Contact us:

Operator, HARP, & Business Services:
440-777-6300

EDI Support:
866-422-8079

HARP Manual Gets A Makeover

By: Tom Cronin, Manager of Quality Assurance

Quadax is proud to announce the publication of a new HARP User Manual. This new manual is the accumulation of many months of research and writing, and it offers many new sections and features. It is a giant leap forward in supplying resource materials to help you learn HARP. On September 20, 2004 the new HARP User Manual was published. It is available online and in a printable format to all HARP users registered on Quadax's ASP Portal (www.quadax.com/user).

Work on the new HARP manuals began late last year with the HARP Documentation survey. From this survey, we took your comments for improving the manuals. The new User Manual, like upcoming publications of other manuals, incorporates your most re-quested suggestions, such as more sophisticated search capabilities, task-based documentation, easier to understand language, up-to-date information, and an expanded glossary.

Online

An online help format is used for the User Manual. This format will improve your ability to find the topics important to you. The Contents button on the top of the screen allows you to easily navigate between different sections of the manual. The Index and Search buttons allow you to more quickly find specific information. Interested in learning more about Charges in Error? Simply enter "How do I do charges in error?" in the search box, and the manual returns the top 20 pages, with the most relevant pages displayed first. You can ask questions in plain English or just enter in keywords. Use the Glossary button to

Patient Portal

By: Mary Jo Leskiw, VP of A/R Production, Partner

In our continued effort to provide quality service both to our clients and to their patient base, we are gearing up to introduce in 2005 two "patient portals"-- web sites for our clients' patients.

Through those web sites, **www.MyDrBill.com** and **www.MyLabBill.com**, patients will be able to obtain answers to questions about their medical bills, to submit corrections to their account information, and possibly to link to the client's web site or other sites of reference. The site will assure patients by presenting our client's brand, while meeting the same high standard of security and privacy given to PHI on all Quadax web sites.

Patients accessing these web sites will be able to review their payment responsibilities online and navigate to the area or areas in question as they relate to the statement in general. Through the **Explain My Bill** option, the questions and an-

EDI Behind the Scenes

By: Cyndi Palmer, Communications Manager

When you rent a DVD, are you eager to watch the special feature on how the film was made? When you hear news of a blessed event, are you disappointed if you can't get all of the details? If you're the type of person who likes to look "behind the scenes" and check out all the details, you're going to love the new **Transmission Results Page** available from the ASP Portal (www.quadax.com/user).

You know that when your claims leave your system, Quadax sorts, formats, and transmits those claims, along with claims from thousands of other providers, to each of the specified payers for adjudication and payment. Occasionally you hear about a transmission difficulty. Most of the time you see a tracking record that a claim was sent and accepted, and later you receive a remittance, so you know that everything worked the way it should.

Xecutive Dashboard

By: Cyndi Palmer, Communications Manager

The regularly-scheduled fall Xpeditor release featured a number of software enhancements and bug-fixes, as detailed in the release notes made available October 19. The biggest Xpeditor news of the season, however, is too exciting to include in a standard release. Instead, watch for a special release coming soon to introduce Xpeditor's **Xecutive Dashboard** and Performance Agent.

The power of Xpeditor is the power it gives you to manage your business office with unprecedented efficiency, customization, and control. Now Quadax puts it in *overdrive* with Xpeditor's new Performance Agent and Xecutive Dashboard!

The Xecutive Dashboard is a new management tool designed to provide Xpeditor users with more information and better control of the data entering, residing in, and exiting Xpeditor at any given time, as well as trend analysis and system monitoring. The Dashboard displays a collection of modules you've selected, each designed to help you measure the success of your operations and alert you to potential issues.

You choose the modules that are the most significant to you, and you configure the settings for data collection and display - what, when, and how. For some modules, you also set responsibilities and thresholds, so that when a threshold is exceeded, an alert system is activated to notify that responsible party, a first backup, or a final backup. Or, automatically log a Support Event to the Quadax Help Desk System, so you can track its resolution in our ASP Portal (www.quadax.com/user).

