# **STRATFORD**

Volume 21.08

Healthcare EDI and Management Software

**August 1997** 

*T* his month we want to discuss the future in healthcare EDI, as we see it, of course. We have had many articles regarding the different formats that are used for Medicare and other

The two formats that are now considered to be "standard" are the *National Standard Format* or *NSF* and *ANSI X.12* formats.

payers.

For about four years, we have always set up new Stratford users with the ANSI format if the payer would accept it. The reasons we did this have been

discussed thoroughly in previous newsletter articles. The reasons that we prefer the ANSI formats include smaller transmission file for a given number of claims and it is more "standard". We do not prefer the National Standard format because we have not yet had any two payers that will accept the same file. In other words, it is not really a standard at all.

The department of Health and Human Services will publish proposed National Electronic Standards in the October 1997 edition of the Federal Register. These rules will establish national standards for electronic transmission of individual medical records for insurance claims or plan enrollment.

The proposed standards for Health Claims or Equivalent Encounter Information are:

## inside this issue

- · Stratford Notes
- Þedi formats
- From the EDI (ECS) corner
- · Blue Shield requires Performing ID
- · Transition to the ANSI X.12 837 Standard
- · HMO/NCQA/HEDIS
- · Software Support Notes
- · Internet Resources
- *▶ Stratford documentation available*

Stratford has nearly 3,200 licensed users

#### Institutional:

ANSI X.12 Healthcare Claims (837) **Professional:** ANSI X.12 Healthcare Claims (837) **Dental:** ADA Implementation Guide for ANSI X.12N (837)

As of the summer of 1993, Stratford has had all of these implementations of the 837-transaction set coded and working. Stratford has had heavy volume for the Professional implementation since April 1994. Stratford has had customers using the Institutional (UB92) implementation since the summer of 1994. Stratford has had customers using the Dental implementation since November 1994. The Stratford ANSI program is now very mature. We believe we now meet all the proposed requirements through the year 2002. See a related article inside this newsletter. •

Training Classes <u>SHS Software Basic Training</u>		
In the Stratford Classroom:		
Every Friday	9:30 AM -12:00 PM 1:30 PM - 4:00 PM	\$165 \$165
By Appointment		\$165

Call for class availability at least three days in advance. On-site training with a certified Stratford trainer may be available (*by appointment only*). The cost is \$250. Telephone training is available (*by appointment only*).

#### FROM THE EDI CORNER.....

HCFA has awarded the Medicare Part B processing contract for Massachusetts, Maine, Vermont, and New Hampshire to National Heritage Insurance Company. NHIC will be using CABBS (Carrier Bulletin Board System) as the primary platform for EMC. Stratford customers have been using CABBS for years in Northern California. Stratford customers in the Northeast should be able to switch to CABBS with few, if any, problems since we already have the formats and scripts ready to go. If you receive notice that you must change to CABBS, please fax a copy of the notice to Stratford at (415) 692 1073 and we will do the rest. •

#### **BLUE SHIELD REQUIRES PERFORMING/RENDERING ID**

Beginning January 1, 1998 Blue Shield will require that PPO claims identify the provider of service. This means that group practices will need to include the Blue Shield Provider ID. This affects Blue Shield of California and possibly other plans. Since Blue Shield plans in different states may have different requirements, you need to check with the individual plan that you are billing.

In the Stratford program, it is very easy to set up one or more special IDs so that it/ they will appear in a specific place on the paper form or in a particular location in the transmitted claim. From the main directory select 8,6,2 for 'Special' provider insurance ID numbers. •

### TRANSITION TO THE ANSI X12 837 STANDARD

NCVHS (National Committee on Vital and Health Statistics) recommended that institutional and professional claims should move to the ANSI X.12 837 standard (see page 1). At the same time, it recommended a strategy that will ease the transition for providers and payers that currently rely on the older NSF or UB92 flat-file formats.

NCVHS is aware that the financial health of providers is extremely sensitive to the timing of payments for claims submitted. Because of this it recommended that the older flat-files be allowed until February 2002. It also recommended that adherence to section 1175 of HIPAA (the legislation passed in 1996), which forbids (all) plans from refusing standard transactions or delaying payment on the gounds that a transaction is standard, will be expected and should be enforced. We believe this means that we will be able to convert all Stratford users to the ANSI format in the near future. We believe that the National Standard Format may not be accepted after the year 2002, less than five years from now.

