

### EDI's 2006 Employee of the Year

By Mary Beth Bennett, Marketing Specialist / Newsletter Editor

At the EDI State of the Department held last month, EDI Vice President Tony Petras named Ben Frayser the 2006 EDI Services Employee of the Year.

Serving as Client Support Center Supervisor, Ben exhibited all the qualities of the ideal Employee of the Year. Among many "qualified individuals worthy of consideration for the award," said Tony, Ben was chosen primarily because of his "path taken to get to this point."

Ben was recognized for "demonstrating entrepreneurship in the way shortcomings are addressed and activity is conducted... [showing] dedication by sticking 'with it' in the face of adversity, and using initiative to develop approaches, methods, and a spirit of camaraderie that produces results," continued Tony.

When asked how he felt about receiving the accolade, Ben was gracious and honest. "I am very honored and proud of the achievement," he responded. "I have tried to work hard and

contribute in a meaningful way... and am pleased with the work that I have done."

Beginning his career with Quadax in early 2004, Ben has been a key asset in its success and has valued his time working at the innovative healthcare billing and services organization.

*"Quadax is a great company... There are many intangible benefits that cannot be described to their fullest; they must be experienced by working here. The atmosphere of camaraderie and teamwork fostered by Tony Petras, Tom Kish, and other management is what I find so appealing about this environment. In Quadax, I've found a company that I really enjoy being a part of; this is a place I do not want to leave."*

Congratulations on your award, Ben! We wish you continued success at Quadax. ♦

#### CONTACT INFORMATION

Register for the ASP Portal at [www.quadax.com/user/register.asp](http://www.quadax.com/user/register.asp)



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### HARP Positioned for Change NPI-Revised CMS-1500 and UB-04

By Kathy Novak, Vice President, Implementation and Support

2007 promises to be a very interesting year. A year of change, that's for sure!

The magic date is May 23, 2007. This is when the National Provider Identifier (NPI) will be required on electronic transactions for HIPAA covered entities. Although this mandate is meant to "simplify" healthcare transactions, getting there is not necessarily that simple and certainly requires effort.

HARP and Quadax EDI have been busy making the changes necessary to comply. Electronic transactions for many payers have already started including dual provider numbers - legacy and NPI. HARP users and Quadax Service Consultants have been working together gathering NPIs and legacy qualifiers

and populating them in HARP.

The next step in this transition is to begin including NPIs on hardcopy claims. Two new claim forms are necessary to implement NPI - the revised CMS-1500 (08-05) for Professional services and the UB-04 for Institutional. These new forms provide fields for both legacy provider numbers as well as NPI. Also, a qualifier field associated with legacy provider numbers is required during the transition period which indicates the type of number (license number, social security number, UPIN, etc.) printed. Several other fields have been moved, changed, or removed.

We've been monitoring payer announcements regarding their readiness to accept the NPI, new CMS-1500 and UB-04. Those announcements have been mixed. Many payers are already able to process transactions with NPIs and claims on the revised CMS-1500. Yet, others are asking providers to wait.

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### 8th Annual EDI State of the Department

By Mary Beth Bennett, Marketing Specialist / Newsletter Editor

Last month marked the annual Quadax EDI State of the Department address, a symposium for employees addressing the previous year's accomplishments, as well as the departments' future goals for the upcoming year. Led by EDI Services Vice President Tony Petras, the informative presentation examined the distinctive improvements of EDI's four units — Service, Operations, Edits and Documentation Group (EDG), and Xpeditor Implementation Team (XIT) — and their combined contributions to the overall success of the entire department. These achievements proved that 2006 was a significant year for Quadax EDI.

Throughout the meeting, Tony focused on the several goals set previously for 2006 and their substantial results. The completed projects include attainment of the Electronic Healthcare Network Accreditation Commission (EHNAC) certification; eliminations of the Quick™ 'keypunch' service and UPIN update; provision of Client Support Center (CSC) and Technical Support for clients at 6 a.m.; improvements in remittance delivery; and enhancements to the Help Desk, such as client's ability to view closed events.

