Getting Started with Healthcents RevolutionSoftwaretm

RevolutionSoftware is designed to support both physician fee schedules and ASC fee schedules. These instructions are designed for physician fee schedules. Note that the product may be used for other provider types but does not have built in Medicare benchmarking for other types of providers. Please make sure to load the physician chargemaster and physician payer allowables (contracted rates) using these instructions and the attached files. If you are using the ASC part of the product, follow the same instructions but do not specify site of service in the attached files. If you load the ASC part of the product with these files or rates other physician files you will not get accurate results and may receive error messages.

Template Files for RevolutionSoftware (Physcian chargemaster and Physician :

Before using RevolutionSoftware, it is important to have your data ready to load. There are two types of files you will be uploading:
1. **Your chargemaster**: You will only upload one of these per practice. (However, if you plan to analyze an ASC, you will have an ASC chargemaster and a physician chargemaster).
2. **Your payer data (allowable file) file**: You will have multiple payer data files; it is important that you create a separate file for each payer fee schedule, proposed fee schedule, or offer or request from a payer.

To download the template file for the chargemaster, click here. To download the template file for your payer data files, click here. We recommend that you save and retain these template files, then save new versions that are filled with the information specific to your practice. This way, you always have the blank template version should you need to start over.

About the Chargemaster and Payer Data Files

Now that you have the template files, it is time to create and save versions specific to your practice. There are several fine points you need to follow when formatting your files. Following these instructions will ensure your data uploads correctly and quickly.

- **Chargemaster Files**
    - You should only create and upload one chargemaster file for a practice. (If you also plan to analyze an ASC, you will also have a single ASC chargemaster in addition to your physician chargemaster.)
        - The only difference between the physician files and ASC files is that ASC files DO NOT require the O or F. To build an ASC file, simply delete the column in the sample file that specifies O or F and save.

- The chargemaster file should contain ALL codes in the all payer analysis files (A specific payer data file may have fewer codes than are in a chargemaster or exactly the same number of codes).
- That said, we recommend that you use the top codes that represent at least 80% of your practice's revenue / book of business. In our experience, this is typically your top 15-40 CPT codes. Ultimately, the chargemaster should be a compilation of your top revenue-producing codes
- In the Location column, do not write out the location. Use O for office or F for hospital or ASC.
- The chargemaster file is simple: each row should contain the code, the billed charges, and the location for where the service is performed. (O for office and F if the code is performed mostly in a hospital or ASC).
- RevolutionSoftware recently added a feature to allow support, not only for global modifiers, but, TC and 026 Codes, where applicable, i.e., radiology. If you would like to include global modifiers, just fill out columns A-C of the chargemaster, as illustrated in the sample files. If you would like to add code(s) which support Technical and Professional Services Components, the use column D of the chargemaster to specify TC or 026 in these columns. As with global modifiers, a code for a TC or 026 service must exist in the chargemaster to be used in one or more payer data files.

- **Payer Data (allowable) Files**
  - You may load as many payer allowable files as you choose and you may load files which represent specific payer's contracted rates, files that contain average rates of claims paid, payer offers etc. Please name the files so that you will remember what each file represents. All files will be compared to local Medicare rates in your Medicare Locality (region) for the current year.
  - You will need a completed payer file for **each** payer allowable file that you plan to analyze.
  - A payer data file may not contain any codes that are not in the chargemaster. (A specific payer data file may have fewer codes than are in a chargemaster or exactly the same number of codes).
  - In the Location column, do not write out the location. Use O for office or F for hospital or ASC.
    - If you are an ASC, simply delete the column in the sample file that specifies O or F.
  - Each row should contain the code, the number of times that code was performed for that specific payers' covered patients, the maximum payer allowable at 100% including copayment from that payer, the location for where the service is performed. (O for office and F if the code is performed mostly in a hospital or ASC), and global modifiers in
    - If you do not have payer allowables, then simply average your last 5-6 claims, at 100% including co-payment, and use that value as the payer rate rather than the allowable or contracted rate.
  - Make sure that the allowable / payer rate is for primary procedures / global codes only, not 026 or TC specific codes. RevolutionSoftware recently added a feature to allow support, not only for global modifiers, but, TC and 026 Codes, where applicable, i.e., radiology. If you would like to include global modifiers, just fill out columns A-D of the payer allowable files, as illustrated in the sample files. If you would like to add code(s) which support Technical and Professional Services Components, the use and column E of the payer allowable files to specify TC or 026 in these columns. As with global modifiers, a code for a TC or 026 service must exist in the chargemaster to be used in one or more payer data files.

