

National ACEP Show a "Jazz"

By Brad Daugstrup, VP of A/R Management Systems and Services

"We're Jazzed you're here!" That's the current catch phrase to visitors of New Orleans, the location of this year's annual National American College of Emergency Physicians (ACEP) Scientific Assembly. This year's show was the first major convention to be held in the Big Easy since "the storm."

The show was held at one of the nation's largest convention centers, the Ernest N. Morial Convention Center, which spans 1 1/2 miles long and covers almost 10 city blocks. While the ACEP Assembly didn't use the entire convention center, the show did utilize approximately 200,000 sq. ft. of exhibit space (or 1/3 of the convention center's capacity) and contained almost 350 exhibitors!

For three full days, close to 4,000 attendees were invited to visit the vast exhibit hall and to explore display booths featuring everything from coding and billing services, to the latest pharmaceuticals... even Britannica encyclopedias and Steinway pianos.

Many attendees stopped by the Quadax booth to get a quick

demonstration of our newest software application: CodeMax. CodeMax is an online ED chart coding application that allows emergency department coders to code from images instead of paper. It was our featured application at this show and was proudly displayed on a beautiful 19" flat panel monitor for easy viewing. Color brochures and "tin-of-mints" were also available as take-aways for those attendees that were interested.

Most importantly, this show allowed me and my business associate Phil Conard to have some quality "face time" with our long distance clients. It's also a great venue to revisit other growing relationships and a great place to create new ones. All in all, this year's ACEP show was a huge success and a nice shot in the arm for New Orleans!

IMPORTANT DATES:

Feb. 1, 2007 - Current version of CMS-1500 discontinued; only revised version now used

March 1, 2007 - UB-04 claims begin replacing UB-92 forms



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Q TIPS

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OIG Work Plan to resolve HHS problems

By Catherine Sicker, Compliance Officer

The Office of Inspector General (OIG) has issued its Work Plan for the upcoming fiscal year. The project areas described in the Plan identify vulnerabilities of the Department of Health & Human Services (HHS) programs and activities. The OIG continually seeks to find ways to promote economy, efficiency, and effectiveness within the HHS programs. Here are some excerpts from the Centers for Medicare & Medicaid Services (CMS) portion of the Plan:

Medicare Hospitals:

• Medical Appropriateness and Coding of Diagnosis Related Group Services

The OIG will analyze inpatient hospital claims to identify providers who exhibit high or unusual patterns for selected DRGs and then determine the medical necessity, the appropriate level of coding, and reimbursement for a sample of services. In earlier work, the OIG found the DRG system vulnerable to

abuse by providers who wish to increase reimbursement inappropriately through upcoding.

• Inappropriate Payments for Diagnostic X-Rays in Hospital Emergency Departments

The agency will determine the extent of inappropriate payments for diagnostic x-rays performed in hospital emergency departments. The OIG will assess the degree to which Medicare is inappropriately paying for diagnostic x-rays interpreted by emergency room physicians. Interpretations by emergency room physicians of diagnostic x-rays should not be billed separately. They will determine whether the services were medically necessary and if the tests were interpreted contemporaneously with the patient's treatment.

• Oversight of Specialty Hospitals

The OIG will assess CMS oversight of physician owned specialty hospitals to ensure patient safety and quality of care. As part of this review, they will also examine policies related to staffing requirements at these hospitals.

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Medicare Claims Get More Taxing

By Chuck Parker, EDI Project Leader

With the implementation of NPI as the means to identify Providers and Physicians, a new problem has arisen. Since there is no "embedded" intelligence in an NPI number (i.e. you can no longer tell if the provider is a subunit or a certain kind of facility, the state they may be in, etc.), Medicare will be requiring the use of a **Taxonomy Code** on Institutional claims to further qualify a provider of service, effective January 1, 2007.

The new UB-04 claim form has a field (Block 81, which is the new CODE-CODE field) that can be used to report this information. Block 81 can be used to report the Taxonomy Code by incorporating a **Qualifier Code (B3) in Block 81A**.

According to the CMS Transmittal #1024 (dated August 4, 2006), the Taxonomy Code should be reported on all claims effective January 1, 2007. In our continual effort to be proactive, Quadax has already modified our Xpeditor software to perform the following tasks:

• If there is **no** Taxonomy Code on the claim and the legacy Medicare Provider Number (OSCAR #) **is present** on the claim, Xpeditor will compare the last four digits of the provider Number to the chart supplied by the CMS (via the Transmittal) and will transmit the appropriate Taxonomy Code in the ANSI format.

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Wanted: Fresh Passwords

By Brian Baddour, Webmaster

The ASP Portal will soon expect you to change your password periodically. In an effort to help our clients adjust to this change, here are some answers to frequently asked questions, as well as a few additional tips:

Why do we have to keep changing our passwords?

Basically, this security policy limits risks. If someone got your password, innocently or maliciously, they have less time to abuse data belonging to you and your patients. It also helps enforce another security policy: not sharing passwords. And it limits the amount of time a hacker has to guess your password. For these reasons and more, HIPAA makes password management a law [§164.308(a)(5)(ii)(D)].

How do I change my ASP Portal password?

After logging into the ASP Portal, look at the "Customize" box near the top right of the page:



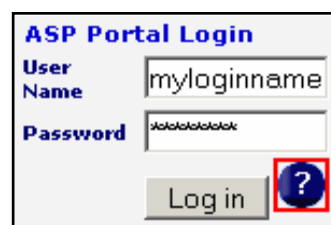
Click on the "Change Password" link, then follow instructions on the next page.