The Edits and Documentation Group (EDG) was also established during the year, whose primary mission is to "Verify, Clarify, and Simplify." Managed by Tom Klemens, EDG developed into a team designed for documenting our department's processes and edit rules. The documentation they produce includes Codetable Update Reports, application man

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## 7th Annual Quadax Partners' Dinner

As the attendees gathered at the Cleveland Yachting Club on Jan. 11th for the 7th Annual Partners' Dinner, the mood was celebratory. In fact, **Tom Kish** (CEO, EDI Services) noted that 2006 was another record year of growth for Quadax: *"Last year, I said that we expected growth to continue because we had a solid foundation in place and momentum to keep building on it... These things continue to be true, and each year, we are building a stronger company."*

Undoubtedly, the company's greatest strength is the high caliber of dedication and professionalism consistently displayed by Quadax employees. On the occasion of celebrating Quadax achievement, it was only fitting to recognize special anniversaries and contributions to that corporate success.

Two individuals, **John Leskiw** (CEO, A/R Services) and **Brad Daugstrup**, (VP, A/R Services) were honored for their 20 years of service to Quadax. It was noted that a lot has changed in 20 years in terms of the industry, our products, and services. But the growth of Quadax success in the marketplace can be directly attributed to the commitment of long-time employees like John and Brad. Quadax is blessed to have a significant number of people in the 20-plus category of years of service.

Three individuals were specially recognized for their valuable contributions, each having been promoted to executive-level status in 2006: **Phil Conard**, **Trevor Myer**, and **Mark Sprowls**.

Since starting at Quadax in 1993, **Phil Conard** has occupied many key roles within Quadax's Systems department, including Manager of HARP Development and IT Director of Business Services. His current focus, as Vice President, Business Services, is directing the development of our Enterprise Content Management product and providing quality, comprehensive solutions to our clients. He graduated from Mount Union College with a B.S. in Computer Science.

**Trevor Myer**, Vice President, EDI Systems, is the architect and lead developer of Xpeditor, the EDI transaction management system used by hospitals and other healthcare organizations throughout the region. He joined Quadax in 1992 after receiving a B.S. in Computer Science and Mathematics from Mount Union College. Trevor leads a team of programmers/analysts dedicated to the development and support of all PC-based EDI products and is a Microsoft Certified Professional.

**Mark Sprowls**, Vice President A/R Services, is responsible for Computer Operations, HARP development and production, the ASP Portal, and our internal Customer Relationship Management system. Also a graduate of Mount Union Col-

lege, Mark has been with Quadax since 1988. He was the lead analyst/programmer on the HARP 2.0 redesign and is currently involved with the next generation of HARP and the migration of HARP to HP-UX.

The tradition of the Annual Partners' Dinner began with the inception of the Quadax Partners' Program, which was established as an incentive, affording key individuals the opportunity to benefit from the corporate success they help to advance. Achieving Partner status are those employees who, through years of service, have demonstrated dedication to the company, have made significant contributions toward the fulfillment of corporate objectives, and function in a capacity that enables them to have a direct impact on corporate profitability. There are now 37 Partners in the program, including the three new Partners for 2007: **Edwina Smith**, **Ron Rogell**, and **Cyndi Palmer**.

**Edwina Smith** came to Quadax in 1991 with 11 years of experience at Medical Mutual of Ohio. Since beginning her career here, she has worked on several important accounts in the roles of Biller, Supervisor, and Coordinator. Currently Edwina serves as the Billing Manager of Genomic Health and has distinguished herself with the efficient management of challenging assignments and being valuable to Genomic Health, A/R Services, and Quadax as a whole.

**Ron Rogell**, Remittance Project Leader, began his career with Quadax in 1996 and has proven his value as Programmer/Analyst for both HARP and Xpeditor. In 2002, Ron was promoted to his current position. Since then, he designed and developed a proprietary system for processing and tracking remittance data, a web application for viewing archived claim and remittance data, and created custom remittance posting files for clients. His expertise in the complex area of remittance processing has enabled us to improve our services and helped clients maximize the benefit of this HIPAA-manadated transaction.

**Cyndi Palmer** joined Quadax in 2000 to primarily coordinate the marketing efforts for Xpeditor. Since then, she has become Marketing / Communications Manager, working to promote both EDI Services and A/R Services, as well as to help shape our corporate identity through our web presence, promotional literature, and advertising.

Tom Kish concluded the dinner by reiterating his belief about what makes Quadax special and addressing the challenges of the coming year. *"Our greatest company asset is you, our Partners... You exemplify what Quadax is all about: smart, dependable, responsible, loyal, and honest. These are character attributes that define our company... [But] it takes hard work and devotion to our task of building our company's future and our own. So let's keep focused this year."* ♦

For the full article, please refer to the Quadax website.

