

Contract Analytics Troubleshooting Decision Support

Peter Carey & Kyle Stuckey
StrataJazz® Training Day

LIFT 19

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Introductions

- Name & Organization
- Experience with Contract Analytics
- What are you hoping to get out of class?

Course Objectives

By the End of Class, You Will Be Able To:

- Identify common issues in contract build including order of operations, creating filters, and rule sets
- Validate and troubleshoot common issues by understanding when to use the tools **test term** and **test contract**
- Create and use What-If models in order to identify an issue in contract model build

Course Objectives

How Does This Help You?

- Increased independence
- More accurate reporting
- Save you time building and modifying contracts
- Minimize the amount of times you must reach out to Strata Decision team members to help with a system change or issue

Contract Analytics Troubleshooting Agenda

Topic	Key Highlights	Time
Overview of Common Issues	Focusing on giving you the expertise to answer the question, “Why isn’t my rule qualifying as expected?”	15 mins
Troubleshooting 3 Common Issues	<ul style="list-style-type: none"> • Order of Operations • Section Filters • Rule Sets 	60 min
Additional Troubleshooting Support	Advice from our Technical Support Team <ul style="list-style-type: none"> • Test Contract vs. Test Term • Where to start when you don’t know where to start <ul style="list-style-type: none"> • Basic Troubleshooting Steps • Using the What-If model for troubleshooting 	30 min
Check for Understanding	Assessment and Review Questions	45 mins
Closing		15 mins

Class Logistics



Class Materials

- Training Manual
- Database Log In



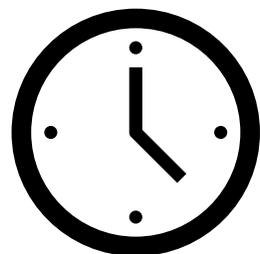
WIFI Password

- Name: Strata Decision
- Password: summit2019



Questions

- In-System Workflow
- Organization Specific



Lunch

- 12:30 pm – 1:30 pm
- Zurich level



Restrooms

- This floor near the stairs

Types of In-Class Activities



Trainer Demo:

- These are activities your trainer will demonstrate



In-Class Scenario:

- These are activities that you do alongside the trainer



In-Class Scenario: On Your Own

- These are activities that you will complete independently



Write It Down:

- These are activities that include tables or boxes to record definitions and examples for key terms or concepts



Partner Discussion:

- These are activities that include opportunities to discuss and troubleshoot with your partner. At this time, you can share ideas, prior knowledge, and expertise

Introduction to Troubleshooting in Contracts

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Why isn't an
encounter
qualifying as
expected?



Write It Down: An encounter is not qualifying as expected

- Why might an encounter not be qualifying as expected?
- What are some possible causes?
- What are some corrective actions you could take?



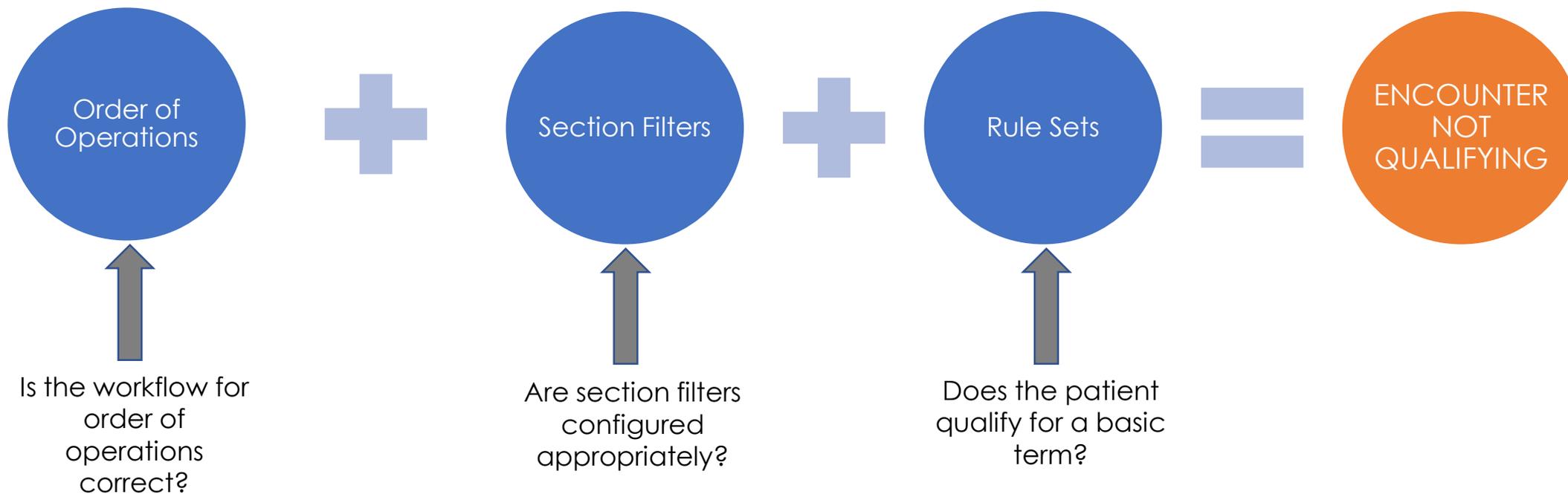
Partner Discussion: An encounter is not qualifying as expected

Discuss with your partner:

- Why might an encounter not be qualifying as expected?
- What are some possible causes?
- What are some corrective actions you could take?



Why isn't an encounter qualifying as expected?



Order of Operations

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Order of Operations Issue

- Issue:
 - The encounter you have selected is not qualifying for the correct basic term.

- Next Step:
 - As the Contract System Administrator, your next step is to confirm the order of operations are in the correct workflow.



Order of Operations: General Tab

1. General Tab

- Model Type
- Contract Dates
 - The system looks at **discharge dates**
- Additional Filters
 - Patient Type
 - Insurance Plan
 - Facility

General Inpatient Outpatient +

Close Save Run Test Contract Print Contract View History Schedules

Model Name: 1 BCBS

Model Description: [1003067394,1002582287]

Model Type: Standard

Contract Dates: 1/1/2016 to 12/31/2018

Additional Filters: + Add Edit Delete

Insurance Plan 1 3 - Blue Cross (57)

Global Rules: + New Rule Set Collapse All Expand All Reorder

Global Rule

Grouping: R1 And R2

R1: Patient Encounter - ExpectedPayment GreaterThan Patient Encounter - TotalCharges

R2: Patient Billing Line Item Detail - UB Revenue Code(UB Revenue Code) Exclude 0540

Measure Value: Patient Billing Line Item Detail - Charge % 100

Expected Payment: [Measure Value]

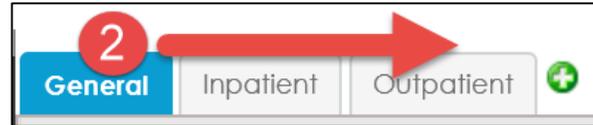
Enabled:



Order of Operations: Section Filters

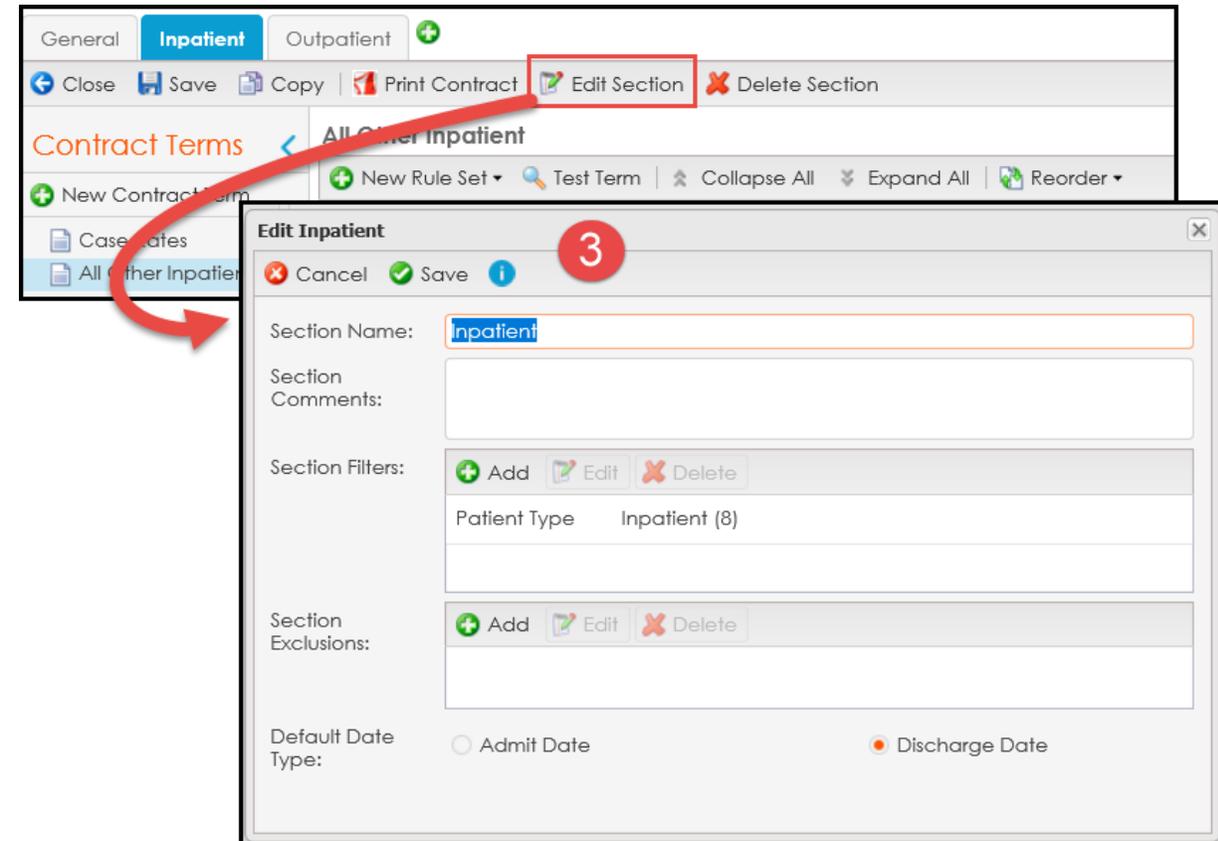
2. Section Filters: Left to Right

- As the encounter is moving left to right, the system is looking at the section filter information found when clicking **Edit Section**.



