PARA Healthcare Financial Services - Data Requirements

This document contains the complete data file requirements for all PARA services; please refer to Pages 2 and 3 to determine the exact files required for each of the specific engagements.

The secure PARA file transfer process is included on Page 13 for reference.

GENERAL DATA PROCESSING GUIDELINES

In order to facilitate accurate and timely data processing, general guidelines were developed for the data files. The general guidelines are listed below:

- ❖ A record layout defining field names, lengths, types, etc. should be provided for each file
- ❖ Control totals of Dollar and Quantity fields should be provided for each file
- ❖ A record count should be provided for each file
- ❖ DATA files ONLY (For migration into a SQL Server database)
- ❖ NO comma or quote delimited files (Due to the use of comma and quotes in the description fields)
- ❖ NO translated fields
- ❖ NO comma or dollar signs in monetary fields

FINANCIAL AND SYSTEM METRICS

Please provide as much of the following information as possible:

- ❖ Healthcare Information System
- ❖ Operating Cost to Charge Ratio
- ❖ Capital Cost to Charge Ratio
- ❖ Federal Payment Rate – blended rate
- ❖ DRG Operating Payment (weight of 1.00)
- ❖ DRG Capital Payment (weight of 1.00)
- ❖ Geographic Adjustment Factor
- ❖ Area Wage Index

REQUIRED DATA TABLES BY PARA ENGAGEMENT:

❖ **PARA DATA EDITOR – BASIC**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)

❖ **PARA DATA EDITOR – COMPLETE**
1. Charge Description Master (page 4)
2. Account Header and Transaction Files (page 6)
3. Patient Type and Insurance Crosswalk Files (page 10)
4. Detailed Materials Data (page 8)
5. Materials Mark-up Schedules (page 8)
6. Detailed Pharmacy Data (page 9)
7. Pharmacy Mark-up Schedules (page 9)
8. Payer Contract Information (page 10)
9. Pharmacy NDC (page 10)

❖ **MANAGED-CARE CONTRACT ANALYSIS**
1. Charge Description Master (page 4)
2. Account Header and Transaction Files (page 6)
3. Patient Type and Insurance Crosswalk Files (page 10)
4. Billing Coded ICD-9 and CPT Files (page 7)
5. Payer Contract Information (page 10)

❖ **MARKET BASED PRICING ANALYSIS**
1. Charge Description Master (page 4)
2. Account Header and Transaction Files (page 6)
3. Patient Type and Insurance Crosswalk Files (page 10)
4. Payer Contract Information (page 10)

❖ **PHARMACY PRICING REVIEW**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)
3. Detailed Pharmacy Data (page 9)
4. Pharmacy Mark-up Schedules (page 9)

❖ **MATERIALS/PURCHASING PRICING REVIEW**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)
3. Detailed Materials Data (page 8)
4. Materials Mark-up Schedules (page 8)

❖ **CHARGE MASTER ANALYSIS**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)
3. Pharmacy NDC (page 10)

❖ **PERIOPERATIVE CHARGE ANALYSIS**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)

❖ **EMERGENCY ROOM CHARGE ANALYSIS**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)

❖ **DURABLE MEDICAL EQUIPMENT(DME) ANALYSIS**
1. Charge Description Master (page 4)
2. Revenue and Usage (page 7)

❖ **CLAIM REVIEW**
1. Claims Data

❖ **REVENUE INTEGRITY**
1. Charge Description Master (page 4)
2. Account Header and Transaction Files (page 6)
3. Patient Type and Insurance Crosswalk Files (page 10)
4. Payer Contract Information (page 10)
5. Revenue and Usage (page 7)
6. Pharmacy NDC (page 10)
7. Claims Data

❖ **CHARGE MASTER MANAGEMENT**
1. Charge Description Master (page 4)
2. Account Header and Transaction Files (page 6)
3. Patient Type and Insurance Crosswalk Files (page 10)
4. Payer Contract Information (page 10)
5. Revenue and Usage (page 7)
6. Pharmacy NDC (page 10)
7. Claims Data

CHARGE DESCRIPTION MASTER (CDM)

The CHARGE DESCRIPTION MASTER files contain information about the method the hospital uses to charge patients for services and supplies provided. The file shows, by department, what services and supplies can be charged to a patient. Each individual charge item has coding details associated with it that allow that specific item to be billed appropriately.

