

**The  
WEDI/HL7/X12/AFEHCT  
National  
Healthcare Claims  
Attachment Survey  
Final Report**

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## Introduction

### General

In the spring of 2004, following the deadlines for compliance with the HIPAA (Health Insurance Portability and Accountability Act) Transaction and Code Set rule, and in preparation for the Notice of Proposed Rulemaking (NPRM) on electronic health care claims attachments, WEDI decided to launch a survey of the industry to assess its readiness for the next HIPAA transactions and code sets transaction, and the current state of health plans, health care providers, software vendors and health care clearinghouses.

Given the industry's underestimation of what it would take to implement the other HIPAA transactions, it made sense to identify and quantify the current state of each industry group, its understanding of new technology opportunities and its willingness to encourage early adopters.

The Workgroup for Electronic Data interchange (WEDI [www.wedi.org](http://www.wedi.org)) collaborated with three other leading healthcare technology organizations: Health Level Seven ([www.hl7.org](http://www.hl7.org)), The Accredited Standards Committee (ASC) X12 ([www.x12.org](http://www.x12.org)), and the Association for Electronic Health Care Transactions (AFEHCT [www.afehct.org](http://www.afehct.org)) and developed a set of surveys to gather information regarding the use of claims attachments in the health care industry. These surveys were designed to gauge the current processes and practices for handling such attachments, as well as the anticipated use of their electronic equivalents. It is expected that the Claims Attachment transaction will be the next transaction standard adopted under HIPAA.

Please note that an understanding of the X12N and HL7 standards for electronic claims attachments will assist the reader and likely make the following information more meaningful. These standards can be found (both X12N and HL7) at [www.wpc-edi.com](http://www.wpc-edi.com).

### Methodology

Because the questions that needed to be answered for each of the three types of HIPAA Covered Entities were different, the team developed three distinct surveys: One for Healthcare Providers, one for Health Plans, and a third for Vendors and Clearinghouses. The questions were developed and edited in parallel to ensure consistency in wording and overall design. Questions were tailored to each group, but all of the questions for each group were aimed at getting more detailed information about the following topics:

- The number of claims that require attachments today (number or percent)
- The types of attachments that are required today (frequency scale)
- How attachments are requested and sent
- How attachments are submitted
- Whether vendors and clearinghouses were currently supporting or planning to support some type of electronic document management, storage or transmission

Due to cost considerations (the survey was staffed entirely by volunteers with no funding or clerical support), the team opted for a "web-only" survey tool. This not only avoided the cost of printing, distribution and data entry, but also made it possible to leverage free distribution of the survey to a broader constituency. We used a "spiral marketing" approach that included a "pass along" email invitation that was posted by the sponsoring organizations and sent to various industry discussion lists. (See Appendix for the text of this message).

To improve the analysis process, open-ended questions were avoided as much as possible, and appropriate responses were provided to collect the needed information. We made most questions “required” while providing “Not Applicable” options where this was called for. Because we were polling a diverse community – everything from solo practitioners to multi-state health systems and national health plans—we chose to use relative scales (“For this type of facility, I would describe our institution as: Large/Medium/Small”). Likewise, because prior studies had shown that exact quantities for attachment volumes was not tracked by a large majority of our audience, we used relative scales rather than asking for specific quantities. We were guided by the principal that we wanted respondents to be able to answer the full survey in a single sitting, rather than have many respondents drop out while others scurried for reports that may or may not have existed.

Attachment types were based on existing HL7 standards. Provider specialties and care settings were based on the taxonomy code listing at the time the survey was developed. We made slight changes based on size limitations and other considerations.

Creating the questions and structuring the responses was time consuming, but we hope that the value of the effort will be a lesson learned for those developing future industry polls.

Finally, we agreed that the value of the information was greater than we could hope to mine among our small team, and agreed to provide the raw de-identified results as a supplement to this report.

WEDI provided us a project web page to post our invitation text and answer frequently-asked questions. The results will be linked from this page:

[http://www.wedi.org/public/articles/dis\\_viewArticle.cfm?ID=303](http://www.wedi.org/public/articles/dis_viewArticle.cfm?ID=303)

## **Survey Sample**

The survey was released to the industry on January 11, 2005 and closed March 7 2005.

We discarded responses that were empty or answered no more than the demographic questions. We also gave respondents the option of disregarding their response, in order to provide them with a review function. In one or two cases, we found a duplicate response had been submitted by a single individual, and these were also discarded. We received over 400 responses, yielding 86 valid surveys for health plans, 252 for health care providers and 63 for vendors/clearinghouses.

A link to the de-identified survey results can be found at the end of this document.

## Health Care Provider Results and Findings

### Response Data

The Health Care Provider survey had 252 valid responses. The statistics in this section refer only to the Provider Survey.

The health care provider type distribution breaks out as follows:

- 159 (63.1%) from Institutional Setting
  - 48 (30.2%) Large Institutions
  - 71 (44.7%) Medium Institutions
  - 39 (24.5%) Small Institutions
  - 1 (.6%) Not Sure
- 57 (22.6%) from Individual or Group Physicians
  - 4 (7.0%) from 1 physician practices
  - 16 (28.1%) from 2-9 physician practices
  - 2 (3.5%) from 10-25 physician practices
  - 1 (1.8%) from 26-50 physician practices
  - 34 (59.6%) from over 50 physician practices
- 36 (14.3%) from Other Settings (Ambulance, Lab, Pharmacy, DME and all other clinics and practitioners)

Of the thirty-six respondents that classified their care setting as "Other," 33% of the respondents were from organizations with 6-25 full time equivalent (FTE) employees, 17% have 26-100 FTEs, 20% have 101-500 FTE's, and 22% have over 500 FTEs. The remainder had 5 or fewer FTEs

There were no responses from Audiologists, Certified Nurse Midwives, Chiropractors, Independent Physiological, Individual Certified Orthotist, Individual Prosthetist, Mammography Screening, Podiatry or Portable X-Ray Supplier. The following table represents responses from providers that classified themselves as "Other" (respondents checked all that applied).

<b>Providers: Other Care Settings</b>		
<b>Type of Health Care Provider</b>	<b>Count</b>	<b>Percent</b>
Ambulance Service Provider	3	5.26%
Ambulatory Surgical	1	1.75%
Certified Clinical Nurse	1	1.75%
Clinical Laboratory	6	10.53%
Clinical Psychologist	1	1.75%
CRNA	1	1.75%
DME	4	7.02%
Home Health Agency	2	3.51%
Independent Diagnostic	3	5.26%
Licensed Clinical Social Worker	2	3.51%
Medical Supply DME	4	7.02%

<b>Providers: Other Care Settings</b>		
<b>Type of Health Care Provider</b>	<b>Count</b>	<b>Percent</b>
Medical Supply Prosthetic/Orthotic	1	1.75%
Nurse Practitioner	2	3.51%
Occupational Therapist	4	7.02%
Optician	2	3.51%
Optometry	2	3.51%
Pharmacy	3	5.26%
Physical Therapist	17	29.82%
Physician Assistant	1	1.75%
Psychologist	3	5.26%
Public Health or Welfare	1	1.75%
Registered Dietician	1	1.475%
Other Type	3	5.26%

Among all provider types, eighty-three (83%) percent send between 1 and 50,000 claims per month, 7% send 50,000 – 100,000, 6.5 % send 100,000 – 250,000, 2% send 250,000 – 500,000 and 1% send 500,000 – 9,000,000 claims per month.

Only about half of the respondents indicated that their financial and clinical systems are closely integrated.

### **Claims Attachment Specific Information**

Seventy one (71%) percent of those responding indicated their volume of claim attachments as a percentage of their total claims. Forty (40%) percent of those indicated that between 1 and 10% of their claims required attachments today. Forty (40%) percent responded that between 10% and 30% of their claims needed attachments, 10% responded that between 30% and 50 % of their claims needed attachments, and 10% responded that between 50% and 100 % of their claims needed attachments.

Providers responded that they sent attachments with some degree of frequency, as shown in the table below:

<b>Provider Results</b>		
<b>Attachment Type</b>	<b>Required "Always or Frequently"</b>	<b>Required "Sometimes"</b>
Laboratory Results	37	68
Medications	26	42
Clinical Reports	96	95
Alcohol Substance Abuse Rehabilitation	21	27
Cardiac Rehabilitation	27	60
Medical Social Services	13	25
Occupational Therapy Rehabilitation	49	72
Physical Therapy Rehabilitation	67	78
Speech Therapy Rehabilitation	42	63
Respiratory Therapy Rehabilitation	26	54
Psychiatric Rehabilitation	20	42
Skilled Nursing Rehabilitation	15	30
Emergency Department	102	36
Ambulance Service	21	12
DME	20	18
Home Health Services	15	21
Periodontal Services	6	9
Children's Preventive Health Services	16	17
Consent	71	41
Administrative/non clinical information	38	47

Respondents were given an opportunity to submit other attachment types not listed above. There were many instances where paper Explanation of Benefits (EOB) is required. Copies of ID Cards, invoices, itemizations, medical records and referrals are also sent. (NOTE: Other frequently mentioned attachments included orders, operative reports and progress notes, which are accommodated by the entries already listed.) This list suggests possibilities for the development of additional electronic attachment types, with the possible exception of EOBs. EOB information is included in the X12 837 electronic claim format and thus is already accommodated when submitted with an original claim. Whether an electronic EOB (i.e. as a scanned image) can be sent in other circumstances is not within the scope of this paper, but the survey indicates a clear use of EOB as a requested attachment.

Attachment information is available on paper for the majority of the providers surveyed. Much smaller numbers indicated that the information is available in a computerized format (Scanned Image, Computer Document and/or Printed Report) that might be suitable for electronic submission.

<b>Provider Results</b>		
<b>Attachment Information is available as:</b>	<b>"Always or Frequently"</b>	<b>"Sometimes"</b>
Scanned Image	52	58
Computer Document	50	50
Printed Report	84	67
Paper	169	44

Thirty-three percent (33%) of Providers reported that when they do send an attachment, they "Almost Always" submit the information with the original claim, suggesting that they have developed business processes to identify and accommodate routine requests. Another 46% indicated that they "Frequently" (23.5%) or "Sometimes" (22.6%) send additional information with the original claim. A smaller percentage of providers responded that attachments were "Almost Always" (23.6%) or "Frequently" (also 23.6%) sent in response to a specific request. The scales were independent, allowing for some crossover in the replies.

