

# The PARA Data Editor (PDE)

## The PARA Data Editor (PDE)

**PARA Data Editor - Demonstration Hospital [DEMO]**
**dbDemo**
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Select
Charge Quote
Charge Process
Claim/RA
Contracts
Pricing Data
Pricing
Rx/Supplies
Filters
CDM
Calculator
Advisor
Admin
CMS
Tasks
PARA

Hospital:

CDM Date:

Department:

Billing Indicators: [Map](#) Provider ID: **990001**

State: **CA** Area Wage Index: **1**

Physicians Fee Schedule: **ANAHEIM/SANTA ANA, CA**

Fiscal Intemediary / MAC:

Quantity Date Range: **2/1/2018 to 8/31/2018**

---

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Operations Rep:

**Bulletin Board** Documents

Date	Title
Enter Title Search Criteria Here	
11/15/2018	CMS releases proposed rule to improve the integrity of the Exchange
11/15/2018	CMS Proposes Changes to Streamline and Strengthen Medicaid and CHIP Managed C...
11/15/2018	CMS Quality Payment Program (QPP) Year 1 Performance Results
11/15/2018	CMS Announces New Medicaid Demonstration Opportunity to Expand Mental Health ...
11/15/2018	CMS New Fact Sheet Available: NQF #3235 Hospice and Palliative Care Composite P...
11/15/2018	CMS strengthens federal support to California residents affected by wildfires
11/15/2018	CMS 4.5 Month Data Correction Deadline for Public Reporting - Hospice Providers
11/15/2018	CMS Physician Fee Schedule Final Rule: Understanding 3 Key Topics Call -- Novemb...
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11/15/2018	Center for Medicaid and CHIP Services (CMCS) CIB: Strong Start for Mothers and Ne...
11/15/2018	Center for Medicaid and CHIP Services (CMCS)-SMD: Opportunities to Design Innov...
11/15/2018	Center for Medicaid and CHIP Services (CMCS) -2019 Spousal Impoverishment Stan...
11/15/2018	Blue Cross and Blue Shield of Montana New HCPCS Codes Effective 1/1/2019
11/15/2018	Blue Cross and Blue Shield of Montana Preauthorization Changes
11/15/2018	AHRQ News Now: screening to reduce staph infections; new toolkit to prevent diagn...
11/14/2018	PARA Weekly Update 11/14/2018
11/07/2018	HHS.GOV.OIG -Advisory Opinion 18-12 regarding the use of a "preferred hospital"
11/07/2018	HHS.GOV.OIG -CMS Did Not Always Ensure Hospitals Complied With Medicare Reimb...
11/07/2018	HHS.GOV. OIG: Advisory Opinion 18-13 regarding proposed donations from a charit...
11/07/2018	First Coast eNews: Part A -- General Part A claim reopenings beyond timely filing lim...
11/07/2018	First Coast eNews: Part B -- General Certifying patients for the Medicare home healt...
11/07/2018	First Coast eNews: Part B -- General Cardiac device credits: Medicare billing reminder
11/07/2018	First Coast eNews: Part A -- CAH Hospital and critical access hospital swing-bed ma...
11/07/2018	Centers for Medicare & Medicaid Services -HIS Freeze Date: November 15
11/07/2018	BCBSMT   Important Changes Effective 1/1/2019 - New HCPCS Codes
11/07/2018	BCBSMT   Important Changes Effective 1/1/2019 -Preauthorization Changes
11/07/2018	AHRQ News Now: new patient safety research; insurance rates among small busines...

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# The PARA Data Editor (PDE)

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# The PARA Data Editor (PDE)

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## Introduction

The **PARA Data Editor (PDE)** encompasses a complete suite of essential applications that will streamline the multiple functions necessary to maintain a clean, up-to-date Charge Description Master (CDM). It also features our Charge Quote tool, which enables the User to provide quotations to patients who are seeking the best possible price for their healthcare needs. All of these functions are contained within a single web-based application, so there is no need for expensive, difficult to upgrade and maintain software programs to be installed or custom built.

# The PARA Data Editor (PDE)

## Select Tab

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

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

Hospital:     File Transfer

CDM Date:

Department:

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: **2/1/2018 to 8/31/2018**

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Tech Support: **Peter Ripper (PRipper)**  
800-999-3332 x221 pripper@para-hcfs.com

Operations Rep:

**Facility Market Hospitals**

Groups:

Name	City
Regional Hospital	City: <b>Anaheim, CA</b> Provider ID: <b>990001</b>
Community Hospital	City: <b>ANYWHERE, CA</b> Provider ID: <b>990002</b>
General Hospital	City: <b>ANYWHERE, CA</b> Provider ID: <b>990005</b>
Generic Northeast Healthcare	City: <b>ANYWHERE, CA</b> Provider ID: <b>990010</b>
Main Street Clinic	City: <b>ANYWHERE, CA</b> Provider ID: <b>990009</b>
Memorial Health System	City: <b>ANYWHERE, CA</b> Provider ID: <b>990003</b>
Northwest Regional Hospital	City: <b>ANYWHERE, CA</b> Provider ID: <b>990004</b>
Southwest Healthcare	City: <b>ANYWHERE, CA</b> Provider ID: <b>990006</b>
Standard Hospital	City: <b>ANYWHERE, CA</b> Provider ID: <b>990007</b>

**Bulletin Board** Documents

Date	Title
	<input type="text" value="Enter Title Search Criteria Here"/>
11/15/2018	CMS releases proposed rule to improve the integrity of the Exchange
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The **PARA Data Editor** provides an easy to use web portal designed to optimize a multitude of functions and streamline the hospital's efforts to maintain a compliant Charge Master. The tool allows hospital staff access to the most current News and Notices available for all healthcare entities, and is constantly being updated to reflect the most current and accurate data available. Each client hospital's individual indicators are maintained within the **PDE**, so that such factors as Billing Indicators, Area Wage Indices, and Fee Schedules are incorporated into all calculations performed by the **PDE**.

To log into the **PDE**, a **PARA** staff member will have to create a User ID and password for you. Once this has been done, access your web browser and visit the website [www.para-hcfs.com](http://www.para-hcfs.com). On the Introductory page, in the middle column under the header "**What We Do**" you will see the first section is labeled "**The Charge Description Master**" and the second section is labeled "**The PARA Data Editor**". Click on the "**PARA Data Editor**" link, and that will direct you to the User login page.

Once you have logged into the **PDE**, the first thing you will see is an End User License Agreement. This Agreement is only necessary to accept once a year, so in your subsequent sessions in the **PDE** it will no longer appear. Once you have accepted the terms, you will be redirected to the Main Page of the **PDE** for your facility. The name of your facility will appear in

## The PARA Data Editor (PDE)

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### Select Tab (continued)

the "Hospital" box on the upper left. If you are part of a hospital system, the drop-down menu on this box should be active, allowing you to choose between your facilities. This page also lists all of the hospitals currently included within your market peer group, your Account and Support representatives, a Bulletin Board that contain information and notices pertinent to the healthcare community and recent updates to the **PDE** itself, and numerous downloads for your convenience.

# The PARA Data Editor (PDE)

## 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

**FEATURED**

### Share Of Cost

- Improved Speed and Performance
- Enhanced, HIPPA Compliant Security and Encryption
- Improved Usability and Ease of Data Entry and Administration
- Completely redesigned interface
- Allows multiple quotes per patient
- Create your own custom letter templates

**Share Of Cost (QAP v1)**  
Not Ready for the new version?  
This is the familiar version you have been using.

**Share Of Cost (QAP v2)**  
This version will be discontinued with a date TBD.

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The Charge Quote tool allows the User to provide the patient with their share of cost prior to services being rendered. In today's highly competitive healthcare market, patients are becoming far more sophisticated when it comes to getting the most value for their money. The **PARA Data Editor** provides the User with the most comprehensive system to not only quote patient liability on individual services, but on packaged services as well. For any surgical or diagnostic procedures that require multiple charges in addition to the primary procedure (e.g., add-on procedures, anesthesia, drugs, and supplies) these services can be bundled into a single order set. In addition, the User can load the details of their Payor Contracts, which allows the User to quote the most accurate price possible. Charge Quote also allows the User to design and produce custom patient letters, quote summaries, and Advance Beneficiary Notices that can be mailed or emailed to the patient and the Departments. Charge Quote provides an easy-to-use tool for the hospital to exhibit pricing transparency, and gives the facility the ability to give patients the information they need without installing additional expensive software applications.

The Charge Quote tab also features Eligibility Verification, so policy validation, deductible, and coinsurance can be verified in a real-time transaction for even more accuracy in determining the patient's out of pocket cost.

# The PARA Data Editor (PDE)

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## Share of Cost/Charge Quote – Create a Quote

### Creating a quote is a four-step process:

- **Create the quote** – Enter the patient demographic information, insurance information, and the services that will be provided by the hospital. The initial Patient responsibility will be determined by the services selected and the Patient's deductible and coinsurance as entered by the User interview with the patient.
- **Check Medical Necessity Coverage** – If the Patient has Medicare, Users can check for coverage under Medicare medical necessity policies and produce an Advance Beneficiary Notice, if needed. Procedure codes (HCPCS/CPT®) which may be subject to Medicare National and Local Coverage Determinations (LCD/NCDs) are checked against the specific diagnosis codes entered by the User. If the Patient diagnosis is not covered under the LCD/NCD, the cost of the service may become patient responsibility and an ABN is necessary. The ABN can be automatically completed within the Coverage check feature using the cost assigned by the Administrator (current charge, Medicare-equivalent reimbursement, or other calculation.)
- **Revise Total** – once coverage has been checked and an ABN completed, the patient total will be revised to include any non-covered items that will become the Patient's responsibility. The system offers Users the option to print a patient letter which includes their entire estimated out of pocket cost.
- **Eligibility Verification** – the Patient's insurance coverage may be verified before the quote is finalized for insurers which offer online eligibility verification. This helps hospitals identify lapses in coverage which may result in the full amount falling to Patient liability.

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote – Step 1: Create a Quote

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

**Patient Profile**

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

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

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

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

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

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

Medical Deductible Deductible Amt Paid Coinsurance % Co-Pay Max Share Of Cost Deposits Patient SOC Deposit Required Deposit Paid Remaining Deposit:  
Select

**Services**

Show Advanced Service Selection Select Package(s)... Enter DRG DRG Grouper ICD10

ICD10 Diagnosis Codes

ICD10 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

Refresh Patient Responsibility

Refresh Page

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The Quote tab is divided into four sections:

- **Patient Profile** – Patient demographic information, Patient type, LOS and Discharge Status
- **Insurance Information** – Insurance company, plan, and Deductible/Coinsurance information
- **Services** – medical services that will be provided to the Patient
- **Details** – function icons, Payer selection, Patient responsibility totals, and list of services in the quote

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote Step 1: Quote Creation – Patient Profile

**Patient Profile**

Create New Quote Save Quote/Generate Estimate **Quote ID: 29819** CMS Preventive Services Hide Contact Details

**Medical Record No.:**\* 118813183723168 **Patient Account No.:**\* 118813183724195 **Physician:** Enter/Select **Date Of Service:**\* 9/27/2018 **Patient Type:** Outpatient **Expected LOS:** 0

**First Name:**\* sample **Last Name:**\* patient **Discharge Status:** Select Status... **Requested By:** McDonnell, Mary **Date Of Birth:**\* 1/1/1960 **Gender:** Male

**Street Address:** 123 main Street **Zip Code:** 90001 **City:** LOS ANGELES **State:** CA

**Phone:** (555) 555-5555 **Email Address:** patient@mail.com

Complete the information in the Patient Profile section; required fields are denoted with a red asterisk (\*). To expand the view to add Patient address, phone, and email, click on the [Show Contact Details](#) icon in the upper right corner of the section.

- **Medical Record Number and Patient Account Number (required fields)** - If your facility chooses not to enter their internal record and account numbers, clicking on the green plus sign  at the end of the box will auto-fill the field with a randomly-assigned unique number
- **Physician** - A physician name can be manually entered or a list of Physicians may be made available in the drop-down menu if added by the system Administrator.
- **Date of Service (required field)** - A date may be manually entered in the MM/DD/YYYY format, or selected from the Calendar by clicking the  icon
- **Patient Type** - Select Inpatient or Outpatient from the available drop-down
- **Expected LOS** - This field is only required if utilizing the DRG group when preparing an Inpatient quote. Manually enter a date, or select from a pop-up calendar
- **Patient First Name (required field)**
- **Patient Last Name (required field)**

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote Step 1: Quote Creation – Patient Profile

**Patient Profile**

Create New Quote | Save Quote/Generate Estimate | Quote ID: 29819 | CMS Preventive Services | Hide Contact Details

Medical Record No.:\* 118813183723168 | Patient Account No.:\* 118813183724195 | Physician: Enter/Select | Date Of Service:\* 9/27/2018 | Patient Type: Outpatient | Expected LOS: 0

First Name:\* sample | Last Name:\* patient | Discharge Status: Select Status... | Requested By: McDonnell, Mary | Date Of Birth:\* 1/1/1960 | Gender: Male

Street Address: 123 main Street | Zip Code: 90001 | City: LOS ANGELES | State: CA

Phone: (555) 555-5555 | Email Address: patient@mail.com

- **Discharge Status** - This field is only required for preparing an Inpatient Quote. Select a DC status from the drop-down menu:

01 – Home or Self-care	43 – Fed Hospital
02 – disch/trans to another S/T hosp	50 – Hospice-home
03 – disch/trans to SNF	51 – Hospice-medical facility
04 – disch/trans to ICF	61 – Swing bed
05 – disch/trans to another type facility	62 – Rehab fac/unit
06 – Care of home health service	63 – LTC hospital
07 – Left against medical advice	64 – Nursing facility Medicaid certified
20 – Died	65 – Psych hospital/unit
21 – Court/law enforcement	66 – Critical Access Hospital
30 – Still a patient	70 – Other institution

- **Date of Birth (required field)** - Enter the date manually or use the pop-up calendar
- **Gender** - Select from the drop-down menu
- **Street Address**
- **Zip Code** - The City and State will auto-fill based on the zip code entered
- **Phone** – this field is not preformatted, the User may enter parentheses and/or hyphens manually
- **Email Address** - The Quote letter can be emailed to the Patient through our secure email process

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote Step 1: Quote Creation – Insurance Information

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

Eligibility Payer:	Plan Name:	Plan Code:	Group/Bin No:	Effective Date:
Select...				
Patient is:	Member First Name:	Member Last Name:	Member ID:	
Subscriber	sample	patient		
<b>Medical</b>				
Deductible Amount:	Deductible Amt Paid:	Coinsurance %:	Co-Pay:	Max Share Of Cost:
183.00	0.00	0	0.00	0.00
<b>Deposits</b>				
Patient SOC:	Deposit Required:	Deposit Paid:	Remaining Deposit:	
367.21	0.00	0.00	0.00	

The following fields are available in the Insurance Information section. The top two rows affect the Eligibility Enquiry only; the bottom row (the financial fields) are incorporated into the quote.

- **Insurance Company** - Select a company from the drop-down menu
- **Plan Name** - Enter the plan name (if applicable)
- **Plan Code** - Enter the plan code from the Insurance card (if applicable)
- **Group/Bin Number** - Enter the group or Bin number from the Insurance card (if applicable)
- **Effective Date** - Enter the effective date of coverage if available
- **Patient Is** - The field will default to “Subscriber” - use the drop-down menu to select “Dependent” or “Spouse” if applicable
- **Member First Name** - Will auto-fill from Patient Profile, can be manually edited if the Patient is not the Insured
- **Member Last Name** - Will Auto-fill from Patient Profile, can be manually edited if the Patient is not the Insured
- **Member ID** - Enter the ID number from the Insurance card

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote Step 1: Quote Creation – Insurance Information

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

Eligibility Payer:	Plan Name:	Plan Code:	Group/Bin No:	Effective Date:
Select...				
Patient is:	Member First Name:	Member Last Name:	Member ID:	
Subscriber	sample	patient		
<b>Medical</b>				
Deductible Amount:	Deductible Amt Paid:	Coinsurance %:	Co-Pay:	Max Share Of Cost:
183.00	0.00	0	0.00	0.00
<b>Deposits</b>				
Patient SOC:	Deposit Required:	Deposit Paid:	Remaining Deposit:	
367.21	0.00	0.00	0.00	

### Medical Deductible Fields:

- **Deductible Amount** – the Patient’s total yearly deductible amount
- **Deductible Amount Paid** – how much of that amount has been met so far in the calendar year
- **Coinsurance %** - the percentage the Patient is required to pay after insurance reimbursement
- **Office Co-Pay** – the out-of-pocket amount due at the time of service
- **Max Share of Cost (Out of Pocket)** – the maximum amount the Patient will be required to pay

### Deposit Fields:

- **Patient SOC** - the Patient’s share of cost calculates in this field, based on the services selected
- **Deposit Required** – Some facilities require a deposit for Self-Pay Services, such as surgeries
- **Deposit Paid** – the amount of the deposit that has already been received
- **Remaining Deposit** – the amount of the deposit still to be paid

Once all of the applicable information has been entered in the Patient Profile and Insurance Information fields, services can be selected for the quote.

# The PARA Data Editor (PDE)

## Share of Cost/Charge Quote Step 1: Quote Creation – Payer Selection

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

**Patient Profile**

Create New Quote Save Quote/Generate Estimate **Quote ID: 29819** CMS Preventive Services Hide Contact Details

Medical Record No.:\* 118813183723168 Patient Account No.:\* 118813183724195 Physician: Enter/Select Date Of Service:\* 9/27/2018 Patient Type: Outpatient Expected LOS: **Medicare**

First Name:\* sample Last Name:\* patient Discharge Status: Select Status... Requested By: McDonnell, Mary Date Of Birth:\* 1/1/1960 Gender: Male

Street Address: 123 main Street Zip Code: 90001 City: LOS ANGELES State: CA

Phone: (555) 555-5555 Email Address: patient@mail.com

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

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

Patient is: Subscriber Member First Name: sample Member Last Name: patient Member ID:

Medical Deductible Amount: 183.00 Deductible Amt Paid: 0.00 Coinsurance %: 0 Co-Pay: 0.00 Max Share Of Cost: 0.00 Deposits Patient SOC: 367.21 Deposit Required: 0.00 Deposit Paid: 0.00 Remaining Deposit: 0.00

**Services**

Show Advanced Service Selection Select Package(s)... Enter DRG DRG Grouper ICD10

ICD10 Diagnosis Codes: J12

ICD10 Procedure Codes:

**Details**

No Activity

**Patient Responsibility**

Medicare

Total Charge: \$8,349.43  
Less Co-Pay: (N/A)  
Deductible: \$183.00  
Deductible Exempt: \$0.00  
Estimated Ins. Reimb: \$553.74  
Patient Share of Cost: \$367.21

**Services**

Item	Charge	Qty
74150	\$3,465.00	1
97110	\$269.00	1
85025	\$129.00	1
80053	\$590.00	1
71046	\$186.36	1
45378	\$3,653.32	1
36415	\$56.75	1

Refresh Patient Responsibility  
Validate Medicare SOC

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The Payer is selected from the drop-down menu available in the Patient Responsibility section, indicated above by the blue arrow. All of the Payers for which terms have been loaded will appear in the drop-down, and the User selects the appropriate one.

Please note-the Advance Beneficiary Notice (ABN) checker requires Medicare to be the selected payer.

# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Service Selection

The screenshot shows the 'Services' section of the PARA Data Editor (PDE) interface. At the top, there is a 'Services' header with an upward arrow icon. Below the header, there is a 'Show Advanced Service Selection' button, a 'Select Package(s)...' dropdown menu, and buttons for 'Enter DRG' and 'DRG Grouper'. The 'ICD10' label is visible in the top right corner. The main area contains three rows of input fields: 'ICD10 Diagnosis Codes', 'ICD10 Procedure Codes', and 'HCPCS'. The 'HCPCS' row contains pre-filled codes: 85025, 36415, 45378, and 97110, each with an information icon. A 'Save Quote/Generate Estimate' button is located at the bottom left of the interface.

The following fields are available under Service Selection:

- **ICD-10 Diagnosis Codes** - Enter the diagnosis codes **without decimals** (\*Note: an ICD-10 Diagnosis code is required to utilize the ABN function within the Quoting tool). If there is no Diagnosis code available, this field can be left blank.
- **ICD-10 Procedure Codes** - Enter the procedure codes (if available to the User)
- **HCPCS** - Enter the five digit CPT® or HCPCS codes

With each entry, a pop-up will appear with a complete description of the code entered, and the code will be added to the Quote Detail on the right side of the screen. If the User does not have the code information, the User can search for the codes (see next example).

# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Service Selection

The screenshot displays the 'Services' selection interface. At the top, there is a 'Hide Advanced Service Selection' button, a 'Select Package(s)...' dropdown menu, and buttons for 'Enter DRG' and 'DRG Grouper'. The 'Top 250 Services' section is expanded, showing a list of services grouped by type: Blood, Bone/Joint Studies, and Cardiac Cath / EP / EKG / Pacemakers. Each service entry includes a code, a description, and a green plus button. The 'Code Search' section on the right has a search input field containing '51702', a dropdown menu set to 'Addb', and a search icon. Below the search input is a table with columns 'Code', 'Type', and 'Description'. The table contains one entry: '51702 CDM INSERTION OF TEMPORARY INDWELLING ...' with a green plus button to its right. At the bottom of the interface is a 'Save Quote/Generate Estimate' button.

