

Quadax EDI Makes the Grade

By: Cyndi Palmer, Marketing / Communications Manager

The news was announced at the end of June...and it was good: the EDI clearinghouse unit of Quadax, EDI Services, had earned full accreditation by the Electronic Healthcare Network Accreditation Commission (EHNAC).

EHNAC is a nationally-recognized accreditation authority for entities engaged in e-health activities of electronic healthcare transactions and management of healthcare information. It 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.

Accreditation by EHNAC indicates that a VAN or clearinghouse has met or exceeded EHNAC's performance criteria for EDI – a combination of speed, accuracy, and data integrity. The process of accreditation for an organization approved for candidacy begins with the Self-Assessment phase, through which the organization gathers documentation supporting compliance with more than one hundred performance standards in five categories. Additional steps include a Site Visit, Report of Findings by Site Visitor, and a review of all documentation and a vote by the Commission.

Overall, the entire process was a rewarding one for EDI Services. Putting all of our business practices under a microscope is, unfortunately, not an exercise we often

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HARP Energized by HP-UX

By: Mark Sprowls, Vice President

The migration of Quadax's HARP billing software to the HP-UX operating system is in full swing. The move, necessitated by Hewlett Packard's discontinuance of the HPe3000 line of servers running the MPE operating system, has been a success.

In March, an HP-UX server with four Itanium2 processors was purchased, and was immediately put into use hosting our Patient Advocacy system. Shortly thereafter, we began moving clients for whom Quadax performs billing internally to this new server. We are currently moving 3-5 customers each week. Beginning in October, we will begin migrating those of you who use HARP using our ASP (Application Service Provider) model.

How did Quadax go about the migration process?

HARP was developed using a development tool called Speedware 4GL, which runs on both MPE and HP-UX. One set of source code has been maintained and is compiled on both systems. Thus all enhancements and bug fixes are only done once, and users are running the same version of HARP without regard to the operating system. Our Quality Assurance department thoroughly tested the online portions of HARP. Batch processing was put through rigorous testing in which results from both operating systems were analyzed in great detail.

What results have we seen as a result of the migration?

The performance of batch processing has been outstanding, to say the least. Processing

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10 Year Anniversary: HIPAA Lessons Learned

By: Catherine Sicker, Compliance Officer

Michael Leavitt, the Secretary of the Department of Health and Human Services (HHS), received a letter from the National Committee on Vital and Health Statistics (NCVHS) making some preliminary observations and recommendations regarding the adoption and use of transactions and codes as adopted under HIPAA. In his letter, Dr. Simon P. Cohn, the Chairman of the NCVHS, gave the following remarks and advice:

Observation 1: Implementations: HIPAA implementation has taken longer than anticipated in the HIPAA legislation. The causes for this are numerous and include the fact that actual publication of the rules has taken much longer than expected, as well as the fact that while payers were required to implement all standards, adoption by providers was not required.

- **Recommendation 1.1:** HHS should undertake a comprehensive evaluation of HIPAA implementation in order to identify barriers to timely, efficient and effective implementation, as well as areas for future improvements.

Observation 2: The process for changing versions or updating versions of HIPAA standards is slow and cumbersome. The HIPAA final rule requires covered entities to use a particular version of a standard, without modification. It does not permit voluntary adoption of new versions; in contrast, this is permitted under the electronic prescribing final rule.

- **Recommendation 2.1:** The Department should immediately explore ways to facilitate quicker updates and implementations of HIPAA transaction standards in a manner that can reduce or eliminate areas of redundancy in this process, including the possibility of not requiring HHS notice and comment rule-making for a version update of an already existing HIPAA transaction standard.

- **Recommendation 2.2:** The Department should expedite issuance of the NPRM on current HIPAA modifications.

- **Recommendation 2.3:** The Department should determine what would be necessary to facilitate synchronization of the timing of implementation of changes to HIPAA code sets (including medical and non-medical data code sets) to minimize the scope and

quantity of changes experienced by the providers, payers, clearing houses and vendors.

Observation 3: Return on Investment (ROI). The testifiers who were using only the HIPAA health claims transactions indicated that they were not yet able to show a positive ROI.

- **Recommendation 3.1:** HHS should take additional steps to increase the adoption and use by providers and payers of all those HIPAA transaction standards beyond the health claims transactions, such as eligibility (270 / 271), claim status (276 / 277), payment and remittance (835), and referrals (278).

- **Recommendation 3.2:** HHS should actively work with payers to facilitate inclusion of enough information in their responses (eligibility standard 271 and claim status standard 277) to allow providers to use the information to actually improve their processes.