The Xecutive Dashboard is impressive, with its real-time presentation and drill-down functionality, but the real star of the show is Xpeditor's Performance Agent working in the background to make it all happen. He'll be even busier as we continue to enhance the Dashboard system to take fuller advantage of its nearly unlimited potential. Consider just two of the valuable operations already on the drawing board:

- For every self-pay claim marked for auto-deletion, the Agent could spawn an eligibility request to Medicaid; read the eligibility response and, if eligibility is confirmed, pull the claim from History, linked to the eligibility response, and put it in Workflow.

- The Agent could examine remittance files, scraping Crossover claim data, and performing claim status checks to verify that the claims actually crossed over appropriately.

Numerous modules are already available, with more still in the design stages for later release. Four modules (Cash in Xpeditor, Claim Approval / Acknowledgment, Communicator Logs, and System Status Monitor) will automatically be enabled for every client system. Other modules, such as Interactive Speed Analysis, Weekly Hold Snapshot, Batch Daily Error Rates, Top Payer Report, and others, will be available for a small monthly subscription. But, you can kick the tires on any module for a 15-day demonstration period. You can even pause that 15-day demo and pick it up again on the other side of a few days away, if need be.

Additional literature will be distributed to every Xpeditor Enterprise client in the near future. (Xecutive Dashboard is not available for use with XP Online.) Feel free to contact Quadax EDI Support with questions or for subscription information. The phone representatives at the EDI Client Support Center, (866) 422-8079, are always happy to talk with you and route your requests to the appropriate service personnel. ◇

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swers would be generalized, neither patient- nor client-specific. We will report some of the more commonly-asked patient questions and the responses to those questions online.

Patients with personalized questions or account updates can pose them through the **Correct My Bill** option. Because this option will be patient account-specific, there will be secured informational requirements before it can be accessed. Patients must enter their account number and other forms of verification before access is granted. Once that account information is verified, patients will be given access to a menu of personalized

transactions: to update their name or address, modify or add insurance coverage, confirm receipt of payment, verify the mailing address for payments, arrange a payment plan, apply for hardship assistance, pose account-specific questions, and so on. All information noted by the patient will result in a message on their account, and their request will be routed to the appropriate department via an interface with our HARP software.

We are also considering an ability to allow patients to pay their medical invoices online by means of a credit card, debit card or electronic check payment. At this time, we are exploring banks' ability to interface with our web site, so that the

patient payments will be deposited directly into the respective client's banking accounts.

Our market research and discussions with banks suggest that we're pioneering this feature in the healthcare industry. That novelty, plus consideration of federal laws about security and accountability, will determine the timetable of this project.

Watch for more announcements regarding www.MyDrBill.com and www.MyLabBill.com to come in the near future. In the meantime, feel free to e-mail me your thoughts and ideas. maryjoleskiw@quadax.com ◇

Vaccines in Part B

By: Janet Browning, Quality Assurance

The influenza vaccine and its administration are available only under Medicare Part B, regardless of where the vaccine is furnished. Beneficiaries do not pay the usual deductible or coinsurance amounts. Medicare pays those amounts in addition to an amount for the vaccine and the person who administers the shot. The beneficiary may receive the vaccine upon request without a physician's order or supervision.

Bill flu shots using diagnosis code V04.81.

Use Physicians' Current Procedural Terminology (CPT®) codes 90657 or 90658 when billing the flu shots. These codes are for the vaccine only. Bill the administration of the flu shots using HCPCS code G0008.

Medicare beneficiaries who get the Pneumococcal Vaccine (PPV) do not pay the usual coinsurance or deductible amounts. Medicare pays 100% of the allowed amount for the vaccine and the administration. Typically these vaccines are administered once in a lifetime to persons at high risk of pneumonia infection. Medicare requires that a physician must order the vaccine.

Bill the PPV using diagnosis code V03.82.

