

# NUCC

National Uniform Claim Committee

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## Member Organizations

Alliance for Managed Care  
American Association for Homecare

America's Health Insurance Plans

American Medical Association

American National Standards  
Institute Accredited Standards  
Committee X12 Insurance  
Subcommittee

Blue Cross and Blue Shield  
Association

Centers for Medicare and Medicaid  
Services

Dental Content Committee

Health Level Seven

Medical Group Management  
Association

National Association of State  
Medicaid Directors

National Uniform Billing Committee

American Academy of Physician  
Assistants

Public Health/ Health Services Research

Centers for Disease Control  
and Prevention (Federal)

Midwest Center for HIPAA (State)

State Medical Association  
Minnesota Medical Association  
Texas Medical Association

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JAN 19 2006

January 18, 2006

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-0050-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: File Code CMS-0050-P  
HIPAA Administrative Simplification: Standards for Electronic  
Health Care Claims Attachment; Proposed Rule**

Dear Sir or Madam,

The National Uniform Claim Committee (NUCC) is pleased to provide the Centers for Medicare & Medicaid Services (CMS) our comments on the proposed rule for the Standards for Electronic Health Care Claims Attachments published in the Federal Register at page 55,990 Volume 70, Number 184, on September 23, 2005.

The comments contain in this letter are in addition to the comments we submitted electronically and via mail on November 22, 2005.

The NUCC was formally organized in May 1995. The goal of the NUCC is to promote the development of a uniform electronic claim "form" for use by the non-institutional health care community to transmit related claim and encounter information to and from all third-party payers. The NUCC is chaired by the American Medical Association (AMA), in consultation with CMS. The committee includes representation from key provider and payer organizations, as well as standards setting organizations, and the National Uniform Billing Committee (NUBC). As such, the committee is intended to have an authoritative voice regarding national standard data content and data definitions for non-institutional health care claims in the United States.

The following are our additional comments on the Claims Attachment NPRM.

## **HEALTH CARE PROVIDER VS. HEALTH PLAN PERSPECTIVE (p. 56001)**

We would like clarification on the language that “a health care provider may direct a health plan to send any request for additional documentation to it or its business associate in a standard form, for those attachment types for which a standard has been adopted, a health plan must do so.” Is the language here indicating that it is mandatory for a health plan to be able to send a request using the electronic standard? In the case of a health plan that does not have a current business model that sends requests for additional information (electronic or hardcopy), does the health plan have to use the 277 Request For Additional Information if a provider requests it to be used?

## **MODIFICATIONS TO STANDARDS AND NEW ELECTRONIC ATTACHMENTS (p. 56013)**

We are aware of concerns in the health care industry regarding the length of time it takes to adopt or modify a standard through the current regulatory process. We would like to see the process move more quickly to allow for more timely adoptions and modifications to better meet the needs of the industry. We would suggest that the Department of Health and Human Services (HHS) include language in the upcoming notice for proposed rulemaking on emergency and maintenance modifications of the existing standards and an outline for streamlining the process for handling the adoption of new releases to existing standards. This would involve Designated Standards Maintenance Organizations (DSMO) review and coordination with the appropriate Standards Development Organization (SDO).

We would also like to have language added to the final rule emphasizing the need for further education to the industry about the process for requesting changes to the adopted standards.

## **162.1951 (b) (2) (p. 56024)**

It has been brought to our attention that recent concerns have been raised by some NUCC members as well as some members of the HL7 Emergency Care Special Interest Group regarding the content in the Emergency Department attachment type. We request that HHS further investigate these concerns before including this attachment type in the final rule.

## **GENERAL COMMENT**

Because the NPRM contains a number of areas where it is soliciting for viewpoints or an approach to certain aspects of the attachment standard, it is difficult for the industry to comment on such proposals. As such it would be best for HHS to issue an interim final rule (or its equivalent) containing the overwhelming comments from the NPRM for those areas where it solicited such comments. This would provide the industry an opportunity to react to a more specific set of recommendations. We propose an interim final rule (or equivalent rule) with a comment period to be used as the basis for providing this direction.

## Claims Attachment Survey Data

The Claims Attachment Subcommittee of the NUCC and NUBC conducted a survey of providers and payers regarding their current practices related to claims attachments and plans for implementing the proposed standard. There were 351 valid responses from providers and 48 valid responses from payers. Enclosed you will find an overview of the data in PowerPoint slides and the de-identified data from providers and payers in Excel spreadsheets. We hope that you will find this data useful in answering some of the questions that were posed in the NPRM, such as whether or not the six proposed types are currently being used, what other types the industry would like to have developed, the workload associated with attachments, and costs for implementing the proposed standard. The NUCC will be happy to work with you on further interpreting the results of the survey data or in conducting additional surveys.

The NUCC appreciates this opportunity to provide you with our comments on the Claims Attachment NPRM. Should you have any questions concerning our comments, please contact me directly at (312) 464-4713.

Sincerely,



Jean Narcisi  
Chair, National Uniform Claim Committee

Cc: Lorraine Doo, CMS

Enclosures

**NUCC**<sup>TM</sup>

National Uniform Claim Committee

# Claims Attachments Survey

January 2006

# Information on Survey

- Developed by the Claims Attachment Subcommittee of the NUCC and NUBC
- Distributed via email on listservs and web site posting
- Survey opened on 12/22/05
- Closed on 1/13/06
- Total responses:
  - Providers - 351
  - Payers - 48

**NUCC**<sup>TM</sup>

National Uniform Claim Committee

# Survey Results

**PROVIDERS**

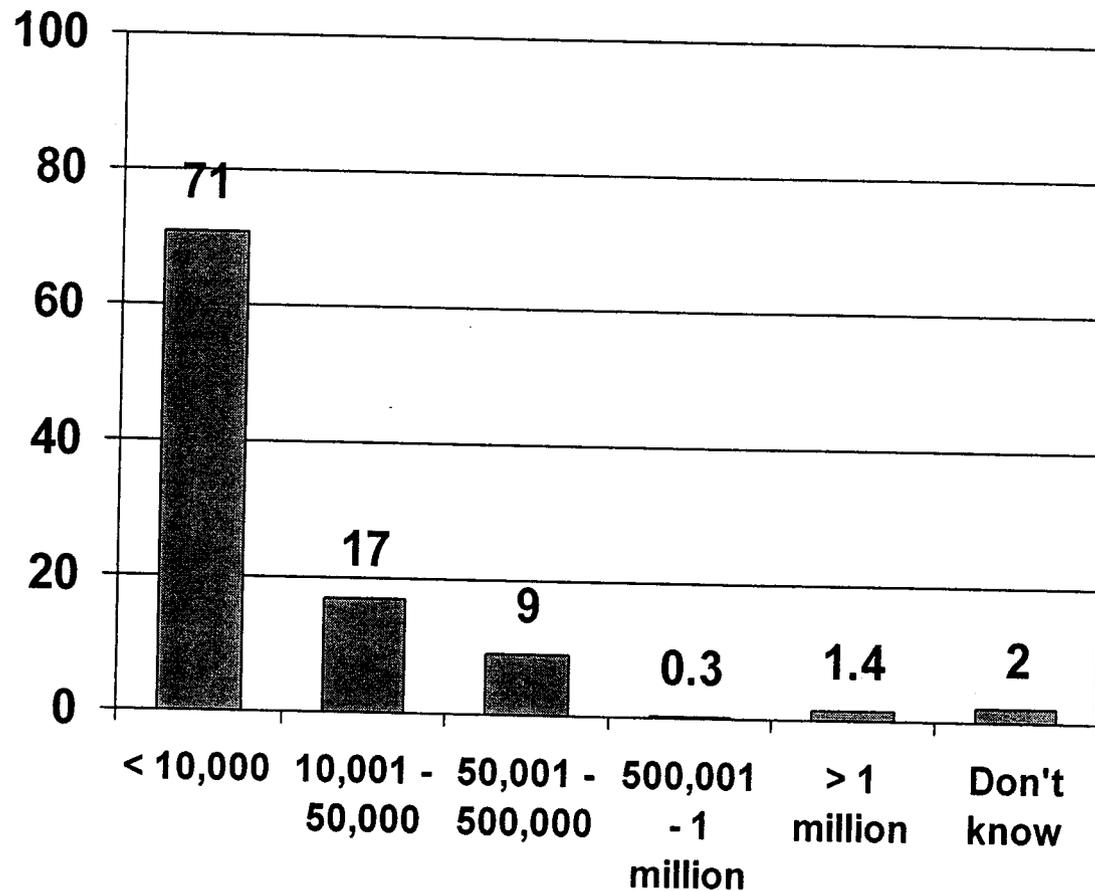
# Responses by Provider Categories

<b>Provider Category</b>	<b>Response Percent</b>	<b>Response Total</b>
Home care agency	35%	121
Group practice	14%	50
Hospital	13%	44
Solo practice	10%	36
Medical supply DME	2.6%	9
Hospice	2.0%	7
Rehab facility	1.4%	5
Ambulance	1.4%	5
Government facility	0.9%	3
Laboratory	0.6%	2
Pharmacy	0.3%	1
Skilled nursing facility	0.3%	1
Other	18%	63
<b>Total</b>		<b>347</b>

## “Other” Providers

<b>Other Providers</b>	<b>Number of Responses</b>
Billing service	46
Multiple provider	11
Vendor	3
Long-term care	1
Public school district	1

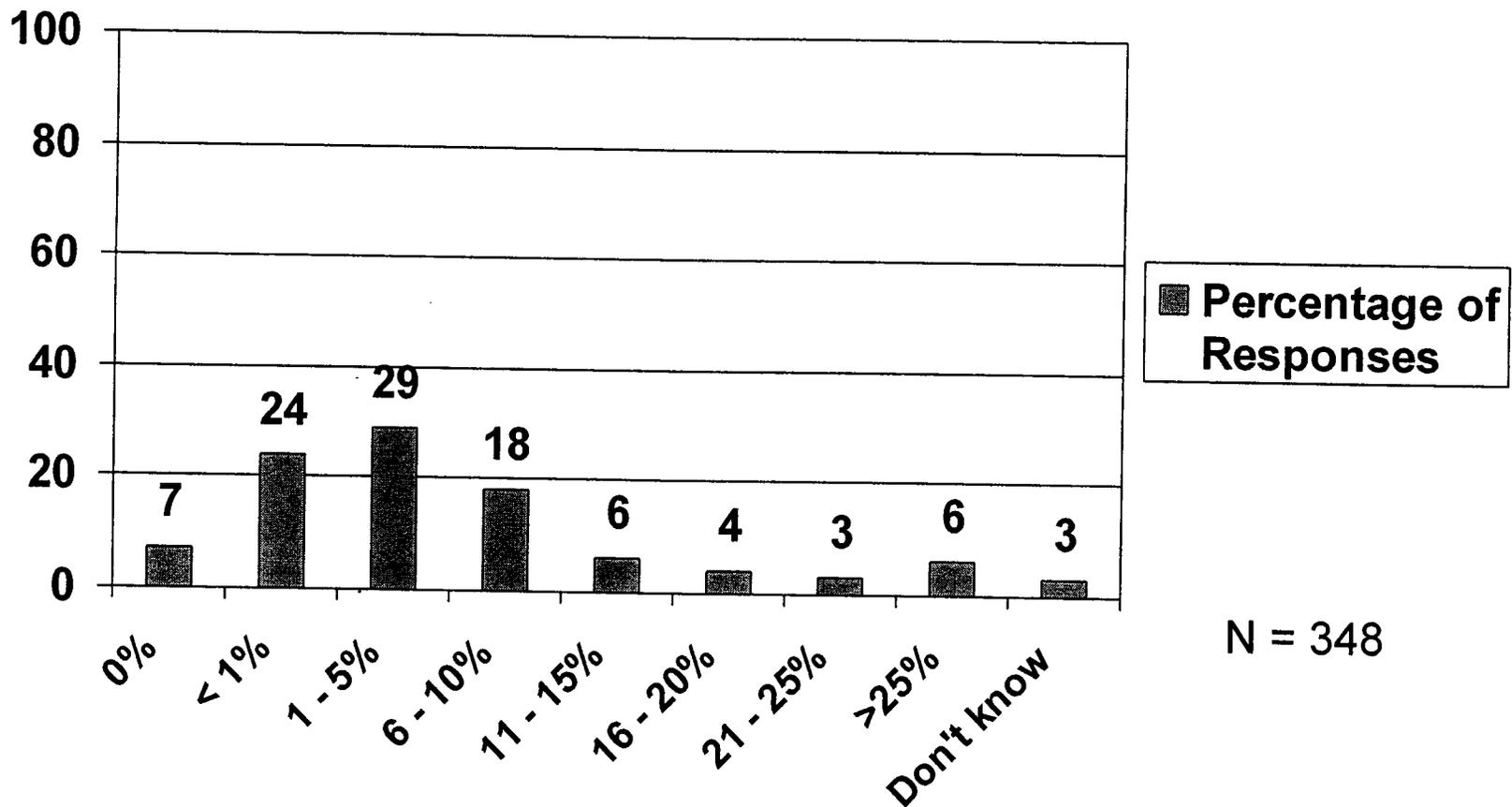
What is the total number of claims that you submit on a monthly basis?



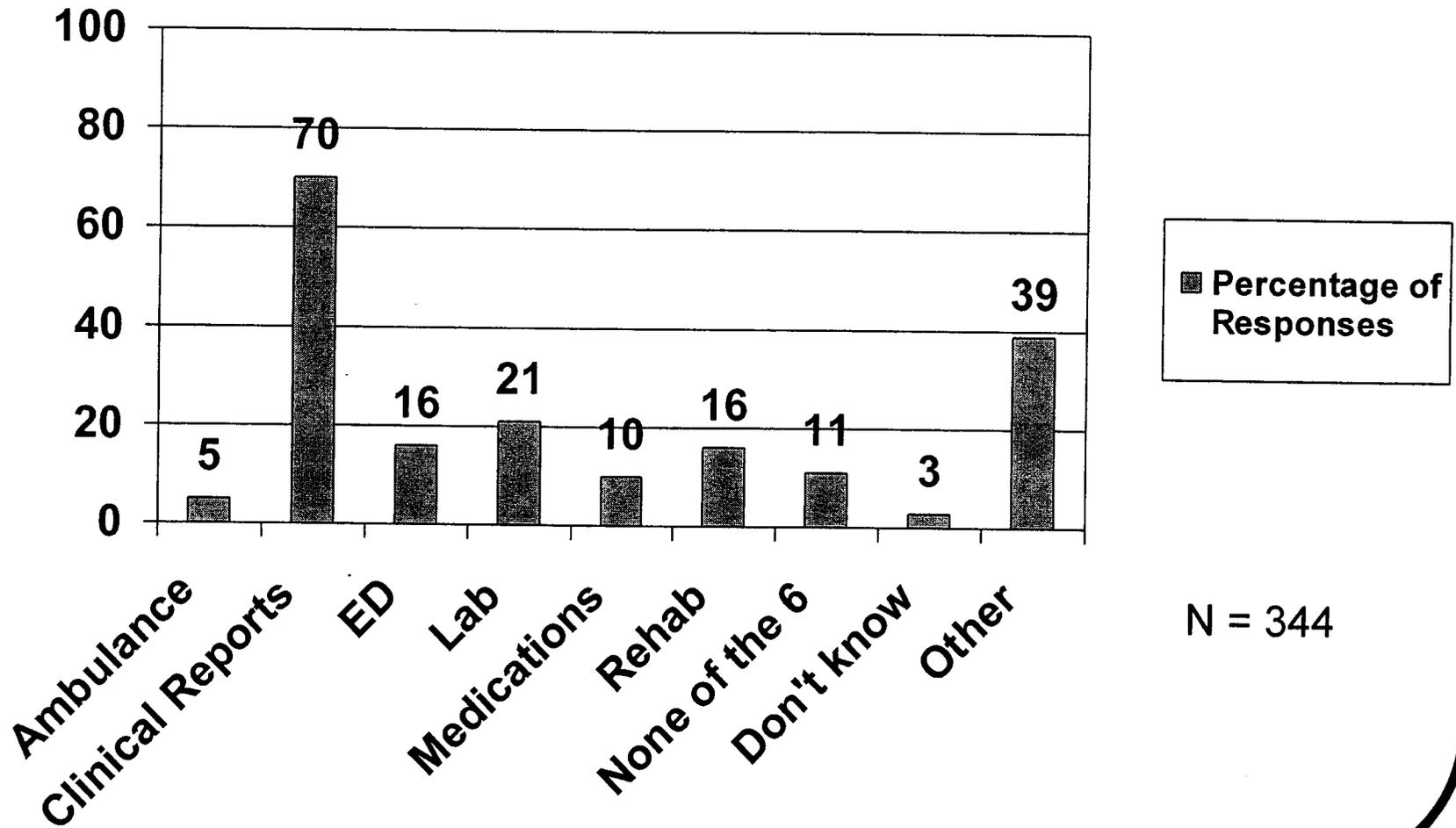
■ Percentage of Responses

N = 350

Indicate the average percentage of claims for which you are requested to submit additional information on a monthly basis.



Indicate what types of claims attachments you are required to send to your payers. Check all that apply.



Sample of “other” attachment types that providers are required to send to their payers.

<b>Attachment Type</b>	<b>Number of Responses</b>
Explanation of benefits	26
Invoices/itemized bills	19
Payments or denials from other insurance	15
Medical necessity	14
Authorizations/referrals/eligibility	14
Consents	11
Home health assessment form	8
Supply detail/product information	4
Sterilization & hysterectomy acknowledgement form	3
Insurance information	3
Copies of provider licenses	2

Indicate the average number of requests you receive per month for Ambulance attachments.

- Don't know (17)
- Zero (167)
- <1%
- 2
- 2 – 3
- 15
- 20
- 50 (2)
- 100
- 150

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you receive per month for Clinical Reports attachments.

- Don't know (66)
- Zero (54)
- Lots
- Varies
- <1%
- 1%
- 2%
- <5%
- 1 – 5 (55)
- 6 – 10 (15)
- 11 – 15 (6)
- 20 – 30 (17)
- 40 (2)
- <50
- 50 (3)
- 80
- 100 – 150 (10)
- 200 (5)
- 250 (2)
- 300 (2)
- 315
- 500 (5)
- 1,000
- 1,500
- 1,700
- 10,000
- 300,000

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you receive per month for Emergency Department attachments.

- Don't know (32)
- Zero (144)
- 1 – 10 (2)
- 20 – 25 (3)
- 40
- 50
- <100
- 100 (3)
- 150 – 300
- 200
- 500 (2)
- 750
- 800 – 850 (2)
- 1,000
- 1,000 – 1,150
- 2,000

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you receive per month for Laboratory Reports attachments.

- Don't know (39)
- Zero (119)
- 1 – 5 (12)
- 10 – 15 (6)
- 20 – 25 (5)
- 40
- <50
- 50 (2)
- 80 (2)
- 100
- 125
- 200
- 250 (2)
- 300+
- 430
- 500 (2)
- 1,000,000

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you receive per month for Medications attachments.

- Don't know (30)
- Zero (134)
- 1 – 4 (4)
- 5 (5)
- 10 – 15 (7)
- 25 – 50
- 200

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you receive per month for Rehabilitation Services attachments.

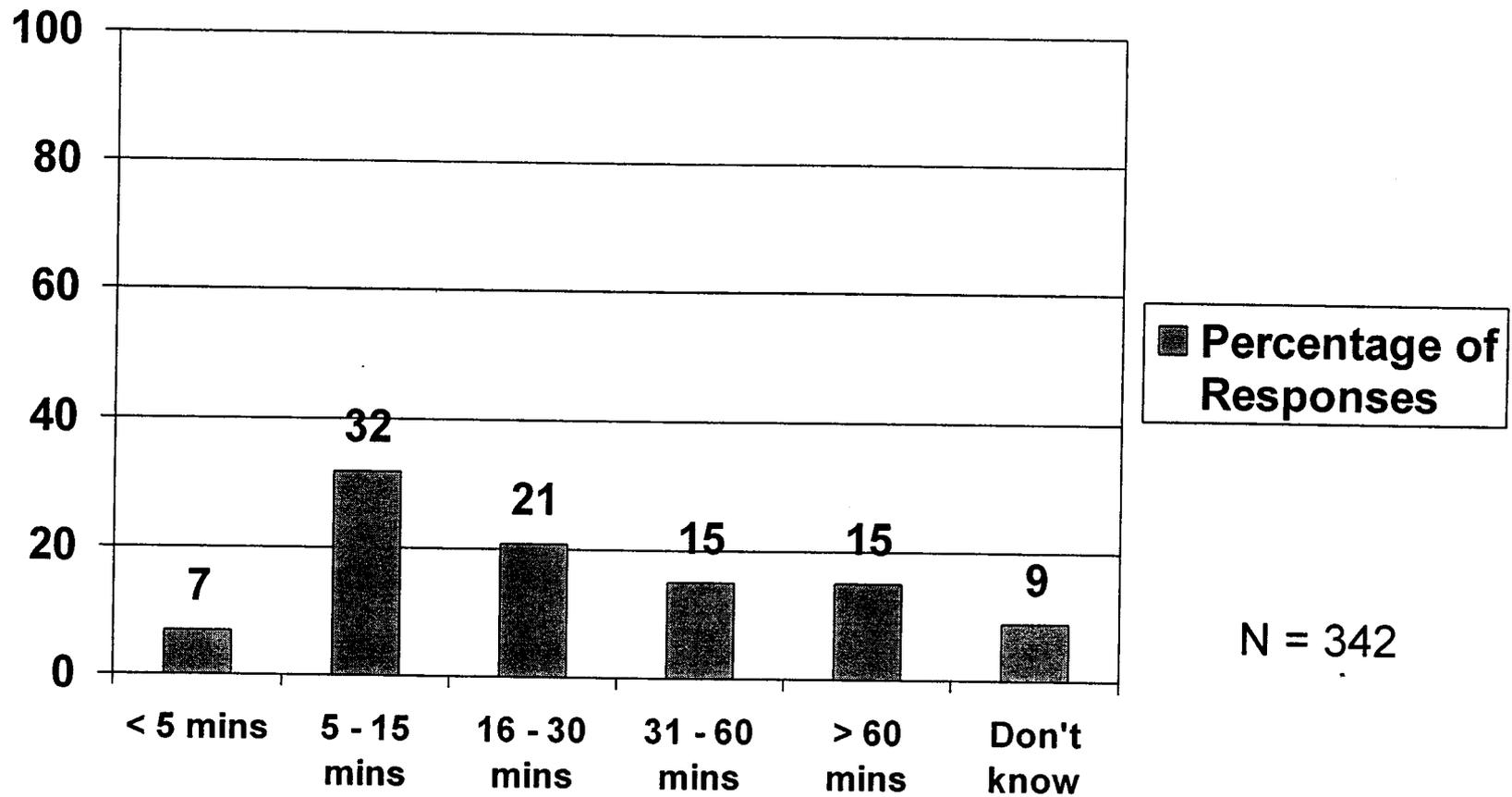
- Don't know (21)
- Zero (130)
- <1%
- 1 – 4 (9)
- 5 (6)
- 10 – 15 (4)
- 25 (5)
- 24 – 30
- 100 (3)
- 500
- 500+
- 750

\* Numbers in parentheses indicate the number of responses to the comment

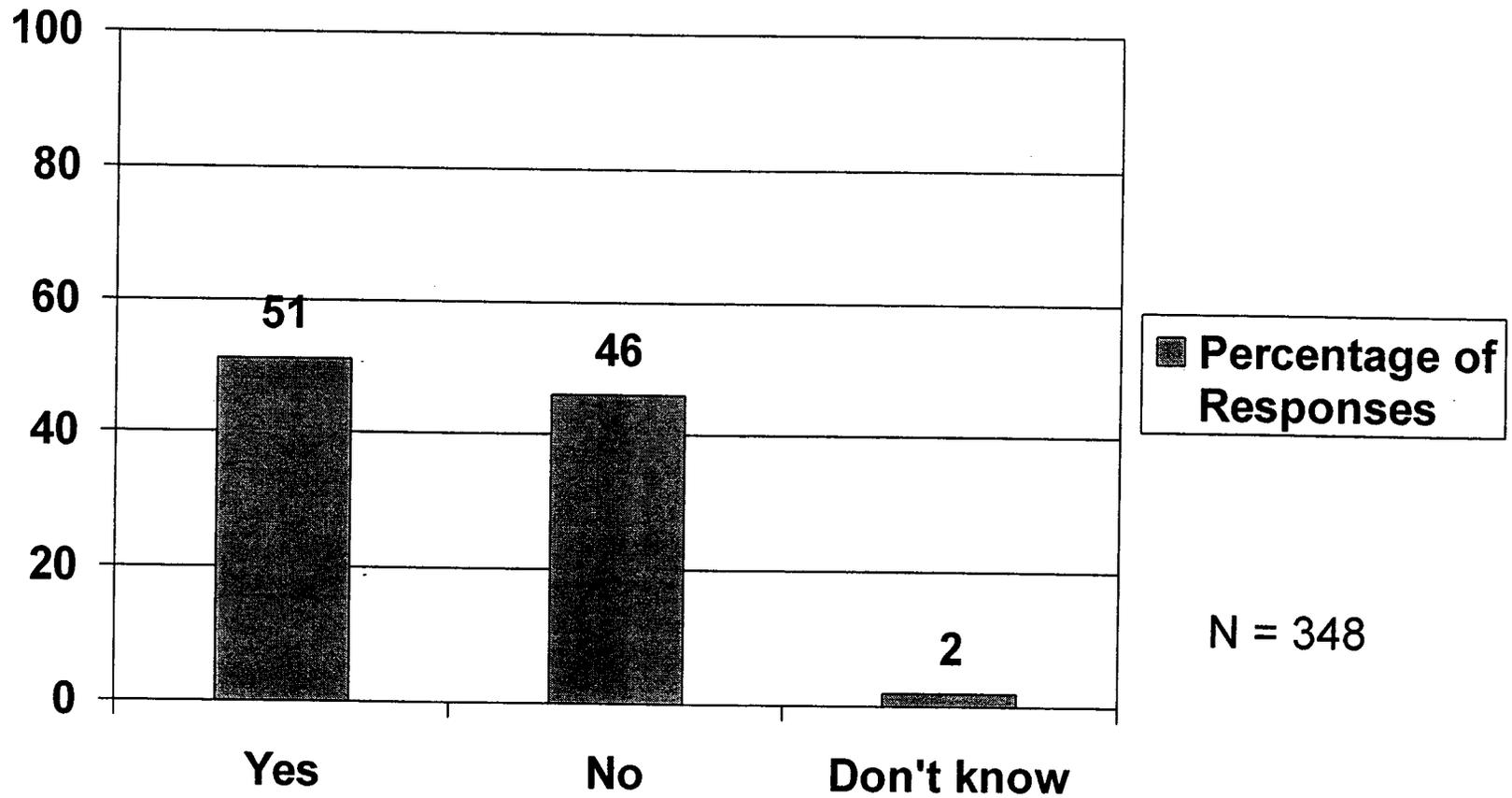
Sample of what other attachment types providers would like to have developed in the future?