- **Recommendation 3.3:** HHS should actively work with vendors to encourage their inclusion of the aforementioned non-claim transactions in practice management software used in provider offices.

- **Recommendation 3.4:** HHS should continue to support ongoing work by the industry and SDOs [Standard Development Organization] to reduce unnecessary variability of business rules, as currently documented in companion guides.

- **Recommendation 3.5:** HHS should facilitate and encourage the adoption of one of the currently non-mandated acknowledgement transactions (e.g., 997 or 999) to standardize the acknowledgment process between providers, payers, clearing-houses and vendors

- **Recommendation 3.6:** HHS should continue the use of pilot testing new HIPAA standards, such as the pilot conducted with the proposed claims attachment standard, to obtain a real look at the actual benefits, issues, business impacts and system changes surrounding the proposed standard.

Additional information and recommendations on HIPAA implementation will be included in the NCVHS' annual report, due later in the year. Dr. Cohn's entire letter is available at <http://www.ncvhs.hhs.gov/060620t2.htm>. ◇



Creating an Event to Remember

By: Ben Frayser, Quadax EDI Client Support Center Supervisor

Our EDI users find the ability to create a support event from the ASP Portal a convenient alternative to contacting our EDI Client Support Center (CSC). The event itself gets routed to the same people and is given the same commitment of timely resolution as one created during a phone call. In fact, an event logged via the portal is the same as an event taken at the CSC except for the way the event is initiated and/or the person recording the opening comment.

I recently created a document as a training tool for the CSC staff that identifies important information they'll need to know for our most common support issues. To ensure your event is handled in the most efficient way possible, I'll share these suggestions by summarizing that training document.

Remittances

Missing remittances are some of the most troublesome issues. They are a problem for our clients because they need to be posted or settled; they are a problem for us because they can be difficult to research. Clients will save time and frustration if they provide important information about the missing remit. Below is a list of important remittance information to provide when initiating an event:

- Payer
- Provider number
- Check date
- Check number
- Check dollar amount

In some cases, having a copy of the EOB available will also be helpful if we need to contact the payer for the remit.

Errors

When dealing with claim errors, many clients are in the habit of referring to the patient by account number. However, we find it more beneficial to know the *document number*, especially since the Patient Account numbers vary greatly from one client to another. It is helpful if you can provide the Payer and Claim Type. In addition, please try to provide the error code *in full*. For example: "17A001: Referring Number is Invalid", or "*P00001: Invalid Provider Number". This information will help identify the type of error: Xpeditior, mainframe, payer, XpressBillor, or Custom Edit.

Transmissions

Similarly, to verify that a claim was transmitted requires the document number and payer/claim type. But we also need to know the date the claim was released. It is also useful to know the Provider and Patient Name.

Technical

Problems of a technical nature are also common. Unfortunately, they are sometimes the vaguest as to the cause or nature of the problem. To help identify and resolve the issue, please try to be as clear as possible in your description of the problem. Include descriptions of the error or problem itself, what you were doing or the task that was running, the action you expected, and whether or not it's a recurring issue.

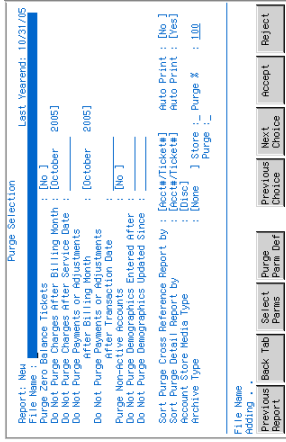
Run Time Errors (RTE) that occur on automated tasks from the Director PC, such as Communicator or print file processing, are documented by the program that was running at the time the error occurred. These errors often consist of an error number and error description, which are very useful in identifying the cause of the problem. Consequently, we prefer that you keep both the error and description on the Director PC instead of clearing it, so that our Technical Representatives can view it. If the problem occurs on a user's workstation, please let us know if it is contained to that PC or if other users are having the same problem.

All of this information should be readily available from within Xpeditior or to users that have access to the Director PC. Obviously, the more information you can provide when you report an issue, the quicker we will be able to resolve it. This will help save valuable time that would otherwise be spent with follow-up to acquire this same information.

Rest assured that the EDI CSC is fully functional and available to take your call if that is how you prefer to contact us. The ASP Portal is merely a viable alternative to a telephone call.

Register for the ASP Portal at www.quadax.com/user/register.asp Logging into the Portal can be done from the Quadax home page www.quadax.com Once you have access to the Portal, you'll find the link "Log a new event" in the "Personal Support" box on the left. ◇

percentage parameter, and whether the purge runs with an archive database.