Based on the survey results from the Provider perspective, the following findings were identified:

## Findings

While we were glad to see the response rate among providers was the highest of the three groups, the sample size must be considered a small number in comparison to the overall population (nearly 5,000 hospitals, over 800,000 physicians, plus thousands of nursing facilities, Federally Qualified Health Centers, rural health clinics and others according to recent statistics from the Kaiser Family Foundation: <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=rawdata>). Most significant was the zero response rate for some specialties and care settings.

- The largest provider type responding was Acute Care Hospital.
- There is little exchange of attachment information via electronic means between health plans and health care providers.
- Only half of the providers have closely integrated financial and clinical systems. This suggests there may be a significant need for internal integration before many providers are able to submit an electronic attachment.
- The first 6 attachments expected to be named for HIPAA are still widely requested according to the provider responses in this survey.
- Based on the respondents, most of the attachment information that is available is in the form of paper. Reports Printed by an Application, Scanned Images and Computer Documents are not as widely available.

## Recommendations

- Additional education to providers and payers regarding the benefits of EDI in general and standards for electronic attachments in particular is needed.
- Based on the Provider responses in this survey, the highest volumes include Emergency Department, Clinical Reports, Consent and Physical Therapy Rehabilitation. This might suggest a focus for pilot projects or initial implementations.
- After years of automation, a great deal of clinical information remains on paper. However, there will be increasing emphasis on electronic health records over the next ten years. Providers must participate in the standards development effort that is necessary to enable interoperability among clinical systems and between clinical and financial systems.
- Providers should work with Health Plans to reduce the submission of unnecessary claims attachments which creates unnecessary costs for both parties.
- Providers should work with their Vendors to determine whether they plan to support the X12N and HL7 standards for electronic Claims Attachments expected to be adopted under HIPAA.

## Health Plan Results and Findings

### Response Data

The Health Plan survey had 86 valid responses. The statistics in this section refer only to the Health Plan Survey.

The plan type distribution breaks out as follows:

- 30% Indemnity
- 37% PPO
- 32% HMO
- 29% Medicaid
- 30% Dental
- 30% POS
- 11% Medicare Managed Care

The statistics add up to more than 100% because the survey instrument allowed respondents to check as many plan types as were applicable. Therefore, we also have plans that labeled themselves as long term care, vision, pharmacy, fiscal intermediary or carrier and "other."

Sixty-one percent (61%) of the plans have between 100,000 and 3 million members. Thirty-seven percent 37% reported between 1 million and 5 million claims per month.

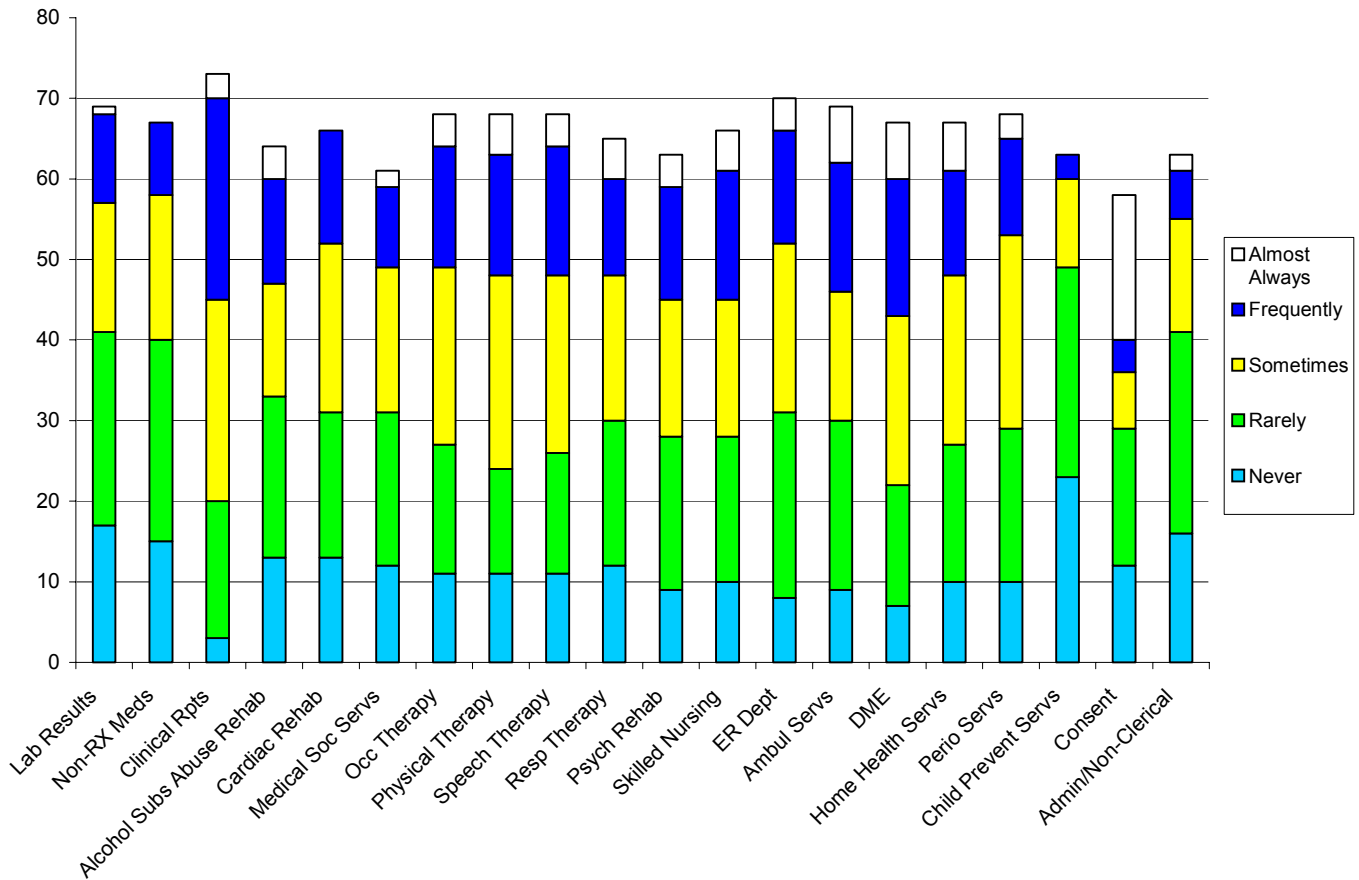
When asked about existing HIPAA transactions, there was a wide range of responses. For example, 82% of respondents reported conducting professional claims (X12N 837P) and 74% the X12 270/271 transactions. Enrollment and premium payment transactions were under 60%, and prior authorization/request for referral was under 40%. In comparing plan type across all of the transactions, the Medicaid plans seem to have the highest rate of utilization for each of the transactions, but very low percentages with the 27x series as well (both eligibility and claims status).

<b>Health Plan Results</b>		
<b>X12 Transactions Currently Conducted</b>	<b>Count</b>	<b>Percent</b>
837P	71	82.6%
837I	67	77.9%
837D	46	53.5%
835	64	74.4%
270-271	64	74.4%
276-277	56	65.1%
277U	29	33.7%
278	34	39.5%
834	51	59.3%
820	31	36.0%
Don't Know	2	2.3%
Use Other Transactions	7	8.1%

### Claims Attachment Specific Information

With respect to the statistics related to electronic claims attachments, the survey presented a timely opportunity to understand progress in both EDI and business processes surrounding claims. The most recent data available on the subject of claims attachments is over 12 years old: a report from WEDI to the Secretary in 1993. Today it is widely accepted that business processes and payment policies have changed over this period of time, and therefore the older statistics do not likely reflect the current state of affairs. The report prepared by WEDI in 1993 stated that 25% or more of all claims required some additional documentation in order to be adjudicated and paid. Our 2005 survey suggests that the number may have decreased—Sixty percent of the Health Plan respondents indicated that between 1 and 10% of their claims required attachments today. Nearly 20% responded that between 10% and 30% of their claims needed attachments.

Question 10: Frequency of Attachments Sent



<b>Health Plan Results</b>		
<b>Attachment Type</b>	<b>Required "Always or Frequently"</b>	<b>Required "Sometimes"</b>
Laboratory Results	12	16
Medications	9	18
Clinical reports	28	25
Alcohol Substance Abuse Rehabilitation	17	14
Cardiac Rehabilitation	14	21
Medical Social Services	12	18
Occupational Therapy	19	22
Physical Therapy	20	24
Speech Therapy	20	22
Respiratory Therapy	17	18
Psychiatric Rehab	18	17
Skilled Nursing Rehab	21	17
Emergency Department	18	21
Ambulance Services	23	16
DME	24	21
Home Health	19	21
Periodontal Services	15	24
Children's Preventive Service	3	11
Consent	22	7
Administrative/non clinical	8	14

The other attachment documents that are requested by health plans include EOBs, "wet" signature (hard copy of a physician's signature) copies for consent (e.g. for hysterectomy or sterilization), and x-rays. There were several other types of documents listed in the free text space provided, but many were the same thing called by a different name (i.e. EOB, evidence of coverage, benefit card etc).

The survey indicated that most health plans request the attachment documents via mail, fax or phone, and most providers submit the documentation via mail or fax. There is minimal direct data entry (DDE) or EDI in place today for such exchanges.

Sixty-four (64) health plans reported that providers submit additional information along with the original claim, indicating that providers have developed business processes to identify and accommodate routine requests. Sixty-eight (68) plans responded that providers sent in attachments in response to a specific request.

**Findings**

- Small number of health plan respondents overall
- Large number of Medicaid plans represented
- There is little exchange of electronic attachment information between health plans and health care providers
- Claims adjudication today still requires the use of claims attachments in some—to many circumstances.
- 67% of the plans that responded rely on outside vendors to provide software or services for some or all of the X12N transactions

**Recommendations**

- Based on health plan responses, one recommendation might be to encourage covered entities to begin with the attachment specifications for clinical reports, DME and ambulance services, as these appear to be the highest volume.
- Health plans show a marked dependency on outside vendors for conducting electronic transactions. Health Plans should be sure to engage those vendors in their implementation planning.
- This would be a good time for plans to examine their attachment requirements. They may also want to address feedback loops to providers (published requirements, ad hoc requirements, contract terms and denials) to minimize the submission of unnecessary attachments.
- Health Plans should work with other Health Plans in the industry to share best practices on reducing the number of attachments requested.