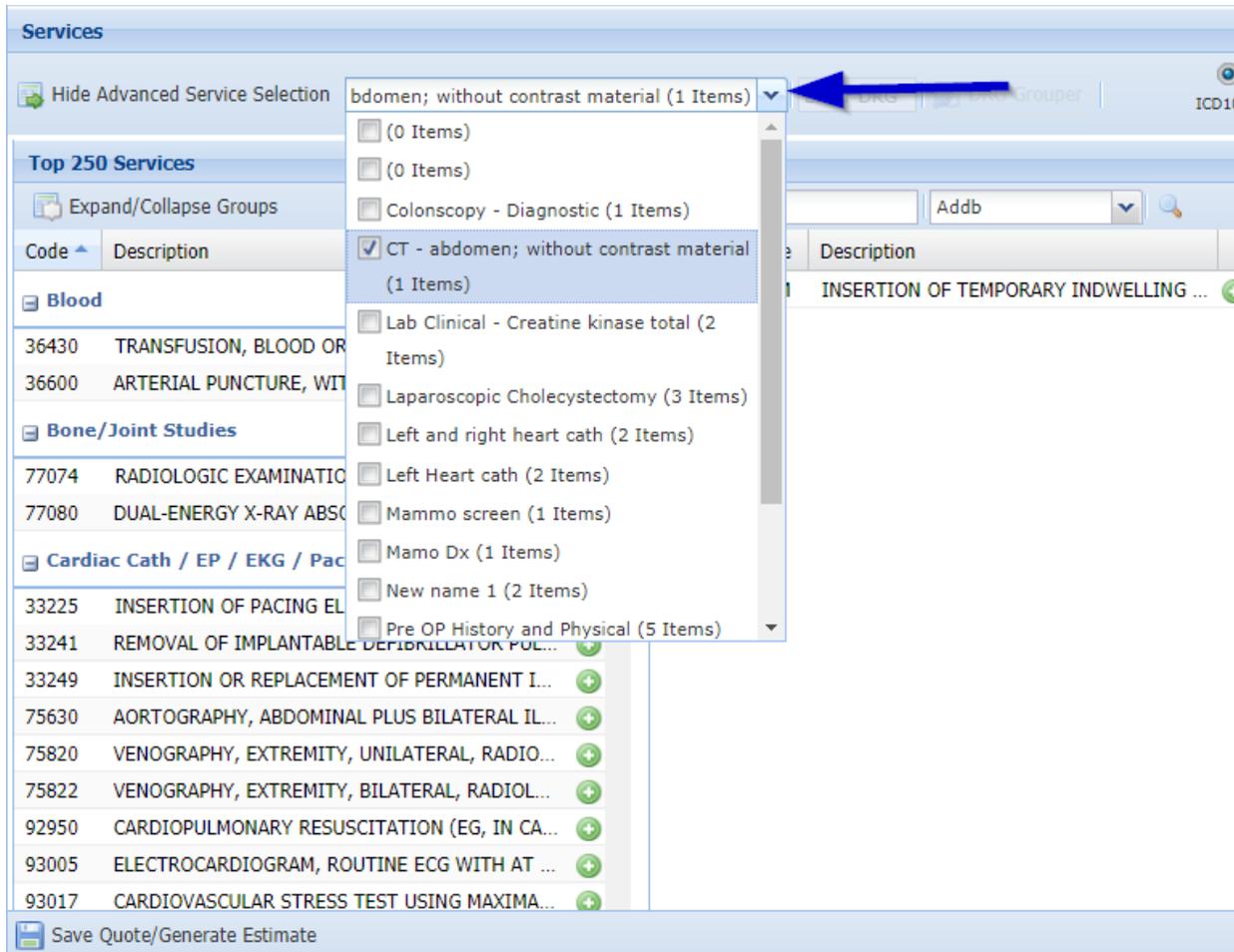
The User has several options to search for services. To search for items based on HCPCS code, Charge Number, or keyword, click on [Show Advanced Service Selection](#) directly above the ICD-10 Diagnosis Code fields. This will cause the expanded pane above to appear.

On the left, the top 200 services (by volume) have been grouped by type of service. To select one of these items, click on the green button beside it and it will be added to the quote.

On the right, the User can search for a specific code or keyword within the AddB (Medicare's list of CPT®/HCPCS codes), by CDM item number within the Charge master, or in the Professional Fee Database for Physician services. By clicking the plus (+) sign next to an item in the code search section, Peer Market Data and the full description can be viewed. To add this item to the quote, click on the green button adjacent to the line .

# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Service Selection



The facility also has the option to create customized packages, which can include all of the services tied to a procedure. Surgery time, recovery time, supplies, and drugs can all be included in the package, so the User will not have to search the entire Charge master for individual items.

Clicking on the drop-down arrow in the Packages field will display the available packages, with the number of individual items included in the package. To add a package to a quote, click in the box next to the package name in the drop-down. All the items will load into the quote, and are highlighted in green within the quote listing.

# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Service Selection

The screenshot shows the PARA Data Editor (PDE) interface for 'Demonstration Hospital [DEMO]'. The top navigation bar includes 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx/Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'CMS', 'Tasks', and 'PARA'. The main window is divided into several sections: 'Patient Profile', 'Insurance Information (For Eligibility Only)', 'Services', and 'Details'. The 'Services' section displays a list of items with columns for 'Charge' and 'Qty'. A 'Set Calculation Method' pop-up window is open, showing a table of calculation methods for a selected item. A blue arrow points to the red minus button in the service list, indicating how to remove an item.

Value	Calculation Method
\$3,625.60	Client Packaged Market Avg (\$3,520.00) + Market Inflation (3%) ** Includes anesthesia, drugs, recovery and supplies
\$6,457.11	Peer Group Packaged Market Avg. (\$6,269.04) + Market Inflation (3%) ** Includes anesthesia, drugs, recovery and supplies
\$3,625.60	Client Market Avg. (\$3,520.00) + Market Inflation (3%) ** Does not include anesthesia, drugs, recovery and supplies
\$3,754.66	Peer Group Market Avg. (\$3,645.30) + Market Inflation (3%) ** Does not include anesthesia, drugs, recovery and supplies

To display the price Calculation method for an item in the quote, click on the Calculator icon  next to the item in the quote service list. The pop-up above will display, allowing the User to change the calculation method if desired.

To remove a line item from the quote, click on the red button  at the far right of the item in the quote list. **Please note, if an item within a package (highlighted in green) is selected for deletion, all of the items in the package will be deleted.**

# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Saving your Quote

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

Select [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

Quote Existing Quotes Administration Eligibility Only User Manual

**Patient Profile**

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

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

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

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

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

Patient is Member First Name Member Last Name Member ID  
Subscriber

Medical Deductible Amount	Deductible Amt Paid	Coinsurance %	Co-Pay	Max Share Of Cost	Deposits Patient SOC	Deposit Required	Deposit Paid	Remaining Deposit
183.00		Select			354.78			0.00

**Services**

Show Advanced Service Selection CT - abdomen; without contrast material (1) Enter DRG DRG Grouper ICD10

ICD10 Diagnosis Codes

ICD10 Procedure Codes

HCPCS 85025 36415 45378 97110

**Save Quote/Generate Estimate**

**Details**

No Activity

**Patient Responsibility**

Medicare

Total Charge: \$7,373.60  
Less Co-Pay: (N/A)  
Deductible: \$183.00  
Deductible Exempt: \$0.00  
Estimated Ins. Reimb: \$504.05  
Patient Share of Cost: \$354.78

**Services**

Item	Charge	Qty
36415	\$40.00	1
45378	\$3,625.60	1
85025	\$102.00	1
97110	\$141.00	1
74150	\$3,465.00	1

Total Charge: \$3,908.60

Refresh Patient Responsibility  
Validate Medicare SOC

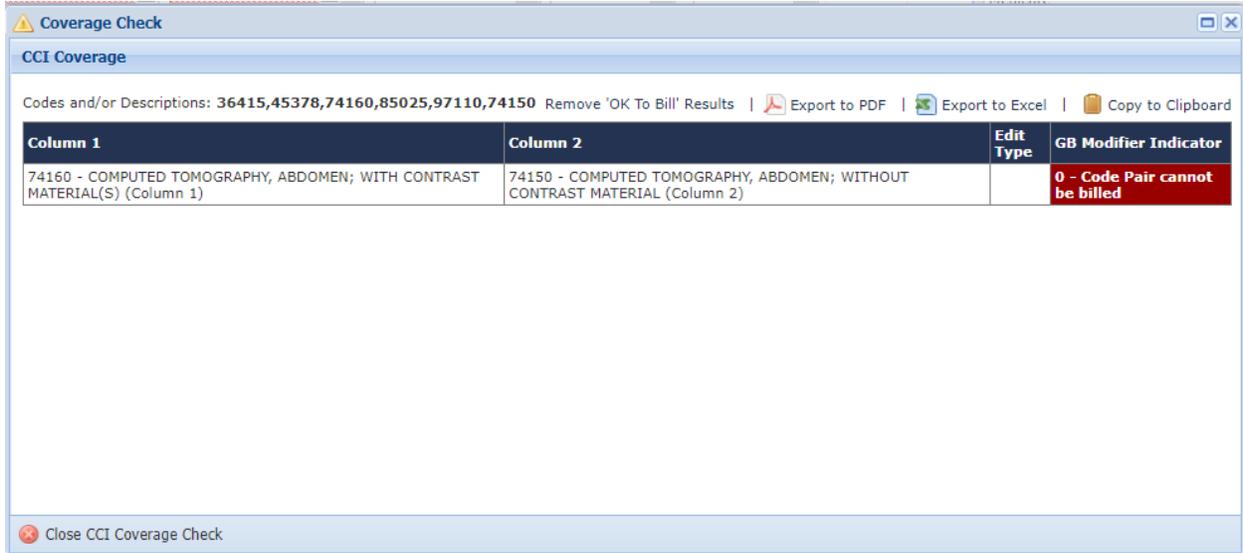
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Refresh Page

The quote must be saved before CCI edits and Eligibility can be checked. There are several locations (circled in purple above) where the User can save.

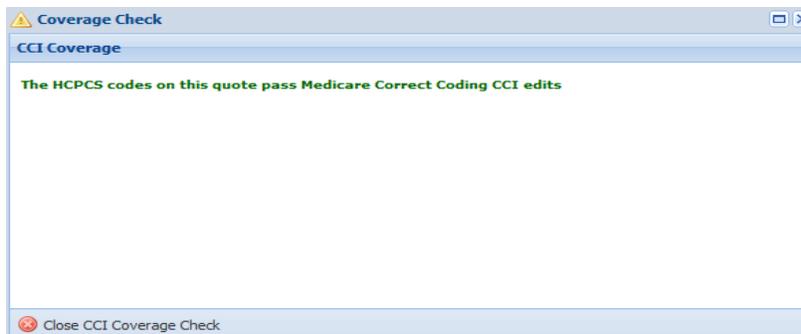
# The PARA Data Editor (PDE)

## Share of Cost Step 1: Quote Creation – Correct Coding Initiative Edits (CCI)



Medicare Correct Coding Initiative (CCI) Edits can be checked to ensure that all codes on the quote, and subsequently the claim, are billable together on the same encounter. Above the Patient Responsibility Summary, click on the  icon. A pop-up window will display any coding conflicts, so the User can remove one or more of the conflicting services from the quote, or note that a modifier will be necessary for claim submission.

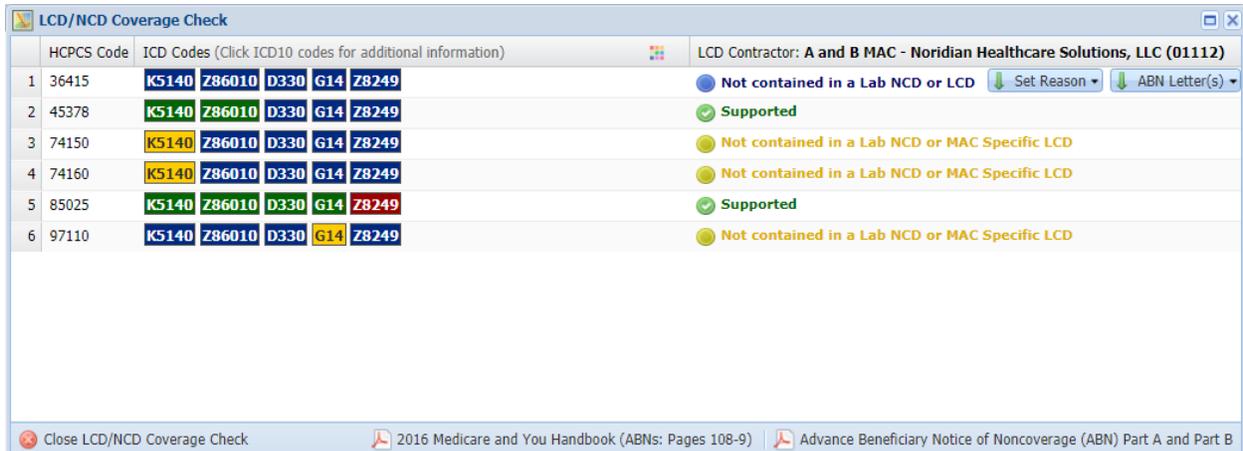
If there are no conflicts within the codes, the following message will appear in the pop-up:



# The PARA Data Editor (PDE)

## Share of Cost Step 2: Coverage Check – Advance Beneficiary Notice (ABN)

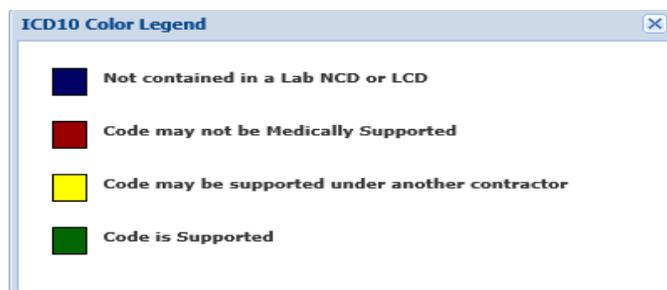
**\*Note: at least one ICD-10 Diagnosis code is required to utilize the ABN function within the Quoting tool.**



HCPCS Code	ICD Codes (Click ICD10 codes for additional information)	LCD Contractor: A and B MAC - Noridian Healthcare Solutions, LLC (01112)
1 36415	<span style="background-color: blue; color: white;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: blue; color: white;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: blue;">●</span> Not contained in a Lab NCD or LCD <span style="float: right;">Set Reason ABN Letter(s)</span>
2 45378	<span style="background-color: green; color: white;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: blue; color: white;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: green;">●</span> Supported
3 74150	<span style="background-color: yellow; color: black;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: blue; color: white;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: yellow;">●</span> Not contained in a Lab NCD or MAC Specific LCD
4 74160	<span style="background-color: yellow; color: black;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: blue; color: white;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: yellow;">●</span> Not contained in a Lab NCD or MAC Specific LCD
5 85025	<span style="background-color: green; color: white;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: blue; color: white;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: green;">●</span> Supported
6 97110	<span style="background-color: blue; color: white;">K5140</span> <span style="background-color: green; color: white;">Z86010</span> <span style="background-color: blue; color: white;">D330</span> <span style="background-color: yellow; color: black;">G14</span> <span style="background-color: red; color: white;">Z8249</span>	<span style="color: yellow;">●</span> Not contained in a Lab NCD or MAC Specific LCD

The Advance Beneficiary Notice (ABN) tool within Charge Quote/Share of Cost will allow the User to determine whether the services are supported for Medical Necessity by the diagnosis codes supplied. This coverage determination is geared specifically to your FI/MAC Contractor, and also supplies information from other Medicare contractors which may inform the determination.

There is a color legend available within the window by clicking the  icon :



Color	Description
<span style="background-color: blue; color: white;">■</span>	Not contained in a Lab NCD or LCD
<span style="background-color: red; color: white;">■</span>	Code may not be Medically Supported
<span style="background-color: yellow; color: black;">■</span>	Code may be supported under another contractor
<span style="background-color: green; color: white;">■</span>	Code is Supported

# The PARA Data Editor (PDE)

## Share of Cost Step 2: Coverage Check – Advance Beneficiary Notice (ABN)

LCD/NCD Details for each of the ICD9 codes are available by clicking on the code:

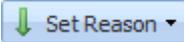
The screenshot shows a web application window titled "LCD/NCD Coverage Check". It contains a table with the following data:

HCPCS Code	ICD Codes (Click ICD10 codes for additional information)	LCD Contractor: A and B MAC - Noridian Healthcare Solutions, LLC (01112)
1 36415	K5140 Z86010 D330 G14 Z8249	
2 45378	K5140 Z86010 D330 G14 Z8249	
3 74150	K5140 Z86010 D330 G14 Z8249	
4 74160	K5140 Z86010 D330 G14 Z8249	
5 85025	K5140 Z86010 D330 G14 Z8249	
6 97110	K5140 Z86010 D330 G14 Z8249	

A pop-up window titled "Z8249 Diagnosis Code Information" is open, displaying the following text:

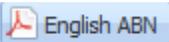
NCD ID: [190.15](#)  
NCD Resolution Code = 2 (Code denied coverage)  
Z8249 - Family history of ischemic heart disease and other diseases of the circulatory system

At the bottom of the main window, there are three buttons: "Close LCD/NCD Coverage Check", "2016 Medicare and You Handbook (ABNs: Pages 108-9)", and "Advance Beneficiary Notice of Noncoverage (ABN) Part A and Part B".

When printing an ABN, the reason for non-coverage may be selected from the  Set Reason dropdown; if no reason is selected, the first reason is the default (“Physician’s diagnosis may not meet Medicare’s standards for medical necessity for this service”):

- Physician’s diagnosis may not meet Medicare’s standards for medical necessity for this service
- Service may not be indicated for diagnosis and/or treatment
- May exceed the number of services that Medicare allows in a specific period for the corresponding diagnosis
- The frequency of the services performed may exceed Medicare coverage limitations
- May be deemed experimental and investigational
- May not be considered safe and effective

 [Click Here to Add Custom Reason](#)

To Produce the ABN, click the  English ABN or  Spanish ABN button in the Coverage Check window. The current Medicare standard ABN document may be opened by clicking “Open” when the prompt appears at the bottom of the web page:

Do you want to open or save **Generic Patient\_71010\_508ABN\_Form.pdf** (431 KB) from **apps.para-hcfs.com**?

# The PARA Data Editor (PDE)

## Share of Cost Step 2: Coverage Check – Advance Beneficiary Notice (ABN)

**A. Notifier:** Demonstration Hospital

**B. Patient Name:** Generic Patient      **C. Identification Number:** 1181020195937639

---

**Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** If Medicare doesn't pay for D. 36415 below, you may have to pay.  
 Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. 36415 below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	Physician's diagnosis may not meet Medicare's standards for medical necessity for this service	\$40.00

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. 36415 listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**G. OPTIONS: Check only one box. We cannot choose a box for you.**

**OPTION 1.** I want the D. 36415 listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the D. 36415 listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

**OPTION 3.** I don't want the D. 36415 listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

**H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

**I. Signature:** \_\_\_\_\_ **J. Date:** \_\_\_\_\_

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Form CMS-R-131 (Exp. 03/2020)      Form Approved OMB No. 0938-0566

To support staff in explaining ABNs to Patients, hyperlinks to the ABN pages of the 2016 beneficiary manual “Medicare and You” and to a brochure publication produced by CMS are available at the bottom of the page.

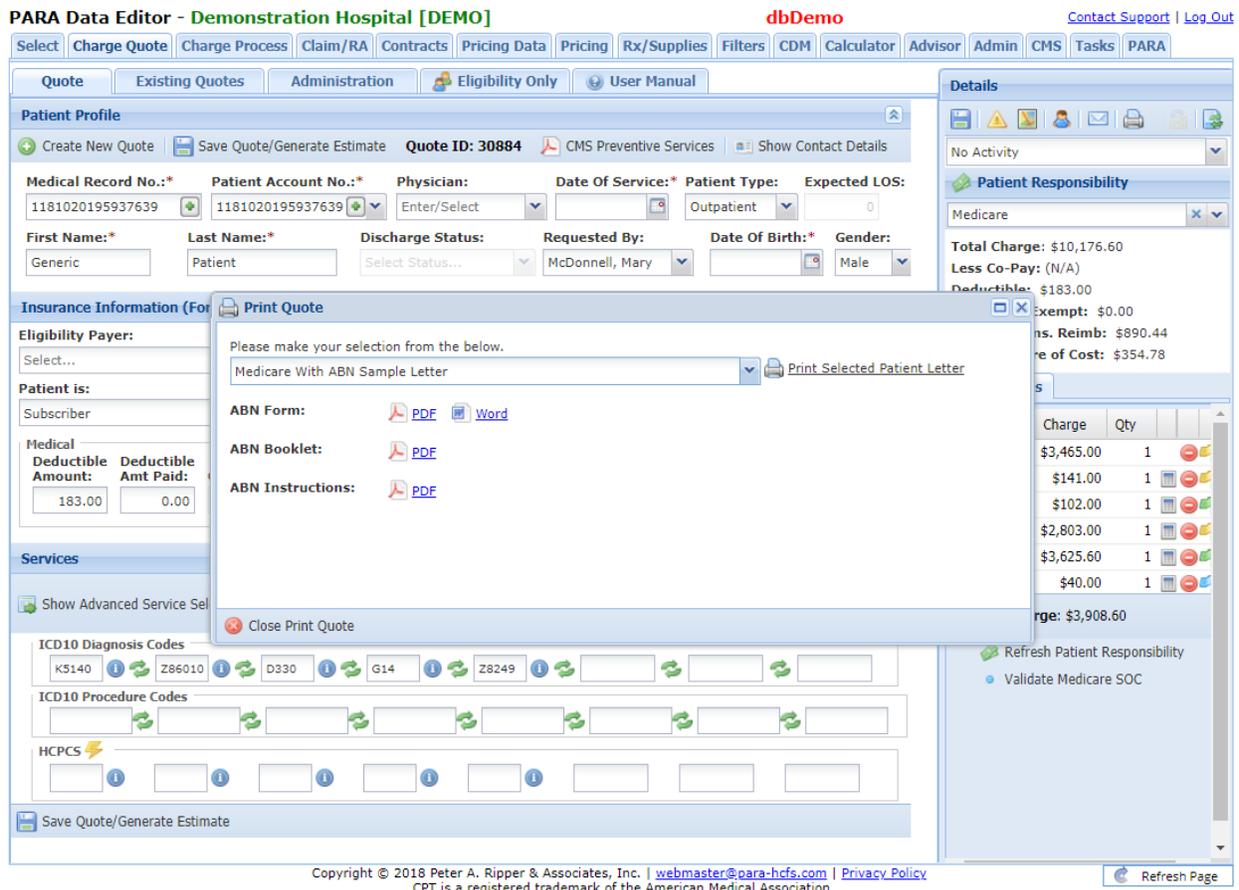
 2013 Medicare and You Handbook (ABNs: Pages 108-9)

 Advance Beneficiary Notice of Noncoverage (ABN) Part A and Part B

# The PARA Data Editor (PDE)

## Share of Cost Step 3: Quote Creation – Customized Letters

A customized letter can be sent to the Patient, with the details of the quote just created. To select a letter, click on the  icon. A pup-up menu will appear, allowing the User to select one of the current letter templates. The services selected, and Patient information will appear in the letter automatically. If there is an email address for the Patient on file, they will receive an email with a secure link embedded within to allow the Patient to view the letter. A copy of the letter is not sent to the Patient, the link directs them to a secure site on a **PARA** server when the letter can be viewed.