<b>Attachment Type</b>	<b>Number of Responses</b>
None	32
Explanation of Benefits	8
Invoices/itemized bills	6
Authorizations/referrals	3
Letters of medical necessity	3
Remittance advice	2
Consents	2
Want less attachments	2

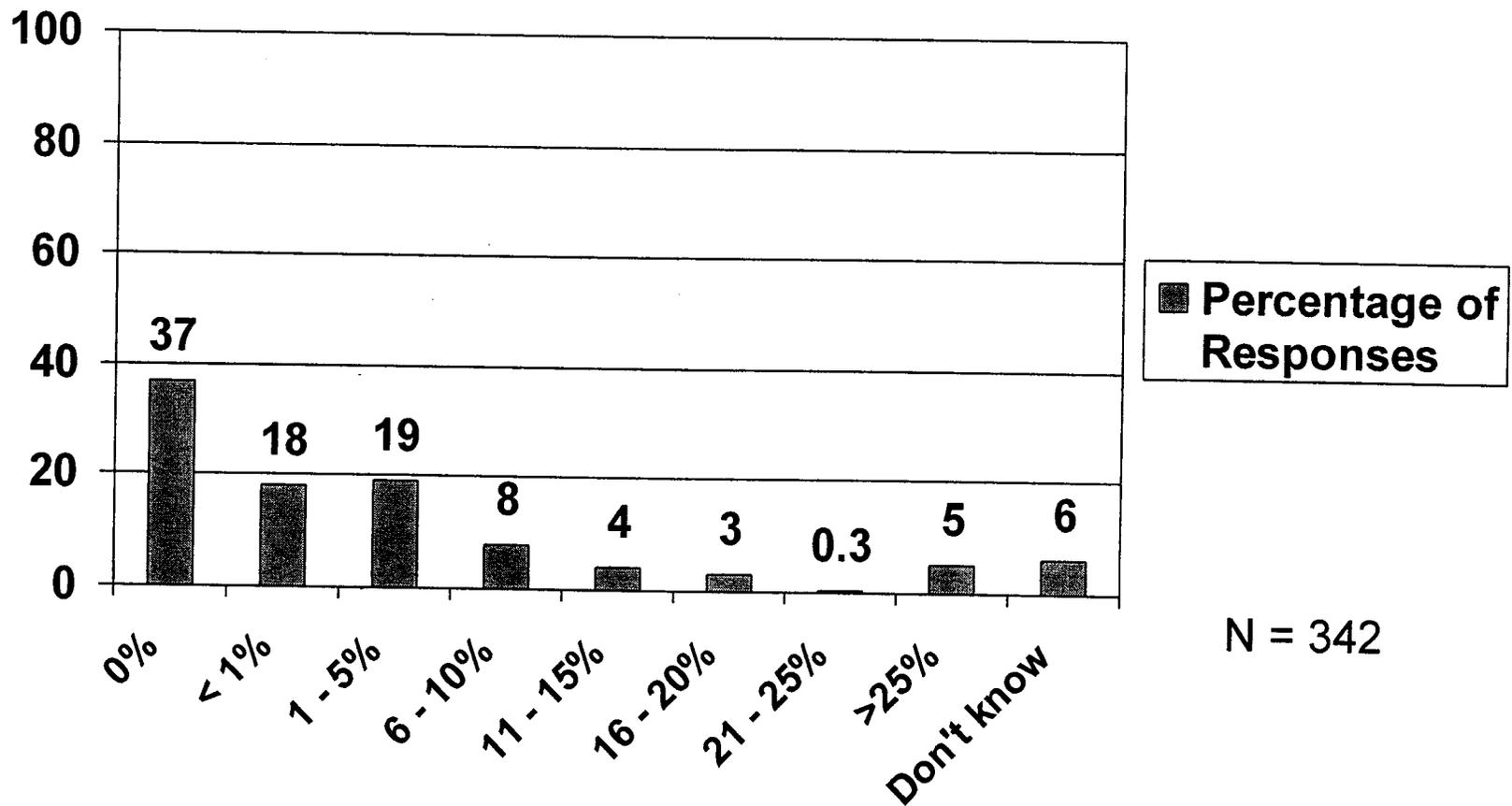
What is the average amount of time it takes for you to respond to a request from a payer for additional information?



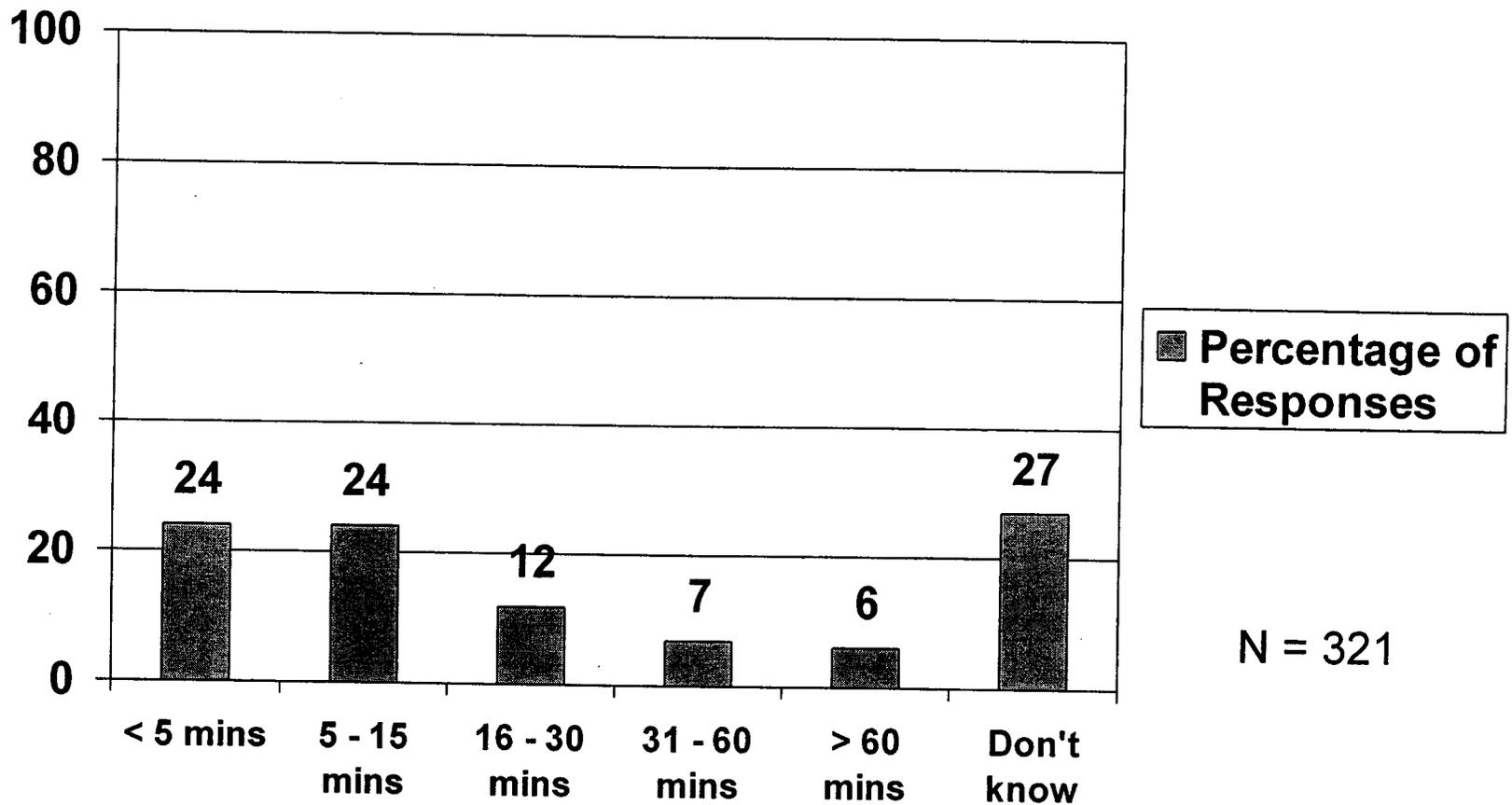
Do you currently send additional information to your payers along with the submission of the claim (unsolicited claims attachments)?



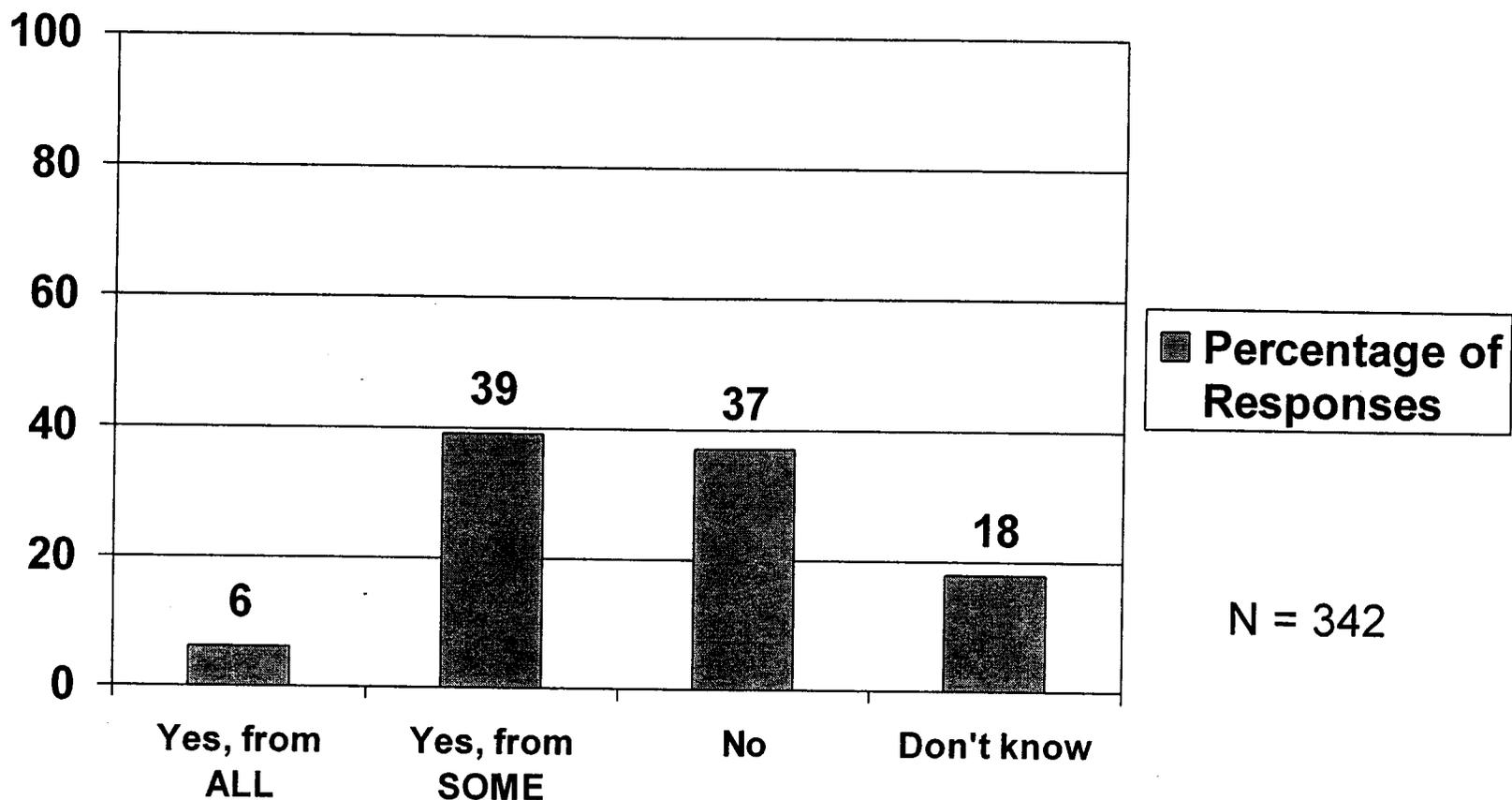
Indicate the average percentage of unsolicited claims that you send on a monthly basis.



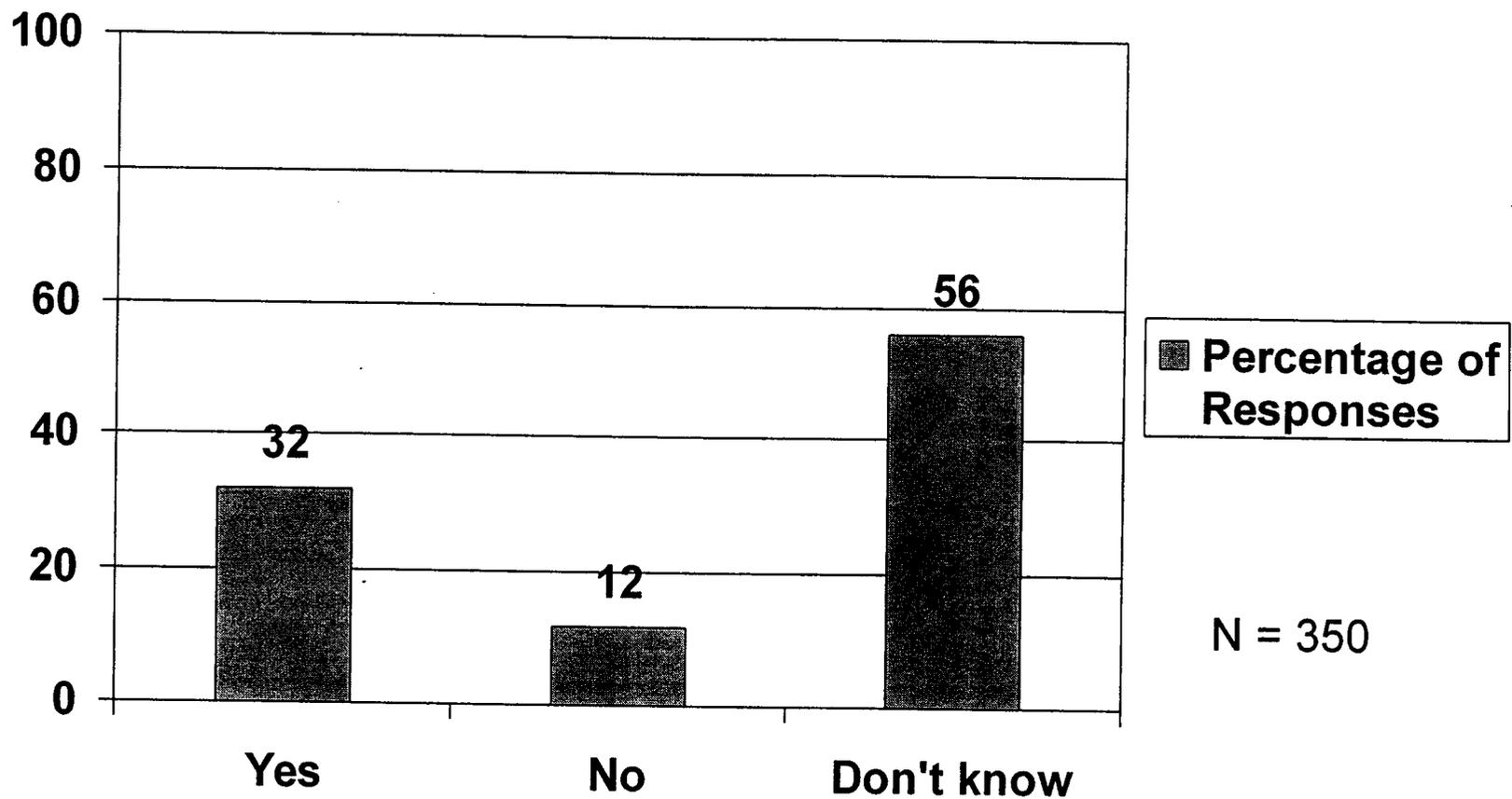
What is the average amount of time it takes for you to prepare an unsolicited claims attachment?



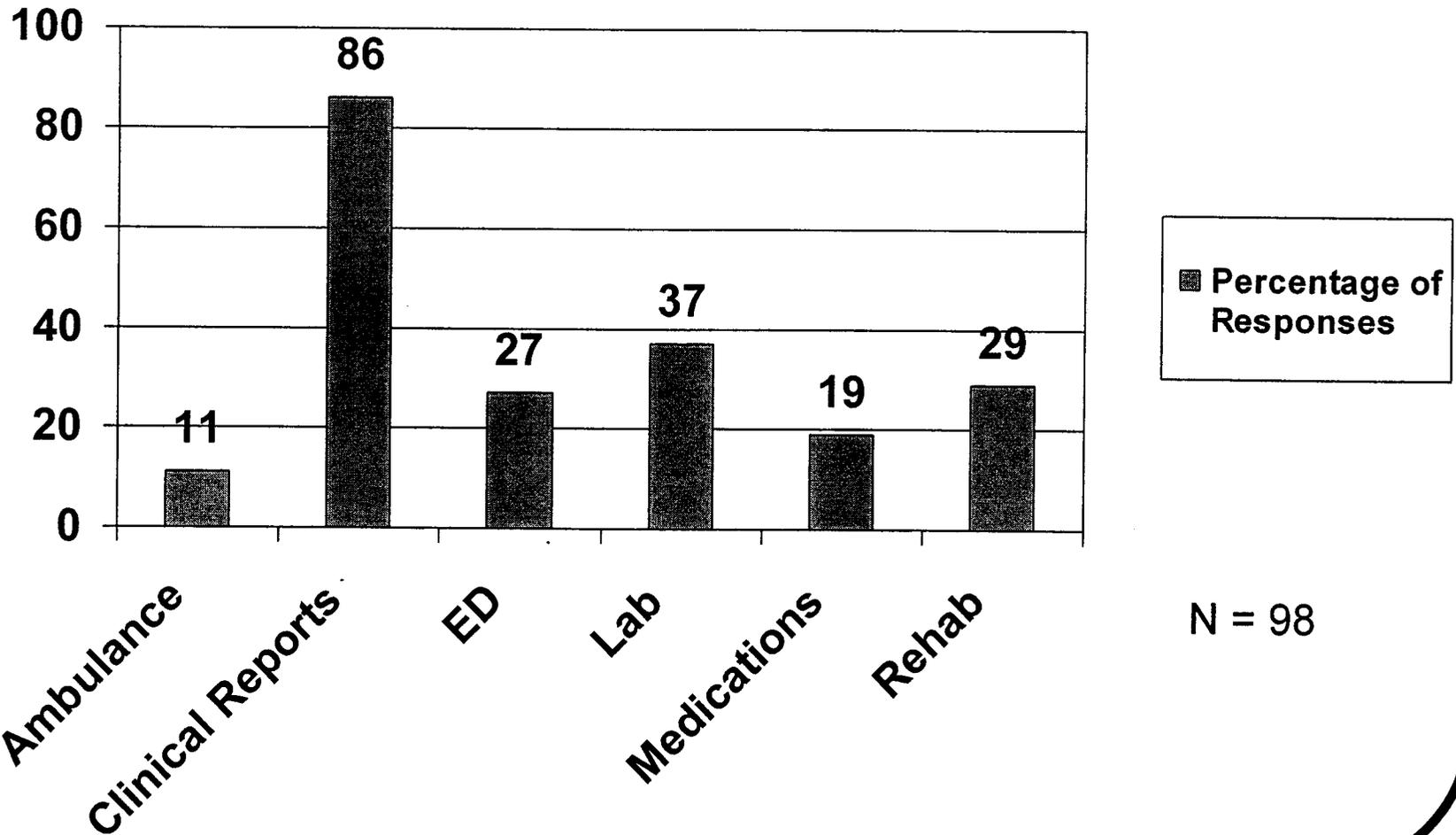
Do you have any written guidelines/instructions from your payers about the type of claims attachment information you can submit unsolicited?



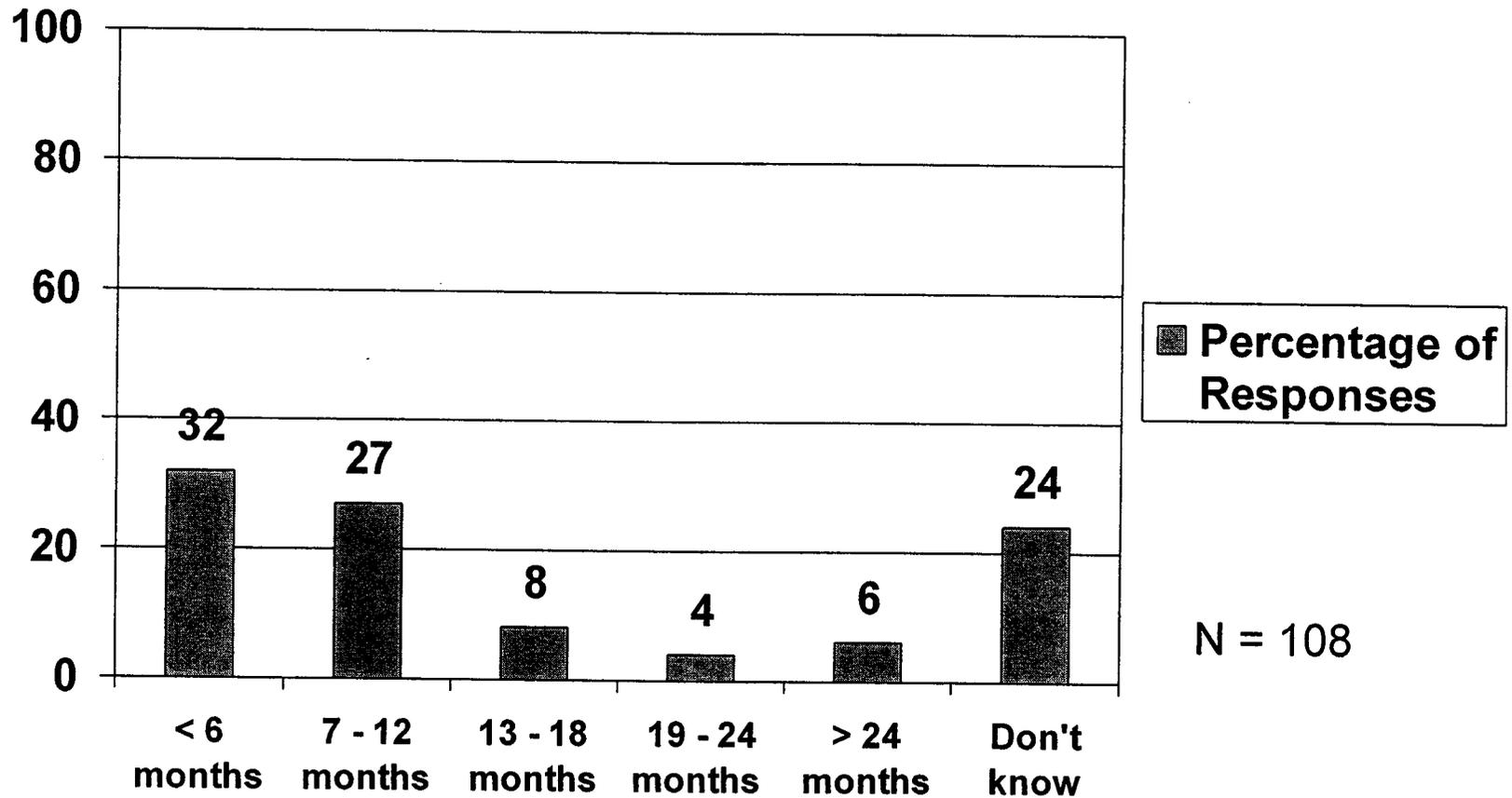
Do you plan to implement the proposed electronic claims attachments?



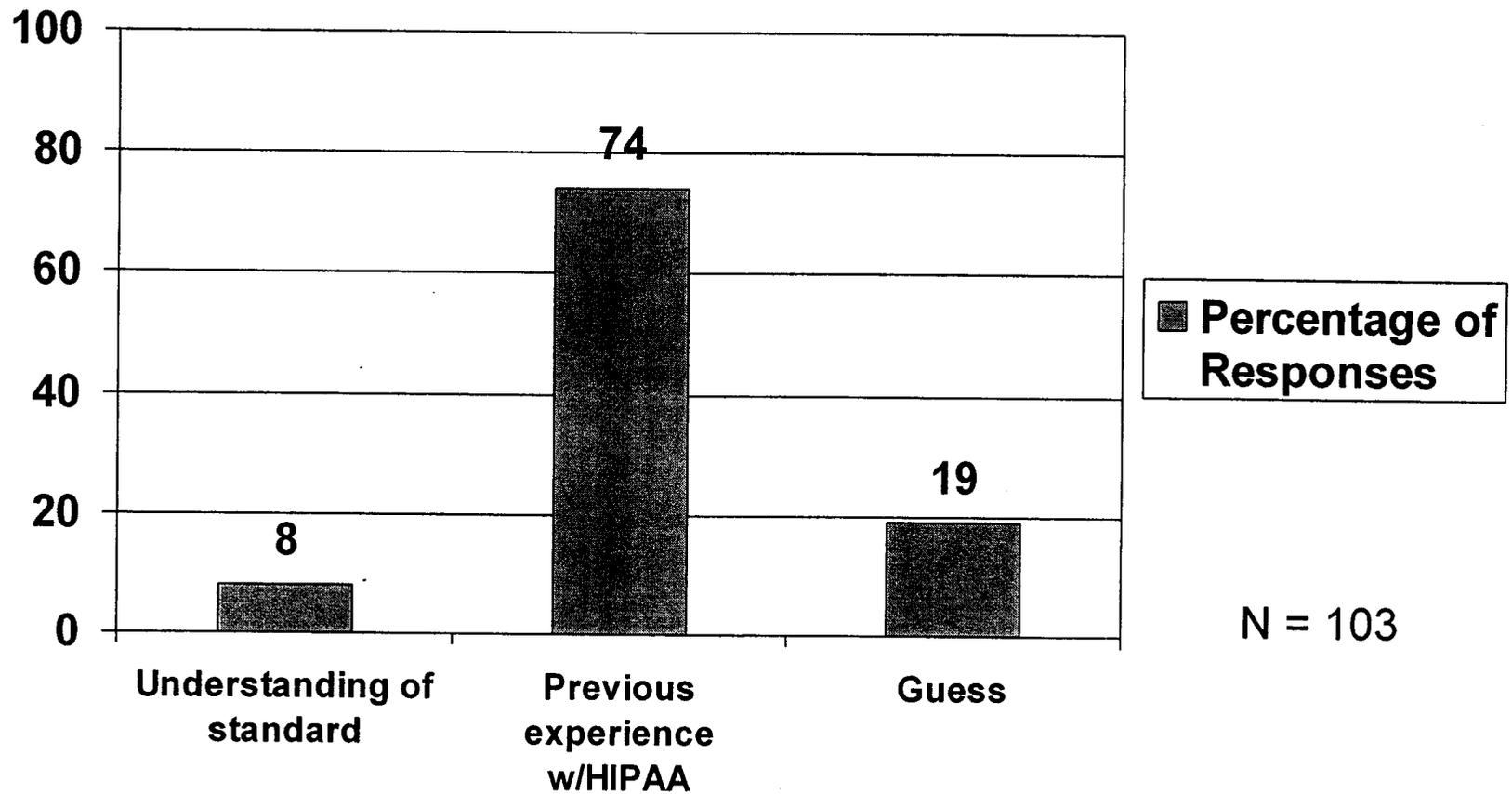
Of those who answered "Yes" (N = 112), indicate which types you are planning to implement. Check all that apply.