Important File Instructions

- **Make sure to save the chargemaster and payer data files as a CSV format, not XLS**, in your spreadsheet program.

- **It is VERY important that this data be filled in exactly as indicated in the sample files**. For example, do not put Office in place of O, do not rearrange the columns and do not add any columns. Some clients have supplied more information than is requested. These data files are input exactly in the format specified into the RevolutionSoftware web service product and if you make changes to the format, even slight revisions, the data loading will not work. Simply add as many rows as you like, for each code. We recommend focusing on your top codes based on revenue. Please follow the precise format of these files and simply add a row for each surgical code. Also, you do not need to edit the text in rows one and two of your chargemaster and payer analysis files.

- **RevolutionSoftware is designed for PPO and HMO fee-for-service agreements only. Therefore, please enter only PPO and HMO fee-for-service agreements into this tool, not capitated agreements or bonus plans.**

- Currently, the RevolutionSoftware web service supports Medicare benchmarking for all current year CMS / CPT surgical codes but does not support lab codes, DME, O and P, and drugs and medications (e.g., J, G, I codes etc). However, you may use all other functions of RevolutionSoftware for these codes.

In the meantime, if you would like to review a presentation and demonstration of RevolutionSoftware, it is available at: http://healthcents.com/presentation-demo-reports

Updating Your Business Profile

Once you have followed the instructions and created your chargemaster and payer data files, log into the product at the RevolutionSoftware home page at http://www.revolutionsw.com.

Before you upload your chargemaster and payer data files, you will need to define the names of the payers for which you are uploading data files. In the left menu on the RevolutionSoftware home screen, click on "Business Profile."
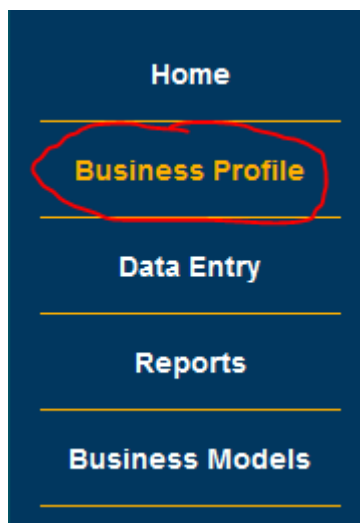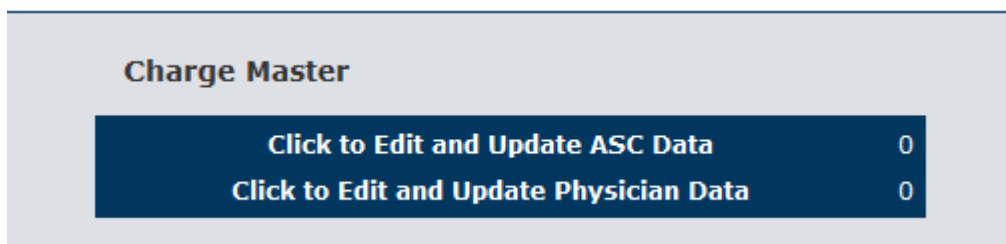
Once here, click on "Payers" on the top menu bar.

| Bus. Type | Payers | Specialties | Registration |

Follow the instructions on the screen to define the commercial payers for which you are uploading data, then hit "Submit."
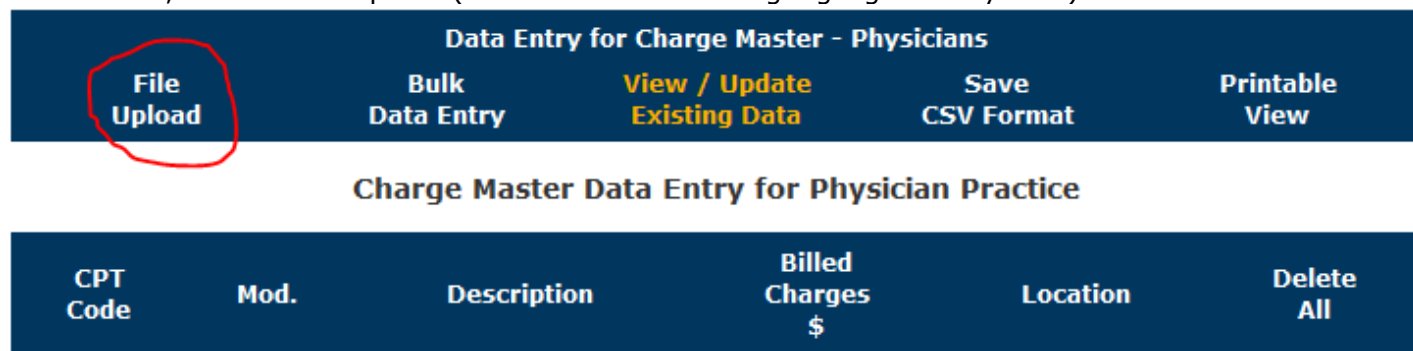
Uploading Chargemaster and Payer Data Files