The screenshot displays the PARA Data Editor (PDE) interface for a demonstration hospital. The main window shows a quote creation form with fields for Patient Profile, Insurance Information, and Services. A 'Print Quote' popup menu is open, displaying a list of letter templates to select from. The 'Details' panel on the right shows patient responsibility information, including total charge, co-pay, and deductible. The bottom of the screen contains copyright information and a 'Refresh Page' button.

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

Navigation: [Select](#) | [Charge Quote](#) | [Charge Process](#) | [Claim/RA](#) | [Contracts](#) | [Pricing Data](#) | [Pricing](#) | [Rx/Supplies](#) | [Filters](#) | [CDM](#) | [Calculator](#) | [Advisor](#) | [Admin](#) | [CMS](#) | [Tasks](#) | [PARA](#)

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

**Patient Profile**

Create New Quote | Save Quote/Generate Estimate | Quote ID: 30884 | CMS Preventive Services | Show Contact Details

Medical Record No.:\* 1181020195937639 | Patient Account No.:\* 1181020195937639 | Physician: Enter/Select | Date Of Service:\* | Patient Type: Outpatient | Expected LOS: 0

First Name:\* Generic | Last Name:\* Patient | Discharge Status: Select Status... | Requested By: McDonnell, Mary | Date Of Birth:\* | Gender: Male

**Insurance Information (For Print Quote)**

Eligibility Payer: Select... | Patient is: Subscriber | Medical Deductible Amount: 183.00 | Deductible Amt Paid: 0.00

**Services**

Show Advanced Service Sel

ICD10 Diagnosis Codes: KS140 | Z86010 | D330 | G14 | Z8249

ICD10 Procedure Codes

HCPCS

Save Quote/Generate Estimate

**Details**

No Activity

**Patient Responsibility**

Medicare

Total Charge: \$10,176.60  
Less Co-Pay: (N/A)  
Deductible: \$183.00  
Exempt: \$0.00  
Ins. Reimb: \$890.44  
Share of Cost: \$354.78

Charge Qty  
\$3,465.00 1  
\$141.00 1  
\$102.00 1  
\$2,803.00 1  
\$3,625.60 1  
\$40.00 1  
Total Charge: \$3,908.60

Refresh Patient Responsibility  
Validate Medicare SOC

Close Print Quote | Print Selected Patient Letter

ABN Form: PDF Word  
ABN Booklet: PDF  
ABN Instructions: PDF

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Refresh Page

# The PARA Data Editor (PDE)

## Share of Cost Step 4: Eligibility Verification

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

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

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

Create New/Clear Form Import/Upload Eligibility Data Archive/Restore Report/Export Bulk Process Payer Status

First Name:\* Last Name:\* Date Of Birth:\* Payer:\*

Member ID :\* Plan Code: Date Of Service: Group/Bin No:

**Overview By Client**

Successful	0
Successful (> 30 days)	23
Insufficient/Incorrect Data	17
Check Pending	14

Total Queries: 54

**Existing Checks**

	Status	Archived	First Name	Last Name	DOB	Payer	Member ID	Created	DOS	Creator
1	Check Pending	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
2	Check Pending	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
3	Check Pending	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
4	Check Pending	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
5	Check Pending	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
6	Successful (>30 Days)	No			12/10/1961	0030		11/29/2017	07/27/2017	leslie
7	Insufficient/Incorrect	No			08/01/1964	EPF02		11/23/2015	01/01/2015	Leslie
8	Successful (>30 Days)	No			12/10/1961	INMCD		11/07/2017	07/27/2017	Leslie
9	Check Pending	No			12/10/1961	INMCD		11/07/2017	07/27/2017	Leslie
10	Insufficient/Incorrect	No			04/28/1967	81400		10/21/2015	10/21/2015	mary
11	Check Pending	No			01/01/1990	36273		10/02/2015	01/01/2015	Leslie
12	Successful (>30 Days)	No			05/07/1957	02121		08/20/2015	08/20/2015	mlelevich
13	Insufficient/Incorrect	No			01/01/1950	INMCD		06/14/2016	06/01/2016	mary
14	Insufficient/Incorrect	No			01/22/1969	Blue Shield of...		05/24/2017	05/24/2017	varchuleta
15	Successful (>30 Days)	No			10/22/1988	INMCD		03/05/2014	04/01/2013	travis

Page 1 of 3 Displaying 1 - 15 of 42

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Available within the Share of Cost Charge Quote tool is **PARA's** Eligibility Verification process. This process can be used in conjunction with building a quote, or by itself as a standalone tool. The screenshot above is of the "Eligibility Only" option, which requires only the following fields (outlined in **red**):

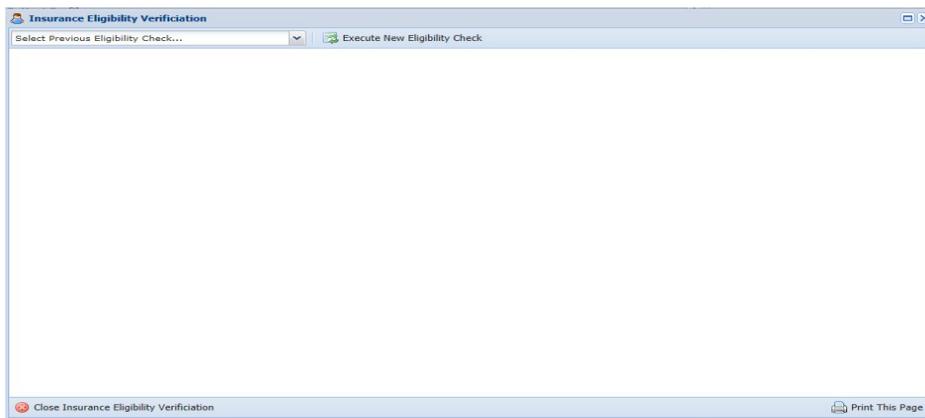
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Payer (selected from the available options in the drop-down menu)
- Member ID
- Date of Service

The remaining fields, Plan Code, Date of Service, and Group/Bin Number are optional.

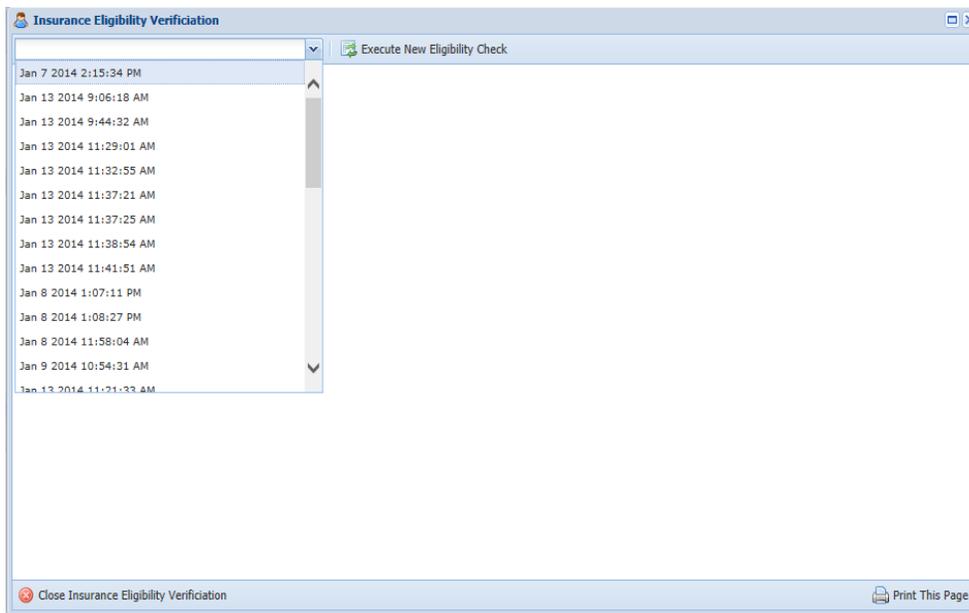
# The PARA Data Editor (PDE)

## Share of Cost Step 4: Eligibility Verification – Executing Query

When the necessary fields are complete, click on the  icon, and a blank Eligibility screen will appear:



If an Eligibility query has been performed previously, the query results are available from the drop-down menu in the upper left corner:



Simply click on one of the previous queries to view the results. To start a new query, click on the **“Execute New Eligibility Check”** link.

The query can take up to 1-2 minutes to run-most returns are received within a few moments.

# The PARA Data Editor (PDE)

## Share of Cost Step 4: Eligibility Verification - Eligibility Return

The response on a query will appear on the screen in the pop-up window:

**Patient**

Name / Address	Date of Birth	Gender
Sample Patient 123 Main Street Anywhere, CA 55555	01/01/1950	Male

**Insurance**

Name	Insurance Type	Member Type	ID
CGLIC	Payer	Subscriber	Sample123456789

**Plan**

Coverage	Type	Plan Name	Plan Number	Additional Information
Active Coverage	Point of Service (POS)	Individual Open Access Plus		Healthcare professional is in network based on NPI ID provided in request. PHS+

Close Insurance Eligibility Verification Print This Page

The information on the return is dictated by the payer, and can range from minimal data to extremely comprehensive. The results can be exported by clicking the **“Print this Page”** icon in the lower right –hand corner.

# The PARA Data Editor (PDE)

## Share of Cost Step 4: Eligibility Verification – Previous Checks

Existing Checks										
	Status	Archived	First Name	Last Name	DOB	Payer	Member ID	Created	DOS	Creator
1	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
2	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
3	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
4	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
5	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
6	Successful (>30 Days)	No	[REDACTED]	[REDACTED]	12/10/1961	0030		11/29/2017	07/27/2017	leslie
7	Insufficient/Incorrect	No	[REDACTED]	[REDACTED]	08/01/1964	EPF02	[REDACTED]	11/23/2015	01/01/2015	Leslie
8	Successful (>30 Days)	No	[REDACTED]	[REDACTED]	12/10/1961	INMCD		11/07/2017	07/27/2017	Leslie
9	Check Pending	No	[REDACTED]	[REDACTED]	12/10/1961	INMCD		11/07/2017	07/27/2017	Leslie
10	Insufficient/Incorrect	No	[REDACTED]	[REDACTED]	04/28/1967	81400	[REDACTED]	10/21/2015	10/21/2015	mary
11	Check Pending	No	[REDACTED]	[REDACTED]	01/01/1990	36273	[REDACTED]	10/02/2015	01/01/2015	Leslie
12	Successful (>30 Days)	No	[REDACTED]	[REDACTED]	05/07/1957	02121	[REDACTED]	08/20/2015	08/20/2015	mlelevich
13	Insufficient/Incorrect	No	[REDACTED]	[REDACTED]	01/01/1950	INMCD	[REDACTED]	06/14/2016	06/01/2016	mary
14	Insufficient/Incorrect	No	[REDACTED]	[REDACTED]	01/22/1969	Blue Shield of...	[REDACTED]	05/24/2017	05/24/2017	varchuleta
15	Successful (>30 Days)	No	[REDACTED]	[REDACTED]	10/22/1988	INMCD	[REDACTED]	03/05/2014	04/01/2013	travis

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The tool will store previous checks indefinitely. Previous checks and their status can be viewed in the Eligibility screen, color coded to indicate the age and result of the check:

Overview By Client	
Successful	1
Successful (> 30 days)	19
Insufficient/Incorrect Data	15
Check Pending	8
<b>Total Queries: 43</b>	

# The PARA Data Editor (PDE)

## Existing Quotes

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

Quote ID	Patient	DOS	Type	Creator	Created	DOS	Insurance	Status
30884	Patient, Generic	01/01/00	Outpatient	mary	11/20/18	01/01/00	Medicare	No Activity
30883	INS Visit, Sample	01/01/70	Outpatient	mary	11/20/18	11/26/18	Anthem Blue Br...	No Activity
30882	Surgery, Sample	01/01/67	Outpatient	mary	11/20/18	11/27/18	Anthem Blue Br...	No Activity
30881	Medicare Visit, ...	01/01/40	Outpatient	mary	11/20/18	11/27/18	Medicare	No Activity
30880	Self Pay Surger...	01/01/60	Outpatient	mary	11/20/18	11/30/18	Self Pay	No Activity
30062	Patient, Generic	09/27/18	Outpatient	mary	09/27/18	09/27/18	Medicare	No Activity
29820	SAMPLE, SELF P...	01/01/60	Outpatient	mary	09/13/18	09/24/18	Self Pay	No Activity
29819	patient, sample	01/01/60	Outpatient	mary	09/13/18	09/27/18	Medicare	No Activity
29660	Patient, Generic	09/05/18	Outpatient	varchuleta	09/27/18	09/05/18	Self Pay	No Activity
28916	Ripper, Peter	01/01/00	Outpatient	pripper	07/25/18	01/01/00	Self Pay	No Activity
24077	test, test	12/05/17	Outpatient	pripper	12/05/17	12/05/17	Medicare	No Activity
22275	patient, Test	09/20/17	Outpatient	faye	09/20/17	09/20/17	Medicare	No Activity
21348	Test, Test	08/08/17	Outpatient	Leslie	08/23/17	08/09/17	Self Pay	No Activity
21327	NCD, TestNCD	08/01/17	Outpatient	Leslie	08/23/17	08/23/17	Self Pay	No Activity
21220	Test 1, Mult Pro...	08/21/17	Outpatient	mary	01/17/18	08/21/17	Medicare	No Activity
21219	Test 2, Composite	08/21/17	Outpatient	mary	08/21/17	08/21/17	Medicare	No Activity
21218	Test 3, J2 Codes	08/21/17	Outpatient	mary	08/21/17	08/21/17	Medicare	No Activity
21217	Test 4, J1 Codes	08/21/17	Outpatient	mary	08/21/17	08/21/17	Medicare	No Activity
21216	Test 5, ED	08/21/17	Outpatient	mary	08/21/17	08/21/17	Medicare	No Activity
21215	Test 6, Lab ATP	08/21/17	Outpatient	mary	08/21/17	08/21/17	Medicare	No Activity
19814	Patient, Generic	06/28/17	Outpatient	Leslie	08/11/17	06/28/17	Generic Comme...	No Activity
19811	Patient, Generic	06/27/17	Outpatient	RyanTest	06/27/17	06/27/17	Self Pay	No Activity
19810	Patient, Generic	06/27/17	Outpatient	RyanTest	06/27/17	06/27/17	Self Pay	No Activity
19807	Patient, Generic	06/27/17	Outpatient	RyanTest	06/27/17	06/27/17	Self Pay	No Activity
18608	Patient, Generic	05/16/17	Outpatient	pripper	05/17/17	05/16/17	Self Pay	No Activity
18600	Patient, Generic	05/16/17	Outpatient	mary	05/16/17	05/16/17	Self Pay	No Activity

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Existing quotes are stored within the tool. They can be grouped and sorted by any of the column headers:

- Quote ID
- DOB
- Type
- Creator
- Created Date
- Date of Service
- Insurance
- Status

To view an existing quote, click on the quote within this list and then click on the Quote tab. The selected quote and all its details will appear.

# The PARA Data Editor (PDE)

## Administration – Ratios and Discounts

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

Ratios/Discounts Letters Packages ABN Checker Payers Activity Report Add Custom Contract

Define Top Services Count/Total

Top Services:

Toggle Calculation Method Accessibility/Visibility

Peer Group Market Avg:  Client Market Average:

Ratio Administration

Clinical Lab:  APC-OPPS:  DME:  Fee Schedule:  DRG:  Market Inflater:

Discount Administration

Type	1st %	2nd %	3rd %	4th %
Quote Level	30	0	0	0
Surgical	0	50	50	50
Radiology	0	10	5	2.5
Lab	0	10	5	2.5
Other	0	10	5	2.5

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Ratios can be set in this tab to calculate quote amounts based on Medicare Fee Schedules. Self Pay or Prompt Pay discounts can also be set, as well as discounts for multiple procedures in the same medical encounter.

To set ratios or discounts, enter the number is whole numbers in the appropriate filed, then click the  icon.

# The PARA Data Editor (PDE)

## Administration – Letters

The screenshot displays the PARA Data Editor interface for a demonstration hospital. The top navigation bar includes 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx/Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'CMS', 'Tasks', and 'PARA'. Below this, there are tabs for 'Quote', 'Existing Quotes', 'Administration', 'Eligibility Only', and 'User Manual'. The 'Administration' tab is active, showing sub-tabs for 'Ratios/Discounts', 'Letters', 'Packages', 'ABN Checker', 'Payers', 'Activity Report', and 'Add Custom Contract'. The 'Letters' sub-tab is selected, and the 'Letter Editor' tool is open. The tool has a 'Data Elements' list on the left, including fields like 'Quote ID', 'Date of Service', 'Print Date', 'Hospital Name', 'Account Number', 'Patient First', 'Patient Last', 'Patient Address', 'Patient City', 'Patient State', 'Patient Zip', 'Patient Physician', 'ABN List', 'Insurance Company', 'Medical Deductible', 'Deductible Amount Paid', 'Remaining Deductible', 'Insurance CoPay', 'Patient Responsibility', 'Co-Insurance %', 'Procedure(s) List', 'Package Item List with Individual Price w/Total', 'Package Item List with Individual Price w/o Total', 'Package Item List with Group Price Override Total', 'Package Item List Without Prices and No Total', 'Package Override Total', 'Total Charges', 'Total of Package Charges', 'Quote Discount', 'Quote Total', 'Quote Created By', and 'Quote Requested By'. The main editing area shows a sample letter template with fields for 'Date: [Print Date]', 'Patient Name: [Patient Last],[Patient First]', 'Account Number: [Quote ID]', and '[Procedure(s) List]'. The letter body contains text: 'Dear [Patient First], Thank you for choosing [Hospital Name] for your healthcare needs. This is an estimate of patient financial responsibility for services scheduled on [Date of Service]. Please keep in mind this estimate is based on current information provided by your insurance carrier Medicare. If Medicare doesn't pay for the below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the below: [ABN List] Based on the contract [Hospital Name] Center has with Medicare, we have determined that your financial responsibility for the procedure(s) listed above will be [Patient Responsibility]. Please remember that this is only an estimate and the amount you owe may be different than this quote.' The footer of the interface includes copyright information for Peter A. Ripper & Associates, Inc. and a 'Refresh Page' button.

Administrative Users can create numerous letter templates, in multiple languages, and select what data points from the quote are listed in the letter. The facility logo can also be uploaded so the letter appears on the hospital letterhead.

The letters are updates in a Word formatted screen, so the User can copy and paste from an existing file, or type the verbiage as needed.

# The PARA Data Editor (PDE)

## Administration – Packages

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

Ratios/Discounts Letters Packages ABN Checker Payers Activity Report Add Custom Contract

### Package Administration

Pre OP History and Physical Save Package Add Service To Package

Procedure	Primary Procedure	Unit Multiplier	Price
71020 - Chest x-ray 2vw frontal&latl		1	386
81000 - Urinalysis nonauto w/scope		1	0
85025 - Complete cbc w/auto diff wbc		1	97
93005 - Electrocardiogram tracing		1	208
99211 - Office/outpatient visit est		1	121.57

Custom Package/Override Price:

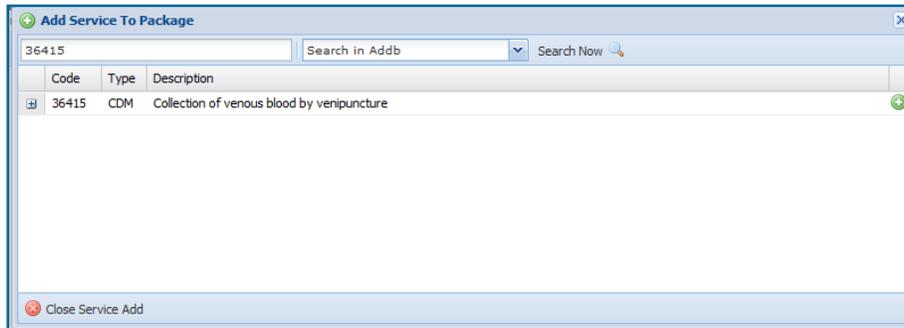
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Packages can be created and edited within this section. The icons beside the package name in the drop down allow the User to add a new package , edit the name of an existing package , or delete a package .

# The PARA Data Editor (PDE)

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## Administration – Packages



To add services to a package, select an existing package or create a new one. Choose the package from the drop-down, then select the  **Add Service To Package** button. The pop-up that appears allows the User to search services in the same way as in the quote-by CPT® within the AddB, or by CDM number in the Charge master. Just click the green plus icon  next to the service in the window to add to the package, and save your changes  **Save Package**.

# The PARA Data Editor (PDE)

## Administration – ABN Checker

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

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

Quote Existing Quotes Administration Eligibility Only User Manual

Ratios/Discounts Letters Packages ABN Checker Payers Activity Report Add Custom Contract

### ABN Checker Administration

A and B MAC - Noridian Healthcare Solutions, LLC (01112)	Quote Charge
A and B MAC - Noridian Healthcare Solutions, LLC (01111)	
A and B MAC - Noridian Healthcare Solutions, LLC (01112)	
A and B MAC - Noridian Healthcare Solutions, LLC (01182)	
A and B MAC - Noridian Healthcare Solutions, LLC (01911)	
DME MAC - Noridian Administrative Services (19003)	
DME MAC - Noridian Healthcare Solutions, LLC (19003)	
HHH MAC - National Government Services, Inc. (05004)	
MAC - Part A - Wisconsin Physicians Service Insurance Corporation (05901)	

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The hospital-specific Contractor is selected here, as is the indicator to determine the amount that will auto-fill in the ABN for the estimated cost. The hospital can choose the Quote Charge amount, which will be the hospital's price for the item, or the Medicare Reimbursement amount.