#### EDI "per-claim" charges

Stratford does not have any "per-claim" or other charges related to transmitting claims to Medicare or any other carrier. We only charge (optional) for supporting

## HMO/NCQA/HEDIS

Here are three acronyms that have or will have a significant effect on Stratford software and all of our users.

Everyone knows that HMO stands for Health Maintenance Organization. NCQA is the National Committee on Quality Assurance. This organization evaluates health plans. It does the evaluation using HEDIS, which is Health plan Employer and Data Information Set.

Many self-funded employers require that a payer be NCQA-accredited. HCFA requires accreditation of HMOs serving Medicare beneficiaries. In order to be accredited, the payer must compile the HEDIS information.

HEDIS is health plan performance data in eight categories. Most health plans gather the information manually. The clinical data comes from provider organizations. Currently all payers/health plans require different information in different formats. Somehow the providers must supply this information.

Most of the data required for HEDIS can be extracted from claims and encounter forms such as the HCFA 1500. Electronic formats such as the ANSI 837 transaction contain information that the payer needs to comply with HEDIS requirements.

The requirements for the HEDIS reports are developed by more than 80 members of NCQA's committee on performance measurement. There have been three versions of HEDIS since 1993.

Stratford will run your Stratford software related classified ad in our monthly newsletter *free*, upon SHS approval!



Future versions of HEDIS will require more clinical information that does not appear on an insurance claim form or electronic transmission. HEDIS version 3.0 has 40 measurements governing "clinical effectiveness of care". This clinical information can come only from the patient chart. Somehow the payer must get this information from the provider.

Almost all providers keep non-billing related clinical information on paper. All providers and their patients are very concerned about security of that type of information. Just having a software program for your charting will not help the provider at all unless the software program is capable of printing or transmitting the information in a standardized form to the payer. At this time there is no standardized format so it is not possible to develop the software. Most of us believe that HL7 will eventually be the format that is adopted by the payers. HL7 has been around for a long time and has proven methods for coding most clinical information. •

### SOFTWARE SUPPORT NOTES

1. Faxed requests for support get <u>Priority Service</u>.

2. If you send a fax with a description of the problem, your call is given priority over other faxes.

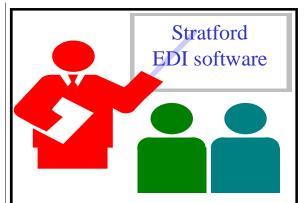
3. Do not call more than one time. The second call places your first call at the bottom of our callback list.

We can receive hundreds of calls in the first few hours each day. It usually is not possible for us to have a technical support person waiting to take your call. If you just call and leave the message "please call", your call is placed at the bottom of the callback list. We must do everything we can to avoid "phone-tag" so that we may help the maximum number of people in the minimum amount of time.

At this time we can deliver support by email. If you check your email each day, you may find this to be easier than the fax. This is not very good support if you need a quick answer. We do not get very many support email messages so we only check the mail two or three times each day. As the volume increases, we will put more resources into email.

We are interested in hearing from people who would like to receive support by email. •

Stratford will pay you \$100 for each person\* you refer who purchases Stratford Software at full price (\$895). Simply fax or write to give us your referral. We must receive the referral notice in advance of the sale. We cannot pay for a referral if you notify us after the sale. \*Subject to



#### **INTERNET RESOURCES**

Stratford now has the latest copy of the manual on the Internet at this address:

http://
www.stratfordsoftware.com/
manual.html

This is in html format so you can use your Internet browser to look at it. We also have the manual in MS Word 7.0 format at this address:

http://
www.stratfordsoftware.com/
manual/manual.doc

If you find this helpful, let us know. We can improve the index and searching capability. •

*Stratford Newsletter* Copyright 1997, all rights reserved

Stratford Healthcare Systems, Inc. 840 Mitten Road Burlingame, CA 94010-1304 Phone (650) 692-7970 Fax (650) 692-1073 Prepaid Support Only (800) 274-4868

Internet mail@stratfordsoftware.com
http://www.stratfordsoftware.com/

New Software Sales Only (800) 274-4594