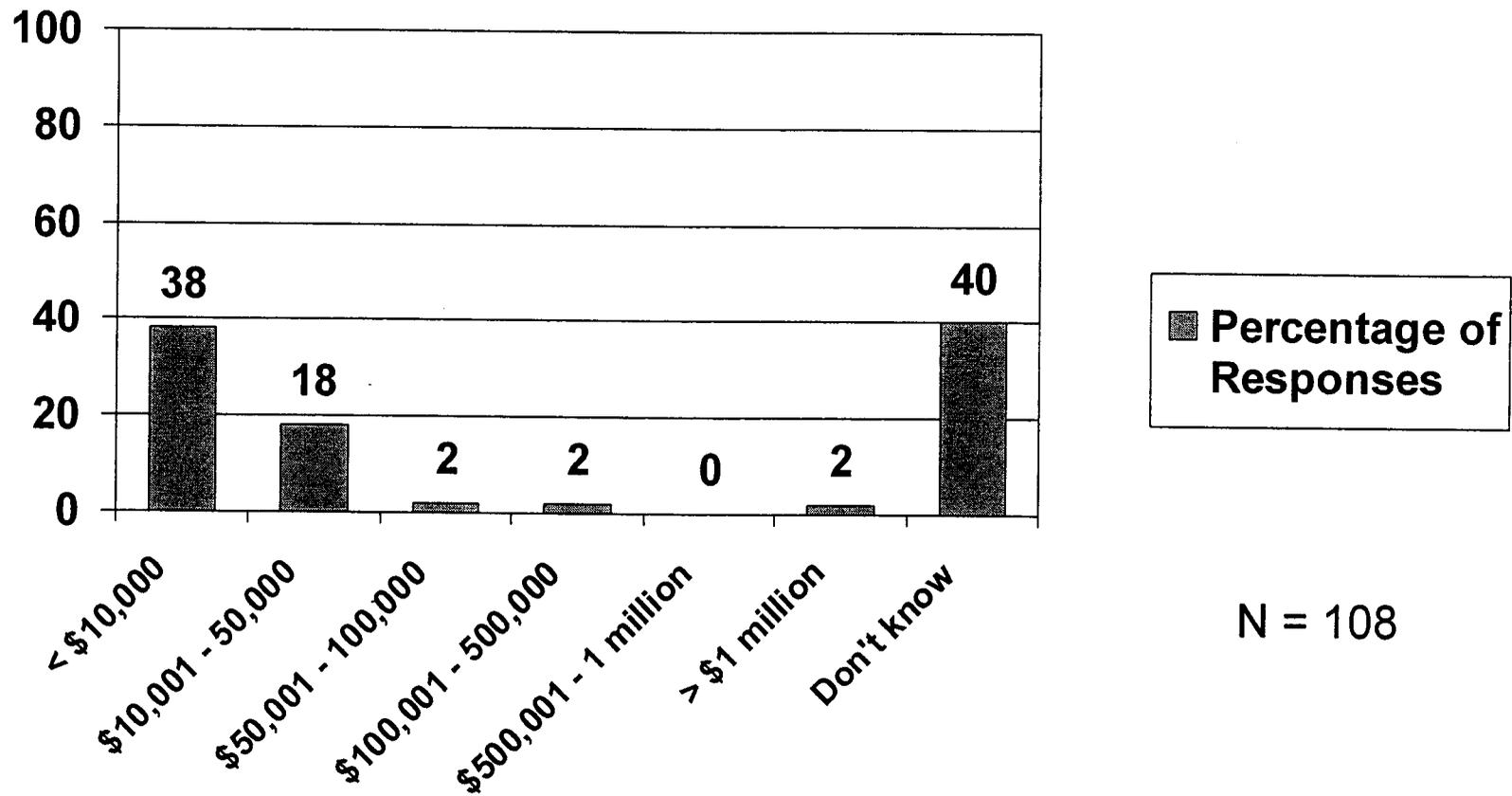
How long do you anticipate it will take your organization to implement the standard as proposed in the NPRM once the final rule is issued?



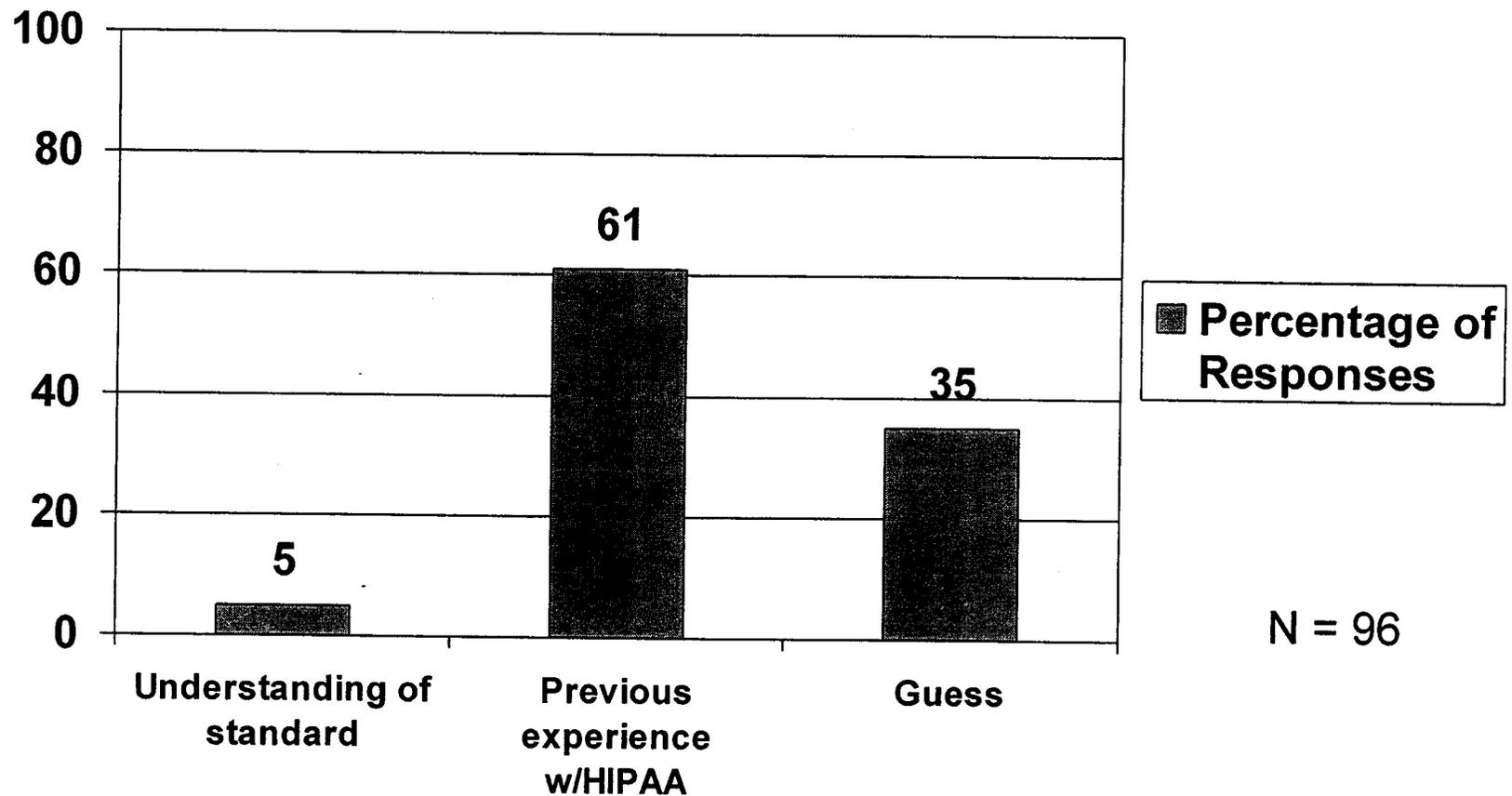
# What did you base your answer on?



How much do you anticipate it will cost your organization to implement the proposed standard?



# What did you base your answer on?

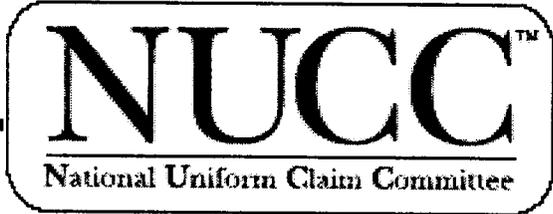


# Conclusions Drawn from Provider Results

- The majority of the providers receive a low percentage (<1% to 5%) of requests for additional information
- All 6 proposed attachment types are currently being used
- There are many “other” attachment types currently being requested
- The average number of requests received per month per attachment type varies widely, with many providers not knowing
- 51% of providers currently submit unsolicited attachments
- Only 6% of providers have guidelines/instructions for unsolicited attachments from all of their payers

# Conclusions Drawn from Provider Results (cont.)

- 56% of the providers don't know if they will implement the proposed standard
- Providers who plan to implement the standard have expressed interest in all of the 6 proposed attachment types
- The majority of responders anticipate it will take <6 months to 12 months to implement the proposed standard, but 24% "don't know"
- The majority of responders anticipate it will cost <\$10,000 to \$50,000 to implement the proposed standard, but 40% "don't know"
- Providers based their answers on time and cost on their previous experience with HIPAA



# Survey Results

**PAYERS**

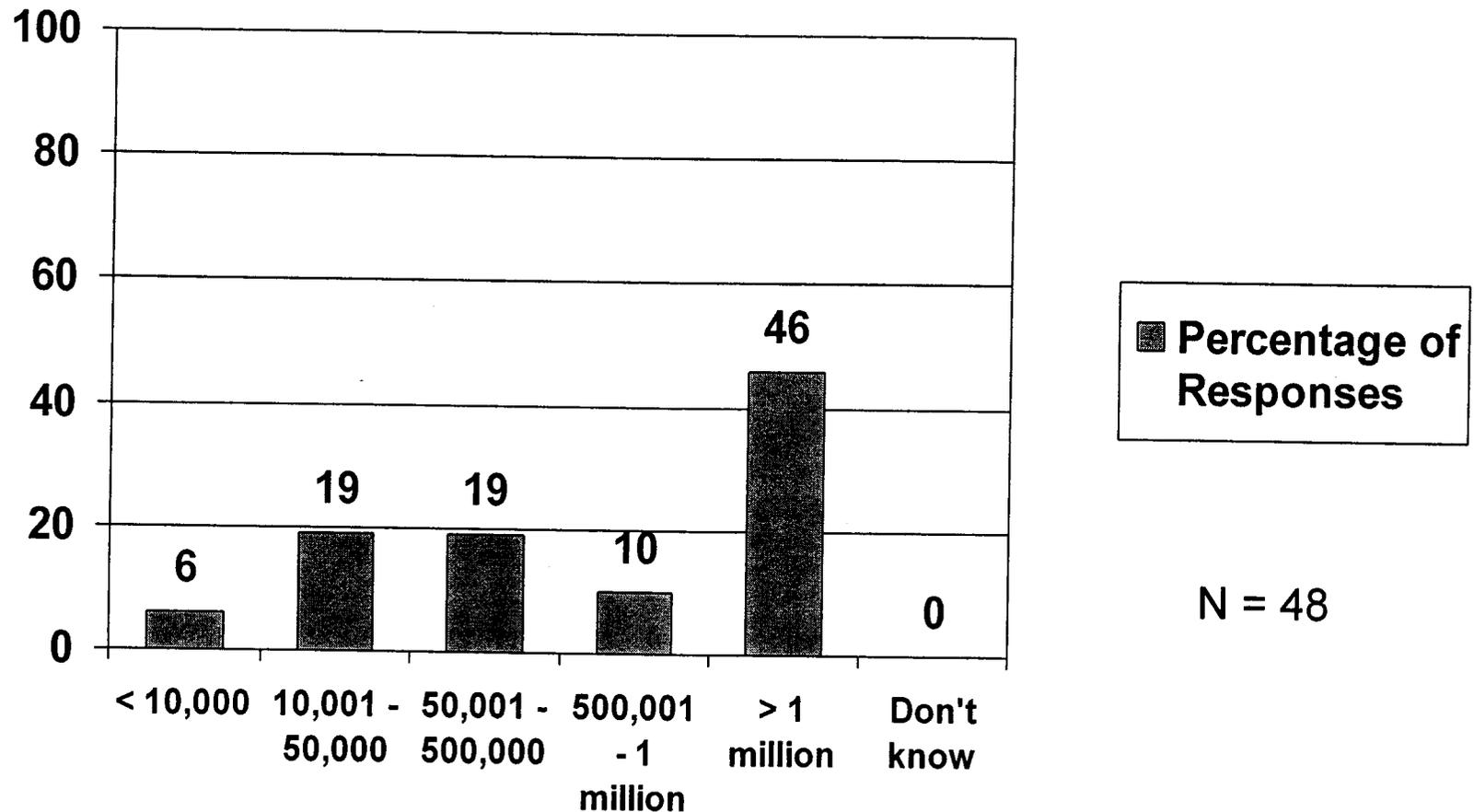
# Responses by Payer Categories

<b>Payer Category</b>	<b>Response Percent</b>	<b>Response Total</b>
Medicaid	48%	23
Commercial insurer	25%	12
Other	19%	9
Other government payer	6%	3
Medicare	2%	1
<b>Total</b>		<b>48</b>

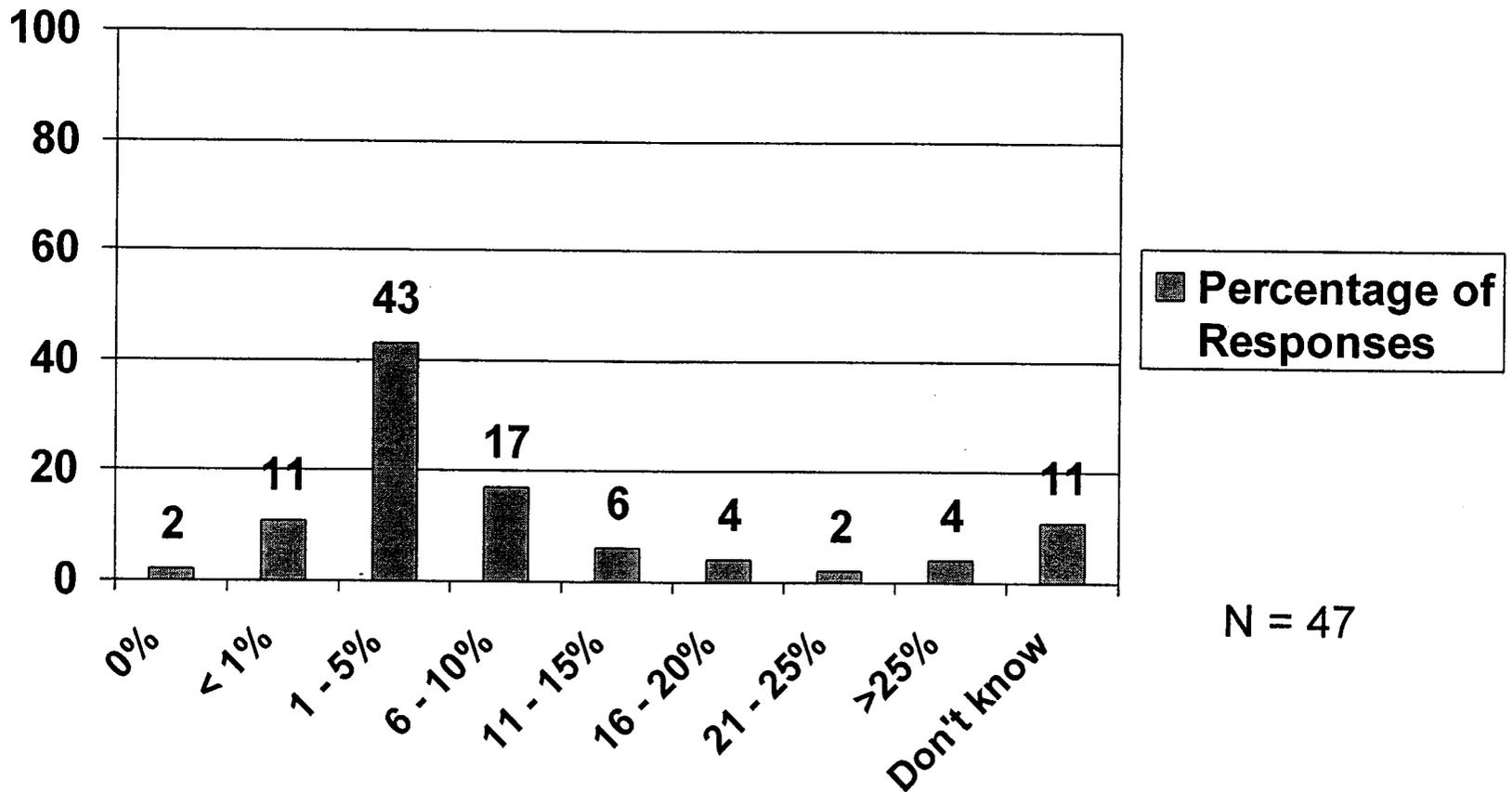
## “Other” Payers

<b>Other Payers</b>	<b>Number of Responses</b>
TPA	3
Vendor	3
Children’s Health Insurance Program	1
State Agency-Acute subprogram	1
“Health insurance”	1

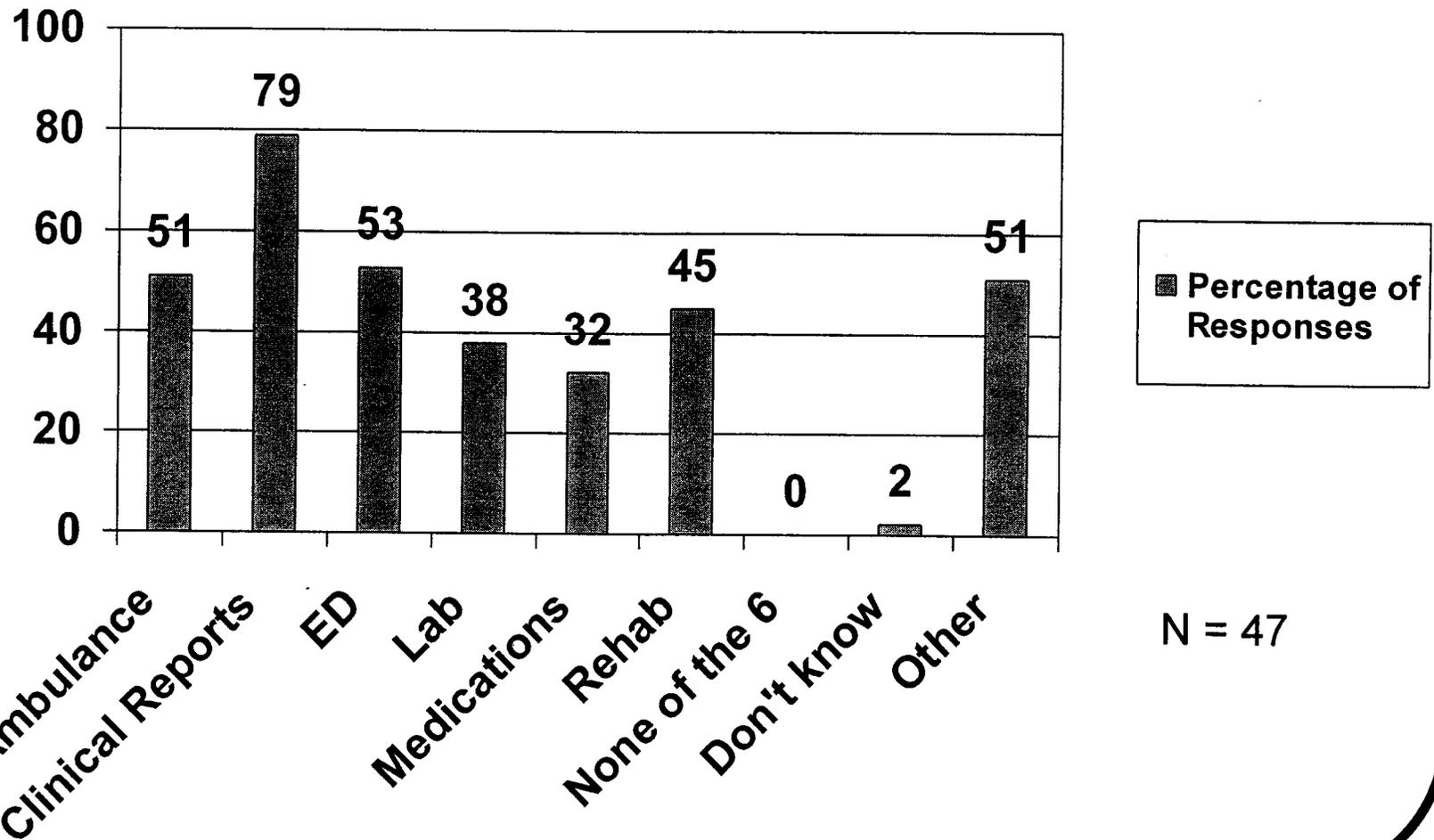
What is the total number of claims that you receive on a monthly basis?



Indicate the average percentage of claims for which you request additional information on a monthly basis.



Indicate what types of claims attachments you currently request from your providers. Check all that apply.



Sample of “other” attachment types that payers currently request from their providers.

<b>Attachment Type</b>	<b>Number of Responses</b>
Consents	10
Invoices/itemized bills	10
Authorizations/referrals/eligibility	4
Explanation of benefits	4
Payments or denials from other insurance	4
X-rays/dental x-rays	3
Home health assessment form	2
Reports for unlisted codes	2
Medical necessity	1
None	1

Indicate the average number of requests you make per month for Ambulance attachments.

- Don't know (22)
- Zero (10)
- <1%
- 5 – 10%
- 1
- 50 (2)

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you make per month for Clinical Reports attachments.

- Don't know (27)
- Zero (3)
- 3%
- 5 – 10%
- 1
- 20
- 25
- 85
- 100 – 200
- 697
- 1,000 – 1,500
- 2,900

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you make per month for Emergency Department attachments.

- Don't know (23)
- Zero (9)
- Very few
- <1%
- 5 – 10%
- 1
- 5
- 15
- 25 – 50
- 150
- 243

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you make per month for Laboratory Reports attachments.

- Don't know (21)
- Zero (13)
- <1%
- 5 – 10%
- 1
- 35

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you make per month for Medications attachments.

- Don't know (16)
- Zero (12)
- Very few
- 3%
- 5 – 10%
- 1
- 50 (2)
- 2,000 – 3,000

\* Numbers in parentheses indicate the number of responses to the comment

Indicate the average number of requests you make per month for Rehabilitation Services attachments.

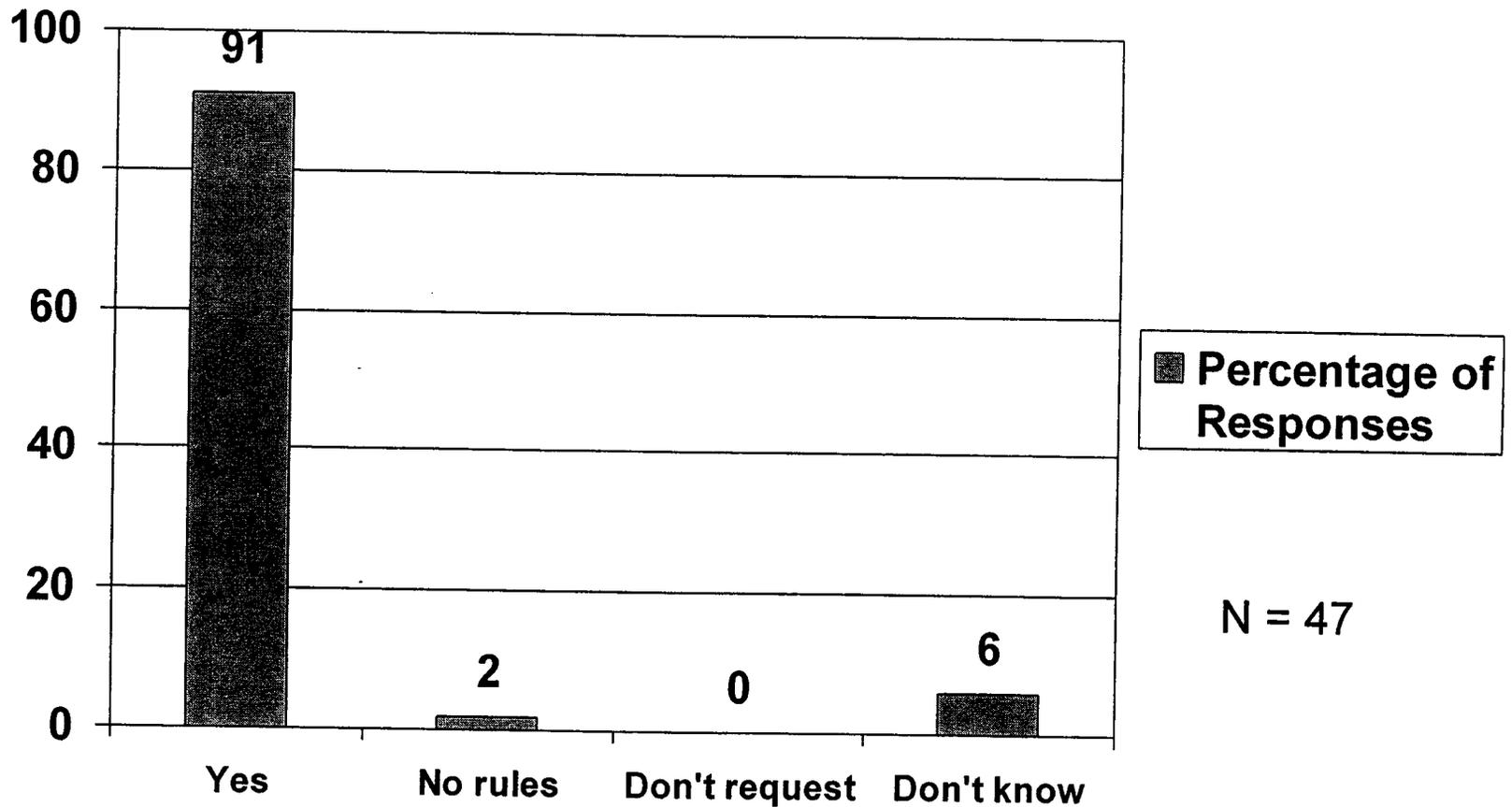
- Don't know (19)
- Zero (9)
- 5 – 10%
- 1
- 25
- 50
- 300

\* Numbers in parentheses indicate the number of responses to the comment

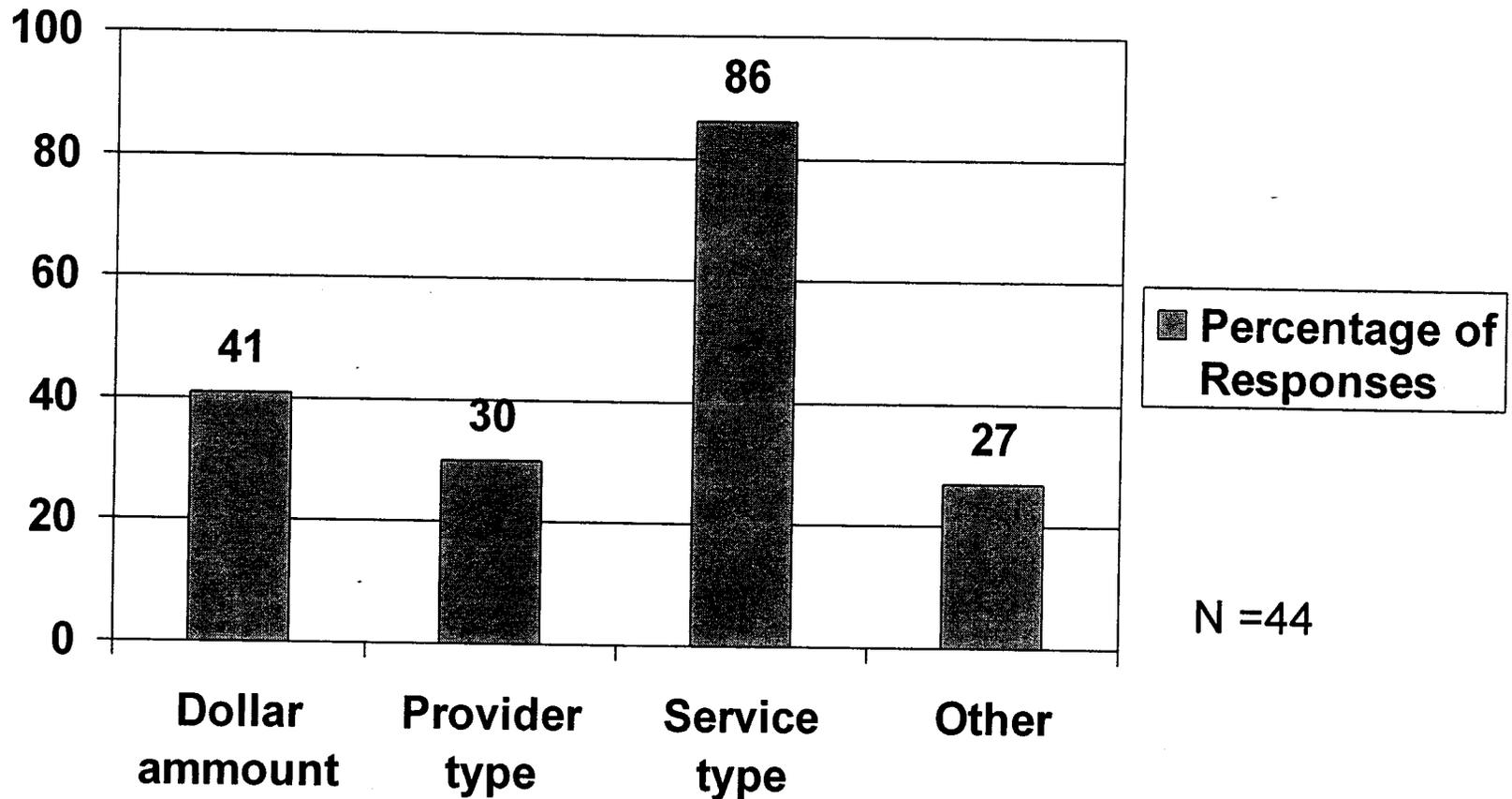
What other attachment types would you like to have developed in the future?