CHARGE DESCRIPTION MASTER FILE

Field Number	Description	Field Name	Format	Length
1	*Department Code*	DEPT_CODE	text	1-10
2	*Procedure Code*	PROC_CODE	text	1-20
3	Department Name	DEPT_NAME	text	null-30
4	Procedure Description	PROC_DESC	text	null-250
5	Technical Description	TECH_DESC	text	null-250
6	Quantity	QTY	**integer	
7	Unit Price	UNIT_PRICE	***numeric / decimal	
8	Unit Multiplier	UNIT_MULT	text	null-6
9	CPT Code	CPT_CODE	text	null-11
10	HCPCS Code	HCPCS_CODE	text	null-11
11	Medicaid Code	MEDICAID_CODE	text	null-11
12	Workers Comp Code	WCOMP_CODE	text	null-11
13	BLX Code	BLX_CODE	text	null-11
14	TriCare Code	TRICARE_CODE	text	null-11
15	Other Code	OTHER_CODE	text	null-11
16	Rev Code Default	UB_DEFAULT	text	null-11
17	Rev Code OPPS	UB_OPPS	text	null-11
18	Rev Code Part B Only	UB_PARTB	text	null-11
19	Rev Code Other	UB_OTHER	text	null-11
20-30	CPT Code - Additional	CPT_CODE1 - CPT_CODE10	text	null-11
31-41	HCPCS Code - Additional	HCPCS_CODE1 - HCPCS_CODE10	text	null-11

*Required

**Number: Decimal not allowed.

**Number: Currency amount (cents optional) Optional thousands separators; optional two-digit fraction

In order to meet billing requirements for different payers, data is often extracted from the charge master and changed at the time of billing. For example, a CPT code may be changed to an alpha-numeric HCPCS code when Medicare is the payer.

To achieve the complete picture for each individual charge item we need to see how that item is changed or transformed at the time of billing. All the specific coding information on how an item is billed or charged may not be in the charge master file. This data may be found in many different areas, such as the claim dictionary, claim scrubber, bill write system, claim edit system, or claims management system.

The ADDITIONAL CODING SEGMENTS file lists additional coding fields that hospitals may or may not utilize in their billing processes. If the hospital utilizes more than just the standard CPT Code and National Revenue Code fields, then those additional coding fields should be added DIRECTLY to the CDM file for each record

ADDITIONAL CODING SEGMENTS (add to the CDM file)

Field Description	Field Name Example	Data Type
Medicare Code With Modifiers	HCPCS	Character
Medicaid / RVS / SMA Code with Modifiers	MCD or "State"	Character
Worker's Compensation Code with Modifiers	WK COMP	Character
Individual Payer Codes with Modifiers	BLUEX	Character
Medicare Only Revenue Code	MC REV or UB92	Character

PATIENT LEVEL ACCOUNT AND TRANSACTION

The PATIENT LEVEL detail files contain information about specific patient accounts, both at a summary and a detailed level.

The HEADER file shows a summary about each patient account during the given time frame. It contains data elements such as the date range of the patient's stay, the patient type, total charges assigned to the account, and the patient's discharge status or location to which they were discharged (e.g., discharged to home, Skilled Nursing Facility, transferred to another facility, etc.)

The TRANSACTION file shows the detailed information for all the accounts during that time. There will be many records for each account because the file provides specific line item detail on what each patient was charged on specific dates during their stay. These records will match to the charge master file on department code and procedure code combinations.

The 2 BILLING CODES files (CPT and ICD9) are additional details, by account, that help identify the reason the patient received services and what specific surgical procedures they received. The information contained in these files is usually entered into the system during the Medical Records or Billing process.