Now, you are ready to upload your data. Click on "Data Entry" in the left side menu.

- **To upload your chargemaster,** click on the appropriate link (physician or ASC):

Charge Master

| Click to Edit and Update ASC Data | 0 |
| Click to Edit and Update Physician Data | 0 |

   o Next, click on File Upload (not the column heading highlighted in yellow):

Data Entry for Charge Master - Physicians

| File Upload | Bulk Data Entry | View / Update Existing Data | Save CSV Format | Printable View |

Charge Master Data Entry for Physician Practice

| CPT Code | Mod. | Description | Billed Charges $ | Location | Delete All |

   o Follow the prompts to locate the correct file on your computer. Once you upload, you should be taken back to a screen that shows all of your data loaded.

- **To upload your payer data files,** click on the name of the commercial payer for which you want to upload a file.

Payer Allowables - Physician Practice
(click to edit and update Payer Allowables for a selected payer)

Payer Name	Procedures
Blue Shield	0
Aetna	0
Blue Cross	0
Cigna	0
Blue Cross	0

- o Next, click on File Upload (not the column highlighted in yellow):

Payer Data Entry for Physician Practice

| File Upload | View / Update Existing Data | Save CSV Format | Printable View |

- o Follow the prompts to locate the correct file on your computer. Once you upload, you will need to click on "View / Update Existing Data" at the top of the screen to be taken back to view your data loaded.

Data Entry for Charge Master - Physician

| File Upload | View / Update Existing Data | Save CSV Format | Printable View |

- o Repeat this process for as many payer files as you would like to analyze. You can add, delete or edit your files at any time.

Reporting in RevolutionSoftware

Once you have uploaded all your chargemaster and payer data files, you are ready to begin running reports. This section provides a quick start guide on how to run several reports.

- • **Benchmarking**
  - o On the left menu bar, click on Reports and click Medicare Benchmarking Reports. Next, select your payer. The report will display on the screen. At the bottom of the report are yellow buttons for you to create a printable view or save as a csv report.
  - o The fields in this online report may be sorted, automatically, in your web browser by clicking the field once for an ascend sort and a second time for a descend sort.
  - o The four blue-colored fields on the right are benchmarks that compare the money reimbursed for a CPT code in your Medicare locality / region to others in the same Medicare Locality. The dollar amount is provided for your locality and there are percentages comparing the aggregate average of what all RevolutionSoftware customers

have reported in their Medicare Locality (region), State and across the USA. If there are less than six outcomes, data points reported, in aggregate, there will not be an outcome listed. To find out the total number of outcomes / data points, for Region, State and across the USA, scroll to the bottom.
- o When you are done, the yellow button that says Continue at the bottom will return you to the Revolution reporting page.

- **Payers' Comparisons Report**
  - o On the left menu bar, click on Reports and click Payers' Comparison's Report. The purpose of this function is to compare two payer files to one another. You may use this function to compare any two payer fee schedules, including offers, different payer fee schedules, and even claims payment rates to contracted rates to monitor contracts for under payments.
  - o Simply choose a primary payer and a comparison payer. The primary payer's volumes by CPT code are used for the purpose of multiplying rates by CPT code for the primary payer and, also, the primary payer's volumes by CPT code are used as the volumes applied against each CPT code rate of the comparison payer. Any payer may be a primary payer or comparison payer. Just remember that the primary payer's volumes will be used for the purpose of comparison. Also, if you are using both the physician fee schedule and ASC fee schedule, you must remember to only compare physician payers to physician payers and ASC payers to ASC payers.
  - o Once you select a primary and comparison payer and click on View Report, the report will generate on screen. At the bottom of the report are yellow buttons for you to create a printable view or save as a csv report.
  - o The fields are sortable in ascending and descending order by clicking on them in your browser once or twice, once for ascending and once for descending.
  - o When you are done, the yellow button that says Continue at the bottom will return you to the Revolution reporting page.