## Vendor and Clearinghouse Results and Findings

### Response Data

The vendor and clearinghouse survey had 63 valid responses. The statistics in this section refer only to the Vendor/Clearinghouse Survey.

There was wide variation in the responses as to the types of vendors and clearinghouses. The types of vendors ranged from vendors that offer specific applications to health care providers or payers, to EDI translators and other middleware solutions to document management systems, and to clearinghouse and other financial service offerings. For ease of reading, the rest of this document will refer to this group as "vendors".

Vendor of...	Count	Percent
Practice Management System	17	27.0%
DME Systems	6	9.5%
Laboratory Systems	7	11.1%
Hospital Info Financial or Billing System	18	28.6%
Hospital Info Clinical System	11	17.5%
Claims Adjudication System	13	20.6%
Document Management System	19	30.2%
EDI Translator or Integration System	31	49.2%
Validation/Editing/Scrubbing Middle-ware	23	36.5%
Health Care Clearinghouse Services	22	34.9%
General Purpose EDI Van Services	7	11.1%
Bank-Financial Services	4	6.3%
Other Software or Services	27	42.9%

The statistics add up to more than 100% because the survey instrument allowed respondents to check as many vendor types as were applicable.

There was also a mix of customer types that the responding vendors serve. Eighty-two percent (82%) of the vendors have professional health care providers, and seventy-six percent (76%) of the vendors have institutional health care customers. Forty-nine percent (49%) have customers who are health plans. In the other customer category, vendors listed that their customers are clearinghouses, and other types of health care providers such as dentists and long term care.

Similarly, the results show that the responding vendors serve a mix of large, average and small size customers. The largest percent at 89% are customers of average size, while large size customers are at 62% and small sized customers at 57%.

### Vendor Plans to Support the Claims Attachment Transaction

There is consistency among the vendor answers on their plans to support the business functions of both the 277 request transaction and the 275 claims attachment transaction.

<b>Vendor and Clearinghouse Results</b>				
<b>Planned Support for Transaction</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Total</b>
277 Request for Information	63%	8%	29%	100%
275 Claims Attachment	59%	8%	33%	100%
Unsolicited Claims Attachment sent with the 837 Claim	60%	2%	38%	100%

#### Document Management or Image Services

One method for providing the clinical information for the claims attachment is to send a document image in the 275 transaction. Vendors were asked about their current product offerings for document management or image services and their plans for any future offerings in this area.

Currently, 67% of the vendors offer such services. The table shows the types of functionality currently available and the plans for future functionality. Today, the largest percentage at fifty-five percent (55%) represents services that capture and retain documents accessible only within the customer's organization. Vendor responses do show a pattern of increasing functionality to be able to transmit documents between providers and health plans, as well as between other providers in the future.

<b>Vendor and Clearinghouse Results</b>			
<b>Document Management Service</b>	<b>Currently</b>	<b>Planned</b>	<b>Difference</b>
Transmit a provider's document images to a health plan for claims processing/review	29%	49%	+20%
Transmit a provider's document images to a health plan for medical review, appeal or other reasons	21%	44%	+23%
Transmit a provider's document images to another provider for medical management	21%	35%	+14%
Capture and retain documents/images accessible only to the customer's organization	56%	43%	-13%
Extract documents from a system into a non-image file for the provider to submit to a trading partner	29%	44%	+15%
Share a document database accessed by multiple provider organizations	16%	22%	+6%
Share a document database accessed by both providers and health plans	14%	22%	+8%
Does not apply	35%	32%	-3%
Other	5%	13%	+8%

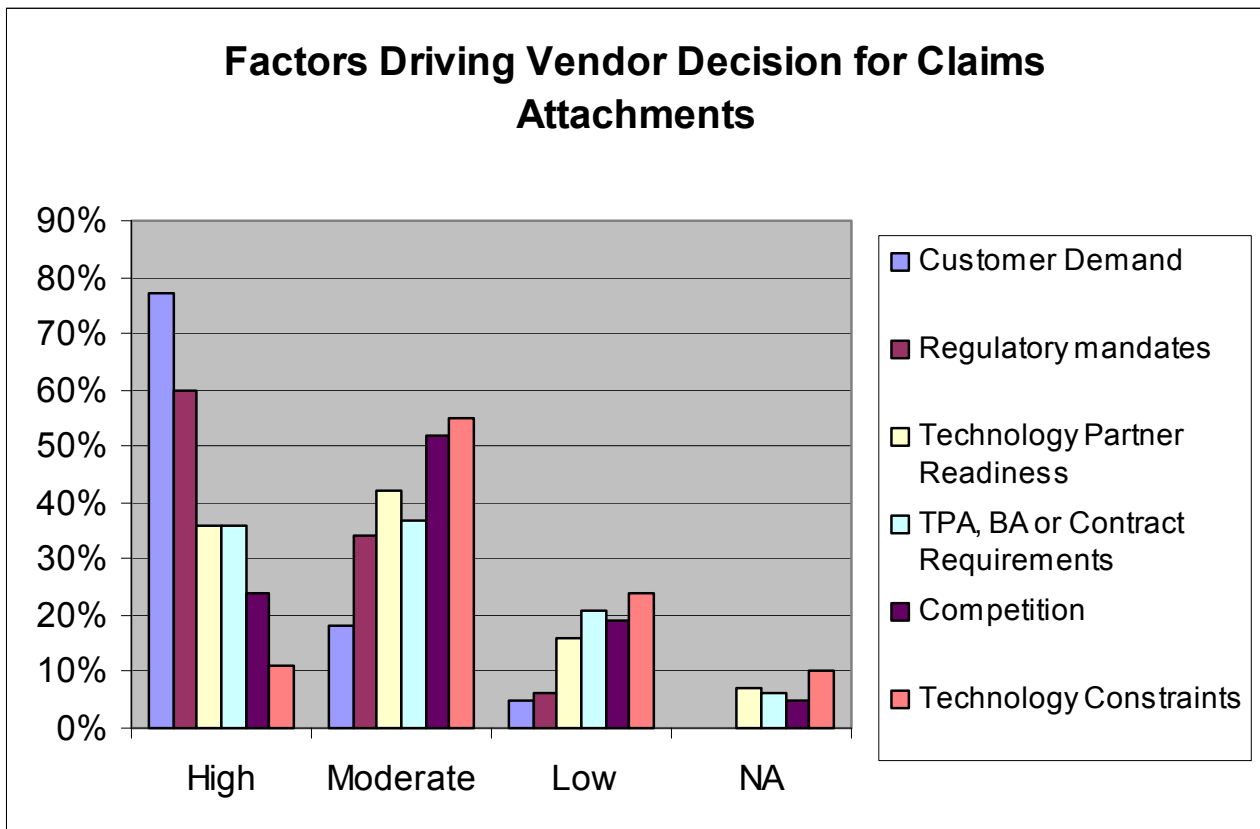
#### Financial and Clinical System Level of Integration

Practice management and hospital information system vendors were asked about the general level of integration between financial and clinical systems today in their installed customer base. Twenty-eight (28%) reported that financial and clinical systems were almost always closely linked and another twenty-five (25%) stated that they were frequently closely linked.

#### Factors Driving the Decision to Provide a Solution

Vendors were asked about the impact of factors that would influence or drive their decisions to offer a standard electronic claims attachment solution to their customers.

<b>Vendor and Clearinghouse Results</b>				
<b>Factor Driving the Decision to Provide a Solution</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>NA</b>
Customer Demand	77%	18%	5%	0%
Customer regulatory mandates	60%	34%	6%	0%
Readiness of our technology business partners	36%	42%	16%	7%
Trading Partner, business associate or other contract requirements	36%	37%	21%	6%
Competition	24%	52%	19%	5%
Upgrade/technological constraints of installed versions of software	11%	55%	24%	10%



**Findings**

- Many vendors offer document management solutions today for use within an organization and plan to expand those solutions to transmit those images in the future.
- Close links between financial and clinical systems at health care providers do exist but are limited.
- Vendors plan to offer their customers a standard electronic solution for claims attachments
- Vendors’ plans go beyond simple imaging of paper documents. 44% plan to support non-image file extraction for transmission.

- The primary driving factors behind that decision are customer demand and their customer's regulatory mandates.

**Recommendations**

- Vendors serving provider customers should look at the back-end integration of clinical and financial systems that will be necessary to submit electronic claims attachments. Vendors should work within the industry to determine and implement Best Practices for integrating financial and clinical systems.
- Provider results (see previous) suggest that a great deal of clinical information is still stored on paper. Vendor should look to assist with cost-effective ways to convert that information into formats supported by the standard.
- Health plans (see previous) are already converting most of their incoming paper; it may be possible for vendors to help facilitate collaborative solutions that will benefit both parties as some costs (for instance, scanning activities) may shift from the payer to the provider.
- Our survey respondents were a mix of service providers, middleware and application vendors. It may be worthwhile to drill down into these individual categories to assess the readiness of different subsegments of the vendor community.

## **AFEHCT Perspective**

AFEHCT ([www.afehct.org](http://www.afehct.org)) supported and participated in this national survey on health care claims attachments in recognition of the importance of understanding the current state of the industry as we prepare to comment on, and then comply with new regulations governing electronic transactions. AFEHCT has always been an avid proponent of EDI for its customers, and improving the efficiency of our business while helping to control costs is a primary goal. AFEHCT's member organizations, including health care clearinghouses and software vendors continue to offer more and more services to help their customers increase their use of EDI, increase efficiency and decrease costs. Furthermore, to support the President's 2004 prediction that we will have electronic health records in this country by 2014, in fact within the next decade, provides an additional incentive to build upon current services and be even more innovative. Many of our association members have been doing just that, and the results of the survey confirm these developments, as demonstrated by the number of organizations who already offer document management systems and have merged clinical and financial systems or are planning to offer such integrated services in the near future. The survey also implies that we need to do more to create and offer innovative services for our trading partners and business associates.

The survey confirms what we know, and we will continue to work with our members to help further the knowledge and the effort. We encourage more vendors to be pioneers and get involved in pilots, or to initiate their own pilot projects related to claims attachments. Clearly this will position those organizations as the leaders, and help to identify best practices for the industry as a whole.