Bill the PPV vaccine using CPT® code 90732. This code is for the vaccine only. Administration of Pneumococcal vaccine is billed using HCPCS code G0009. ◇

CPT is a registered trademark of the American Medical Association

Milestone Surpassed

By: Kathy Novak, Vice President, Partner

The 100th Insurance Committee Meeting

It all started on May 14th, 1996. Quadax held its first Insurance Committee meeting. The mission of this group was to share and communicate changes in healthcare insurance billing requirements on a monthly basis. Discussions abound and decisions are made as to how Quadax will react to the ever-changing rules of payers and which payers will be added next as EDI connections.

As the leader of this group, I was excited by the concept. That concept has evolved into the structure we use today. Monthly meetings allow our company to share information at all levels and provide our customers with timely updates. Using a diverse group of sharp individuals from HARP Support, Development, EDI, and HARP Production we are able to look at all angles of our monthly topics.

Over the years we have worked through changes both big and small:

- Y2K
- HIPAA rules implementation
- ANSI transactions
- Expansion of available EDI Payer List from 20 to thousands
- Payer newsletter review from five newsletters to over 50 web sites and listservs today

Although you may not have heard of this behind-the-scenes group before, it has had significant impact on Quadax products and services over the years.

On October 26th, 2004 we celebrated the 100th meeting of this dedicated group of healthcare billing "buffs." My thanks to all who have contributed their knowledge and expertise during the last eight years. Special thanks to Janet Browning for her amazing transformation of this 2+-hour meeting into three pages of concise minutes and action items every month.

Insurance Committee members really do make a difference! ◇

Imaging vs. IDM

By: Phil Conard, IT Director of Business Systems, Partner

Got "Integrated Document Management"?

As you may or may not be aware, Quadax has been offering Integrated Document Management (IDM) solutions for several years. Now I am sure some of you are thinking, "This must be just another *imaging* solution. I scan my documents… I retrieve my documents…" Folks, IDM is this and so much more. The IDM solution empowers clients with the ability to utilize their electronic documents in a production environment. Custom-tailored workflows can be created to electronically emulate many of today's hardcopy processes. Turn-key integration with your line of business applications is also a common benefit.

Custom Workflows

With each Integrated Document Imaging solution, Quadax explores custom workflow solutions. A custom workflow is the process of electronically delivering documents to end users, based on client-defined rules. Quadax will typically work through a discovery period with the client to define these rules. Regardless of the medical discipline, clients reap many benefits from workflow.

To get a look behind the scenes, log in to the Quadax ASP Portal, look for the folder labeled "Knowledge Base," and click on Transmissions. The current month will display automatically, or you may use the drop-down box at the top of the page to select an alternate display.
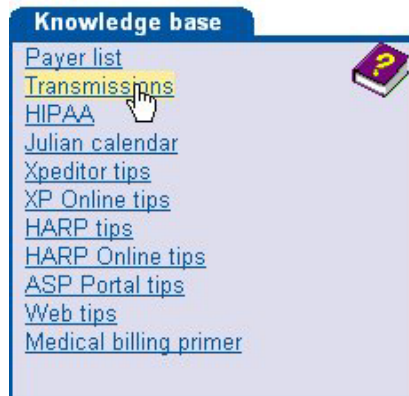
The grid shows the entire month, with the days labeled across the top. Down the left side, you'll see the payer names, listed in two ways. The "Friendly Name" will help you understand who that payer is; the "Payer Name" is a hyperlink to the Payer List, so you can understand even more about the payer: the Quadax claim types associated with the payer, the type of transmission, and the status of our relationship with them in terms of HIPAA compliance. Then, click on the folder icon from the Payer List for even more information, often including a link to the payer's web site.

At first glance (particularly toward the end of a month), the Transmission Results grid may look a little overwhelming, with all those long lists of dots and circles. There is a lot to keep track of. But we've provided a legend at the top of the page to help you make sense of it all.