# The PARA Data Editor (PDE)

## Administration – Payers

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

Select **Charge Quote** | Charge Process | Claim/RA | Contracts | Pricing Data | Pricing | Rx/Supplies | Filters | CDM | Calculator | Advisor | Admin | CMS | Tasks | PARA

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

Ratios/Discounts | Letters | Packages | ABN Checker | Payers | Activity Report | Add Custom Contract

Check the Payers on the left to update your default Payers for use in Charge Quote Save Payer Selections

Payers Available For Selection			Payers Selected For Use	
ID	Payer	Payer	ID	Payer
20413	3P ADMIN	<input type="checkbox"/>	58202	Advanced Data Solutions <input type="checkbox"/>
74234	8th Distric Electrical, Advanstaff Inc., Arizona Pipe Tra...	<input type="checkbox"/>	68055	Absolute Total Care South Carolina <input type="checkbox"/>
93044	A & I Benefit Plan Administrators	<input type="checkbox"/>	03443	Abrazo Advantage Health Plan <input type="checkbox"/>
36273	AARP Hospital Indemnity Plans insured by UnitedHealt...	<input type="checkbox"/>	64071	ACCLAIM, Acclaim <input type="checkbox"/>
87726	AARP MedicareComplete insured through UnitedHealth...	<input type="checkbox"/>	06105	Connecticare Inc., ConnectiCare Inc, ConnectiCare, Inc, Connecticut Gen... <input type="checkbox"/>
A0701	ABMG, Alta Bates Medical Group	<input checked="" type="checkbox"/>	INMCD	Medicaid of Indiana, Indiana Medicaid <input type="checkbox"/>
03443	Abrazo Advantage Health Plan	<input checked="" type="checkbox"/>	A0701	ABMG, Alta Bates Medical Group <input type="checkbox"/>
ABR11	Abri Healthplan	<input checked="" type="checkbox"/>	72467	ACS Benefit Services inc., ASC Benefit Services Inc. <input type="checkbox"/>
68055	Absolute Total Care South Carolina	<input checked="" type="checkbox"/>	ABR11	Abri Healthplan <input type="checkbox"/>
AHS01	Access Administrators	<input type="checkbox"/>	COACC	Access Behavioral Care, Colorado Access HMO <input type="checkbox"/>
COACC	Access Behavioral Care, Colorado Access HMO	<input checked="" type="checkbox"/>	38254	Activa Benefits Services LLC (Formerly Amway Corporation), Amway Cor... <input type="checkbox"/>
A1680	Access Health Plan	<input type="checkbox"/>		
AMG01	Access Medical Group	<input type="checkbox"/>		
MHIPA	Acclaim IPA, Acclaim IPA (MHCAC), Anaheim Memorial...	<input type="checkbox"/>		
64071	ACCLAIM, Acclaim	<input checked="" type="checkbox"/>		
87815	Acordia National (Now known as Wells Fargo TPA), W...	<input type="checkbox"/>		
72467	ACS Benefit Services inc., ASC Benefit Services Inc.	<input checked="" type="checkbox"/>		
38254	Activa Benefits Services LLC (Formerly Amway Corpor...	<input checked="" type="checkbox"/>		
59141	Administrative Services Inc., Administrative Services	<input type="checkbox"/>		
37278	Adminone, RESOURCEONE ADMINISTRATORS FKA AD...	<input type="checkbox"/>		
22384	Administrative Concepts Inc., ADMINISTRATIVE CONCEP	<input type="checkbox"/>		

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The list of payers available for Eligibility verification is extensive, so facilities have the option to filter the list to only those they check on a regular basis.



# The PARA Data Editor (PDE)

---

## Charge Process (continued)

This allows the User to spend less time requesting, researching, and adding new items to the Charge Master.

There are two options available within the Charge Process tab – the Detail Entry Form, which includes all the data necessary to add a procedure to the Charge Master. The request can then be emailed to the appropriate party through approval chains that have been set up by the User.

The following are descriptions of each field in this Form:

- **Pending Charges** – this field utilizes a drop-down menu so that the User can request that new items be added to the CDM. If a request has been received by an individual with approval rights, they can use this function to approve requests and forward to the next person in the approval chain, by clicking the “Approve” button.
- **Approve Only** – this radio button acts as a filter to view only those items the User is responsible for approving
- **Action** – select an option from the drop-down menu, to add, change, inactivate, or reactivate the item you are working on
- **Effective Date** – the date the item is to be implemented
- **Search AddB** – to locate an item, you can enter a code, keyword, or partial code to search the Addendum B code table. When the information is entered, click “Go”.
- **Charges** – this field will contain the search results. It will show any items with the code attached, individually and items in which the code is included in the description (e.g., Laboratory Panels)
- **Department** – Select the Department from which the charge update is to be retrieved from or added to the file
- **Weighted Average Price** – if an item is already contained within the CDM, the averaged price for all occurrences with quantity will produce a number in this field
- **Procedures that already contain this charge** – if the item already exists within the CDM, the items will appear here
- **Proc Code** – if creating a new item, the new procedure code can be entered here, either by the requestor or an individual farther up the approval chain. If updating an item, the existing procedure code should be entered here
- **Bill Desc** – this field displays the CPT®/HCPCS short description. This field can be modified by the user to reflect preferences in charge description format

# The PARA Data Editor (PDE)

---

## Charge Process (continued)

- **Tech Desc** – can be used in the same way as the “Bill Desc” field
- **CPT®/HCPCS Segment** – these fields display standard code segments.
- **Indicator** – these are hospital-defined code segments
- **Code** – these fields will automatically fill with any suggested codes for the item, and can be manually changed to accommodate any payor-exclusive codes, such as Worker’s Comp
- **Revenue Segment** – hospital-defined code segments, and follows the same format as CPT®/HCPCS code segments, with defined indicators and editable code fields
- **Notes** – any notes the User chooses to enter on the specific line item being edited can be entered here
- **Code Description** – this field displays the full CPT®/HCPCS code description
- **Hospital Price** – the User can enter the standard (default) price for the item in this field. Any additional prices for the item should be entered in the “**Notes**” field
- **Hi, Lo, Avg, Mid** – any available market data from the Peer Market group for this code will be summarized here showing the low, average, midpoint, and high prices
- **Reimb** – the assigned reimbursement rate, from the applicable Fee Schedule, will appear here
- **APC Weight** – the CMS assigned APC weight (if applicable)
- **National Rate** – the national reimbursement rate for the default code
- **Market Data** – the facilities included in your Peer Market group, with the specific price for the item from each facility
- **Status** – the current OPSS status of the code will appear in this field

## **Supply Item Fields** – these items are used specifically for supplies

- **Fixed Cost** – the fixed cost of the item, without efficiency or overhead adjustments
- **Variable Cost** – the additional costs to be added to the fixed cost for each incremental use of the item

# The PARA Data Editor (PDE)

---

## Charge Process (continued)

- **Allocated Cost** – the additional cost allocated from non-revenue departments, to be added to the fixed cost for each additional use
- **Total Cost** – the total cost, with all adjustments added to final product
- **Workload** – the basic workload unit assigned to the item, as defined by the hospital
- **UPN** – the Unit Product Number, for stock tracking

## **Pharmacy Fields** – these are used specifically for Pharmacy items

- **Unit Multiplier** – the pharmacy unit multiplier to adjust the claim, to update the J code dose to match the dose received by the patient
- **Avg Wholesale Price** – enter the Average Wholesale Price of the pharmacy item
- **Acquisition Cost** – enter the Acquisition Cost of the pharmacy item
- **Avg Sales Price** – this field displays the average national sales price from the CMS table
- **NDC** – enter the National Drug Code for the item. You can search for a possible J code from this field.

## **General Ledger Fields** – these fields are not required, but can be used if desired

- **Department G/L** – enter the department general ledger number to which the charge and revenue are to assigned
- **Relative Value** – enter the workload value of the charge, as determined by the Cost Accounting department
- **Charge Editable by Dept** – select the appropriate option, “**yes**” or “**no**”, for zero price items that will have a price assigned based on the cost of the item
- **Phys Billing** – select “**yes**” or “**no**” to create a Physician Billing form on this charge item
- **G/L Account Override** – DO NOT USE
- **G/L Stats Component** – enter the appropriate component as determined by the hospital
- **G/L Stats** – enter the appropriate value, as determined by the hospital

# The PARA Data Editor (PDE)

---

## Charge Process (continued)

- **G/L Stat Value** – enter the appropriate value, as determined by the hospital

**Order Entry Fields** – also not required, can be used if desired for the Meditech system

- **OE Category** – enter the department, or the division of a department
- **OE Mnemonic** – for the alpha code designating the procedure. This code must be unique within the category
- **Procedure Ordered By** – Determines if the item can be ordered by the care area, department, or both
- **Procedure Ordered For** – determines if the item can be ordered for a patient, department, or both
- **OE Qty Default** – enter the standard quantity for the item
- **OE Qty Limit** – enter the maximum limit of the quantity the item can be charged

## **Replacement/Exploding Codes**

- **Action** – use the drop-down menu to select the appropriate action
- **Procedure Code** – displays the procedure code or allows the User to enter a new replacement code for the selected item
- **Description** – displays the charge description of the replacement procedure code entered or linked to the selected item
- **Charge** – displays the default charge for the replacement procedure code

## **Action Buttons**

- **Clear** – this button will clear all fields on the Charge Process tab
- **Save and Send First Email Alert** – when new items or changes have been entered, this button will save the page and send an email to the next person in the selected approval chain
- **Save Only** – if the User does not finish the item, and wants to return later, this button will save the changes but will not generate an email to the next person in the approval chain

# The PARA Data Editor (PDE)

---

## Charge Process (continued)

- **Approval Chains** – Select the appropriate approval chain to be assigned to this charge
- **Detail PDF** – this button will produce a PDF report with all of the detail changes
- **Status PDF** – this report will show a complete listing of all open Charge Process items, and the status of the item in the approval chain
- **Meditech Field Descriptions** – for the User's reference, this pop-up will detail each of the fields in the Charge Process tab, the type of data the field contains, the format each data type needs, the accepted values if the field can be updated by the User, and the type of action required

# The PARA Data Editor (PDE)

## Charge Process (continued) - Quick Add Form

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

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

Detail Quick Add Charge Forms

Approval Chains: LeslieChain

	Departments	Proc Code	Descriptions	Eff Date	Notes	Unit Price	Total Cost	Codes
1	H: 01.6700 GL:	12345678910	INJ NERVE BLOCK	Mon Jan 01...	new charge	\$450.00	\$300.00	64421, 0450...
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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The Quick Add Form allows the User to add items to the CDM in a basic format, when items need to be added as soon as possible or simply do not require the same level of detail. After an Approval Chain is selected, as each field is clicked a popup window will appear for the User to enter the appropriate information. The fields included are:

- **Departments** – Hospital Department and G/L Department numbers
- **Procedure Code** – the individual facility procedure number or charge code
- **Descriptions** – options for the Billing and Technical Descriptions can be entered
- **Effective Date**
- **Notes** – any necessary notes on the item can be entered in text format, for review by others in the approval chain
- **Unit Price**
- **Total Cost**
- **Codes** – the popup will display fields that correspond to the hospital's Billing Indicator Fields. CPT®, HCPCS, Medicaid, Other, and Revenue Codes, as well as Unit Multipliers, can be entered.

# The PARA Data Editor (PDE)

## Claim/RA Management

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

Claim Evaluator 837 Claims 835 - Pending Review 835 - Marked For Review 835 - Finalized 835 - Archived 837 Settlement Modeling

new claim group      Inpatient Claim

Claim Label	Patient Acct No/Procedure Code	Service From	Service To	Total Charges	
<input type="text" value="Claim Label"/>	<input type="text" value="Acct No / Procedure code"/> <input type="button" value="Look Up By: Acct No or Proc Code"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Charge"/>	
Rev. Code	Description	HCPCS	Date	Serv. Units	Charge
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>
<input type="text" value="UB92"/>	<input type="text"/>	<input type="text" value="HCPCS"/>	<input type="text" value="MMDDYY"/>	<input type="text" value="Units"/>	<input type="text" value="Charge"/>

ICD9  ICD10

Diagnosis ICD9 Codes

<input type="text" value="ICD Code"/>										
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

Procedure ICD9 Codes

<input type="text" value="ICD Code"/>										
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

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

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

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

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

# The PARA Data Editor (PDE)

## Claim/RA Management Sub-Tabs

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

### 837 Claims

The screenshot displays the PARA Data Editor interface for a demonstration hospital. The main navigation bar includes tabs for various modules: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx/Supplies, Filters, CDM, Calculator, Advisor, Admin, CMS, Tasks, and PARA. The Claim/RA module is active, and the sub-tab '837 Claims' is selected. A 'Filter Claims' panel is visible, allowing users to filter claims based on Acct #, Last Name, Payers, Bill Types, Date From, Date To, Rev Code(s), HCPCS, and Provider. Below the filter panel, a table titled '837 Claim Files Received' shows a list of claim files. The table has columns for File Received, Date File Processed, Total Claims In ..., and Service Date Range. A single row is visible with the following data:

File Received	Date File Processed	Total Claims In ...	Service Date Range
1 3039_ANSI837L.clm	04/17/18	2	07/26/17 - 11/20/17

To the right of the table is a 'Claim Details' panel with sub-tabs for 'Diag. ICD9s' and 'Proc. ICD9s'. The details panel contains the instruction: 'Click/Select Claim Row to Return Claim Details'. At the bottom of the interface, there is a copyright notice: 'Copyright © 2018 Peter A. Ripper & Associates, Inc. | webmaster@para-hcfs.com | Privacy Policy' and a 'Refresh Page' button.

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

# The PARA Data Editor (PDE)

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

### 835 Remit – Pending Review

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

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

Claim Evaluator 837 Claims **835 - Pending Review** 835 - Marked For Review 835 - Finalized 835 - Archived 837 Settlement Modeling

**Remittance By Payers**

Retrieve Remittances Search By ClaimID or Acct Run Claim Audit Search By Remark Codes Run Master Report View/Edit Payer Mappings

Payer	Total Remits	Total Payment	Total Claims
<input type="checkbox"/> 1 AETNA	1	13,822.59	1
<input type="checkbox"/> 2 ANTHEM INSURANCE COMPANIES, INC.	1	4,512.66	77
<input type="checkbox"/> 3 BLUECROSS BLUESHIELD OF TEXAS	2	58,930.22	176
<input type="checkbox"/> 4 TEXAS MEDICAID/HEALTHCARE SERVICES	1	23,079.40	601

Page 1 of 1 | Displaying 1 - 4 of 4

Submitted Remittance Transactions  
Claims Based Upon Selected RAs  
Claim Details Based Upon Selected Claims

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

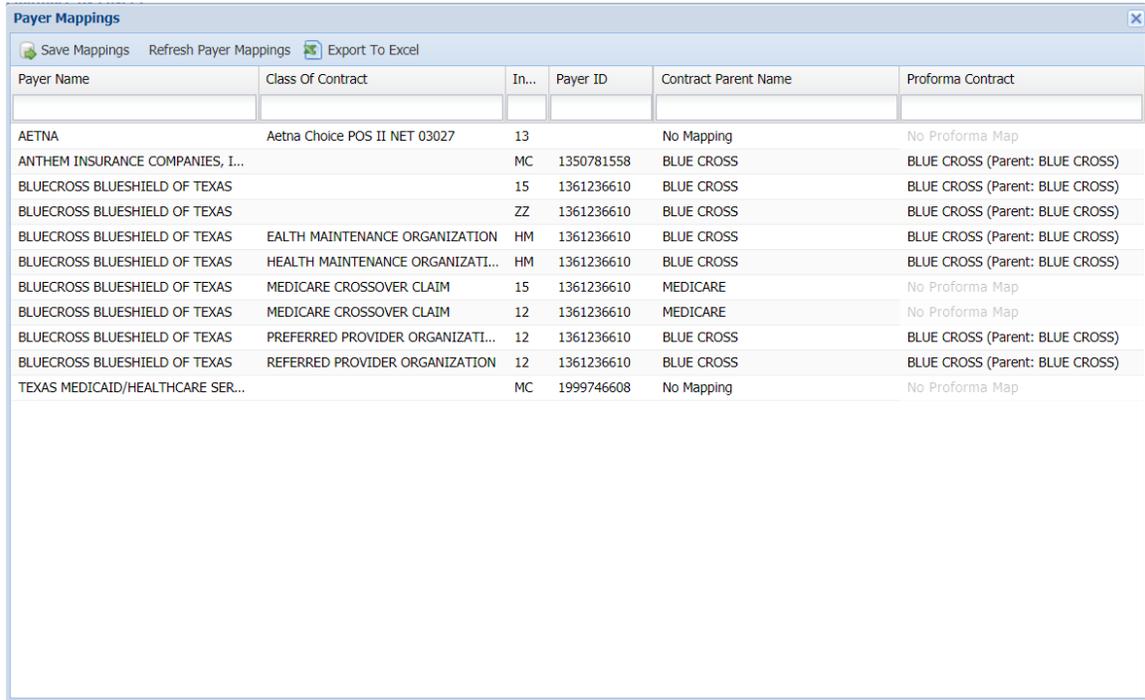
Once filtered, details can be exported in Excel format and assigned to Follow-up staff for review and resolution. The User can also generate charts (Bar, Line, or Pie format) based on reason codes or group codes.

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

# The PARA Data Editor (PDE)

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

### 835 Payer Mapping



Payer Name	Class Of Contract	In...	Payer ID	Contract Parent Name	Proforma Contract
AETNA	Aetna Choice POS II NET 03027	13		No Mapping	No Proforma Map
ANTHEM INSURANCE COMPANIES, I...		MC	1350781558	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS		15	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS		ZZ	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	EALTH MAINTENANCE ORGANIZATION	HM	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	HEALTH MAINTENANCE ORGANIZATI...	HM	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	MEDICARE CROSSOVER CLAIM	15	1361236610	MEDICARE	No Proforma Map
BLUECROSS BLUESHIELD OF TEXAS	MEDICARE CROSSOVER CLAIM	12	1361236610	MEDICARE	No Proforma Map
BLUECROSS BLUESHIELD OF TEXAS	PREFERRED PROVIDER ORGANIZATI...	12	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	REFERRED PROVIDER ORGANIZATION	12	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
TEXAS MEDICAID/HEALTHCARE SER...		MC	1999746608	No Mapping	No Proforma Map

Payers from the remit are mapped to the parent contracts within the **PDE** Contracts tab to settle against the specific terms loaded for that parent. If a pro forma analysis is being performed, the pro forma parent can be mapped as well.

# The PARA Data Editor (PDE)

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

### 835 Remit – Marked For Review

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

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

Claim Evaluator 837 Claims 835 - Pending Review **835 - Marked For Review** 835 - Finalized 835 - Archived 837 Settlement Modeling

**Claims Marked For Review**

Retrieve Denial Codes Based Upon Selected Claims Retrieve Details Based Upon Selected Claims Export Selected Claim Details To Excel Search

<input type="checkbox"/>	Name	Account	Status	Grp - Reason : Amt	Billed Amo...	Paid Amou...	Patient Re...	ICN	From Date	To Date	
<input type="checkbox"/>	1		1 - Proc...	CO - 29 : 2,545.00	2,545.00	0.00	0.00	1575946369007...			 
<input type="checkbox"/>	2		1 - Proc...	CO - 45 : 1,005.66	1,152.00	146.34	0.00	1575946669007...			 
<input type="checkbox"/>	3		1 - Proc...	CO - 45 : 1,117.40	1,280.00	162.60	0.00	1575946528007...			 

