

Managed Care Remit Assessment

The goal of the **Managed Care Remit Assessment** is to provide (at no cost or obligation) a review of select managed care remits to ensure claims have been paid appropriately according to payer contracted terms.

The **Managed Care Remit Assessment** is a 3-phase process:

1. Process managed care 835 remits and payer contract settlement terms using the **PARA Data Editor (PDE)**
2. Create actual versus expected reimbursement using **PDE Claim/RA/835 Remit - Settlement** tab
3. Presentation and review of Assessment findings

The **PARA Data Editor (PDE)** is utilized in each phase of the assessment.

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

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

Hospital: **Demonstration Hospital [Sales]**
CDM Date: **03/01/2015 (AutoStandard) - 20752 Chgs Online**
Department: **3010 - Total Items: 00016 - MED/SURG INTENSIVE C**

Billing Indicators: [Map](#) Provider ID: **990001**
State: **CA** Area Wage Index: **1**
Physicians Fee Schedule: **ANAHEIM/SANTA ANA, CA**
Fiscal Intermediary / MAC:
Quantity Date Range: **1/1/2013 to 6/30/2013**
FY End Date:

Account Exec: **Violet Archuleta-Chiu**
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Tech Support: **Peter Ripper (PRipper)**
800-999-3332 x211 ripper@para-hcfs.com

Market Hospitals Group: **Geographic**

Regional Hospital (HOSP01)	City: Anaheim, CA	Provider ID: 990001
Community Hospital (HOSP02)	City: ANYWHERE, CA	Provider ID: 990002
General Hospital (HOSP05)	City: ANYWHERE, CA	Provider ID: 990005
Generic Northeast Healthcare (HOSP10)	City: ANYWHERE, CA	Provider ID: 990010
Main Street Clinic (HOSP09)	City: ANYWHERE, CA	Provider ID: 990009
Memorial Health System (HOSP03)	City: ANYWHERE, CA	Provider ID: 990003
Northwest Regional Hospital (HOSP04)	City: ANYWHERE, CA	Provider ID: 990004
Southwest Healthcare (HOSP06)	City: ANYWHERE, CA	Provider ID: 990006
Standard Hospital (HOSP07)	City: ANYWHERE, CA	Provider ID: 990007
CA STATE MARKET AVERAGE - OPPTS (CAMA)	City: ALL CITIES, CA	Provider ID: 059999

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Bulletin Board Documents

Date	Title
07/25/2017	PARA Weekly Update 7/21/2017
07/24/2017	CMS SNF Quality Reporting Program: Non-Compliance Letters
07/24/2017	CMS Hospice Quality Reporting Program: Non-Compliance Letters
07/24/2017	CMS IRF/LTCH/SNF QRP: Non-Compliance Letters
07/24/2017	CMS IMPACT Act: Drug Regimen Review Measure Overview for the Hom...
07/24/2017	CMS IRF, LTCH, and SNF Quality Reporting Program Data due August 15
07/24/2017	CMS Coverage Email Updates Medicare Approved Facilities/Trials/Registri...
07/24/2017	CMS Updates to Home Health Compare
07/24/2017	CMS Media Advisory: 2018 Health Insurance Exchanges Issuer County Map
07/24/2017	CMS Agenda: Home Health, Hospice & DME/Quality Open Door Forum
07/24/2017	CMS Hospice QRP: Q+A Document for the Second Quarter of 2017 Now ...
07/24/2017	CMS NEWS: Market Saturation and Utilization Data Tool
07/24/2017	Center for Medicaid and CHIP Services (CMCS) CIB: Extended Use of the...
07/24/2017	Center for Medicaid and CHIP Services (CMCS) -CMS Issues New Guidan...
07/24/2017	Cahaba GBA 2017 Chronic Care Management (CCM) Services
07/24/2017	Cahaba GBA -Moon Outpatient Observation Notice (MOON)
07/24/2017	Blue Cross and Blue Shield of Montana
07/24/2017	AHRQ Oncology trigger tool showed positive predictive value of nearly 50 ...
07/24/2017	AHRQ News Now: insurance coverage for minorities, guidance on system ...
07/24/2017	AHRQ Technology Assessments Update
07/18/2017	PARA Weekly Update 7/14/2017
07/15/2017	CMS The next Home Health, Hospice & DME Open Door Forum
07/15/2017	AHRQ Most hospital readmissions aren't preventable. Only consistent pred...

