



Our new address is:

Quadax Incorporated
7500 Old Oak Boulevard
Middleburg Heights, Ohio 44130-3343

All of our phone numbers and email addresses
have stayed the same.

Main phone: 440.777.6300
Product information: QDXinfo@quadax.com



7500 Old Oak Boulevard
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RETURN SERVICE REQUESTED



A Moving Story

By Cyndi Palmer, Marketing/Communications Manager

When most Quadax employees got their first look at our newly-purchased “future home of Quadax” in November 2007, it seemed hard to imagine that it would be ready for us to occupy just a matter of months later. The 1970’s-era structure had been neglected and felt dark and dated, though its ample space and open design held promise. Shortly after that Open House, the construction crews moved in, and they’ve been hard at work ever since turning that promise into beautiful, functional reality. There is some construction still underway, particularly at the front of the building, but nearly all of the work is complete, and we have begun to settle into our new home.

The building truly has been transformed with the addition of many windows, a glass clerestory and a new

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Transformation of the visitor’s entrance at the front of the building is still underway.

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An Event to Remember: Event Templates Released

By Ben Frayser, EDI Client Support Center Supervisor

Quadax EDI is pleased to announce the introduction of Event Templates to the Portal’s “Log New Event” tool. Event Templates standardize the collection and display of information when creating new Help Desk events, making it easier for you to provide the information we need to resolve your event.

When creating a new event through the Portal, you will be taken through a series of menus to choose the Event Template that best fits the issue you’re reporting. Main menu options are:

1. Client Setup
2. Errors On Claims
3. Transmission of Claims
4. Remittances
5. Technical Issues

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A Moving Story

(from page 1)

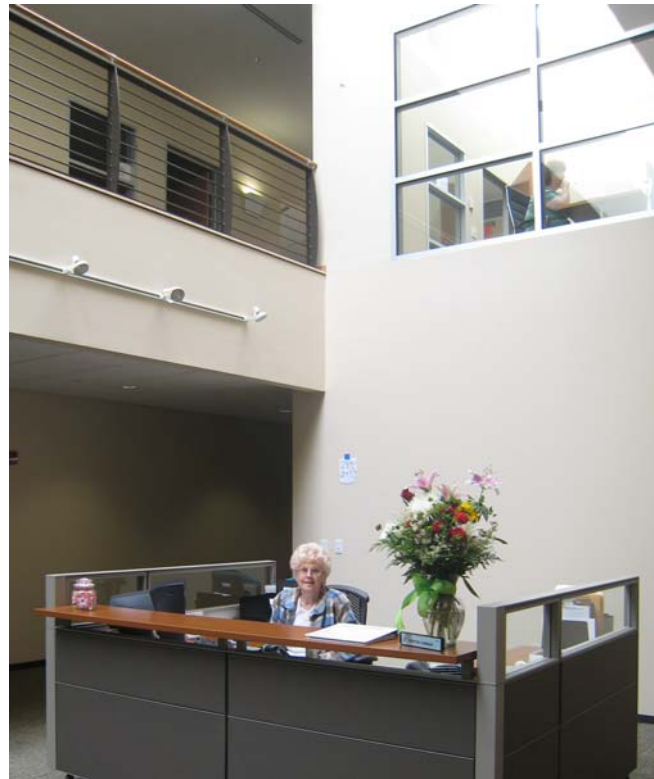
skylight, and a new third floor featuring conference rooms to accommodate a greater number of concurrent meetings. The atmosphere is open, well-lit, and pleasant as well as professional. And, with this move, we are able to bring back into the fold several departments who had been relocated to temporary satellite offices due to the steady growth that pushed us beyond the capacity of our former building.

The weekend of the move (July 25-27), Quadax Network Services staff worked long hours installing PCs, phones, and more to ensure business continuity. Though there were boxes to be unpacked on our first morning here, it did not take most people very long to settle in and get right back to work. In fact, on our first day here, Monday July 28, 129 support calls were handled by our EDI Client Support Center and HARP Help Desk, and 37 payer transmissions were conducted successfully.



