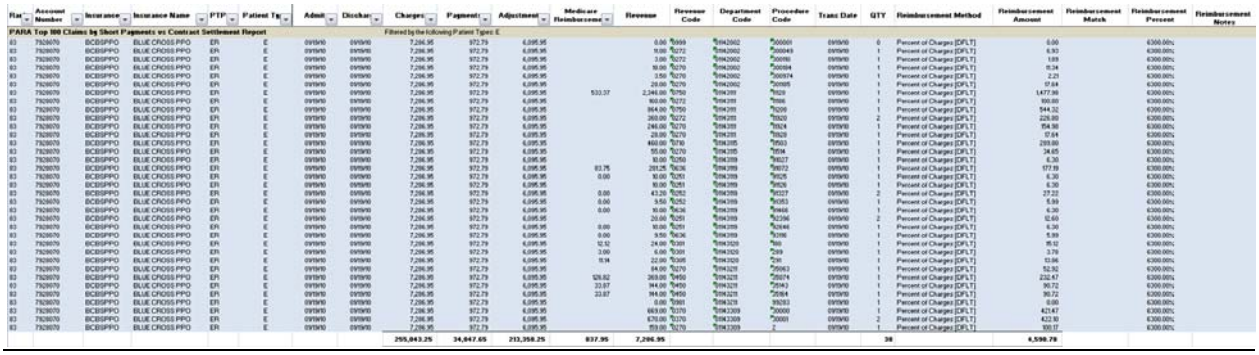
Contract Summary Tab – Reporting (continued)

Rank	Account Number	Insurance	Insurance Name	PPT	Patient Type	Admit	Discharge	Charges	Payments	Adjustments	Medicare Reimbursement	Revenue	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 Types: E				
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00			2.00	0251	5943359	36723	09/24/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00			6.00	0252	5943359	36700	09/24/09	2	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00	0.00	79.40	15.00	0636	5943359	36530	09/24/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00		79.40	215.00	0450	5943231	36073	09/24/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00		23.23	67.00	0450	5943231	36524	09/24/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
65	7475700	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/24/09	09/24/09	392.00	202.00			0.00	0301	5943231	99282	09/24/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								1,812.00	1,212.00	0.00	182.71	382.00					7		600.00			
23	7903428	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/13/09	09/13/09	257.00	205.60			10.00	0270	5942002	90784	09/13/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
23	7903428	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/13/09	09/13/09	257.00	205.60			20.00	0270	5942002	90785	09/13/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
23	7903428	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/13/09	09/13/09	257.00	205.60		49.30	215.00	0450	5943231	36507	09/13/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
23	7903428	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/13/09	09/13/09	257.00	205.60			0.00	0301	5943231	99281	09/13/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								1,029.00	822.40	0.00	49.30	257.00					4		600.00			
20	7955643	CIGNA	CIGNA OF TN CHATTAN	ER	E	04/12/09	04/12/09	229.00	183.60	68.40	79.40	215.00	0450	5943231	36073	04/12/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
20	7955643	CIGNA	CIGNA OF TN CHATTAN	ER	E	04/12/09	04/12/09	229.00	183.60	68.40		0.00	0301	5943231	99282	04/12/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
20	7955643	CIGNA	CIGNA OF TN CHATTAN	ER	E	04/12/09	04/12/09	229.00	183.60	68.40		0.00		NCDM	99235	04/12/09	1	Percent or Charges [DFLT]	9.35		9500.00%	
								684.00	478.80	205.20	79.40	229.00					3		600.25			
24	7977703	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	257.00				10.00	0270	5942002	90784	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
24	7977703	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	257.00				20.00	0270	5942002	90785	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
24	7977703	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	257.00			79.40	215.00	0450	5943231	36073	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
24	7977703	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	257.00				0.00	0301	5943231	99282	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								1,029.00	0.00	0.00	79.40	257.00					4		600.00			
21	7929771	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/05/09	05/05/09	219.00			79.40	215.00	0450	5943231	36073	05/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
21	7929771	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/05/09	05/05/09	219.00				4.00		NCDM	99236	05/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0453-0452		
21	7929771	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/05/09	05/05/09	219.00				4.00		NCDM	99217	05/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								657.00	0.00	0.00	79.40	223.00					3		600.00			
15	7980953	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/20/09	05/20/09	216.00			79.40	215.00	0450	5943231	36073	05/20/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
15	7980953	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/20/09	05/20/09	216.00				0.00	0301	5943231	99282	05/20/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								422.00	0.00	0.00	79.40	211.00					2		600.00			
25	7920240	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/06/09	09/06/09	264.00				5.00	0250	5943359	36636	09/06/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
25	7920240	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/06/09	09/06/09	264.00			73.40	215.00	0450	5943231	36073	09/06/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
25	7920240	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/06/09	09/06/09	264.00				0.00	0301	5943231	99282	09/06/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
25	7920240	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/06/09	09/06/09	264.00				29.00		NCDM	99243	09/06/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
25	7920240	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/06/09	09/06/09	264.00				10.00		NCDM	99070	09/06/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								1,320.00	0.00	0.00	79.40	264.00					5		600.00			
72	7936941	CIGNA	CIGNA OF TN CHATTAN	ER	E	12/05/09	12/05/09	216.00	216.00		42.62	105.00	0320	5943222	73030L	12/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
72	7936941	CIGNA	CIGNA OF TN CHATTAN	ER	E	12/05/09	12/05/09	216.00	216.00		73.40	215.00	0450	5943231	36073	12/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
72	7936941	CIGNA	CIGNA OF TN CHATTAN	ER	E	12/05/09	12/05/09	216.00	216.00			0.00	0301	5943231	99282	12/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								648.00	648.00	0.00	128.11	320.00					3		600.00			
10	8076556	CIGNA	CIGNA OF TN CHATTAN	ER	E	03/03/10	03/03/10	215.00	0.00		49.30	215.00	0450	5943231	36507	03/03/10	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
10	8076556	CIGNA	CIGNA OF TN CHATTAN	ER	E	03/03/10	03/03/10	215.00	0.00			0.00	0301	5943231	99281	03/03/10	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								422.00	0.00	0.00	49.30	211.00					2		600.00			
26	7919630	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/05/09	09/05/09	865.00	525.00	265.00	0.00	0.00	0450	5943231	36374	09/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
26	7919630	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/05/09	09/05/09	865.00	525.00	265.00		0.00	0301	5943231	99283	09/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
26	7919630	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/05/09	09/05/09	865.00	525.00	265.00	86.03	496.00	0402	5943222	76700	09/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
26	7919630	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/05/09	09/05/09	865.00	525.00	265.00	126.62	369.00	0450	5943231	36374	09/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
26	7919630	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/05/09	09/05/09	865.00	525.00	265.00		0.00	0301	5943231	99283	09/05/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								4,325.00	2,625.00	1,325.00	214.65	865.00					4		1,200.00			
17	7907072	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	215.00	68.80	42.20	79.40	215.00	0450	5943231	36073	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
17	7907072	CIGNA	CIGNA OF TN CHATTAN	ER	E	09/09/09	09/09/09	215.00	68.80	42.20		0.00	0301	5943231	99282	09/09/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								422.00	137.60	84.40	79.40	211.00					2		600.00			
19	7212871	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/29/09	05/29/09	216.00				5.00	0250	5943359	36556	05/29/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
19	7212871	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/29/09	05/29/09	216.00			73.40	215.00	0450	5943231	36073	05/29/09	1	Per Visit - Based on Fee Schedule [FEE CODE]	600.00	0450-0452		
19	7212871	CIGNA	CIGNA OF TN CHATTAN	ER	E	05/29/09	05/29/09	216.00				0.00	0301	5943231	99282	05/29/09	1	Per Visit - Based on Fee Schedule [FEE CODE]		0450-0452		
								648.00	0.00	0.00	79.40	216.00					3		600.00			