3. Section Filters

- Section Filters
 - Patient Type
 - Facility
- Default Date Type





Order of Operations: Contract Terms

4. Contract Terms

- Top to Bottom
- Qualify for only ONE Contract Term
- Best Practice Advice:
 - Catch-all Rule should be included as the last basic rule in the last contract term
 - Rule of Specificity (most specific to most general)

5. Basic Terms

- Top to Bottom
- Qualify for only ONE Basic Term within the Contract Term

6. Add-Ons and Overrides in the following order

- Can qualify for multiple Add-Ons and Overrides within the Contract Term

The screenshot shows the 'Inpatient' configuration page. On the left, under 'Contract Terms', there are three items: 'New Contract Term', 'Case Rates' (highlighted with a red arrow and number 4), and 'All Other Inpatient'. The main area is titled 'Case Rates' and contains three sections:

- Basic Terms:** A list of terms with dropdown menus and close buttons. A red arrow and number 5 points to the top of this list. The terms are: Vaginal Delivery, C-Section, NICU, Normal Newborn, Rehab, Mental Health, and Substance Abuse.
- Add-Ons:** A section containing 'Expected Payment: [Ambulance]' and a dropdown menu with 'Ambulance' selected. A red arrow and number 6 points to this section.
- Overrides:** A section containing 'Expected Payment: [LOS Outlier]' and a dropdown menu with 'LOS Outlier' selected.



Order of Operations: Global Rules

7. Global Rules

- The encounter will evaluate against the Global Rules on the General tab

The screenshot shows the 'General' tab of a software interface. The 'Model Name' is 'BCBS' and the 'Model Description' is '[1003067394,1002582287]'. The 'Model Type' is 'Standard'. The 'Contract Dates' are from '1/1/2016' to '12/31/2018'. Under 'Additional Filters', there is one entry: 'Insurance Plan 1 3 - Blue Cross (57)'. The 'Global Rules' section is highlighted with a red box and a red circle containing the number '7'. It shows a 'Global Rule' with the following details:

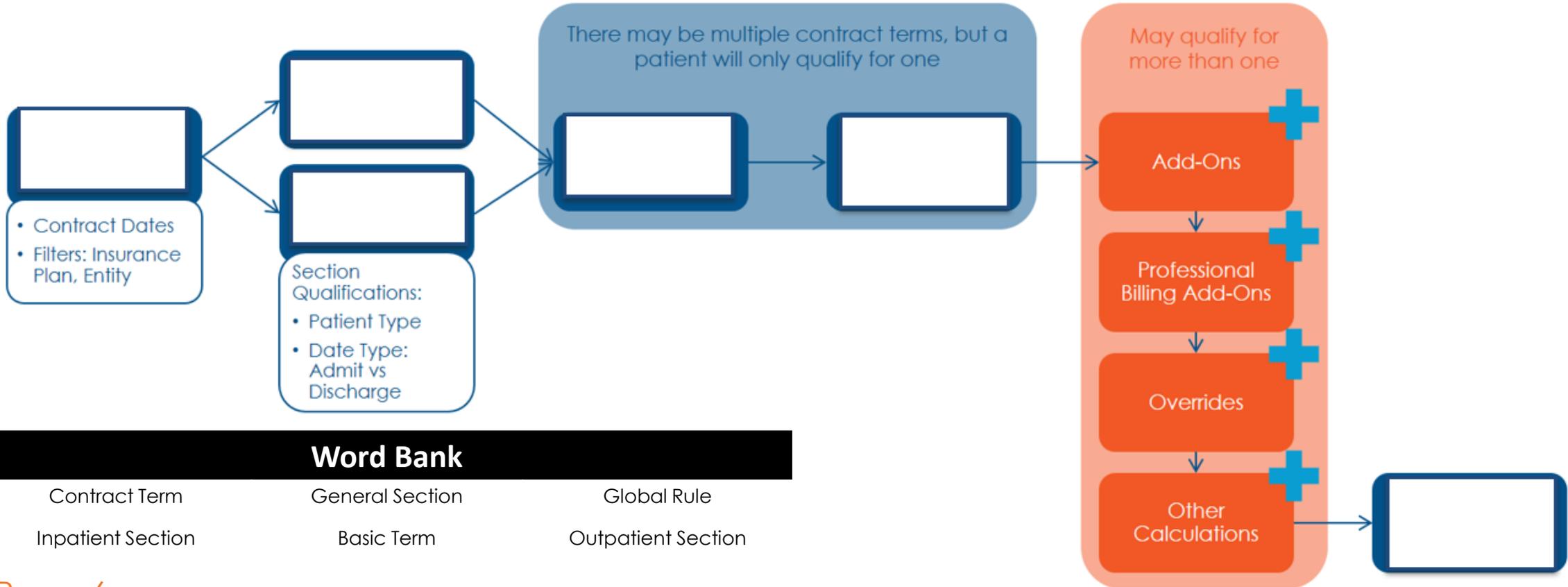
Grouping:	R1 And R2
R1:	Patient Encounter - ExpectedPayment GreaterThan Patient Encounter - TotalCharges
R2:	Patient Billing Line Item Detail - UB Revenue Code(UB Revenue Code) Exclude 0540
Measure Value:	Patient Billing Line Item Detail - Charge % 100
Expected Payment:	[Measure Value]

The 'Enabled' checkbox at the bottom is checked.



Write it Down

Directions: Use the Word Bank to complete the diagram in your guide



Word Bank

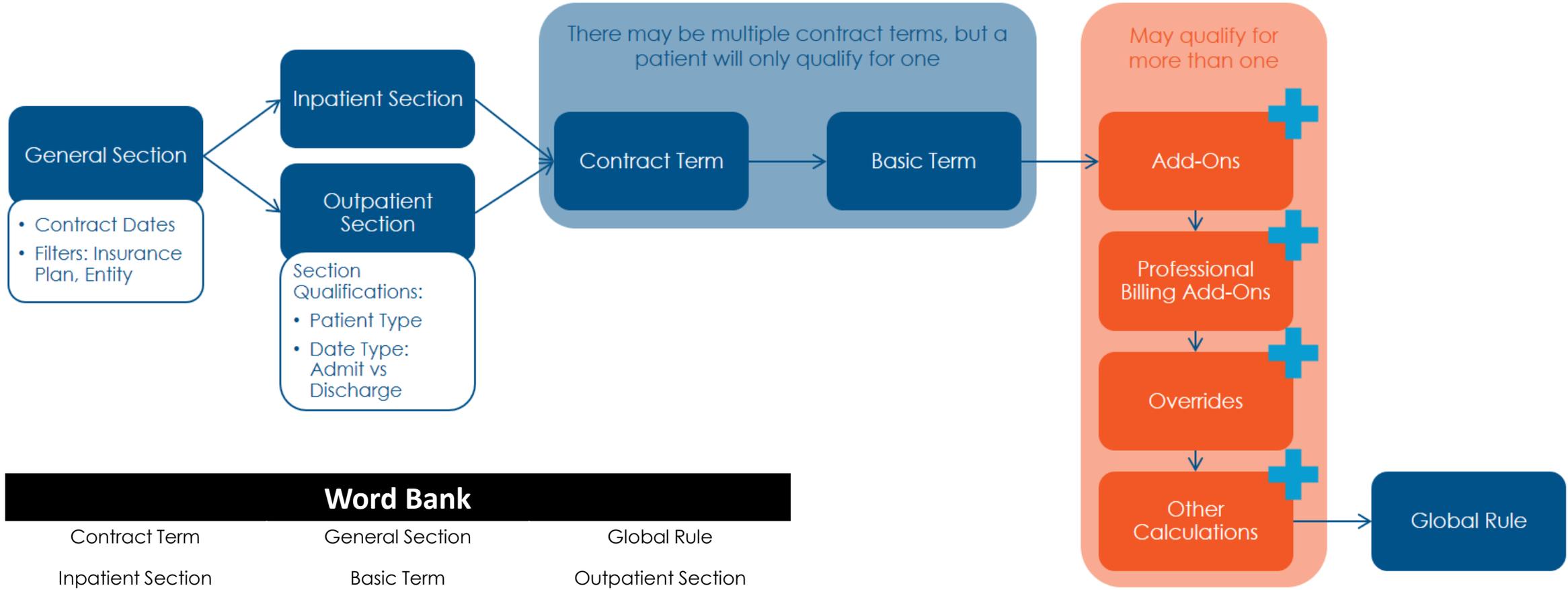
Contract Term
Inpatient Section

General Section
Basic Term

Global Rule
Outpatient Section



Write it Down: Answer Key



Section Filters in Contract Analytics: Troubleshooting

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Section Filter Issue

- Issue:
 - The encounter you have selected qualifies correctly for the contract, but is not qualifying for the Inpatient section as expected.
- Next Step?
 - As the Contract System Administrator, what is your next step after validating the order of operations?

Section Filter Scenario

- Issue:
 - The encounter you have selected qualifies correctly for the contract, but is not qualifying for the Inpatient section as expected.
- Next Step:
 - As the System Administrator, your next step should be to review the Section Filter of each tab.
 - Look at the **Patient Types** defined in the **Section Filters** of the **Section Edit** activity.
 - Look at the **Entity, Insurance Plans,** and **Source System** defined in the information on the **General Tab**.