A view of some of the office space on the first floor

Our new headquarters is conveniently located just minutes from two interstates and the Ohio Turnpike, with several hotel and restaurant options close at hand. We're still within 5 miles of Cleveland Hopkins International Airport, but enjoy a verdant view of the woods at the back of our property. Our new home is sweet indeed, and we look forward to welcoming many of you, our friends, colleagues, and clients when you are in the area. ◇



Receptionist Dottie Farrar greets visitors in our main lobby



The main entrance at 7500 Old Oak Boulevard

2008 Xpeditor Enterprise User Conference

By Emily Emmerich, Marketing Communications Specialist

The sixth annual Xpeditor Enterprise User Conference was held in May at the Bertram Inn and Conference Center in Aurora, Ohio. Conference attendees represented more than fifty healthcare institutions throughout Ohio, Pennsylvania, West Virginia, Michigan, and Kentucky. The two-day event, themed "Real Strategies, Synergies, and Solutions," offered valuable insights into more efficient use of Xpeditor features, a look at product development and service enhancements on the way, and demonstrations of the synergies between Xpeditor and the applications or services of our partner organizations.

Attendees found the presentations of two guest speakers to be particularly thought-provoking. The *Crucial Conversations for Healthcare* seminar led by Dr. Kurt Southam equipped participants to facilitate better communication and problem-solving with coworkers at all levels. Daniel S. Leeper, a special agent with the FBI, discussed his agency's healthcare fraud investigation program. Conference attendee Melinda Morgan-Imes remarked, "I thought all sessions were very helpful and informative. I must say that I thought Dr. Southam was one of the best speakers I have ever heard."



Dr. Kurt Southam addresses attendees on the need for better communication and problem solving skills

Perhaps most relevant to attendees, however, was the variety of in-depth and detailed breakout sessions related to Quadax EDI, including Denial Management Tools, Xpeditor COB Functions, and Xpeditor Remittance Functions. Matt Haase particularly enjoyed that session, commenting, "The Xpeditor

Remittance Functions session was helpful because it included a lot of information and was well-explained." He went on to say, "I think the breakout sessions were very informative, with detailed, relevant information." For Dilys Krueger, the most beneficial part of her experience at the Xpeditor User Conference was "meeting other users, meeting Quadax employees and getting a picture of [the] commitment of Quadax to excel and meet our needs now and in the future."



Happy winners of the Nintendo Wii Game System

This year's evening entertainment, "Here Wii Go!" gave attendees the opportunity to not only meet other users and Quadax employees, but also compete against them, testing participants' golf, tennis, baseball, boxing, and bowling interactive video game skills. Fun was had by all contestants. Winners of each game were entered into a raffle; at the end of the action-packed evening, seven lucky conference attendees went home with their very own Nintendo Wii Game System.

Planning is already in the works for next year's conference! We look forward to seeing you at the 2009 Xpeditor Enterprise User Conference! ◇

**Real Strategies,
Synergies, and
Solutions**

Quadax Receives EHNAC Accreditation

By Cyndi Palmer, Marketing/Communications Manager

Quadax Incorporated has again received full accreditation by the Electronic Healthcare Network Accreditation Commission (EHNAC).

Quadax initially sought and received full accreditation in 2006. In advance of the June 2008 expiration of that initial accreditation, Quadax chose to seek re-accreditation by submitting to a thorough examination of business practices and technical expertise, measured against the latest version of EHNAC Criteria.

“We take very seriously the responsibility of placing our products and services at the very heart of our client’s financial collection operation,” said Tom Kish, CEO of Quadax EDI Services. “The rigorous and comprehensive EHNAC review and certification process assures that our business practices and performance meet the highest level of professional excellence. Since our business model is to be the very best at what we do and to give our customers the highest value for their investment in our services, we are pleased and proud of this achievement.”