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 Summary Tab - Reporting (continued)



Rank	Account Number	Insurance	Insurance Name	PTP	Patient Type	Admit	Discharge	Charges	Payments	Adjustment	Medicare Reimbursement	Revenue	Revenue Code	Department Code	Procedure Code	Trans Date	QTY	Reimbursement Method	Reimbursement Amount	Reimbursement Match	Reimbursement Percent	Reimbursement Notes
PARA Top 100 Claims by Short Payments vs Contract Settlement Report								Filtered by the following Patient Types: E														
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		0.00	0099	0942002	000001	09/09/10	0	Percent of Charges [DFLT]	0.00		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		10.00	0272	0942002	000049	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		3.00	0272	0942002	000050	09/09/10	1	Percent of Charges [DFLT]	1.89		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		50.00	0270	0942002	000054	09/09/10	1	Percent of Charges [DFLT]	15.34		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		3.50	0270	0942002	000074	09/09/10	1	Percent of Charges [DFLT]	2.25		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		28.00	0270	0942002	000085	09/09/10	1	Percent of Charges [DFLT]	17.64		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	533.37	2,346.00	0750	0942000	79228	09/09/10	1	Percent of Charges [DFLT]	1477.98		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		160.00	0272	0942000	79366	09/09/10	1	Percent of Charges [DFLT]	100.80		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		864.00	0750	0942000	79209	09/09/10	1	Percent of Charges [DFLT]	544.32		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		360.00	0272	0942000	79320	09/09/10	2	Percent of Charges [DFLT]	226.80		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		240.00	0270	0942000	79324	09/09/10	1	Percent of Charges [DFLT]	151.20		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		28.00	0270	0942000	79328	09/09/10	1	Percent of Charges [DFLT]	17.64		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		460.00	0730	0942000	79503	09/09/10	1	Percent of Charges [DFLT]	289.80		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		55.00	0270	0942000	79504	09/09/10	1	Percent of Charges [DFLT]	34.65		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		10.00	0250	0942000	79527	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	93.75	281.25	0636	0942000	79572	09/09/10	1	Percent of Charges [DFLT]	177.19		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	10.00	0251	0942000	79626	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		10.00	0251	0942000	79626	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	43.20	0252	0942000	79227	09/09/10	2	Percent of Charges [DFLT]	27.22		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	9.50	0252	0942000	79353	09/09/10	1	Percent of Charges [DFLT]	5.99		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	10.00	0636	0942000	79466	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		20.00	0251	0942000	79246	09/09/10	2	Percent of Charges [DFLT]	12.60		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	10.00	0251	0942000	79246	09/09/10	1	Percent of Charges [DFLT]	6.30		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	0.00	9.50	0636	0942000	79246	09/09/10	1	Percent of Charges [DFLT]	5.99		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	12.52	24.00	0301	0942020	700	09/09/10	1	Percent of Charges [DFLT]	15.12		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	3.00	6.00	0301	0942020	299	09/09/10	1	Percent of Charges [DFLT]	3.78		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	11.14	22.00	0305	0942020	291	09/09/10	1	Percent of Charges [DFLT]	13.86		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		84.00	0270	0942020	25063	09/09/10	1	Percent of Charges [DFLT]	52.92		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	126.62	368.00	0450	0942020	25074	09/09/10	1	Percent of Charges [DFLT]	232.47		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	23.87	94.00	0450	0942020	25043	09/09/10	1	Percent of Charges [DFLT]	90.72		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95	23.87	94.00	0450	0942020	25064	09/09/10	1	Percent of Charges [DFLT]	90.72		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		0.00	0981	0942020	99263	09/09/10	1	Percent of Charges [DFLT]	0.00		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		663.00	0370	0942000	20000	09/09/10	1	Percent of Charges [DFLT]	421.47		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		670.00	0370	0942000	20001	09/09/10	2	Percent of Charges [DFLT]	422.10		6300.00%	
83	7926070	BCBSPPO	BLUE CROSS PPO	ER	E	09/09/10	09/09/10	7,206.95	972.79	6,095.95		159.00	0370	0942000	2	09/09/10	1	Percent of Charges [DFLT]	100.17		6300.00%	
								259,043.25	34,047.65	213,358.25	837.95	7,206.95					38		4,590.78			

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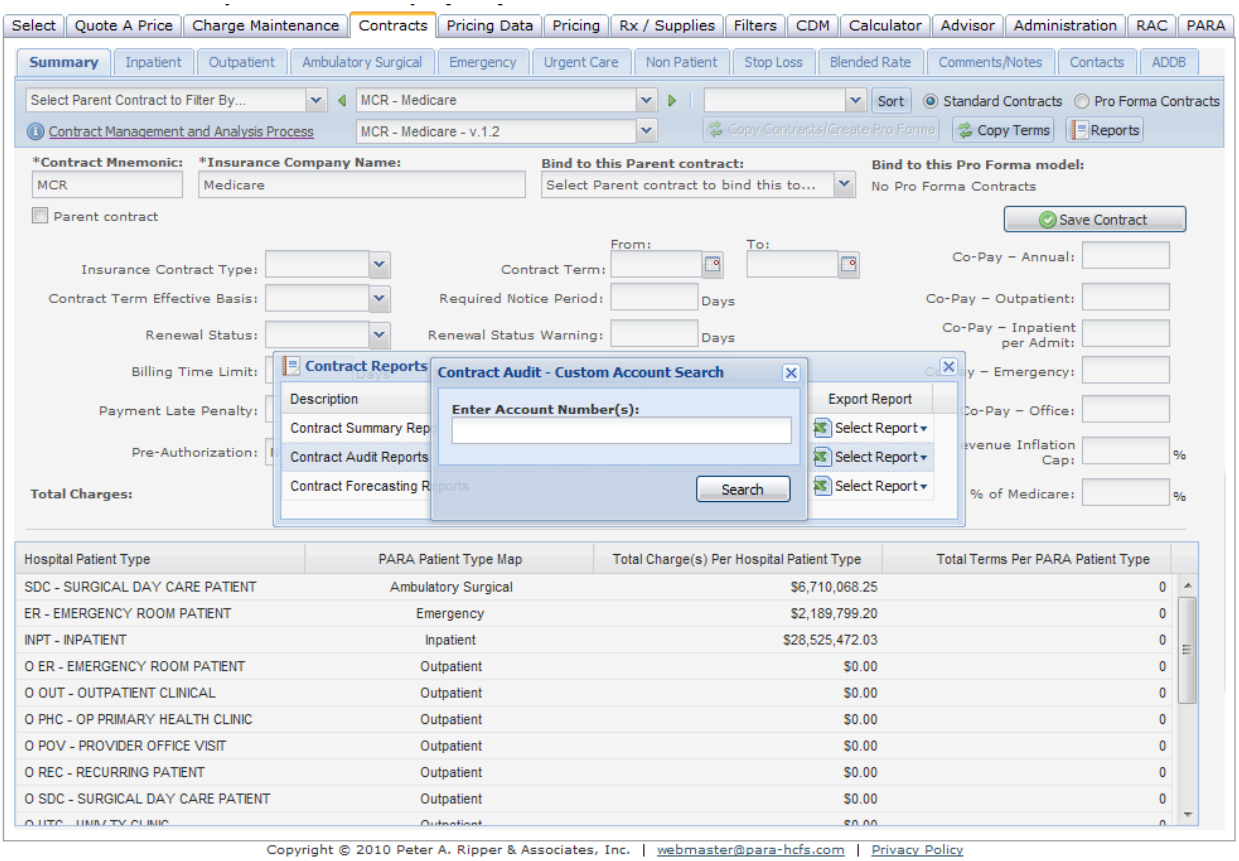
- Reimbursement Amount– Final reimbursement amount for item based on contract terms
- Reimbursement Match– any matches to the reimbursement rates found in the contract
- Reimbursement Percentage– Final percent calculated for item for variable terms
- Reimbursement Notes – any notes created during settlement