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Managed Care Remit Assessment

Phase 1 - Process managed care 835 remits and payer contract settlement terms

PARA will process the managed care 835 remittance data and payer contract settlement terms using the **PDE Claim/RA/835 Remit - Settlement** tab.

Hospital to upload two managed care contract plans (HMO, PPO, Medicare Advantage, Medicaid Managed Care) and the following:

1. Five current electronic 835 remittance data files per managed care contract plan
2. Pages from the agreement detailing the payment process
3. Fee schedules in Excel (if applicable)

Upload a sample of the 835. **PARA** will confirm correctness and then request the remainder 835's.

835 sample:

```
ISA*01*0000000000*01*0000000000*ZZ*ABCDEFGHIJKLMNO*ZZ*123456789012345*101127*1719*U*00400*00000343
GS*HP*ABCCOM*01017*20110315*1005*1*X*004010X091A1
ST*835*07504123
BPR*H*5.75*C*NON*****20110315
TRN*1*A04B001017.07504*1346000128
DTM*405*20110308
N1*PR*ASHTABULA COUNTY ADAMH BD*XX*6457839886
N3*4817 STATE ROAD SUITE 203
N4*ASHTABULA*OH*44004
N1*PE*LAKE AREA RECOVERY CENTER *FI*346608640
N3*2801 C. COURT
N4*ASHTABULA*OH*44004
REF*PQ*1017
LX*1
CLP*444444*1*56.70*56.52*0*MC*0000000655555555*53
NM1*QC*1*FUDD*ELMER*S**MI*1333333
```

Managed Care Remit Assessment

The above data tables are submitted using the secured **PARA File Transfer**, a link to the instructions is pasted below.

[PARA File Transfer Guide](#)

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

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City: ANYWHERE, CA Provider ID: 990010
- Main Street Clinic (HOSP09)**
City: ANYWHERE, CA Provider ID: 990009
- Memorial Health System (HOSP03)**
City: ANYWHERE, CA Provider ID: 990003
- Northwest Regional Hospital (HOSP04)**
City: ANYWHERE, CA Provider ID: 990004
- Southwest Healthcare (HOSP06)**
City: ANYWHERE, CA Provider ID: 990006
- Standard Hospital (HOSP07)**
City: ANYWHERE, CA Provider ID: 990007
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Managed Care Remit Assessment

Phase 2 - Create actual versus expected reimbursement

The process utilized for the review is driven by the **Claim/RA/835 Remit – Settlement** tab within the **PDE**.

PARA will analyze select 835 remits, coupled with managed care contract settlement terms to identify opportunities to improve cash flow and maximize managed care reimbursement.

The **Claim/RA/835 Remit – Settlement** tab of the **PDE** allows users to filter and review claims by payer to identify trends that can be addressed to maximize reimbursement or improve the billing process.

PARA Data Editor [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

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

Pending Settlement
 Non-Reconciled Settlement
 Reconciled Settlement
 Archived Settlement
 835 Payer Mapping
 835 Master Settings
 Unreconcile