## An Event to Remember: Part 2

By Ben Frayser, EDI Client Support Center Supervisor

Ever since Quadax instituted the ability to view Help Desk events, there have been queries about the terms we use in documenting and answering your questions. As a follow-up to my August 2006 article, I have accumulated a glossary of definitions of unfamiliar phrases. The following definitions explain some of the language we use in the support events:

### ♦ Xpeditor Codetable Update Report (CUR)

The Codetable Update Report is part of the updates that are made each Wednesday. This is where you will find the information and explanations regarding edit and error changes. The CUR is available through the ASP Portal under the "Latest News" section.

### ♦ CANS Messages

Client Notification Access System (CANS) is an internal tool for communicating important information to you about system processes, availability, payer issues, and much more. Quadax personnel is able to narrow down the recipients of CANS messages to just those clients that were or would be affected by the subject. For example, you would only receive notification of an Ohio Medicaid issue if you submit Ohio Medicaid claims. The full details are contained on the ASP Portal under the "Latest News" section.

### ♦ Run Time Error (RTE)

A Run Time Error is a critical failure of a program when asked to perform a function. It does not normally cause system or program crashes, but will inhibit system performance and functionality until resolved. Quadax technicians will investigate and fix Xpeditor related RTEs.

### ♦ Proactive Events

When the same problem or issue affects multiple clients, Quadax will open a Proactive Event to document the problem and ultimately its resolution. The idea behind this is to have one event documenting the same information for many clients instead of having one event for the same situation for each client affected. At the present time, Proactive Events are not viewable by you, but this communication is planned to be presented at logon to Xpeditor with a future release.

### ♦ Knowledge Base (KB)

Quadax maintains an internal database for reference on diverse subject matter. Xpeditor users have access to the edit

documentation and descriptions that are part of our Knowledge Base. This access is available on the ASP Portal through the 'Error Documentation' link under the Xpeditor tab on the left-side of the Portal page; Xpeditor Enterprise users may access this information by right-clicking on the error from within Xpeditor.

### ♦ Web Reports

An optional function of the ASP portal that contains the 277 Response File information. Quadax will parse, or scrape, the response so that just your claims are shown. In addition, there is usually a Quadax formatted version which is much more easily read and contains the same, and in many cases more, information than what is able to be passed back to Xpeditor.

### ♦ Data Arch

Another proprietary tracking program created by Quadax programmers allowing support personnel to find and view individual claims that are part of the outgoing 837 ANSI files being sent from Quadax to the payer. The inclusion of your claim on the outgoing file indicates that it was transmitted to the payer once released out of Xpeditor.

### ♦ Transaction Control Number

When payers send back a 997 Response File, this is the number that identifies the file to that payer.

### ♦ 997 Response File

Different from the response files received by Xpeditor, it is the confirmation from the payer that the claims file Quadax has sent has been accepted by the payer for processing. It is important to note that the 997 Response File only confirms the acceptance of the file itself, not the claims contained therein. "We (the payer) have received your claims file and everything looks 'OK;' we will begin to process the claims now."

### ♦ 277 Response File

The 'next step' of claims submissions, it comes from the payers to Quadax and contains claim-level responses: acceptance, denials, rejections, holds, etc. Some payers have various levels of responses to give; some payers will give full detail, others give partial (either acceptance or rejection, but not both), while a few others send no response information. Quadax has an internal catch-phrase — "We are only as good as the payers." This means we can only give back to you the responses that we receive.

Additional terms will be provided in Part 3 in the next issue of *Q-Tips* ♦

## The Fight Against Medicaid Fraud

### Government Works with States

By Catherine Sicker, Corporate Compliance Officer

The U.S. Congress has given the States the opportunity to work with the Federal Government in the crusade against Medicaid fraud. Specifically, under Section 1909(b) of the Social Security Act (Act), 42 U.S.C. § 1396h(b), as enacted by Section 6031 of the Deficit Reduction Act (DRA) of 2005, the Federal Government will pay the States an increased share of the recovered funds. As of Jan. 1, 2007, States with laws meeting the DRA requirements qualify for an additional 10 percent share of any Medicaid funds recovered from providers or suppliers.