ACCOUNT HEADER FILE (SUMMARY)

Field Description	Field Name Example	Data Type
Unique Patient Identifier	ACCT#	Character
Insurance Plan (Payer) Identifier	INS	Character
Type of Patient (IP, OP, ER, etc)	PT TYPE	Character
Admission Date	ADMIT DATE	Date
Discharge Date	DC DATE	Date
Location to which the Patient was Discharged	DC LOC	Character
Diagnosis Related Group	DRG	Character
Final Bill Date	FINAL DATE	Date
Total Charges	CHGS	Money
Total Payments Received	PYMTS	Money
Total Adjustments	ADJMTS	Money

ACCOUNT TRANSACTIONS FILE (DETAILED)

Field Description	Field Name Example	Data Type
Unique Patient Identifier	ACCT#	Character
Department Number	DEPT#	Character
Charge Item Number	CHG#	Character
Default CPT or HCPCS code	CPT	Character
Number of Units	QTY	Integer
Total Charges	CHGS	Money
Date of Service Provided	TRANS DATE	Date

PATIENT LEVEL ACCOUNT AND TRANSACTION (CONTINUED)

BILLING CODED CPT (HIM)

Field Description	Field Name Example	Data Type
Unique Patient Identifier	ACCT#	Character
CPT or HCPCS assigned by Medical Records or Billing ****	CPT	Character

BILLING CODED ICD-9 (HIM)

Field Description	Field Name Example	Data Type
Unique Patient Identifier	ACCT#	Character
ICD-9 Diagnosis Codes ****	ICD9 DX	Character
ICD-9 Surgical Codes ****	ICD9 SURG	Character

NOTES:

**** Each of these Codes can have more than one code per account # (for example: CPT1, CPT2, CPT3, etc.)

REVENUE AND USAGE

The REVENUE AND USAGE statistics file is required when the PATIENT LEVEL DETAIL files are **not** available.

The REVENUE AND USAGE statistics file contains the overall QTY and REVENUE broken out by charge item, by type of patient, and by type of insurance. This file does not contain any specific patient account information.

REVENUE & USAGE STATISTICS

Field Description	Field Name Example	Data Type
Department Number	DEPT#	Character
Charge Item Number	CHG#	Character
Type of Patient (IP, OP, ER, etc)	PT TYPE	Character
Insurance Plan (Payer) Identifier	INS	Character
Quantity of Items Charged for Date Range	QTY	Integer
Gross Revenue (Total Charges)	REV	Money

NOTES:

The time frame of this data is required.

MATERIALS / PURCHASING

The MATERIALS files contain information about the materials and supplies used in the hospital. There are two materials files: Detailed Materials Data and Current Materials Mark-Up Schedule.

DETAILED MATERIALS DATA

Field Description	Field Name Example	Data Type
Date of Data Cut to PARA	DATE_STAMP	Date Time
Hospital System's Item Number	ITEM CODE	Character
Hospital System's Item Description	ITEM DESC	Character
CDM Item Number	CDM ITEM CODE	Character
Package Description (i.e. Box of a Dozen)	PKG SIZE	Character
Unit Item Size (i.e. 1 Syringe,)	UNIT SIZE	Character
Units Per Package (i.e. 12 syringes/box)	UNITS/PKG	Character
Unit Item Acquisition Cost	ACQ COST	Money
Unit Item Cost	COST	Money
Unit Item Charge	UNIT PRICE	Money
Unit of Service Adjustor/Unit Multiplier (If applicable)	UNIT ADJ	Numeric
Supply Type (Med/Surg, Cardiac….)	TYPE	Character

MATERIALS MARK-UP SCHEDULE

Field Description	Field Name Example	Data Type
Minimum $ value of tier	RANGE MIN	Money
Maximum $ value of tier	RANGE MAX	Money
Mark-up	MARKUP %	Numeric
Add-on Fee	ADD ON	Money
Handling Fee	HANDLING	Money
Other Fee	ADMIN	Money
Minimum Charge Amount	MIN CHARGE	Money
Rounding Factor	ROUND	Numeric

PHARMACY CLINICAL

The PHARMACY CLINICAL files contain information about the method the hospital uses to charge patients for Pharmacy services and supplies provided. The file shows, by department, what services and supplies can be charged to a patient. Each individual charge item has coding details associated with it that allow that specific item to be billed appropriately.

