

ParaRev Revenue Integrity Program

The goal of the **ParaRev Revenue Integrity Program (PRIP)** is to audit and enhance each aspect of the revenue cycle process to ensure that all appropriate revenue is created, captured, coded, priced and paid correctly within compliance guidelines.

Due to the current reduction in reimbursement and utilization, hospitals need to gain efficiencies; the **PRIP** will allow your hospital to dedicate Staff and resources to areas which will provide a greater return.

The **PRIP** will also integrate your Department Managers into the revenue cycle to make them active participants in charge creation, capture and reimbursement.

There are 5 components to the Program

1. **Claim audit – charge capture, coding and compliance**
2. **Pricing – market based pricing with a relationship to fee schedules or cost**
3. **Charge Master – code review and maintenance**
4. **Compliance – HIM / Business Office assigned codes and modifiers**
5. **Revenue Management Committee – oversight, governance and guidance**

The **ParaRev Data Editor (PDE)** is utilized in every aspect of the **PRIP**.

The screenshot shows the ParaRev Data Editor (PDE) interface. At the top, there is a navigation bar with tabs: Select, Charge Quote, Charge Process, Claim/RA, Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, PARA. Below this, the 'Hospital' dropdown is set to 'Demonstration Hospital [Sales]'. The 'CDM Date' is '03/01/2015 (AutoStandard) - 20752 Chgs Online' and the 'Department' is '3010 - Total Items: 00016 - MED/SURG INTENSIVE C'. The 'Billing Indicators' section shows 'Map' as 'CA', 'Provider ID' as '990001', 'State' as 'CA', and 'Area Wage Index' as '1'. The 'Account Exec' is 'Violet Archuleta-Chiu' with contact info '800-999-3332 x219' and 'varchuleta@para-hcfs.com'. The 'Market Hospitals' section is set to 'Geographic' and lists various hospitals like 'Regional Hospital (HOSP01)', 'Community Hospital (HOSP02)', etc. The main table has columns 'Date' and 'Title' and contains a list of articles from 01/24/2016, such as 'NGS Jurisdiction B DME MAC -- Competitive Bidding: KG Modifier' and 'HHS.GOV.OIG: Not All of the Washington Marketplace's Internal Controls...'. The footer shows 'Page 1 of 663' and 'Displaying Articles 1 - 23 of 15227'.

ParaRev Revenue Integrity Program

Claim audit – charge capture, coding and compliance

There are disparate data elements which flow together to create a patient claim-the goal of the claim review is to audit and reconcile as many data elements within the claim back to the originating source. The claim review will trace the following items from the claim to the medical record, departmental worksheets or remittance advices.

1. HIM coded surgical procedures
2. Separately billable nursing procedures
3. Supplies – charge capture, codes and compliance of charges
4. Drugs – codes and unit multipliers
5. Determination of the evaluation and management levels for emergency and clinic visits
6. Business Office / HIM assigned modifiers
7. Payments and denials

Claims are processed into the **PDE** using the **Claim/RA Evaluator tab**; the claims are either loaded by processing data tables within the **PDE** (header and transaction tables), EDI 837 records or manual keying. The **ParaRev HIM Staff** will review the claims with the supporting documentation for reporting back to the Revenue Management Committee (**RMC**).

The members of the **RCM** have 24/7 access to all segments of the **PDE** for continuing review.