## HL7 Perspective

Health Level Seven (HL7) is an ANSI accredited Standards Development Organization whose domain is clinical and administrative data. Our mission is: "To provide standards for the exchange, management and integration of data that support clinical patient care and the management, delivery and evaluation of healthcare services. Specifically, to create flexible, cost effective approaches, standards, guidelines, methodologies, and related services for interoperability between healthcare information systems."

We too are pleased to have been an integral part of this national survey development and analysis, and are also grateful to those who took the time to provide a thoughtful and informed response. For over nine years HL7 has worked closely with X12N on not only the development and subsequent improvement of these standards, but also at a national level in providing education, support for national pilot projects and sponsorship of national programs targeted specifically at the HL7 and X12N standards for claims attachments. We have gone to great lengths to solicit input from every healthcare industry stakeholder group as we go forward with development of new attachment types. As previously stated by our colleagues, there is still a great need for more input to the standards development process and if your organization is not made aware of the HL7 work underway when developing new attachments, please monitor the HL7 Attachments Special Interest Group (ASIG) website (go to [www.HL7.org](http://www.HL7.org)) and join the ASIG list serve. We welcome and need your input.

As it relates specifically to this survey, while we are pleased to have undertaken this initiative we also take note of the very small number of respondents as it relates to the universe of entities affected by this business function. Even though this is the first national – level survey and report to be issued since the 1993 WEDI report, we urge all who read this to keep it in context and not assume that what we've gleaned from these respondents necessarily represents the majority of stakeholders. Again, we are compelled to emphasize the importance of involvement and input from all affected entities as we go forward and develop new attachments.

Lastly, we acknowledge and are appreciative of the significant amount of work that went into this entire initiative and in particular note the support provided by WEDI members. As with any national or local initiatives related to electronic standards for claims attachments, HL7 welcomes the opportunity to once again participate and provide guidance where needed.

## WEDI Perspective

The Workgroup for Electronic Data Interchange ([www.wedi.org](http://www.wedi.org)) has been proud to participate in this cross-organizational effort. We would especially like to thank the over four hundred individuals who took the time to share their experience and expertise by completing the survey. We are also appreciative of the fact that the team unanimously agreed to provide the de-identified survey data as a resource for further analysis.

WEDI recognizes the importance of building robust standards and implementing them in a thoughtful way. This requires broad participation, education, analysis and planning. We feel that the results of this survey will stimulate intelligent and informed conversation as we look forward to the release of the Claims Attachment NPRM.

One issue that remains a concern is illustrated by the details in the provider survey. First, the diverse nature of care settings is overwhelming: Over 100 different provider types are listed. Of greater concern is the fact that many of these groups were represented by a small handful of responses.

There were only six responses from Critical Access Hospitals, and only five from Skilled Nursing Facilities. In the Physician group, there were only six responses from those identifying a practice of Dentistry—a field known to be greatly impacted by the need to file claims attachments. Results in the “Other Provider” category were even more troubling. Only three Ambulance Service Providers, four DME Providers, and two Home Health Agencies responded to the surveys. Nine listed provider types had no response at all.

This demonstrates the need for outreach beyond the traditional large-entity providers and associations who make up the lions’ share of active participants in WEDI and our survey co-sponsors. And all of us would agree that provider participation among that group is still too small.

Based on the survey responses, it is also clear that additional support and education is needed in the provider, health plan and vendor communities to promote the use of the 837 claim/COB format already named in the HIPAA transaction regulations instead of using copies of paper EOBs.

Despite these gaps, we feel that the team’s innovative use of internet technologies—email lists, online surveys and the team’s internal project-level weblog—provides a model for future outreach efforts.

## **X12 Perspective**

ASC X12 was one of the sponsoring Standard Development Organizations of the national survey for Claims Attachments. X12 solicited participation in the survey as we strongly believe in the importance of industry involvement in preparing for the Claims Attachment regulations. We are grateful for the survey feedback and information. We are also looking forward to any comments received through the Claims Attachment Notice of Proposed Rule Making (NPRM) process that will improve and influence the future X12 Claims Attachment standards development.

Based on the survey responses, it is clear to X12 that additional education on the 837 claim for the reporting of Explanation of Benefits is needed in the provider, health plan and vendor communities. The current HIPAA adopted 837 Guides provide the necessary data elements for EOB's and the requirement of an attachment on the secondary payer claim is not necessary.

We welcome and are currently soliciting all avenues of participation by stakeholders such as providers, health plans, vendors, clearing houses. Participation in the X12 standards development process enables stakeholders to have a positive impact on critical decisions prior to finalization of the standard. Additional X12 information can be obtained at [www.X12.org](http://www.X12.org).

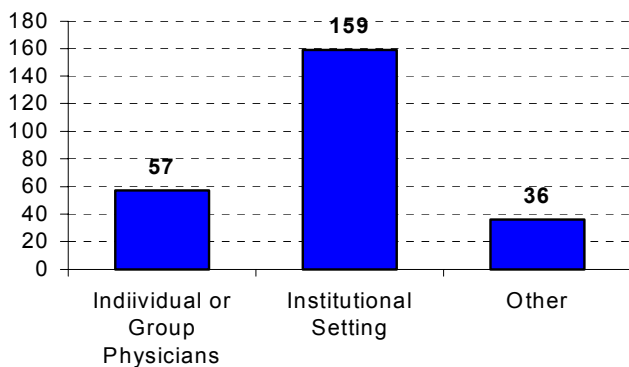
### Detailed Provider Attachment Survey Results

Question 1: Verification of respondent. Below is the total count of responses received on the provider attachment survey:

Provider Responses	Count	Percent
Respondent Asked to have Responses Excluded	32	9.1%
Invalid E-Mail Address	5	1.4%
Duplicate Entry	1	0.3%
No Responses to Questions	60	17.1%
Total Number of Excluded Responses	98	28.0%
Valid Responses	252	72.0%
Total Number of Responses Received	350	

The following data is based upon the 252 valid responses that were received.

Question 2: The care setting can best be described as:



Care Setting	Count	Percent
Physician <sup>1</sup>	57	22.6%
Institutional Setting	159	63.1%
Other	36	14.3%

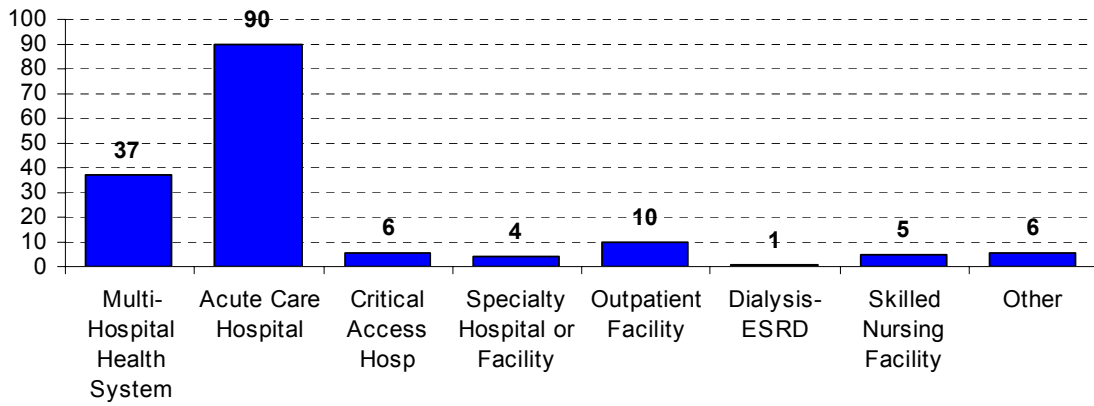
<sup>1</sup> Denotes an individual or group physician practice. Professional Setting, Professional Care Setting, and Individual or Group Physician Practice is used interchangeably.

NOTE: Questions 3 and 4 were only presented to those responding "Institutional" to Question 2.

Question 3: The institutional setting can best be described as:

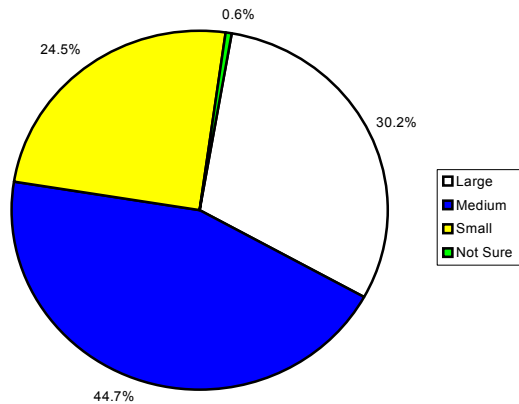
Institution Type	Count	Percent
Multi-Hospital Health System	37	23.3%
Acute Care Hospital	90	56.6%
Critical Access Hospital	6	3.8%
Specialty Hospital or Facility	4	2.5%

Institution Type	Count	Percent
Outpatient Facility	10	6.3%
Dialysis-ESRD	1	0.6%
Skilled Nursing Facility	5	3.1%
Other	6	3.8%



List of Other Institution Types	Count
Military Treatment Facility	3
Children's Hospital	1
Home Health Agency Owned By Hospital	1
Psych IPD,OPD and Community Services	1

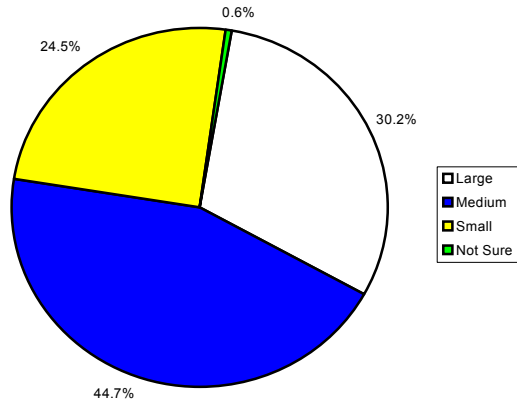
Question 4: The size of the institutional facility (from question 3) can best be described as:



Inst Size	Count	Percent
Large	48	30.2%
Medium	71	44.7%
Small	39	24.5%
Not Sure	1	0.6%

NOTE: Questions 5 and 6 were only presented to those responding "Physician" to Question 2.