DETAILED PHARMACY DATA

Field Description	Field Name Example	Data Type
Date of Data Cut to PARA	DATE STAMP	Date Time
Item Code in Pharmacy System	ITEM CODE	Character
Item Desc in Pharmacy System (Generic and Brand if available)	ITEM DESC	Character
Strength	STR	Character
Form	FORM	Character
# of Units in Package	PKG QTY	Character
Dept #	CDM DEPT CODE	Character
CDM Charge #	CDM PROC CODE	Character
Item Acquisition Cost	COST	Money
Item AWP	AWP	Character
NDC Number **Must Be Separated into the 3 Standard Segments, or pad the null positions with zeros** **(for example: 1234-123-1 or 12345-1234-12)**	NDC	Character
Drug Type (Injection, Oral, etc.)	TYPE	Character
Pricing Category	CAT	Character
Pricing Category Description	CAT DESC	Character

PHARMACY MARK-UP SCHEDULE

Field Description	Field Name Example	Data Type
Pricing Category	CAT	Character
Pricing Category Description	CAT DESC	Character
Minimum $ value of tier	RANGE MIN	Money
Maximum $ value of tier	RANGE MAX	Money
Mark-up	MARKUP %	Character
Add-on Fee	ADD ON	Money
Handling Fee	HANDLING	Money
Other Fee	ADMIN	Money
Minimum Charge Amount	MIN CHARGE	Money
Rounding Factor	ROUND	Numeric

PHARMACY CLINICAL (CONTINUED)

PHARMACY NDC

Field Description	Field Name Example	Data Type
CDM Charge #	CDM PROC CODE	Character
NDC Number **Must Be Separated into the 3 Standard Segments, or pad the null positions with zeros** **(for example: 1234-123-1 or 12345-1234-12)**	NDC	Character

INSURANCE CROSSWALK

The INSURANCE CROSSWALK files are used to link the Insurance and the Patient Type fields (used in the Patient Detail files) to the complete descriptions of those codes.

PATIENT TYPE FILE

Field Description	Field Name Example	Data Type
Type of Patient (IP, OP, ER, etc)	PT TYPE	Character
Description of the Type of Patient (Inpatient, etc)	PT NAME	Character

INSURANCE FILE

Field Description	Field Name Example	Data Type
Insurance Plan (Payer) Identifier (BCBS, UHS, etc)	INS	Character
Full Name of the Insurance Plan (Payer) – (Blue Cross, etc)	INS NAME	Character

PAYER CONTRACT INFORMATION

Please provide as much contract data as possible:

- ❖ Hard or electronic copies of actual contracts
- ❖ Copies of any contract matrices
- ❖ Stop Loss matrices or detail

ORDER ENTRY

The ORDER ENTRY file is used to link order entry mnemonics to CDM procedure codes

ORDER ENTRY

Field Description	Field Name Example	Data Type
Department Number	DEPT#	Character
Charge Item Number	CHG#	Character
Item Mnemonic	MNEMONIC	Character
Item Price	PRICE	Boolean
Indicate if the item is active	ACTIVE	Boolean
Indicate if the item is editable	EDITABLE	Boolean

EXPLODE CODES

The EXPLODE CODES file is used to link parent charges to the child charges they trigger.

EXPLODE CODES

Field Description	Field Name Example	Data Type
Parent Procedure Code	PROC_CODE	Character
Child Explode Procedure Code Of Parent	EXP_ PROC_CODE	Character

DATA DICTIONARY

There are alternate terms that may be used in your files for the data sent to PARA. This data dictionary lists some of the alternate terms.

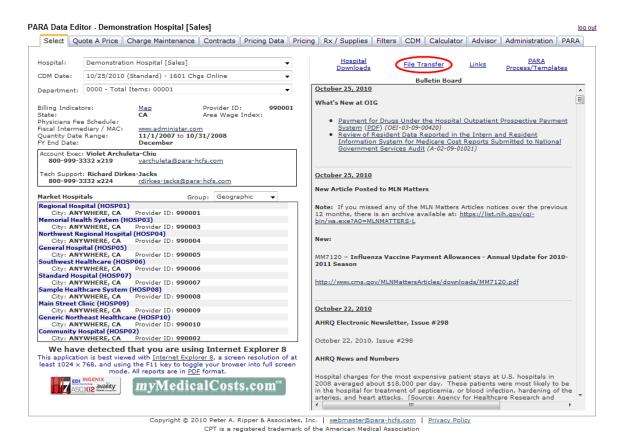| Term	Alternative Terms
Charge Item Number	Procedure Code Item Number Charge Code Input Code CDM# IVNUM Service Code SIM Code
Date of Service Provided	Transaction Date Service Date Encounter Date
Department Number	Department Code Revenue Center Cost Center
National Revenue Code	UB04 UB92 UB82 Revenue Code UB Code
Patient Identifier	Account Number Encounter # Medical Record # Patient ID