<b>Attachment Type</b>	<b>Number of Responses</b>
Medical necessity/authorizations for services/supplies	15
Consents	11
Itemized bills/invoices	6
Insurance information	3
Explanation of benefits	3
None	3
Accident information	2
X-rays	1
Periodontal services	1
EAP assessment	1

Do you have any internal business rules/criteria for determining if you will request additional information for a claim?



If "Yes", indicate which of the following business rules/criteria you use. Check all that apply.

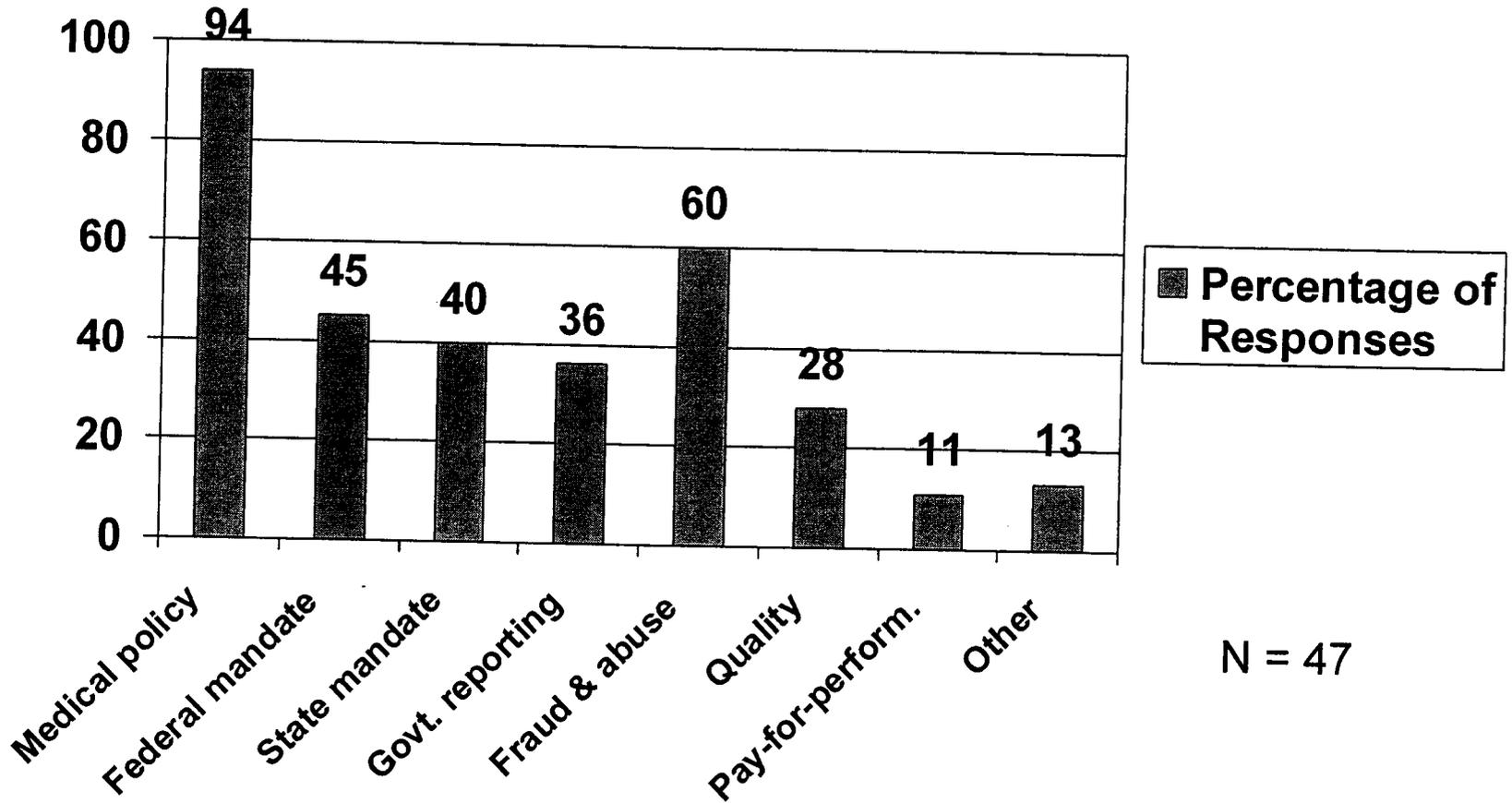


## “Other” business rules/criteria you use.

- Diagnosis (2)
- Fraud investigation alerts
- Client specific needs
- Service limitations
- If authorization is required and one was not obtained
- Service billed doesn't match service authorized
- For any missing information
- Multiple operative sessions with the same date of service
- Unlisted procedures
- Compound drugs
- Services billed with Modifier 22 requesting additional reimbursement
- Spend down forms
- Occupancy certification form for hold bed services

\* Number in parentheses indicates the number of responses to the comment

What are the reasons that you typically require claims attachments? Check all that apply.

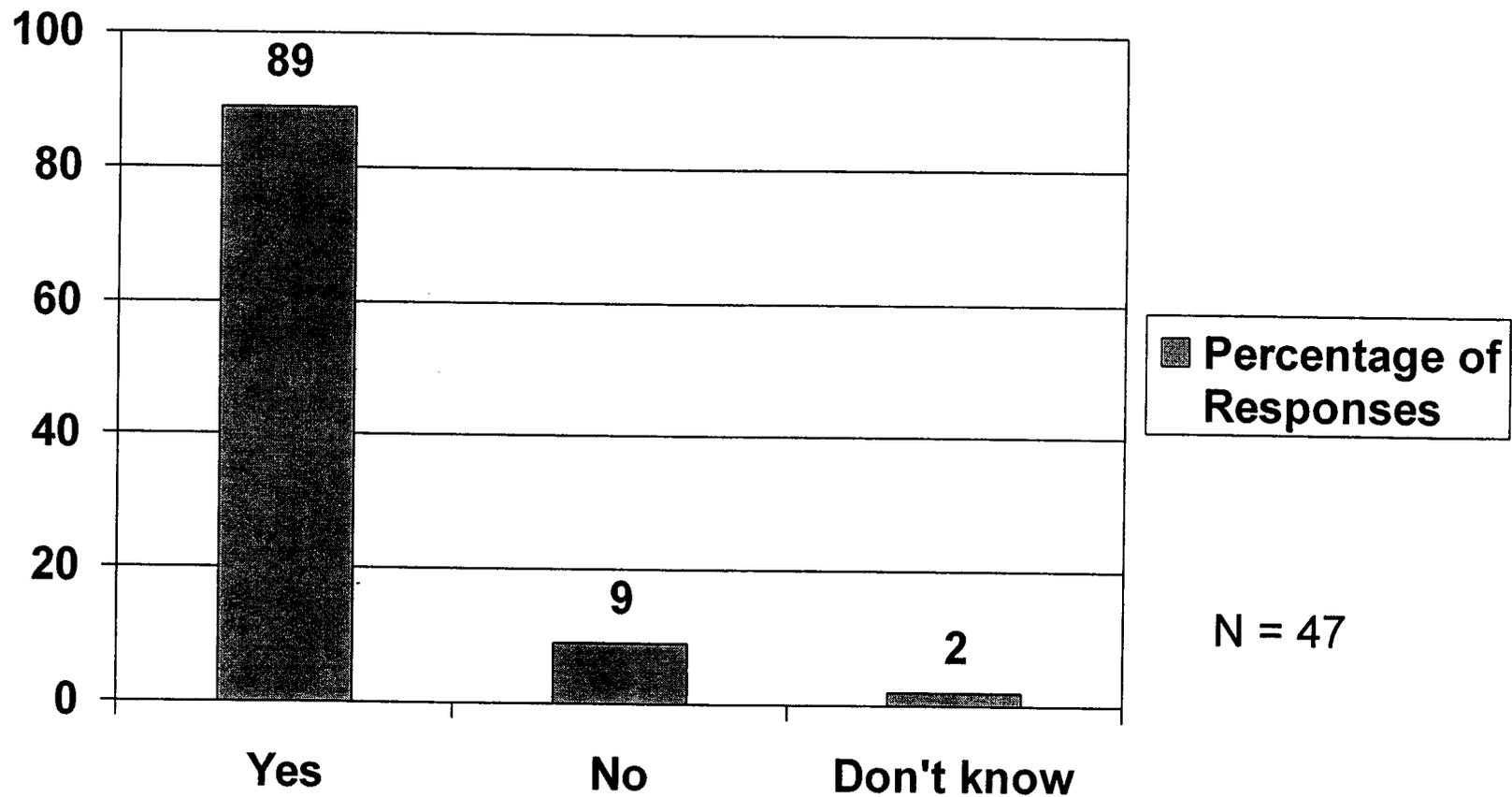


N = 47

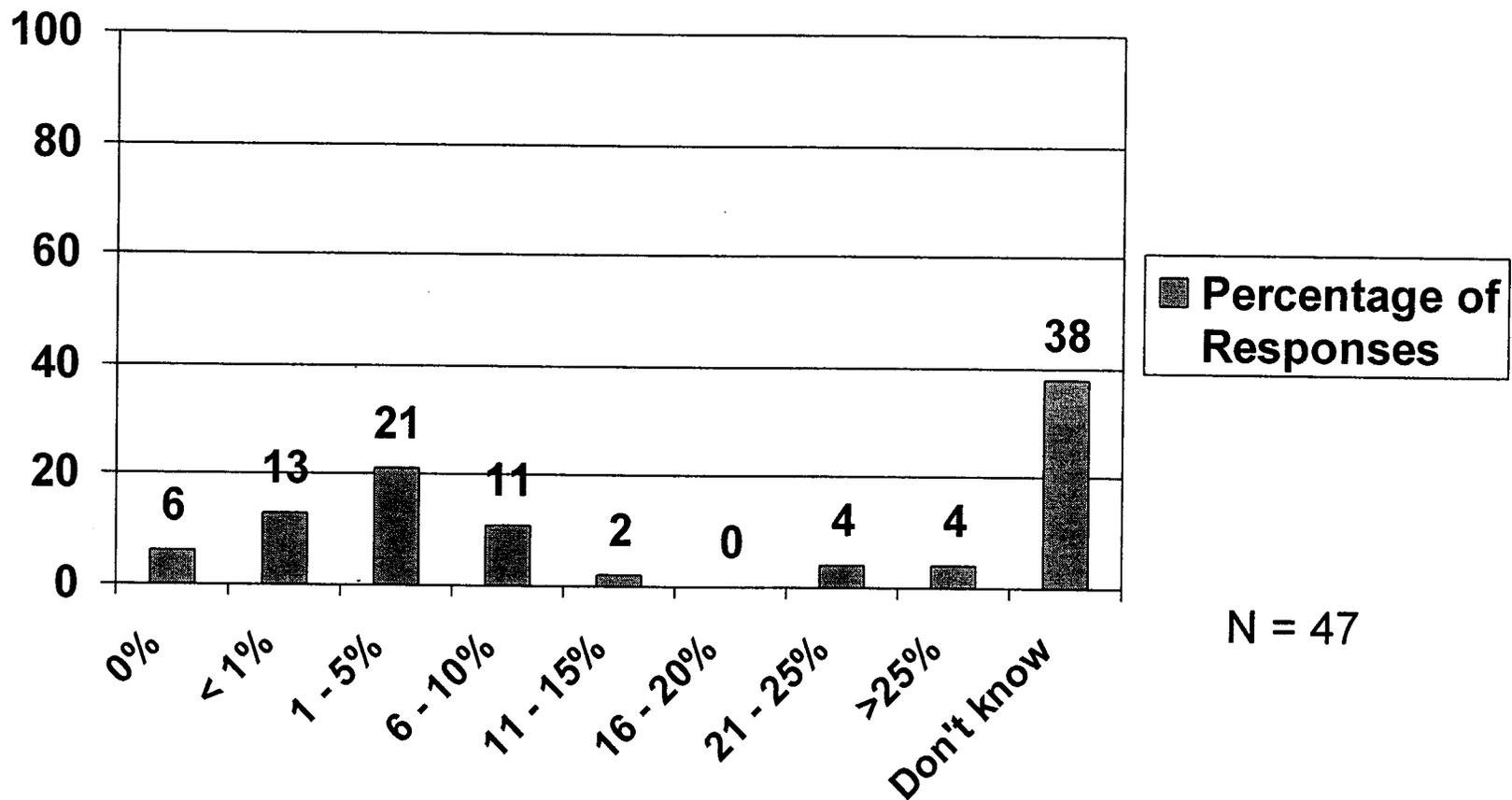
“Other” reasons that you typically require claims attachments.

- To determine type of care provided in an ED encounter
- Accreditation (NCQA)
- “Run the business”
- Litigation reasons
- Benefit Plan Administration (pre-existing review and waivers)

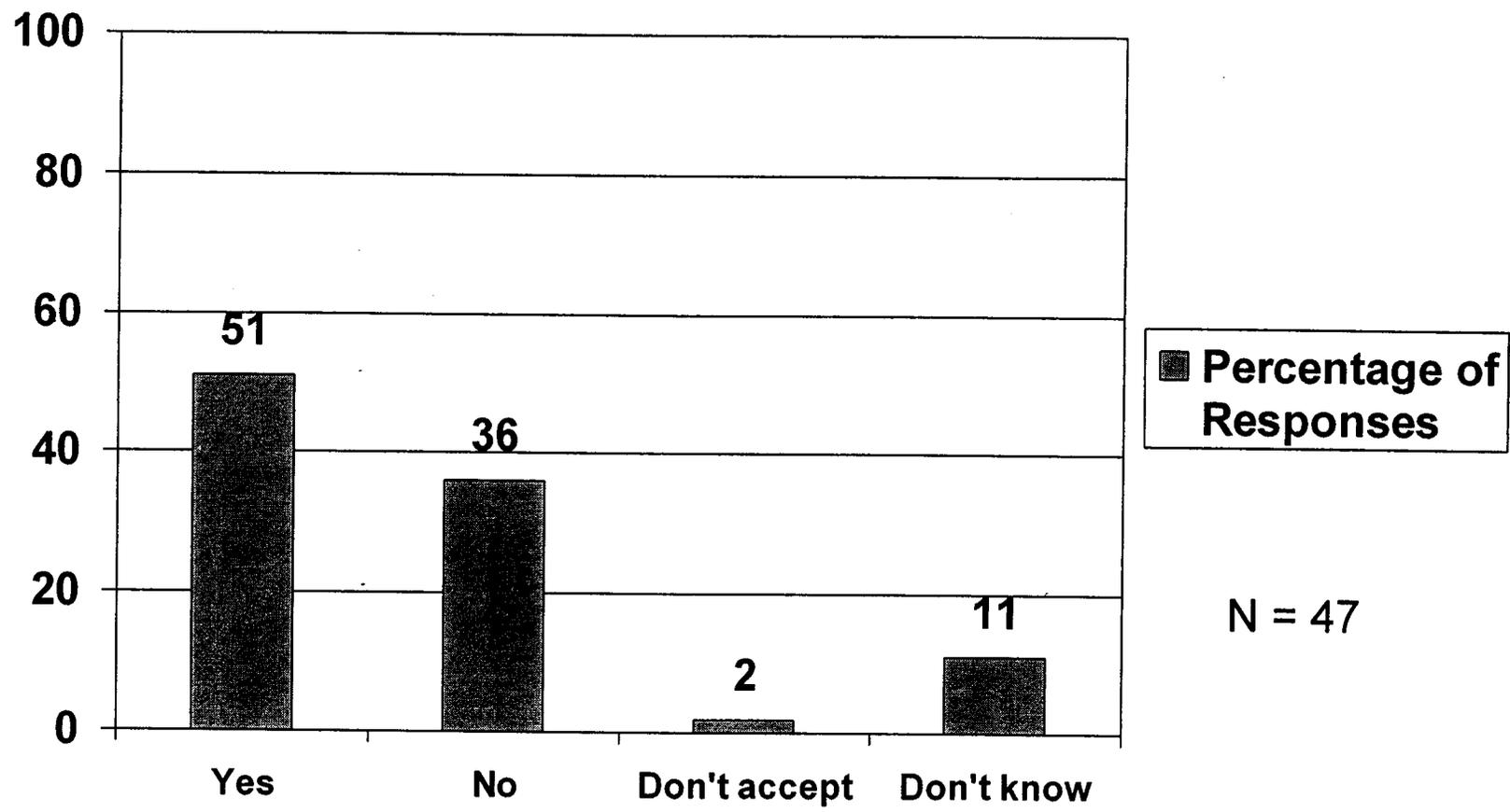
Do you currently receive unsolicited claims attachments from providers?



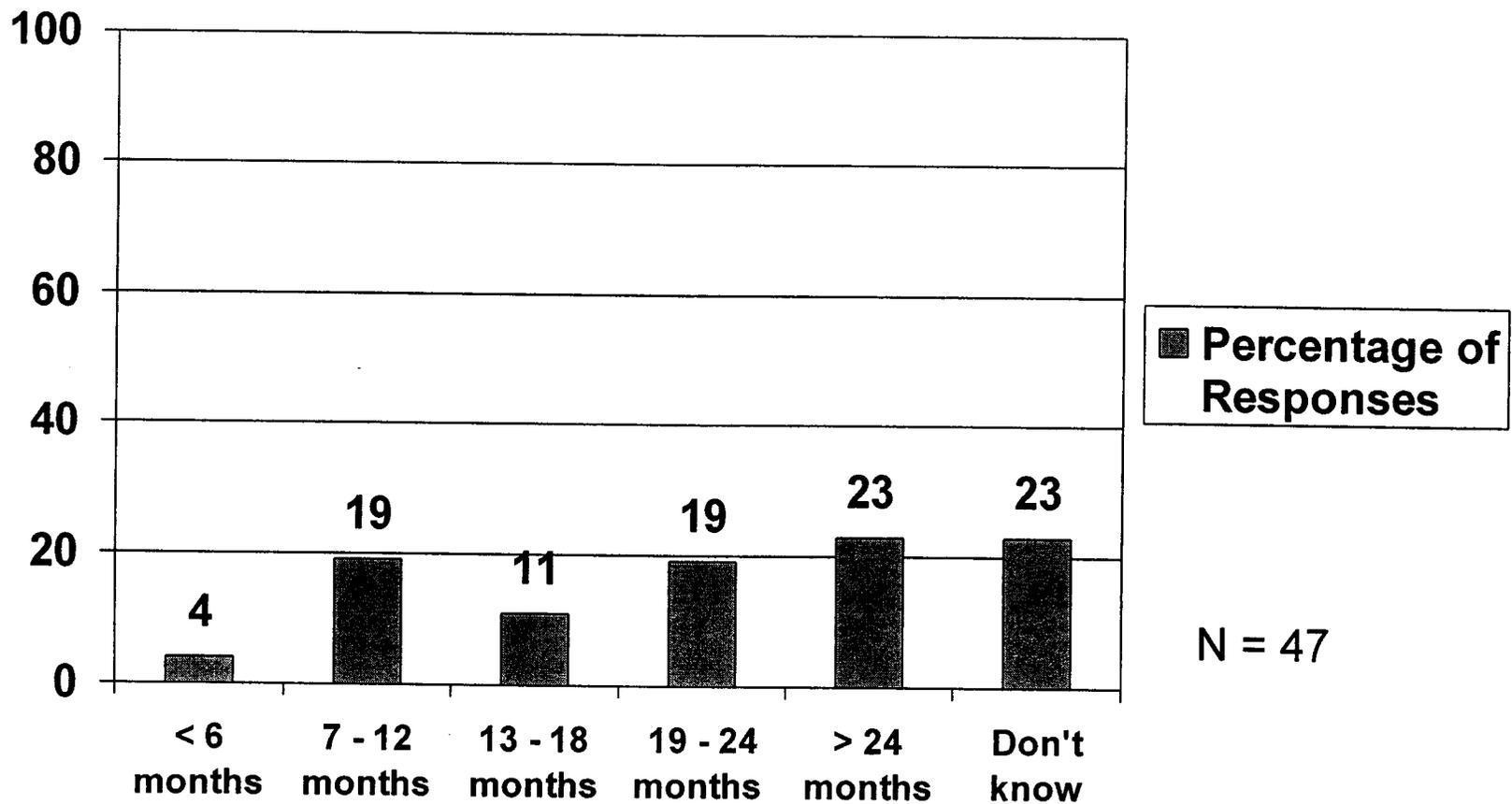
Indicate the average percentage of unsolicited claims that you receive on a monthly basis.



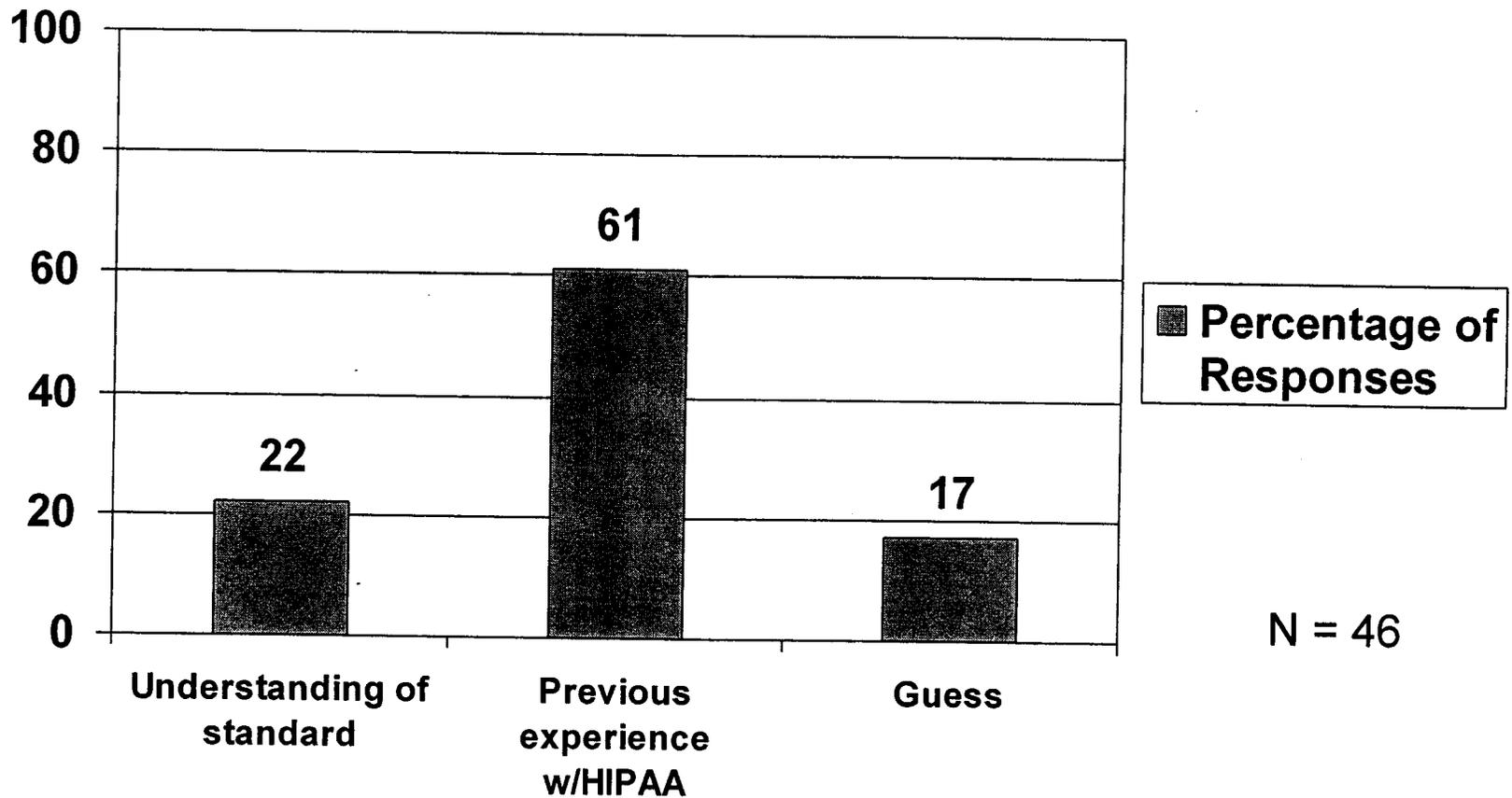
Do you give your providers any written guidelines/instructions about the type of claims attachment information you will accept unsolicited?