Contract Summary Tab - Reporting (continued)

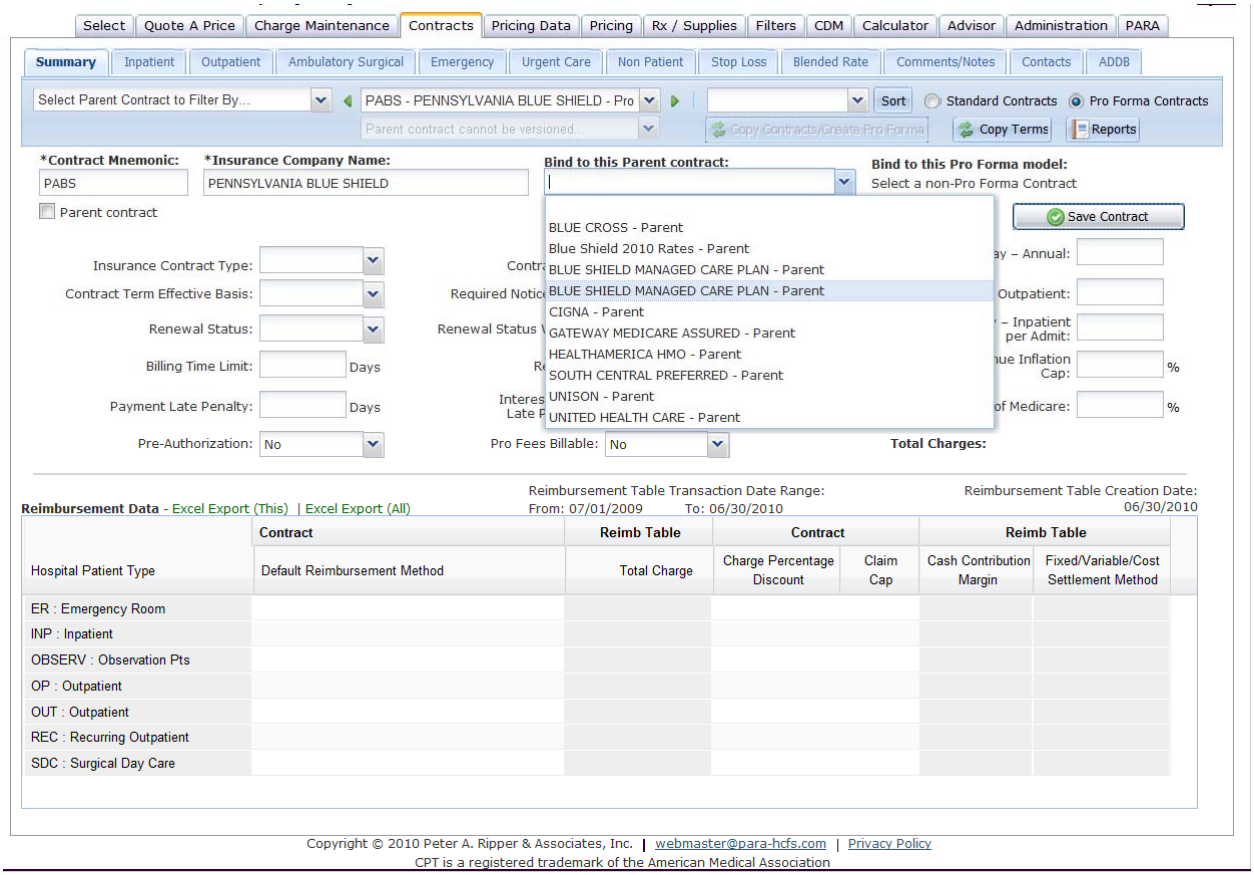


The Custom Account Search allows the User to select a specific account by entering the account number.

Contract Summary Tab (continued)

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

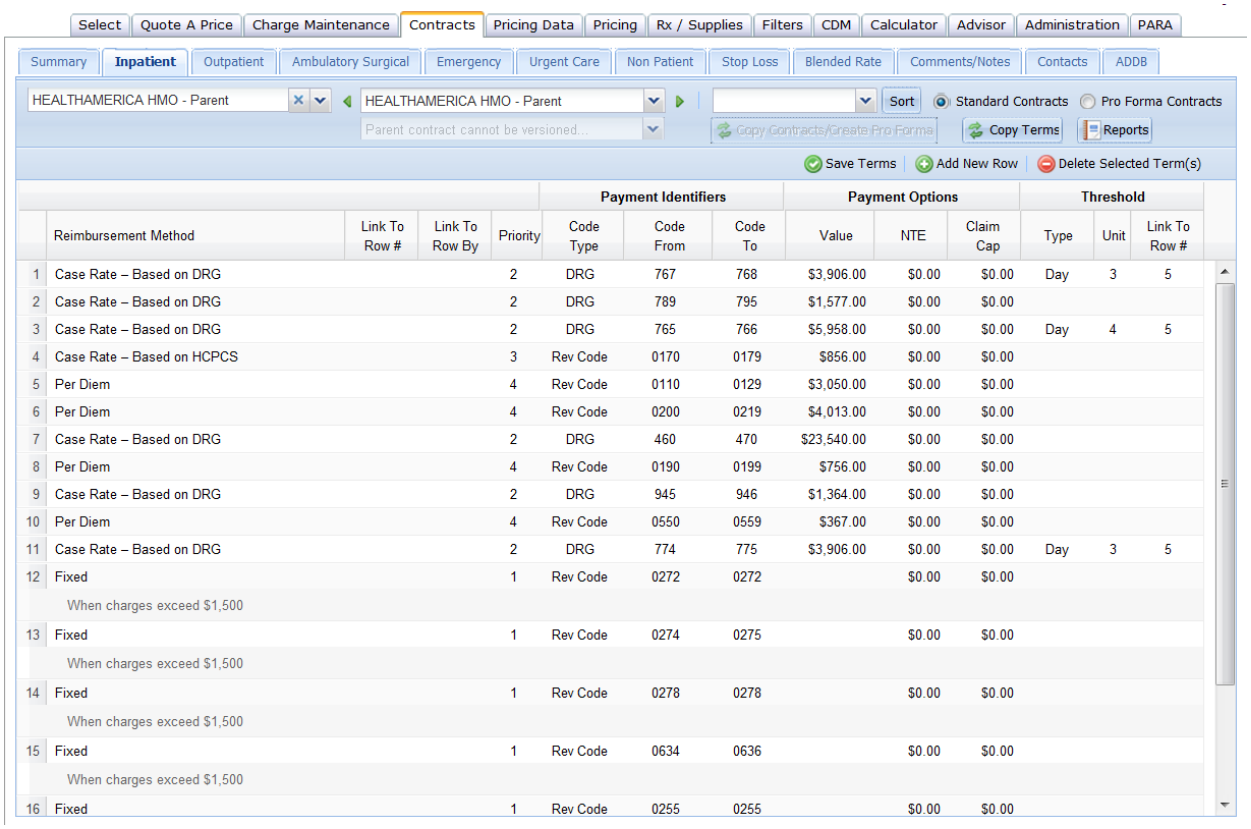
The Forecasting model provides an efficient tool to determine the impact of a change to a contract and quantity the impact against an existing book of business.