In order for a State to qualify for the incentive, the State must have in effect a law that meets the following requirements:

#### 1. Liability for False or Fraudulent Claims -

Establish liability to the State for false or fraudulent claims described in the False Claims Act (FCA) with respect to any

#### EDI State of the Department

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manuals, and other periodicals necessary to keep clients informed of the latest edit news.

Among other EDI highlights in 2006 are the more than 34 million transactions processed — a 35 percent increase from 2005, the 190 Xpeditor installations performed, and 29 new payers added (six more than the previous year). The establishment of multiple daily claim submissions to payers, 1,725 on-site visit performances (12 percent increase), refinement of eligibility transactions, and an increase in our total client base to 668 separate locations rounded out the rising accomplishments in EDI.

The presentation also illustrated the impressive growth of EDI staff, a very important element of our ongoing success. Our hardworking and talented staff now comprises 60 individuals, an increase of 10 from the previous year, and they are supported by 12 members of Systems, an addition of one since 2005. Each EDI employee's dedication and remarkable performance have created an environment balancing teamwork and progress.

The 2007 State of the Department concluded with a review of the specific goals set forth for EDI through this year. Objec-

expenditures related to State Medicaid plans described in section 1903 (a) of the Act.

**2. Qui Tam Provisions** — Contain provisions that are at least as effective in rewarding and facilitating *qui tam* actions for false or fraudulent claims as those described in the FCA.

**3. Seal Provisions** — Contain a requirement for filing an action under seal for 60 days with review by the State Attorney General.

**4. Civil Penalty Provisions** — Contain a civil penalty that is not less than the amount of the civil penalty authorized under the FCA.

Of the 10 states that have submitted their false claims law for review with the Office of Inspector General, only Illinois, Massachusetts, and Tennessee have met all four requirements. The OIG has added a page to its Web site on the State False Claims Acts. An explanation and the action on each law are available at <http://oig.hhs.gov/fraud/falseclaimsact.html>. ◇

tives include migration to the browser-based version of Xpeditor 5, implementation of National Provider Identifiers (NPIs) by the May 23rd deadline, and revisions to the system known as the Transmission Results Page.

The expansion of our staff, along with the numerous accomplished and future objectives, exhibits our commitment to value, service, and efficiency. These components, among others, contribute to the sustained development, functionality, and success of Quadax EDI. ◇

### MARK YOUR CALENDAR:

**April 1, 2007 - Current version of CMS-1500 (12-90) discontinued; only revised version (08-05) used**

**May 23, 2007 - UB-92 form discontinued; Only UB-04 form accepted**



**- CMS prohibits use of NPIs with legacy numbers; only NPIs accepted**

## NPI a Complex 'Simplification'

By Tony Petras, Vice President, EDI Services

“Administrative Simplification” was the predominant rallying phrase of what we generally refer to as HIPAA. A noble concept in principle, the realities of the decisions being made and policies implemented tell a whole different tale.

With the last two releases of Xpeditor (v 3.7 & v 3.8), Quadax made a command decision to begin displaying Professional claims as the new CMS-1500 and Institutional claims as the new UB-04. Apprehension best described client and employee concerns over how these new forms would impact workflow.

The 1500 did not cause much of a blip in terms of product support, primarily because the major changes were some new fields added to display the National Provider Identifier (NPI) and four “extra” diagnosis codes.

The UB-04 was a different animal, but the eventual impact was negligible, and we can all begin to move forward and deal with some of the other “simplifications” facing us.

NPI is probably the most significant of these matters, and while we are all being bombarded with notices from payers, our experience has been that the effort to acquire these new numbers is not first and foremost in the plans of our provider clients. This, of course, will change as the May 23rd deadline draws closer and anxiety increases.

NPI can be considered the most complex of all the “simplifications.” In our contacts with clients, most conversations revolve around the facility's, or contracted provider's, NPI(s) and how they will be reported. Which payers are ready to accept them? What about the ones that seem to be implementing it as a requirement ahead of the dates? How will we be informed of the specific ramifications associated with each payer?

An even greater concern, only now getting attention, is what payers will accept or require for referring, attending, and operating physicians. Theoretically, NPI simplifies this area because it will no longer be necessary to maintain lists of UPINs, Medicaid numbers, State License numbers, etc. But, unlike those numbers, there is no repository that can be accessed to identify them. Clients are wondering if **Quadax will “open our database”** to them, or if CMS will provide a Web site.