EHNAC is a nationally recognized accreditation authority for entities engaged in e-health activities of electronic healthcare transactions and management of healthcare information. These entities include, but are not limited to, clearinghouses, transactions processors, value-added networks, payers, providers, and provider management organizations. EHNAC is



an independent not-for-profit accrediting agency which grew out of the 1993 Workgroup for Electronic Data Interchange (WEDI) Network Architecture and Accreditation Technical Advisory Group.

EHNAC’s function is to promote administrative simplification and cost savings in the healthcare industry and to provide the healthcare transaction industry with an independent capability to develop industry standards, known as EHNAC Criteria. The mission of EHNAC is to promote standards, quality service, innovation, cooperation and open competition within the healthcare EDI industry.

EHNAC Criteria stipulate standards in the areas of Privacy & Confidentiality, Security, Technical Performance, Business Practices, and Physical, Human, & Administrative Resources.

Lee Barrett, executive director of EHNAC, said of Quadax, “Today Quadax joins a select group of clearinghouses that have demonstrated to independent third-party evaluators their ability to deliver their services consistent with the only standards in the industry that measure the overall business practices of a clearinghouse.”

Quadax Incorporated, a privately-held firm, has provided reliable EDI processing along with excellent customer service to healthcare entities throughout the region for more than thirty-five years. Quadax’s premier electronic transaction processing engine is the browser-based Xpeditor Five Series, offering management of claims, eligibility, claim status, and remittance transactions, comprehensive and flexible reporting, denial management, and more. ◇

Did you know?

Many HARP reports can be downloaded to a file and imported into a spreadsheet application, such as Microsoft Excel. This powerful feature gives you complete control over how your data is organized. You can re-sort, filter, and sum the data to find the exact information you need. These files are especially useful for analyzing the same data in several different forms.

If a report can be sent to a file, there is an option on the report selection screen called Create File. Report files must be created when a report is ordered, whether it is run on demand or added to account processing. Refer to the HARP Report Manual online for complete details on how this useful tool can help you get the most from your HARP reports! ◇

NDC Recap

By Thomas Klemens, Manager, EDI Edits & Documentation Group

Over the past few months, there has been a noticeable increase in the number of clients dropping NDCs into Xpeditor with incorrect formats. In an effort to proactively help ensure the proper submission of NDCs, the following recap of NDC information has been compiled from previous *Connections* articles:

"NDC" is the acronym for National Drug Code. It is an 11-digit number that identifies a specific drug and provides additional information about that drug. The NDC number is composed in a 5-4-2 format. The first five digits identify the labeler/manufacturer of the drug and are assigned by the Food and Drug Administration (FDA). The remaining digits are assigned by the manufacturer, and identify the specific product and package size: specifically, the second segment identifies the product, product’s strength, dosage form and formulation, while the third segment identifies the package size of the drug.

For UB claims, the actual NDC Code will be extracted from the RCC Description field. It must be entered in one of the following formats: **NDC: + 1 space + the 11 digit NDC Code OR N4+11-digit NDC Code** (which is based on the most recent NUBC billing specifications). Please note that the NDC Code is sent in the LIN ANSI segment with a N4 Qualifier. For 1500 claims, the 11-digit NDC code should be entered in the "NDC Code" field on the charge line.

UB edit "U43001 - NDC Code Required OR Invalid Format" and 1500 edits "197001 - NDC Missing" and "197002 - NDC

Invalid" are in place to ensure the proper submission of an NDC on all Medicare claims and select Medicaid claims. The edits will be applied to other payers as required.

There are three NDC-related fields in the charge lines of both the UB and 1500 Claim Form Replicas in Xpeditor:

NDC Unit of Measure—A qualifier indicating the type of measurement used for the drug. The valid qualifiers are:

- ◆ F2 – International Unit
- ◆ GR – Gram
- ◆ ML – Milliliter
- ◆ UN – Unit

NDC Quantity—The actual Quantity/Unit entry for the drug being billed. This must be a numeric value.

