

Data Submission Requirements

Now that you have decided to use **FeeMaster™**, your next step is to provide the data needed to populate and create your tool. Please work with your practice management vendor or system person to extract and send the following data. To make it easy for you we can accept it in various electronic formats listed below.

Acceptable Formats:

Access (.mdb)
 Excel (.xls)
 Text (.txt or .csv)*
 Lotus (.wks, .wk1, .wk2, .wk3, .wk4)
 Data Files (.dat)
 Data Interchange Format (.dif)

*Text data must be pure columnar data without report formatting such as page breaks, titles, or page numbers). Column headings are acceptable.

Unacceptable Formats:

Fax, printed reports, image files (.pdf, .jpg, .gif, .tif, .bmp, etc) or report-formatted text files (.txt).

Data Fields:

CPT-Code	5-digit procedure code (23350, 70110, etc.)
Modifier	2-digit modifier code (26, {blank}, TC)
Payor	Payor Name (Aetna, Blue Cross, etc.)
Plan	Plan Name (EPO Plus, BlueChoice PPO, etc.)
Units	Number of procedures or units performed
Allowable Amount	Amount found on the EOB that the payor/plan has deemed payable before any deductibles, copayments, and/or coinsurance amounts are applied (usually labeled "Allowable").
Charges	Total amount billed by your practice for the procedure
Payments	Total payments received for the procedure, including payments from payor/plan, and copayments, coinsurance, and deductibles paid by the patient or other third party
Contract Amount	If the payor(s) for which you are ordering FeeMaster™ information are using a proprietary fee schedule that is not based on a percentage of Medicare, provide this schedule in the acceptable format as well. If contracted rates are on a percentage of Medicare, please provide payor contractual information indicated in the Additional Information section (back).

The above data definitions are fairly standard in the industry. If you use other definitions or terms, let us know and we will try to assist you in determining any needed adjustments or considerations you should have as you use your tool.

Additional information:

Along with the data file described above, you should supply:

- Your practice name
- Practice address with street, suite number, city, state, and zip
- Phone & fax numbers
- Contact person
- Email address of the contact person
- Date range for the extracted data
(We recommend a 12 consecutive-month period with the end date being at least 3 months ago so that payment information is mature.)
- By payor (and by plan if different schedules apply) contracted % of Medicare RBRVS and year of Medicare (if no contracted amount is supplied in data file) If no contracted rates are supplied, the *allowable* amount will be used as an assumption of *contracted* amount.
- Name of your practice management system/vendor or your outsourced billing company. (Contact information is optional.)
- The number and names of payors and plans for which you want your **FeeMaster™** populated. This is a check and balance so that we can verify that your data files contain all the information you expect.

Sending Data:

The preferred method of sending data is via e-mail. Please send the data, along with the Additional Information to:

FM_Data@JonPearsonAnalytics.com

Questions:

If you have questions about these Data Submission Requirements, please send them to: FM_Inquiry@JonPearsonAnalytics.com

For all other questions about **FeeMaster** or Health Business Navigators other products and services visit our Web site at **www.HealthBusinessNavigators.com** or contact us at **p.noyes@HealthBusinessNavigators.com** or **270-782-1565**.

Important Notes:

FeeMaster™ will be populated with the data you have supplied. If your data is corrupt or inaccurate, we cannot be responsible for the output in **FeeMaster™**, as the tool is dependent on the data with which it is populated. If you or we discover that your data is corrupt or inaccurate we will work with you to rectify the matter, however, there may be additional service charges. We will be sure to advise you in advance if such charges are necessary

Please be sure not to include any patient identifying information, such as patient names, social security numbers, or addresses, when you submit data.