The screenshot displays the 'Claim Evaluator' interface. At the top, there are navigation tabs: Select, Charge Quote, Charge Process, Claim/RA (active), Contracts, Pricing Data, Pricing, Rx / Supplies, Filters, CDM, Calculator, Advisor, Admin, RAC, CAT, PARA. Below these are sub-tabs: Claim Evaluator, 837 Claims, 835 Remit - Pending Review, 835 Remit - Marked For Review, 835 Remit - Finalized, 835 Remit - Archived. A search bar contains 'NewTest'. Below the search bar are buttons for 'Add New Claim', 'Claim Analysis/Edit', and 'Claim Group Documents'. A table shows claim details with columns: Claim Type, Patient Billing Acct No, Service From, Service Through, Total Charges, Mark for Review, HCPCS, Rev Code. A summary row shows: Test, 123456789, 01/01/2015, 03/01/2015, \$1,000.00. Below this is a pagination bar: Page 1 of 13, Displaying Claims 1 - 1 of 13. A second set of tabs includes: Claim Form, Transactions, Diagnosis ICD9, Procedure ICD9, Diagnosis ICD10, Procedure ICD10, Comments/Notes, Claim Documents, Transactions Summary. The main table has columns for Original Data and Revised Data, including 42 Rev. Co., 44 HCPCS, Mod. 1, Mod. 2, 46 Serv. Units, CCI, 47 Total Charges, Reimb, Error Code, Late?, Date, MUE, OCE Qty, LCD NCD. The table contains 8 rows of data. At the bottom, a summary row shows: Original Total Charges: \$0.00, Original Reimbursement Total: \$920.63, Revised Total Charges: \$0.00, Revised Reimbursement Total: \$920.63. A footer bar contains buttons: Save Claim, Run Reimbursement, Add New Claim Detail, Delete Selected Claim Detail(s), CCI Color Legend.

Original Data				Revised Data				Error	Late	Date	MUE	OCE Qty	LCD NCD									
42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	42 Rev. Co.	44 HCPCS	Mod. 1	Mod. 2	46 Serv. Units	CCI	47 Total Charges	Reimb	Error Code	Late?	Date	MUE	OCE Qty	LCD NCD	
71020				1		\$0.00	\$59.34							\$0.00	\$59.34			02/01/14	0	4		
93005				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	3	4		
93017				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	1	2		
93351				1		\$0.00	\$594.20							\$0.00	\$594.20			02/01/14	1			
94640				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	10	1		
g0202	52			1		\$0.00	\$120.92							\$0.00	\$120.92					1	10	
g0204	52			1		\$0.00	\$146.17							\$0.00	\$146.17					2	10	
J1250				1		\$0.00	\$0.00							\$0.00	\$0.00			02/01/14	0			

ParaRev Revenue Integrity Program

Pricing – market based pricing with a relationship to fee schedules or cost

Pricing is critical to revenue cycle success; the **ParaRev Market Based Pricing Program** is a sub-component of the **PRIP**.

The goal of the **MBPP** is to identify line items in the charge master which have negative patient satisfaction due to high prices, identify gross margin improvement opportunities due to low prices and to establish a rational pricing methodology by setting prices based on fee schedule, APC, cost or competitive market pricing data. There are seven steps in the **ParaRev** pricing process:

1. Interview with hospital finance administration to determine goals of the process
2. Assessment of competitive market pricing data, creation of “max” iteration
3. Loading of the managed care contract matrix into the **PDE Contracts tab**
4. Refinement of iteration parameters, processing of multiple iterations
5. Quality review, rounding and smoothing
6. Implementation
7. Follow-up

ParaRev Market Based Pricing Program

The screenshot displays the 'Pricing' module interface. At the top, a navigation bar includes tabs for 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'RAC', 'CAT', and 'PARA'. A 'Refresh' button is located in the top right corner.

The main area features a table of pricing iterations with the following columns: Pricing Iteration Name, Creator, Last Executed, Market Target, Raise Non Market, Upper Limit, and Status. The table lists several iterations, including 'TestPct (ID:8289)', 'Test (ID:8273)', 'TestImpStore (ID:8272)', 'TestPricing - Wed Nov 19 12:15:20 PST 2014 (ID:7999)', 'Test (ID:7981)', 'TestPricing (ID:7974)', 'TestGrossPricing (ID:7972)', and 'TestHierarchumCato (ID:7033)'. All listed iterations have a status of 'Iteration Processed'.

Below the table, there are buttons for 'Remove' and 'Cancel Iteration'. A 'Pricing Iteration Name' field is present, along with a 'Gross Pricing?' checkbox and an 'Iteration Date Range' field (set to '2746 Test Max End Date: 01/0').