Claim Details Based Upon Selected Claims

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

# The PARA Data Editor (PDE)

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

### 835 Remit – Finalized

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

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

Claim Evaluator 837 Claims 835 - Pending Review 835 - Marked For Review **835 - Finalized** 835 - Archived 837 Settlement Modeling

**Claims Marked As Finalized**

Retrieve Denial Codes Based Upon Selected Claims Retrieve Details Based Upon Selected Claims Export Selected Claim Details To Excel Search

<input type="checkbox"/>	Name	Account	Status	Grp - Reason : Amt	Billed Amo...	Paid Amou...	Patient Re...	ICN	From Date	To Date	
<input type="checkbox"/>	1		1 - Proc...	PR - 2 : 1,235.43 PR - 3 : 250.00 CO - 45 : 5,691.98 CO - 94 : -13,560... CO - 97 : 45,049...	52,489.08	13,822.59	1,485.43	E0FBCP71N0000	02/10/2014	02/14/2014	
<input type="checkbox"/>	2		22 - Re...	CO - 45 : -5,572....	-10,994.31	-5,421.34	0.00	02017046506G...	02/02/2017	02/02/2017	
<input type="checkbox"/>	3		1 - Proc...	CO - 50 : 10,994....	10,994.31	0.00	0.00	02017046506G...	02/02/2017	02/02/2017	

Claim Details Based Upon Selected Claims

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

# The PARA Data Editor (PDE)

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

### 837 Settlement Modeling

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

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

Claim Evaluator 837 Claims 835 - Pending Review 835 - Marked For Review 835 - Finalized 835 - Archived **837 Settlement Modeling**

**Filter Claims**

Acct #:  Last Name:  Payers:  Select Pat   Bill Types:  Select  Date From:   Rev Code(s):  Provider:

Date To:   HCPCS:

**837 Claim Files Received**

<input type="checkbox"/>	File Received	Date File Processed	Total Claims In ...	Service Date Range
<input type="checkbox"/>	1 3039_ANSI837L.clm	04/17/18	2	07/26/17 - 11/20/17

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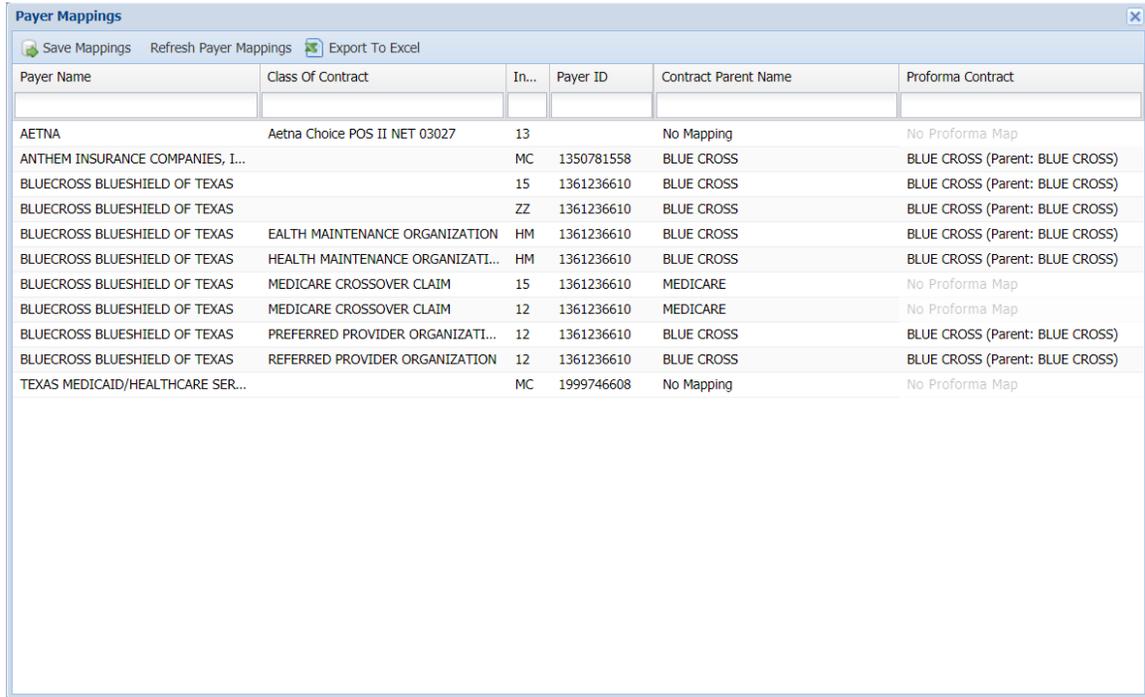
837 claim files can be searched on a variety of data points, including:

- Account number/Claim ID
- Last Name
- Payer
- Bill Type
- Date Range
- Revenue Code
- HCPCS code
- Physician Provider

# The PARA Data Editor (PDE)

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

### 837 Payer Mapping



Payer Name	Class Of Contract	In...	Payer ID	Contract Parent Name	Proforma Contract
AETNA	Aetna Choice POS II NET 03027	13		No Mapping	No Proforma Map
ANTHEM INSURANCE COMPANIES, I...		MC	1350781558	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS		15	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS		ZZ	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	EALTH MAINTENANCE ORGANIZATION	HM	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	HEALTH MAINTENANCE ORGANIZATI...	HM	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	MEDICARE CROSSOVER CLAIM	15	1361236610	MEDICARE	No Proforma Map
BLUECROSS BLUESHIELD OF TEXAS	MEDICARE CROSSOVER CLAIM	12	1361236610	MEDICARE	No Proforma Map
BLUECROSS BLUESHIELD OF TEXAS	PREFERRED PROVIDER ORGANIZATI...	12	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
BLUECROSS BLUESHIELD OF TEXAS	REFERRED PROVIDER ORGANIZATION	12	1361236610	BLUE CROSS	BLUE CROSS (Parent: BLUE CROSS)
TEXAS MEDICAID/HEALTHCARE SER...		MC	1999746608	No Mapping	No Proforma Map

As with the 835 Remit files, the 837s can be mapped to specific payer and pro forma terms for settlement.

# The PARA Data Editor (PDE)

## Contracts

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

[Select](#) | [Charge Quote](#) | [Charge Process](#) | [Claim/RA](#) | [Contracts](#) | [Pricing Data](#) | [Pricing](#) | [Rx/Supplies](#) | [Filters](#) | [CDM](#) | [Calculator](#) | [Advisor](#) | [Admin](#) | [CMS](#) | [Tasks](#) | [PARA](#)

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

Select Parent Contract to Filter By... CIGNA - CIGNA COMM HMO OUT OF AREA Sort By... Sort Copy Contracts/Create Pro Forma

Contract Management and Analysis Process  Show Pro Forma Contracts [Delete Parent](#) [Copy Terms](#) [Reports](#)

Parent contract

\*Contract Mnemonic: CIGNA \*Insurance Company Name: CIGNA COMM HMO OUT OF AREA Bind to this Parent contract: CIGNA - Parent

Parent contract

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

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

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

Billing Time Limit: Days Rebillable: Yes Interest Rate of Late Payment: % Co-Pay - Emergency:

Payment Late Penalty: Days Pro Fees Billable: No Annual Revenue Inflation Cap: 8.5 %

Pre-authorization: No

Total Charges: \$1,761,648.69 : Date Range: 02/01/2018 - 08/31/2018

Hospital Patient Type (PTP)	PARA Patient Type Map	Total Charge(s)	Total Terms	Total Accounts
IRF -		\$27,520.89	0	1
ZIPCATCH -		\$0.00	0	0
ZOPCATCH -		\$0.00	0	0
SDC - SURGICAL DAY CARE	Ambulatory Surgical	\$0.00	71	0
1DAYSURG - 1DAYSURG	Ambulatory Surgical	\$0.00	71	0
O SDC -	Ambulatory Surgical	\$433,545.67	71	53
O ER -	Emergency	\$231,501.65	3	72
ER - EMERGENCY ROOM	Emergency	\$0.00	3	0
I GBH -	Inpatient	\$0.00	77	0
I INP -	Inpatient	\$500,637.39	77	25
INP - INPATIENT	Inpatient	\$0.00	77	0
IP - IP	Inpatient	\$0.00	77	0
IP NICU - IP NICU	Inpatient	\$0.00	77	0
IP PSYCH - IP PSYCH	Inpatient	\$0.00	77	0
TCU - TCU	Inpatient	\$0.00	77	0

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The PDE also allows the User to load the details of all their Payor Contracts, which are then incorporated into the Charge Quote, Claim/RA Analysis and Pricing functions. Non-covered services and contracted payment rates are mapped into Charge Quote, so that any possible coverage issues are immediately apparent to the User, and can be dealt with accordingly. This benefits the facility in having fewer hours spent on billing and follow-up of claims, as possible coverage issues are apparent prior to services being rendered.

The Contract screens can include all parameters of each contract, from percentage of billed charges to flat case rates for individual procedures or DRGs, as well as specific contract terms such as billing window dates, interest rates, late payment penalties, and any other items specific to that payer. Sub tabs, for individual patient types, can accommodate the multiple variations of payer rates. Other tabs also contain Stoploss parameters, Blended Rates, Comments/Notes, Contacts within the Health Plan, as well as a complete listing of items in the Addendum B allows the User to enter data on non-covered items, specific payment rates, and individual copayment amounts.

# The PARA Data Editor (PDE)

## Contracts Sub-Tabs

### Reimbursement Method Detail

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

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

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

Select Parent Contract to Filter By...  Sort By...  [Copy Contracts/Create Pro Forma](#)

[Contract Management and Analysis Process](#)  Show Pro Forma Contracts [Delete Parent](#) [Copy Terms](#) [Reports](#)

[Save Terms](#) [Add New Row](#) [Delete Selected Term\(s\)](#)

	Reimbursement Method	Notes	Prio..	Payment Identifiers			Payment Options			Threshold	
				Code Type	Code From	Code To	Value	NTE	Claim Cap	Type	Unit/Value
1	Percent of Charges		1	Rev Co...	0274	0275	50.00%	\$0.00	\$0.00		
2	Percent of Charges		1	Rev Co...	0278	0278	50.00%	\$0.00	\$0.00		
3	Percent of Charges		1	Rev Co...	0636	0636	50.00%	\$0.00	\$0.00		
4	Case Rate		2	DRG	767	768	\$4,060.00	\$0.00	\$0.00	Day	1
5	Case Rate		2	DRG	774	775	\$4,060.00	\$0.00	\$0.00	Day	1
6	Case Rate		2	DRG	765	766	\$7,470.00	\$0.00	\$0.00	Day	3
7	Case Rate		2	DRG	226	226	\$11,855.00	\$0.00	\$0.00	Day	4
8	Case Rate		2	DRG	227	227	\$11,855.00	\$0.00	\$0.00	Day	4
9	Case Rate		2	DRG	242	242	\$8,255.00	\$0.00	\$0.00	Day	2
10	Case Rate		2	DRG	243	243	\$8,255.00	\$0.00	\$0.00	Day	2
11	Case Rate		2	DRG	244	244	\$8,255.00	\$0.00	\$0.00	Day	2
12	Case Rate		2	DRG	245	245	\$8,255.00	\$0.00	\$0.00	Day	2
13	Case Rate		2	DRG	248	248	\$12,795.00	\$0.00	\$0.00	Day	2
14	Case Rate		2	DRG	258	258	\$8,255.00	\$0.00	\$0.00	Day	2
15	Case Rate		2	DRG	259	259	\$8,255.00	\$0.00	\$0.00	Day	2
16	Case Rate		2	DRG	260	260	\$8,255.00	\$0.00	\$0.00	Day	2
17	Case Rate		2	DRG	261	261	\$8,255.00	\$0.00	\$0.00	Day	2
18	Case Rate		2	DRG	262	262	\$8,255.00	\$0.00	\$0.00	Day	2
19	Case Rate		2	DRG	286	286	\$4,026.00	\$0.00	\$0.00	Day	2

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

# The PARA Data Editor (PDE)

## Contracts Sub-Tabs (continued)

### Stop Loss

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

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

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

AETNA 1/1/17-12/31/17 - Parent  AETNA 1/1/17-12/31/17 - Parent  Sort By...  Sort

Show Pro Forma Contracts

	Start Date	End Date	\$ Threshold	Threshold Type	% of Billed Charges	Method	\$ Not... Exceed	Not To Exceed Type	Not To Exceed Qty	Exclusions	Exclusion Definition	Exclusion Codes	Inclusic Codes
1	01/01/10	12/31/10	\$55,974.00	Per Diem	70.00%	2nd Dollar	\$11,022.00	Per Diem		Implants			
2	01/01/11	12/31/11	\$60,871.00	Per Diem	70.00%	2nd Dollar	\$11,986.00	Per Diem		Implants			
3	01/01/12	12/31/12	\$63,915.00	Per Diem	70.00%	2nd Dollar	\$12,585.00	Per Diem		Implants			
4	01/01/13	12/31/13	\$9.00	LOS	50.00%	1st Dollar	\$4,400.00	Per Diem					790
5													

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

# The PARA Data Editor (PDE)

## Contracts Sub-Tabs (continued)

### AddB

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

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

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

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

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

70010 Sort By HCPCS GO Save Edits To Excel Changes Only Upload

Review											Edit						
HCPCS	Ma... Avg	Rev Code	Fee Sched Amt	Fee Sched Source	CDM Dept	CDM Procedure	CDM Price	C... Qty	CDM Dup	Fee Sched Amt	Fee Sched Amt-Pr...	Market Inflatior	MDCR Fee Sch Multiplier	ASC Level	ASC R...	% of Chg	Co
+	69910		\$4,338.79	APC					No								
+	69915		\$2,199.06	APC					No								
+	69930		\$32,599.00	APC					No								
+	69949		\$178.50	APC					No								
+	69950		\$1,939.01	PROFEE					No								
+	69955		\$4,338.79	APC					No								
+	69960		\$4,338.79	APC					No								
+	69970		\$4,338.79	APC					No								
+	69979		\$178.50	APC					No								
+	69990		\$232.06	PROFEE					No								
+	70010		\$456.34	APC					No								
+	70015		\$680.43	APC					No								
+	70030		\$62.12	APC					No								
+	70100	0320	\$62.12	APC	01.72...	70122	\$308.00		No								
+	7010F								No								
+	70110	\$527.00	0320	\$114.46	APC	01.72...	550019	\$504.00	7	No							
+	70120		0320	\$114.46	APC	01.72...	701220	\$225.00	1	No							
+	70130		0320	\$114.46	APC	01.72...	550337	\$292.00		No							
+	70134			\$232.31	APC					No							
+	70140	\$986.00	0320	\$62.12	APC	01.72...	14077	\$318.00		No							

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If items are reimbursed under a contract-specific fee schedule, those rates are also tracked within a copy of the current quarter Addendum B, which is also linked to the hospital's Charge Master file.

# The PARA Data Editor (PDE)

## Pricing Data

The screenshot displays the PARA Data Editor (PDE) interface for a demonstration hospital. The interface is organized into three main columns: Hospital Summary, Inpatient, and Outpatient. Each column contains several report options with dropdown menus for the year (2018) and a PDF icon. The Hospital Summary column includes reports like Hospital Summary, Hospital 3 Year Trend, and Professional Fee. The Inpatient column includes DRG Summary, DRG Service Line Summary, DRG Service Line Detail, Hospital Room Rates, and DRG By MDC. The Outpatient column includes Hospital Outpatient Summary, Outpatient HCPCS, APC - Claim Analysis, APC Status T & J1 Rank, APC Status, A, Q, S, V and X Rank, APC Status T, Surgical Rank, and APC Status T Detail. A Pricing Group dropdown is set to 'Geographic'. At the bottom, there is a copyright notice for Peter A. Ripper & Associates, Inc. and a 'Refresh Page' button.

Current Market Data can be an invaluable tool in determining appropriate pricing for various procedures. Our Market Data is the most current available, and can provide the User with information on their closest competitors, in order to position their facility strategically within their chosen market. Data can be reviewed for both Inpatient DRGs and Outpatient HCPCS/CPT® codes, as well as a summary of the hospital's current overall position within their market. The data can also be viewed for the previous year, as well as the most current year available. A number of our reports allow the User to select the full year of statistics, or isolate the fourth quarter of the current year, to eliminate any anomalies that may appear due to mid-year pricing changes. A new feature in the **PDE** allows the User to select specific hospitals to include in a designated market group. The hospital's standard geographic market is created when the client data is loaded into the **PDE**. Organizational and Service-related markets can be created, based on the User's needs. The User then selects the applicable market, and the appropriate report.

The following reports, for any of the available markets, can be accessed through this tab:

- **Hospital Summary Report** – this report includes several Inpatient and Outpatient measures, to give an overall view of how your hospital compares to your peers.
- **Hospital 3 Year Trend** – This report compares the changes in the Inpatient and Outpatient Summary measures over a three year period.

# The PARA Data Editor (PDE)

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## Pricing Data (continued)

- **Comprehensive CDM Summary** – this excel report will display all items in the Charge Master, summarized by Department, and will link all available market data to the individual line items.
- **DRG Summary** - compares the hospital to its peers on all reported DRGs, and includes the number of cases as well as average case rates.
- **DRG Service Line Summary** - examines the revenue centers that contribute to an Inpatient case.
- **DRG Service Line Detail** - can be utilized to look at individual DRGs by entering a DRG into the text box below, and then clicking on the underlined report name to produce the report.
- **Hospital Room Rates-Average Charge/Day** – this report displays the average charge per day for each of the room rate types.
- **DRG By MDC** – Another way to view your Inpatient Data, grouped by Major Diagnostic Category. This report displays the totals by Service Line, grouped by MDC. A complete list of the DRGs that comprise an MDC are at the end of the report.
- **DRG List** – for Users' reference, there is a complete list of current DRGs, the full descriptions, and the MDC to which each is grouped.
- **Hospital Outpatient Summary** – compares the service lines that comprise an Outpatient case.
- **Outpatient HCPCS** – can produce instant Market Data on a particular HCPCS or CPT® code. Enter the code into the search box, and click on the underlined report title. The report produced will provide the code information, the current reimbursement rate, market rates for each of your peer hospitals for all of the service areas that reported the code (i.e., ED, OP), details on the individual code as well as the packaged rates billed, and any data available from non-hospital providers.
- **APC Status T Claim Analysis** – this report examines claims nation-wide for the APC Status T procedures. All services included on claim for the Status T item are compared, with the number of claims and the percentile value displayed.
- **APC Status T Rank** – a complete list of the top 100 (by volume) Status T procedures, with number of claims, client average charge, peer market average charge, and percentage of difference displayed. This report can be exported in either PDF or Excel format.
- **APC Status A, Q, S,V, and X** – procedures under these APC payment status indicators are also available, and can be exported in PDF or Excel format.
- **APC Status T Surgical Rank** – a listing of the top 50 Surgical APC Status T charges.

# The PARA Data Editor (PDE)

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## Pricing Data (continued)

- **Status T Detail** – this report compares facilities on Outpatient Surgical Services, by all line items that appear on a claim.
- **Service Line Detail** – this report includes data for all procedures within a particular service line, based on the CPT® code groups, and shows market data not only for your hospital peers but all of the applicable data from non-hospital providers. This data is provided not only for items within your charge master, but all other codes within the service line as well. This report can be adjusted to show specific service types, or specific departments at the User's discretion.
- **Supplier Detail** – Charge data from the 1500 form file, as well as Physician Fee Schedule reimbursement rates, displayed over a three year period.

# The PARA Data Editor (PDE)

## Pricing

The screenshot displays the PARA Data Editor (PDE) interface for a demonstration hospital. The main navigation bar includes tabs for Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx/Supplies, Filters, CDM, Calculator, Advisor, Admin, CMS, Tasks, and PARA. The 'Pricing' tab is active, showing a list of pricing iterations with columns for Creator, Last, Market, Raise Non, Upper Limit, and Status. Below the list, there are several configuration sections: 'Pricing Iteration Name' with a text input and 'Gross Pricing?' checkbox; 'Market Target' with radio buttons for Midpoint, Average, and Percentile, and input fields for Market Inflation, Raise Non Market Items, and Upper Limit; 'Revenue Stream' with a dropdown menu; 'Dept Extension' and 'Dept' dropdowns; and 'Pricing Iteration Parameters' table with columns for Type and Value. A 'Pricing Summary' table is also visible, listing various iteration types like Annualized, Comparative Impact Analysis, Department Summary, Payer Summary, Procedure Detail, Stop Loss Payer Summary, Stop Loss Account Detail, Claim Cap Payer Summary, Claim Cap Account Detail, Patient Type Map, Insurance Plan Settlement Report, Master Settlement, Comprehensive Pricing, Claim Detail, Contract Audit - Default Settlement, and Contract Audit - Settlement Aggregation. The interface includes various input fields, checkboxes, and dropdown menus for configuring pricing parameters.

If **PARA** has produced any Pricing Iterations for the hospital, those iterations can be quickly accessed through the Pricing tab. The iterations can be viewed at the Grand Summary level, or at the Department Summary level. **PARA**'s Pricing Program can assist a hospital in achieving optimal reimbursement, by positioning the hospital's pricing within their market.

Users can also create their own Pricing Iterations, from simple parameters such as moving items to the Market Average or Midpoint with a specific limit to increases, to complex iterations that move specific department or revenue streams different amounts, raise or lower to market targets, hold certain items or departments, or any other parameters you choose.

You can select the pre-set parameters from any of our standard iterations, including just removing compliance items, targeting your Peer Market average or midpoint with or without moving non-market (items with no HCPCS/CPT® code attached), or other options. To set your own custom parameters, name your iteration and select a date range and CDM date. Determine your market target, the appropriate inflation factor, what percentage (if any) to raise non-market items, the maximum percentage to which you wish to limit line item increases, and whether or not to lower any high prices. To have these parameters set to your iteration, just fill in the data, and be sure to hit the ">" box next to the field. More complex parameters, such as holding items with a specific modifier, flat rate increases, particular price categories or revenue

# The PARA Data Editor (PDE)

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## Pricing (continued)

streams, or certain departments can all be done in this tab. Just set your parameters and click on “**Execute**”. The results can be viewed via a number of reports.

The reports available within the Pricing tab include:

- **Pricing Summary** – this PDF will show the overall impact if the iteration on your Hospital’s Gross and Net Revenue, based on the parameters set by the User and the transactions/usage of the date range selected. If working with less than a full year’s data, the report can be annualized.
- **Comparative Impact Analysis** – an analysis that can be run by quarter to gauge the impact of the implemented prices.
- **Department Summary** – the results of the pricing iteration at the Department level.
- **Payer Summary** – also the results of the iteration, examined on a payer by payer basis.
- **Procedure Detail** – this report will include the actual line items from the Charge Master, and display the current price, recommended price, and percentage of change to reach the selected market target. The User can elect to see all items in the CDM, including items not moving, or just the items that are changing.
- **Charges Lower than Fee Schedule** – displays any charge master items with prices below the payer fee schedules
- **Procedure Detail** – a report of the entire CDM with current price and recommended price
- **Stop Loss Payer Summary** – the Stop Loss Payer Summary displays totals of all accounts affected by Stop Loss terms.
- **Stop Loss Account Detail** – the details of all accounts affected by Stop Loss terms.
- **Claim Cap Payer Summary** – displays a summary of accounts affected by claim caps.
- **Claim Cap Account Detail** – displays the details of accounts affected by claim caps.
- **Patient Type Map** – this report displays how **PARA** breaks down the individual patient types received from the client into the primary categories: Inpatient, Outpatient, Emergency, Outpatient (Same Day) Surgery, and Non-Patient.
- **Insurance Plan Settlement Report** – this report can be run on any individual insurance payer. Just enter the insurance plan mnemonic, and the User will be able to view a detailed report on the settlement of claims.