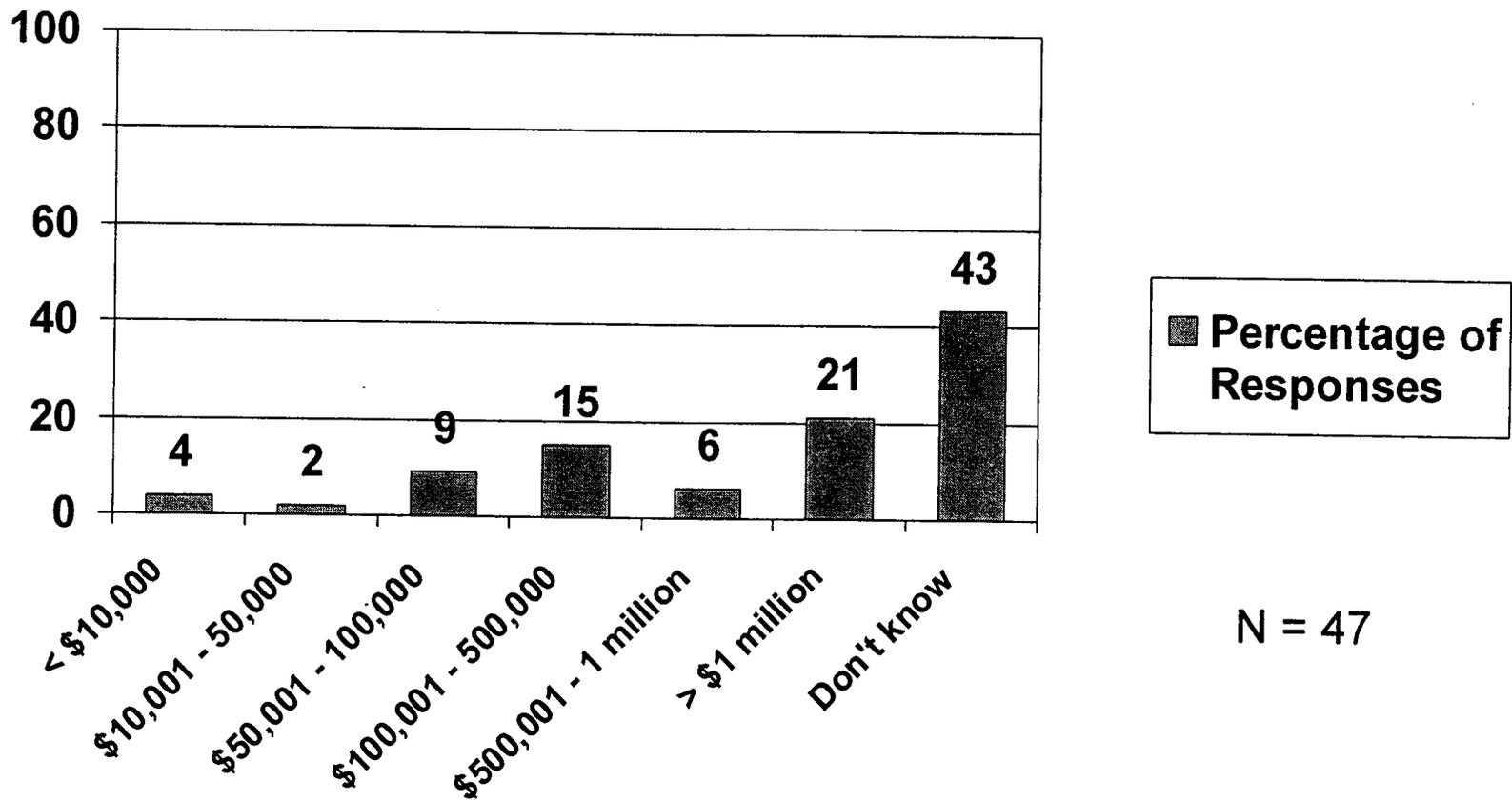
How long do you anticipate it will take your organization to implement the standard as proposed in the NPRM once the final rule is issued?



# What did you base your answer on?

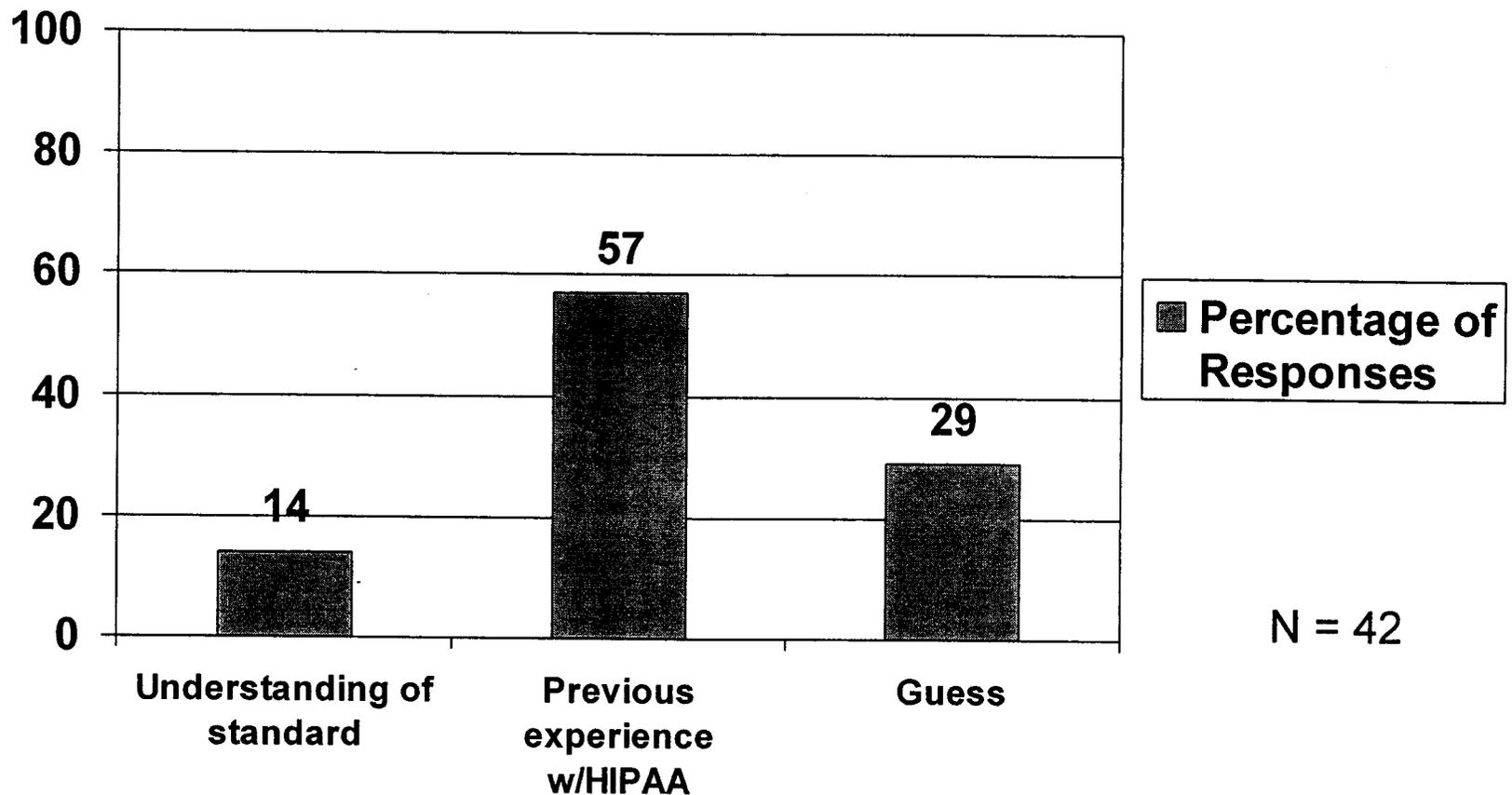


How much do you anticipate it will cost your organization to implement the proposed standard?



N = 47

# What did you base your answer on?



# Conclusions Drawn from Payer Results

- The majority of payers request a low percentage (<1% to 5%) of additional information
- All 6 of the proposed attachment types are being used by payers
- The average number of requests per month per attachment type varies widely, with many payers not knowing
- There are many “other” attachment types being requested
- 91% of payers have internal business rules/criteria for determining when to request additional information - the majority use Service Type
- There are many “other” reasons that payers request additional information.

# Conclusions Drawn from Payer Results (cont.)

- Many of the current reasons for requesting additional information is not related to claims adjudication
- 89% of payers receive unsolicited attachments from their providers
- 51% of payers give their providers guidelines/ instructions for submitting unsolicited attachments
- The anticipated time for implementing the proposed standard varies among the payers and 23% “don’t know”
- The majority of payers anticipate it will cost \$100,001 to >\$1 million to implement the proposed standard, but 43% “don’t know”
- Payers based their responses on time and cost on their previous experience with HIPAA

Which of the following categories best describes the type of payer you are?

What is the total number of claims that you receive on a monthly basis?

Please indicate the average percentage of claims for which you request additional information on a monthly basis?

Please indicate what type of claims attachments you currently request from providers. Check all that apply.

Response      Open-Ended Response      Response      Response      Ambulance Service      Clinical Reports      Emergency Department      Laboratory Results      Medications      Rehabilitation Services      None of the above      Don't know      Other (please specify)

Medicaid      Greater than 1 million      Less than 1%      Ambulance Service      Other (please specify)

Medicaid      Greater than 1 million      1 - 5%      Clinical Reports

Medicaid      Greater than 1 million      6 - 10%      Ambulance Service      Clinical Reports      Other (please specify)

Medicaid      500,001 - 1 million      6 - 10%      Clinical Reports      Laboratory Results

Other (please specify)      Medicaid and PeachCare      Greater than 1 million

Other (please specify)      TPA      50,001 - 500,000      21 - 25%      Clinical Reports      Emergency Department      Medications      Rehabilitation Services

Medicaid      Greater than 1 million      1 - 5%      Ambulance Service      Clinical Reports      Other (please specify)

Commercial Insurer      Greater than 1 million      6 - 10%      Ambulance Service      Clinical Reports      Emergency Department      Laboratory Results      Medications      Rehabilitation Services

Medicaid      Greater than 1 million      11 - 15%      Ambulance Service      Clinical Reports      Emergency Department      Laboratory Results      Medications      Rehabilitation Services      Other (please specify)

Medicaid      50,001 - 500,000      6 - 10%      Ambulance Service      Clinical Reports      Emergency Department

Medicaid	500,001 - 1 million	Less than 1%		Clinical Reports	Emergency Department				Other (please specify)
Other government payer (TRICARE, VHA)	50,001 - 500,000	1 - 5%		Clinical Reports	Emergency Department				Other (please specify)
Commercial insurer	Less than 10,000	1 - 5%				Laboratory Results	Medications		
Other (please specify)	TPA	50,001 - 500,000	16 - 20%	Ambulance Service	Emergency Department				
Medicaid	Greater than 1 million	16 - 20%	Ambulance Service	Clinical Reports		Laboratory Results			
Commercial insurer	Greater than 1 million	Less than 1%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	
Medicaid	Less than 10,000	Greater than 25%	Ambulance Service	Clinical Reports					Other (please specify)
Other (please specify)	State Agency-Acute subprogram	Less than 10,000	11 - 15%	Ambulance Service	Clinical Reports				
Commercial insurer	Greater than 1 million	1 - 5%		Clinical Reports				Rehabilitation Services	Other (please specify)
Medicaid	10,001 - 50,000	6 - 10%	Ambulance Service	Clinical Reports	Emergency Department			Rehabilitation Services	
Commercial insurer	Greater than 1 million	Don't know	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	
Medicaid	500,001 - 1 million	1 - 5%		Clinical Reports	Emergency Department				Other (please specify)
Commercial insurer	Greater than 1 million	6 - 10%		Clinical Reports					Other (please specify)
Medicaid	Greater than 1 million	1 - 5%				Laboratory Results			Other (please specify)
Medicare	Greater than 1 million	Less than 1%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Other (please specify)
Medicaid	50,001 - 500,000	Don't know	Ambulance Service	Clinical Reports					Other (please specify)

Medicaid	Greater than 1 million	1 - 5%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Other (please specify)
Other (please specify)	Children's Health Insurance Program	10,001 - 50,000	1 - 5%	Clinical Reports	Emergency Department				
Commercial insurer	50,001 - 500,000	6 - 10%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	
Other (please specify)	Vision insurance	500,001 - 1 million	Greater than 25%						Other (please specify)
Commercial insurer	Greater than 1 million	1 - 5%		Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services	Other (please specify)
Medicaid	Greater than 1 million	1 - 5%		Clinical Reports			Medications	Rehabilitation Services	Other (please specify)
Other (please specify)	electronic claim clearinhouse	10,001 - 50,000	0% Ambulance Service					Rehabilitation Services	
Commercial insurer	Greater than 1 million	1 - 5%		Clinical Reports			Medications	Rehabilitation Services	Other (please specify)
Medicaid	50,001 - 500,000	1 - 5%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications		Other (please specify)
Other (please specify)	vendor	Greater than 1 million	1 - 5%	Ambulance Service	Emergency Department	Laboratory Results		Rehabilitation Services	
Medicaid	10,001 - 50,000	1 - 5%		Clinical Reports			Medications		Other (please specify)
Other government payer (TRICARE, VHA)	10,001 - 50,000	Don't know	Ambulance Service	Clinical Reports	Emergency Department				Other (please specify)
Medicaid	10,001 - 50,000	1 - 5%							Other (please specify)
Commercial insurer	50,001 - 500,000	1 - 5%	Ambulance Service	Clinical Reports	Emergency Department			Rehabilitation Services	

Other (please specify)	handle Commercial and Medicaid	500,001 - 1 million	Less than 1%			Emergency Department			
Other (please specify)	Health Insurance	Greater than 1 million	Don't know	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services
Other government payer (TRICARE, VHA)		10,001 - 50,000	6 - 10%	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services
Other (please specify)	TPA	10,001 - 50,000	11 - 15%		Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services
Medicaid		Greater than 1 million	Don't know						Don't know
Medicaid		Greater than 1 million	1 - 5%		Clinical Reports		Laboratory Results		Other (please specify)
Medicaid		50,001 - 500,000	1 - 5%		Clinical Reports	Emergency Department			Other (please specify)
Commercial Insurer		10,001 - 50,000	1 - 5%					Rehabilitation Services	Other (please specify)

Please indicate the average number of requests you make per month. If you do not request a claims attachment type enter zero. If you do not know the average number, enter 'Don't know'.

Open-Ended Response	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Other (name and number)	Other (name and number)	Other (name and number)	Other (name and number)
consent forms - sterilization, abortion, hysterectomy unsuccessful third party billing - less than 25% payment, third party denials	50	0	0	0	0	0	TPL 300	consents 100		
	0	Do Not Know	0	0	0	0				
Home Health Consent (Abortion, Hyst, Sterilization) Invoice of Cost Optical Prescription Certificate of Medical Necessity	Don't know	Don't know	0	0	0	Don't know	Home Health 200	Consent 633	Optical 7280	Medical Necessity 4330
	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know				
							TPL	Timely Filing		
	0	Don't know	Don't know	Don't know	Don't know	Don't know				
DME Consent Forms	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know				
	5%-10%	5%-10%	5%-10%	5%-10%	5%-10%	5%-10%				
Insurance Information Operation Reports Medicare Information	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know			
	Don't Know	Don't Know	Don't Know	Don't Know	0	0	Consent (Hyst, Sterilization) Don't Know	Medical Supplies - Don't Know		

DME, Sterilization/Abortion, Medical Supplies	'Don't know'	'Don't know'				DME 'Don't know'	Sterilization/Abortion 'Don't know'	Medical Supplies 'Don't know'		
physical therapy skilled nursing	Don't know	100-2	Don't know	Don't know	Don't know	physical therapy notes 25	Skilled nursing plan of care 25-50			
	0	0	0	35	50					
	Don't know	Don't know	Don't know	Don't know	Don't know					
	Don't Know	Don't Know	0	Don't Know	0	0	Ambulance Srvc. (AIR) - Don't Know			
	Don't know									
EOBs HCBS & non-emergency transportation verification of services	Don't Know	Don't Know	Don't Know	0	0	0				
			0	0	0					
manufacturer's invoices	none	don't know	very few	none	very few	don't know	EOB info - since providers do not submit electronically! - Large volume!	Manufacturer's invoices - routinely, but we have no # to provide		
	2	20	5	0	0	25				
	Don't Know at this time									
Invoices for DME pricing, consent forms, dental xrays, medical records for sur reviews. 0				0	0	0	Medical Records - 30	DME Invoices		
X-Rays, Periodontal Information 0	Don't Know	0	0	0	0	0	Periodontal Information - Don't Know	X-Rays - Don't Know		
Sterilization consent, abortion information, supply and durable medical equipment invoices, supporting documentation is required when prior authorizations are sought (but not needed when claim is filed)				Don't Know			Don't Know	Don't Know	Don't Know	Don't Know
ESRD, audiology services, hyper baric oxygen therapy, DME, ultra violet therapy	don't know	DME - don't know								
Medicare explanation of benefits OP reports Consent Forms-Hysterectomies, Sterilizations Abortions medical reports	don't know	don't know								

Consents (Abortion, Hysterectomy, Sterilization) Durable Medical Equipment Home Health Non-Ambulance Transportation Eligibility/ Spenddown Medical Supplies	Don't Know	Consents - Don't Know	DME - Don't Know	Home Health - Don't Know	Non-Ambulance Transport-Don't Know						
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0	85	15	0	0	0
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Don't know					
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additional page with Rx & lab info. needed to create materials

additional page with Rx & lab info. needed to create materials

Itemized Hospital Bills Dental x-rays Attachments are primarily required: reports for unlisted procedure codes, cost invoices for specified services, EOBs for insurance denials, and authorizations for state funded special programs.	0	don't know - guess 1000-1500	don't know - guess 25-50	0	don't know - guess 2000-3000	0	don't know - see comments	Itemized hospital bills; dental x-rays don't know - see comments	spec prgms don't know - guess 1000-1500				
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don't know

DME Home Health * Federal Consent forms for Abortions, Sterilizations, Hysterectomies. * Manufacturer's invoice for items/supplies purchased * Other Insurance/Medicare determination/Remittance Advices/EOB's/EOMB's. * Medicaid Remittance Advice for proof of timely filing. *	Don't Know	Federal Consent Forms - approx 4%	Manufacturers invoice - approx 5%	Other Insurance/Medicare EOB - approx 8%	[State] Medicaid RA for timely filing - approx 8%										
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Don't know															
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Multiple surgery Unlisted codes NOS codes	0	25	0	0	50	Don't know	COB EOB's - 10
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Op Reports	Don't know	Op reports - Don't know					
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sterilizations, hysterectomy, abortion, blood products and retro-active eligibility	don't know										
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50	2900	150			300
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Don't Know

1

1

1

1

1

1

Don't Know

Invoices, catalog pages,

Don't Know

Don't Know

Don't Know

Don't Know

Don't know

Don't know

Consent forms (abortion,  
hysterectomy, sterilization)  
Manufacturers Invoice

897

243

consent forms 428 invoices 1019

hospital itemizations and  
operative reports

zero

zero

zero

zero

zero

50

hospital itemizations  
100

operative reports 150

In addition to the six HIPAA claims attachment types that have been proposed by the Department of Health and Human Services, what other attachment types would you like to have developed in the future?	Do you have any internal business rules/criteria for determining if you will request additional information for a claim?	If "Yes", please indicate which of the following business rules/criteria you use. Check all that apply.	What are the reasons that you typically require claims attachments? Check all that apply.
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Open-Ended Response	Response	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request) Other (please specify)	Open-Ended Response	Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement	Pay-for-performance measures	Other (please
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consent/acknowledgement forms for sterilization, hysterectomy, abortion DMEPOS	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate	Federal or state reporting requirement				
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None	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement		
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Invoice of Cost Admission History Admit or Discharge Records Anesthesia Reports Consultation Reports Pathology Reports Ultrasound Reports Radiologist Reading	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate			Fraud and abuse mitigation			
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Abortion/Sterilization consent form	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy			Federal or state reporting requirement				
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	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate		Fraud and abuse mitigation			
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Pre-x, accident details, itemized bills	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy				Fraud and abuse mitigation			
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	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate		Fraud and abuse mitigation			
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DME, Home Health and Skilled Nursing Facility	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)		Medical policy				Fraud and abuse mitigation	Quality measurement	Pay-for-performance measures	
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Insurance information Operation Reports Medicare Information	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement	Pay-for-performance measures	
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	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate			Fraud and abuse mitigation			
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	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate					
	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate						Other (please specify)
	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy							
	Don't know					Medical policy							
Don't Know	Yes, we have internal business rules/criteria		Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy		State mandate					
	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy							Fraud and abuse mitigation
EOB Verification of Services	Yes, we have internal business rules/criteria		Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy							Fraud and abuse mitigation Quality measurement
Manufacturer's Invoice; Home Health related treatment plan and notes; Accidental Dental verification forms.	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)	Other (please specify)	Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement	Pay-for-performance measures	
None	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy			Federal or state reporting requirement		Quality measurement		
DME, Pulmonary Therp.	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)		Medical policy							
Consent Forms	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate	State mandate					Fraud and abuse mitigation
X-Ray, Periodontal	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)		Medical policy							Fraud and abuse mitigation Quality measurement
Durable medical equipment, supporting documentation for prior authorization requests	Yes, we have internal business rules/criteria				Other (please specify)	Medical policy	Federal mandate		Federal or state reporting requirement				
ESRD, audiology services, hyperbaric oxygen therapy, DME, ultra violet therapy	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)		Medical policy	Federal mandate						Fraud and abuse mitigation Quality measurement Pay-for-performance measures
Sterilization Hysterectomies Abortions EMC explanation of benefits	Yes, we have internal business rules/criteria				Other (please specify)	Medical policy	Federal mandate		Federal or state reporting requirement				

In addition - we close claims for any 'missing' information (this is more related to question 10 above)...several people [here] wanted to clarify this.

Service type will require attachments but nothing 'triggers' a request for additional information. It is stated upfront in provider directions that the attachment is required.

Commercial Insurer EOMB Medicare EOMB

Non-Ambulance Transportation Consents	Yes, we have internal business rules/criteria		Service type (Claims for a certain service type always trigger a request)	Other (please specify)	Paper invoices require an EOB	Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation		
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)	Other (please specify)	1. If auth is required for a service but one is not obtained. 2. The service billed by the provider does not match the service authorized by the plan.	Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	
	Yes, we have internal business rules/criteria		Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)			Medical policy	Federal mandate	State mandate	Fraud and abuse mitigation	Quality measurement	
	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)	Other (please specify)	client specific needs	Medical policy				Other (please specify)	
Itemized Hospital Bills	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)	Other (please specify)	Fraud investigation alerts	Medical policy			Fraud and abuse mitigation	Other (please specify)	
Our main need is for prior authorization: Medical necessity documentation for DME, PT, OT, ST, services such as bariatric surgery, units of service in excess of the normal recommendations, certain drugs, etc	Yes, we have internal business rules/criteria				Other (please specify)	service limitations - age, sex, amount, duration cost effectiveness - do other alternatives provide a similar result relative risk of the procedure to alternatives coverage type, e.g. special program ill defined and unpriced procedures	Medical policy			Fraud and abuse mitigation		
	Don't know	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)			Other (please specify)	will payers ever really tell us that?	Medical policy					
DME, which account for the majority of our requests for claims attachments.	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)	Other (please specify)	Most of our claims suspends are based on the procedure or diagnosis that is submitted.	Medical policy		State mandate	Fraud and abuse mitigation		
Third Party Liability EOB Other Insurance EOB Medicare EOB	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)	Other (please specify)	* Multiple operative sessions/same date of service *Unlisted Procedures *Compound Drugs *Services billed with Modifier 22 requesting additional reimbursement *Occupancy Certification Form for Hold Bed Services *Spend Down forms	Medical policy	Federal mandate	State mandate			
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)			Medical policy					
Request for info on patient's OI coverage.	Yes, we have internal business rules/criteria		Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)			Medical policy		Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement	
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)			Medical policy		Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement	Pay-for-performance measures
	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)				Federal mandate	State mandate			
Clinical Reports is pretty inclusive. No other types are needed at this time.	No, we do not have internal business rules/criteria						Medical policy			Fraud and abuse mitigation	Other (please specify)	

EAP Assessment and Itemized Bills	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)														Other (please specify)
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)				Medical policy			Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement			
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)				Medical policy		State mandate	Federal or state reporting requirement	Fraud and abuse mitigation				
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)		Service type (Claims for a certain service type always trigger a request)	Other (please specify)	Diagnosis		Medical policy	Federal mandate	State mandate	Federal or state reporting requirement	Fraud and abuse mitigation	Quality measurement			
	Don't know															Other (please specify)
	Yes, we have internal business rules/criteria		Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)				Medical policy		State mandate			Fraud and abuse mitigation			
Consent forms, invoices	Yes, we have internal business rules/criteria			Service type (Claims for a certain service type always trigger a request)				Medical policy	Federal mandate	State mandate	Federal or state reporting requirement					
	Yes, we have internal business rules/criteria	Dollar amount of the claim (Claims above a certain dollar amount always trigger a request)	Provider type (Claims from a certain provider type always trigger a request)	Service type (Claims for a certain service type always trigger a request)				Medical policy					Fraud and abuse mitigation			

Please indicate the average percentage of unsolicited claims attachments that you receive on a monthly basis?

Do you give your providers any written guidelines/instructions about the type of claims attachment information you will accept unsolicited?

How long do you anticipate it will take your organization to implement the standard as proposed in the NPRM once the final rule is issued?

For the previous question, what did you base your answer on?

How much do you anticipate it will cost your organization to implement the proposed standard?

For the previous question, what did you base your answer on?

Please provide any other comments you have on the Claims Attachment NPRM.