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

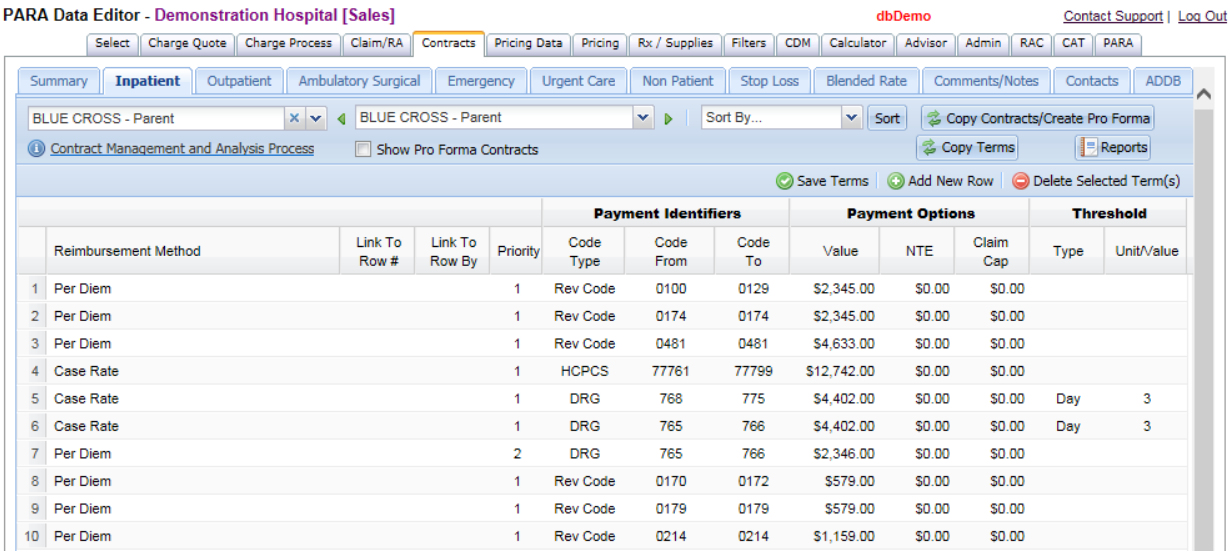


					Payment Identifiers			Payment Options			Threshold		
	Reimbursement Method	Link To Row #	Link To Row By	Priority	Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1	Case Rate – Based on DRG			2	DRG	767	768	$3,906.00	$0.00	$0.00	Day	3	5
2	Case Rate – Based on DRG			2	DRG	789	795	$1,577.00	$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			

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

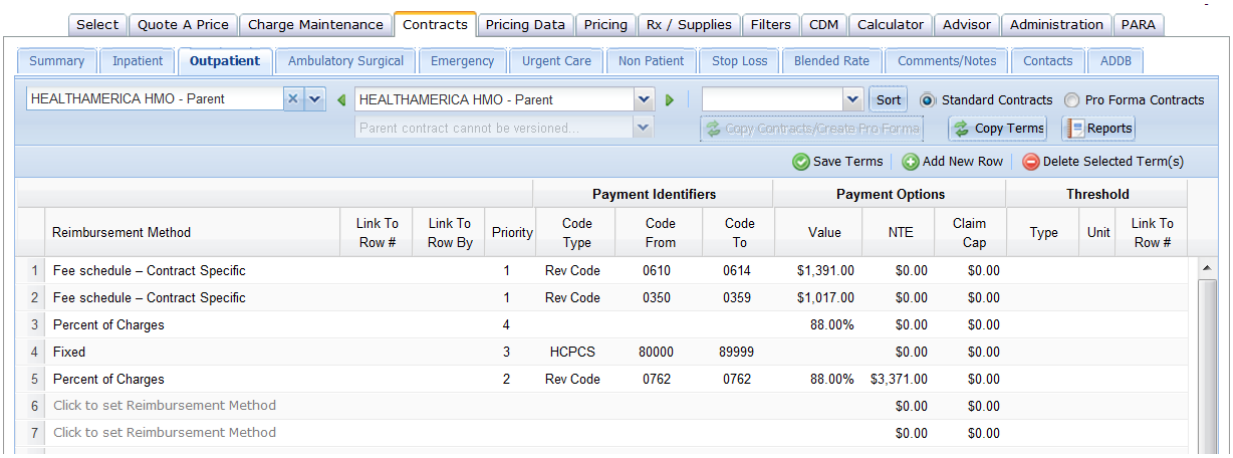


					Payment Identifiers			Payment Options			Threshold	
	Reimbursement Method	Link To Row #	Link To Row By	Priority	Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit/Value
1	Per Diem			1	Rev Code	0100	0129	$2,345.00	$0.00	$0.00		
2	Per Diem			1	Rev Code	0174	0174	$2,345.00	$0.00	$0.00		
3	Per Diem			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		