NDC Unit Price—The Unit Price of the drug.

When an NDC number is reported, providers must also record *all* supporting information, such as the unit of measure, quantity, and cost. If all of the supporting information is not provided and an NDC is on a claim, our entire file will be rejected. Appropriate edits have also been created to be raised on both UB and 1500 claims that do not have all the necessary information.

As usual, if you have questions or concerns about the proper use of NDCs, please contact either your Service Representative or the Quadax Client Support Center. ◇

Event Templates Released

(from page 1)

Within each menu is a refined list of template items. Again, you will choose the item that most accurately matches the issue you are reporting. The next screen will display the Event Template itself. Here you will see a list of line headers with an empty text box to the right. Each line shows you the information we are requesting; the text box is where you will enter this detail. Once you have entered the information, click on the “Use this template” button to submit the template.

After submitting the template, you will be taken back to the event creation screen. From here you may choose additional

event options, add more detail as desired, or submit the completed event.

Although you may bypass Event Templates entirely, we highly recommend using them to their fullest potential. Templates have proven to be effective at reducing resolution time of support requests.

Event Templates are the progression of policies enacted in the EDI Client Support Center over two years ago. This new tool has been used successfully by Quadax employees during the past months, and we are very excited to finally share it with you. We are confident you too will appreciate Event Templates — especially when your resolution times are reduced! ◇

PQRI Payments

By Candace Wintering, TechComm Services Manager

CMS announced that it will begin sending payments to participants in the 2007 PQRI in August 2008. Along with the announcement, CMS provided some interesting statistics on participation and payments for the 2007 PQRI.

Just over half of the professionals and practices who participated in data collection efforts will receive payments (109,349 tried and 56,722 were successful).

- ◆ Average number of measures reported: 3.63
- ◆ Average payment for individual: \$630
- ◆ Average payment for group: \$4,713
- ◆ Largest payment to a group: \$205,795

- ◆ Total measures reported: 6,722,753
- ◆ Total payment amount: \$36 million
- ◆ Providers in all 50 states plus D.C., Puerto Rico, Virgin Islands and Guam participated in the program.
- ◆ Florida (over \$3 million) and Illinois (over \$2 million) received the highest incentive payments.

Participants in the 2007 PQRI can access confidential reports that show a summary of the data they submitted and how they compare with other participants. Feedback reports are available online to providers registered with the Individuals Authorized Access to CMS Computer Services – Provider Community (IACS-PC). (<https://applications.cms.hhs.gov/category.html?name=acctmngmt>)

More measures and reporting options are included in the 2008 program so CMS expects greater participation this year. ◇

XP Online Transitions to Xpedito Five Series

By Ben Frayser and Cyndi Palmer

Quadax is proud to announce the release of the latest generation of our healthcare transaction processing system, Xpedito Five Series. Quadax software engineers began development of Five Series a couple of years ago, and it is now in successful, live use in several facilities. As with our classic version of Xpedito, Five Series is available both as an enterprise (installed at a client facility) system and as a hosted system, with the software and databases residing at the Quadax Data Center, permitting clients to use the applications through a secure Internet connection.

Xpedito Five Series, whether enterprise (xp5e) or hosted (xp5i), is built on the same solid database and processing structure that makes classic Xpedito so powerful, but uses new technologies to deliver an enhanced, easy-to-use interface with features to increase productivity and flexibility. Five Series is a browser-based application, meaning that pages open with Internet Explorer in much the same way that they do when you're using Google or Yahoo. Five Series will still give your healthcare data complete HIPAA-compliant security as well as the business continuity advantage of having your

critical data stored and protected off-site. You'll also enjoy greater flexibility afforded by the browser interface, hyperlinks to helpful resources, and reports returned to you using Microsoft Excel, giving you virtually unlimited control over the way your reports are sorted, displayed, printed, and saved.