BLUECROSS BLUESHIELD OF TEXAS Refresh Reconciled Claims

<input type="checkbox"/>	Service Date	Proc Code	Rev Code	Charged Billed	Amount Paid	Allowed - Actual	Contract Settlement	Remark Codes	Paid Units	Submitted Units	Grp - Reasor
Patient Type: O Account: Patient: HIC: UTS0N65MG16G ICN: 02017025577886K0X00 Mapped Contract: MEDICARE											
<input type="checkbox"/>	01/06/2017	99283	0960	211.00	61.24	61.24	61.24		1.00	0.00	OA - 23
Totals:				211.00	61.24	61.24	61.24		1.00	0.00	
Patient Type: O Account: Patient: HIC: ZGP832822920 ICN: 0201702550L59840X00 Mapped Contract: BCBS PPO											
<input type="checkbox"/>	01/14/2017	99232	0960	212.00	0.00	76.58	75.89		1.00	0.00	CO - 45
Totals:				212.00	0.00	76.58	75.89		1.00	0.00	
Patient Type: O Account: Patient: HIC: ZGM860894920 ICN: 02017025571867N0X00 Mapped Contract: MEDICARE											
<input type="checkbox"/>	01/12/2017	7102026	0960	32.00	0.00	10.85	10.85		1.00	0.00	OA - 23
Totals:				32.00	0.00	10.85	10.85		1.00	0.00	
Patient Type: O Account: Patient: HIC: FFZ841819535 ICN: 0201702550L67570X00 Mapped Contract: BCBS PPO											
<input type="checkbox"/>	01/07/2017	99233	0960	306.00	97.46	108.28	109.00		1.00	0.00	CO - 45
<input type="checkbox"/>	01/08/2017	99232	0960	212.00	67.62	75.13	75.89		1.00	0.00	CO - 45
Totals:				518.00	165.08	183.41	184.89		2.00	0.00	
Patient Type: O Account: Patient: HIC: ZGM860926458 ICN: 02017025571795N0X00 Mapped Contract: MEDICARE											
<input type="checkbox"/>	01/10/2017	99213	0960	150.00	50.18	50.18	50.18		1.00	0.00	OA - 23
Totals:				150.00	50.18	50.18	50.18		1.00	0.00	
Patient Type: O Account: Patient: HIC: TEA806274164 ICN: 0201701850479Z20X00 Mapped Contract: BCBS PPO											

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Phase 3 - Presentation and review of Assessment findings

PARA summarizes the finding into a worksheet for presentation and discussion with hospital staff.

As a result of this initial assessment, the organization can identify, at the payer contract level, where there are shortfalls and where reimbursement can be improved.

The comprehensive report package includes the following tabs:

- Inpatient claims
- Hospital All Other - all OP claims that are non-reconciled
- Profee - non-reconciled professional fee claims
- Negative - reversed payments or takebacks
- Zero Paid - denied claims with no payment
- Secondary Claims - claims where the payer is secondary, the primary payer paid the bulk
- Reconciled - claims paid as expected per the contract terms loaded in the PDE
- Reconciled Profee – profee claims paid as expected per contract terms

This information is used by hospital managed care and billing staff to rebill (if necessary) and improve billing processes or charge master pricing.