Basically, green is good! A green dot indicates that a transmission was confirmed successful. Other symbols (a combination of form and color, so that color-challenged individuals won't be confused) indicate various stages of progress associated with a transmission. In some cases, there were difficulties encountered initially, but Quadax intervention overcame those difficulties and the transmission is now considered successful. In most cases, that resolution is rapid, but occasionally such an issue may fall close enough to a payer's cutoff for adjudication that a claim will be delayed by the issue. In the midst of a difficulty, you'll know we're working to resolve it when you see the red square icon. While we're still awaiting confirmation of acceptance from a payer, you'll see an empty circle. And if we didn't receive any claims to be transmitted according to schedule, you'll see just a shadow of an empty circle.

Soon, this page will be enhanced so that you can read the actual messages entered by our Transmission Auditors and by automated systems to give timestamps for every event in the transmission process as well as comments about issues encountered and their resolution.

We're committed to giving you the most information about the processes that affect your business, so that you can be the most effective in your management of that business. If you have questions about the Transmission Results Page, feel free to contact your Service Representative or the call center Representatives that handle your account. Call the EDI Client Support Center at (866) 422-8079, or the HARP Help Desk at (440) 777-6300. If you don't yet have access to the Quadax ASP Portal, you can register online at www.quadax.com/user. ◇

Procedure Code Grace Period

By: Janet Browning, Quality Assurance

Elimination of 90-day Grace Period for 2005 Codes

Medicare has traditionally allowed a 90-day grace period after the annual January 1 implementation of an updated version of the Healthcare Common Procedure Coding System (HCPCS). During this 90-day grace period providers could use either the previous or the new HCPCS codes. For claims received on or after April 1, the updated procedure codes were required.

Due to HIPAA standards, which require the use of national code sets that are valid at the time that the service is provided, CMS can no longer allow the 90-day grace period. Effective for dates of service on and after January 1, 2005, Carriers, DMERCs, and fiscal intermediaries (FIs) will no longer be able to accept discontinued codes for dates of service January 1, 2005 through March 31, 2005.

Quadax will be updating our edits to edit electronic claims against the new 2005 codes, effective with dates of service January 1, 2005 and after. As of October 2004, most Blue Cross/Blue Shield carriers have published their plan to follow this CMS directive. We are monitoring other payers to see if they will also be following these guidelines.

Providers can purchase the American Medical Association's Current Procedural Terminology, 4th Edition ("CPT-4 book") that is published each October that contains new, revised and discontinued procedure codes for the upcoming year. In addition CMS posts on its web site (www.cms.hhs.gov) the annual alphanumeric HCPCS file for the upcoming year at the end of each October. ◇

**Mark your calendar:
1/1/2005 dates of service**

Lab Demo Design

By: Catherine Sicker, Compliance Officer, Partner

Medicare Laboratory Services Competitive Bidding Task Order Awarded

The Centers for Medicare & Medicaid Services (CMS) awarded a task order contract to RTI International and their subcontractor Palmetto GBA (www.palmettogba.com) on September 30, 2004. (RTI was previously involved with a lab competitive bidding project for CMS in 1997 and is currently involved in designing the nation-wide implementation of DME competitive bidding.) The task order was issued as part of implementing the competitive bidding demonstration project for laboratory services as mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The project includes laboratory tests performed by entities without face to face encounters with patients. The statute does not specify an effective date, but an initial report is due to Congress by December 31, 2005.