At present, we have few, if any, concrete answers to these questions. However, you will be kept apprised of every development we become aware of through the various reporting means we make available to all of our clients. Our Client Access and Notification System (CANS), newsletters *Q-Tips* and *Connections*, and growing list of white papers, coined *Policies in Practice*, are all forms of Quadax reporting.

The most recent white paper explains the contradiction between the ANSI 837P format's allowance for up to eight diagnosis codes on a claim vs. the new CMS-1500's display of four, along with the limitation of only four pointers per charge line and how Xpeditor accommodates these nuances. See below:

### Professional Claim Diagnosis Reporting

#### THE PRINCIPLE:

The HIPAA-mandated ANSI 837P format allows for the reporting of up to eight diagnosis codes on a claim, although the CMS-1500 claim form allows for only four diagnosis codes in block 21. This disparity calls for a remedy.

It is important to note that the Centers for Medicare and Medicaid Services (CMS) recognizes that the Medicare Carrier standard system uses only the first four diagnosis when processing claims in the HIPAA format, even when eight are presented. CMS has instructed contractors to update their systems to accept up to eight diagnoses by July 1, 2007.

#### THE PROCESS:

Xpeditor presents a visual representation of the CMS-1500 form to display claim data, although claims are transmitted electronically to payers in the ANSI 837P format. To add synergy to the equation, Quadax has taken liberty to modify the on-screen presentation to display additional ANSI 837 data elements where appropriate.

When an 837P is provided as input to Xpeditor and the claims included in the file contain more than four diagnosis codes, the “extra” four codes will be stored within Xpeditor's SQL database, and displayed in four additional fields displayed as part of block 21.

On charge detail lines, the CMS-1500 form allows for “pointers” to be associated with the procedure identified. However, the ANSI 837P format only allows for up to four pointers per

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## HARP Prepares for NPI Change

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The Centers for Medicare and Medicaid Services (CMS) issued the following timeline for these new forms in CMS CR 5060 dated Sept. 15, 2006 and CMS CR 5072 dated Nov. 3, 2006:

### **Form CMS-1500 Timeline:**

♦ **Jan. 2, 2007:** Health plans, clearinghouses, and other information support vendors shall be ready to handle and accept the revised Form CMS-1500 (08-05) version.

♦ **Jan. 2 - March 30, 2007:** Providers can use either the current Form CMS-1500 (12-90) version or the revised Form CMS-1500 (08-05) version.

♦ **April 2, 2007:** The current Form CMS-1500 (12-90) version of the claim form is discontinued; only the revised Form CMS-1500 (08-05) is to be used. All rebilling of claims should use the revised Form CMS-1500 (08-05) from this date forward, even though earlier submissions may have been on the current Form CMS-1500 (12-90).

A HARP software release which contains the new CMS-1500 form is planned for **late February 2007**. Software changes include new templates, field options, and printing programs. This release was postponed from January as some payers have indicated they were not ready to accept the new form. This release of HARP will include the ability, on a payer by payer basis, to select the old CMS-1500 form, as well as the new form.

### **UB-04 Form Timeline:**

♦ **March 1, 2007:** Health plans, clearinghouses, and other information support vendors shall be ready to handle and accept the UB-04 (CMS-1450).

♦ **March 1 - May 22, 2007:** Institutional claim filers can use either the current UB-92 or UB-04

♦ **May 23, 2007:** All institutional paper claims must be submitted on the UB-04. The UB-92 will no longer be acceptable, even as an adjustment claim, after May 22, 2007. All rebilling of claims should use the UB-04 from this date forward, even though earlier submissions may have been on the UB-92.

A HARP software release which includes the new UB-04 form is planned for **April 2007**. In addition to the new form, tem-

plates, and field options in this release, HARP will no longer use Insurance company name to determine electronic claim routing. A new field by Insurance Company will store the appropriate Quadax payer code.