Open-Ended Response	Response	Response	Response	Response	Response	Response	Response	Open-Ended Response
	Yes	21 - 25%	Yes, we give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	\$500,001 - 1 million	Previous experience with implementing HIPAA transactions	Our current business practice is to deny a claim for additional information not hold it and request an attachment. We do, however, require certain attachments be transmitted with the claim. We would benefit greatly if they could be sent and adjudicated electronically. Consent forms represent our greatest volume of attachments. We support a waiver of the federally mandated wet signature requirement. Documentation requirements are much greater for the authorization process. We would realize a greater benefit if attachments were standardized and promoted for that purpose.
	Yes	Don't know	Yes, we give providers guidelines/instructions	7 - 12 months	Guess	Don't know	Guess	N/A
	Yes	6 - 10%	Yes, we give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	Don't know		
	Yes	Greater than 25%	Yes, we give providers guidelines/instructions	Greater than 24 months	Understanding of the proposed standard	\$500,001 - 1 million	Previous experience with implementing HIPAA transactions	
	Yes	Don't know	Yes, we give providers guidelines/instructions	Don't know	Guess	Don't know	Guess	
	Yes	11 - 15%	No, we do not give providers guidelines/instructions	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions	
	Yes	Don't know	No, we do not give providers guidelines/instructions	7 - 12 months	Guess	\$100,001 - 500,000	Guess	
	Yes	6 - 10%	Don't know	19 - 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions	We clearly anticipate that to realize any ROI for this rule, all providers must participate in the rule. Typically providers, based on many factors have the option of not participating in many of the HIPAA rules. It's unfortunate that payers must prepare for all HIPAA Claim Attachment options (paper, images, codified, combinations), etc. to be prepared for what we feel only a few providers will engage in. This translates in a tremendous expense to the industry with no measurable ROI.
	Yes	Don't know	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	\$500,001 - 1 million	Previous experience with implementing HIPAA transactions	
	Yes	Less than 1%	Don't know	Don't know	Previous experience with implementing HIPAA transactions	Don't know		

	Yes	Less than 1%	No, we do not give providers guidelines/instructions	Don't know	Understanding of the proposed standard	Don't know	Understanding of the proposed standard
Federal program regulation and requirements	Yes	6 - 10%	No, we do not give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions
	Yes	Less than 1%	No, we do not give providers guidelines/instructions	Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions
	No	0%	Don't know	Don't know	Understanding of the proposed standard	Less than \$10,000	Understanding of the proposed standard
	Yes	Don't know	Yes, we give providers guidelines/instructions	Greater than 24 months	Understanding of the proposed standard	Don't know	Guess
	Yes	Don't know	No, we do not give providers guidelines/instructions	Don't know	Guess	Don't know	Guess
	No	Don't know	No, we do not give providers guidelines/instructions	Don't know	Guess	Don't know	Guess
	Yes	1 - 5%	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions [We] expect that the enhancements necessary for this HIPAA rule will cost >\$2 Million and impact < 2% of our claims (these are conservative estimates). Since many providers still do not cooperate and submit electronically [to us], we are still unable to take full advantage of other HIPAA transactions where COB information can be provided, hence 3/4 of attachments we request are other insurer's EOB/PRA's.
	Yes	6 - 10%	Yes, we give providers guidelines/instructions	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions
	Yes	Greater than 25%	No, we do not give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions [We are] currently developing a matrix to determine claim volumes by attachment. At this time we do maintain this information.
	Yes	Less than 1%	Yes, we give providers guidelines/instructions	Don't know	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions
	Yes	Don't know	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	Don't know	Guess We are exclusively in the dental benefits business. We are not a medical insurer.
	Yes	1 - 5%	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions
as a result of litigation	Yes	Don't know	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions Additional clarification for survey questions: #6 Usually less than 1%. In any given month for a given contractor for a given type of service it may be higher. #13 - CMS generally does not accept unsolicited. CMS's Contractors use their discretion as to whether to accept and process unsolicited. #15 - CMS generally does not accept unsolicited. CMS's Contractors use their discretion as to whether to accept and process unsolicited.
	Yes	Don't know	Yes, we give providers guidelines/instructions	Greater than 24 months	Understanding of the proposed standard	Greater than \$1 million	Previous experience with implementing HIPAA transactions

	Yes	1 - 5%	No, we do not give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
	Yes	Less than 1%	Yes, we give providers guidelines/instructions	7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
	Yes	Don't know	Don't know	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions	
run the business	Yes	Less than 1%	Yes, we give providers guidelines/instructions	13 - 18 months	Guess	Don't know	Guess	
Accreditation (NCOA)	Yes	1 - 5%	Yes, we give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Previous experience with implementing HIPAA transactions	Regarding question number 8: Due to limited timeframe provided for responses it was not practical to obtain a breakout of the requests for question 8 - however volume of attachments received from providers (both unsolicited and in response to requests) is toward the lower end of the range of 1 to 5% of claims. (Attachments with information related to co-ordination of benefits claims are not included in this range). Also: Note on number 8: Laboratory Results are currently requested and received as part of clinical reports, they are not requested separately.
	Yes	1 - 5%	Yes, we give providers guidelines/instructions	13 - 18 months	Understanding of the proposed standard	Don't know		
	Don't know	0%	Don't know	Don't know	Guess	Don't know	Guess	
	Yes	1 - 5%	No, we do not give providers guidelines/instructions	19 - 24 months	Understanding of the proposed standard	Greater than \$1 million	Understanding of the proposed standard	Currently use paperless autofax to send requests and receive claims attachments from providers. Very little return on investment implementing these standards.
	Yes	Don't know	No, we do not give providers guidelines/instructions	13 - 18 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
	Yes	8 - 10%	No, we do not give providers guidelines/instructions	13 - 18 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	
	Yes	1 - 5%	No, we do not give providers guidelines/instructions	7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
	Yes	Don't know	Yes, we give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	
	Yes	1 - 5%	Yes, we give providers guidelines/instructions	7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
Benefit Plan Administration (pre-existing review, waivers)	Yes	1 - 5%	No, we do not give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	Educating providers and vendors is very important. Also, publishing the cost based upon the Empire Pilot would be useful for the industry planning.

To determine type of care delivered in an ER (Medical versus behavioral health)	No	0%	No, because we do not accept unsolicited attachment information	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions	We foresee that unsolicited attachments could be a benefit to [us] and our providers but worry about operationalizing an attachment embedded in the 837. We'd prefer the 275 be sent as a separate transaction.
	Yes	Don't know	No, we do not give providers guidelines/instructions	Greater than 24 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	
	No	Don't know	Yes, we give providers guidelines/instructions	Less than 6 months	Guess	\$100,001 - 500,000		
	Yes	Don't know	No, we do not give providers guidelines/instructions	Don't know		Don't know		
The Edit Criteria unit deals with this not my Front End units	Yes	21 - 25%	Yes, we give providers guidelines/instructions	Don't know	Understanding of the proposed standard	Don't know	Understanding of the proposed standard	
	Yes	Don't know	Yes, we give providers guidelines/instructions	Don't know	Understanding of the proposed standard	Don't know	Understanding of the proposed standard	
	Yes	Don't know	No, we do not give providers guidelines/instructions	19 - 24 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Guess	
	Yes	1 - 5%	Yes, we give providers guidelines/instructions	13 - 18 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	We have very little need for attachments although we do request records for post payment audits and for fraud and abuse detection. We don't think the regulation will benefit us much but will be required to do it nonetheless.

Which of the following categories best describes the type of provider you are?	Open-Ended Response	What is the total number of claims that you submit on a monthly basis?	Please indicate the average percentage of claims for which you are requested to submit additional information on a monthly basis?	Please indicate what type of claims attachments you are required to send to your payers. Check all that apply.	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	None of the above	Don't know	Other (please specify)
Other (please specify)	PHYSICIAN BILLING SERVICE	50,001 - 500,000	Don't know			Clinical Reports							
Hospital/hospital-based		50,001 - 500,000	6 - 10%		Ambulance Service	Clinical Reports							
Hospital/hospital-based		10,001 - 50,000	8 - 10%			Clinical Reports	Emergency Department			Rehabilitation Services			
Medical supply DME		10,001 - 50,000 Greater than 1 million	Greater than 25% Greater than 25%			Clinical Reports		Laboratory Results Laboratory Results		Rehabilitation Services			Other (please specify)
Hospital/hospital-based		10,001 - 50,000	11 - 15%			Clinical Reports	Emergency Department	Laboratory Results	Medications				Other (please specify)
Hospital/hospital-based		50,001 - 500,000	11 - 15%		Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services			
Hospital/hospital-based		10,001 - 50,000	1 - 5%			Clinical Reports	Emergency Department						
Hospital/hospital-based		10,001 - 50,000	1 - 5%		Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services			
Hospital/hospital-based		Less than 10,000	1 - 5%				Emergency Department						Other (please specify)
Hospital/hospital-based		Less than 10,000	Less than 1%			Clinical Reports	Emergency Department	Laboratory Results					
Hospital/hospital-based		50,001 - 500,000	6 - 10%			Clinical Reports	Emergency Department	Laboratory Results	Medications				Other (please specify)
Other (please specify)	Two Clinics & One Rural Health Center	Less than 10,000	Greater than 25%			Clinical Reports	Emergency Department	Laboratory Results					Other (please specify)
Hospital/hospital-based		50,001 - 500,000	6 - 10%			Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services			
Provider group practice		Less than 10,000	Less than 1%									Don't know	
Provider solo practice		Less than 10,000	Less than 1%							None of the above			
Other (please specify)	BILLING SERVICE	Less than 10,000	1 - 5%			Clinical Reports							Other (please specify)
Provider solo practice		Less than 10,000	Greater than 25%										Other (please specify)
Other (please specify)	claim clearinghouse	500,001 - 1 million	6 - 10%		Ambulance Service					Rehabilitation Services			
Other (please specify)	Billing software developer	10,001 - 50,000											
Provider group practice		10,001 - 50,000	1 - 5%			Clinical Reports							
Other (please specify)	Billing service	10,001 - 50,000	1 - 5%			Clinical Reports		Laboratory Results					
Hospital/hospital-based		Less than 10,000	Less than 1%			Clinical Reports	Emergency Department			Rehabilitation Services			
Hospital/hospital-based		10,001 - 50,000	6 - 10%			Clinical Reports	Emergency Department	Laboratory Results	Medications				
Hospital/hospital-based		10,001 - 50,000	Greater than 25%				Emergency Department			Rehabilitation Services			Other (please specify)
Provider group practice		Less than 10,000	0%										
Provider solo practice		Less than 10,000	6 - 10%			Clinical Reports							
Ambulance		Less than 10,000	Less than 1%		Ambulance Service								
Rehabilitation facility		10,001 - 50,000	16 - 20%							Rehabilitation Services			
Medical supply DME		Less than 10,000	16 - 20%			Clinical Reports		Laboratory Results					Other (please specify)
Hospice		Less than 10,000	Less than 1%			Clinical Reports							
Hospital/hospital-based		Less than 10,000	21 - 25%		Ambulance Service	Clinical Reports	Emergency Department			Rehabilitation Services			
Hospital/hospital-based		Less than 10,000	1 - 5%			Clinical Reports	Emergency Department						Other (please specify)
Hospital/hospital-based		10,001 - 50,000	6 - 10%			Clinical Reports	Emergency Department						Other (please specify)

Hospital/hospital-based		Less than 10,000	1 - 5%	Clinical Reports	Emergency Department	Rehabilitation Services	Other (please specify)
Provider solo practice		10,001 - 50,000	6 - 10%	Ambulance Service	Clinical Reports	Emergency Department	
Provider solo practice		50,001 - 500,000	11 - 15%				Other (please specify)
Provider solo practice		Less than 10,000	11 - 15%	Clinical Reports			Other (please specify)
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports		Rehabilitation Services	Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports			
Other (please specify)	hospital billing outsource vendor	Don't know	16 - 20%	Clinical Reports	Emergency Department		
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports			Other (please specify)
Other (please specify)	Billing Service	50,001 - 500,000	16 - 20%			Laboratory Results	
Other (please specify)	Billing Service for mostly providers in solo practice	Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports			
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports			
Other (please specify)	Teaching hospital w both hospital and phys. based clinics	10,001 - 50,000	6 - 10%	Clinical Reports			Other (please specify)
Other (please specify)	Medical Billing Service	Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Provider group practice		Less than 10,000	11 - 15%	Clinical Reports		Medications	
Rehabilitation facility		Less than 10,000	1 - 5%	Clinical Reports			
Provider solo practice		Less than 10,000	0%			Laboratory Results	
Provider solo practice		Less than 10,000	0%				
Ambulance		Less than 10,000	Less than 1%	Ambulance Service			
Provider group practice		Less than 10,000	6 - 10%			None of the above	
Provider group practice		Less than 10,000	Less than 1%				Other (please specify)
Other (please specify)	Medical Billing Company	10,001 - 50,000	11 - 15%	Clinical Reports		Laboratory Results	
Hospital/hospital-based		10,001 - 50,000	Greater than 25%	Clinical Reports			Other (please specify)
Other (please specify)	Billing Company	10,001 - 50,000	1 - 5%	Clinical Reports	Emergency Department		Other (please specify)
Home care agency		Less than 10,000	1 - 5%			None of the above	
Other (please specify)	Billing Company	Less than 10,000	Less than 1%	Clinical Reports		Laboratory Results	
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports			
Other (please specify)	CODING & BILLING COMPANY	Less than 10,000	Greater than 25%		Emergency Department		
Other (please specify)	gov - public health dept	Less than 10,000	1 - 5%			None of the above	
		Less than 10,000	1 - 5%				Other (please specify)
Other (please specify)	Billing Service	10,001 - 50,000	Don't know	Clinical Reports	Emergency Department	Laboratory Results	Medications
Provider group practice		10,001 - 50,000	6 - 10%	Clinical Reports	Emergency Department		
Other (please specify)	Medical Billing Service	10,001 - 50,000	6 - 10%	Clinical Reports			Other (please specify)
Other (please specify)	Medical Billing Service	10,001 - 50,000	1 - 5%				Other (please specify)
Provider group practice		10,001 - 50,000	0%				
Other (please specify)	Billing Office	Less than 10,000	6 - 10%		Emergency Department		Other (please specify)
Other (please specify)	billing company	10,001 - 50,000	1 - 5%	Clinical Reports		Rehabilitation Services	
Other (please specify)	Billing Company	Greater than 1 million	1 - 5%	Clinical Reports			Other (please specify)

Laboratory		Less than 10,000	Greater than 25%						Other (please specify)
Other (please specify)	Billing Service and ASP Billing software provider	50,001 - 500,000	6 - 10%	Ambulance Service					Other (please specify)
Other (please specify)	Billing service	10,001 - 50,000	1 - 5%	Clinical Reports					Other (please specify)
Provider group practice		50,001 - 500,000	1 - 5%		Emergency Department				
Provider group practice		Less than 10,000	0%					None of the above	
Provider group practice		Less than 10,000	6 - 10%	Clinical Reports			Medications		Other (please specify)
Other (please specify)	Billing Company	Less than 10,000	16 - 20%	Clinical Reports		Laboratory Results			Other (please specify)
Other (please specify)	Billing Agency	10,001 - 50,000	1 - 5%	Clinical Reports					
Provider solo practice		Less than 10,000	1 - 5%	Clinical Reports			Medications		
Provider group practice		50,001 - 500,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Hospital/hospital-based		50,001 - 500,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Provider group practice		10,001 - 50,000	11 - 15%	Clinical Reports		Laboratory Results			Other (please specify)
Provider group practice		Less than 10,000	11 - 15%	Clinical Reports					
Provider group practice		10,001 - 50,000	1 - 5%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Provider solo practice		Less than 10,000	1 - 5%					None of the above	
Other (please specify)	Billing Company	50,001 - 500,000	21 - 25%	Clinical Reports		Laboratory Results			Other (please specify)
Other (please specify)	billing company	Less than 10,000	1 - 5%						Other (please specify)
Other (please specify)	Billing Company	Less than 10,000	Less than 1%	Clinical Reports					Other (please specify)
Other (please specify)	Clearinghouse	Greater than 1 million	Greater than 25%						Other (please specify)
Other (please specify)	Billing Company	Less than 10,000 Don't know	6 - 10% Don't know		Emergency Department				Other (please specify)
Other (please specify)	Billing Company	10,001 - 50,000	Don't know		Emergency Department			Don't know	Other (please specify)
Other (please specify)	Medical Billing Company	Less than 10,000	1 - 5%	Clinical Reports		Laboratory Results			
Other (please specify)	billing service	10,001 - 50,000	6 - 10%	Clinical Reports					Other (please specify)
Hospital/hospital-based		10,001 - 50,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Other (please specify)	Billing company	10,001 - 50,000	6 - 10%				Rehabilitation Services		Other (please specify)
Provider solo practice		Less than 10,000	1 - 5%	Clinical Reports					
Provider group practice		10,001 - 50,000	6 - 10%	Clinical Reports					Other (please specify)
Other (please specify)	vendor	Greater than 1 million	6 - 10%	Ambulance Service	Emergency Department	Laboratory Results		Rehabilitation Services	
Medical supply DME		Less than 10,000	0%						
Provider solo practice		Less than 10,000	16 - 20%					None of the above	Other (please specify)
Other (please specify)	billing company	10,001 - 50,000	1 - 5%	Clinical Reports					Other (please specify)
Provider group practice		Less than 10,000	Greater than 25%	Clinical Reports					
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports					
Hospital/hospital-based		10,001 - 50,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Other (please specify)	billing company	10,001 - 50,000	1 - 5%	Clinical Reports		Laboratory Results			
Hospital/hospital-based		10,001 - 50,000	11 - 15%	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services	
Hospital/hospital-based		50,001 - 500,000	6 - 10%		Emergency Department				Other (please specify)
Other (please specify)	Medical Billing and Collection Service	10,001 - 50,000	6 - 10%	Ambulance Service	Emergency Department	Laboratory Results			
Home care agency		Less than 10,000	Less than 1%						Other (please specify)
Provider group practice		Less than 10,000	1 - 5%						Other (please specify)
Other (please specify)	Billing Company	10,001 - 50,000	1 - 5%	Clinical Reports		Medications			

Provider group practice		Less than 10,000	Less than 1%							Other (please specify)
Other (please specify)	Billing Service	10,001 - 50,000	Less than 1%	Clinical Reports		Laboratory Results				
Other (please specify)	Provider 1FTE (me) + .2 FTE MD	Less than 10,000	Don't know					None of the above		Other (please specify)
Provider group practice		Less than 10,000	6 - 10%							Other (please specify)
Provider solo practice		Less than 10,000	0%					None of the above		
Provider solo practice		Less than 10,000	1 - 5%	Clinical Reports						
Provider group practice		Less than 10,000	16 - 20%							Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%							Other (please specify)
Other (please specify)	public school district	Less than 10,000	Less than 1%							Other (please specify)
Provider solo practice		Less than 10,000	0%					None of the above		Other (please specify)
Ambulance		Less than 10,000	1 - 5%	Ambulance Service						
Hospital/hospital-based		Less than 10,000	1 - 5%		Emergency Department	Laboratory Results				Other (please specify)
Ambulance		Less than 10,000	1 - 5%	Ambulance Service						
Other (please specify)	Billing company; primarily Emergency services	10,001 - 50,000	1 - 5%		Emergency Department					
Other (please specify)	Billing Service	50,001 - 500,000	1 - 5%	Clinical Reports						Other (please specify)
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports						Other (please specify)
Home care agency		10,001 - 50,000	1 - 5%							None of the above
Other (please specify)	Long Term/Extended Care Facility	Less than 10,000	0%							None of the above
Hospital/hospital-based		10,001 - 50,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services		
Provider group practice		10,001 - 50,000	11 - 15%	Clinical Reports						
Provider solo practice		Less than 10,000	1 - 5%							Other (please specify)
Provider group practice		Less than 10,000	16 - 20%	Clinical Reports		Laboratory Results	Medications			Other (please specify)
Provider group practice		Less than 10,000	Don't know	Clinical Reports						
Provider solo practice		Less than 10,000	1 - 5%							
Hospital/hospital-based		Less than 10,000	Don't know	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services		Other (please specify)
Hospital/hospital-based		50,001 - 500,000	6 - 10%	Clinical Reports	Emergency Department	Laboratory Results	Medications			
Hospital/hospital-based		10,001 - 50,000	Greater than 25%	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services		
Hospital/hospital-based		10,001 - 50,000	1 - 5%	Clinical Reports						Other (please specify)
Hospital/hospital-based		Less than 10,000	11 - 15%	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services		Other (please specify)
Provider group practice		Less than 10,000	Less than 1%	Clinical Reports						Other (please specify)
Home care agency		Less than 10,000	21 - 25%							Other (please specify)
Hospital/hospital-based		10,001 - 50,000	21 - 25%	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services		Other (please specify)
Provider group practice		Less than 10,000	Greater than 25%							Other (please specify)
Other (please specify)	Billing Service	10,001 - 50,000	6 - 10%	Clinical Reports						Other (please specify)
Other (please specify)	Billing Agency	50,001 - 500,000	16 - 20%	Clinical Reports						Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports						
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports						
Other (please specify)	Software Vendor/Billing Agency	50,001 - 500,000	1 - 5%	Clinical Reports	Emergency Department	Laboratory Results				
Hospital/hospital-based		10,001 - 50,000	16 - 20%	Clinical Reports	Emergency Department	Laboratory Results		Rehabilitation Services		Other (please specify)

Home care agency		Less than 10,000	11 - 15%	Clinical Reports	Medications		
Other (please specify)	Billing Service	Less than 10,000	6 - 10%				Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports	Laboratory Results	Medications	Other (please specify)
Hospice		Less than 10,000	0%				None of the above
Home care agency		Less than 10,000	Less than 1%	Clinical Reports	Laboratory Results		
Home care agency		Less than 10,000	Less than 1%				None of the above
Home care agency		Less than 10,000	11 - 15%	Clinical Reports			Other (please specify)
Other (please specify)	Home Health / Hospice	Less than 10,000	1 - 5%	Clinical Reports	Medications	Rehabilitation Services	Other (please specify)
Home care agency		Less than 10,000	Less than 1%				Other (please specify)
Home care agency		Less than 10,000	Less than 1%				Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Home care agency		Less than 10,000	6 - 10%				Other (please specify)
Home care agency		Less than 10,000	Less than 1%				None of the above
Home care agency		Less than 10,000	Less than 1%	Clinical Reports			
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			
Medical supply DME		Less than 10,000	1 - 5%				None of the above
							Other (please specify)
Home care agency		Less than 10,000	Less than 1%				Other (please specify)
Home care agency		Less than 10,000	Less than 1%	Clinical Reports	Laboratory Results	Medications	Rehabilitation Services
Home care agency		Less than 10,000	0%				
Home care agency		Less than 10,000	6 - 10%	Clinical Reports			
Home care agency		Less than 10,000	1 - 5%	Clinical Reports	Laboratory Results	Medications	Rehabilitation Services
							Other (please specify)
Home care agency		Less than 10,000	Less than 1%				Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			
Home care agency		Less than 10,000	Less than 1%	Clinical Reports			
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			
Home care agency		Less than 10,000	Less than 1%				None of the above
Home care agency		Less than 10,000	Less than 1%				None of the above
Home care agency		Less than 10,000	6 - 10%	Clinical Reports	Laboratory Results		Other (please specify)
Home care agency		Less than 10,000	11 - 15%	Clinical Reports			
Home care agency		Less than 10,000	6 - 10%	Clinical Reports	Laboratory Results	Medications	
Home care agency		Less than 10,000	Less than 1%	Clinical Reports		Medications	
Home care agency		Less than 10,000	11 - 15%				Other (please specify)
Home care agency		Less than 10,000	Don't know				Other (please specify)
Home care agency		Less than 10,000	6 - 10%				Other (please specify)
Pharmacy		Less than 10,000	0%				None of the above
Home care agency		Less than 10,000	6 - 10%	Clinical Reports			
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Other (please specify)	HOME HEALTH, HOSPICE AND PRIVATE SERVICES	Less than 10,000	6 - 10%	Clinical Reports			Other (please specify)
Other (please specify)	home health and hospice	Less than 10,000	1 - 5%				None of the above
Home care agency		Less than 10,000	11 - 15%	Clinical Reports		Rehabilitation Services	Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Home care agency		Less than 10,000	21 - 25%	Clinical Reports			
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Home care agency		Don't know	Don't know				Don't know

Provider solo practice	Less than 10,000	Less than 1%				Other (please specify)
Home care agency	Less than 10,000	1 - 5%	Clinical Reports			
Home care agency	Less than 10,000	1 - 5%	Clinical Reports			
Provider group practice	50,001 - 500,000	1 - 5%	Clinical Reports			Other (please specify)
Home care agency	Less than 10,000	6 - 10%	Clinical Reports		Rehabilitation Services	
Home care agency	Less than 10,000	0%			None of the above	
Home care agency	Less than 10,000	Less than 1%				Other (please specify)
Home care agency	Less than 10,000	6 - 10%	Clinical Reports		Rehabilitation Services	Other (please specify)
Home care agency	Less than 10,000	0%			None of the above	
Home care agency	Less than 10,000	16 - 20%	Clinical Reports		Medications	Other (please specify)
Home care agency	Less than 10,000	Less than 1%			None of the above	Other (please specify)
Provider group practice	Less than 10,000	11 - 15%				Other (please specify)
Home care agency	Less than 10,000	0%			Don't know	
Home care agency	Less than 10,000	1 - 5%	Clinical Reports			
Home care agency	Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Other (please specify)	Group of 36 pediatricians & 2 APRNs	10,001 - 50,000	1 - 5%			Other (please specify)
Home care agency	Less than 10,000	6 - 10%	Clinical Reports			
Medical supply DME	Less than 10,000	16 - 20%	Clinical Reports	Laboratory Results	Rehabilitation Services	
Home care agency	Less than 10,000	1 - 5%				Other (please specify)
Home care agency	Don't know	6 - 10%	Clinical Reports			
Home care agency	Less than 10,000	Less than 1%	Clinical Reports			
Home care agency	Less than 10,000	Less than 1%	Clinical Reports			
Other (please specify)	Billing Company	50,001 - 500,000	Less than 1%	Clinical Reports	Laboratory Results	
Hospice	Less than 10,000	Less than 1%				Other (please specify)
Hospice	Less than 10,000	Less than 1%	Clinical Reports			
Medical supply DME	Less than 10,000	Greater than 25%	Clinical Reports			Other (please specify)
Home care agency	Less than 10,000	1 - 5%	Clinical Reports			
Medical supply DME	Less than 10,000	Less than 1%			None of the above	
Home care agency	Less than 10,000	6 - 10%				Other (please specify)
Home care agency	Less than 10,000	11 - 15%	Clinical Reports		Medications	
Provider group practice	Less than 10,000	Less than 1%	Clinical Reports			
Provider solo practice	Less than 10,000	6 - 10%	Clinical Reports	Laboratory Results		
Home care agency	Less than 10,000	Less than 1%	Clinical Reports			
Provider solo practice	10,001 - 50,000	21 - 25%	Clinical Reports	Laboratory Results		
Home care agency	Less than 10,000	0%			None of the above	
Provider solo practice	Less than 10,000	1 - 5%			None of the above	Other (please specify)
Home care agency	Less than 10,000	21 - 25%	Clinical Reports			Other (please specify)
Home care agency	Less than 10,000	Less than 1%			None of the above	Other (please specify)
Home care agency	Less than 10,000	Greater than 25%				Other (please specify)
Home care agency	Less than 10,000	6 - 10%	Clinical Reports	Laboratory Results		
Home care agency	Less than 10,000	Less than 1%	Clinical Reports			



Other (please specify)	home health & hospice	Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Medical supply DME		Less than 10,000	1 - 5%				Other (please specify)
Home care agency		Less than 10,000	Less than 1%	Clinical Reports			
Provider group practice		Less than 10,000	Less than 1%	Clinical Reports			
Provider solo practice		10,001 - 50,000	6 - 10%	Clinical Reports			
Home care agency		Less than 10,000	1 - 5%				Other (please specify)
Provider group practice		Less than 10,000	Less than 1%	Clinical Reports			Other (please specify)
Home care agency		Less than 10,000	6 - 10%		Laboratory Results	Medications	Other (please specify)
Other (please specify)	home care & hospice	Less than 10,000	1 - 5%	Clinical Reports		Rehabilitation Services	Other (please specify)
Medical supply DME		Less than 10,000	Greater than 25%	Clinical Reports			Other (please specify)
Provider group practice		50,001 - 500,000	Less than 1%	Clinical Reports			
Home care agency		Less than 10,000	21 - 25%	Clinical Reports			Other (please specify)
Home care agency		Less than 10,000	Less than 1%			None of the above	
Home care agency		Don't know	1 - 5%	Clinical Reports	Laboratory Results	Medications	
Other (please specify)	Local Health Dept.	Less than 10,000	0%				None of the above
Home care agency		50,001 - 500,000	Greater than 25%	Clinical Reports	Laboratory Results		Other (please specify)
Skilled nursing facility		Less than 10,000	0%			None of the above	
Home care agency		Less than 10,000	Less than 1%	Clinical Reports			Other (please specify)
Rehabilitation facility		Don't know	6 - 10%	Clinical Reports		Rehabilitation Services	
Home care agency		Less than 10,000	6 - 10%	Clinical Reports			Other (please specify)
Rehabilitation facility		10,001 - 50,000	11 - 15%	Clinical Reports			Other (please specify)
Hospital/hospital-based		Less than 10,000	1 - 5%	Clinical Reports	Emergency Department	Laboratory Results	Rehabilitation Services
Provider group practice		Less than 10,000	11 - 15%	Clinical Reports			
Home care agency		Less than 10,000	6 - 10%				Other (please specify)
Hospital/hospital-based		Less than 10,000	1 - 5%	Clinical Reports		Laboratory Results	Medications
Home care agency		Less than 10,000	Less than 1%	Clinical Reports			
Home care agency		Less than 10,000	6 - 10%				Other (please specify)
Home care agency		Less than 10,000	16 - 20%				Other (please specify)
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports	Laboratory Results		
Home care agency		Less than 10,000	0%			None of the above	
Provider group practice		Less than 10,000	Less than 1%	Clinical Reports			
Other (please specify)	Non-emergency Transportation	10,001 - 50,000	0%			None of the above	
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Provider group practice		Less than 10,000	0%			None of the above	
Provider solo practice		Less than 10,000	Less than 1%			Rehabilitation Services	
Hospice		Less than 10,000	Less than 1%	Clinical Reports	Laboratory Results		Other (please specify)
Provider group practice		10,001 - 50,000	1 - 5%				Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports			Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%	Clinical Reports			
Government facility (Indian Health Service, W-IA)		10,001 - 50,000					
Hospital/hospital-based		Less than 10,000	Less than 1%				Other (please specify)
Rehabilitation facility		Less than 10,000	21 - 25%			Rehabilitation Services	
Other (please specify)	provider association for an FQHC	Less than 10,000	1 - 5%	Clinical Reports	Laboratory Results		Other (please specify)
Home care agency		Less than 10,000	Less than 1%			None of the above	