Section Filters: Patient Type Roll-Ups Best Practice

- Increase Accuracy
 - Less Prone to Mistakes
- Complete List of Patient Types
- Time Saving
- Simpler Onboarding and transition of job responsibilities

Decision Support \ General \ Data Management \

Dimension Editor

Previous Save Save & Exit

Dimensions

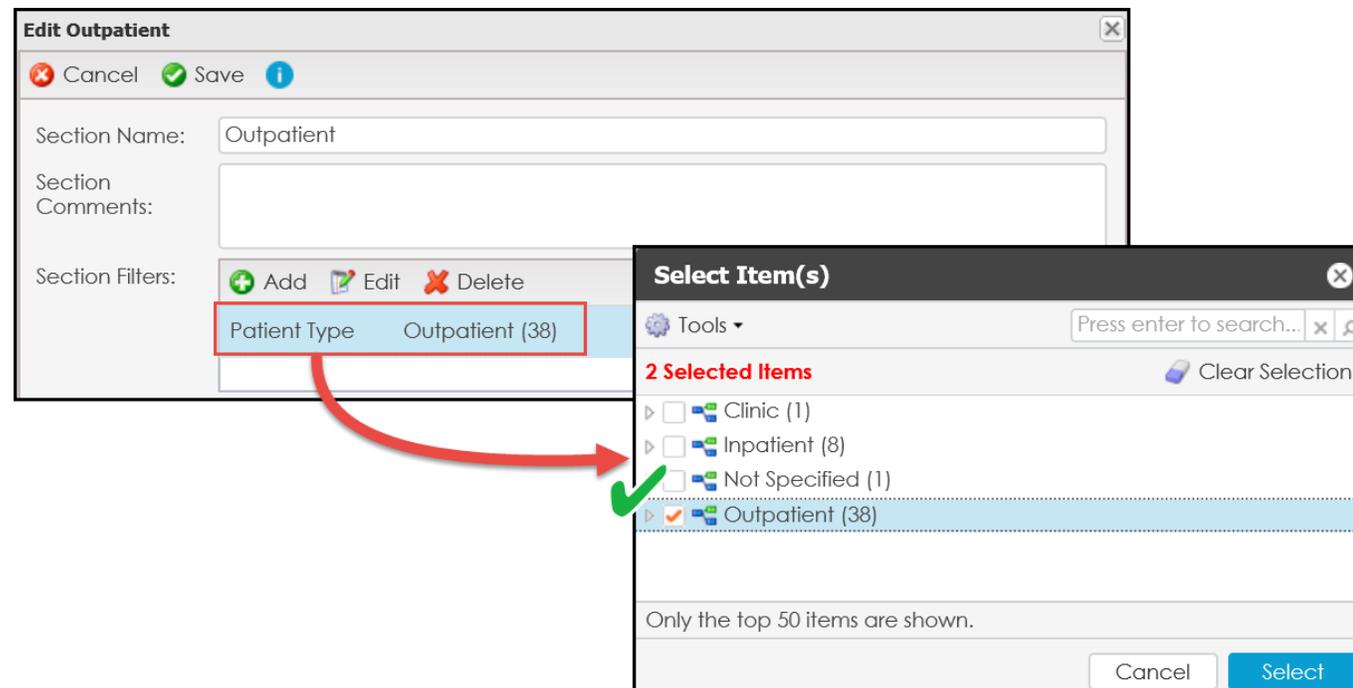
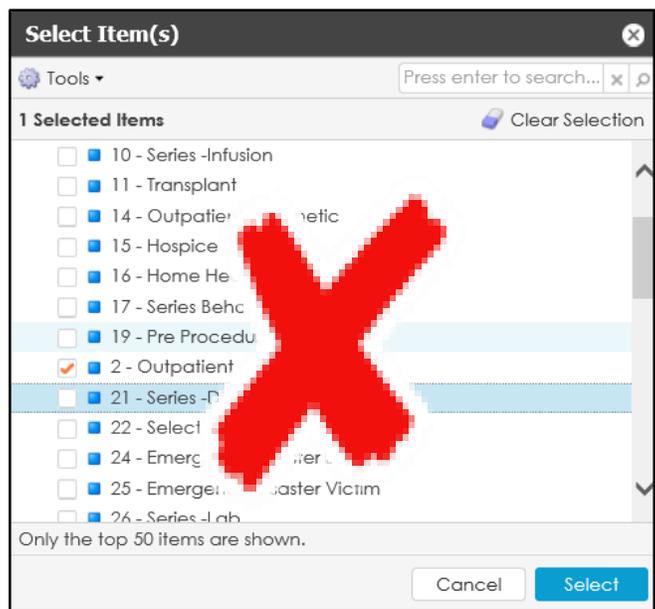
Name	Is Custom?
patient	
1 Guarantor Relation to Patient	<input type="checkbox"/>
2 Patient Class	<input type="checkbox"/>
3 Patient Status	<input type="checkbox"/>
4 Patient Type	<input checked="" type="checkbox"/>
5 Patient Type Rollup	<input type="checkbox"/>

Code Description Patient Type Like PatientTypeRollupID DSSRollup

Code	Description	Patient Type Like	PatientTypeRollupID	DSSRollup
Filter...	Filter...		Filter...	Filter...
1 IP	Inpatient		Inpatient	
2 OP	Outpatient		Outpatient	
3 OTH	Other		Clinic	
4 1	Inpatient		Inpatient	
5 10	Series -Infusion		Outpatient	
6 17	Series Behavioral Health		Outpatient	
7 18	Inpatient -Behavioral Health		Inpatient	
8 2	Outpatient		Outpatient	
9 20	Inpatient Rehab		Inpatient	
10 22	Select Specialty		Outpatient	
11 29	Day Surgery		Outpatient	
12 3	Emergency		Outpatient	
13 31	Outpatient Multi-Day		Outpatient	
14 32	Series All Other		Outpatient	
15 37	Recovery House		Outpatient	
16 39	Series -Intensive Outpatient		Outpatient	
17 4	Observation		Outpatient	

Section Filters: Patient Type Roll-Ups – Best Practice

It is important to always select the Roll-Up and not the individual Patient Types when adding your section filter



Common Global Filters

- Source System
- Insurance Plan/ Contract Grouping
- Entity

General

PB +

← Close
Save
▶ Run
🔍 Test Contract
🖨️ Print Contract
🕒 View History

Model Name:

Model Description:

Model Type: Standard ▾

Contract Dates:

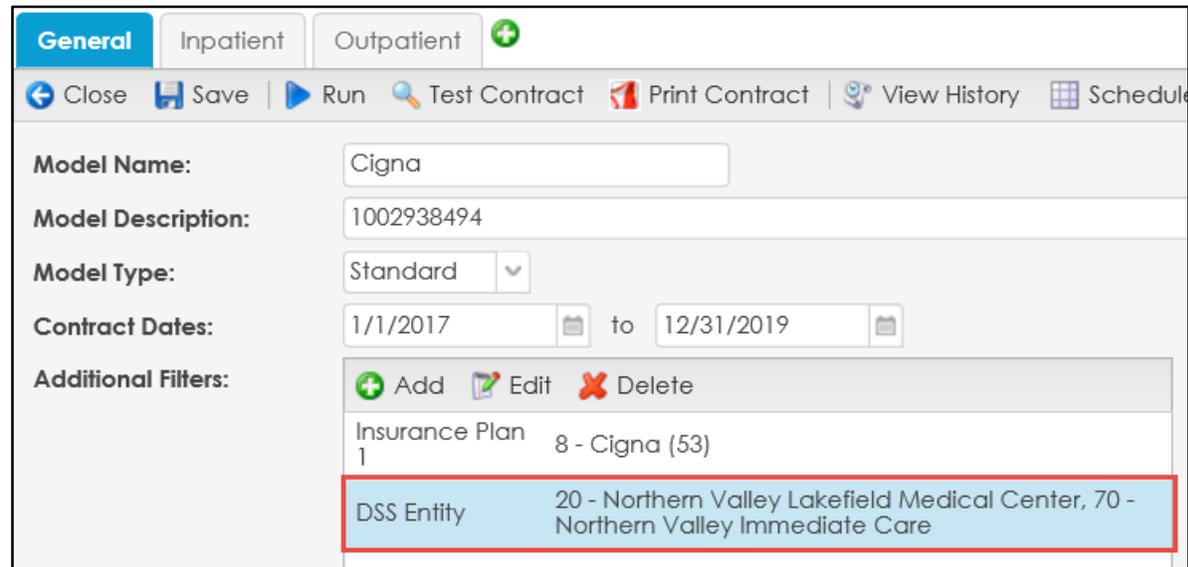
Additional Filters: + Add ✎ Edit ✖ Delete

Source System	Professional Billing
Insurance Plan 1	3 - Blue Cross (57)
DSS Entity	10 - Northern Valley Medical Center

Global Filters: Entity

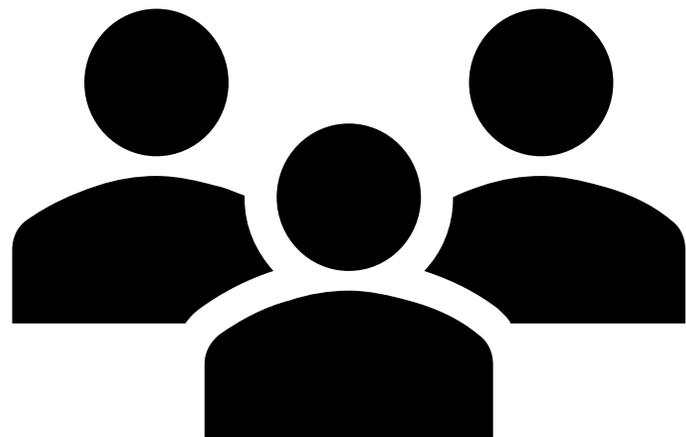
Add an Entity Section Filter

1. Navigate to the **General** tab of a Contract
2. Click **Add** in the **Additional Filters** section
3. Select **DSS Entity**
4. Select the appropriate entity or facilities and click **Select**.