The purpose of the task order is to assist CMS in the design and operation of the demonstration project:

Phase I-Design

Management Plan
- Development of the design
- Solicitation
- Bid process
- Claims processing
- Quality assurance

Demonstration Design
- Technical expert panel
- Criteria for site collection
- Lab eligibility criteria
- Data collection and data analysis plan
- Education
- Complaint and inquiry mechanism
- Liaison with lab regulatory agencies

Solicitation and Bid Process
- Solicitation process and materials
- Data collection
- Bidding process
- Determination of payment amounts

Claims Processing Plan
- Supports CMS systems changes
- Works with carriers and systems maintainers

Phase II-Operation

- Management of beneficiary and provider relations
- Claims submission and processing
- Financial settlements or payment adjustments
- Data collection

CMS launched a new web site for "one stop shopping" for clinical laboratory resources last October. The status of the demonstration project will be available on their web site: http://www.cms.hhs.gov/suppliers/clinlab/default.asp ◇

HARP Features

By: Gina Judson, HARP Technical Support Manager, Partner

The Overlooked and Forgotten HARP Enhancements

HARP has grown and matured so much over the years that it can be a full-time project just trying to keep up with all the features. There have been many valuable enhancements that have been developed to help manage your accounts. So, I thought I would highlight some of these enhancements that you meant to get back to, but may have been overlooked or forgotten.

- Release 2.19 - May 19, 2003 System Monitor took on **Total System Backups**. With one push of a button, you can backup your entire system and have processing automatically streamed in one or all your accounts. As an added bonus, in Release 2.19B - June 4, 2003 the ever-popular **Job Scheduler** was added to SYSMON. Just decide on the day and time you want your Date Job or Total Backup to take off, then sit back and let the system take over. You may require our assistance in setting it up, but that's OK, we are always happy to help.

- Release 2.20 - September 2, 2003 looked to the future with **Two Open Accounting Periods**. No longer did we have to wait until after month's end to enter transactions for the next month. Charges, receipts and adjustments can be entered for the next month while being applied immediately to the patient accounts. No more pressure to hurry up and close this month so you can start processing next month. That's the way to keep production flowing.

- Release 2.20 - September 2, 2003 didn't deny us any longer for the **Denial Tracking System**. This feature allows storage of payer denial information in an organized manner that can be used to generate denial statistics. This can provide you with valuable information about a provider's patient base, insurance contracts, and billing process perform-

(HARP FEATURES, Continued from page 5)

ance. The reports offer many options including a function to categorize denial codes, options to include or exclude denial codes, and selection of certain insurances. It is best used with Auto-posting since it uses the ANSI denial codes. This is definitely easier that trying to go through every EOB to see what kind of rejects you may be getting, don't you think?

- Release 2.22 - March 14, 2004 changed everything with **Dynamic Entity Names**. HARP supports such a wide variety of medical practices that our entity names just didn't fit some of the practices, so we gave our clients the ability to name them to fit their needs. An example would be Ambulance Billing. Since they are billing for the ambulance service and not a physician, they can change the Physician entity to read Ambulance. This changes not only the screen, but all reports as well. Now that is definitely a change for the better.

- Release 2.23 - June 14, 2004 finally offers the ability to eliminate paper by using some modern technology with **CD Reporting Packages**. Standalone clients can now create CD Reporting Packages to share with their clients, thus eliminating printed reports. This feature would also be an excellent means of saving old reports that you no longer need on your system but just aren't ready to delete.

Those are just a few of the enhancements that have been made since the inception of HARP; it doesn't stop there. Not only have some of these enhancements been enhanced since they were first introduced, there are many more to come. In preparing this article, I ran across some things that even I had forgotten. For more information on each of the enhancements reviewed above or to review all the many other enhancements not mentioned, I urge you to sign on to the ASP Portal (www.quadax.com/user) and click on Release Notes for a refresher course on all that HARP has to offer.
More available online at www.quadax.com/newsletter ◇

OIG Work Plan

By: Catherine Sicker, Compliance Officer, Partner

The Office of Inspector General (OIG) has issued its Work Plan for the upcoming Federal fiscal year. This Plan includes various projects that the OIG hopes to address in 2005. Medicare Drug Reimbursement has been added to the Centers for Medicare & Medicaid Services portion of the Plan. The Plan focuses on audits and evaluations since the OIG's mission is to protect Health and Human Services programs from fraud, waste, and abuse. Here are some excerpts from the CMS portion of the Plan:

Hospitals

- *Postacute Care Transfers*. The OIG will assess the ability of Medicare contractors to limit payments to acute care hospitals for patients who are discharged from a prospective payment system inpatient hospital and admitted to one of several postacute-care settings. Their prior reviews indicated that a lack of controls had resulted in significant overpayments.
- *Consecutive Inpatient Stays*. The agency will examine the extent to which Medicare beneficiaries received acute and postacute care through sequential stays at different hospitals.
- *Outpatient Cardiac Rehabilitation Services*. At the request of CMS, they will attempt to determine whether cardiac rehabilitation services provided by hospital outpatient departments met Medicare coverage requirements.

Medicare Physicians and Other Health Professionals

- *Ordering Physicians Excluded from Medicare*. This review will quantify the extent of services, if any, ordered by physicians excluded from Federal health care programs and

the amount paid by Medicare Part B. During a current review, the OIG identified a significant number of services that had been ordered by excluded physicians.

- *Physician Pathology Services*. The OIG review will focus on pathology services performed in physicians' offices. They will identify and review the relationships between physicians who furnish pathology services in their offices and outside pathology companies.
- *Provider Based Entities*. The agency will determine the extent to which health care entities that have been designated as "provider based" are in compliance with requirements for receiving this designation. In prior work, they have found that hospital ownership of physician practices is widespread and that fiscal intermediaries are frequently unaware whether these hospitals are being treated as provider based or freestanding. They will also determine the impact on Medicare reimbursements of entities billing as provider based instead of freestanding.

Other Medicare Services

- *Laboratory Services Rendered During an Inpatient Stay*. The study will determine the extent to which laboratory services rendered during an inpatient stay are unallowable. The CMS reimbursement for laboratory services is based on two components- physician and technical. The technical component is unallowable under Medicare. The OIG review will determine what percentage of these costs is unallowable.
- *Independent Diagnostic Testing Facilities*. The agency will review the medical necessity of Medicare services provided to beneficiaries by independent diagnostic testing facilities. criteria. They will determine whether (1) individual facilities provided services for which they had prior approval, (2) the designated level of physician supervision was provided, and (3) the nonphysician personnel who performed the diagnostic tests were properly licensed.

More available online at www.quadax.com/newsletter ◇

HARP Service

By: Jodi Africa, HARP Application Support Manager, Partner

HARP After Hours Guide

If you are accessing HARP after 5:00 PM EST and need assistance with the system you will need to contact our Computer Operations department. When calling, please have the following pieces of information ready to give the operator on duty.

1. Your name
2. Your two-character account code or account name
3. Your HARP Service Consultant's name
4. The method you use to access HARP (example: direct connection via a data line or via our ASP Portal [www.quadax.com/user] web site)
5. What kind of workstation you use (ex: a terminal or a PC)
6. The nature of your problem (ex: "I sign into HARP and am getting a message that my operator code is in use")
7. If either your HARP operator code or your ASP Portal login name needs to be reset, please have it handy. (HARP operator codes are 2-4 characters in length.)

The operator on duty can only assist with system access/performance issues. For questions about medical billing or specific features/functions of HARP, please contact your Service Consultant during daily support hours.

Ways to Save Trees with HARP Reports

The first way would be for you to review the reports you receive from us. If you no longer need some, please ask your Service Consultant to remove those reports or stop their auto-printing. Remember that all HARP reports can be viewed directly in HARP under the VIEW/PRINT REPORTS Menu option.

Secondly, HARP has the ability to create Month-end Reporting Packages on CD-ROM. This method of storage takes up less space and makes searching through reports much easier. Each HARP Report on the CD is formatted as a PDF file, and can be viewed with Adobe Acrobat Reader®.

If you are interested in receiving your month-end reports on a CD-ROM **in place of printed copies**, please contact your Service Consultant for more information.