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

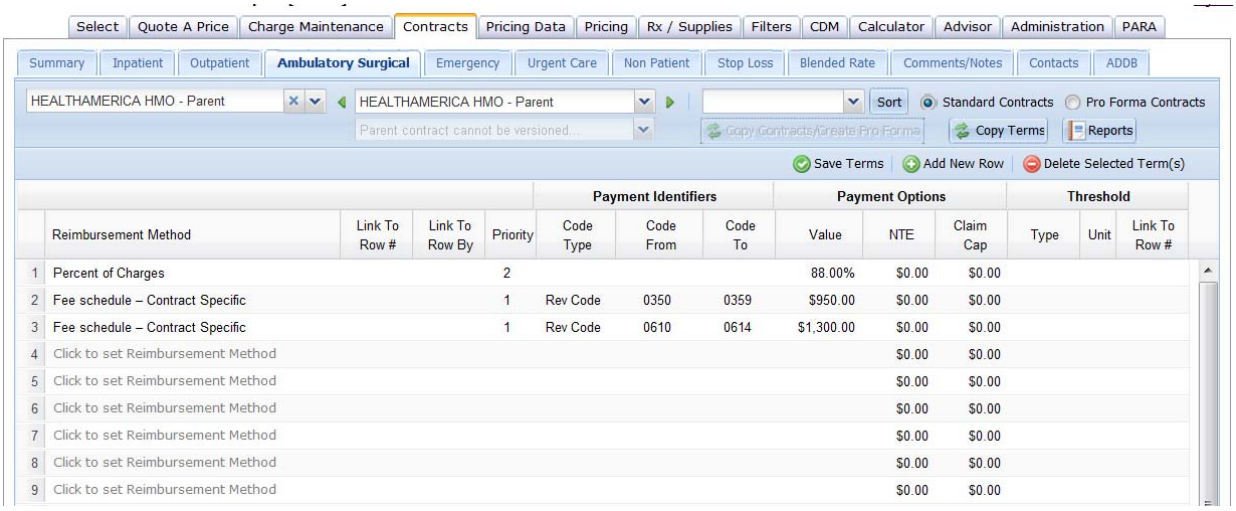


					Payment Identifiers			Payment Options			Threshold		
	Reimbursement Method	Link To Row #	Link To Row By	Priority	Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit	Link To Row #
1	Fee schedule – Contract Specific			1	Rev Code	0610	0614	$1,391.00	$0.00	$0.00			
2	Fee schedule – Contract Specific			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			

Ambulatory Surgical

The available terms are as follows:

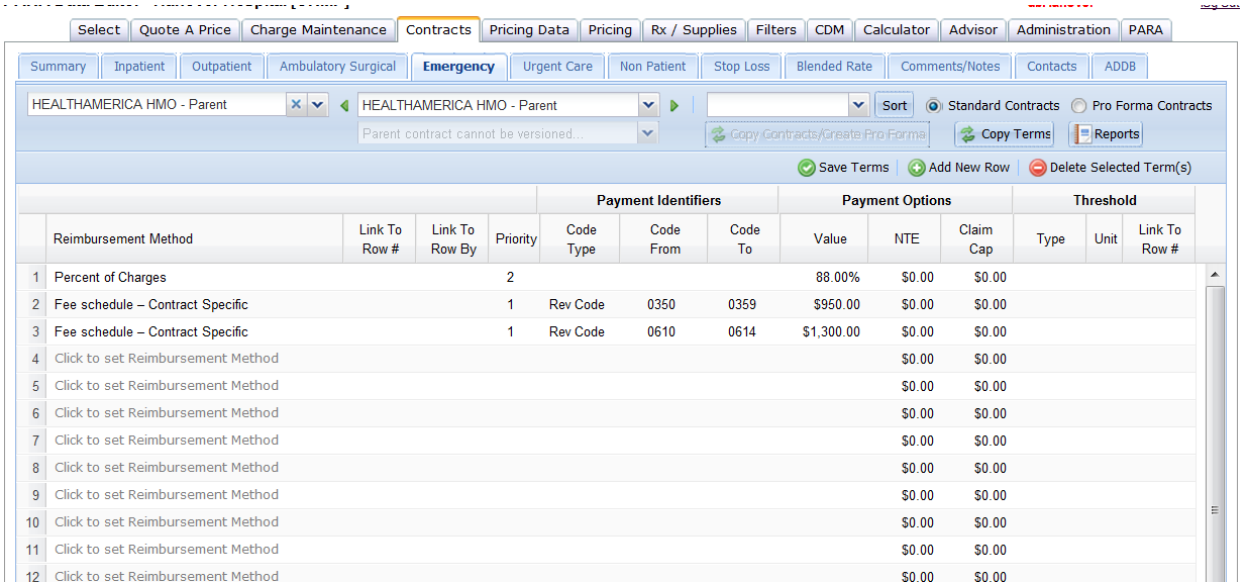
1. ASC – Contract Specific [Lesser Of]
2. ASC – Percent of Medicare
3. ASC - Contract Specific
4. ASC – Medicare
5. ASC Groups 1-9 2009
6. ASC Ungroupable - Fee Schedule
7. ASC Ungroupable - Percentage of Charge
8. Fee schedule – Contract Specific [Lesser Of]
9. Fee schedule – Pro Fee
10. Fee schedule – 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



Emergency

The available terms are as follows:

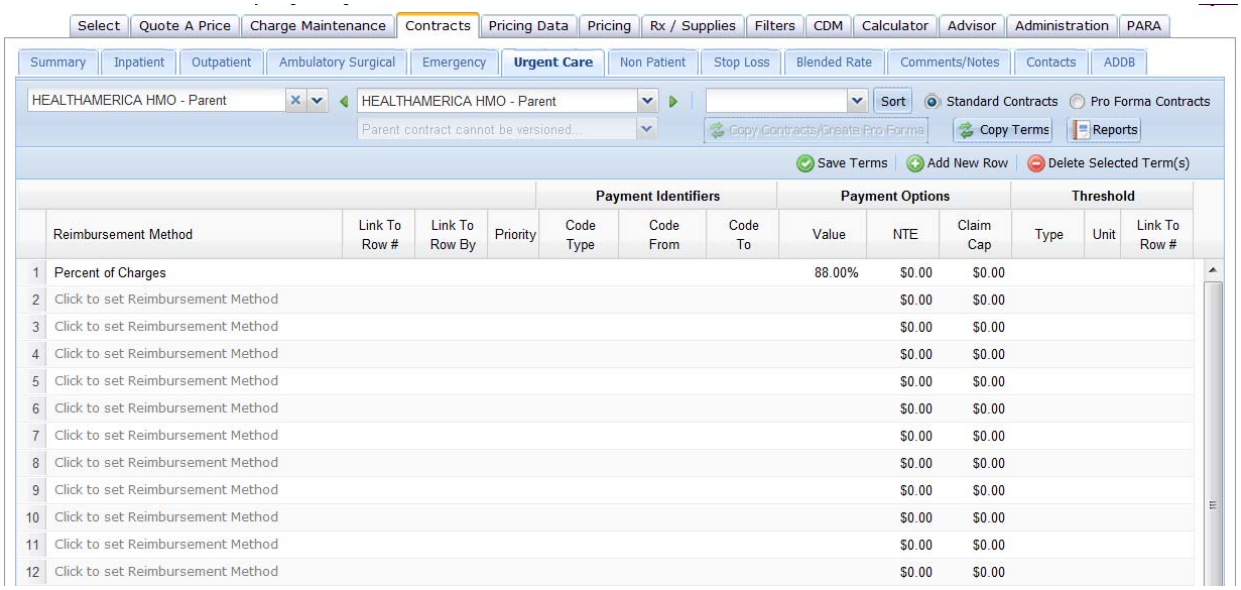
1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent 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



Urgent Care

The available terms are as follows:

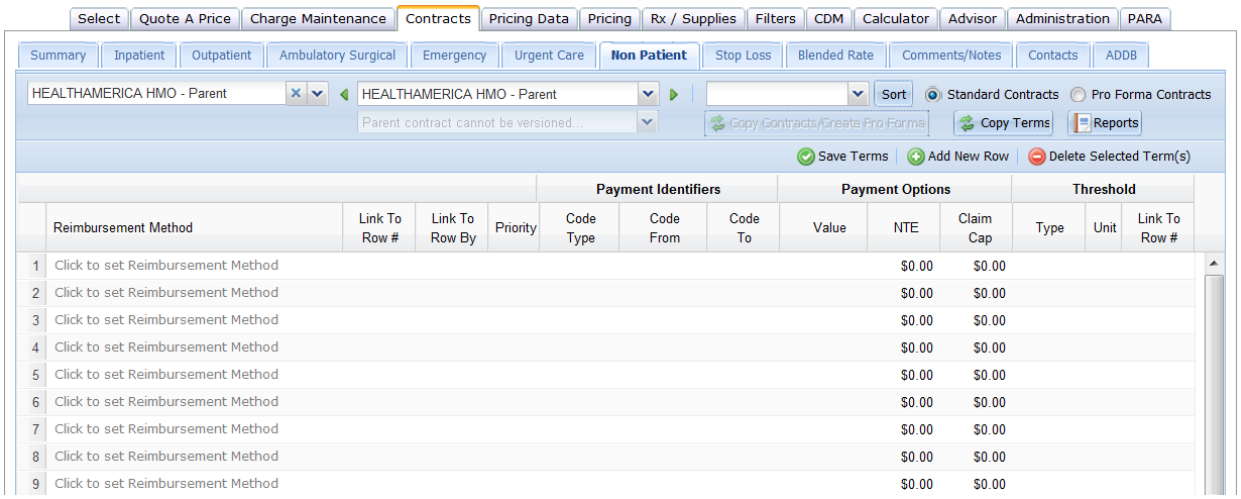
1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent 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



Non Patient

The available terms are as follows:

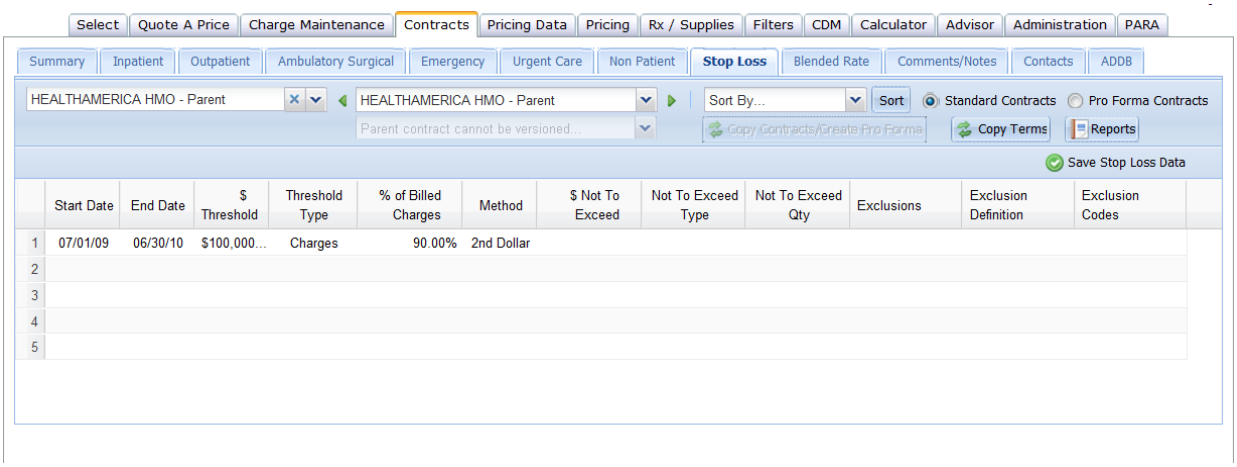
1. Fee schedule – Contract Specific [Lesser Of]
2. Fee schedule – Pro Fee
3. Fee schedule – Contract Specific
4. Fee schedule – Contract Specific - multi code discount
5. Fee schedule – Contract Specific - multi code discount [Lesser Of]
6. Fee Schedule – Cost Plus
7. Fee schedule – Lab Medicare
8. Percent 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



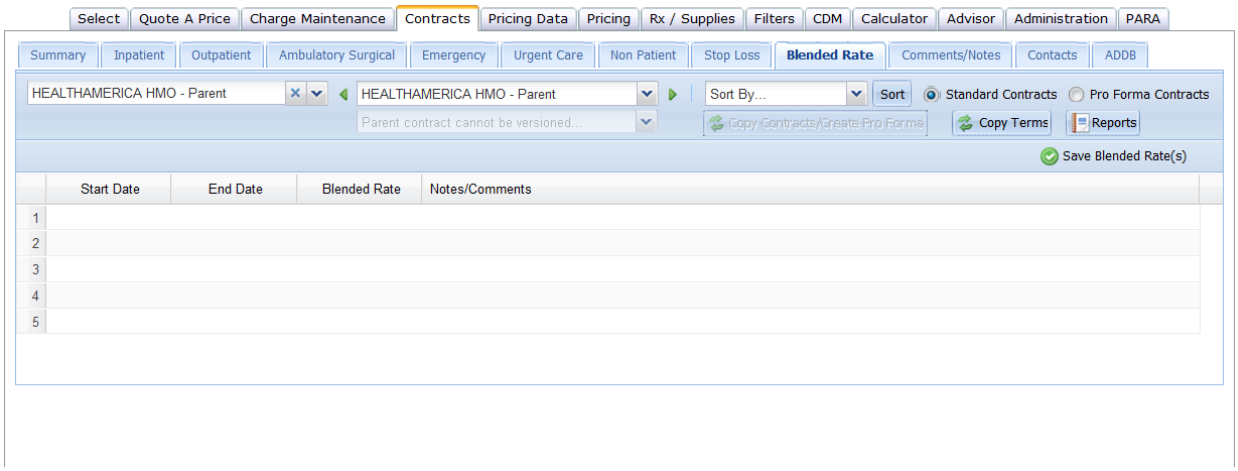
Stop Loss

The stop loss term settlement components are as follows:

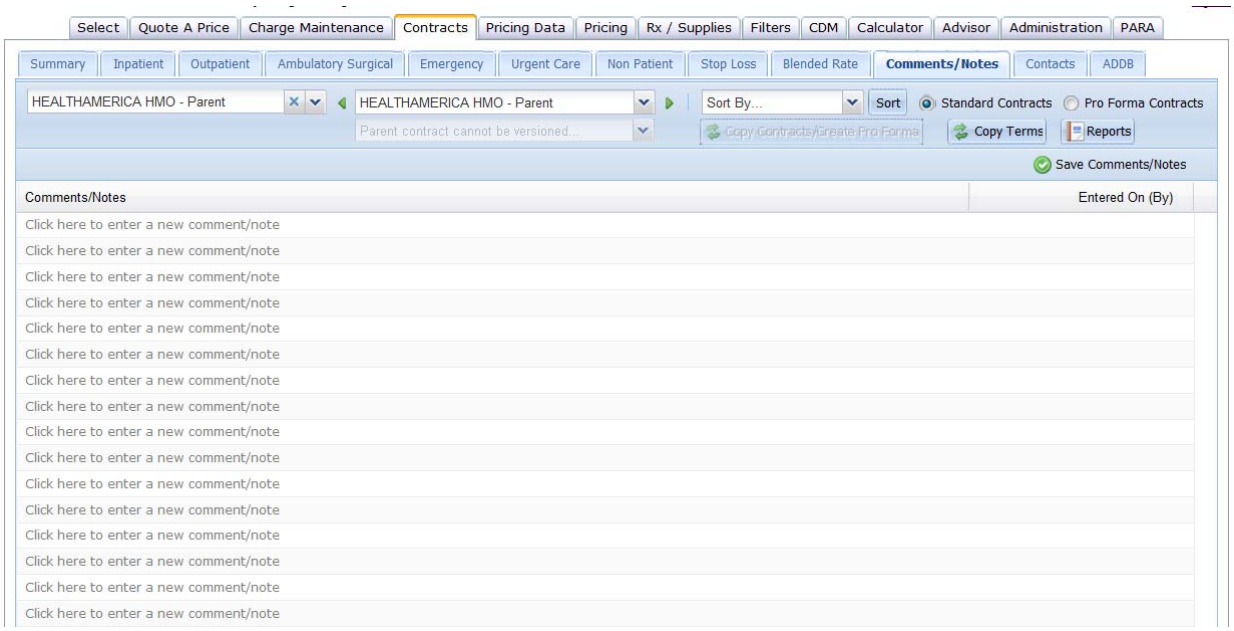
1. Start / End Dates
2. Dollar Threshold
3. Threshold Type
4. Percentage of Billed Charges
5. Method
6. Dollars Not to Exceed
7. Not to Exceed Type
8. Not to Exceed Quantity
9. Exclusions
10. Exclusion Definition
11. Exclusion Codes