The screenshot shows the 'General' tab of a contract configuration interface. The 'Additional Filters' section is expanded, showing a list of filters. The 'DSS Entity' filter is highlighted with a red box.

Filter Name	Value
Model Name:	Cigna
Model Description:	1002938494
Model Type:	Standard
Contract Dates:	1/1/2017 to 12/31/2019
Additional Filters:	<ul style="list-style-type: none"> + Add Edit Delete
Insurance Plan	8 - Cigna (53)
DSS Entity	20 - Northern Valley Lakefield Medical Center, 70 - Northern Valley Immediate Care



In-Class Scenario: Troubleshooting Section Filters in a Contract

Rule Sets in Contract Analytics: Troubleshooting

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Why isn't the encounter qualifying for the rule?

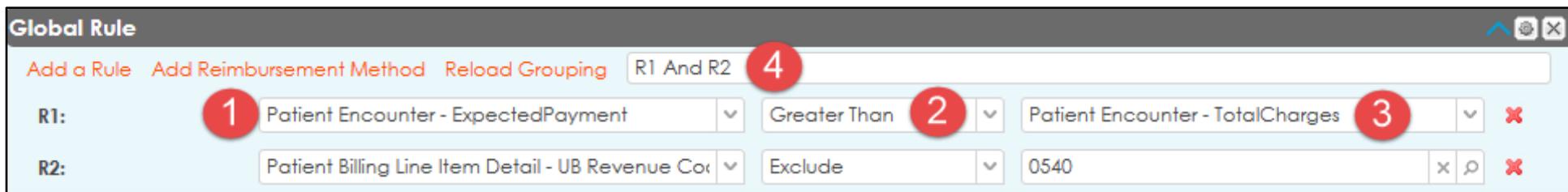
- Issue:
 - The encounter I selected is not qualifying for the rule within my Basic Term?
- What we have confirmed so far:
 - Order of Operations is Correct
 - Section Filters are Correct
- Next Step:
 - As the Contract Administrator, what is your next step?

Why isn't the encounter qualifying for the rule?

- Issue:
 - The encounter I selected is not qualifying for the rule within my Basic Term
- What we have confirmed so far:
 - Order of Operations is Correct
 - Section Filters are Correct
- Next Step:
 - As the Contract Administrator, look at the rules you have created in your Basic Terms

Troubleshooting Contract Rules: Elements of a Rule

1. Validate that the correct **Data Element** (Attribute within the Dimension) was selected
2. Validate that the correct **Operator** was selected
3. Validate that the correct **Value** was selected
4. Validate that the **Boolean**(Evaluation) **Logic** is set up correctly



The screenshot shows a 'Global Rule' configuration window. At the top, there are buttons for 'Add a Rule', 'Add Reimbursement Method', and 'Reload Grouping', followed by a dropdown menu set to 'R1 And R2' with a red circle '4' next to it. Below this, two rules are defined:

- R1:** A dropdown menu with 'Patient Encounter - ExpectedPayment' (callout 1), followed by a dropdown menu with 'Greater Than' (callout 2), then another dropdown menu with 'Patient Encounter - TotalCharges' (callout 3), and a red 'X' icon.
- R2:** A dropdown menu with 'Patient Billing Line Item Detail - UB Revenue Cox', followed by a dropdown menu with 'Exclude', then a text input field with '0540', and a red 'X' icon.

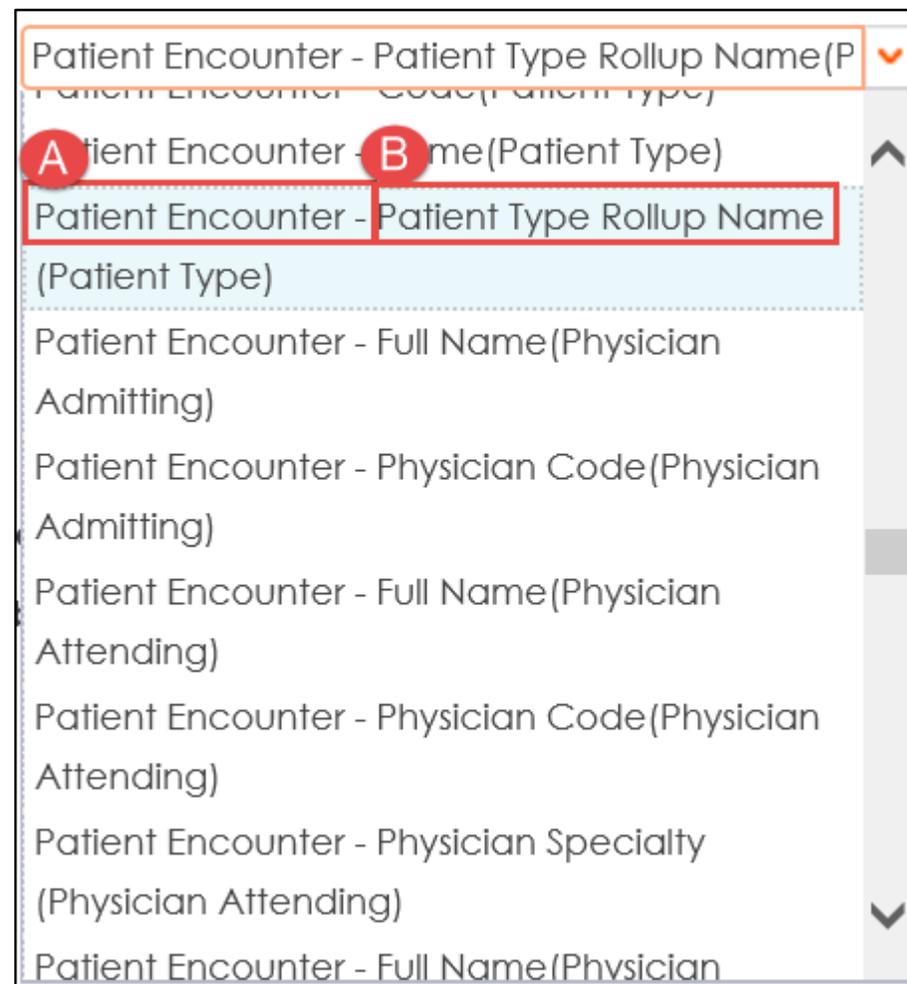
Rule Building: Data Element

Data is stored at different levels

- A. Indicates the level data is stored at
- B. Indicates the narrowed piece of data the system will test an encounter against

It is important to ask yourself first, “At what level is the data that I am looking for?”

- Is my data stored at the encounter level or billing line level ?



Troubleshooting the Data Element: Select the Correct Dimension - Attribute: Total Charges vs Charges

	Total Charges	Charge
Dimension the Attribute is located in	Patient Encounter	Patient Billing Line Item Detail
Use Case	Case Rate for entire encounter	Percent of Charge for a charge associated with a CPT (ie Implants, or high cost drugs)

Global Rule

Add a Rule Add Reimbursement Method Reload Grouping R1 And R2

R1: Patient Encounter - ExpectedPayment Greater Than Patient Encounter - TotalCharges

R2: Patient Billing Line Item Detail - UB Revenue Coc Exclude 0540

Measure Value: Patient Billing Line Item Detail - Charge % 100

Expected Payment: [Measure Value]

Rule Building: Data Element

What Qualifier are you looking for when selecting a data element?

- A. In rule A, you are looking for a single charge to be greater than or equal to \$1,000
- B. In rule B, you are looking for the total charges for the entire encounter to be greater than or equal to \$1000

A	DSS Patient Billing Line Item Detail - Charge	▼	Greater Than or Equa	▼	1000	✕
B	DSS Patient Encounter - TotalCharges	▼	Greater Than or Equa	▼	1000	✕

Troubleshoot the Operator: With vs And

	With	And
Description	Specify a value for which both the first and second conditions are true for the same line item.	Specify a value for which both the first condition and the second condition are true.
Comparison	one-to-one comparison	one-to-many comparison
Example Rule	CPT EQUAL 67028 WITH modifier 50	CPT EQUAL 67028 AND modifier 50
System Evaluation	The system finds only encounters with modifier 50 attached to the CPT 67028 charge line.	The system finds any account with CPT 67028 and modifier 50 present for any charge line on the encounter.