When a purge is run, there are several options available to retrieve purged data, if needed. These options include putting the data to a report, a CD, or archiving on your systems. For more information, go to "System Operations" in the HARP Documentation, which can be accessed from the ASP Portal at www.quadax.com.

Quadax Goes to War (College)

By: Pat Daley, Field Service Account Executive

Miami in May. A wonderful time to visit, and an even better time for a Laboratory / Pathology Management conference. The 11th Annual Executive War College was held May 3rd through May 5th at the Hotel Intercontinental in downtown Miami. The arduous task of attending this conference fell upon Mike Kovacs and me.

The Executive War College holds this event annually, and it was the first time the event was held in Miami. This conference is a chance for the upper echelon of laboratory and pathology management to come together to discuss and share information on matters critical to their industry. The War College convenes a three-day schedule of talks, presentations, Q&A, and break out sessions designed to cover all of the "hot button" issues affecting labs and pathology groups.

Quadax clients represented a good portion of the professionals in attendance as well as a few of the presenters. This was a great opportunity to see some familiar faces and brush up on some current and exciting developments in our industry.

While not a true "vendor friendly show" with displays and vendor receptions, the War College, along with Robert L. Michel, founder of the War College, made Mike and me, as well as vendors from across the industry, feel very welcome. Quadax did play a sponsorship role in the War College and Quadax marketing materials were available for attendees who were interested. ◇

Faster and Faster...

By: Chuck Parker, EDI Project Leader

In an effort to get your claims to the payers at an ever faster pace, Quadax recently implemented a more rigorous transmission schedule for many of our Medicare payers. If a client releases claims to Quadax before any of these processing times, the claims are likely to be processed at the payer by the following hour. Our goal is to be able to get claims to the payers as fast as possible and even be able to tell our clients if there are any front-end payer rejections, sometimes multiple times a day (depending on the payer's own internal processing schedules, of course).

In addition to our nightly transmission, we are now sending many of our Medicare claim transmissions at the following times: 8:00 a.m., 10:00 a.m., NOON and 2:00 p.m.

This new schedule allows Quadax to also retrieve transactions quicker from the payers, including 997 File Acknowledgements, Accept/Reject reports, and even ANSI 835 Remit files. Quadax continues to work with all of our payers to implement even faster turnaround times on claims.

In short, the faster we get claims to the payers, the faster they will process them, resulting in a decrease in your days in A/R. And isn't that what EDI claims processing is all about? ◇

HARP ENERGIZED BY HP-UX (from page 1)

times have been cut to as little as 1/6th of the times they previously took. HP-UX requires more processing power than did MPE, but the processors being built for HP-UX today more than make up the difference.

How does the migration affect you?

If you are a user of HARP on Quadax hardware, you will be given a new logon procedure. Once logged on, you are running the same application with which you are familiar. No retraining is necessary. Demand reports as well as monthend reporting will be available much quicker than in the past.

The improved performance of our HARP servers will undoubtedly improve upon the service Quadax provides to you. We have overcome the challenge of porting HARP to HP-UX, and hope to improve upon the software using some of the many technologies now available to us. Quadax remains committed to making HARP your medical billing solution. ◇

have time to engage in. This process gave us that opportunity, and the results affirmed what we have been saying all along: we have an incredibly dedicated, intelligent group of people through whose innovative spirit and expertise Quadax is able to maintain a standard of excellence in every facet of our operation.

But the greatest benefit of the process goes to you, our Quadax clients.

As time goes on, it's clear that the industry certifications will be increasingly important for successful enterprises in the healthcare transaction marketplace.

Relay for Life

By: Ben Frayser, Quadax EDI Client Support Center Supervisor

For the third year in a row, Quadax participated in the American Cancer Society's Relay For Life Fundraiser, held on Friday June 9th in Westlake, Ohio. Quadax employees raised a total of \$12,448.96, an increase of more than \$3000 over last year. The money raised by our team was enough for a second place finish among all participating organizations.

Fundraising activities included the return of the Department Coin War, in which Quadax employees were divided into teams competing against each other. For this challenge, coins are "positive money", while paper currency is "negative money" that can be used to "sabotage" other teams totals. Over \$2400 was raised with this activity alone.

The very popular Casual Week, which allowed employees to buy the right to extend "Casual Friday" for one week in November, March, and May, raised \$1200. Some employees volunteered to bake items, which were sold every Monday for about two months for \$1.00 each. This venture contributed over \$550. Other fund raising events included donations (over \$3000), a spaghetti dinner (approximately \$2700, net), and raffles (over \$2000). The Quadax Relay For Life team would like to offer special thanks to their corporate sponsor Nordson, an adhesives manufacturer, for a donation of \$500.