The 'Market Target' section includes radio buttons for 'Midpoint' (selected), 'Average', and 'Percentile', along with 'Market Inflator' and 'Raise No Market It' fields.

The 'Revenue Stream' dropdown is set to 'Anesthesia Professional'. Below this is a table with columns 'Type' and 'Value':

Type	Value
Market Target	Midpoint
Lower Limit	
Base CDM Date	03/01/2015
Date Range	01/01/2013 - 0

Buttons for 'Remove', 'Clear', 'Save', and 'Execute...' are located at the bottom left. A 'View Report(s)...' dropdown is at the bottom center.

A large 'Pricing Summary (Click here for Guide)' panel is open, listing various summary options: 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, and Claim Detail. The 'Annualized' checkbox is checked, and 'With Procedure Detail' is also checked under 'Comprehensive Pricing'.

On the right side of the interface, there are buttons for 'Setup Pricing' and 'Import Pricing Iteration'. Below these are dropdown menus for '752 Chgs Online' and 'Price Categories' (set to 'Default'). There are also checkboxes for 'Hold Mkt', 'Flat Rate', and 'Use Go To', along with percentage input fields. At the bottom right, there is a table with columns 'Code', 'Rate', and 'Price Category':

Code	Rate	Price Category
		Default
	Hold	Default
		Default
		Default

ParaRev Revenue Integrity Program

Pricing – market based pricing with a relationship to fee schedules or cost (continued)

As a part of the annual pricing process, **ParaRev** will reset the pharmacy and materials mark-up schedules.

The **Rx / Supplies tab** within the **PDE** is utilized for this review.

PARA has the ability to price drugs on any cost basis or Wholesale Acquisition Cost, supplies are commonly priced on the basis of cost.

The tab also contains a process for researching pharmacy NDC codes and supply CMS “C” codes.

The **Rx / Supplies tab** also allows Department Managers a resource to price charge description master additions and changes utilizing the hospital specific mark-up schedule.

The screenshot displays the 'Rx / Supplies' tab in the ParaRev software. The interface includes a navigation menu at the top with options like 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'RAC', 'CAT', and 'PARA'. The main content area is divided into several sections:

- Establish Schedule:** Includes a dropdown for 'Default Query Schedule' set to 'Proposed-Pharmacy Markup- Apr 2015 v2 -AWP/Client' and an 'NDC Lookup' section with input fields for 'Enter NDC Code', 'Acquisition Cost', and a 'Go' button.
- Financial Analysis:** Includes a 'Comparison Schedule' dropdown set to 'Proposed-Pharmacy Markup- Apr 2015 v3 -AW' and a list of metrics:
 - Avg Charge - all items: 11,283,983.85
 - Avg Charge - all items: 11,283,983.85
 - Avg Charge - all items w/ ACQ: 10,552,490.19
 - Avg Charge - all items w/ ACQ: 10,552,490.19
 - ACQ Markup - all items w/ ACQ: 10,388,939.37
 - ACQ Markup - all items w/ ACQ: 11,088,823.37
- Proposed-Pharmacy Markup- Apr 2015 v2 -AWP/Client Routes:** A table with columns: Category, Low, High, Minimum Adj Multiplier, Fixed Add On, Dose Adj.

Category	Low	High	Minimum Adj Multiplier	Fixed Add On	Dose Adj
AWP	0.01	999,999.99	0.00	1.000	0.00
AWP IV	0.01	999,999.99	0.00	1.000	0.00
CHEMO	0.01	999,999.99	0.00	2.250	150.00
CHEMO-IV	0.01	999,999.99	0.00	2.250	150.00
CPIR	0.01	999,999.99	0.00	3.250	57.50
CP	0.01	999,999.99	0.00	2.750	10.00
CPLV	0.01	999,999.99	0.00	3.250	57.50
- Proposed-Pharmacy Markup- Apr 2015 v3 -AWP/Client Routes:** A table with columns: Category, Low, High, Minimum Adj Multiplier, Fixed Add On, Dose Adj.