On Your Own: Rule Sets in Contract Analytics

Rule Sets in Contract Analytics: Part 1

1. Circle the sections of the rule that were built incorrectly

Radiation Therapy Services	Revenue Code 333 and CPT Code 77300-77334, 77399	40.2 % Reduction from Billed Charges
----------------------------	--	--------------------------------------

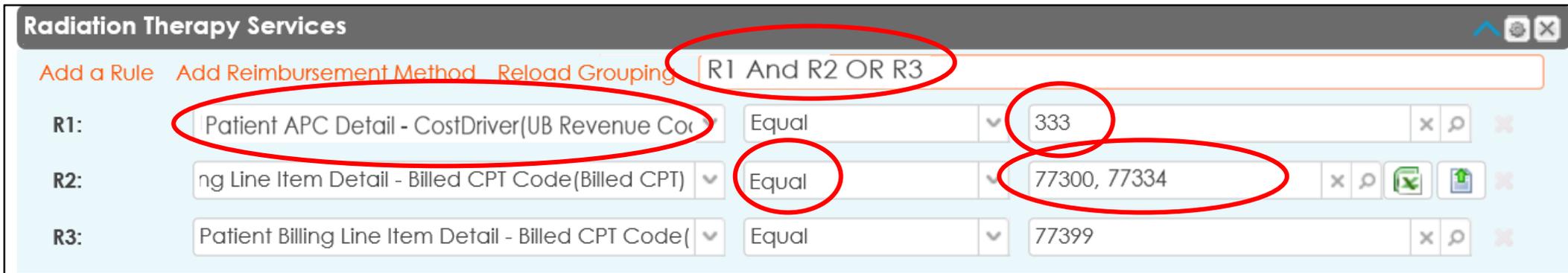
Radiation Therapy Services

[Add a Rule](#) [Add Reimbursement Method](#) [Reload Grouping](#) R1 And R2 OR R3

R1:	Patient APC Detail - CostDriver(UB Revenue Co	Equal	333	x	p	x
R2:	ng Line Item Detail - Billed CPT Code(Billed CPT)	Equal	77300, 77334	x	p	x
R3:	Patient Billing Line Item Detail - Billed CPT Code(Equal	77399	x	p	x

Rule Sets in Contract Analytics: Review Part 1

1. Circle the sections of the rule that were built incorrectly



The screenshot shows a rule configuration interface for "Radiation Therapy Services". The rule is named "R1 And R2 OR R3". The rule is composed of three conditions: R1, R2, and R3. Red circles highlight several errors in the configuration:

- The rule name "R1 And R2 OR R3" is circled in red, indicating a logical error in the rule name.
- The field "Patient APC Detail - CostDriver(UB Revenue Co" for R1 is circled in red, indicating an incorrect field selection.
- The value "333" for R1 is circled in red, indicating an incorrect value.
- The field "ng Line Item Detail - Billed CPT Code(Billed CPT)" for R2 is circled in red, indicating an incorrect field selection.
- The value "77300, 77334" for R2 is circled in red, indicating an incorrect value.
- The field "Patient Billing Line Item Detail - Billed CPT Code(" for R3 is circled in red, indicating an incorrect field selection.
- The value "77399" for R3 is circled in red, indicating an incorrect value.

Rule Sets in Contract Analytics: Part 2

2. Rewrite the rule correctly based on the provided information.

Radiation Therapy Services	Revenue Code 333 and CPT Code 77300-77334, 77399	40.2 % Reduction from Billed Charges
----------------------------	--	--------------------------------------

Radiation Therapy Services ⏪ ⏴ ⏵ ⏩

Add a Rule Add Reimbursement Method Reload Grouping

R1: Equal

R2: Billing Line Item Detail - Billed CPT Code(Billed CPT) and

R3: Patient Billing Line Item Detail - Billed CPT Code(Equal 77399

Rule Sets in Contract Analytics: Review Part 2

2. Rewrite the rule correctly based on the provided information.

Radiation Therapy Services	Revenue Code 333 and CPT Code 77300-77334, 77399	40.2 % Reduction from Billed Charges
----------------------------	--	--------------------------------------

Radiation Therapy Services ^ ⚙️ ✕

Add a Rule Add Reimbursement Method Reload Grouping R1 WITH (R2 OR R3)

R1: Patient Billing Line Item Detail - UB Revenue Coc Equal 0333 ✕ ⌵ ✕

R2: ng Line Item Detail - Billed CPT Code(Billed CPT) Between 77300 ✕ ⌵ and 77334 ✕ ⌵ ✕

R3: Patient Billing Line Item Detail - Billed CPT Code(Equal 77399 ✕ ⌵ ✕

Additional Troubleshooting Support

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Additional Troubleshooting Support

- General Troubleshooting Steps
- Testing a theory using a Copy and **What If** model
- When do I use **Test Term** versus **Test Contract**?

General Troubleshooting Steps

1. Identify the Problem

- Gather details and examples of the problem

2. Establish a Theory of Probable Cause

- Why does the problem exist?
- What steps need to be taken to solve it?

3. Test the Theory

- Use **Test Contract**, **Test Term**, and **What If** models to test your theory
- Copying a contract to test is a great way to ensure that your production contracts stay in place until you are able to identify the issue

4. Plan and Implement a Solution

- Produce a step-by-step process and ensure you will not break anything else

5. Verify Full Functionality

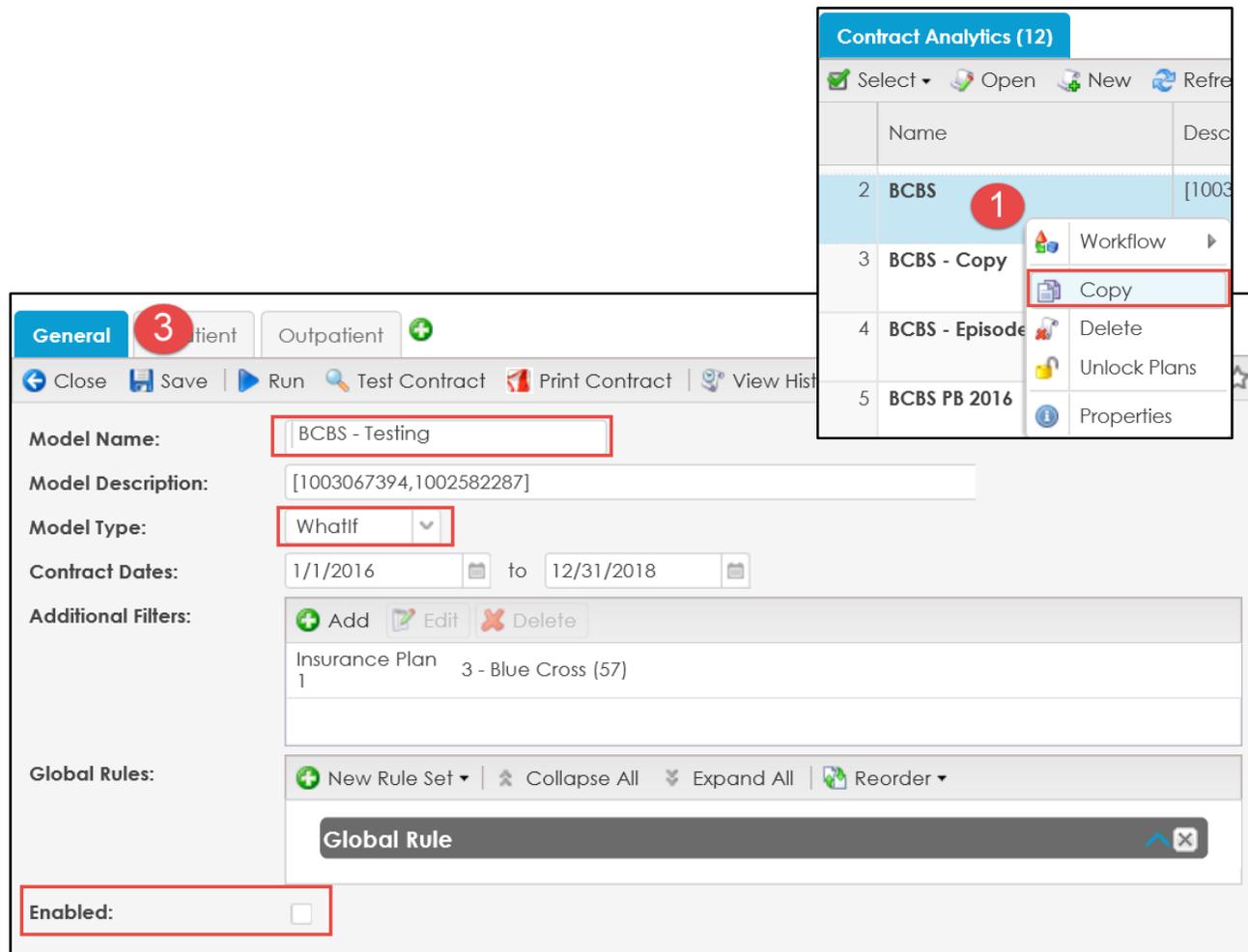
- Validate and Test to ensure the problem is solved

6. Document, Document, Document!

- An issue is not resolved until you have documented everything

Test The Theory Using **What If** Models

1. Copy the Contract
2. Open your Copied Contract
3. Update Information on the General Tab:
 - a) Model Name
 - b) Model Type: What If
 - c) Uncheck the Enable box
4. After copying the contract model, test your theory format



The screenshot displays the Strata Decision software interface. At the top right, a 'Contract Analytics (12)' table is visible, listing contracts with columns for Name and Desc. The table contains the following entries:

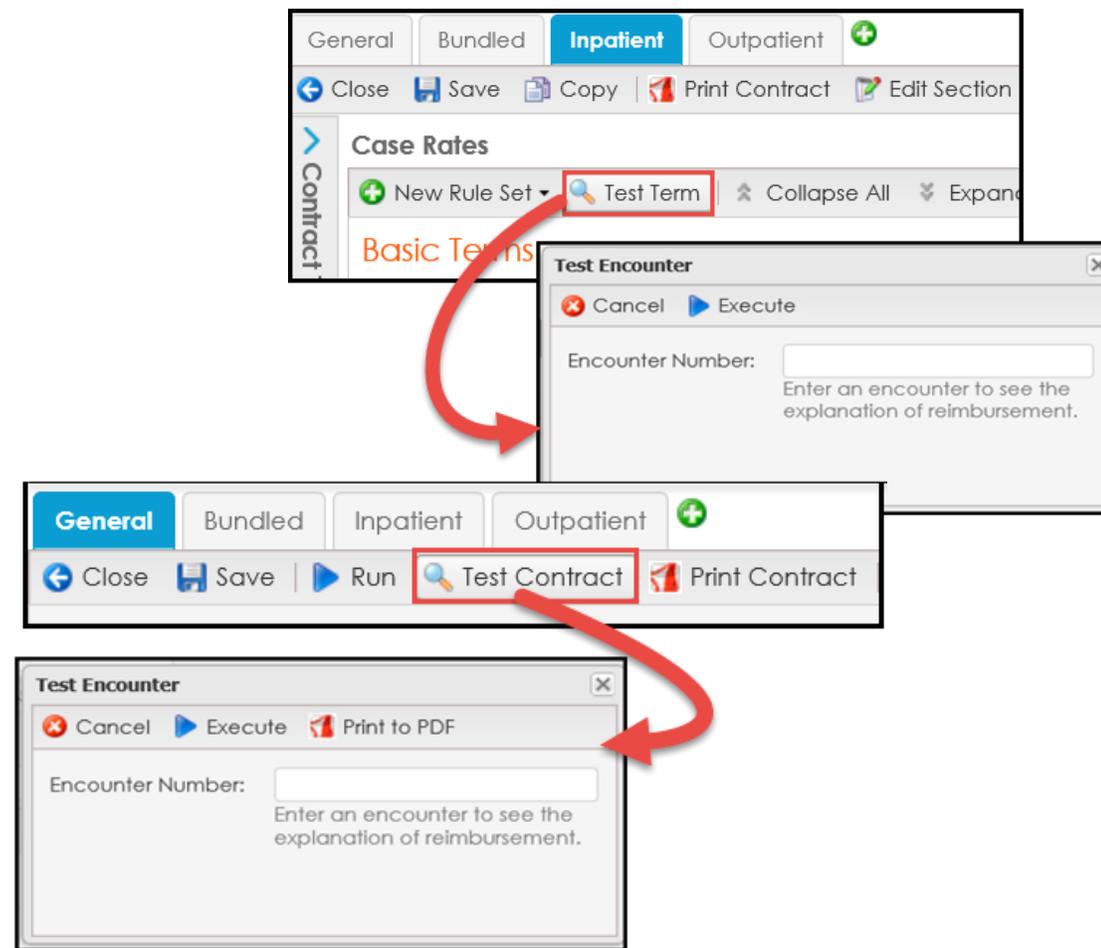
	Name	Desc
2	BCBS	[1003
3	BCBS - Copy	
4	BCBS - Episode	
5	BCBS PB 2016	

A context menu is open over the 'BCBS - Copy' row, showing options: Workflow, Copy, Delete, Unlock Plans, and Properties. The 'Copy' option is highlighted.

The main window shows the 'General' tab of a contract model. The 'Model Name' field is set to 'BCBS - Testing'. The 'Model Description' field contains '[1003067394,1002582287]'. The 'Model Type' dropdown is set to 'Whatif'. The 'Contract Dates' are '1/1/2016' to '12/31/2018'. The 'Additional Filters' section shows 'Insurance Plan 1' with '3 - Blue Cross (57)'. The 'Global Rules' section shows 'New Rule Set' and 'Global Rule'. The 'Enabled' checkbox at the bottom is unchecked.

Test the Theory & Verify Full Functionality

	Test Contract	Test Term
Description	Provides full picture of what an encounter qualifies for Click Print to PDF to understand the math behind the reimbursement	Test the set up of your rules focusing on the basic terms, add-ons, and overrides.
Use Case	Testing an entire contract against an encounter	Testing a specific basic term against an encounter
Respects Order of Operations?	Yes	No



Test Contract: Encounter Information

In order to see information about the contract, click the encounter number to see more information.

- Patient Demographic Information
- Admit/Discharge Date
- Patient Type
- Diagnosis and Charge Codes
- Billing Information

Close i

Explanation of Reimbursement - 1003235652

Encounter: 1003235652 does not qualify for this contract.

Admit Date: Payor: Total Charges:

Discharge Date: Patient Type: Billing Information:

Encounter - 1003235652

Name: This is not actual patient data. Our team creates fake patient data in our training environments

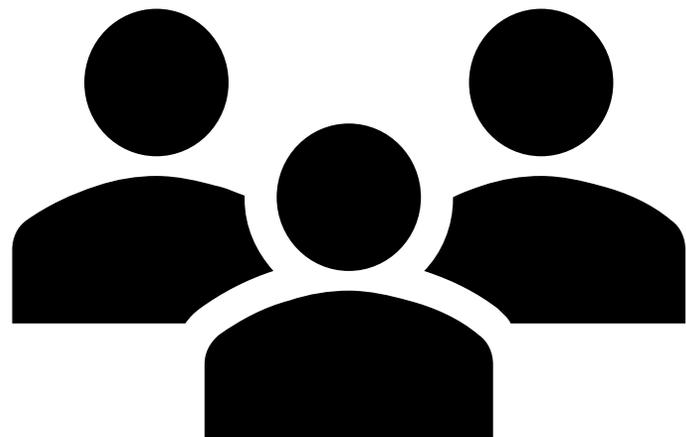
DOB: _____

Age: _____

Sex: _____

Medical Record Number: 100719868	Admit Diagnosis:	
Admit Date: 11/2/2017	ICD10 Admit Diagnosis:	R41.82 - Altered mental sta
Admit Type: 1 - Emergency	Primary Diagnosis:	0 - Not Specified
Admit Department: 902109	ICD 10 Primary Diagnosis:	A41.59 - Other Gram-nega
Admitting Physician: NICKEL DOMINGA	Principal Procedure:	0 - Not Specified
Attending Physician: PIEPENBRINK JACOB	ICD10 Principal Procedure:	OW9J30Z - Drainage of Pelv
Referring Physician: Not Specified	MS DRG:	872
Patient Type: 1 - Inpatient	Discharge Date:	11/21/2017
Case Type: Septicemia/Severe S	Discharge Status:	06 - Home Health Service
Bill Status: 50 - Closed	Total Charges:	\$172,787.64
Financial Class: 0 - Not Specified	Account Balance:	\$0.00

Show Missed:



In-Class Scenario: Additional Troubleshooting Support

Review the scenarios provided to determine if you would use **Test Contract** or **Test Term**

In-Class Scenario: One

1. You just built a complicated rule and want to ensure it was built correctly.

Test Contract

Test Term

In-Class Scenario: Answer

1. You just built a complicated rule and want to insure it was built correctly.

Test Contract

Test Term

Use Test Term to ensure your rule is built correctly. Find an encounter that qualifies as true and one that qualifies as false to ensure accuracy.

In-Class Scenario: Two

2. You have just finished contract negotiations for the new year and have updated your sections. You want to ensure that you have built the contract correctly. You have two encounters that should qualify for the catch all rule of the inpatient section, one encounter that should qualify for the rehab basic term on your outpatient section, and one encounter that should not qualify for the contract.

Test Contract

Test Term

In-Class Scenario: Answer

2. You have just finished contract negotiations for the new year and have updated your sections. You want to ensure that you have built the contract correctly. You have two encounters that should qualify for the catch all rule of the inpatient section, one encounter that should qualify for the rehab basic term on your outpatient section, and one encounter that should not qualify for the contract.

Test Contract

Test Term

Use **Test Contract** to ensure accuracy of your complete contract build. You should always validate with encounters that will qualify as true and false.

In-Class Scenario: Three

3. An encounter is qualifying for your contract, but the reimbursement is not correct. You need to figure out why.

Test Contract

Test Term

In-Class Scenario: Answer

3. An encounter is qualifying for your contract, but the reimbursement is not correct. You need to figure out why.

Test Contract

Test Term

Use **Test Contract** and **Print to PDF** within Test Contract to understand which term the encounter qualified for and the math behind the reimbursement.

On Your Own: Troubleshooting Activities

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On Your Own:
Based on what we have learned in class today, Troubleshoot the following scenarios in the system.





Troubleshooting On Your Own: Scenario A

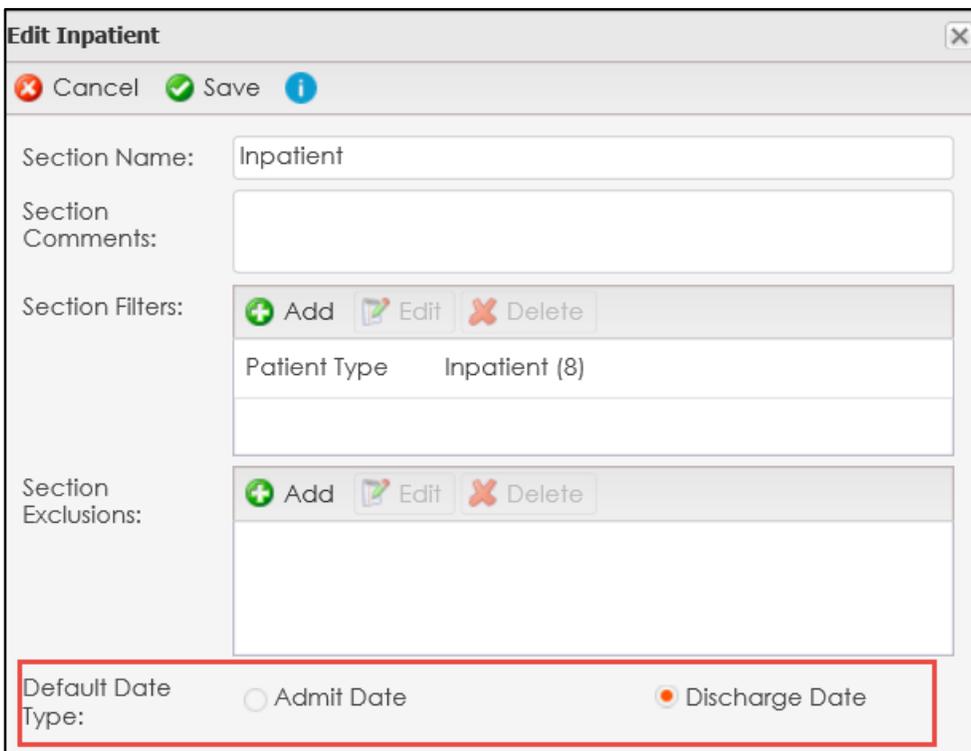
- **Scenario:** An encounter is not qualifying for my BCBS – Troubleshooting A contract as expected. Use the skills you have learned in class today to identify and correct the issue within the contract.
- **Next Step:** Answer the two questions below
 1. What is the Issue?
 2. Describe the steps you took to resolve the issue.
- **Scenario Information:**
 - Contract: BCBS – Troubleshooting A
 - Encounter Number: 1003235652
 - The contract has Inpatient and Outpatient sections that look to the discharge dates for qualification.
 - The section filter for Inpatient should look to the Inpatient Rollup.
 - There should be two contract terms in the Inpatient section with the Catch All Rule being last. The global rule should refer to the total charges for the encounter.