PARA SECURE FILE TRANSFER SERVICE:

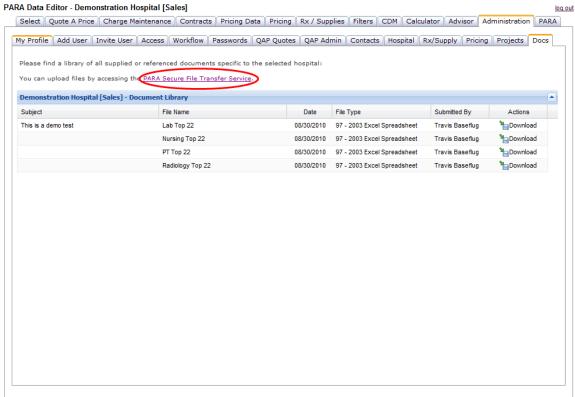The PARA File Transfer Service provides secure, web based, multiple file transfer services.

Accessing

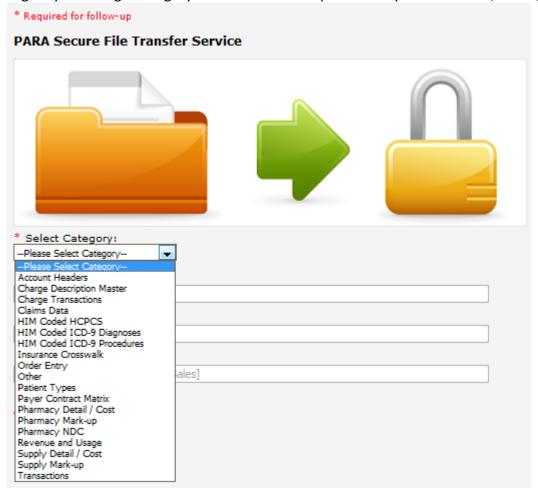There are two ways to access the File Transfer Service...

From the Select tab:

Admin level users may also access the service in the Administration, Docs tab:

Uploading Files

Begin by selecting a category for the files to be uploaded. If you are unsure, select, "Other".

The Name, Email and Company fields are auto-completed using your current information on file.

Press Continue or Cancel to go back to the previous screen.

To locate files for upload on your computer, click the Select Files button. If Flash is enabled, you may select multiple files. The file size limit is set at 2GB for each individual file selected.

Any file type is supported but it is recommended that all files be compressed.

After you've selected all the files to upload, click Start Upload.

Each file that is uploaded will be processed by a virus scanner at the server. The result of that scan will be displayed for each file in the list and a summary of those stats will be displayed at the bottom of the queue list.

A copy of the transfer results will be emailed to the address given and to PARA staff for further processing.

Select Files

report-html.zip (3.61KB)

report-html (1).zip (3.66KB)

report-html (2).zip (3.34KB)

Start Upload | Clear Queue | Cancel

Finished uploading:
report-html.zip

Scan Result: SCAN_NO_VIRUS

Finished uploading:
report-html (1).zip

Scan Result: SCAN_NO_VIRUS

Finished uploading:
report-html (2).zip

Scan Result: SCAN_NO_VIRUS

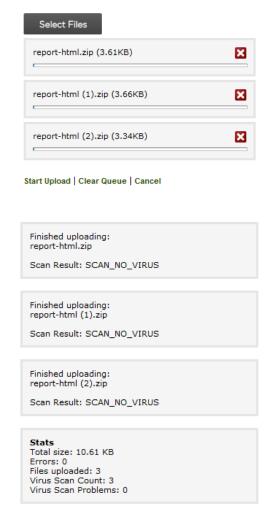**Stats**
Total size: 10.61 KB
Errors: 0
Files uploaded: 3
Virus Scan Count: 3
Virus Scan Problems: 0

Figure 1 transfer results