Question 5: The number of physicians/practitioners in the professional care setting is:



	Count	Percent
1	4	7.0%
2 - 9	16	28.1%
10 - 25	2	3.5%
26 - 50	1	1.8%
Over 50	34	59.6%

Question 6: The practitioner(s) in the professional care setting can be categorized as follows (check all that apply)

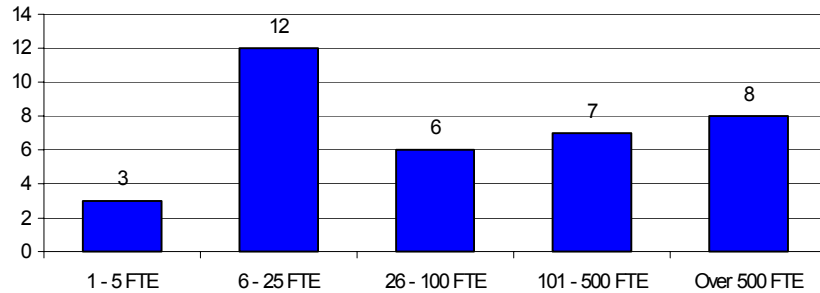
Practitioner Category	Count	Percent
Addiction Medicine	11	19.30%
Allergy Immunology	22	38.60%
Anesthesiology	21	36.84%
Cardiac Surgery	21	36.84%
Cardiology	23	40.35%
Colorectal Surgery	18	31.58%
Critical Care	18	31.58%
Dentistry	6	10.53%
Dermatology	22	38.60%
Diagnostic Radiology	21	36.84%
Emergency Medicine	20	35.09%
Endocrinology	23	40.35%
Family Practice	27	47.37%
Gastroenterology	23	40.35%
General Practice	26	45.61%
General Surgery	26	45.61%
Geriatric Medicine	19	33.33%
Gynecological Oncology	22	38.60%
Hand Surgery	17	29.82%
Hematology	19	33.33%
Hematology-Oncology	24	42.11%
Infectious Disease	21	36.84%
Internal Medicine	30	52.63%
Interventional Radiology	18	31.58%
Maxillofacial Surgery	15	26.32%
Medical Oncology	20	35.09%

Practitioner Category	Count	Percent
Nephrology	21	36.84%
Neurology	23	40.35%
Neuropsychiatry	14	24.56%
Neurosurgery	19	33.33%
Nuclear Medicine	17	29.82%
Obstetrics Gynecology	23	40.35%
Ophthalmology	25	43.86%
Oral Surgery	9	15.79%
Orthopedic Surgery	24	42.11%
Osteopathic Manipulative	11	19.30%
Otolaryngology-Otorhinolaryngology	23	40.35%
Pain Management	20	35.09%
Pathology	19	33.33%
Pediatric Medicine	29	50.88%
Peripheral Vascular Disease	18	31.58%
Physical Medicine	22	38.60%
Plastic-Reconstructive	17	29.82%
Preventive Medicine	20	35.09%
Psychiatry	21	36.84%
Pulmonary Disease	23	40.35%
Radiation Oncology	17	29.82%
Rheumatology	24	42.11%
Surgical Oncology	19	33.33%
Thoracic Surgery	21	36.84%
Urology	23	40.35%
Vascular Surgery	21	36.84%
Other Type	16	28.07%

<b>List of Other Types of Professional Care Settings</b>	<b>Count</b>
Optometry	3
Physical Therapy	2
All Of The Above - Multi Specialty Group	1
CRNP	1
Maternity Support Services & Case Management	1
Multi-Specialty Non-Profit 501c3	1
Occupational Medicine	1
PA	1
Pediatric Multi Specialty	1
Podiatry	1
School Of Medicine	1
Transplant	1
Trauma Center	1

NOTE: Questions 7 and 8 were only presented to those responding "Other Provider" to Question 2.

Question 7: Indicate the approximate number of employees (FTE) that work within another type of setting, i.e., neither a professional care setting nor an institutional setting:



Approximate FTE	Count	Percent
1 - 5 FTE	3	8.3%
6 - 25 FTE	12	33.3%
26 - 100 FTE	6	16.7%
101 - 500 FTE	7	19.4%
Over 500 FTE	8	22.2%

Question 8: Indicate the type of health care provider (check as many as apply):

Other Providers (Not Institutional or Physician)	Count	Percent
Ambulance Service Provider	3	5.26%
Ambulatory Surgical	1	1.75%
Audiologist	0	0.00%
Certified Clinical Nurse	1	1.75%
Certified Nurse Midwife	0	0.00%
Chiropractic	0	0.00%
Clinical Lab	6	10.53%
Clinical Psychologist	1	1.75%
CRNA	1	1.75%
DME	4	7.02%
Home Health Agency	2	3.51%
Independent Diagnostic	3	5.26%
Independent Physiological	0	0.00%
Individual Certified Orthotist	0	0.00%
Individual Prosthetist	0	0.00%
Licensed Clinical Social Worker	2	3.51%

Other Providers (Not Institutional or Physician)	Count	Percent
Mammography Screening	0	0.00%
Medical Supply DME	4	7.02%
Medical Supply Prosthetic Orthotic	1	1.75%
Nurse Practitioner	2	3.51%
Occupational Therapist	4	7.02%
Optician	2	3.51%
Optometry	2	3.51%
Pharmacy	3	5.26%
Physical Therapist	17	29.82%
Physician Assistant	1	1.75%
Podiatry	0	0.00%
Portable X Ray Supplier	0	0.00%
Psychologist	3	5.26%
Public Health or Welfare	1	1.75%
Registered Dietician	1	1.75%
Other Type	3	5.26%

List of Other Types of Health Care Providers	Count
Renal Dialysis	1
Transitional Residential Program -Substance Abuse	1
Other Licensed Mental Health Providers	1

NOTE: The remaining questions were presented to all providers who responded to the survey.

Question 9: For each claim/attachment type listed below, rate the frequency that you must submit them to collect payment on a claim. If an attachment type does not apply to your line of business, check N/A:

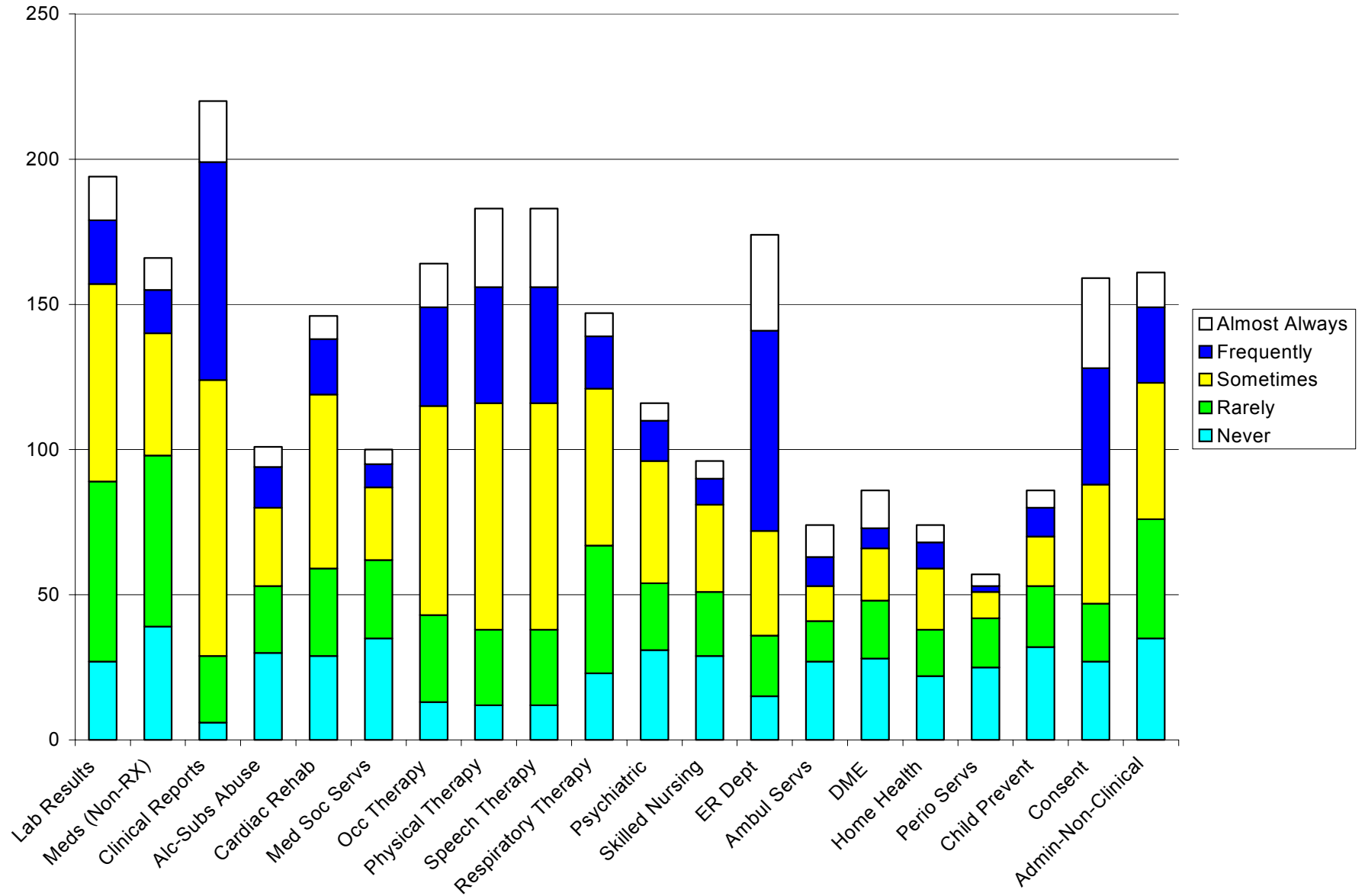
Provider Results														
	Lab Results		Meds (Non-RX)		Clinical Reports		Alc-Subs Abuse		Cardiac Rehab		Med Soc Serv Rehab		Occ Therapy Rehab	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Almost Always	15	7.7%	11	6.6%	21	9.5%	7	6.9%	8	5.5%	5	5.0%	15	9.1%
Frequently	22	11.3%	15	9.0%	75	34.1%	14	13.9%	19	13.0%	8	8.0%	34	20.7%
Sometimes	68	35.1%	42	25.3%	95	43.2%	27	26.7%	60	41.1%	25	25.0%	72	43.9%
Rarely	62	32.0%	59	35.5%	23	10.5%	23	22.8%	30	20.5%	27	27.0%	30	18.3%
Never	27	13.9%	39	23.5%	6	2.7%	30	29.7%	29	19.9%	35	35.0%	13	7.9%