In Class Review: Scenario A

Issue: Admit Date radio button was selected

Resolution:

1. Select **Discharge Date** for **Default Date Type**
 - Refer to the screenshot
2. Click **Save**
3. Navigate to the **General** Tab and click **Test Contract** to confirm the encounter qualifies as expected now



The screenshot shows the 'Edit Inpatient' form with the following fields and controls:

- Section Name:** Inpatient
- Section Comments:** (Empty text area)
- Section Filters:** Includes 'Add', 'Edit', and 'Delete' buttons. Below, 'Patient Type' is set to 'Inpatient (8)'.
- Section Exclusions:** Includes 'Add', 'Edit', and 'Delete' buttons.
- Default Date Type:** A red box highlights this section, which contains two radio buttons: 'Admit Date' (unselected) and 'Discharge Date' (selected).

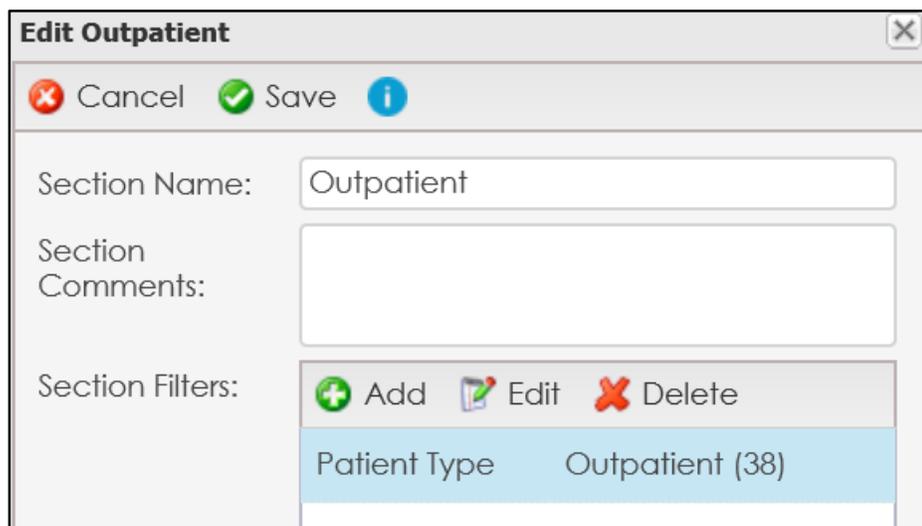


Troubleshooting On Your Own: Scenario B

- **Scenario:** An encounter is not qualifying for my BCBS – Troubleshooting A contract as expected. Use the skills you have learned in class today to identify and correct the issue within the contract.
- **Next Step:** Answer the two questions below
 1. What is the Issue?
 2. Describe the steps you took to resolve the issue.
- **Scenario Information:**
 - Contract: Cigna – Troubleshooting B
 - Encounter Number: 1002938494
 - The contract has Inpatient and Outpatient sections that look to the discharge dates for qualification.
 - The Section Filter for the Outpatient section should look to the Outpatient Rollup.
 - There should be two contract terms in the Inpatient section with the Catch All Rule being last. The global rule should refer to the total charges for the encounter.

In Class Review: Scenario B

Issue: The Outpatient Rollup was not selected in the Patient Type Section Filter



Section Name: Outpatient

Section Comments:

Section Filters: Add Edit Delete

Patient Type Outpatient (38)

Resolution:

1. Single-click the Patient Type
2. Click **Edit**
3. Expand the Outpatient Rollup
4. Deselect the checked patient types
5. Check the box next to the Outpatient (38)
6. Click **Select**
7. Click **Save**

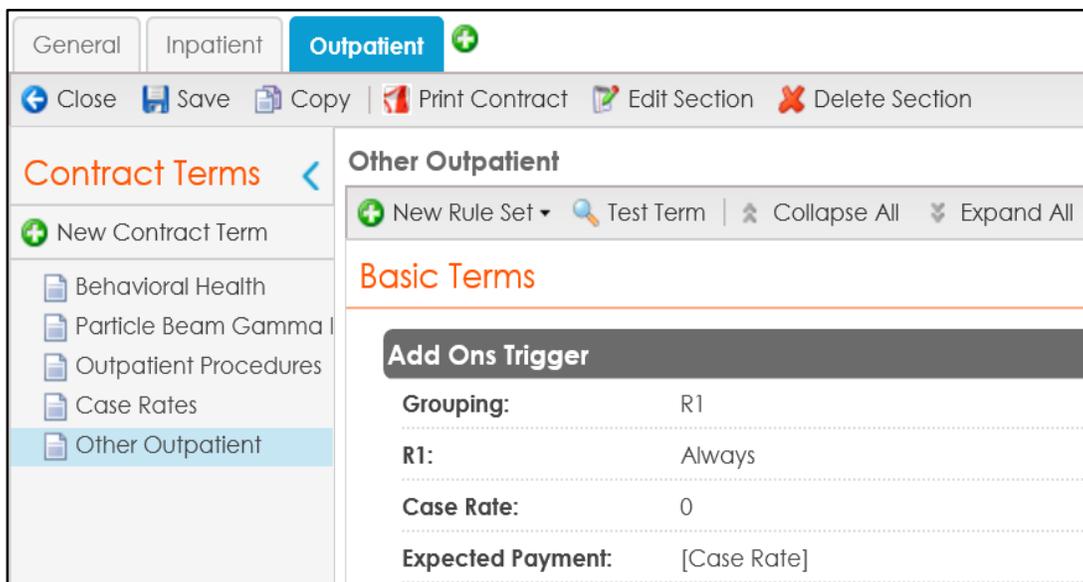


Troubleshooting On Your Own: Scenario C

- **Scenario:** A team member has finished creating X contract based on contract negotiations. As she is testing multiple encounters, she is realizing that all the Behavioral Health outpatient encounters are incorrectly being calculated by a case rate.
- **Next Step:** Answer the two questions below
 1. What is the Issue?
 2. Describe the steps you took to resolve the issue.
- **Scenario Information:**
 - Contract: UHC – Troubleshooting C
 - Encounter Number: 1002410137
 - The encounter should be qualifying for the Behavioral Health outpatient contract term.

In Class Review: Scenario C

Issue: The Other Outpatient Contract Term containing the Always Basic Term was listed first in the Outpatient Section.



Add Ons Trigger	
Grouping:	R1
R1:	Always
Case Rate:	0
Expected Payment:	[Case Rate]

Resolution:

1. Test Contract and use Print to PDF to the rule that it is qualifying for
2. You see it is qualifying for the always rule
3. You need to move the always rule to be last

Assessment: Contract Analytics Troubleshooting

LIFT 19

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Strata Decision
TECHNOLOGY

Directions

With your partner:

1. Review the screenshots and identify the error in each.
2. Write the answer below each screenshot
3. We will review these as a group in 10 minutes

1. Teacher Demo

Common Contract Issues

What is wrong with the screenshot below?

Newborn

[Add a Rule](#) [Add Reimbursement Method](#) [Reload Grouping](#) R1

R1:	Patient Encounter - MS DRG Code(MS DRG)	▼	In	▼	789, 709, 791, 792, 793, 794, 795
Measure Value:	Patient Encounter - TotalCharges	▼	%	▼	59.5
Expected Payment:	[Measure Value]				

1. Typos in Codes or Rates (Answer)

Common Contract Issues

- Issue: 709 is not a newborn MS DRG Code
- Next Step: Follow-up with team to see if 709 should be 790 based on the other MS DRG Codes.