Category	Low	High	Minimum Adj Multiplier	Fixed Add On	Dose Adj
AWP	0.01	999,999.99	0.00	1.000	0.00
AWP IV	0.01	999,999.99	0.00	1.000	0.00
CHEMO	0.01	999,999.99	0.00	2.250	150.00
CHEMO-IV	0.01	999,999.99	0.00	2.250	150.00
CPIR	0.01	999,999.99	0.00	3.250	76.50
CP	0.01	999,999.99	0.00	2.750	10.00
CDM	0.01	999,999.99	0.00	3.250	76.50

ParaRev Revenue Integrity Program

Charge Master – code review and maintenance (continued)

One of the main goals of the **PRIP** is to empower and unleash the entrepreneurial forces contained within each Department Manager. Managers are encouraged to update codes, prices and add services throughout the month, Managers are often frustrated by the slow pace of the current charge maintenance process.

The process within the **PDE** for initiating, approving and implementing changes to the charge master is the **Charge Process tab**.

The charge maintenance process provides a secure email centric creation, approval and implementation process for which the Managers can monitor the progress 24/7, if a charge maintenance item is “lingering” on a desk for approval, the Manager will know the point of delay and be able to take action.

The **ParaRev HIM Staff** will review and implement all changes within 48 hours of receipt, with email confirmation back to the originating Manager; all charge maintenance is accessible to the Manager impacted by the charge items 24/7.

The screenshot displays the 'Charge Process' tab in the ParaRev system. The interface includes a navigation bar at the top with tabs for 'Select', 'Charge Quote', 'Charge Process', 'Claim/RA', 'Contracts', 'Pricing Data', 'Pricing', 'Rx / Supplies', 'Filters', 'CDM', 'Calculator', 'Advisor', 'Admin', 'RAC', 'CAT', and 'PARA'. Below this, there are sub-tabs for 'Detail', 'Quick Add', and 'Charge Forms'. The main area shows a form for editing charge code 36415, which is described as 'collection of venous blood by venipuncture'. Key fields include 'Search AddB' (36415), 'Charges' (36415 - collection of venous blood by venipuncture), 'Weighted Average Price' (46.47), 'Department' (3010 - Total Items: 00016 - MED/SURG INTENSIVE C), and 'NDC' (0300). A table below lists 'CPT@ / HCPCS Segment' and 'Revenue Segment' with corresponding indicators and codes. The 'Code Description(s)' section shows '36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE (Q4 - Packaged unless only labs on claim)' and '0300 - Laboratory - General Classification'. At the bottom, there are buttons for 'Clear', 'Save and send first email alert', 'Save only', and 'Approval Chains' set to 'LeslieChain', with 'Current Approver' set to 'Leslie Natarelli'.

ParaRev Revenue Integrity Program

Charge Master – code review and maintenance (continued)

One of the many resources **ParaRev** brings to a hospital to support the revenue department Managers, Business Office and HIM staff is the **PDE Calculator**.

The **Calculator** provides 20 different resources accessible 24/7, with up to 5 years of history for CPT® / HCPCS codes and 25 years of CPT® Assistant.

- | | |
|---|---|
| 1. CPT® Codes | 13. CCI Physician Edits |
| 2. HCPCS / CPT® Codes | 14. CCI Medicaid Edits |
| 3. Professional Fees | 15. National Coverage Determination |
| 4. Medicaid / Workers Comp Fee Schedule | 16. Local Coverage Determination |
| 5. ASC Reimbursement | 17. Medicare Part B ASP Drug Payments |
| 6. DME Reimbursement | 18. NDC to J Code Crosswalk |
| 7. ICD9 Codes Diagnosis and Procedural | 19. Interventional Radiology Crosswalk |
| 8. ICD10 Codes | 20. CPT® Assistant – Newsletters & Articles |
| 9. DRGs | 21. HCPCS/CPT® to ICD9 Crosswalk |
| 10. Device Dependent Codes | 22. Quick Claim Evaluation |
| 11. Modifiers and Revenue codes | 23. National Provider ID database lookup |
| 12. CCI OPPS Edits | 24. UB-04 Data Specifications Manual |