HARP Adds More New ERAs

We are excited to offer many new electronic remittance advice (ERAs) from payers as they become available. The latest additions include: Anthem BC/BS and Texas Blue Shield. United Healthcare and QualChoice ERAs will also be available in the near future. Please contact your Service Consultant for the necessary registration forms as well as for specific ERA pricing information.

HARP Reports - Handy Reference Guide

Have you ever wished for a quick and easy place to go, to see what HARP reports provide an Encounter or RVU count? What about seeing which reports could create a comma-delimited file that could be imported into Microsoft Excel®? Or even which reports provided summary totals or detailed patient information? Well, the wait is over. For more information, view examples of these charts on our website www.quadax.com\newsletter ◇

(HARP manual makeover Continued from page 1) look up a term unfamiliar to you. Some detailed information, such as sample screens and navigation paths, are hidden in drop-down or expanded text links; select a link, and the information appears on the same page you were reading. This feature makes the manual easier to read since you control the level of detail you see.

Task-based

Each task in HARP is now broken down into easy-to-understand steps. Whereas the old manual was more concerned with system documentation, the new User Manual focuses on instructions to help all readers, including someone new to HARP. For example, how do you move a ticket from one patient account to another? Enter this question in the search box. The most relevant page (the first one listed in the search results) is Moving Tickets. On this page, the task is explained in three simple steps. No longer will you get lost in the details of reading paragraphs of information for a simple task.

Complete and Up-to-date

The old manual had not been updated since it was published three years ago. Since HARP is constantly updated to meet our clients' changing needs, much of the material was outdated. Now all changes to HARP, as seen in the release notes, have been incorporated into the new User Manual. The new manual will be updated with each release of HARP, and the print version will be updated with each major release.

Comprehensive

Not only has the manual been updated, it is now more comprehensive, encompassing all tasks performed by basic users. Many details of HARP have been added or corrected, and people who have been using HARP for years are learning new things about the software.

I encourage you to explore the new User Manual. The manual is your resource to increase your knowledge of HARP. We are currently working on other HARP manuals, and the new Report Manual is expected to be published by the end of the year.

Your feedback on the new User Manual is also encouraged. It will allow us to continue improving HARP documentation materials. If something is unclear and you still have a question after reading a section, we can work together to make improvements for all HARP users. ◇

Advantages of a Custom Workflow

- Eliminates the manual disbursement/assignment of documents to users
- Eliminates document loss in transition from user to user
- Eliminates the costly filing of documents upon the task's completion
- Makes documents available to all, while awaiting tasks to be performed
- Easily manages user workload, redistributing work when necessary

As an extension to workflow, Quadax has designed the Quad-MaX suite of products. This suite has tight workflow integration and is used to capture and quantify various healthcare transactions. The transactions are then made available to the A/R System via standard EDI interfaces.

QuadMaX Products and corresponding transactions

- RegMaX: Capturing and quantifying demographics
- CodeMaX: Capturing and quantifying coded billing elements
- RemitMaX: Capturing and quantifying third-party remittances

Line of Business Integration

With each custom IDM solution, Quadax explores ways to leverage the client's existing line of business applications for two principle reasons: indexing enrichment and image-enabling of core business applications.

Indexing Enrichment. Often, Quadax can enrich document indexing by extracting data residing in the client's core business applications. First a cross-reference file is extracted from the core business application. That cross-reference file would contain the keywords to be applied to the documents.

Example: A medical chart is scanned and initially indexed by medical record number. By integrating with the core business application, as described above, Quadax can cross-reference the medical record number and deduce the patient name, attending physician, and service date.

By leveraging the core business applications data, Quadax is simplifying the initial index and enriching the document querying capabilities.

Image-enabling of Core Business Applications. In most cases, Quadax can "image-enable," or add imaging functionality to, a client's core business applications. Remarkably, it is accomplished without calling upon the client's application vendor. A unique tool -- a screen-scraper -- allows Quadax to read values from third-party applications, rendering the corresponding documents to the end user. This tool supports the image-enabling of both text-based and GUI applications.

It's really that simple. ◇

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