Newborn

Add a Rule Add Reimbursement Method Reload Grouping R1

R1: Patient Encounter - MS DRG Code(MS DRG) In 789, 709, 791, 792, 793, 794, 795

Measure Value: Patient Encounter - TotalCharges % 59.5

Expected Payment: [Measure Value]

2. What is the Issue?

Common Contract Issues

Model Name: UHC

Model Description: Reimbursement for FY2014 to FY2015 [10587092,10704942]

Model Type: Standard

Contract Dates: 7/1/2013 to 6/30/2015

Additional Filters:

Global Rules:

Edit Schedule

Close Save Save & Close Add Schedule

Name: UHC Outpatient Services

Description:

Category: UHC

Service Date?:

UHC Outpatient Services 1 UHC Outpatient Services 2

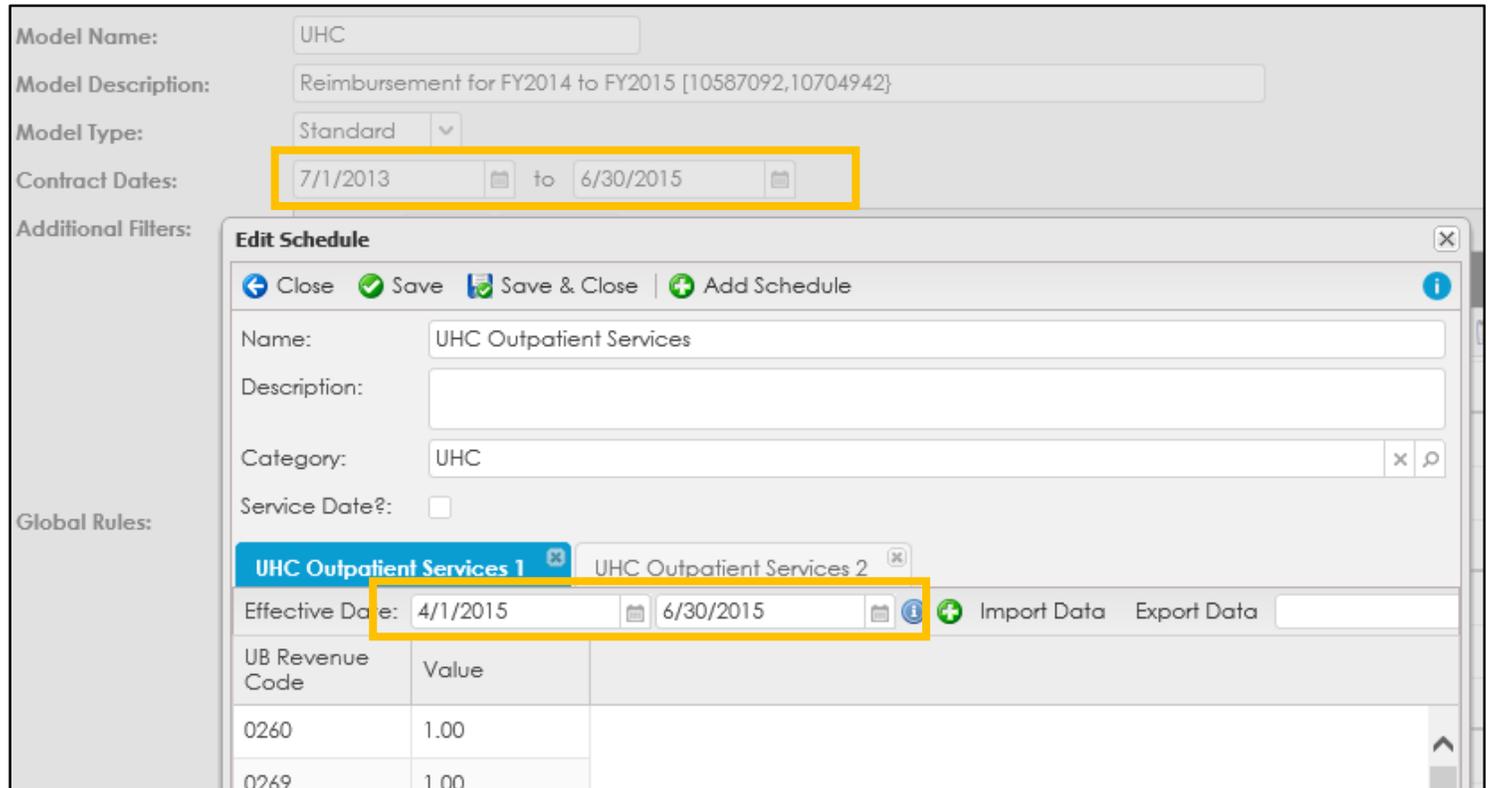
Effective Date: 4/1/2015 6/30/2015 Import Data Export Data

UB Revenue Code	Value
0260	1.00
0269	1.00

2. Incorrect Schedule Dates (Answer)

Common Contract Issues

- Issue: The dates are inconsistent between the contract and schedule.
- Next Step: Follow-up with team to identify the correct fee schedule with the correct effective dates.



The screenshot displays a software interface for managing contracts and schedules. The main form shows the following details:

- Model Name:** UHC
- Model Description:** Reimbursement for FY2014 to FY2015 [10587092,10704942]
- Model Type:** Standard
- Contract Dates:** 7/1/2013 to 6/30/2015 (highlighted in yellow)
- Additional Filters:** (empty)
- Global Rules:** (empty)

An **Edit Schedule** dialog box is open, showing the following details:

- Name:** UHC Outpatient Services
- Description:** (empty)
- Category:** UHC
- Service Date?:**
- Effective Date:** 4/1/2015 to 6/30/2015 (highlighted in yellow)
- Buttons:** Import Data, Export Data

Below the dialog box, a table lists UB Revenue Codes and their corresponding values:

UB Revenue Code	Value
0260	1.00
0269	1.00

3. What is the Issue?

Common Contract Issues

Basic Terms	
Cardiac Services 	
Grouping:	R1
R1:	Always
Case Rate:	25000
Expected Payment:	[Case Rate]
Vaginal Delivery 	
Grouping:	R1
R1:	Patient Encounter - MS DRG Code(MS DRG) In 797, 768, 774, 775
LOS Schedule:	1-1: \$3672 ; 2-2: \$0 ; 3-3: \$1869
Expected Payment:	[LOS Schedule]

3. Incorrect Hierarchy of Rules (Answer)

Common Contract Issues

- Issue: Incorrect Hierarchy of Rules
- Next Step: The always rule is listed first. Change the order of the rule sets using the Reorder button in the contract.

Basic Terms	
Cardiac Services 	
Grouping:	R1
R1:	Always
Case Rate:	25000
Expected Payment:	[Case Rate]
Vaginal Delivery 	
Grouping:	R1
R1:	Patient Encounter - MS DRG Code (MS DRG) In 797, 768, 774, 775
LOS Schedule:	1-1: \$3672 ; 2-2: \$0 ; 3-3: \$1869
Expected Payment:	[LOS Schedule]

4. What is the Issue

Common Contract Issues

New Contract Term

+ New Rule Set | Test Term | Collapse All | Expand All | Reorder

Add-Ons

Expected Payment: [Venipuncture] + [Radiology] + [Outpatient Services]

Venipuncture

Grouping: R1

R1: Patient Billing Line Item Detail - Billed CPT Code(Billed CPT) Equal 36415

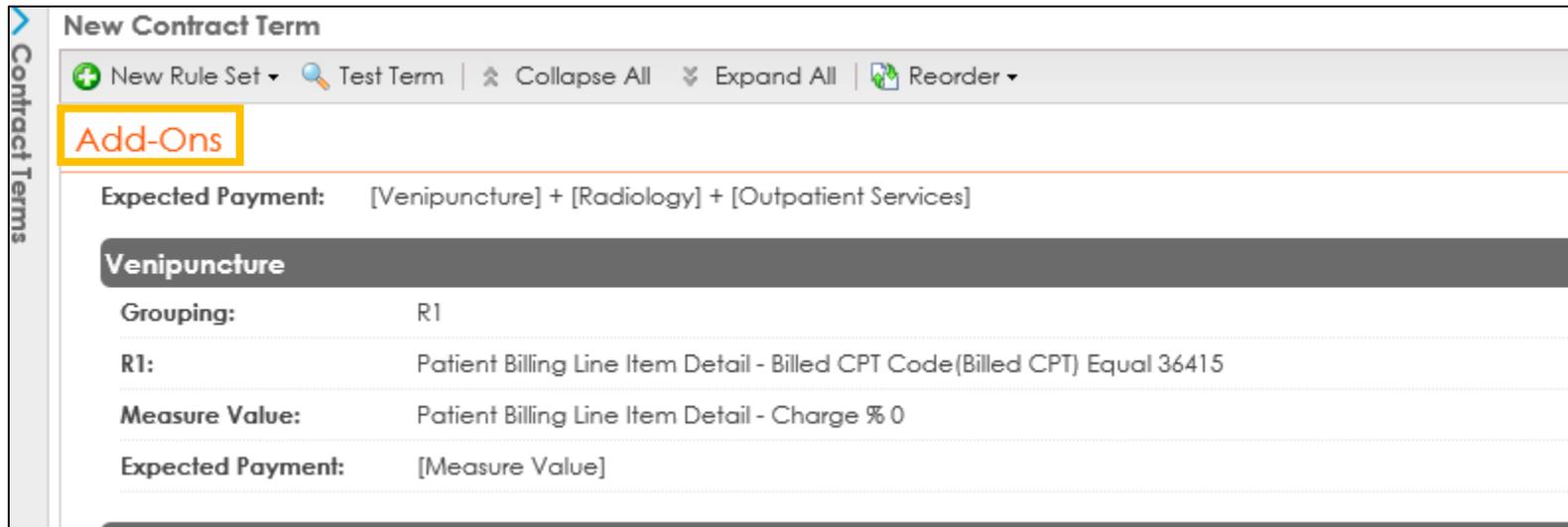
Measure Value: Patient Billing Line Item Detail - Charge % 0

Expected Payment: [Measure Value]

4. No Basic Term

Common Contract Issues

- Issue: No Basic Terms listed for the Contract Term
- Next Step: Evaluate the contract terms and include the appropriate basic terms.



New Contract Term

New Rule Set | Test Term | Collapse All | Expand All | Reorder

Add-Ons

Expected Payment: [Venipuncture] + [Radiology] + [Outpatient Services]

Venipuncture

Grouping: R1

R1: Patient Billing Line Item Detail - Billed CPT Code(Billed CPT) Equal 36415

Measure Value: Patient Billing Line Item Detail - Charge % 0

Expected Payment: [Measure Value]

Questions?

LIFT 19

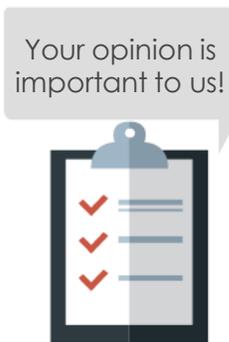
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Training Session:
Contract Analytics Troubleshooting