The screenshot displays the 'Report Selection' interface of the ParaRev PDE Calculator. It is divided into two main sections: '1 Configure your report options' and '2 Make your report selection(s)'.
Section 1: Configure your report options
 - **HCPCS / CPT® Codes Report Options:** Includes fields for 'Select State' (CALIFORNIA), 'or Enter Zip Code' (94110), 'Select City' (SAN FRANCISCO), 'Select Hospital' (ST LUKE'S HOSPITAL (050055)), 'Medicaid State' (CALIFORNIA), 'Physicians Fee Schedule' (SAN FRANCISCO, CA), and 'Clinical Lab Fee Schedule' (CA1).
 - **Local Coverage Determination Report Options:** Includes 'Select State or Region' (NEBRASKA) and 'Select Contractor' (DME MAC - Noridian Administrative Services (19003)).
 - **Codes and/or Descriptions:** A search bar with 'Code > Keyword' and a 'Submit' button.
 - **ICD9 Code (for LCD, HCPCS to ICD9):** A search bar with a 'Submit' button.
 - **Additional options:** 'Check Here to execute Cross-Report Auto Load', 'Click Here to save default selections', 'Click to review CMS: Reason Codes or Remark Codes', 'Click Here for CMS Advanced Search', 'Review the Payment Status Indicators for 2016', 'Click Here to review the CMS Place of Service 2015', and 'Click Here to download CMS PC Pricers'.
Section 2: Make your report selection(s)
 - **CPT® Codes:** 2016, All, Add, Del, Rev, Changes, Guidelines, Errata.
 - **HCPCS Codes Only:** 2016, Q1 - All Codes, All, Added Only, Deleted Only, Beta.
 - **Professional Fees:** 2016, View Localities by Counties.
 - **Medicaid or Workers Comp:** Medicaid, Workers Comp, DRG.
 - **ASC Reimbursement:** 2016.
 - **DME Reimbursement:** 2016, View DME Data References.
 - **Clinical Lab Reimb.:** 2016, QW listing, View CLIA.
 - **ICD9 Codes:** Diagnosis, Procedural, Guidelines.
 - **ICD10 Codes:** View PCS Code Structure, ICD-10 Implementation Guide, Guidelines.
 - **DRG Codes:** 2016, Use DRG Grouper, 2016 Table 5, APR DRG.
 - **Device Codes Required for Procedure Codes in Device Dependent APCs.**
 - **Modifiers or Revenue Codes:** Modifiers, Rev Codes, Modifiers, Genetic Testing.
 - **CCI Edits OPPS:** v22.0, Jan-Mar 2016, v21.3, Oct-Dec 2015, 2016 NCCI Manual.
 - **CCI Edits Physician:** v22.0, Jan-Mar 2016, v21.3, Oct-Dec 2015.
 - **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).
 - **Medicare Part B (ASP) Drug Payment Allowance Limits.**
 - **NDC to J Code Crosswalk:** View SAD Drug Listings by MAC, J-Code Chemo Admin.
 - **Interventional Radiology.**
 - **CPT® Assistant (Newsletters & Articles 1990-2013):** Click for Quick Access to updates.
 - **HCPCS/CPT® to ICD9 Lookup.**
 - **Quick Claim Evaluation:** 2015, 2014, 2013, Instructions.
 - **National Provider ID (NPI ID, Keyword):** Organization, Individual, CA.
 - **2014 UB-04 Data Specifications Manual.**

ParaRev Revenue Integrity Program

Compliance – HIM / Business office assigned codes and modifiers

With the growth of RAC type audits, the quality and accuracy of claims is a financial requisite, the time, effort and penalties associated with a claim error are onerous.

The **PRIP** will assist and advise the HIM and Business Office in the correct application and use of codes and modifiers, the coding will be furthered reviewed on an ongoing basis with the claim audits.

The **PDE Advisory Tab** will also provide the Departments Managers a resource to access in regards to regulations and updates.

The most important part of the compliance process is the questioning of modifiers assigned without HIM review, or automatically by the charge master, again the claim review will bring these issues to the forefront.