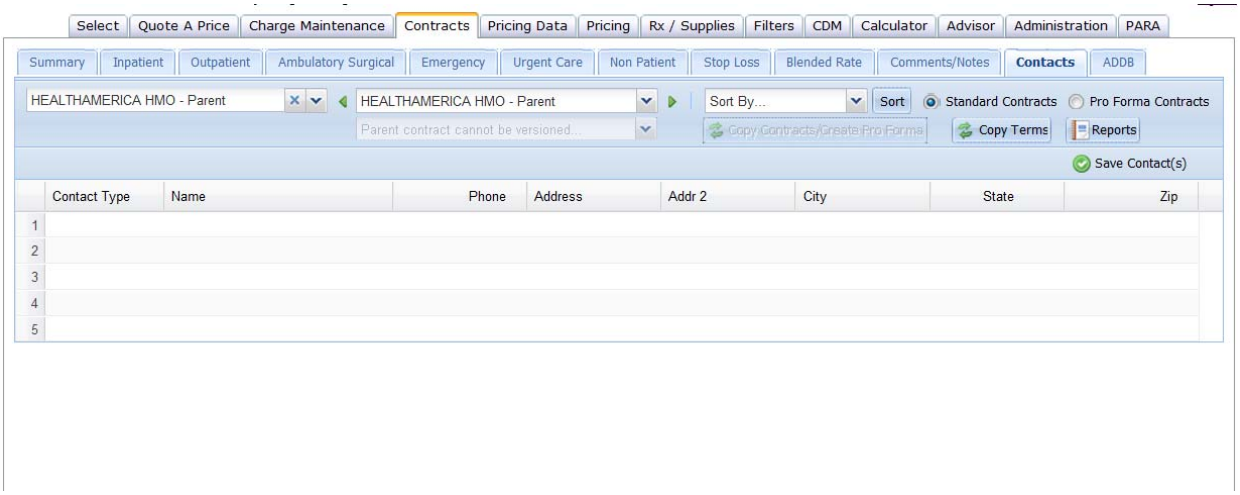
Blended Rate



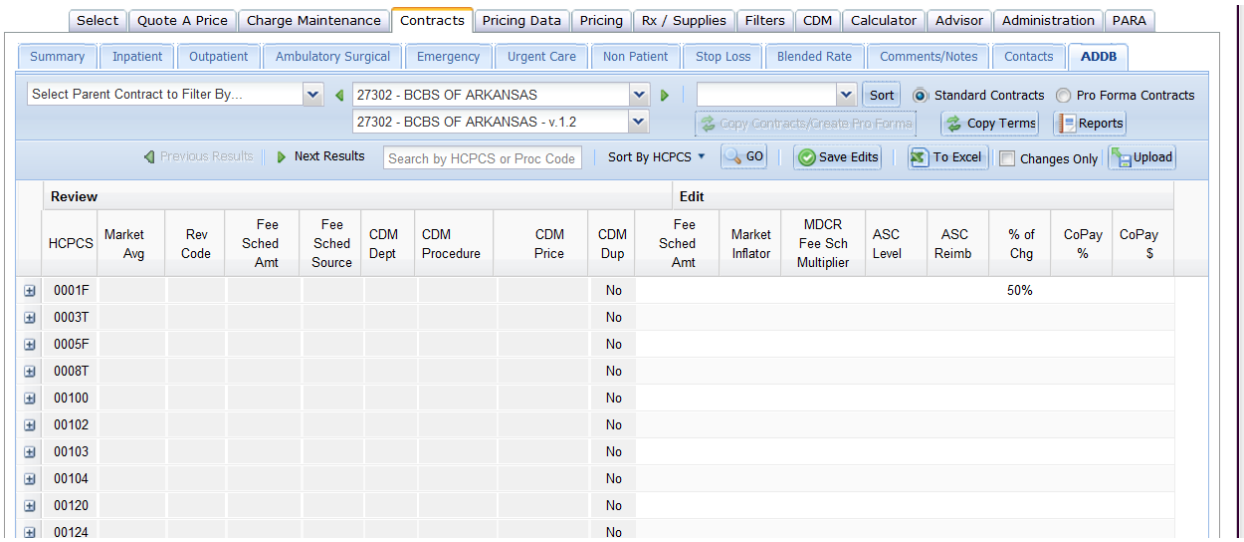
Comments / Notes



Contacts

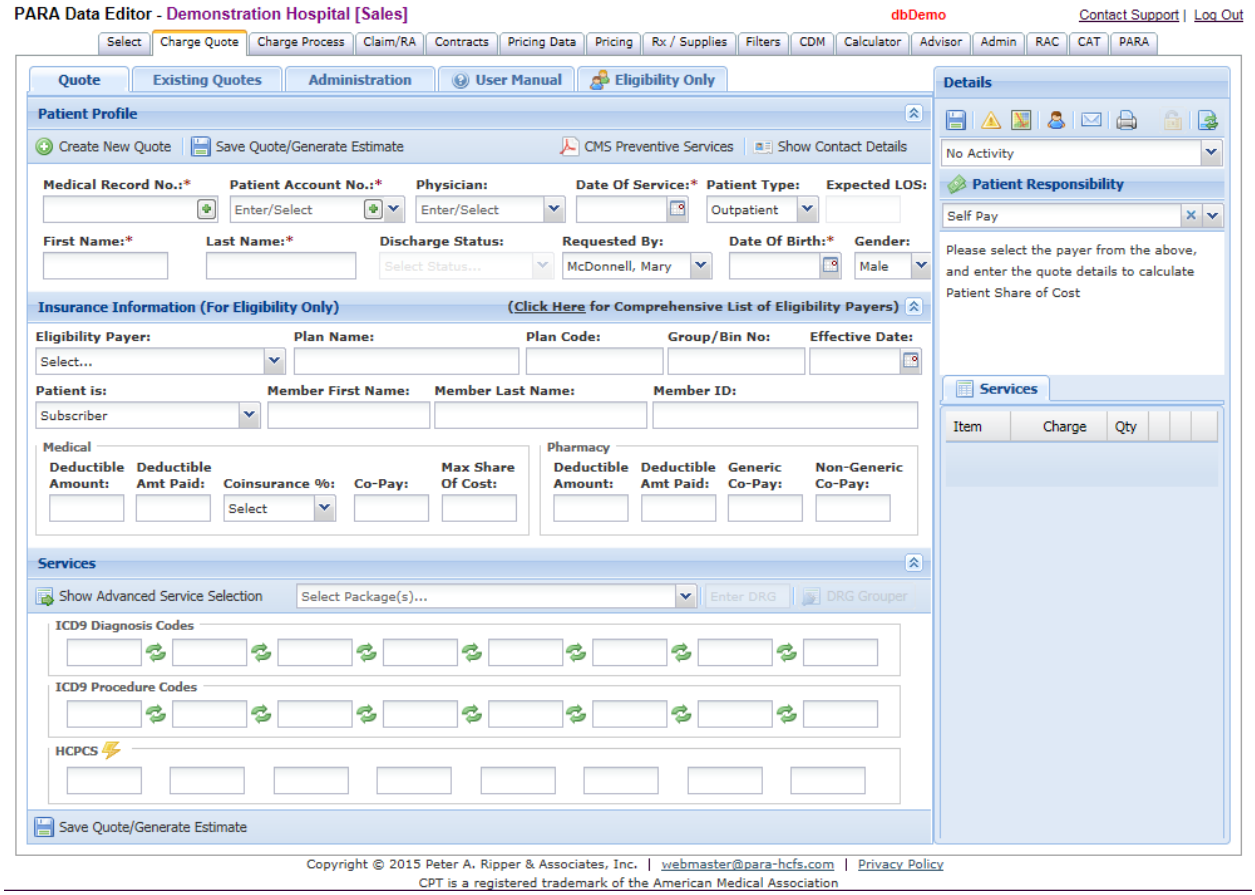


ADDB

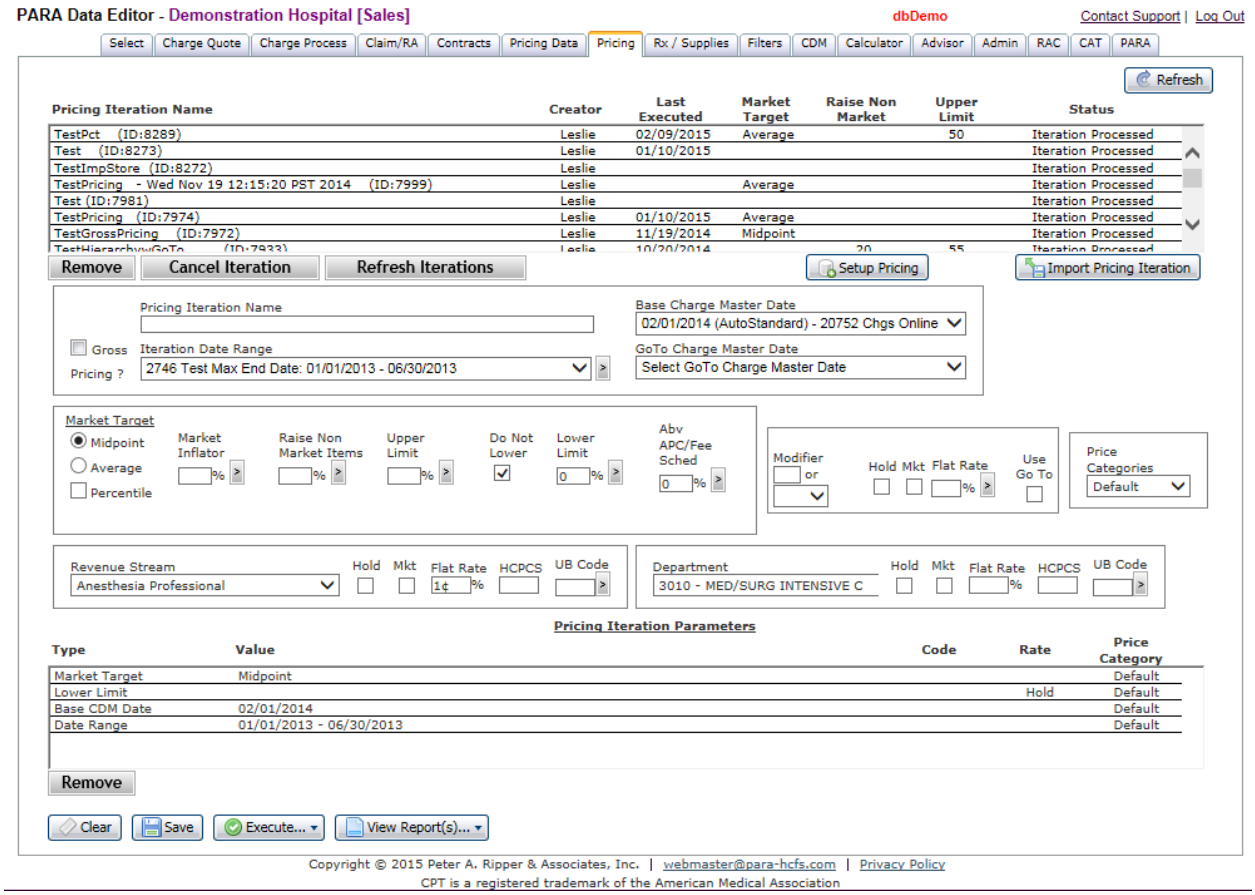


The Contract Management system is also used for the Charge Quote and Pricing modules.

Charge Quote



Pricing


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
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
Remove
Cancel Iteration
Refresh Iterations
Setup Pricing
Import Pricing Iteration
Pricing Iteration Name
Base Charge Master Date
02/01/2014 (AutoStandard) - 20752 Chgs Online
Gross Pricing ?
Iteration Date Range
2746 Test Max End Date: 01/01/2013 - 06/30/2013
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
Abv APC/Fee Sched
Modifier
or
Hold Mkt Flat Rate
Use Go To
Price Categories
Default
Revenue Stream
Anesthesia Professional
Hold Mkt Flat Rate HCPCS UB Code
Department
3010 - MED/SURG INTENSIVE C
Pricing Iteration Parameters
Type
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Code
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Price Category
Market Target Midpoint Default
Lower Limit Hold Default
Base CDM Date 02/01/2014 Default
Date Range 01/01/2013 - 06/30/2013 Default
Remove
Clear
Save
Execute...
View Report(s)...
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