ClaimID	ServiceDate	HCP	Desc	UnitsChg	UnitsPaid	Charges	Adjustments	Allowed	Paid	PARA Allowed	Paid Difference	Payer
4010889	08/26/2017	99214	Office/outpatient visit est	0	1	155.00	82.37	73.81	57.87	0.00	57.87	WPS GHA - MAC J8 IN PART B
				0.00	0.00	155.00	82.37	73.81	57.87	0.00	57.87	
4010890	08/22/2017	93010	Electrocardiogram report	0	1	58.50	50.62	8.01	6.28	0.00	6.28	WPS GHA - MAC J8 IN PART B
				0.00	0.00	58.50	50.62	8.01	6.28	0.00	6.28	
4010891	08/21/2017	71010	Chest x-ray 1 view frontal	0	1	40.00	31.19	8.95	7.02	54.92	-45.97	WPS GHA - MAC J8 IN PART B
				0.00	0.00	40.00	31.19	8.95	7.02	54.92	-45.97	
4010892	08/21/2017	99285	Emergency dept visit	0	1	700.00	535.28	167.40	131.24	448.42	-281.02	WPS GHA - MAC J8 IN PART B
				0.00	0.00	700.00	535.28	167.40	131.24	448.42	-281.02	
4010893	08/21/2017	93010	Electrocardiogram report	0	1	58.50	50.37	8.26	6.48	0.00	6.48	WPS GHA - MAC J8 IN PART B
				0.00	0.00	58.50	50.37	8.26	6.48	0.00	6.48	
4010894	08/23/2017	93971	Extremity study	0	1	75.00	53.71	21.64	16.96	103.43	-81.79	WPS GHA - MAC J8 IN PART B
				0.00	0.00	75.00	53.71	21.64	16.96	103.43	-81.79	
4010895	08/01/2017	93010	Electrocardiogram report	0	1	58.50	50.37	8.26	6.48	0.00	6.48	WPS GHA - MAC J8 IN PART B
4010895	08/05/2017	93010	Electrocardiogram report	0	1	58.50	50.37	8.26	6.48	0.00	6.48	WPS GHA - MAC J8 IN PART B
				0.00	0.00	117.00	100.74	16.52	12.96	0.00	12.96	
4010896	08/01/2017	71010	Chest x-ray 1 view frontal	0	1	40.00	31.19	8.95	7.02	54.92	-45.97	WPS GHA - MAC J8 IN PART B
4010896	08/04/2017	72170	X-ray exam of pelvis	0	1	30.00	21.55	8.59	6.73	0.00	6.73	WPS GHA - MAC J8 IN PART B
4010896	08/01/2017	73523	X-ray exam hips bi 5/> views	0	1	50.25	34.72	15.78	12.37	207.27	-191.49	WPS GHA - MAC J8 IN PART B
				0.00	0.00	120.25	87.46	33.32	26.12	262.19	-230.73	
4010897	08/01/2017	99285	Emergency dept visit	0	1	700.00	535.28	167.40	131.24	448.42	-281.02	WPS GHA - MAC J8 IN PART B
				0.00	0.00	700.00	535.28	167.40	131.24	448.42	-281.02	
4010898	08/05/2017	71010	Chest x-ray 1 view frontal	0	1	40.00	31.19	8.95	7.02	54.92	-45.97	WPS GHA - MAC J8 IN PART B
				0.00	0.00	40.00	31.19	8.95	7.02	54.92	-45.97	
4010899	07/27/2017	15275	Skin sub graft face/nk/hf/g	0	1	253.75	164.35	90.85	71.23	1,309.98	-1,219.13	WPS GHA - MAC J8 IN PART B
				0.00	0.00	253.75	164.35	90.85	71.23	1,309.98	-1,219.13	
4010900	08/21/2017	93880	Extracranial bilat study	0	1	150.00	112.89	37.71	29.57	207.27	-169.56	WPS GHA - MAC J8 IN PART B
				0.00	0.00	150.00	112.89	37.71	29.57	207.27	-169.56	
4010901	08/24/2017	00740	Anesth upper gi visualize	23	1.5	1,018.00	883.10	137.09	107.48	0.00	107.48	WPS GHA - MAC J8 IN PART B
				0.00	0.00	1,018.00	883.10	137.09	107.48	0.00	107.48	
4010902	08/24/2017	99214	Office/outpatient visit est	0	1	155.00	80.13	76.09	59.65	0.00	59.65	WPS GHA - MAC J8 IN PART B
				0.00	0.00	155.00	80.13	76.09	59.65	0.00	59.65	
4010903	08/24/2017	99214	Office/outpatient visit est	0	1	155.00	91.35	64.68	50.71	0.00	50.71	WPS GHA - MAC J8 IN PART B
				0.00	0.00	155.00	91.35	64.68	50.71	0.00	50.71	
4010904	08/12/2017	71010	Chest x-ray 1 view frontal	0	1	40.00	31.19	8.95	7.02	54.92	-45.97	WPS GHA - MAC J8 IN PART B
				0.00	0.00	40.00	31.19	8.95	7.02	54.92	-45.97	