### **What should HARP clients be doing to prepare?**

♦ Providers should obtain their own NPIs and the NPIs for any providers that refer patients to you

♦ Billing Service should gather NPIs from providers they bill for and the NPIs for referring/ordering providers as well

♦ Share your NPIs with the payers you are currently registered with

♦ Work with your Quadax Service Consultant to populate NPIs in HARP and the Quick EDI system

♦ Work with your Quadax Service Consultant to populate legacy qualifiers (see HARP 2.28c release notes for details)

♦ Work with your Quadax Service Consultant to populate taxonomy codes (institutional providers only)

♦ Obtain new CMS-1500 forms and/or UB-04 form ♦

## Professional Claim Diagnosis Reporting

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procedure, yielding another perceived disparity. Although it appears that eight codes can be listed for the claim, a maximum of four can be indicated for each procedure.

Within Xpeditor, four diagnosis fields are shown on each detail line, taking the place of the diagnosis pointer field. These diagnoses fields are then valued with the actual codes that were defined by the pointers.

Should an improperly-formatted file be loaded into Xpeditor, so that more than four pointers are listed for a procedure, Xpeditor will interpret the first four, loading the ICD-9-CM code into the four detail line diagnosis fields.

When the 837P for submission to payers is produced, it is formatted such that the pointers can be numbers between one (1) and eight (8), but in keeping with ANSI specifications, there is a maximum of only four pointers per service line. ♦

## The Latest and (Sometimes) Greatest Whether to Upgrade Your Computer Programs

By Brian Baddour, Webmaster

“Upgrade today!” says every product box and web site. Some upgrades are free; others are costly. Some require administrative privileges or lots of time; others don’t. Some increase your productivity; others will make you crave a simple “undo” button. Everyone, from the average biller to the network techie, wonders, “When is it really time to upgrade?”

### **Security**

The best reason to upgrade is security. If Microsoft is offering a Critical Update, it’s probably because a security vulnerability has recently been discovered — which hackers are expected to take advantage of — and the software manufacturer is offering you a chance to fix your system first.

Microsoft is far from alone in this battle: Apple Inc. just completed its Month of Apple Bugs initiative, alternative browsers face an ongoing battle for security, and even the popular PDF plug-in is susceptible to recent serious security concerns.

Quadax doesn’t take an official position on whether our clients and other business partners should install specific security patches. However, some Quadax contracts make it clear that each company is responsible for their own computer security. HIPAA affirms that healthcare companies should protect against hazards to security, as resources allow.

### **Stability**

PC veterans will remember Windows 95 and Windows 98, which had a bad habit of crashing. In retrospect, upgrades to more stable versions couldn’t have come soon enough!

On the other hand, some upgrades have “broken” applications which users relied on. The most famous example is Windows XP Service Pack 2 in early 2004, whose otherwise-welcome security features made several reputable software packages stop working, until users upgraded those other packages to versions which adapted to Microsoft’s changes.

Interestingly, in the same legal breath, HIPAA requires medical offices to ensure patient information security, and — after reading the previous paragraph, this may seem contradictory — its integrity and availability by protecting against accessibility threats.



**In 2007, Quadax software will keep up with changes to standard insurance claim forms and come with new productivity features. Both our HARP and Xpeditor developers are working toward major releases of our software, also for release this year.**

### **Enhanced Features**

Compatibility and productivity enhancements are also compelling reasons to upgrade. In November 2006, major versions were released for the two most popular browsers, both sporting similar features like tabbed browsing. The new year brought an updated version of Adobe Reader, promising more ease-of-use for PDFs. Soon after, Microsoft released its attractive Windows Vista operating system, which offers outstanding improvements in user experience and control.

Caution is also warranted for this area. Does your computer have the horsepower necessary to run Vista? Will your staff require training to take advantage of the new PDF features?

In 2007, Quadax software will keep up with changes to standard insurance claim forms, and come with new productivity features. Both our HARP and Xpeditor developers are working toward major releases of our software, also for release this year.

### **Bottom Line**

Quadax software developers successfully tested our products under the new browsers and made some behind-the-scenes changes to keep you up and running. They have not yet completed testing of our products on the Microsoft Windows Vista operating system, which is expected to have a lesser impact than last year’s browser upgrades. As testing is completed, we’ll continue to keep you informed.

Work in concert with your own network technicians, Quadax Services, and other vendors. Discuss major upgrades with them before installing, especially if you expect to upgrade before most other people. Consider whether automated software upgrades are good for your situation. ♦

## **QUADAX ACHIEVEMENT!**

**In January 2007, Quadax reached a milestone when CSC Supervisor Ben Frayser logged the 10,000th contact into the Help Desk by approving an ASP Portal Registration!**