- **Business Models:** There are two business models, which are just advanced reports. One is the out of network modeler and the other is the billed charges modeler.

  - o **Out of Network Modeler**
    - ▪ The purpose of this model is to help you determine if you are better off in a payer's network (as a Par provider) or out of a payer's network as a non-participating (non-par) provider.
    - ▪ Click Business Models on the left menu, then click Out of Network Modeler. Next, select the payer that you would like to model for out of network consideration and the report will run and display on screen.
    - ▪ Important: do not change the parameter at the top of the report in the blue box on the left, that is, the percent of business this payer accounts for. It should be set at 100% and this is the default value when you choose this model. This function takes into account the % of your business / revenue you may lose by going out of network, the out of network administration overhead on your staff, the percent of the business you enter into your chargemaster that represents the % of total revenue that your captured for this payer. This percentage should be between 80 and 100 percent to account for the majority of revenue for this payer.
    - ▪ The other two parameters in the blue box are the billed charges discount rate and the estimated percent rate change, up or down, if you remain in network based on where you are in your negotiation with the payer. You may modify any / all of these parameters, real time, and instantly, based on your answers, the product will provide an estimate of whether you are better off in network or out of network. There are default parameters when you log into the report that will automatically

load and likely are not correct for your practice. Please make the appropriate changes to model more accurately for your practice. You will get an immediate summary of results to the right and, if needed, the code details are below.

- It is a good idea and recommended best practice to begin by modeling a scenario at your current fee schedule rates with this payer, i.e., 0 increase and then create other scenarios.
- Remember to click the gray Recalculate button in the blue box to see the updated results when you change one or more parameters.
- Remember that this is a revenue-based model and does not account for your expenses.
- Also, as with other reports and business models, the fields are sortable in ascending and descending order by clicking on them in your browser once or twice, once for ascending and once for descending.
- The model resets to the default parameters each time that you exit the model and re-enter.

- **Billed Charges Modeler**
  - The purpose of this model is to audit your chargemaster to make sure that your billed charges are set high enough so that you do not get paid at the lesser of your billed charges vs. your contracted rates. Some payers are more aggressive and, depending on the payer, may have a clause in your contract that states that you will get paid the lesser of billed charges or contracted rates or you will get paid the lesser of 50% of billed charges or contracted rates.
  - Click Business Models on the left menu then click Bill Charges Modeler. Next, select the payer that you would like to model. The report will display on your screen.
  - Important: In the top blue box, you will see that we default the lesser of bill charges language to 100%, as this represents the common lesser of billed charges at 100% vs. the contracted rates.
  - In this model you will generally work with the three parameters: Out of Network Volume, Bill Charges as a Percentage of Medicare, and the Out of Network Discount.
    - The Out of Network Volume is the percentage of this payer's revenue that represents the rough amount of total out of network business for your practice.
    - The Bill Charges as a percentage of Medicare represents the UCR (Usual and Customary) % Medicare that you intend for your CPT codes to be set at compared to local Medicare rates. Generally this is in the 250%-300% range. Consult your local accounting practices to determine what is best. We default to 250% Medicare.
    - Lastly is the Out of Network Discount, which is the same parameter found in the Out of Network business report discussed previously. That is the out of network discount percentage, which is present to 20%. Please adjust this parameter to be accurate for your practice.
  - As with the billed charges modeler, always remember to press the gray Recalculate button each time you change a parameter.
  - The model resets to the default parameters each time that you exit the model and re-enter.
  - The model, by CPT code, will highlight the recommended billed charge vs. the actual billed charge in the middle columns, in red, and in green, in the middle columns, will highlight the amount of revenue, by code that will be increased (or decreased) by resetting your chargemaster to the UCR Medicare threshold selected in the parameters. Last, and most importantly, on the right, any codes that have

the billed charges set below the contracted rates will be flagged. We highly recommend that you reset your chargemaster immediately to be well above contracted rates and at UCR thresholds for these codes flagged in the far right hand column.

For more information, refer back to this URL for a complete overview and demo of the product www.healthcents.com/presentation-demo-reports. For advanced needs, contact Healthcents Inc. for help by emailing info@healthcents.com and we will get in touch with you. We can providing additional customization and consulting, if needed.

Thank you for purchasing RevolutionSoftware, and we look forward to working with you as a valued client. If you are using the product as a trial, additional support is not available during your trial period.