	Physical Therapy Rehab		Speech Therapy Rehab		Respiratory Therapy		Psychiatric Rehab		Skilled Nursing		ER Dept		Ambul Svcs	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Almost Always	27	14.8%	27	14.8%	8	5.4%	6	5.2%	6	6.3%	33	19.0%	11	14.9%
Frequently	40	21.9%	40	21.9%	18	12.2%	14	12.1%	9	9.4%	69	39.7%	10	13.5%
Sometimes	78	42.6%	78	42.6%	54	36.7%	42	36.2%	30	31.3%	36	20.7%	12	16.2%
Rarely	26	14.2%	26	14.2%	44	29.9%	23	19.8%	22	22.9%	21	12.1%	14	18.9%
Never	12	6.6%	12	6.6%	23	15.6%	31	26.7%	29	30.2%	15	8.6%	27	36.5%

<b>Provider Results</b>												
	<b>DME</b>		<b>Home Health</b>		<b>Periodontal Svcs</b>		<b>Children's Preventive Health Svcs</b>		<b>Consent</b>		<b>Admin/Non-Clinical Info</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Almost Always	13	15.1%	6	8.1%	4	7.0%	6	7.0%	31	19.5%	12	7.5%
Frequently	7	8.1%	9	12.2%	2	3.5%	10	11.6%	40	25.2%	26	16.1%
Sometimes	18	20.9%	21	28.4%	9	15.8%	17	19.8%	41	25.8%	47	29.2%
Rarely	20	23.3%	16	21.6%	17	29.8%	21	24.4%	20	12.6%	41	25.5%
Never	28	32.6%	22	29.7%	25	43.9%	32	37.2%	27	17.0%	35	21.7%

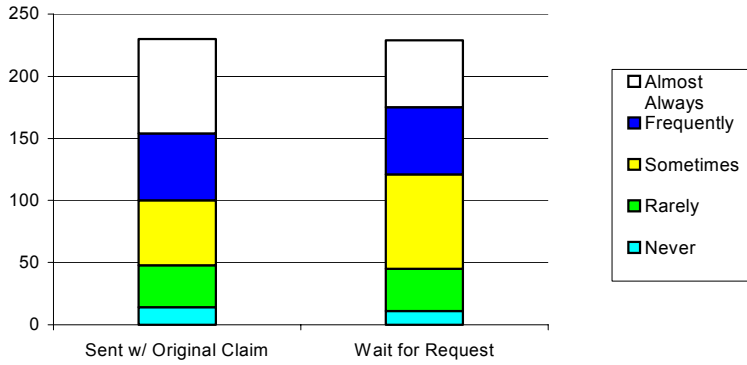
Chart to Question 9: Frequency of Attachment Sent



Question 10: List any other type of additional information that are frequently required or requested for adjudication of claims:

<b>Provider Results</b>			
<b>Other Requested Attachments</b>	<b>Count</b>	<b>Other Requested Attachments</b>	<b>Count</b>
EOB/EOP/EOMB	61	Assignment Of Benefit	1
Itemized Bill	20	Audit Information	1
Certificate/Letter Of Medical Necessity	13	Clinical Notes	1
Medical Records	11	Clinical Protocols For Non-Physician Practitioners	1
Copy Of Insurance Card	8	Concurrent Care	1
Implant Invoices	8	Descriptions Of Unlisted Procedures	1
Operative Report	8	Dictated Reports	1
Physician Orders	8	Diopter Changes	1
Authorization	7	EKG Strip	1
COB Information	5	High Cost Pass Through Invoices	1
Prescription	5	Infusion Records	1
Progress Report	5	Insurance Disclaimer Letter	1
Evaluation	4	Minimum Data Sets	1
Nursing Notes	4	Narratives	1
Radiology Report	4	NDC #'S and Dosage Of Drugs Administered	1
Referral	4	Office Records	1
Surgery Information	4	Outpatient Visits	1
Accident Information (No Fault, Workers' Comp)	3	Periodontal Charting	1
Admit/Discharge Summary	3	Pharmacy	1
Daily Notes	3	Photographs	1
History and Physical	3	PIP Exhausted Letters	1
Payor Specific Claim Form	3	Plans Of Care	1
State Or Federally Mandated Forms For Medicaid Or Medicare	3	Postpartum Mom/Baby Visits	1
Anesthesia	2	Pre-Existing Info	1
CPT Codes	2	Proof Of Timely Filing	1
Diagnosis Codes	2	Re-Pricing Sheets	1
Diagnosis Specific Claim Form	2	Revenue Codes	1
ER Records	2	Signatures	1
Implant Invoices	2	Special Forms, E.G. Rape Victims Exam Form	1
Pathology Report	2	Split Bill	1
Plan Of Treatment	2	Test Descriptions	1
Accident Report	1	UPIN	1
Affidavits Of Non Coverage	1	Utilization Review	1
Air Ambulance Report	1	Waivers	1
Appeals Forms	1	X-Rays	1

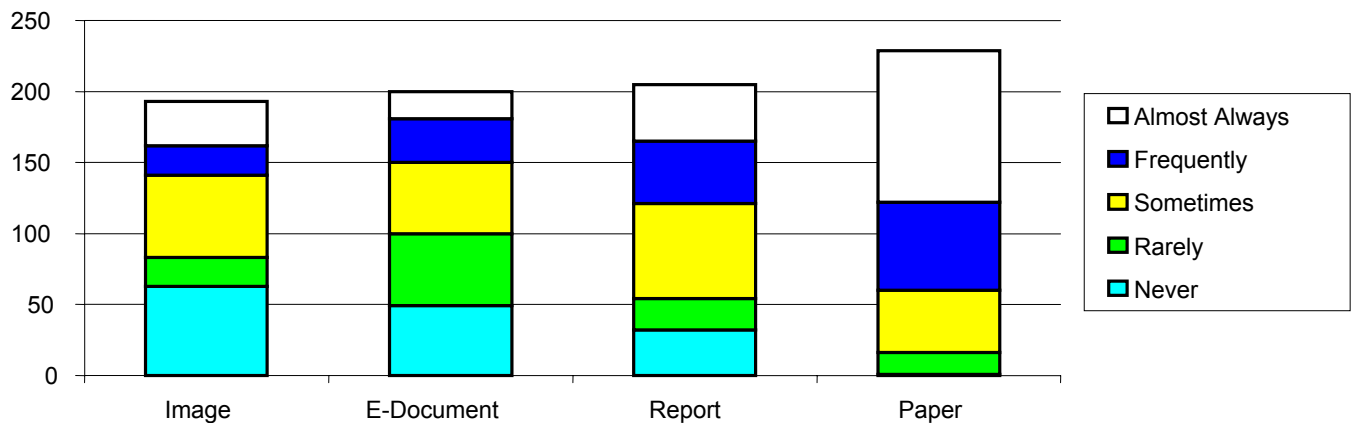
Question 11: "When we send attachments we generally..."



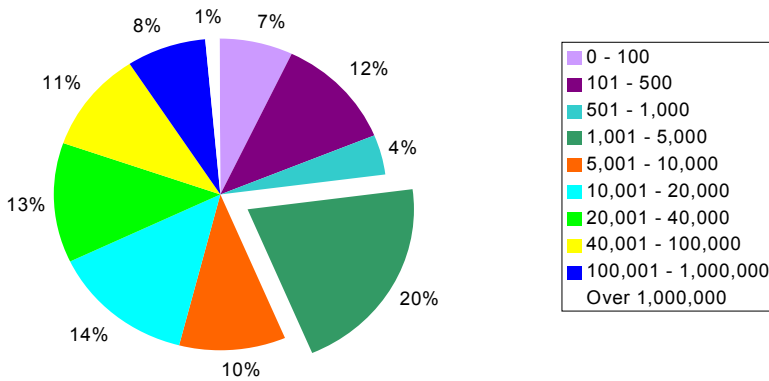
Provider Results				
	Include Attachment with Original Claim		Wait for Payer to Request Attachment	
	Count	Percent	Count	Percent
Almost Always	76	33.0%	54	23.6%
Frequently	54	23.5%	54	23.6%
Sometimes	52	22.6%	76	33.2%
Rarely	34	14.8%	34	14.8%
Never	14	6.1%	11	4.8%

Question 12: Within your own (provider) setting, the attachment information is available as:

Provider Results								
	A scanned Image		A Computer Document, e.g., Word, PDF		A Report Printed by an Application		A Paper Form	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Almost Always	31	16.1%	19	9.5%	40	19.5%	107	46.7%
Frequently	21	10.9%	31	15.5%	44	21.5%	62	27.1%
Sometimes	58	30.1%	50	25.0%	67	32.7%	44	19.2%
Rarely	20	10.4%	51	25.5%	22	10.7%	15	6.6%
Never	63	32.6%	49	24.5%	32	15.6%	1	0.4%

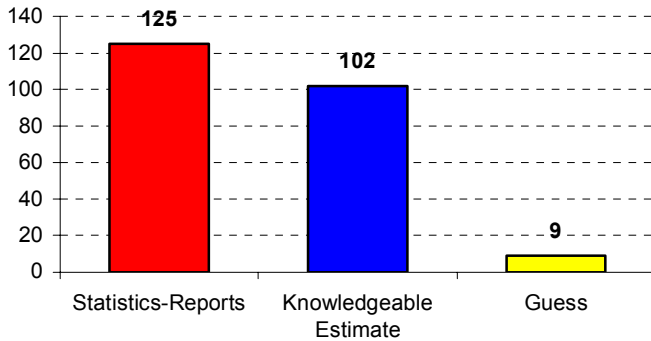


Question 13: Approximately how many claims are processed each month?