Most Xpedito Enterprise users have been hearing news about Five Series for a while now, since the transition for them will



be a little more involved. XP Online users, however, will enjoy a nearly effortless migration from the Citrix-enabled XP Online to the new Five Series, since your system is currently, and will continue to

be, hosted by Quadax. The migration will be conducted in phases, with the first phase occurring throughout the month of August 2008. Notification, along with information about coordinating with Quadax personnel to ensure a smooth transition, will be provided prior to each migration phase to those clients who will be affected.

Five Series is still Xpedito, only *better*, offering you superior transaction management. Your Service Rep or any EDI Client Support Center representative would be happy to answer any questions you may have regarding Xpedito Five Series or your migration from XP Online to xp5i. ◇

Quadax Expands Reimbursement Support Service Line

By Mike Leszcz, Director, Reimbursement Support Services

Quadax continues to expand Reimbursement Support Services, which are designed to improve reimbursement levels for leading-edge healthcare technologies. When products and services are new to the market, they present challenges in obtaining reimbursement from third-party payers. Reimbursement Support addresses these challenges through a unique combination of skilled people, customized processes, and our proprietary software, called Patient Advocacy System (PAS), which is integrated with our core billing service.

Central to Reimbursement Support are the pre-billing, appeal, and reporting modules in PAS. In the pre-billing stage, our patient advocates confirm benefit information from a patient's insurance carrier, handle any prior authorizations required, and then discuss the reimbursement process with the patient. The PAS software provides a record of these efforts and an automatic workflow for each step in the process. If all

or part of a claim is denied, the appeals module automatically files an appeal with the carrier. If necessary, our skilled appeals staff submits higher-level appeals with case-specific clinical support. The reporting module provides payment and appeal data that is valuable to our clients as they pursue contracts with payers.

Reimbursement Support clients include providers of services and products that are critical for the treatment of diseases such as cancer and diabetes. New clients in 2008 include molecular diagnostic testing labs and a medical device company. To support our current and planned growth, we have added staff in account management, training, production operations, and quality assurance. They come with varied backgrounds in project management, data analysis, and clinical healthcare. All, however, are dedicated to the Reimbursement Support Services goal of ensuring claims for non-contracted services are paid at the highest reimbursement rate. For more information about Reimbursement Support Services, contact your Quadax Service Representative or Mike Leszcz at MikeLeszcz@quadax.com. ◇

Medicare Part B News

By Janet Browning, Quality Assurance Specialist

CMS has issued a Joint Signature Memorandum that may be of interest to some of you. It involves how independent laboratories bill for the technical component of physician pathology services furnished to hospital patients.

Technical Component of Pathology Services

In the final physician fee schedule regulation published in the Federal Register November 2, 1999, the Centers for Medicare & Medicaid Services (CMS) stated that it would implement a policy to pay only the hospital for the Technical Component (TC) of physician pathology services furnished to hospital patients. Prior to this proposal, any independent laboratory could bill the carrier under the physician fee schedule for the TC of physician pathology services for hospital patients.

At the request of the industry, to allow independent laboratories and hospitals sufficient time to negotiate arrangements, the implementation of this rule was administratively delayed.

Subsequent legislation formalized a moratorium on the implementation of the rule. As such, the carriers have continued to pay for the TC of physician pathology services when an independent laboratory furnishes this service to an inpatient or outpatient of a covered hospital.

The most recent extension of this moratorium, established by the Medicare, Medicaid, and SCHIP Extension Act (MMSEA), expired June 30, 2008. A new extension of the moratorium has been established by the Medicare Improvements for Patients and Providers Act of 2008, retroactive to July 1, 2008.

The prohibition is now rescinded and the moratorium will continue effective for claims with dates of service on or after July 1, 2008, but prior to January 1, 2010. ◇

(CMS Joint Signature Memorandum (JSM) 08413, dated July 17, 2008, and LR 200807-23)