Congratulations on a successful campaign go to Team Leaders Suzi Piskur and Jennifer Campobenedetto. Team Members were Maria Ianiro, Stephanie Ford, Sean Esson, Geoff Kenney, Lauren Plasterer, Lynn Lazelle, Theresa Jarzembak, Duncan Roberts, and Carrie Wysocki. ◇

However, we don't believe in certification for certification's sake; our goal, as always, is to bring value to organizations in the healthcare industry through innovative business solutions built on superior technology, enhanced with excellent service.

When a certification or accreditation process can help us move farther along that course, by helping us identify benchmarks, refine protocols, and build a strategic framework for continuing to meet performance standards, its value transcends any stamp of approval we might display. ◇

Medicare to Delay Payment

By: Catherine Sicker, Compliance Officer

Buried in Sec. 5203 of Public Law 109-171 (the Deficit Reduction Act of 2006) http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ171.109.pdf is a mandate (<http://www.cms.hhs.gov/Transmittals/2006Trans/itemdetail.asp?filterType=keyword&filterValue=4349&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS060588>) for the Centers for Medicare & Medicaid Services (CMS) to hold Part A and Part B payments for all claims from September 22, 2006 through September 30, 2006, the end of the Federal fiscal year.

This delay effectively defers the expense until fiscal year 2007. More specifically:

- The hold applies to all paper and electronic claims subject to payment, including PIP, MSP, RAPS, beneficiary, etc.
- It does not apply to full denials and no-pay claims.
- Claims held as a result of this one-time policy will be paid on October 2, 2006.
- No interest or late penalty will be paid to a provider for any delay in a payment.
- Medicare contractors will continue to apply the 14-day electronic claim payment floor and 29-day paper claim payment floor.
- Contractors have the option to send cross-over files during the payment hold.

For more information, view the CMS Medicare Learning Network article at <http://www.cms.hhs.gov/MLNMatersArticles/downloads/MM5047.pdf> ◇

Summer Cleaning: Purge Purge Purge

By: Gina Judson, Technical Support Manager

It's often the little things in life we have a tendency to overlook that can benefit us in the long run. The same holds true for your HARP system. Here are some of those "little things" you can do that will help you reap big benefits by maintaining your system for optimum performance. These simple tasks, detailed below, should be done routinely and, for the most part, should not interfere with your daily operation. In fact, they should enhance it. It may be helpful to create a checklist of maintenance tasks, based on these ideas, so that these simple tasks aren't overlooked.

Purge Old Processing Schedules

Purging old data that is no longer needed helps reduce the amount of time it takes for system processing and back-ups. The Delete Old Data option, located under the Tools menu in the System Monitor, does just that. This function streams a batch job that will delete entries from the System Monitor Schedule and/or the System Monitor Messages. (The System Monitor Messages is referred to as log data since it includes messages, batch job logs, and other information.) Simply enter a date to schedule data, log data, or both. However, the date for scheduling data cannot be within a week of the current date, as at least one week of scheduling data must be kept. Similarly, the date for log data cannot be within one month of the current date, as one month of log data must be kept.

A confirmation query, like the one to the right, will appear after pressing <F7> "Accept". As rule, it is strongly recommended that clients keep about *six months* worth of Scheduling and Log Data. If a problem occurs, it is helpful to have some history to review.

```
Delete Scheduling Data From Before : 
Delete Log Data From Before       :
```

Purge Old Remittance Data

A memo was sent to our Standalone Clients in March about purging old remittance files. As the memo indicated, Quadax only keeps a year to a year and a half of data on our system. In fact, you are required to keep at least a year of remittance data on your system. Since we archive all remittance files on our system, we would be able to restore any file that may have been purged if the need arose.

If you would like to purge some of those old remit files, just complete the request form and fax it to your Technical Service Consultant. You can also call or e-mail your Technical Service Consultant if additional forms are needed.

```
REMIT DELETE BATCH[M]
Virtual Machine : QUADAX
Insurance Code  : 
Entry Date Range : - -
```

Purge Old Databases

Some of our clients keep databases they no longer use on their system. For maximum efficiency, databases no longer being used should be purged from the system. Purged databases will not get backedup with the Daily or Total Backup, which will have a significant impact on how long the backup process will take. This will also increase available disc space. Please contact your Technical Support Consultant for proper instructions on how to purge old databases.