# The PARA Data Editor (PDE)

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## Pricing (continued)

- **Master Settlement** – a breakdown of the transaction data, and the type of reimbursement method assigned to the patient type by payer.
- **Comprehensive Pricing** – a package of many of the above reports in a single workbook.
- **Claim Detail** – a report to review individual patient types, or search the transaction data for a specific account, CPT®/HCPCS code, procedure code, revenue code, or DRG

# The PARA Data Editor (PDE)

## RX/Supplies – Pharmacy

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

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

Pharmacy Supplies

**Establish Schedule**

Default Query Schedule  
Current- Sept 2014 FDB

**NDC Lookup**

Enter NDC Code Acquisition Cost

Select a category from the Default Query Schedule  
ANES

Hospital Charge Description

FDB Drug Name

FDB Route

Multiplier Add On Fee Patient Charge

**Financial Analysis**

Comparison Schedule  
PARA Standard - FDB Routes - Client Acquisition Cost

View Excel Comparison Report / View Excel Detail Report  
View All Schedules

**Current- Sept 2014 FDB**

Category	Low	High	Minimum	Adj	Multiplier	Fixed Add On	Dose Adj
ANES	0.01	999,999.99	0.00	<input type="checkbox"/>	1.000	0.00	<input type="checkbox"/>
ORAL	0.01	999,999.99	0.00	<input type="checkbox"/>	1.000	0.00	<input type="checkbox"/>
BABY	0.01	999,999.99	0.00	<input type="checkbox"/>	2.000	50.00	<input type="checkbox"/>
BULK	0.01	999,999.99	2.00	<input type="checkbox"/>	1.050	0.00	<input type="checkbox"/>
BULKB	0.01	999,999.99	2.00	<input type="checkbox"/>	1.050	0.00	<input type="checkbox"/>
BULKO	0.01	999,999.99	2.00	<input type="checkbox"/>	1.050	0.00	<input type="checkbox"/>
CHEMO	0.01	999,999.99	0.00	<input type="checkbox"/>	2.750	150.00	<input type="checkbox"/>

**PARA Standard - FDB Routes - Client Acquisition Cost**

Category	Low	High	Minimum	Adj	Multiplier	Fixed Add On	Dose Adj
BUCCAL	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
DENTAL	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
EPIDURAL	0.01	9,999,999.99	22.50	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
HEMODIALYSIS	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
IMPLANTATION	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
IN VITRO	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>
INHALATION	0.01	9,999,999.99	2.00	<input type="checkbox"/>	3.000	0.00	<input type="checkbox"/>

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For Pharmacy, patient charges can be calculated based on the hospital's own multipliers and add-on fees. The User selects a default mark-up schedule from the drop-down menu in the Establish Schedule section and a comparison mark-up schedule from the Financial Analysis section. The facility's summary comparison between the two schedules will appear in the Financial Analysis section. An Excel Comparison Report can be downloaded to view the items in detail.

To calculate the patient charge for an individual NDC code, the User either enters or selects a code in the NDC Lookup section. In addition, the User can either let the NDC code fall by route into the appropriate category from the default mark-up schedule, or force the category by selecting it from the drop-down list of categories. After entering the Acquisition Cost and clicking Go, the patient charge will be calculated and other attributes of the NDC code will be displayed in the NDC Lookup section.

# The PARA Data Editor (PDE)

## Rx/Supplies Tab - Supplies

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

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

[Pharmacy](#) [Supplies](#)

Base Schedule  
 PARA - General Supplies - example

Acquisition Cost  Revenue Code  Patient Charge

Comparison Schedule  
 Current MM Markup- Sept 2013

**Schedule 1**

Avg Revenue - All Supply Items  
 \$11,311,278.31

Avg Revenue - Items w/cost  
 \$6,247,364.46

Markup  
 \$6,654,724.34

**Schedule 2**

Avg Revenue - All Supply Items  
 \$11,311,278.31

Avg Revenue - Items w/cost  
 \$6,866,937.37

Markup  
 \$11,208,634.67

[View Excel Comparison Report](#)  
[View All Schedules](#)

PARA - General Supplies - example					
Level	Low	High	Minimum	Multiplier	Fixed Add On
1	0.01	5.00	0.00	8.00	5.00
2	5.01	10.00	0.00	7.00	6.00
3	10.01	20.00	0.00	6.00	7.00
4	20.01	50.00	0.00	5.00	8.00
5	50.01	100.00	0.00	4.00	9.00
6	100.01	250.00	0.00	3.00	10.00
7	250.01	500.00	0.00	2.00	11.00
8	500.01	1,000.00	0.00	1.50	12.00

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The PDE also provides the ability to calculate correct charge amounts for Pharmacy and Supply items, with the hospital's own cost calculation parameters. The User can select a calculation schedule (General, Implant, or Retail), and then enter the acquisition cost for a supply item. The patient charge will be calculated automatically, based on the loaded cost calculation parameters.

# The PARA Data Editor (PDE)

## Filters

The screenshot displays the PARA Data Editor (PDE) interface for a demonstration hospital. The top navigation bar includes tabs for Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx/Supplies, Filters, CDM, Calculator, Advisor, Admin, CMS, Tasks, and PARA. The 'Filters' tab is active, showing several filter sections:

- Coding Filters:** Includes options for '2016 Code Map Update', 'Invalid', 'Invalid - CPT Only', 'Invalid - HCPCS Only', and 'Invalid - Medicaid Only'.
- Segments:** Features radio buttons for 'Recommended Changes' (All, Approved, Not Approved, Declined, Delayed) and 'Changed By' and 'Comment By' dropdown menus.
- APC Status:** Includes a dropdown for 'Service' (Acupuncture Procedures) and a 'Quantity' section with 'With' and 'Without' options.
- Search for Codes and Descriptions:** A table with columns for 'Or' and 'And Excl' and rows for HCPCS/CPT Codes, UB Codes, Description, Procedure, Modifiers, OE Mnemonic, NDC, and Price.
- Pricing Filters:** Includes checkboxes for 'Recommended Price', 'Relative To Market' (Below Average, Below Midpoint, Above High), 'Price Below Clinical Lab', 'Price Below Professional Fees' (Facility, Non-Facility, Facility & Non-Facility), 'Price Below DME', and 'Below APC Status T, Q1, Q2, Q3, J1, J2'.
- CDM:** Includes a 'Single Department' dropdown (All), 'Sort By' (Procedure Code), and 'View CDM By' (Summary, Detail, Excel) options.
- Reports:** Includes 'Audit' and 'Service' dropdowns with 'Create PDF' and 'Create Service Line PDF' buttons.

At the bottom, there is a 'Dept:' dropdown menu showing a list of departments: 01.5100 - MANAGEMENT SERVICES, 01.6000 - SURGICAL UNIT, 01.6010 - PCU, 01.6020 - MEDICAL UNIT, and 01.6030 - CRITICAL CARE UNIT. The footer contains copyright information for Peter A. Ripper & Associates, Inc. and a 'Refresh Page' button.

Our Coding Filters allow the User to look for specific items within the Charge Master that do not comply with current coding regulations. The User can view items with the following filters, utilizing the menu window:

- Invalid codes (codes that have been deleted by the American Medical Association)
- Invalid CPT® Only (isolates the search to the CPT® field only)
- Invalid HCPCS Only (isolates the search to the HCPCS field only)
- Invalid Medicaid Only (isolates the search to the Medicaid field only)
- Unit of Service – per ml/sq cm (codes that include unit of measurement within the CPT®/HCPCS description, that must be billed per ml or per square centimeter)
- Compliance – Marked (codes that are not in compliance with current regulations, i.e. non-billable items with prices, that have been reviewed and marked as compliance issues)
- Compliance – Identified for Review (Items that, based on description, need review-possible compliance issues)
- Compliance – Modifiers (all items hard-coded with modifiers are grouped for review-some modifiers may not be appropriate for item)
- CA Medicaid J3490 Identified for Review (searches for injectable drugs in the Medicaid field)

# The PARA Data Editor (PDE)

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## Filters (continued)

- Pharmacy (all items identified by code or keyword as Pharmacy items)
- Pharmacy – Self Admin Drugs – Currently Billed
- Pharmacy – Self Admin Drugs – Identified for Review
- Pharmacy – NDC Review
- Pharmacy – NDC no FDB Link
- Pharmacy – J Codes
- Pharmacy – J Code Chemo Admin
- Pharmacy – Missing NDC
- Pharmacy – Take Home Drugs
- Pharmacy – Valid NDC
- Pricing – Go To Price
- Pricing – Hold for Iterations (displays all items that are marked in the CDM tab to be held in all Pricing Iterations created in the Pricing tab)
- Codes – C (all items with a C series HCPCS code attached)
- Codes – G (all items with a G series HCPCS code attached)
- Supplies
- Supplies – Revenue Code, Implants Identified for Review
- Flagged for Review (codes that have been flagged for review by one or more Users)
- No Reimbursement (codes that are not payable under any FI or Fee Schedule)
- Part B Only codes (codes that are payable only under Medicare Part B)
- DME OPPS Exempt ( codes that are exempt from the DME license requirement)
- DME OPPS Identified for Review ( all items triggered by a keyword search as possible DME OPPS Exempt items)
- Zero Price (line items that have a HCPCS/CPT® code assigned but no price listed in the CDM)
- Consistency (allows the User to view inconsistent pricing for the same codes across departments)
- Physician ‘Incident To’ Services (the User can view all items typically performed by Nursing or Technical personnel under the supervision of a Physician)
- Physician Supervision (all items on which Physician Supervision is required)
- Quantity without Cost (all items that have usage quantities but are zero priced)
- Surgical HCPCS (all surgical HCPCS codes assigned to items within the Charge Master)
- Mismatched Revenue Codes (items with revenue codes that do not match the CPT®/HCPCS codes)
- All Explode Codes (isolates items identified as exploding charges)
- Tricare No Pay
- Tricare Questionable
- Radiology Review
- MoIDx Z Code Required

# The PARA Data Editor (PDE)

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## **Filters (continued)**

Below the menu window, these filters are also available:

- Recommended Changes (you can sort by All Changes, Approved Changes, or Not Approved)
- Changed By (the User can select from a series of Transmittals to review the coding changes contained within that update)
- Comment By (the User can view items with Comments entered by other Users, or by the Transmittal Updates)
- Pharmacy - Self Administered Drugs – MAC Specific
- Status (allows the User to filter items by a specific APC status)
- Service (allows the User to view all codes associated with a particular service type)
- Quantity (allows the User to look at the items with the highest utilization)
- Codes can also be searched individually, by CPT®/HCPCS code, Revenue code, description, procedure number, modifiers attached, or by NDC number.

These filters allow the User to review select portions of the Charge Master, so that any items can be researched, corrected, or removed from the document in order to maintain a streamlined, compliant Charge Master.

The Pricing Filters compare all items within the CDM to the hospital's current market and the appropriate Fee Schedules to determine which items are below Market Average or Fee Schedule rate, as well as any items that are currently priced higher than other hospitals in the market. This provides the hospital with the opportunity to raise or lower prices as necessary to optimize reimbursement and maintain a competitive edge within their market. For our Pricing clients, there is also an option to examine items across all departments that have the same default CPT®/HCPCS code attached, but have different recommended prices in an iteration that has been created. This occurs when the original price is different, or if the market value is different based on service area and/or modifiers, and allows the User to review these items to determine where consistency in pricing should be maintained.

Audit Reports for all billing and coding regulation changes are produced in PDF format, and will identify items in the Charge Master that are affected by these changes.

# The PARA Data Editor (PDE)

## CDM Tab

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

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

CDM Summary CDM Detail Replacement / Explode Codes

Hide Header  
 CDM: 10/1/2018, NDC: 11/1/2018, Cost: 11/20/2018 Department: All - Items: 6 of 8565 HCPCS/CPT Code: 36415,74150  
 Quantity Date Range: 2/1/2018 to 8/31/2018

Line Item	Procedure Code	Billing Description	Technical Description	NDC / UPN	Reimbursement	APC Status	OC Mnemonic-Active-Char...	QTY	O/P \$	I/P \$	ED \$	ASC \$	Ovr Rd \$	Eff Date	CCM	OE \$	Market	High	Avg	Low	Midpoint	HCPCS CODE	CPT	Rev	Rx / Supply		Comp Inact	App Decl	
																									Orig U Mult	New U Mult			AWP
1	01.7000 - 16032	COLLECTION FEE OP						12,066	40.00								66					36415	36415	0300					
		3.00 CLAB															39												
		Q4 - Packaged unless onl...															14					36415		0300-LABORATORY - GENERAL CLASSIFICATION					
		Laterality Indicator: 9															52												
2	01.7000 - 16542	COLLECTION FEE DNA						40.00									66						36415		0300				
		3.00 CLAB															39												
		Q4 - Packaged unless onl...															14					36415		0300-LABORATORY - GENERAL CLASSIFICATION					
		Laterality Indicator: 9															52												
3	01.7220 - 16544	BLOOD COLLECTION FOR...						23	40.00								66						36415		0300				
		3.00 CLAB															39												
		Q4 - Packaged unless onl...															14					36415		0300-LABORATORY - GENERAL CLASSIFICATION					
		Laterality Indicator: 9															52												
4	01.7270 - 10324	CT ABD WO						23	2,455.00								5,093						74150		0352				
		114.46 APC															3,776												
		Q3 - Codes That May Be P...															1,454					74150		0352-CT SCAN - BODY SCAN					

Page 1 of 1 | All | Reports | Displaying CDM Items 1 - 6 of 6

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The CDM tab is where any data extracted by the Filters can be viewed. The data can be viewed by individual Department, or by All Departments. In addition to each line item, this tab also displays any market data available, cost data if applicable, all codes associated with the line item, as well as other indicators for Pharmacy/Supply, current activity within the PDE, and CCI/LCD information.

Changes can be requested by entering the new information in the text box below that appropriate field. If the change is valid, the data in the box will turn green. If the new data is invalid, a pop-up message will indicate that there is an issue. Any items currently in your Charge Master that are invalid will appear in red in the CPT®/HCPCS or Revenue Code section of this screen. Items can also be flagged for further review, inactivation, exclusion from or inclusion in Charge Quote.

The data can be viewed in two ways: the Detail option, shown above, displays numerous fields of data for each line item. Procedure Code, Billing Description, Technical Description (if applicable), NDC/UPN (if applicable), Reimbursement Rate and Status, and Order Entry information (if received from the client) are shown, as well as Usage Quantity, Current Price, summary level Market Data, and coding fields are visible.

# The PARA Data Editor (PDE)

## CDM Tab – Procedure Detail

Dept: 01.7220 Procedure: 16544 - BLOOD COLLECTION FOR LAB

Indicator	Code	File	Segment	Summary Display Default
CPT	(f)36415	HC18	CPT	True
HCPCS_CODE		H18	MedicareOutpatient	True
Rev	0300	U	RevenueDefault	True

**Code Data**

Market Pricing Data

Market Year	Hospital	City	Price
2018	Regional Hospital	Anaheim	54
2018	Community Hospital	ANYWHERE	51
2018	General Hospital	ANYWHERE	14
2018	Generic Northeast Healthcare	ANYWHERE	66
2018	Main Street Clinic	ANYWHERE	19
2018	Memorial Health System	ANYWHERE	28
2018	Northwest Regional Hospital	ANYWHERE	39
2018	Southwest Healthcare	ANYWHERE	64
2018	Standard Hospital	ANYWHERE	28

Code Descriptions

Code	Description
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
0300	LABORATORY - GENERAL CLASSIFICATION

Close Detail Window

The details for each procedure in the Charge Master can be accessed by clicking on the underlined procedure code in the CDM tab, which will display the pop-up window shown above. The details for each procedure include billing indicators, billing segments, full descriptions for all codes attached to the item, and any comments that have been linked to the item. This window also provides a history of any changes made to the item within the **PDE**, and additional comments can be entered and saved.

# The PARA Data Editor (PDE)

## CDM Tab – CDM Summary

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

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

CDM Summary CDM Detail Replacement / Explode Codes

Hide Header  
 CDM: 10/1/2018, NDC: 11/1/2018, Cost: 11/20/2018 Department: All - Items: 6 HCPCS/CPT Code: 36415,74150  
 Quantity Date Range: 2/1/2018 to 8/31/2018

	Procedure Code	Procedure Description	Exc	...	Price	CPT® /HCPCS				Revenue Code			
						CPT	HCPCS_C...	Medicaid	Other	Rev	OPPS	Part B Only	Other
1	01.7000 - 16032	COLLECTION FEE OP	-	12,0...	40.00	36415	36415			0300			
2	01.7000 - 16542	COLLECTION FEE DNA	-	-	40.00	36415				0300			
3	01.7220 - 16544	BLOOD COLLECTION FOR LAB	-	23	40.00	36415				0300			
4	01.7270 - 10324	CT ABD WO	-	23	2,455.00	74150				0352			
5	01.7290 - 551686	PET CT ABD WO	-	-	2,455.00	74150				0352			
6	01.7400 - 74016	COLLECTION FEE OP	-	-	40.00	36415	36415			0300			

Page 1 of 1 | All | Reports | Sorting | Displaying CDM Items 1 - 6 of 6

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The second option is to view the items in Summary format. Procedure code, Description, Quantity, Current Price, CPT®/HCPCS and Revenue Code fields are still visible, but are reduced to a single line item so more items can be viewed at once. The detail popup window is still available by clicking on the item Procedure code. The User can select which view they prefer in the Filters tab, or by clicking on the CDM Detail or CDM Summary sub-tabs once the CDM tab has been selected.

The color code used for items in the page above indicates the following:

**Red** – indicates an Invalid code

**Blue** – procedure number, code, NDC, or description which matched the Filter tab query

**Green** – PARA/Hospital User recommended changes

# The PARA Data Editor (PDE)

## Calculator

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

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

**Report Selection**

**1. Configure your report options:** [Instructions](#)  
HCPCS / CPT® Codes Report Options

Select State: CALIFORNIA or Enter Zip Code: 92807  
Search Zip Code

Select City: Anaheim  
Select Hospital: Regional Hospital (990001)  
Medicaid State: CALIFORNIA  
Physicians Fee Schedule: ANAHEIM/SANTA ANA, CA (by selected hospital)  
Clinical Lab Fee Schedule: CA2

**Local Coverage Determination Report Options:**  
Select State or Region: CALIFORNIA - ENTIRE STATE  
Select Contractor: A and B MAC - Noridian Healthcare Solutions, LLC (01111)

Codes and/or Descriptions: [Code > Keyword](#) Submit

**3. ICD10 Code (for LCD, HCPCS to ICD10):**

Check Here to execute Cross-Report Auto Load  
 Click Here to save default selections  
[Click to Review: Reason \(CARC\) Codes or Remark Codes](#)  
[Click Here for CMS Advanced Search](#)  
[Click Here for CMS OPSS Addenda](#)  
[Review the Payment Status Indicators for 2019](#)  
[Click Here to Review the CMS Place of Service](#)  
[Click Here to Download CMS PC Pricers](#)  
[Search CMS Manuals](#)

**2. Make your report selection(s):**  PDE  Calculator  Exclude Discontinued/Deleted Codes

CPT® Codes: [2018](#)  All  Add  Del.  Rev. [Changes](#) [Guidelines](#) [Errata](#)

HCPCS Codes Only: [2018](#) [Q4 - All Codes](#)  All  Added Only  Deleted Only  Beta

Professional Fees: [2018](#) [View Localities by Counties](#) [Palmetto E&M Scoring Tool](#)

Medicaid or Workers Comp:  Medicaid  Workers Comp  DRG

ASC Reimbursement: [2018](#)

DME Reimbursement: [2018](#) [View DME Data References](#)

Clinical Lab Reimb.: [2018](#)  QW listing [View CLIA](#)

ICD9 Codes:  Diagnosis  Procedural [Guidelines](#)

ICD10 Codes: [View PCS Code Structure](#) [ICD-10 Implementation Guide](#) [Guidelines](#)

DRG Codes: [2018](#) [DRG Grouper v36](#)  DRG Grouper [2019 Table 5](#)  APR DRG  Reimbursement

Device Codes Required for Procedure Codes in Device Dependent APCs

Modifiers or Revenue Codes:  Modifiers  Rev Codes  Modifiers [Genetic Testing](#)

CCI Edits OPSS: [2018](#) [v24.3, Oct-Dec 2018](#)  2017 NCCI Manual

CCI Edits Physician:  v24.3, Oct-Dec 2018  v24.2, Jul-Sep 2018  v24.1, Apr-June 2018

CCI Edits Medicaid:  Hospital Services  Practitioner Services [CCI Edit Instructions](#)

Nat'l Coverage Determination:  Lab (HCPCS)  Articles (NCD ID, Keyword)

Local Coverage Determination:  Policies (HCPCS, ICD10)  Articles (Article ID, Keyword)  Policies by LCD ID

Medicare Part B (ASP) Drug Payment Allowance Limits

NDC to J Code Crosswalk [J-Code Chemo Admin](#) [SAD Billing and Compliance](#)

Interventional Radiology

CPT® Assistant (Newsletters & Articles) [Click for Quick Access to updates](#) [Find Coding Resources](#)

HCPCS/CPT® to ICD9 Lookup

Quick Claim Evaluation: [2018](#) [Q4](#) [Instructions](#) [Claim Value Input](#)

National Provider ID (NPI ID, Keyword)  Organization  Individual CA

2014 UB-04 Data Specifications Manual

HCPCS to Anesthesia Code Crosswalk: [2018 Anesthesia Conversion Factors](#)

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The **PARA** Calculator provides our clients with a wealth of data necessary to ensure the efficient maintenance of their Charge Master, as well as data necessary to optimize efforts to produce clean, correct claims. Updates to HCPCS, CPT®, Revenue, ICD-9CM, and Device codes are loaded into the Calculator as soon as they are released, giving our clients access to the most current data available.

The User is able to view a variety of Reference tables, including CCI edits for Physician and Hospital, Modifiers, NDC numbers for “J” series HCPCS drug codes, and Medicare Part B Drug Payment Allowance Limits. The client can also access region and carrier-specific information for Laboratory Fee Schedules, Medicaid Programs, and Local Coverage Determination. All of these functions are contained within a single, easy-to-use page in the **PDE**.

The Main page of the Calculator features several drop-down menus that allow the User to select which state, city, and hospital they are interested in. Local Coverage Determination can be refined by state or region, as well as contracted carrier. These selections can be set as the User’s default choices by clicking on that option in the lower left-hand corner of the screen.

Local Coverage Determination can be identified by selecting a Contractor, then selecting a CPT®/HCPCS Code and ICD10 code. Multiple code combinations can also be selected. The report produced will list all examples of the selected code and cross-reference the applicable

# The PARA Data Editor (PDE)

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## **Calculator Tab (continued)**

companion codes. It will then display if a code combination is billable, not billable, or a modifier is necessary.