If I forget to change it in time, can I still get to my data?

Yes. When you log in after your password has expired, you'll be forced through a detour to select a new password before you can do other work in the ASP Portal.

What if I forget my password?

No problem. Just a reminder: Click on the blue help button to get a bigger login page:



Enter your ASP Portal login name, then click the "Forgot my Password" button. Make sure to use the right login name for the ASP Portal. If you're not sure, try the "E-mail my login name" link on the right.

MORE TIPS:

- When picking passwords (<http://www.quadax.com/newsletter/2005feb/passwords.htm>), remember good ones are "easy to remember, hard to guess."
- Ask your employer's technical support staff about using password management software, so you can handle multiple passwords while only having to remember one.
- Avoid changing your password before a vacation or weekend, so you don't forget while you're away.
- "Use it or lost it": If you don't like manually entering your passwords on a regular basis, you will forget them.

OIG WORK PLAN (from page 1)

Medicare Physicians and Other Health Professionals

• Evaluation of "Incident to" Services

The purpose of this study is to evaluate the appropriateness of Medicare services performed "incident to" the professional services of physicians and determine the extent to which the services met Medicare standards for medical necessity, documentation, and quality of care.

• Place of Service Errors

This review will determine whether physicians properly coded the place of service on claims for services provided in ambulatory surgical centers and hospital outpatient departments.

• Violations of Assignment Rules by Medicare Providers

The agency will examine the extent to which providers are billing beneficiaries for amounts in excess of Medicare allowed amount. They will also assess beneficiary awareness of their rights and responsibilities regarding potential billing violations and Medicare coverage guidelines.

Other Medicare Services

• Medicare Duplicate Claims

The OIG will examine the current edit process to determine whether the process is effective in identifying potential duplicate claims and preventing overpayments.

More information about the complete Work Plan is available at

<http://oig.hhs.gov/publications/workplan.html>.

Fulfilling Clients' Needs to a (XI)T

By Cyndi Palmer, Marketing/Communications Manager

A milestone was celebrated the first week of November, 2006: the 40th Xpeditor "Go-Live" accomplished by the Xpeditor Implementation Team, the group that was commissioned in 2004 to change the way new Xpeditor installations were conducted. Those 40 implementations have included our first Kentucky and Pennsylvania hospitals and 11 new Michigan hospitals, in addition to many Ohio facilities.

The Xpeditor Implementation Team (XIT) was the brainchild of EDI Services Vice President Tony Petras, who saw several problems with the way Xpeditor had been implemented by the Account Representatives assigned to the geographic territory of each new installation. With increasingly complex installations, a process plan was easily dismissed, and though new knowledge was gained with each set of obstacles overcome, that knowledge was scattered among different service teams, leading to low continuity between installs. Perhaps the worst problem encountered was the dilution of support for existing clients as Account Reps were repurposed to bring up a new client.

The concept Tony presented in 2003 was to dedicate a specialized team, with a specialized focus, to establish standard implementation of methodology and processes, thereby to improve the effectiveness and efficiency of Xpeditor implementations. With the addition of Mike Daugstrup to the EDI Services staff, XIT was born. Several more Xpeditor Implementation Team members (affectionately known as "XITs," pronounced "zits") have been added since that time to round out our expert team, filling the roles of Workflow Leaders, Technical Leaders, a Remit Leader, and an XIT Coordinator.

The methodology established incorporates a standard kick-off agenda that leaves nothing to guesswork, a complete toolset (checklists, tracking tools, charts, and more) for XITs to use with each organization, a regular pattern of status meetings, and reporting, policies and procedures for engagement, and a standard transition protocol to move the primary support of the new, live client to the support representative serving that geography territory.

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The XIT comprises exemplary individuals, such as Alison Hollo, an XIT Workflow Leader who was named 2005 Employee of the Year for all of EDI Services. Our clients love Alison, too; one Ohio hospital's PFS Analyst made this unsolicited comment:

"I have nothing but rave reviews for Alison! She is excellent and a joy to work with. I am so impressed with Quadax's approach to implementations. It makes such a difference having a team set apart just for implementations."

The applause has been extended to other members of the team, as well. In September of this year, Judy Hamblin, Director of Patient Financial Services at Mary Chiles Hospital in Kentucky, said:

"I am truly, truly pleased as I can be. From the beginning of our on-site experience, I feel as though I have been thoroughly involved and informed by the Quadax staff regarding where we are and what's next. Jen, Linda, and Mike [Elam] have exceeded our expectations and are a complete pleasure to work with. I am excited about what we're doing here and will gladly be an excellent reference for your company's wonderful staff."

The value of XIT transcends the smooth implementation of Xpeditor Enterprise for a new client, however. In addition to implementing new Xpeditor business, XIT has also developed protocols for and initiated the Xpeditor Enterprise Performance Optimization Analyses at 17 existing clients, and has assisted with hardware migrations at other Xpeditor Enterprise locations. Through the fulfillment of its mission, XIT makes the Quadax mission possible: to create value for organizations in the healthcare industry through innovative business solutions built on superior technology and advanced with excellent service.

MEDICARE CLAIMS GET MORE TAXING

(from page 1)

• If there is **no** Taxonomy Code and no legacy number, the default Taxonomy Code **282N00000X** will be used on the ANSI output.

• If a Taxonomy Code **is present** on the claim (Block 81 on the UB-04), it will be used to break the batch in the ANSI format and will be sent out accordingly.

Be sure to check other Quadax publications (such as Connections) for further developments on this issue.