	Count	Percent
0 - 100	17	7.1%
101 - 500	28	11.8%
501 - 1,000	10	4.2%
1,001 - 5,000	49	20.6%
5,001 - 10,000	24	10.1%
10,001 - 20,000	33	13.9%
20,001 - 40,000	30	12.6%
40,001 - 100,000	25	10.5%
100,001 - 1,000,000	19	8.0%
Over 1,000,000	3	1.3%

Question 14: The number in question 13 is based on:

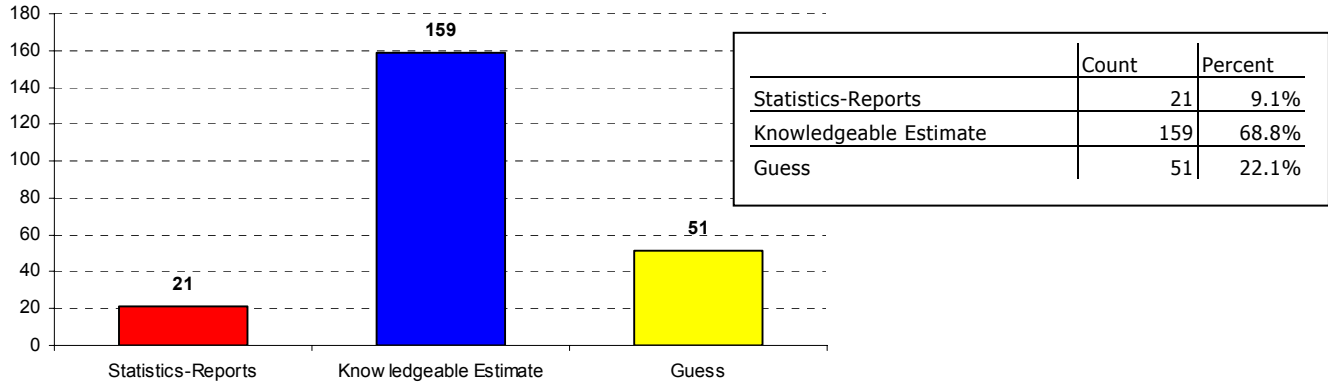


	Count	Percent
Statistics-Reports	125	53.0%
Knowledgeable Estimate	102	43.2%
Guess	9	3.8%

Question 15: Approximate number of claims requiring attachments each month (be sure to use "%" sign if listing as a percentage).

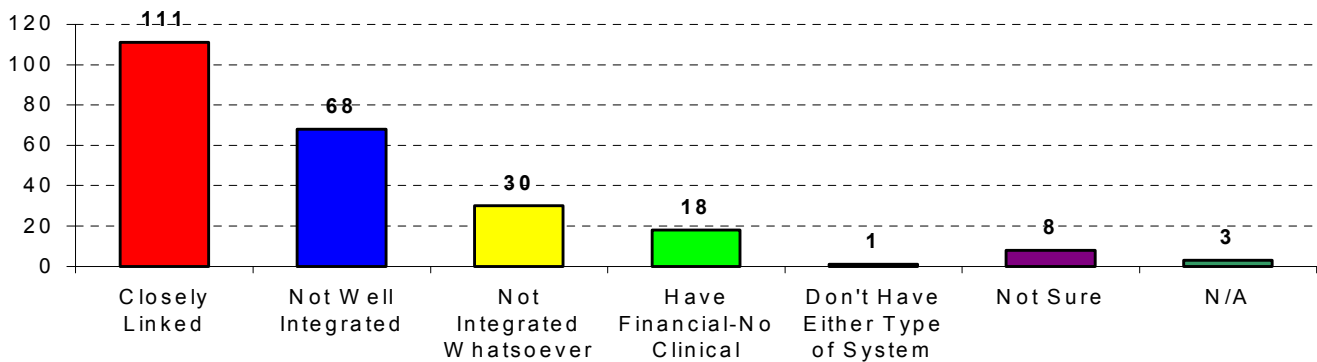
Provider Results					
Claims Reported as Percentage	Count	Percent	Claims Reported as Counts	Count	Percent
Less than 1%	10	4.2%	1 - 25 Claims	14	5.8%
1% - 5%	34	14.2%	26 - 50 Claims	5	2.1%
6% - 10%	31	12.9%	51 - 100 Claims	5	2.1%
11% - 20%	41	17.1%	101 - 300 Claim	7	2.9%
21% - 30%	27	11.3%	301 - 500 Claims	5	2.1%
31% - 40%	10	4.2%	501 - 1,000 Claims	5	2.1%
41% - 50%	8	3.3%	1,001 - 5,000 Claims	13	5.4%
51% - 60%	3	1.3%	5,001 - 20,000 Claims	6	2.5%
61% - 70%	5	2.1%	150,000 Claims	1	0.4%
71% - 80%	2	0.8%	IP Over \$12,000	1	0.4%
81% - 90%	1	0.4%	Don't Know	2	0.8%
91% - 99%	1	0.4%			
100%	3	1.3%			

Question 16: The number in question 15 is based on:



Question 17: How closely integrated are the financial and clinical systems? (Check all that apply)

Provider Results		
Integrated Financial and Clinical (Provider)	Count	Percent
Closely Linked	111	46.44%
Not Well Integrated	68	28.45%
Not Integrated Whatsoever	30	12.55%
Have Financial-No Clinical	18	7.53%
Don't Have Either Type of System	1	0.42%
Not Sure	8	3.35%
N/A	3	1.26%



## Detailed Health Plan Survey Results

Question 1: Verification of respondent. Below is the total count of responses received on the health plan attachment survey:

Health Plan Responses	Count	Percent
Respondent Asked to have Responses Excluded	30	22.9%
Invalid E-Mail Address	2	1.5%
Duplicate Entry	1	0.8%
No Responses to Questions	12	9.2%
Total Number of Excluded Responses	45	34.4%
Valid Responses	86	65.6%
Total Number of Responses Received	131	

*The remaining health plan data is based upon the 86 valid responses that were received:*

Question 2: For purposes of this survey, the health plan or organization represented can best be described as (check all that apply):

Health Plan Type	Count	Percent
Traditional Indemnity Ins Program	26	30.2%
HMO	28	32.6%
PPO	32	37.2%
POS	26	30.2%
Long Term Care	9	10.5%
Dental HMO	8	9.3%
Dental PPO	20	23.3%
Vision	5	5.8%
Pharmacy	11	12.8%
MDCR Managed Care	10	11.6%
Medicaid	25	29.1%
MDCR Carrier	6	7.0%
MDCR Fiscal Intermediary	7	8.1%
Other Health Plan	18	20.9%

List of Other Health Plan Types	Count
TRICARE	6
Medicare Supplement	2
Commercial (Other)	1
Dental Policies (Other)	1
EAP Carve Outs	1

List of Other Health Plan Types	Count
HSA/HRA	1
Management Services Organization	1
Medicaid Managed Care Plan	1
MH/SA Managed Care Company	1
Department of Aging	1
Property and Casualty	1
Third Party Administrator	1

Question 3: Number of Institutional providers (Hospitals and other facilities) participating in the plan (or plans)?

Participating Institutional Providers	Count	Percent
0	9	10.5%
1 - 10	4	4.7%
11 - 25	4	4.7%
26 - 100	11	12.8%
101 - 500	15	17.4%
501+	34	39.5%
Don't Know	9	10.5%
Total	86	

Question 4: Number of Professional providers (all types) participating in the plan (or plans)?

Participating Professional Providers	Count	Percent
250 or less	3	3.5%
251 - 1,000	6	7.0%
1,001 - 10,000	24	27.9%
10,000 - 50,000	22	25.6%
Over 50,000	23	26.7%
Don't Know	8	9.3%
Total	86	

Question 5: Total number of covered lives enrolled under the health plan?

<b>Covered Lives</b>	<b>Count</b>	<b>Percent</b>
Less than 100,000	9	10.5%
100,000 - 500,000	22	25.6%
500,001 - 3,000,000	31	36.0%
3M - 10M	11	12.8%
More than 10M	8	9.3%
Don't Know	5	5.8%
Total	86	

Question 6: Total number of claims received on a monthly basis?

<b>Health Plan Results</b>		
<b>Monthly Claim Volume</b>	<b>Count</b>	<b>Percent</b>
Less than 10,000	6	7.0%
10,001 - 50,000	6	7.0%
50,001 - 500,000	21	24.4%
500,001 - 1,000,000	8	9.3%
1M - 5M	32	37.2%
5M - 10M	3	3.5%
More than 10M	4	4.7%
Don't Know	6	7.0%
Total	86	

Question 7: Please check all X12N Transactions which are currently conducted electronically (receive, transmit and/or process) by the health plan:

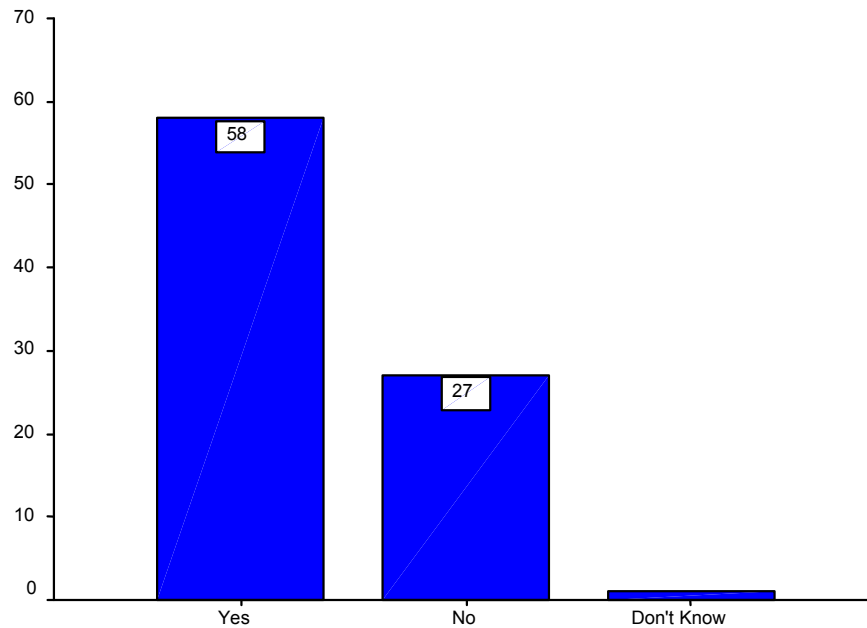
<b>Health Plan Results</b>		
<b>X12 Transactions Currently Conducted</b>	<b>Count</b>	<b>Percent</b>
837P	71	82.6%
837I	67	77.9%
837D	46	53.5%
835	64	74.4%
270-271	64	74.4%
276-277	56	65.1%
277U	29	33.7%
278	34	39.5%
834	51	59.3%
820	31	36.0%
Don't Know	2	2.3%
Use Other Transactions	7	8.1%

<b>List of Other Transactions</b>	<b>Count</b>
997	3
997 / 824	1
In Progress of Implementing	1
Medigap - Supplement to Medicare	1
NCPDP	1

X12N Transaction by Health Plan Type:

Type of Health Plan	837P	837I	837D	835	270-271	276-277	277U	278	834	820	Don't Know	Use Other TCN
Traditional Indemnity	2	2	2	2	1	1	1	0	1	0	0	1
HMO	3	3	3	3	2	2	0	2	1	0	1	0
PPO	5	5	2	2	3	2	0	0	3	0	0	0
POS	1	1	1	1	1	1	1	1	0	0	0	0
Dental PPO	2	0	4	2	5	5	4	1	4	1	0	0
Medicaid	17	17	14	15	14	10	7	6	11	10	0	1
MDCR Carrier	2	0	0	2	2	1	1	0	0	0	0	0
MDCR Fiscal Intermediary	1	3	0	3	1	1	0	0	0	0	0	0
Other Plan Type	9	8	1	6	7	6	3	4	3	2	0	1
More than One Type of Health Plan	29	28	19	28	28	27	12	20	28	18	1	4

Question 8: Does the health plan rely on outside vendors to provide software or services for any of the X12N transactions?