Select the report(s) you wish to view, and enter codes you wish to research in the text box on the lower left of the screen, and click on "Submit". The results will be displayed in the tabs that will appear.

A list of Payment Status Indicators can be accessed by clicking the link at the lower left of the page. This will result in a pop-up window that contains information from Addendum D1 from the Center for Medicare Services. This document shows all current Payment Status indicators, the Item, Code, or Service to which they apply, and a description of the Payment Status.

Reports can be generated for the following options:

### **CPT® Codes**

An electronic version of the CPT® code book. The code, it's descriptions, coding guidelines, and a change history are available.

### **HCPCS Codes**

The Results screen will display the code or series of codes selected. The number of codes returned can be further filtered by clicking on the "**All Codes**" indicator in the report title-this will allow the User to select a specific type of code to return. The Results will appear in sub-tabs within the screen. The CPT®/HCPCS report includes the following data points:

- OCE (Outpatient Code Editor) quantity
- the appropriate payment Status for the year selected
- the APC under which the code falls
- the code's weight
- payment rate
- minimum copay
- national copay
- Fee Schedule, including Source
- Modifiers (if applicable)
- Fee
- Appropriate Revenue Codes
- CCI Edit

### **Professional Fees**

If an item is paid by the Professional Fee Schedule, information available includes Global Days, Status code, RVUs for Facility, non-Facility, and MP, and the corresponding payment rates, for items with no modifier, a 26 modifier, and a TC modifier (if applicable).

### **Medicaid or Workers Compensation Reimbursement**

Medicaid reimbursement fields include the HCPCS or Medicaid-specific code, Description, Category, Unit Value, Base Rate, Child Rate, ER Rate, and Rental Rate. If available, Workers Compensation reimbursement rates for codes will be displayed in the sub-tab.

# The PARA Data Editor (PDE)

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## **Calculator Tab (continued)**

### **ASC Reimbursement**

The code, description, and ASC Reimbursement rates for eligible items will appear in the ASC sub-tab.

### **DME Reimbursement**

The DME results sub-tab will display for each code an OPPS Billable indicator, the Jurisdiction, Category, any Modifiers, and the Fee Schedule rate.

### **Clinical Lab Reimbursement**

The data available in the Clinical Lab Reimbursement report includes the Fee Schedule rate for each item for Modifier 1 (or no modifier), and the rate for the item with Modifier QW.

### **ICD-9 Codes**

ICD-9-CM (International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification) Diagnosis and Surgical Procedure Codes can be accessed by checking the Indicator box on the main page, selecting the Diagnosis or Surgical option, and then entering a code, partial code, or partial description. The appropriate code or range of codes will be displayed, as well as the complete description, the current Status of the code, and any comments. This report crosswalks against the ICD-10 report.

### **ICD-10 Codes**

The ICD-10 (International Classification of Diseases, 10<sup>th</sup> Revision) codes are also available on the **PARA** Calculator. These are the newly structured alpha-numeric Diagnosis codes, designed to streamline the Procedure Coding System. The ICD-10 codes do not include a Procedure Classification. This report crosswalks against the ICD-9 report.

### **DRG Codes**

All DRG Codes can be searched in the Calculator. The Results display the DRG, the applicable MDC (Major Diagnosis Category), the DRG Type, the DRG's Relative Weight, Geometric and Arithmetic Mean LOS (Length of Stay), Transfer Penalty, and the comparable previous DRG (if applicable). There is also a DRG Grouper available on this report option.

### **Device Codes Required for Device Dependent APCs**

Any Device Codes that are required for Procedure Codes in Device Dependent APCs can be determined by selecting that check box on the main page, then entering a code in the Codes and/or Descriptions box. The results tab will list the code, the code's Payment Status, and the Device codes that are necessary. For items where there is more than one device code, there must be a Device code "A".

### **Revenue Codes**

The User can also research current Revenue codes (UB92 codes) and their descriptions, to ensure that the correct Revenue code is being utilized.

### **Modifiers**

The **PARA** Calculator provides Users with the ability to look up Modifiers to ensure that the correct modifier is being used. The User can enter the modifier, a partial modifier, or review all

# The PARA Data Editor (PDE)

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## **Calculator Tab (continued)**

modifiers within the calculator. The Modifier tab will show the appropriate modifier (or range of modifiers) and the complete description.

## **CCI Edits OPPS**

The **PARA** Calculator is constantly being updated with the latest data available. We currently provide access to the most recent OPPS Correct Coding Initiative Edits, as well as the previous quarter's edits. The User selects a code or description, and the Results tab returns the Primary CPT® code, the second CPT®, the Type of Edit that registered, and the Modifier Indicator.

## **CCI Edits Physician**

The same information sources are displayed for the CCI Physician Edits.

## **CCI Edits Medicaid**

Many Medicaid plans have also implemented CCI edits.

## **National Coverage Determination – Lab**

Items that are covered nationally under the Clinical Lab Fee Schedule, or items that are not covered and are paid by the Fiscal Intermediary.

## **Local Coverage Determination**

Local Coverage Determination can be identified by selecting a State or Regional and a Contractor, then selecting a CPT®/HCPCS Code. The page will list all examples of the selected code and the applicable ICD9 code.

## **Medicare Part B (ASP) Drug Payment Allowance Limits**

Any Payment Allowance Limits included in the Medicare Part B File can be determined by utilizing this feature. Enter a code or partial code within the text box on the main page, make sure the check box for this feature is checked, and click on "Submit". The results page will contain the code or range of codes that include the partial code, the Description, the applicable dosage, and the Payment Limit. Also shown (if applicable) are the ESRD (End Stage Renal Disease) Limit, the Vaccine Average Wholesale Price Percent Markup, Vaccine Price Limit, Infusion AWP Percent Markup, DME Infusion Payment Limit, Blood AWP Percentage, Blood Payment Limit, and any Notes regarding changes, revisions, or corrections.

## **NDC to J Code Crosswalk**

We also provide a crosswalk table that Users can access in order to review the correct information for a "J" series HCPCS drug code. The Calculator will display the HCPCS code, the HCPCS Description, the name of the Labeler, the appropriate NDC (National Drug Code) number, as well as the name of the drug, the dosage, Package information (the size and the quantity), the Billing Units, and the Bill Units package.

## **Interventional Radiology**

This report selection will provide all necessary components to correctly bill an Interventional Radiology procedure. You can enter the Radiology code, the Surgical code, or the device code and the report will show what additional codes are necessary.

# The PARA Data Editor (PDE)

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## **Calculator Tab (continued)**

### **CPT® Assistant**

PARA now has available an archive of CPT® Assistant Newsletters and Articles available within the Calculator tab. Documents pertaining to a CPT® code can be located by entering the code, selecting the CPT® Assistant option, and then clicking "Submit". Any articles that contain information on that code will appear in the sub-tab. Due to AMA usage guidelines, access to this report option is limited to a specific number of Users at each client, and must be arranged with your Account Executive.

### **HCPCS/CPT® to ICD9 Lookup**

This report will cross-reference CPT® HCPCS procedures with their ICD9 counterparts. As with the other crosswalk reports, either type of code can be entered and the corresponding code(s) will display.

### **Quick Claim Evaluation**

The Quick Claim Evaluation report allows the User to enter a series of CPT®/HCPCS codes and view them in a UB-04 claim format. The report will also display Medicare Reimbursement, and identify any possible CCI edits within the code combinations.

### **National Provider ID**

The Calculator tab also provides access to the NPI database. The User can research and provider (organization or individual) within any state.

### **UB-04 Data Specifications Manual**

The Data Specifications report enables the User to research any of the fields on the UB-04 form, and will display the type of information that needs to be entered in the field, and what format the data should have.

### **HCPCS to Anesthesia Code Crosswalk**

A report that maps the appropriate anesthesia code to the surgical code. Either code component can be searched.

# The PARA Data Editor (PDE)

## Advisor Tab

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

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

Type	Summary	CR #	Supporting Docs	Filter Link	Audit Link	Issue Date	Bookmark
Filter By Type	Enter Summary Search Criteria Here						
PARA Data Editor	PDE Charge Quote/Share of Cost Manual	N/A	<a href="#">1 Doc</a>			06/28/17	★
PARA Data Editor	PDE Calculator	N/A	<a href="#">1 Doc</a>			01/20/17	★
PARA Opinion	Billing for Discarded Drugs and Supplies	N/A	<a href="#">1 Doc</a>			04/29/16	★
PARA Data Editor	PARA Data Editor (PDE) Manual August 2014	N/A	<a href="#">1 Doc</a>			08/01/14	★
PARA Opinion	Billing for Supplies	N/A	<a href="#">1 Doc</a>	<a href="#">CDM</a>	<a href="#">PDF</a>	04/01/14	★
Billing Instructions	PARA - Pricing and Billing Packs, Trays, and Kits	N/A	<a href="#">1 Doc</a>			09/11/13	★
Process Templates	PARA Meditech Table Creation Process	N/A	<a href="#">1 Doc</a>			05/10/13	★
Hospital Downloads	AdminaStar - Medicare Billing Of Supplies	N/A	<a href="#">1 Doc</a>			01/21/13	★
Hospital Downloads	CMS - Chargeable Items List - Wheatlands	N/A	<a href="#">1 Doc</a>			01/21/13	★
Coding Update	2019 Coding Update - Vitamin B12 Absorption Studies	N/A	<a href="#">1 Doc</a>			11/19/18	
Coding Update	2019 Coding Updat - TENS Application	N/A	<a href="#">1 Doc</a>			11/19/18	
Med Learn	MM10896 IVIG Demonstration: Payment Update For 2019	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM10958 New Waived Tests	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM11021 Implementation of Changes in the End-Stage Renal Dise...	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM11038 Remittance Advice Remark Code (RARC), Claims Adjust...	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM11039 Implement Operating Rules - Phase III Electronic Remitt...	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM11039 Implement Operating Rules - Phase III Electronic Remitt...	N/A	<a href="#">1 Doc</a>			11/16/18	
Med Learn	MM11040 Quarterly Update of HCPCS Codes Used for Home Health ...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R185SOMA Revisions to the State Operations Manual (SOM) Chapt...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R211DEMO IVIG Demonstration: Payment Update For 2019	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R250BP Implementation of Changes in the End-Stage Renal Diseas...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R2204OTN Update to the Long Description for Spanish Records on ...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R4167CP Remittance Advice ark Code (RARC), Claims Adjustment ...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R4168CP Implement Operating Rules - Phase III Electronic Remitta...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R4169CP New Waived Tests	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R4170CP Quarterly Update of HCPCS Codes Used for Home Health ...	N/A	<a href="#">1 Doc</a>			11/16/18	
Transmittals	R21950TN - Analysis to Discuss And Resolve Challenges Around De...	N/A	<a href="#">1 Doc</a>			11/09/18	
Transmittals	R21960TN - Analysis To Create Standard Coded List of Document T...	N/A	<a href="#">1 Doc</a>			11/09/18	

Add Bookmark Remove Bookmark

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Displaying Advisories 1 - 28 of 27649

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The Advisor Tab is designed to warehouse links to all Bulletins, Transmittals, and Updates **PARA** receives from a variety of sources in a single location. The User can sort by the type of document, search by keyword within the Summary description, and click on the supporting document link to access the original document. Also included in this tab will be Regulation notices and opinion memos created by **PARA** to interpret the guidelines issued by CMS and the Intermediaries/MACs, as well as papers written in response to billing and coding questions posed by **PARA** clients.

Filter Links are available on items that contain coding changes or guidelines. By selecting the **CDM** icon under **Filter Link**, the User will be redirected to the CDM tab of the **PDE**, with all items in the current CDM affected by this transmittal extracted for review.

By selecting the **PDF** icon under the **Audit Link** column, the affected CDM items are displayed in an Adobe PDF document, as well as any other items in the Transmittal that are not coded in the Charge Master.

# The PARA Data Editor (PDE)

## Administration Tab

The screenshot displays the PARA Data Editor interface. At the top, it says "PARA Data Editor - Demonstration Hospital [DEMO]" and "dbDemo". There are links for "Contact Support" and "Log Out". A navigation bar contains various menu items: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx/Supplies, Filters, CDM, Calculator, Advisor, Admin, CMS, Tasks, PARA, My Profile, Add User, Access, Workflow, Passwords, QAP Quotes, QAP Admin, Contacts, Hospital, Rx/Supply, Pricing, Projects, Docs, Widget Admin, Dept Map, and FTL. The "My Profile" tab is active. The profile information for Mary McDonnell is shown: Name: Mary McDonnell, Organization: PARA, Email: mmcdonnell@para-hcfs.com, Phone: 800-999-3332 x216, Address: Pleasant Hill, CA 94523. An "Edit My Profile" button is located below the information. At the bottom, there is a copyright notice: "Copyright © 2018 Peter A. Ripper & Associates, Inc. | webmaster@para-hcfs.com | Privacy Policy" and a "Refresh Page" button.

The Administration tab is where the User can maintain control over who has access to the **PDE**. A hospital-level User can invite new Users within departments and create custom approval chains, so that all activity within the **PDE** is routed to the correct individuals. Users can be assigned different levels of accessibility, so that hospital-level Users can have access to all departments within a hospital, and department-level Users have access to only the appropriate departments.

# The PARA Data Editor (PDE)

## Administration Tab – My Profile

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

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This tab shows the profile information for the current User. The User's contact information, as well as their password, can be changed by utilizing the **"Edit My Profile"** button.

All fields within this tab can be updated at the User's discretion. If their email address or telephone extension are changed, or if they wish to change their password, those functions can be performed within this tab.

### Change Password

If you forgot your password, and have logged in on a system generated password, it is recommended that you change that password to one that you will remember, one of your choice.

Click on the tab labeled **My Profile**.

Click on the **Edit My Profile** button.

On the **Profile** form:

Enter **'the computer generated password'** into the **Current Password** field.

# The PARA Data Editor (PDE)

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## Administration Tab – My Profile (continued)

Enter **'the password you have chosen'** into the **New Password** field.

Enter **'the password you have chosen'** again into the **Repeat New Password** field.

Click the **Update My Profile** button.

# The PARA Data Editor (PDE)

## Administration Tab – Add New User

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

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

My Profile **Add User** Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

*\* required fields*

\* First Name:  \* Hospital:

\* Last Name:  User Level:

\* Company:

\* Email:

\* Username:

\* Password:

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If you are a Hospital-level User, with Administrative rights, you can add new Users within your hospital. There is no limit to the number of Users, and you can control what tabs and functions within the **PDE** the new User can access. Fill in the fields with the new User's information, and hit the **"Add User"** button. A message will appear at the top of the screen that the User has been added to the system. Their level of access can be controlled through the **"Access"** tab.

# The PARA Data Editor (PDE)

## Administration Tab - Access

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

Hospital: Demonstration Hospital [DEMO] Update User  Show All Delete User Reset CPT EULA Date

Name	Username	User Level	Assign Departments to User, Test
<u>Aardvark, Abner</u>	aaard	Department	<input checked="" type="checkbox"/> Check All
<u>Aardvark, Butch</u>	baard	Hospital	<input checked="" type="checkbox"/> 01.5100 - MANAGEMENT SERVICES
<u>Ahmed, Hurmath</u>	AhmedHurmath	STAFF	<input checked="" type="checkbox"/> 01.6000 - SURGICAL UNIT
<u>Anderson, Patricia</u>	panderson	Staff	<input checked="" type="checkbox"/> 01.6010 - PCU
<u>Archuleta, Violet</u>	demo1	Department	<input checked="" type="checkbox"/> 01.6020 - MEDICAL UNIT
<u>Baseflug, Travis</u>	Tbaseflug	Department	<input checked="" type="checkbox"/> 01.6030 - CRITICAL CARE UNIT
<u>Baseflug, Travis</u>	TravisTest	Department	<input checked="" type="checkbox"/> 01.6055 - ACUTE REHAB UNIT
<u>Berndt, Sue</u>	sberndt	Hospital	<input checked="" type="checkbox"/> 01.6070 - PRIME LIFE
<u>Bingham, Stephanie</u>	SBingham11	Department	<input checked="" type="checkbox"/> 01.6080 - NURSERY/L & D
<u>Black, Brandon</u>	bblack	Hospital	<input checked="" type="checkbox"/> 01.6090 - GBHU
<u>Boelter, Katie</u>	kboelter	Hospital	<input checked="" type="checkbox"/> 01.6100 - MATERNITY
<u>Brantner, Randi</u>	rbrantner	Staff	<input checked="" type="checkbox"/> 01.6110 - WOUND CENTER
<u>Brantner, Randi</u>	rbrantner2	Staff	<input checked="" type="checkbox"/> 01.6500 - OR
<u>Chapman, Nancy</u>	nchapman	Hospital	<input checked="" type="checkbox"/> 01.6510 - AMBULATORY SURGERY
<u>Clayton, Heather</u>	hClayton	STAFF	<input checked="" type="checkbox"/> 01.6520 - ANESTHESIOLOGY
			<input checked="" type="checkbox"/> 01.6530 - PACU
			<input checked="" type="checkbox"/> 01.6700 - EMERGENCY SERVICES
			<input checked="" type="checkbox"/> 01.6710 - HOME HEALTH

Show These Tabs for User, Test

Charge Quote  Charge Maintenance  Contracts  Pricing Data  Pricing  Rx / Supplies  
 Filters  CDM  Calculator  Administration  RAC  Claim/RA

Show These Administration Tabs for User, Test

Add User  Invite User  Access  Workflow  Passwords  QAP Quotes  QAP Admin  
 Contacts  Hospital  Rx/Supply  Pricing Groups  Projects  Docs  File Transfer Log

User Level  
Department  
 Locked?

User Report PDF  
 CPT Assistant  
 UB-04 Manual  
 Eligibility Only

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Refresh Page

A complete list of all Users currently set up for the facility can be viewed on this tab. Their access level can be edited by clicking on the underlined name. The User can be granted access to individual departments, multiple departments, or all departments if they are a hospital-level User. Users can also be deleted from this tab if necessary. If you have invited a User within your hospital, they will have to be given access to individual (or all) departments in this tab.

Click on the tab labeled **Access**. A listing of system Users will appear.

Click on the appropriate **User's Name**. A **Department Listing** will appear on the right side of the screen.

Check the **specific departments** for the User to have access, or check the **All** button at the top of the list.

Click the **Update User** button at the top of the screen.

# The PARA Data Editor (PDE)

## Administration Tab - Workflow

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

Hospital: Demonstration Hospital [DEMO] Approval Chain: DEFAULT

**Available Contacts**

Name (User Name)	Add
Aardvark, Abner (aard)	>
Aardvark, Butch (baard)	>
Ahmed, Hurmath (AhmedHurmath)	>
Anderson, Patricia (panderson)	>
Archuleta, Violet (demo1)	>
Archuleta-Chiu, Violet (varchuleta)	>
Arnold-Arons, Kara (karmold)	>
Baseflug, Travis (TravisTest)	>
Baseflug, Travis (Tbaseflug)	>
Bernrt, Sue (sbernrt)	>

**Approval Contacts - Drag rows to adjust approval level.**

Name (User Name)	Level	Email Address	Remove
Baseflug, Travis (Tbaseflug)	0	Tbaseflug@msn.com	X
Stanfield, Rob (rob)	1	rstanfield@para-hcfs.com	X
, (GroupTest)	2	lnatarelli@para-hcfs.com;mmcdonnell@para-hcfs.com;natarelli@verizon.net	X

Approval Groups: GroupTest

**Available Users**

User Name	Add
Aardvark, Abner (aard)	>
Aardvark, Butch (baard)	>
Ahmed, Hurmath (AhmedHurmath)	>
Anderson, Patricia (panderson)	>
Archuleta, Violet (demo1)	>

**Approval Groups**

Group Name	Email Address	Remove
McDonnell, Mary (mary)	mmcdonnell@para-hcfs.com	X
Natarelli, Leslie (Leslie)	lnatarelli@para-hcfs.com	X
Natarelli, LeslieTest (LeslieTest)	natarelli@verizon.net	X

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Approval chains can be created and maintained within the “**Workflow**” tab. From a list of available contacts for the facility, the User can be added to an approval chain by clicking the “Add” button. The User’s level within the approval chain can be adjusted by dragging their name to the appropriate level. All changes made within the Charge Process and CDM tabs do not directly affect the hospital’s current Charge Master. Approval for these edits can be managed from within this tab.

There is also an option to create and add an Approval Group to an Approval Chain-this allows multiple approvers at a single level in the chain, in case of absence or vacation-only a single User within the group needs to approve to forward the request to the next level within the chain.

# The PARA Data Editor (PDE)

## Administration Tab - Contacts

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

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

[My Profile](#) [Add User](#) [Access](#) [Workflow](#) [Passwords](#) [QAP Quotes](#) [QAP Admin](#) [Contacts](#) [Hospital](#) [Rx/Supply](#) [Pricing](#) [Projects](#) [Docs](#) [Widget Admin](#) [Dept Map](#) [FTL](#)

### Administrative Department Contacts

Title	First Name	Last Name	Phone Number	Ext.	Email	Receive Quotes	Include In Patient Letter
Pharmacist	Bill	Gibbons	(333) 444-8888	7777	bg@demo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacist	Billy	Gibbons	(333) 444-9999	77	bg@demo.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CEO	Dusty	Hill	(111) 333-9999	99	rdirkes-jacks@para-hcfs.com	<input type="checkbox"/>	<input type="checkbox"/>
Director of Marketing	Frank	Beard	(222) 333-9999	88	fb@demo.com	<input type="checkbox"/>	<input type="checkbox"/>
Director of Marketing	Frank	Beard	(222) 333-9999	88	fb@demo.com	<input type="checkbox"/>	<input type="checkbox"/>
CIT	George	Washington				<input type="checkbox"/>	<input type="checkbox"/>
Test2	James	Taylor	(555) 111-2222			<input type="checkbox"/>	<input type="checkbox"/>
Test1	Leslie	Natarelli	(123) 456-7890	01	lnatarelli@para-hcfs.com	<input type="checkbox"/>	<input type="checkbox"/>
VP for Supply Chains	Marty	Brodure	(665) 777-9999	444	slilley@para-hcfs.com	<input type="checkbox"/>	<input type="checkbox"/>
President	Peter	Ripper	(800) 999-3332	211	pripper@para-hcfs.com	<input type="checkbox"/>	<input type="checkbox"/>

---

### Revenue Department Contacts

Departments  
 Select Department

Contact Name  Phone  Address Line 1  City

Email  Fax  Address Line 2  State  Zip

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All contacts within the hospital can be maintained from this tab. Their contact information, whether or not they receive copies of the quotes and patient letters generated by Charge Quote, can be added and updated within this tab. Revenue Department contacts can also be entered, for approval of changes to CDM items in the Charge Process/CDM tabs.