Purge Old Data from Active Database

As new demographics, charges, receipts and adjustments are being added on a daily basis, your databases continue to expand. As the databases grow, the time it takes to run a report, run processing, and store the databases also continues to grow. Running a purge will increase available disc space, decrease processing time (especially when Insurance Review (HAIRS) is run), and decrease the time it takes to store the database for daily back-ups as well as total back-ups. The purge system in HARP gives you the option to purge old patient demographics and/or transactions.

There are four job streams in the purge process - PREPURGE, PURGESEL, PURGEJOB, and POSTPRG (see example on Page 6). Each is submitted by the previous job, and the PREPURGE is submitted from the Purge Selection Screen. The Purge Selection Screen can be accessed from HARP (Main Menu > Account Processing > Purge System) or SYSMON (Main Menu > Account Utilities > Purge System).

It is difficult to predict the resources needed to perform a purge. Processing time depends on the size of the client database and the amount of data being deleted. The general rule is the larger the client database, the longer the purge process. The amount of additional disc space depends on the size of the client database, the amount of data being deleted, the purge

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To "Q" You In

By: Janet Browning, Quality Assurance Specialist

Administration of Influenza and/or Pneumonia (PPV) Vaccines

CMS Change Request (CR) 5037 provides specific information regarding payment for Influenza and/or PPV vaccines. Effective for dates of service on or after October 1, 2006, the following are the new instructions:

- Report diagnosis code **V06.6** on claims when the purpose of the visit was to receive **both** vaccines.
- Continue reporting diagnosis code **V03.08** on claims that contain **only** PPV vaccine and its administration.
- Continue reporting diagnosis code **V04.81** on claims that contain **only** Influenza vaccine and its administration.
- Use CPT code 90660 on claims when billing for Influenza Virus vaccine, live, for Intranasal use.
- Neither a deductible nor a coinsurance will be applied to CPT code 90660, and its administration.
- Use HCPCS Code G0008 when billing for the administration of CPT code 90660.

Medicare Secondary Payer Claims - Primary Payer is bankrupt

Palmetto GBA recently published an article addressing procedures for billing Medicare Secondary Payer (MSP) claims when the primary payer is bankrupt or insolvent. When a primary payer fails to pay primary benefits because it is bankrupt or insolvent, CMS does not make a conditional primary payment and does not make a Medicare secondary payment until after the conclusion of the bankruptcy or insolvency proceedings.

After the conclusion of the bankruptcy or insolvency proceedings, providers, physicians, or other suppliers may file Medicare secondary payments. During the liquidation process, participating providers who have accepted assignment may not collect or seek to collect from the beneficiary or the beneficiary's estate, charges for Medicare covered services.

The full article can be viewed at [http://www.palmettogba.com/palmetto/providers.nsf/\(Docs\)/85256D580043E7548525719B004427EE?OpenDocument](http://www.palmettogba.com/palmetto/providers.nsf/(Docs)/85256D580043E7548525719B004427EE?OpenDocument). ◇

Keeping the Lines of Communication Open...

By: Cyndi Palmer, Marketing / Communications Manager

The lights went out at the Fourth Annual Xpeditor Enterprise User Conference three months ago, but the valuable exchange of ideas enjoyed at the conference has led to light bulbs going on for programmers and planners here at Quadax ever since. At least seven suggestions offered by XPE users have already been implemented; one more is in progress for implementation soon, and another will go into effect in the Tracking component of the browser-based version of Xpeditor. One more suggestion, from Debbie Christian at MedCentral Health System, has led to the feature we're calling Xpeditor Xchange.

Xpeditor Xchange will provide an avenue to continue the valuable dialogue we enjoy at the annual User Conference, on the secure ASP Portal. You'll be able to submit questions & suggestions, and view our responses to those we receive from you and others. You'll also have the opportunity to "Explore the Possibilities" of Xpeditor by examining the various ways that other facilities – your peer organizations – are using Xpeditor to improve their processes.

We value the open lines of communication we've built with our clients, and look forward to this new channel for interaction. Look for the folder, labeled "Xpeditor Xchange" on your ASP Portal page soon.....and participate in the "Xchange" of ideas!

.....Longer

The EDI Client Support Center (CSC), always your best call for reporting difficulties or asking questions about your Xpeditor or Xp Online system, has just gotten better: the hours for both the CSC and Technical Support have been extended to begin the day at 6 a.m. (Eastern). Representatives will still be on hand until 5 p.m. each day (Monday through Friday) to take your calls. Don't forget, you can also log a support event through the ASP Portal virtually 24/7, and support representatives will respond as soon as possible. ◇

Xpeditor Xchange will provide an avenue to continue valuable dialogue via the ASP Portal