On an annual basis **ParaRev** will audit the pharmacy NDC codes, J codes assignment and unit of service multiplier, which again have been a focus of audits.

Select Charge Quote Charge Process Claim/RA Contracts Pricing Data Pricing Rx / Supplies Filters CDM Calculator Advisory Admin RAC CAT PARA							
Advisories							
Type	Summary	CR #	Supporting Docs	Filter Link	Audit Link	Issue Date	Bookm...
Filter By Type	Enter Summary Search Criteria Here						
PARA Opinion	CMS to Hold Claims with G0477-G0483, 90630	N/A	1 Doc			01/26/16	
Med Learn	MM9442 - Medicare Benefit Policy Manual – Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) Update - Chapter 13	N/A	1 Doc			01/25/16	
Medicaid	Oregon Health Authority Medicaid Rates for CMHP and AFH Facilities - January 2016	N/A	1 Doc			01/22/16	
Medicaid	Oregon Medicaid Newsletter - January 2016	N/A	1 Doc			01/22/16	
Transmittals	R634PI -Reviewers' Credentials, Notifying the Provider, CARC Code Update	N/A	1 Doc			01/22/16	
Transmittals	R1595OTN -Issuing Continuing Compliance Letters to Specific Providers and Suppliers	N/A	1 Doc			01/22/16	
Transmittals	R1593OTN -Health Insurance Portability and Accountability Act (HIPAA) EDI Front End Updates for July 2016	N/A	1 Doc			01/22/16	
PARA Weekly Update	PARA Weekly Update January 22 2016	N/A	1 Doc			01/22/16	
Frequently Asked Que...	Q & A - EGD with Diwulafof Lesion Treatment in ICD-10	N/A	1 Doc			01/22/16	
PARA Opinion	Implementation of New G-Codes for Home Health and Hospice Services	N/A	1 Doc			01/22/16	
PARA Opinion	CMS Will Hold Processing for Outpatient Claims with Lab Codes G0477-G0483 or Flu Vaccine 90630 Until 4/4/2016	N/A	1 Doc			01/22/16	
PARA Opinion	OPPS Lab Service Billing and Reimbursement	N/A	1 Doc			01/21/16	
Links	CMS MLN Provider Connects eNews January 21, 2016	N/A	1 Doc			01/21/16	
Med Learn	PO-Modifier-FAQ-1-19-2016.pdf	N/A	1 Doc			01/19/16	
Medicaid	Nebraska Medicaid - CY2016 Primary Care Practitioners Advance Enhanced Payments Fee Schedule	N/A	1 Doc			01/18/16	
Medicaid	UTAH Medicaid Newsletter January 2016	N/A	1 Doc			01/18/16	
Links	2016 CMS Preventive Services Booklet	N/A	1 Doc			01/15/16	
	R97GI - Internet Only Manual (IOM) Publication 100-01 - General Information,						

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ParaRev Revenue Integrity Program

Revenue Management Committee – oversight, governance and guidance

The key component to the **PRIP** is the Revenue Management Committee (**RMC**). The **RMC** is composed of the following:

1. **Finance Administration**
2. **Business Office**
3. **Health Information Management**
4. **PARA Staff**
5. **Nursing Services**
6. **Surgical Services**
7. **Laboratory**
8. **Radiology**
9. **Pharmacy**
10. **Materials**
11. **Rehab Medicine**
12. **Cardiopulmonary**

The goal of the **RMC** is to bring together the key “players” in the revenue cycle to resolve problems and develop processes.

The standing agenda of the **RMC** is as follows:

1. Review and acceptance of previous months minutes
2. Presentation of claim audit findings – insurance and patient requests
3. Claim denial presentation
4. Discussion of coding, billing and pricing issues
5. Current regulatory findings
6. Updates to the **ParaRev Data Editor**
7. Projects and focus for the month

The **ParaRev** HIM Staff will attend the **RMC** usually by conference call (GoTo Meeting), **ParaRev** will maintain the minutes of the meeting and coordinate activities.