Provider solo practice		Less than 10,000	Less than 1%						Other (please specify)
Other (please specify)	Billing Service	10,001 - 50,000	1 - 5%	Clinical Reports					
Provider solo practice		Less than 10,000	1 - 5%					None of the above	
Home care agency		Less than 10,000	1 - 5%						Other (please specify)
Home care agency		Less than 10,000	6 - 10%	Clinical Reports					
Provider group practice		Less than 10,000	1 - 5%	Clinical Reports					Other (please specify)
Home care agency		Less than 10,000	Less than 1%	Clinical Reports					Other (please specify)
Home care agency		Less than 10,000	Less than 1%	Clinical Reports					
Hospital/hospital-based		50,001 - 500,000	Don't know	Clinical Reports		Laboratory Results		Rehabilitation Services	
Home care agency		Less than 10,000	1 - 5%	Clinical Reports					
Home care agency		Less than 10,000	6 - 10%						Other (please specify)
Hospital/hospital-based		10,001 - 50,000	Less than 1%						Other (please specify)
Hospital/hospital-based		50,001 - 500,000	Less than 1%	Clinical Reports	Emergency Department	Laboratory Results			Other (please specify)
Home care agency		Less than 10,000	1 - 5%	Clinical Reports					Other (please specify)
Hospital/hospital-based		50,001 - 500,000	6 - 10%	Ambulance Service	Clinical Reports	Emergency Department	Medications	Rehabilitation Services	
Home care agency		Less than 10,000	Greater than 25%						Other (please specify)
Home care agency		10,001 - 50,000	Less than 1%	Clinical Reports					Other (please specify)
Provider solo practice		Less than 10,000	Less than 1%						Other (please specify)
Provider solo practice		Less than 10,000	1 - 5%	Clinical Reports		Laboratory Results			
Other (please specify)	Billing Service	Less than 10,000	6 - 10%						Other (please specify)
Hospital/hospital-based		50,001 - 500,000	1 - 5%	Clinical Reports	Emergency Department			Rehabilitation Services	
Laboratory		Greater than 1 million	1 - 5%	Clinical Reports		Laboratory Results			Other (please specify)
Provider solo practice		Less than 10,000	0%					None of the above	
Home care agency		Less than 10,000	1 - 5%	Clinical Reports					
Hospital/hospital-based		Less than 10,000	Less than 1%	Clinical Reports		Laboratory Results	Medications		
Other (please specify)	Large Academic Medical Center	50,001 - 500,000	1 - 5%	Ambulance Service	Clinical Reports	Laboratory Results		Rehabilitation Services	Other (please specify)
Home care agency		Less than 10,000	6 - 10%	Clinical Reports				Rehabilitation Services	
Home care agency		Less than 10,000	1 - 5%	Clinical Reports		Laboratory Results	Medications	Rehabilitation Services	

Please indicate the average number of requests you receive per month. If you do not receive requests for a claims attachment type, enter zero. If you do not know the average number, enter 'Don't know'.

Open-Ended Response	Ambulance Service	Clinical Reports	Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Other (name and number)	Other (name and number)
		DONT KNOW						
	150	300					additional info - 200	additional info from pt - 250
Documentation from MD chart, hospital chart that substantiates medical necessity. Product information from manufacturer when no hcpcs code is assigned or hcpcs is not descriptive enough. Documentation on replacement of equipment that is damaged.	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know		
	0	500	0	430	0	100	Mfg info 350	Patient Info on previous history 150
Primary payer EOB's, Share of Cost forms for Medicaid, Medicaid sterilization consents	0	500	500	250	All Outpatient Medicaid 0			
	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know	Don't Know		
		200	850					
Mostly ER - but sometimes we are asked for OP notes & a discharge summary.	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know		
	don't know	0	don't know	0	0	don't know		
		80	20	80				
For Worker's Compensation claims we need to send medical records, a UB and itemized statement		don't know	don't know	don't know	don't know			
Radiology results, sterilization consents, abstract medical records, operative reports, ist reports, itemized statements			Don't Know					
	0	?	?	?	?	0		
SURGICAL REPORTS		10						SURGICAL 10
RESPONSE REPORTS	0	0	0	0	0	0		
	don't know							don't know
		100						
		don't know		don't know				
		100	100			100		
		200	100	200	200			
Invoices for implants			2000			500		
	0	0	0	0	0	0		
		don't know						
	2							
letter of medical necessity/rx add letters from PT, OT and Physician						25		
	0	30	0	40	0	0	rx/lmn 50	add letter 25
	0	2	0	0	0	0		
							don't know	
Implant Invoices; EOBs		10	100				Implant Invoices - 25	EOBs - 1,000
EOB's Referral Forms		Don't Know	Don't Know				EOB's-don't know	referral forms-don't know

Invoice information	0	Don't know	Don't know	0	0	Don't know	Invoices 30
	15	25	25	0	0	0	0
medical records	0	5	0	1	0	0	5
Operative notes	0	20	0	0	0	0	Operative notes 1
Medical Records		3-4 month				3-4 month	5-10 Medical Records
	0	1	0	0	0	0	0
		Don't know	Don't know				
operative reports and invoices	0	Don't know	0	0	0	0	Don't know
	0	0	0	15	5	5	
Primary EOB's Descriptions of Unspecified Procedure Codes		4					Primary EOB's 0
		0-1					Code Descriptions 0
VA requires provider signature form; many payers require a claimant's form (how will you accommodate that?)		450					
Anesthesia records, surgical codes rather than ASA codes.	zero	10	zero	zero	zero	zero	Anesthesia records 2
		100-150					ASA codes 5
						5-Jan	
	0	0	0	1	0	0	0
	0	0	0	0	0	0	0
		don't know					
		20					
When Medicare is secondary, we can't send the EOB from primary insurance with our electronic claim.							primary EOB's (5-6 per month)
	0	250	0	125	0	0	
Explanation of Benefits from Primary Carrier	0	2%	0	0	0		Explanation of Benefits 63%
Explanation of Benefits			don't know				
	0	0	0	0	0	0	
	0	1	0	0	0	0	Don't know
			1000				
Primary payor EOB's, Radiology Reports, Surgical Reports, Dictations for workers comp carriers.	0	0	0	0	0	0	0
							Primary EOB - 850
Explanation of Benefits, Invoice, NDC form		Don't know	Don't know	Don't know	Don't know		Radiology Reports - 50
	0	300	10	0	0	0	Don't know
Explanations of benefits from the Primary Insurance carrier Proof of timely filing. Copy of provider license		250					
MRI Reports	0	0	0	0	0	0	EOB from Pri 1000
							Proof of timely 50
							don't know
Work Injury Reports of Accident (Physician Initial Injury Report)	zero	zero	ER Notes less than 100 reqes zero	zero	zero	zero	L&I 1040M (work inj rpt) Dec=148
	0	200	0	0	0	25	L&I 99358 (activity rpt) Dec=108
Operative Notes, Office Notes, Modifier 22 Letters	0	0	0	0	0	0	0
	0	0	0	0	0	0	Operative Notes 50
							Office Notes 30

WRITTEN LETTERS AND COPIES THE PACKAGE INSERTS FROM THE TEST KITS TO EXPLAIN OUR TESTING PROCEDURES.

Office notes for Workers Compensation Claims and operative notes for surgery

20

WRITTEN LETTERS 25+

MISC. DOCUMENTATION 25+

Operative Notes 500

Workers Comp notesw 500

315

800

Primary insurance EOBs 0 0 Don't know 0 0 Don't know 0 0

Letters of Medical Necessity Signed Prescriptions from Referring providers 0 200 0 25 0 0 LMN's-25 Scripts-25

0

50

0

0

0

0

don't know

don't know

don't know

don't know

don't know

Radiology Reports All Diagnostic Procedures All IP/OP surgical and or invasive procedures.

30

Surgical OP Reports - #20

OP Procedure reports - #10

History and Physical Notes 0 500 500 500 500

EOBS & APPEALS 0 15 100 1,200 EOMBS 300 EOBS

100

OP Reports 0 dont know 20 5 0 0

don't know

secondary payer information physician consults 0 10000 0 500 secondary payers 3000 physician consults 500

primary remittances when billing secondary payers, pre-existing condition information 0 occasionally but less than 1 per month 0 0 0 0 Pre-existing 1-5 per month Primary remittances estimated 100 per month

0

Don't Know

0

0

0

0

It varies depending on the payer and services rendered.

Don't know

Don't know

Don't know

Don't know

Don't know

Don't know

Urgent Care records, hospital progress notes, Family practice progress notes Don't know Don't know Don't know Don't know Don't know Don't know

Don't know

Don't know

EKG Strips don't know

Don't know

Don't know

primary eobs 50 primary eobs 1000

Referrals 0 25 4 20 0 0

Operative Reports 5-Jan 24-30 Operative Reports 10-15 Authorizations dozens

operative reports and primary payor remittance advices 20-30 primary payor remittance advices - many

Don't know

0

0

0

0

0

0

entire medical records entire medical record 15

Letters of Medical Necessity Documentation regarding Radiopharmaceuticals 0 200 0 0 0 0 Letters of Medical Necessity - 100 Doc Re: Radiopharmaceuticals - 150

Don't know

0

Don't know

0

0

0

0

0

0

Referrals/Authorizations Primary explanation of benefits for secondary payors. 0 150 40 80 0 0

0

don't know

0

don't know

0

0

0

don't know

don't know

don't know

don't know

don't know

implant invoices Itemized bills medical records don't know don't know

50+/-

150-300

300+

OTHER INSURANCE REMITTANCE ADVICES 0 0 0 0 0 0 0 0

Primary Explanation of Benefits attached to HCFA 1500 if a secondary insurance payor is to be billed.

none

not sure

none

not sure

none

none

Don't Know

Don't Know

complete medical records, certificates of medical necessity							complete medical records, 5-10	certificates of medical necessity, 15-20
	100		25					
office note for workers' comp claims.							office notes - ~3 X a month	
primary insurance payments, letter of medical necessity, anesthesia record, and requests for info we do not have.							50- see above.	
	0	0	0	0	0	0		
	2							
evaluations, re-evaluation, progress notes (Physical therapy)							physical therapy-30	
xrays for Crowns/Bridges, periodontal charts for periodontal root planing & surgery none, other than adjustments from previous claims	0	0	0	0	0	0	xrays for crown/bridge 10	periodontal charting 5
	0	0	0	0	0	0		
	1%							
Surgical-Sterilization Reports	0	0	Don't Know	Don't Know	0	0		
	2 to 3							
			1000-1150					
OP Notes, authorizations, injection costs,	Don't know						Don't know	Don't know
Office notes	0	100	0	0	0	0		
	0	0	0	0	0	0	0	0
	0	DONT KNOW	DONT KNOW	DONT KNOW	DONT KNOW	25		
		don't know- lots						
Payments or denials from other insurance								
OP REPORTS CONSENT FORMS OFFICE NOTES LTR OF MEDICAL NECESSITY	0	DONT KNOW	0	DONT KNOW	DONT KNOW	0		
		don't know						
send xrays/images or narrative re tooth being treated	0	don't know	don't know	don't know	don't know	don't know	xrays/images/narrative -2or3times	
		don't know	don't know	don't know	don't know			
	0	500+ (we sent medical records with all bills the first time)	50	50	0	500+ (we send all medical records with initial billing)		
For secondary insurance, we attach EOB from primary payer.	1500							
copies of explanations of benefits from primary insurers	don't know	don't know	don't know	don't know	don't know			
Operative Reports	0	3	0	0	0	0	0	0
Corrections are the units/rates have been incorrect. Want itemized vs. summarized vice versa. Authorizations other payor secondary information							Above 21%	
>Operative Reports >H & P's >Often payers request entire Medical Records for a specific stay/ER service or Observation service.	0							
Anesthesia Records Tubal Consent Forms	zero	zero	zero	zero	zero	zero	Anesthesia Records-300	Tubal Consent Forms-20
Other ins eobs Letters of medical necessity Medical Records	0	0	0	0	0	0		
	zero	don't know	zero	zero	zero	zero		
	1							
	0	DONT KNOW	0	0	0	0		
	0	Don't know	Don't know	Don't know	0	0	0	0
Itemized Statements	100	500	750	250	750		Itemized Statement 2000	

	0	5	0	0	5	5	0	0
radiology report							radiology reports-dont know	
0	0	3	0	3	3	0	0	0
		0.25						
Physical/Occupational Therapy evals	0	0	0	0	0	0		
Copies of orders		10						
	0	5	0	0	5	5	0	0
Nurse and therapist notes	0	0	0	0	0	less than 1%	Nurse notes less than 1%	
Entire Medical Record for Medical Review Requests							Two entire medical record	
Doctor's order, all clinical notes, assessments, certifications.		5					doctor's orders 5	
denials from other payers	0	0	0	0	0	0	0	0
	0	0	0	10	0	0		
	0	3	0	0	0	0		
	0	5						
RX'S NOTES(HAVE A PROBLEM ANSWERING IN 80 CHARACTERS)								
Plan of care for workers comp claims primary explanation of benefits for secondary claims	zero	less than 1%	zero	zero	zero	zero	eob's 1%	plan of care 1%
	0	1	0	1	1	1		
	0	0	0	0	0	0		
		1%						
Dr's orders, authorizations when appropriate, progress notes and team conferences, often everything in the medical record.	0	50	0	15-Oct	15-Oct	15-Oct	authorizations 25	orders 10 - 15
nursing notes and orders	0	0	0	0	0	0	nursing notes ~3	orders ~5
	0	30	0	0	0	12	0	0
	0	1	0	0	0	0	0	0
		10						
	0	1	0	0	0	0		
primary payor denial for MSP situations							less than 1- MSP's	
	0	0	0	0	0	0	0	
Plan of Care, authorization documentation, orders		don't know					don't know	
	0	20	0	0	0	0		
	0	5	0	5	5	0	0	0
		Don't know						
We have to submit EOB's or denials.	0	0	0	0	0	0	denials don't know	EOB's don't know
PLAN OF CARE, SERVICE AGREEMENT, ALL VISIT NOTES FOR ALL DISCIPLINES MAJORITY OF THE TIME JUST PLAN OF CARE AND SERVICE AGREEMENT	0	DONT KNOW	0	0	0	0		
Plan of Treatments (485) Clinical Nursing Notes								
	0	0	0	0	0	0	0	0
		30						
Authorization numbers	0	1	0	0	0	0	2	
Some insurance companies require the plan of care document along with the Clinical notes.	zero	five	zero	zero	zero	zero		
485's and 700 Forms	0		0	0	0	5		
Plans of Treatment	0	3	0	0	0	0	Plans of Treatment - 3	
Hard Copy authorizations from IPA/Health Plans	0	Don't know	0	don't know	don't know	don't know		
	0	don't know	0	0	0	0		
	0	0	0	0	0	0		

Dates seen previously							don't know	
	0	6	0	0	0	0	0	0
	0	10	0	0	0	0	0	0
Insurance cards	0	1	0	0	0	0	3 insurance cards	
	0	0	0	0	0	0		
	0	0	0	0	0	0		
clinical notes							Home Health-Don't know	
plans of treatments; medical records		25				25		
							0	
NURSES NOTES	0	25	0	0	15	0	NURSES NOTES-MAYBE ONE	
	0	0	0	0	0	0		
primary insurance company information.	0	0	0	0	0	0	25 primary insurance information.	10 insurance subscriber information
	zero	don't know	zero	don't know	don't know	don't know		
	0	'Don't Know'	0	0	0	0		
Denials from other insurances	0	2	0	0	0	0	Denials - 4	
Invoices & office notes							Invoices (less than 50)	Office Notes (50-100)
		100						
itemization of services provided, certification of terminal illness, physicians orders, copies of license		1000		50		25		
		don't know					itemization of services 3	certification of terminal illness 3
	ZERO	5	ZERO	DONT KNOW	ZERO	ZERO		
	0	15	0	0	0	0		
		Don't Know		Don't Know				
ALL REALATED TO HOSPICE HOME CARE							HOSPICE - 10%	
	ZERO	DONT KNOW	ZERO	ZERO	ZERO	ZERO		
Authorizations for services EOB's from other payers Visit signature sheets Remittance's from other payers Letters of Medical Necessity Consent forms Delivery Tickets		Don't Know		Don't Know	Don't Know			
		10						
	0	0	0	0	0	0		
Plan of care Nursing notes		don't know	0	0	don't know	0		
	0	4	0	0	0	0		
	0	4	0	3	0	0		
	0	5	0	0	0	0		
	0	don't know	0	don't know	don't know	0		
	0	0	0	0	0	0	0	0
'Corrected' Claim Information on clean claims FORM 485 WHICH IS THE PATIENTS PLAN OF CARE	0	0	0	0	0	0	2 - Corrected claim	
		10						
Physician orders							Home Care 1	
Medicare OASIS by law has to be submitted for all Medicare patients.	0	12	0	0	0	0	0	0
	zero	25	zero	10	10	10		
		2 or less						

0	0	0	0	0	0	0	0
0	4	0	0	0	0	0	0

Orders, Flow Sheets, Nurses' Notes, Therapy Notes (as applies), Aide Flow Sheet and Aide Notes. Everything in the chart to support what is being billed.

0	1	0	0	0	1	Don't know	
clinical notes, signed plan of care and verbal orders for services rendered	less than 1 per month on a average	0	0	0	0		
	don't know					Don't Know	

0	5	0	0	0	5	0	
---	---	---	---	---	---	---	--

misc. evals and oasis information and detailed notes per visit, physician orders etc.

485	12	0	0	0	0	485 about 10% mainly insurance notes same 10%	
	20	0	0	0	0	485- 12	
						0	0
	50	100	200	25	5	0	

eob attachments	don't know						
Consent (for sterilization/hysterectomy, occasionally - DME, Children's Preventive Health Services, Drug Invoices)	Don't know						
	0	0	0	0	0	0	0

1. For Home Health, we typically provide the 485 (Plan of Care for Home Health) and all clinician notes from home visits. 2. Hospice claims typically do not require attachments as it is billed and paid on a per diem basis.

	5					Home Health - 50	
Visit notes, 485's, med list	30						

0	1	0	0	0	0		
0	0	0	0	0	0		

the only time any additional information is sent is after the claim has been submitted and they send it back requesting more information such as nurses notes or doctors orders

0	varies	0	0	0	0		
0	0	0	0	0	0		
0	0	0	0	0	0		

Physician's Orders...485 & Interim Orders upon request from various commercial payors & work comp carriers

	less than 50		less than 50			physician orders less than 50	
0	2-Jan	0	2-Jan	2-Jan	2-Jan		
0	0	0	0	0	0	0	0
EOBs from primary insurance	0	0	0	0	0	5	0

Insurance claims must have the medical records attached because the claim will go before a medical review committee to determine if the visits met their medical necessity requirements. If a claim goes out without the medical records attached then the claim is denied.

Physician orders Any other supporting documentation in medical record	0	1	0	1	1	1	
---	---	---	---	---	---	---	--

Signed MD orders	0	12-Jul	0	0	0	Orders 7-12	0
------------------	---	--------	---	---	---	-------------	---

physician orders

verification of birthdate or address	1			10			
	'Don't know.'	0					
	1				1		
	0	2-Jan	0	0	2-Jan	2-Jan	0

EOBs from primary carriers

copies of ID cards to prove eligibility. Copies of invoices for drug cost.	0	5	0	0	0	0	1 - Invoices for drug cost 5 - ID cards
--	---	---	---	---	---	---	---



consent form; sterilization and hysterectomy acknowledgement.							consent forms 3	
		2 to 10						
	0	1	0	0	0	0	0	0
Home Health Aide Care Plans, Nursing visit, denials from other insurance companies	n/a	n/a	n/a	n/a	n/a	n/a	HHA Notes 2	Nursing Notes 1
		'Don't know'						
CONSENTS	0	5	0	0	0	0	CONSENTS 10	
Letter of Medical Necessity		0-2					Letter of Medical Necessity 0-2	
		2-Jan						
	0	Don't know		Don't Know		Don't Know		
		5						
Clinical Notes OASIS Supply Trailer	0	Don't Know	0	0	0	0		
Dialysis (Medicare) sterilization consent form Medicaid) Hysterectomy Acknowledgement form (medicaid)							consent forms 12	hysterectomy form 4
Implant invoices and Drug invoices							in total around 400	
Supply detail	0	don't know	0	0	0	0	Supply detail - don't know	0
Home Health Visit Notes, 485's, Verbal Orders.	0						485's - 300	Verbal Orders - 300
visit notes	0	25	0	0	0	0	0	0
Referral letters Other Insurance RAs	0	0	0	0	0	0	Referral letters <1/month	Other Insurance RAs <1/month
		Don't Know		Don't Know				
Physical Therapy Notes Orthotic and prosthetic scripts and LMN's							PT notes - 300	O & P scripts & LMN - 300
	don't know	don't know	don't know	don't know	don't know	don't know		
1) Requests for additional information. 2) EOBs 3) Appeal forms		300,000		1,000,000				
		less than 5%						
DME, NOC procedure code descriptions, invoices, Medicaid consent forms.	Don't Know	1700	0	Don't Know	0	Don't Know		
	0	11		3	11	11		



			Greater than 60 minutes	No	Don't know	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0		5 - 15 minutes	No	Don't know	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	narratives	16 - 30 minutes	Yes	15 - 20%	Less that 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0	Unsure.	5 - 15 minutes	Yes	Less than 1%	Less that 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		none	Greater than 60 minutes	No	Less than 1%	Greater than 60 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
0	0		5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
			Greater than 60 minutes	Yes	11 - 15%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			Greater than 60 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		None	31 - 60 minutes	Yes	11 - 15%	31 - 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
		Primary Explanations of Benefits Procedure Code Explanations	16 - 30 minutes	Yes	6 - 10%	Less that 5 minutes	Yes, we have guidelines/instructions from ALL of our payers	Don't know	
			Don't know	No	0%	5 - 15 minutes	Don't know	Don't know	
				Yes	1 - 5%	Less that 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			Greater than 60 minutes	Yes	Less than 1%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		LAB REPORTS, RADIOLOGY TESTING REPORTS, HOSPITAL HANDWRITTEN PROGRESS NOTES BY PHYSICIANS, HOSPITAL TESTING REPORTS, CLINICAL NOTES, MEDICATION LOGS, PATHOLOGY REPORTS	Greater than 60 minutes	No	0%	Don't know	Don't know	Don't know	
0	0	Unsure	5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	
			31 - 60 minutes	No	0%	Don't know	Don't know	Yes	
			5 - 15 minutes	No	0%	Don't know	Don't know	Don't know	
			Less that 5 minutes	No	Less than 1%	Less that 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			Don't know	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		primary EOB's when Medicare is secondary	5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
			31 - 60 minutes	Yes	1 - 5%	Less that 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
		Explanation of Benefits for primary carrier payment	5 - 15 minutes	Yes	1 - 5%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
			5 - 15 minutes	Yes	Less than 1%	Less that 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	Don't know	Less that 5 minutes	No	Less than 1%	Less that 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			31 - 60 minutes	No	0%	Don't know	Don't know	Don't know	
0	0		5 - 15 minutes	Yes	Greater than 25%	31 - 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from ALL of our payers	Yes	
Surgical Reports - 10	Physician Dictations - 150		5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
Don't know			5 - 15 minutes	Yes	Don't know	Less that 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		None	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
Provider Lic 10	don't know		5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
don't know			5 - 15 minutes	No	0%	Don't know	Don't know	Don't know	
		attach eob's for insurance companys	16 - 30 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
			Greater than 60 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		7	Less that 5 minutes	Yes	1 - 5%	Less that 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
0	0		Greater than 60 minutes	No	0%	Less that 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			16 - 30 minutes	Yes	Less than 1%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports

SCANNED DOCUMENTS ON FILE IN OUR  
COMPUTER SYSTEM AND MICROSOFT  
WORD WRITTEN DOCUMENTS

			31 - 60 minutes	No	Greater than 25%	31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Ambulance Service
			5 - 15 minutes	No	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0		Less than 5 minutes	Yes	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
			Don't know	No	0%	Don't know	Don't know	Don't know	
			Less than 5 minutes	No	0%	Don't know	Don't know	Don't know	
0	0	not sure	16 - 30 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			5 - 15 minutes	No		Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			31 - 60 minutes	No	0%	Don't know	Don't know	Don't know	
			Greater than 60 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
50 APPEALS		CARRIER SPECIFIC APPEAL FORMS FOR DENIALS	5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			Less than 5 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		Don't know	Greater than 60 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		don't know	Don't know	No	0%	Don't know	Yes, we have guidelines/instructions from ALL of our payers	Don't know	
			5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	No	
			16 - 30 minutes	Don't know	Don't know	Don't know	Don't know	Don't know	
		Unable to provide a response at this time	Don't know	Don't know	Don't know	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Ambulance Service Clinical Reports
Don't know		None. A claim should stand alone.	5 - 15 minutes	Yes	11 - 15%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	
			5 - 15 minutes	Yes	Don't know	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			5 - 15 minutes	Yes	Greater than 25%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
			Less than 5 minutes	Yes	6 - 10%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
Denials hundreds		Not Sure	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	No	
			5 - 15 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	Clinical Reports
Don't know	Don't know		16 - 30 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Ambulance Service
			Don't know	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			31 - 60 minutes	No	0%	Don't know	Don't know	No	
			16 - 30 minutes	Yes	Less than 1%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
			5 - 15 minutes	Yes	Greater than 25%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0	none	16 - 30 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			Less than 5 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
			Greater than 60 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
			31 - 60 minutes	No	Don't know	31 - 60 minutes	Don't know	Don't know	
			Don't know	Yes	11 - 15%	31 - 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		Certificate of Medical Necessity forms for DME providers.	31 - 60 minutes	Yes	11 - 15%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	
0	0		31 - 60 minutes	Yes	1 - 5%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	Don't know	Don't know	Don't know	Don't know	Don't know	
		Referrals/Authorizations	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports

		5 - 15 minutes	No	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		5 - 15 minutes	No	Less than 1%	Less than 5 minutes	Don't know	Yes	Clinical Reports
	office notes	Less than 5 minutes	Yes	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		31 - 60 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	none	Less than 5 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		16 - 30 minutes	No	0%	Don't know	Don't know	Don't know	
		16 - 30 minutes	Yes	11 - 15%	5 - 15 minutes	Don't know	Don't know	
	None	5 - 15 minutes	Yes	11 - 15%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	No	
		Don't know	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		Don't know	No	0%	Don't know	Don't know	Don't know	
		5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	Don't Know	None - attachments are not good...	Don't know	No	1 - 5%	No, we do not have guidelines/instructions from any of our payers	Don't know	
		None. Start eliminating, not adding	16 - 30 minutes	No	0%	Don't know	Yes	Ambulance Service
		5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
Don't know		5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		5 - 15 minutes	No	Less than 1%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		5 - 15 minutes	No	0%	Don't know	Don't know	Don't know	
0	0	None	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
	ITEMIZED STATEMENT/DETAILED BILL	Greater than 60 minutes	Yes	6 - 10%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		16 - 30 minutes	Yes	15 - 20%	31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Ambulance Service
		Less than 5 minutes	No	0%	Don't know	Don't know	No	Clinical Reports
		31 - 60 minutes	Yes	Greater than 25%	Greater than 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		16 - 30 minutes	No	0%	16 - 30 minutes	Don't know	Yes	Clinical Reports
		Less than 5 minutes	Yes	1 - 5%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		31 - 60 minutes	Yes	Don't know	16 - 30 minutes	Don't know	Don't know	
		Greater than 60 minutes	Yes	Don't know	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
	We have no preference. It was my understanding HIPAA did not apply to workers' compensation claims between provider and payer.	16 - 30 minutes	Yes	Greater than 25%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	We want fewer attachments, not more.	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
	None, if possible! Attachments are a nightmare	31 - 60 minutes	Yes	1 - 5%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0	none	Less than 5 minutes	Yes	Less than 1%	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
	Unsure of question request	16 - 30 minutes	No	0%	Don't know	Don't know	Don't know	
		16 - 30 minutes	Yes	6 - 10%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		5 - 15 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		5 - 15 minutes	No	Don't know	Don't know	No, we do not have guidelines/instructions from any of our payers	No	
0	0	None	5 - 15 minutes	No	Less than 1%	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
	Itemized Statements	Greater than 60 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	



		none	Less than 5 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0		Don't know	Yes	1 - 5%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0	NA	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Don't know	Don't know	
			5 - 15 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			16 - 30 minutes	Yes	6 - 10%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		NA		No	0%		Yes, we have guidelines/instructions from SOME of our payers	No	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		authorizations attached to claims	Greater than 60 minutes	Yes	6 - 10%	Greater than 60 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	Clinical Reports
			Less than 5 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
		NO SUGGESTION	5 - 15 minutes	Yes	6 - 10%	16 - 30 minutes	Yes, we have guidelines/instructions from ALL of our payers	No	
			5 - 15 minutes	No	0%	Don't know	Don't know	Don't know	
			31 - 60 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		none	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	
			16 - 30 minutes	No	0%	Less than 5 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	Clinical Reports
			31 - 60 minutes	Yes	1 - 5%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	Yes	Less than 1%	Less than 5 minutes	Don't know	Don't know	
			5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		UNKNOWN	31 - 60 minutes	Yes	Less than 1%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
physicians orders 3	copy of license 3		5 - 15 minutes	No	0%	5 - 15 minutes	Don't know	Don't know	
			5 - 15 minutes						
		NONE	31 - 60 minutes	Yes	6 - 10%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	Yes	1 - 5%	Greater than 60 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
		Copy of the subscriber ID card for appeals.	16 - 30 minutes	No	Less than 1%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			16 - 30 minutes	Yes	6 - 10%	31 - 60 minutes	Yes, we have guidelines/instructions from ALL of our payers	Don't know	
			16 - 30 minutes	Yes	1 - 5%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		Insurance authorizations Letters of Medical Necessity Delivery Tickets EOB's from other payer Remittance from other payers	16 - 30 minutes	Yes	15 - 20%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			31 - 60 minutes	No	0%		Yes, we have guidelines/instructions from SOME of our payers	Yes	
			5 - 15 minutes	Yes	Less than 1%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	
			16 - 30 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			31 - 60 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	Yes	1 - 5%	31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	0	Greater than 60 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
		None	16 - 30 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			Greater than 60 minutes	Yes	11 - 15%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			16 - 30 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	none	Greater than 60 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			31 - 60 minutes	No	Less than 1%	31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	No	

0	0		31 - 60 minutes	No	11 - 15%	5 - 15 minutes	Yes, we have guidelines/instructions from ALL of our payers	Don't know	
0	0		5 - 15 minutes	Yes	Less than 1%	Less than 5 minutes	Don't know	Don't know	
		Don't know		Yes	Greater than 25%	31 - 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			31 - 60 minutes	No	Less than 1%	31 - 60 minutes	Don't know	Don't know	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		don't know	5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	Less than 1%	Less than 5 minutes	Don't know	Don't know	
			31 - 60 minutes	No			Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			Don't know	Yes	6 - 10%	Greater than 60 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			Greater than 60 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	none	Greater than 60 minutes	No	0%	31 - 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	No	
		Primary and/or Secondary Explanation of Benefits	5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Ambulance Service Clinical Reports
don't know	don't know	none	Less than 5 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	Yes	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		DO NOT KNOW	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		Most requests include 'doctor's orders'. Is that included in 'Clinical Reports'? If not, that should be added as an additional category.	16 - 30 minutes	Yes	Greater than 25%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			Greater than 60 minutes	Yes	15 - 20%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			16 - 30 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
				No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%		Don't know	Don't know	
			Don't know	No	0%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			Greater than 60 minutes	No	0%	Don't know	Don't know	Don't know	
0	0	None	Greater than 60 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	Don't know	Don't know	
			31 - 60 minutes	No	0%		Don't know	No	
0	0		31 - 60 minutes	Yes	0%	Don't know	Don't know	Don't know	
			Don't know	No	0%	Don't know	Don't know	Don't know	
		I don't know what these 6 types are.	Less than 5 minutes	No	0%	Don't know	Don't know	Don't know	
			31 - 60 minutes	Yes				Don't know	
			Greater than 60 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0	N/A	16 - 30 minutes	No	0%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			16 - 30 minutes	Yes	6 - 10%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	5		16 - 30 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		NONE	16 - 30 minutes	No	0%	Less than 5 minutes	Don't know	Yes	Clinical Reports
			31 - 60 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0		Greater than 60 minutes	No	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			Don't know	No	0%	Don't know	Don't know	Don't know	
			5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports

			31 - 60 minutes	Yes	6 - 10%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		hopefully we will not need anymore but we would like if we were able to get predetermination for all equipment. I know that is asking for a lot.	Greater than 60 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	No	
			16 - 30 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
			5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			Less than 5 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
			31 - 60 minutes	Yes		31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		don't know	5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from ALL of our payers	Don't know	
			16 - 30 minutes	Yes	1 - 5%	16 - 30 minutes	Don't know	Don't know	
			16 - 30 minutes	Yes	1 - 5%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
3) Above-Don't know			Greater than 60 minutes	Yes	Greater than 25%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		Don't know	5 - 15 minutes	No	0%		Don't know	No	
			16 - 30 minutes	Yes	15 - 20%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		NONE	16 - 30 minutes	No	0%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0		Greater than 60 minutes	Yes	Less than 1%	Greater than 60 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
				No	0%			No	
			16 - 30 minutes	No	0%	Don't know	Don't know	Don't know	
0	0		5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	No	
			Greater than 60 minutes	No				Don't know	
			31 - 60 minutes	No	Less than 1%	31 - 60 minutes	Yes, we have guidelines/instructions from ALL of our payers	No	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
0	0	N/A	Don't know	Yes	Less than 1%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			Greater than 60 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		/	5 - 15 minutes	Yes	Don't know	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
486's - 80	Assessments - 30	Don't know	5 - 15 minutes	No	0%	Don't know	Don't know	Yes	Clinical Reports
			16 - 30 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			Greater than 60 minutes	Yes	Less than 1%	Greater than 60 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	
			5 - 15 minutes	No	0%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0	None	31 - 60 minutes	Yes	15 - 20%	16 - 30 minutes	Yes, we have guidelines/instructions from ALL of our payers	No	
			16 - 30 minutes	Yes	6 - 10%	16 - 30 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
0	0		31 - 60 minutes	No	0%	Less than 5 minutes	Don't know	No	
ZERO	ZERO		5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0		Don't know	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	
		Oasis, Physician orders	31 - 60 minutes	Yes	1 - 5%	31 - 60 minutes	Yes, we have guidelines/instructions from ALL of our payers	No	
			Don't know	No	Don't know	Don't know	Don't know	Don't know	
			Greater than 60 minutes	No	0%	16 - 30 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	
			31 - 60 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			Greater than 60 minutes	Yes	Less than 1%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
0	0		Less than 5 minutes	Yes	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
			Greater than 60 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			Don't know	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
OR reports (5-10)	high risk pregnancy (10-20)	CPHCS- childrens preventive; high risk pregnancy and low birth weight; past filing and administrative documentation	Greater than 60 minutes	Yes	1 - 5%	31 - 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
			5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Don't know	

	consent forms	Less than 5 minutes	No	1 - 5%	5 - 15 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	Clinical Reports
		5 - 15 minutes	No	0%	Don't know	No, we do not have guidelines/instructions from any of our payers	Yes	
0	0	n/a	5 - 15 minutes	Yes	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from ALL of our payers	Don't know
		31 - 60 minutes	Yes	1 - 5%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	No	
		16 - 30 minutes	Yes	15 - 20%	Greater than 60 minutes	No, we do not have guidelines/instructions from any of our payers	Don't know	
		5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		16 - 30 minutes	Yes	Less than 1%	18 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	don't know	Greater than 60 minutes	No	0%	Don't know	Don't know	Yes	Clinical Reports
	Remittance advice from primary payor - looking at denials	5 - 15 minutes	Yes	1 - 5%	5 - 15 minutes	Don't know	Don't know	
		5 - 15 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
		31 - 60 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	No	
Dialysis 20	none	31 - 60 minutes	No	0%		No, we do not have guidelines/instructions from any of our payers	Yes	
		Greater than 60 minutes	Yes	Less than 1%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0	None	5 - 15 minutes	No	0%	No, we do not have guidelines/instructions from any of our payers	Don't know	
		31 - 60 minutes	Yes	6 - 10%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
Visit Notes - 300		16 - 30 minutes	Yes	Greater than 25%	16 - 30 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
0	0	5 - 15 minutes	Yes	1 - 5%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
0	0	5 - 15 minutes	Yes	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
		16 - 30 minutes	No	0%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		5 - 15 minutes	Yes	6 - 10%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	
	* Operation reports (OP report)surgeon's dictation of a surgical encounter. * History & Physical * Discharge summary	Don't know	Yes	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Ambulance Service Clinical Reports
		Greater than 60 minutes	Yes	Greater than 25%	Don't know	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		Less than 5 minutes	No	0%	Don't know	Don't know	Don't know	
	none	5 - 15 minutes	No	Less than 1%	5 - 15 minutes	Yes, we have guidelines/instructions from SOME of our payers	Don't know	
	don't know	Greater than 60 minutes	No	0%	Less than 5 minutes	No, we do not have guidelines/instructions from any of our payers	Yes	Clinical Reports
	DME NOC Procedure Code Description Invoices (Amount actually paid to supplier) Consent Forms (Medicaid) Letter of Medical Necessity Itemized Bills (Hospital)	5 - 15 minutes	Yes	Less than 1%	Less than 5 minutes	Yes, we have guidelines/instructions from SOME of our payers	Yes	Clinical Reports
		31 - 60 minutes	Yes	Less than 1%	16 - 30 minutes	Yes, we have guidelines/instructions from ALL of our payers	Yes	Ambulance Service Clinical Reports
		31 - 60 minutes	No	0%	Don't know	Don't know	Yes	Clinical Reports

		How long do you anticipate it will take your organization to implement the standard as proposed in the NPRM once the final rule is issued?	For the previous question, what did you base your answer on?	How much do you anticipate it will cost your organization to implement the proposed standard?	For the previous question, what did you base your answer on?	Please provide any other comments you have on the Claims Attachment NPRM		
Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Response	Response	Response	Response	Open-Ended Response
				Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department			Rehabilitation Services	Less than 6 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
	Laboratory Results		Rehabilitation Services	Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department	Laboratory Results	Medications		Greater than 24 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
Emergency Department	Laboratory Results	Medications	Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
Emergency Department				Don't know		Don't know		
Emergency Department				Don't know	Guess	\$10,001 - 50,000	Guess	Sending electronic claims attachments for us will depend solely on our I.T. vendor and wherif they are prepared to implement this. (CPSI).
								My answers top #10/#13 factored the Medical Records and mail handling time ... not sure based on how the question was worded that others will factor time the same I did ... thanks
Emergency Department	Laboratory Results	Medications		7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
				Less than 6 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
				Less than 6 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
			Rehabilitation Services	7 - 12 months	Guess	\$10,001 - 50,000	Guess	
								Medicare states they do not want paper claims. BUT we must submit reports to some claims; as such, they must go paper.
Emergency Department	Laboratory Results	Medications		13 - 18 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
			Rehabilitation Services	Less than 6 months	Understanding of the proposed standard	\$10,001 - 50,000	Understanding of the proposed standard	with the ability to attach electronly it would reduce paper clams we have to send because of the requirements of the payers
	Laboratory Results			Less than 6 months	Guess	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department				7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	

		7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
	Rehabilitation Services	Greater than 24 months	Guess	\$100,001 - 500,000	Guess	Unsure.

		7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	Surgical reports for an unlisted surgical procedure are the most common for our clinic to attach and send by paper. I do not know enough about 'Claims Attachment NPRM' to comment further.
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Laboratory Results	Rehabilitation Services	Less than 6 months Don't know	Previous experience with implementing HIPAA transactions Guess	Less than \$10,000 Less than \$10,000	Previous experience with implementing HIPAA transactions Guess	
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at this point I dont see how this will improve the system. It seems that all payers are not on the same 'page' and all want different information that is too costly for our software vendor to change for us. We cannot afford to continue 'upgrading' our electronic claims filing system.

Laboratory Results		Less than 6 months Don't know	Previous experience with implementing HIPAA transactions Previous experience with implementing HIPAA transactions	Less than \$10,000 Don't know	Previous experience with implementing HIPAA transactions Previous experience with implementing HIPAA transactions	
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	Medications	Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department	Laboratory Results	7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department	Medications	7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
		7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know		

	Medications	Don't know	Guess	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	This is the most problematic area of healthcare reimbursement. Attachments are frequently disregarded (discarded?) causing additional cost with follow-up. For low fee procedures, requests for additional information seem to be designed to get the provider to give up and forgo payment.
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Emergency Department		Less than 6 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	Instead of requiring payers to ask for more attachments the government should be looking into not requiring attachments at all since the cost associated to such request's is contributing to the higher cost of providing medical care to needy people. We don't need many add'l forms. ER svcs are usually self explanatory unless ins co wants proof of emergent condition. We do send notes to out-of-country ins's, and contracted Medicare's, w/HCCA instead of waiting for request. The most common forms we utilize are L&I accident reports and employer activity prescriptions.
	Rehabilitation Services	Less than 6 months	Understanding of the proposed standard	Less than \$10,000	Previous experience with implementing HIPAA transactions	
	Laboratory Results	Greater than 24 months	Guess	Don't know	Guess	Would be a positive move!

CLAIM ATTACHMENTS WILL BE MOST BENEFICIAL TO STREAMLINING THE PROCESS OF GETTING PAID ON OUR CLAIMS DUE TO THE TYPE OF RHEUMATOID TESTING WE PERFORM IN OUR LABORATORY.

	Laboratory Results		Don't know	Guess	Don't know	Guess	
			7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Guess	
Emergency Department			7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	I am in Psychiatry. I don't send attachments.
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	Clarity is of the utmost importance. We need STANDARD rules to which we will be held. If the rules are STANDARDIZED there shouldn't be much trouble in implementation.
Emergency Department	Laboratory Results		13 - 18 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	MEDICARE SHOULD CROSSOVER DENIALS NOT JUST PAYMENTS TO OTHER CARRIERS Please give us a standard for submitting attachments on electronic claims! It delays claims payment by 4-6 weeks by the time we get a request and mail it back. [State] Medicare has a standard for submitting attachments, but no one else does.
Emergency Department	Laboratory Results	Rehabilitation Services	Don't know	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	We are a national clearinghouse submitting claims on behalf of 2,000+ providers that generate more than 13M transactions per month. The majority of our providers have expressed their need to send their attachments electronically and reduce paper processing.
Emergency Department		Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	The attachment process must have a traceable element. This way, if payor says they don't have the attachment, the provider will be have some leverage in expediting the needed attachment.
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	n/a
			Don't know	Previous experience with implementing HIPAA transactions	Don't know	Guess	It continues to take more and more time to meet HIPAA requirements. Needed information is no longer available to providers of service trying to do their jobs. Software is expensive and programmers are as well. Everytime you turn around there are new expectations from Medicare. Phone appeals go away and things are not back to paper and the US mail. What progress does this represent. Most providers are frustrated with all the new guidelines and requirements that ultimately delay payment of claims.
Emergency Department	Laboratory Results	Rehabilitation Services	13 - 18 months	Previous experience with implementing HIPAA transactions	\$100,001 - 500,000	Previous experience with implementing HIPAA transactions	
			Don't know	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	The Questions concerning time and cost of implementation are entirely dependent on our software vendor. Unfortunately we are at there mercy regarding software changes like these.
			7 - 12 months	Understanding of the proposed standard	Less than \$10,000	Guess	Most of our claims attachments are for Workers' Compensation claims which require a copy of chart notes at time of submission.
			Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department	Laboratory Results		19 - 24 months	Guess	Don't know	Guess	
	Medications		7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	

Laboratory Results	Rehabilitation Services	19 - 24 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions
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The majority of my clients are Medicare clients - my practice was built this way despite the lower reimbursement rate because Medicaid does not currently ask for any additional claims attachments.  
 We must send the evaluation/treatment plan and prescription from referring dr. on every new case. Some carriers require progress notes to be attached to each claim. Many carriers request all records to be sent after a few weeks of treatment.

		Don't know	Guess	Less than \$10,000	Previous experience with implementing HIPAA transactions
Emergency Department		Less than 6 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions
		Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions

Most problems occur from lateness of POC's or information therein being incorrect. ie: SS#, DOB, or name spelling. Problems occur with the electronic filing. I feel many improvements can be made to the electronic filing software. Also, I feel the timing in which you have for electronic claims needs to be expanded as well as resubmission of denied claims. You should be able to re-submit denied claims with the reference to the RA in which it was first denied via electronically. Paper submissions should be avoided as much as possible.

Emergency Department	Laboratory Results	Medications	Rehabilitation Services	Greater than 24 months	Guess	Greater than \$1 million	Guess
			Rehabilitation Services	Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Guess
				Don't know		Don't know	

1. THE BULK OF ALL OUR REQUEST FOR ATTACHMENTS ARE FROM COMMERCIAL PAYORS. MAJORITY OF THE PAYORS ARE NOT ABLE TO ACCEPT 837 FORMAT. 2. INITIAL CLAIMS FILING DOES NOT ALWAYS GO TO THE ACTUAL PAYOR FIRST. (ie PPO REPRICING)

Laboratory Results		7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	not at this time
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This survey was confusing and not clear as to what it was requiring for each response.

Emergency Department	Laboratory Results	Medications	Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions
				Don't know	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions
			Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions

Emergency Department	Laboratory Results			Less than 6 months	Understanding of the proposed standard	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions
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7 - 12 months      Previous experience with implementing HIPAA transactions      Less than \$10,000      Previous experience with implementing HIPAA transactions

Less than 6 months      Previous experience with implementing HIPAA transactions      Don't know      Guess

Any time paper is required it adds tremendous cost and frustration. Anything to eliminate paper requirements will be a help to our organization. We are not familiar at this time with proposed electronic claims attachments or NPRM.

None at this time

Don't know      Previous experience with implementing HIPAA transactions      Don't know      Guess  
Less than 6 months      Guess      Less than \$10,000      Guess

Because we utilize a software package to submit the claims, we must wait for the software company to update their program. It is usually no additional cost to the organization because we continue to pay a fee to the software vendor.

We are a small agency and our insurance claims are less than 25% of our claims submitted.

Utilizing the Claims Attachment electronic record would be a great time saver. However, our software vendor may not incorporate this as part of their service, thereby making the utilization less likely.

Don't know      Guess      Don't know      Guess

					none
	13 - 18 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions	
					Private insurances make up the bulk of requests for claims attachments. We have found that approximately 75% of the time when supporting documentation has been included, both solicited and unsolicited, the private insurance company sends another request stating that they did not receive the requested information (i.e. claim sent with clinical notes - insurance company will acknowledge receipt of the bill but not the attachments).

	Rehabilitation Services	19 - 24 months	Previous experience with implementing HIPAA transactions	Don't know	Guess
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	Medications	Less that 6 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions
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		13 - 18 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions
Laboratory Results	Rehabilitation Services	Don't know		Don't know	

		Don't know	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions
Laboratory Results		7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions
					From previous experience, our largest obstacle is from the carrier EDI support desk not having enough help for timely resolution of issues, both internally and externally.

		Don't know	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions
		7 - 12 months	Understanding of the proposed standard	Less than \$10,000	Understanding of the proposed standard

The amount of time required to produce these attachments which are no more than a delay tactic should be stopped. We are getting paid less and less and having to do more and more. Something needs to change in the Doctors favor. It is getting impossible to practice medicine as a caring physician when I have to continue to see more and more patients to make a living.

Most attachments are for patients with dual payers and one payer requires the other to deny the claim. Why cant there be a bill code stating this and then no attachments are needed.

None

We manually bill all non-Medicare claims. Therefore, each 'paper' claim takes so much longer to process since so much of each chart must be copied to send along with each claim to justify payment. It seems, too, that the different payors each have their individual set of codes to use for the different disciplines and supplies. It would seem to me that if this is a "Universal Billing Form" all the codes should be the same. That alone would make the billing process a lot easier. I also would like address supplies used by Home Health. When a nurse is in the home, the patients usually do not have the supplies needed for their cares. When trying to bill for the supplies, it almost takes an act of congress to get any reimbursement for them at all. Then, the reimbursement is usually ridiculously low. Also, some insurances require HCPCS codes. Trying to find the appropriate codes is often times nearly impossible.

Don't know      Guess      Don't know      Guess

claims attachments seem to be a problem for everyone we are at this time unsuccessful in getting attachment to medical electronically and the time and effort is so demanding for the minimal amount of reimbursement.

Emergency Department

Laboratory Results

Medications

Don't know

Previous experience with implementing HIPAA transactions

Less than \$10,000

Previous experience with implementing HIPAA transactions

none

Laboratory Results

Greater than 24 months

Previous experience with implementing HIPAA transactions

Don't know

none at this time

Less that 6 months

Previous experience with implementing HIPAA transactions

Less than \$10,000

Previous experience with implementing HIPAA transactions

7 - 12 months

Previous experience with implementing HIPAA transactions

Less than \$10,000

Previous experience with implementing HIPAA transactions

No Comments

Laboratory Results

Medications  
Medications

Don't know  
13 - 18 months

Guess  
Guess

Don't know  
\$10,001 - 50,000

Guess  
Guess

Less that 6 months

Previous experience with implementing HIPAA transactions

Less than \$10,000

Previous experience with implementing HIPAA transactions

The concept of electronic attachments is excellent the ability to comply with format and technology is more difficult.

Medications                      Less than 6 months                      Understanding of the proposed standard                      Less than \$10,000                      Understanding of the proposed standard

I hope that I am completing this properly. All of our third party payers request copy of records with each claim sent. This is what I am answering my questions based on.

NONE

		7 - 12 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
	Rehabilitation Services	13 - 18 months	Understanding of the proposed standard	Don't know	Guess	we have none at this time
Emergency Department	Laboratory Results	Rehabilitation Services	19 - 24 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Guess
		Don't know	Previous experience with implementing HIPAA transactions	Don't know	Guess	
	Laboratory Results	Medications	Greater than 24 months	Previous experience with implementing HIPAA transactions	Don't know	Previous experience with implementing HIPAA transactions
		Rehabilitation Services	7 - 12 months	Understanding of the proposed standard	Less than \$10,000	Understanding of the proposed standard

Wish there was an easier way to submit requested medical records without having to refile the whole claim with the attachments.

Less than 6 months                      Guess                      Don't know                      Guess

	Rehabilitation Services	Don't know	Guess	Don't know	Guess
Laboratory Results		Greater than 24 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions

I wish we can send notes before we get a rejection from the insurance company. We have to wait until they request the information before we can send the notes. This costs time and money.

	Don't know	Don't know
	Less than 6 months	Previous experience with implementing HIPAA transactions
		Less than \$10,000
		Previous experience with implementing HIPAA transactions

Would love to be able to send all attachments electronically but would require financial assistance or incentives to implement. This was submitted through an interview on behalf of a Federally qualified health center.

				Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
				7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Guess	
				Less than 6 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
								We ask the payors what documentation is required when we verify benefits, so we can send the needed items with the claim.
								I believe that there should be no mandatory claim attachments. Claims with proper diagnosis and procedure codes, which clearly substantiate charges should be processed without attachments. The mandatory attachment requirement, only give payors an excuse to delay payment.
	Laboratory Results		Rehabilitation Services	Less than 6 months	Previous experience with implementing HIPAA transactions	Don't know		
Emergency Department	Laboratory Results	Medications	Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	\$50,001 - 100,000	Previous experience with implementing HIPAA transactions	
				13 - 18 months	Previous experience with implementing HIPAA transactions	Don't know	Guess	
				7 - 12 months	Previous experience with implementing HIPAA transactions	Don't know		
	Laboratory Results			Don't know	Guess	Less than \$10,000		
				Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	
Emergency Department			Rehabilitation Services	7 - 12 months	Guess	Don't know		DME Certificate of Medical Necessity needs to be fast tracked. Our current carrier has 13 versions for DME and they require sending the initial claim hard copy-this should not be. The same holds true for medical assistance and prior authorization.
	Laboratory Results			13 - 18 months	Previous experience with implementing HIPAA transactions	Greater than \$1 million	Understanding of the proposed standard	
								none
	Laboratory Results	Medications		Don't know	Previous experience with implementing HIPAA transactions	Don't know	Guess	
	Laboratory Results		Rehabilitation Services	Don't know		Don't know		Cost and time will vary greatly depending on how a provider plans to implement. If a provider plans to simply scan the information, the cost will be much less than the provider who plans to try to electronically extract the information from their electronic attachments. In the later scenario, there would be less human intervention needed to do the electronic attachments, but the implementation/set up cost will be much more. The same applies to the amount of time it will take to implement.
Emergency Department	Laboratory Results		Rehabilitation Services	7 - 12 months	Previous experience with implementing HIPAA transactions	\$10,001 - 50,000	Previous experience with implementing HIPAA transactions	
		Medications	Rehabilitation Services	Less than 6 months	Previous experience with implementing HIPAA transactions	Less than \$10,000	Previous experience with implementing HIPAA transactions	