# The PARA Data Editor (PDE)

## Administration Tab - Hospital

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

**Identifiers**

FI Link	Short Name	NPI	Tax ID	FY End Date
<input type="text"/>	<input type="text"/>	1093810327	123-45-6780	Select a Month <input type="button" value="Update"/>

**Reimbursement Factors**

Item	Date From	Date To	Value	Comment
1 Labor Amount				
2 Non-Labor Amount				
3 COLA Amount				
4 Operating DSH Factor				
5 Operating IME Factor				
6 Geographic Adjustment Factors	10/01/2011	12/31/2011	50	Per Hurmath
7 Capital DSH Factor				
8 Capital IME Factor				Client will send
9 Operating Cost-to-Charge Ratio			30	
10 Capital Cost-to-Charge Ratio				
11 Blended Rate	10/01/2011	05/09/2014	5000	
12 835 Settlement				
13 Pass Thru per Day				

Export To Excel

**Notes**

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Hospital-specific information, such as the current Average Wage Index (AWI) and the current Fiscal Intermediary (FI) can be updated in this tab. Blended rates can also be viewed and updated if necessary.

There is also an area where notes, entered by the User, as well as copies of pertinent emails can be saved so that the User can view the history of a project or a particular area of the **PDE**.

# The PARA Data Editor (PDE)

## Administration Tab – Rx/Supplies

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

**1 Select a schedule:**  Rx  Supplies

Schedule  
 PARA - General Supplies - example

**2 Click on a level for editing:**

Level	Low	High	Min	Multiplier	Fixed Add On
1	0.01	5.00	0.00	8	5.00
2	5.01	10.00	0.00	7	6.00
3	10.01	20.00	0.00	6	7.00
4	20.01	50.00	0.00	5	8.00
5	50.01	100.00	0.00	4	9.00
6	100.01	250.00	0.00	3	10.00
7	250.01	500.00	0.00	2	11.00
8	500.01	1,000.00	0.00	1.5	12.00
9	1,000.01	5,000.00	0.00	1.25	13.00
10	5,000.01	10,000.00	0.00	1.1	14.00
11	10,000.01	9,999,999.00	0.00	1.05	15.00

Insert Level After Selected Level

**3 Make changes:**

Schedule Name  
 PARA - General Supplies - example

Primary

Level

Low  Minimum

High

Multiplier

Fixed Add On

Update Level Update Schedule  
 Delete Level Delete Schedule  
 Copy Schedule

**4 Revenue Codes:**

Revenue Code  Assigned Revenue Codes

Add Revenue Code Delete Revenue Code

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This tab can be utilized to establish the Hospital's individually created mark-up schedules for Pharmacy and Supply items.

The parameters for the Pharmacy and Supply calculations are entered on this page, which is found within the Administration tab. Levels can be updated, added, copied, or deleted as necessary.

A common scenario in supply schedules is for lower pricing to have higher multipliers. This can result in an acquisition cost at the bottom of one tier having a lower patient charge than an acquisition cost at the top of a lower tier. Consider this schedule:

Acquisition Cost		
From	To	Multiplier
\$0.01	\$100.00	2.5
\$100.01	\$200.00	2.0

An item with an acquisition cost of \$100.00 results in a patient charge of \$250.00, while an item with an acquisition cost of \$100.01 has a patient charge of only \$200.00

In order to smooth out these patient charge peaks as the multiplier is lowered for higher acquisition costs, the patient charge will not be less than the highest possible patient charge in the next lowest tier.

# The PARA Data Editor (PDE)

---

## Administration Tab-Rx/Supplies Calculation (continued)

In the example above, acquisition costs would be converted to patient charges as follows:

Acquisition Cost smoothing)	Patient Charge (without smoothing)	Patient Charge (with
\$70.00	\$175.00	\$175.00
\$80.00	\$200.00	\$200.00
\$90.00	\$225.00	\$225.00
\$100.00	\$250.00	\$250.00
\$110.00	\$220.00	\$250.00
\$120.00	\$240.00	\$250.00
\$130.00	\$260.00	\$260.00

# The PARA Data Editor (PDE)

## Administration Tab – Pricing

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

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

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Select State: CALIFORNIA  
Select City: Anaheim Select Market Group: Geographic

Available Hospitals	Hospitals in this market group
1130 W LA PALMA AVE INC (555329)	Community Hospital (990002)
1135 N LEISURE CT INC (555520)	General Hospital (990005)
1440 SOUTH EUCLID ST LLC (055459)	Generic Northeast Healthcare (990010)
3067 ORANGE AVENUE LLC (555445)	Main Street Clinic (990009)
912 MAGNOLIA HOME (05G805)	<b>Memorial Health System (990003)</b>
ALTAMED MEDICAL GROUP - ANAHEIM, LINCOLN (551028)	Northwest Regional Hospital (990004)
ALTAMED MEDICAL GROUP - ANAHEIM, LINCOLN WEST (551029)	
ANAHEIM CONV CTR (055158)	
ANAHEIM DIALYSIS (052734)	
ANAHEIM GENERAL HOSPITAL (050173)	
ANAHEIM GENERAL HOSPITAL (050768)	
ANAHEIM HEALTHCARE CENTER LLC (055984)	
ANAHEIM HILLS DIALYSIS (552545)	
ANAHEIM HOSPICE, INC (921503)	
ANAHEIM HOSPITAL MEDICAL CENTER (050426)	
ANAHEIM MEMORIAL HOSPITAL (050226)	

Save

Copy Selected Market Group To This Market Group

Copy

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The User now has the capability to set their own market group, or multiple groups, within the PDE. The available market groups can reflect the hospital’s geographic area, an Organizational group, or a Service-Related group. To create a new group or change an existing group, select the type of group from the drop-down menu on the upper right of the screen. Select the state (the User can select hospitals from different states if they choose), and then the city. A list of available hospitals within that city will appear in the box on the lower left. To select a hospital from the list, double click on the hospital name or click and drag it to the box on the right. A maximum of nine peer hospitals can be included in a group. When the User has selected the market, click “Save”. That market is now available in the Pricing Data tab, and can be selected for comparison for any of the reports.

# The PARA Data Editor (PDE)

## Administration Tab – Projects

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

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

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Projects						
Type	Start	End	Inv. Freq.	Inv. Amt.	Next Inv.	Total \$
PARA Data Editor						
Managed-Care Contract Analysis						
Market Based Pricing Analysis	6/04/2015	6/03/2016	2	3,000.00		36,000.00
Pharmacy Pricing Review						
Materials/Purchasing Pricing Review						
Charge Master Analysis						
Peroperative Charge Analysis						
Emergency Room Charge Analysis						
Durable Medical Equipment (DME) Analysis						
Claim Review						
Calculator						
Charge Master Management						
Revenue Integrity						
Pricing Data						

Data Tables						
Type	Date Received	Date Processed	As Of Date	Date Range From	Date Range To	Note
Account Headers   Transactions	03/06/2018	11/19/2018				Auto
Charge Description Master	05/18/2018	11/19/2018	10/1/2018			AutoStandard
Claims Data - EDI (837)	04/12/2018					
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	2/6/2017	2/1/2017			Auto
Order Entry	02/01/2014		01/01/2014			
PARA TEST	12/16/2012					
PARA User List						
Patient Type Crosswalk	09/03/2014		9/2/2014			
Payer Contract Matrix	01/06/2013					

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

# The PARA Data Editor (PDE)

## Administration Tab – Docs

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

[Select](#) [Charge Quote](#) [Charge Process](#) [Claim/RA](#) [Contracts](#) [Pricing Data](#) [Pricing](#) [Rx/Supplies](#) [Filters](#) [CDM](#) [Calculator](#) [Advisor](#) [Admin](#) [CMS](#) [Tasks](#) [PARA](#)

[My Profile](#) [Add User](#) [Access](#) [Workflow](#) [Passwords](#) [QAP Quotes](#) [QAP Admin](#) [Contacts](#) [Hospital](#) [Rx/Supply](#) [Pricing](#) [Projects](#) [Docs](#) [Widget Admin](#) [Dept Map](#) [FTL](#)

Please find a library of all supplied or referenced documents specific to the selected hospital:

**Demonstration Hospital [DEMO] - Document Library**

	Subject	File Name	Date	File Type	Submitted By	Actions
1	2019 CPT & HCPCS Code Map ...	All Departments_Demonstration Hospital 2019 CPT&HCPCS Code ...	11/20/2018	2007 Microsoft Excel Spreadsh...	Pripper	<a href="#">Download</a>
2	Dept Xwalk	DEMO Dept Xwalk	11/19/2018	2007 Microsoft Excel Spreadsh...	Alex	<a href="#">Download</a>
3	RevUse	DEMO RevUse	11/19/2018	2007 Microsoft Excel Spreadsh...	Alex	<a href="#">Download</a>
4	RevUse	DEMO RevUse	11/19/2018	2007 Microsoft Excel Spreadsh...	Alex	<a href="#">Download</a>
5	2019 CPT & HCPCS Code Map ...	All Departments_Demonstration Hospital 2019 CPT&HCPCS Code ...	11/19/2018	2007 Microsoft Excel Spreadsh...	Pripper	<a href="#">Download</a>
6	Test Upload - Fix for Angela	File Upload Test Excel	10/30/2018	2007 Microsoft Excel Spreadsh...	Ripper	<a href="#">Download</a>
7	Test - Set Processing Status to 2	TEST_1	10/26/2018	Portable Document Format File	Ripper	<a href="#">Download</a>
8	Test - Processing Status Set to 2	File Upload Test Excel	10/26/2018	Portable Document Format File	Ripper	<a href="#">Download</a>
9	Task ID #107276: Test Demo ...	2018 DRG Table 5 Comparison	10/18/2018	2007 Microsoft Excel Spreadsh...	Ryan Ripper	<a href="#">Download</a>
10	Task ID #107275: Test Demo ...	TEST_2	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
11	Task ID #107274: Test Demo ...	Job_Description-Senior_Revenue_Cycle_Consultant_2	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
12	Task ID #107272: Test Demo ...	TEST_1	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
13	Task ID #107271: Test Demo ...	File Upload Test Excel	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
14	Task ID #107270: Test Demo ...	TEST_2	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
15	Task ID #107262: Test Demo ...	TEST_1	10/18/2018	Portable Document Format File	Ryan Ripper	<a href="#">Download</a>
16	Task ID #107247: redlands te...	FedEx Ship Manager - Print Your Label(s)	10/18/2018	Portable Document Format File	Peter Ripper	<a href="#">Download</a>
17	Segment Detail Report	SegmentDetailReport_3581	10/11/2018	2007 Microsoft Excel Spreadsh...	DoNotReply	<a href="#">Download</a>
18	Segment Detail Report	SegmentDetailReport_3580	10/11/2018	2007 Microsoft Excel Spreadsh...	DoNotReply	<a href="#">Download</a>
19	Segment Detail Report	SegmentDetailReport_3580	10/11/2018	2007 Microsoft Excel Spreadsh...	DoNotReply	<a href="#">Download</a>
20	Segment Detail Report	SegmentDetailReport_3580	10/11/2018	2007 Microsoft Excel Spreadsh...	DoNotReply	<a href="#">Download</a>
21	Segment Detail Report	SegmentDetailReport_3580	10/11/2018	2007 Microsoft Excel Spreadsh...	DoNotReply	<a href="#">Download</a>
22	Test Upload - Revenue and Us...	File Upload Test Excel	10/9/2018	Portable Document Format File	Ripper	<a href="#">Download</a>
23	PARA Data Editor (PDE) Overvi...	PARA_PDE_Overview	6/22/2018	MPEG-4 Video File	Ripper	<a href="#">Download</a>

<< < Page 1 of 17 > >>
 Displaying Documents 1 - 23 of 377

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All email correspondence between client representatives and **PARA** is copied to the **PARA Data Editor**. All document attachments are logged in the “**Docs**” sub-tab within Administration.

# The PARA Data Editor (PDE)

## Administration Tab – Widget Administration

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs **Widget Admin** Dept Map FTL

Widget Traffic/Usage Stats [Service Selection Admin](#)

Please find your available Widget Traffic and Usage statistics and related metrics below.  
[Export All Stats To Excel](#)

Select alternate widget for review...

General Usage	
Description	Visits
Total Visits	24008
Total Unique Visits	9630
Total Estimates Generated	2994
Total Visits With Estimates Generated	1499
Total Visits Without Estimates Generated	22509

Top 10 Estimates By Service	
Description	Selections
Acute Upper Respiratory Infection	13
Arthroplasty Hip	13
Adenoidectomy	12
Allergy patch tests	10
Arthroplasty Knee	8
Abdominal Pain	8
Appendectomy	6
Avg. Level 1 Diagnostic and Screening Ultrasound	4
Acute Pharyngitis (Throat infection)	3
Arthroscopy Ankle	1

Visits by Dates	
Description	Visits
Total Visits This Week (to date)	5
Total Visits For (to date): November - 2018	5
Total Visits For (to date): October - 2018	11
Total Visits For (to date): September - 2018	2
Total Visits For (to date): August - 2018	7
Total Visits For (to date): July - 2018	8
Total Visits For (to date): June - 2018	7
Total Visits For (to date): May - 2018	7
Total Visits For (to date): April - 2018	7
Total Visits For (to date): March - 2018	8
Total Visits For (to date): February - 2018	7
Total Visits For (to date): January - 2018	7

Estimates - Insurance Selections	
Description	Selections
No Insurance	1370
All other insurance	1358
Traditional Medicare	140
Medicare	126

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If a client elects to incorporate the **PARA** Widget into their own website, services can be updated and usage traffic can be tracked.

# The PARA Data Editor (PDE)

## Administration Tab – Department Map

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

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

My Profile Add User Access Workflow Passwords QAP Quotes QAP Admin Contacts Hospital Rx/Supply Pricing Projects Docs Widget Admin Dept Map FTL

### Department Map

	Department Code	Department Name	Manager Name
72	01.7250	MRI	
73	01.7260	ULTRASOUND	
74	01.7270	CT SCANNER	
75	01.7280	MAMMOGRAPHY	
76	01.7290	PET/CT SCANS	
77	01.7330	PHY PRAC/MILO	
78	01.7400	INFUSION THERAPY	
79	01.7410	PHY PRAC/YEZERSKI	
80	01.7450	PHY PRAC/GREENE	
81	01.7500	SLEEP LAB	
82	01.7520	EEG	
83	01.7600	RESPIRATORY THERAPY	
84	01.7610	PHYSICAL THERAPY	
85	01.7620	SPEECH LANGUAGE PAT	
86	01.7630	OCCUPATIONAL THERAP	
87	01.7640	CARDIOLOGY/EKG	
88	01.7660	OUTREACH CLINIC	
89	01.7670	WC - PT	
90	01.7680	WC - SLP	
91	01.7690	WC - OT	

[Save](#)

[Add](#)

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This tab displays the department code, department name, and the manager's name for each department in the hospital's charge master.

# The PARA Data Editor (PDE)

## Administration Tab – File Transfer Log

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

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**File Transfer Log**

Date	Name	Email	Company
11/20/2018	rbrantner	rbrantner@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM SUPPLY 181120\Demo Supply Costs for import - Nov 19 2018.xlsx			
11/19/2018	rbrantner	rbrantner@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM SUPPLY 181119\Demo Supply Costs for import - Nov 19 2018.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM SUPPLY 181101\DEMO Supply.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CROSSWALKS 181101\DEMO Dept Xwalk.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM PHARM 181101\DEMO NDC.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\REVUSE 171001 180930\0_DEMO RevUse.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\REVUSE 171001 180930\DEMO RevUse.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM PHARM 181001\DEMO NDC.xlsx			
11/19/2018	Alex	ajohnson@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\CDM 181001\DEMO CDM.xlsx			
10/30/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\OTHER 181030\File Upload Test Excel.xlsx			
10/26/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\OTHER 181026\TEST_1.pdf			
10/26/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\OTHER 181026\File Upload Test Excel.pdf			
10/09/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\REVUSE 181009 181010\File Upload Test Excel.pdf			
09/13/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]
Upload: \\vts1\ClientData\Demonstration Hospital\OTHER 180913\1_File Transfer - FINAL TEST.pdf			
09/13/2018	rripper	rripper@para-hcfs.com	Demonstration Hospital [DEMO]

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This tab displays all files uploaded to the PDE via File Transfer. The date of the transfer, the User's name, email address and the name of the file are all stored for reference.

# The PARA Data Editor (PDE)

## CMS Tab

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

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**Outpatient Search Criteria**

IP  OP
 HCPCS Group 1: 45378
HCPCS Group 2: \_\_\_\_\_
Modifiers Group: \_\_\_\_\_

Select Year: 2018
   Exclude Group2
  Include Detail

Medicare Fee for Service RAC Contact Information  
 Claim Audit - Charge Capture  Data Source Timing  
 IP Migration Report  OP Migration Report  ED Top Diagnosis Report

Claim Headers - Count of all claims matching criteria: 5 - Date Range: 2018 Q1 through 2018 Q1

	PARA ID	Payme...	Charges	Diag ICD...	Diag ICD10 1 Description	Diag ICD...	Diag ICD...	Diag ICD...	Date	Codes
1	10059657...	\$505.93	\$3,520.00	Z86010	Personal history of colonic polyps	E7800			20180112	45378
2	10130237...	\$505.93	\$3,520.00	D509	Iron deficiency anemia, unspecified	K5730	K648	I10	20180116	45378
3	10193666...	\$525.50	\$3,660.00	K5730	Diverticulosis of large intestine without perforation or ...	K648	K6389		20180202	45378
4	10199541...	\$593.52	\$3,520.00	K644	Residual hemorrhoidal skin tags	K648	Z800	I10	20180209	45378
5	10248360...	\$649.41	\$3,660.00	Z1211	Encounter for screening for malignant neoplasm of col...	K5730	K648	E119	20180220	45378

Claim Details

	PARA ID	Rev Code	HCPCS	HCPCS Desc	Mod 1	Mod 2	Units	Payme...	Charges
1	1024836...	0300	36415	COLLECTION OF VEN...			1		\$54.00
2	1024836...	0301	82962	GLUCOSE, BLOOD BY ...			1		\$86.00
3	1024836...	0750	45378	COLONOSCOPY, FLEX... PT			1	\$649.41	\$3,520.00

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The CMS tab allows a hospital to perform the following:

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

# The PARA Data Editor (PDE)

## Tasks Tab

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

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

Create New Task Filter/Search Presets Help With This Page Export to Excel Merge Tasks

ID	Project	Description	Hospital	Assigned ...	Followed ...	Created By	Priority	Status	Due Date	...
62244	Research	Home pre...	Demons...	Patti L.	.	.	high	In Progr...	8/31/2017	
62535	Research	Discontin...	Demons...	Patti L.	Patti L.	.	high	In Progr...	9/18/2017	
78329	Research	Claim Audi...	Demons...	Ryan R.	.	.	high	In Progr...	3/30/2018	
79952	Research	Chrome P...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	4/13/2018	
79827	Research	Chrome P...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	4/13/2018	
79828	Research	Chrome Re...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	4/13/2018	
79829	Research	RE: Chrom...	Demons...	Ryan R.	.	.	high	In Progr...	4/13/2018	
81107	Research	Quick Clai...	Demons...	Leslie N.	.	.	high	In Progr...	4/30/2018	
81245	Research	FW: PDE E...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	5/7/2018	
81244	Research	FW: Enhan...	Demons...	Peter R.	.	Monica L.	high	Hold	5/7/2018	
81278	Research	FW: CO 50...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	5/9/2018	
83759	Research	QHR SV	Demons...	Leslie N.	.	.	high	In Progr...	6/1/2018	
81243	Research	FW: Enhan...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	1/1/2019	
81242	Research	FW: PDE E...	Demons...	Ryan R.	.	Monica L.	high	In Progr...	1/1/2019	
60912	PDE Misc	Steve Mald...	Demons...	Steve M.	.	Peter R.	med	In Progr...	8/25/2017	
62193	PDE Misc	make advi...	Demons...	Leslie N.	.	Peter R.	med	New	9/23/2017	
80874	Sales	Becker	Demons...	Peter R.	.	Sandra L.	med	In Progr...	4/13/2018	
83619	Data Pr...	Process CDM	Demons...	Leslie N.	.	Data P.	med	New	6/1/2018	
106803	Claim R...	test oct 12...	Demons...	Peter R.	.	Peter R.	med	In Progr...	10/26/20...	
91669	Timeke...	Vacation Ti...	Demons...	Cathy O.	.	Leslie N.	low	Hold	9/6/2018	
91668	Timeke...	Sick Time	Demons...	Cathy O.	.	Leslie N.	low	Hold	9/6/2018	
50861	PDE Misc	PDE Updates	Demons...	Ryan R.	.	Ryan R.	low	New	1/1/2019	

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**Task Details**

**Task Update**

Assigned Account Rep: Sandra LaPlace  
Assigned Operations Rep:

Title/Brief Description:  
PDE Updates

PARA Project:  
PDE Misc

Hospital:  
Demonstration Hospital

Hospital Sponsor/Owner:  
Select Sponsor/Owner of Task...

Priority: low Due Date: 1/1/2019

Assigned To: Ryan Ripper (PARA) Status: New

Estimated Hours to Completion: 0  
Actual Hours to Date: 2839.5

Comments/Notes:

Email/Notify Subscribers of Task Update  
 Hours:

[Task Email Notification Subscribers](#) +  
[Task Workflow](#) +  
[Task Update History](#) +

All PARA staff track hours within the Tasks tab-other staff and Hospital contacts can be subscribed to follow any task, so they receive email updates every time a task is noted.