	Count	Percent
Yes	58	67.4%
No	27	31.4%
Don't Know	1	1.2%

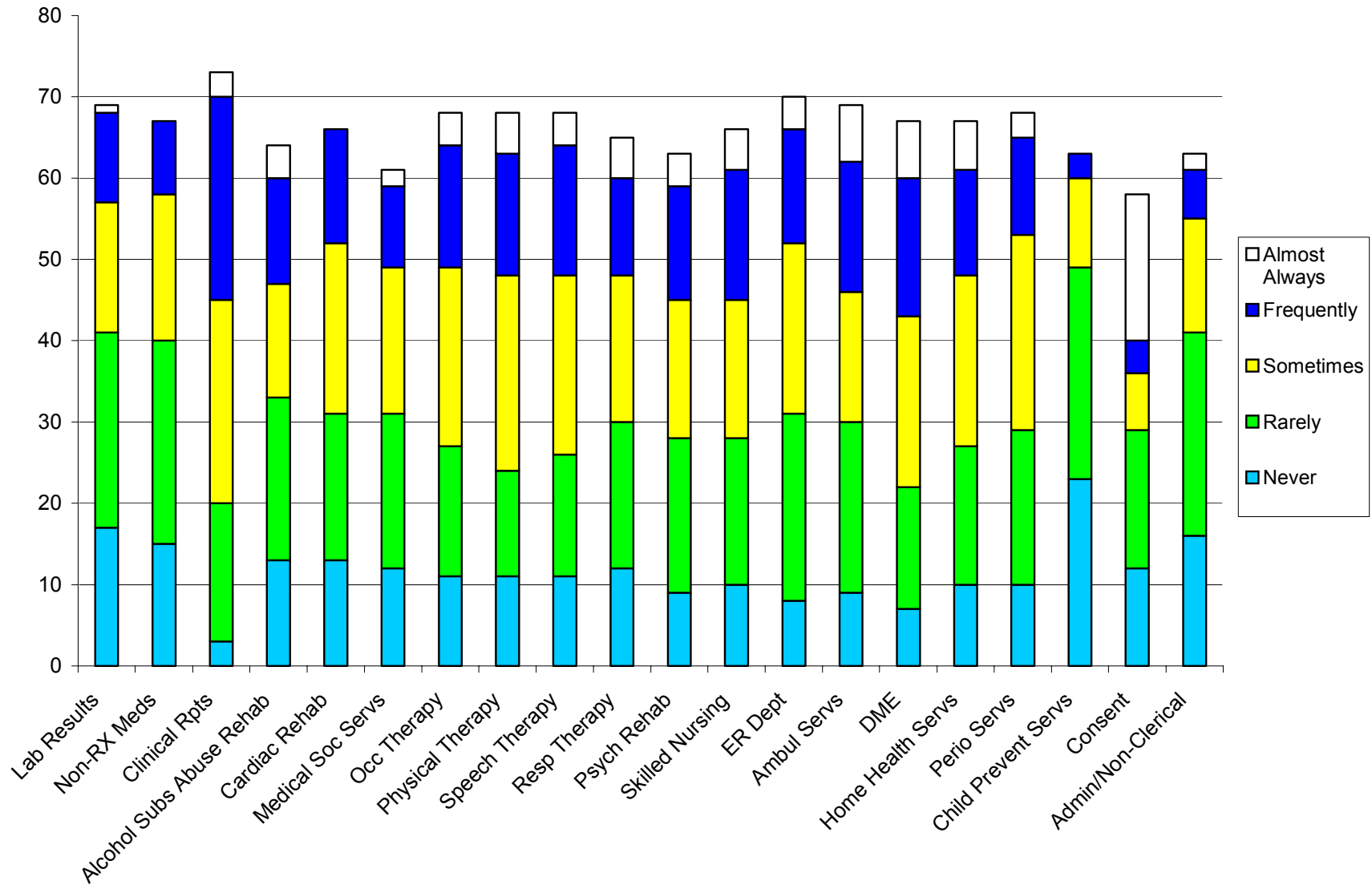
Question 9: For all lines of business, what is the approximate percentage of claims that require additional documentation (attachments) in order to be processed?

Health Plan Results		
Claims requiring attachments	Count	Percent
Less than 1%	4	4.7%
1 to 5%	28	32.6%
5 to 10%	23	26.7%
11 to 20%	7	8.1%
21 to 30%	10	11.6%
31 to 50%	3	3.5%
More than 50%	2	2.3%
Don't Know	9	10.5%

Question 10: For each claim/attachment type listed below, rate the frequency the health plan requests or requires that they be submitted to pay a claim. If a row does not apply, check N/A.

Health Plan Results																				
	Lab Results	Non-RX Meds	Clinical Rpts	Alcohol Subs Abuse Rehab	Cardiac Rehab	Medical Soc. Svcs.	Occ Therapy	Physical Therapy	Speech Therapy	Resp. Therapy	Psych. Rehab	Skilled Nursg	ER Dept	Ambul. Svcs.	DME	Home Health Svcs.	Perio Svcs.	Child Prevent Svcs.	Con-sent	Admin/ Non-Clerical
Almost Always	1	0	3	4	0	2	4	5	4	5	4	5	4	7	7	6	3	0	18	2
Frequently	11	9	25	13	14	10	15	15	16	12	14	16	14	16	17	13	12	3	4	6
Sometimes	16	18	25	14	21	18	22	24	22	18	17	17	21	16	21	21	24	11	7	14
Rarely	24	25	17	20	18	19	16	13	15	18	19	18	23	21	15	17	19	26	17	25
Never	17	15	3	13	13	12	11	11	11	12	9	10	8	9	7	10	10	23	12	16

Question 10: Frequency of Attachments Sent



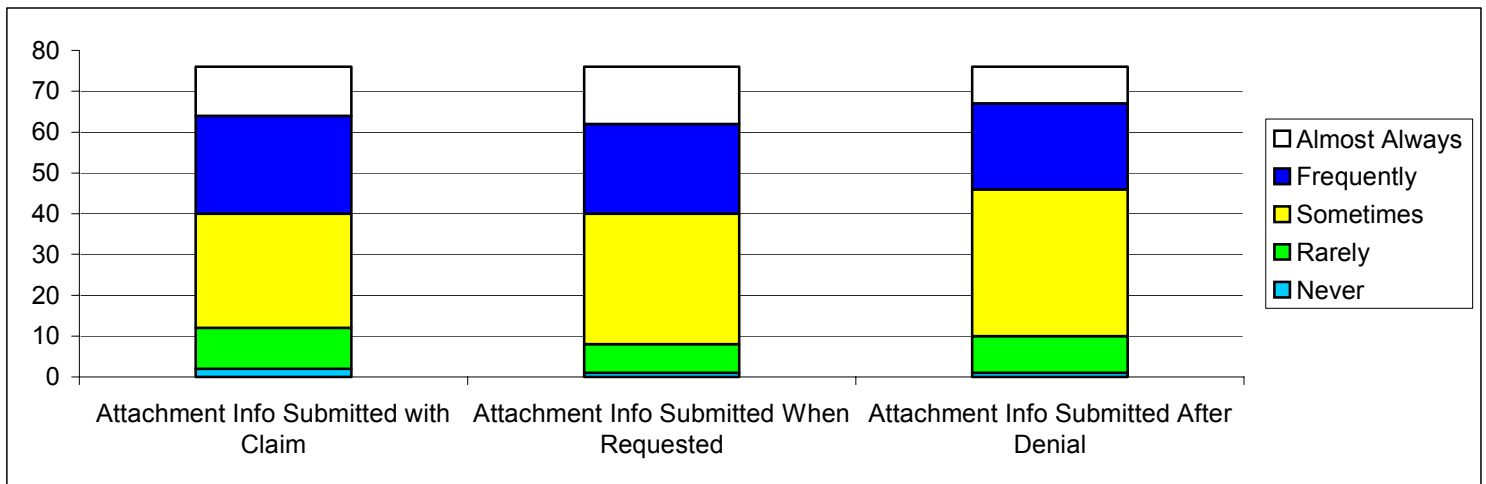
**Question 11: List any other additional documentation or attachment information that is frequently required by the health plan for adjudication:**

<b>Health Plan Results</b>	
<b>Type of Documentation/Information Required</b>	<b>Count</b>
Abortion Information	2
Accident Information	2
Administrative Days	1
Affiliate PPO Pricing Identification Form	1
Ambulance Trip Sheets	2
Charts	1
Chiropractic	1
COB Information	5
Co-payment	1
Cost Invoices	1
Dental X-Rays	4
DME Prescription	1
Documentation supporting unlisted or non-specific services, modifier 22 or 23	1
Eligibility Coupons	2
EOB from Other Carrier	10
HIPAA	1
History & Physical Report	1
Images	1
Invoice	1
invoices	1
Itemized Bill	4
Manufacturer Catalog Pages	1
Medical Necessity Justification	1
Medical records	3
Narrative Justification	1
Operative Report	4
Periodontal Charts	1
Photographs	2
Plan of Care	1
Pre-Existing Condition Questionnaire	2
Progress Notes	1
Proof of Timely Filing	2
Pulmonary Rehabilitative Services	2
Referral Information	3
Reports	1
Spend Down	1
Student Status	1
Subrogation Information	1
Supply House Bills	1
TPL	1

Health Plan Results	
Type of Documentation/Information Required	Count
Unlisted/non-specific procedures	1
Unlisted/non-specific supplies	1
W-9	1
Worker's Compensation Information	1
X-Rays	6

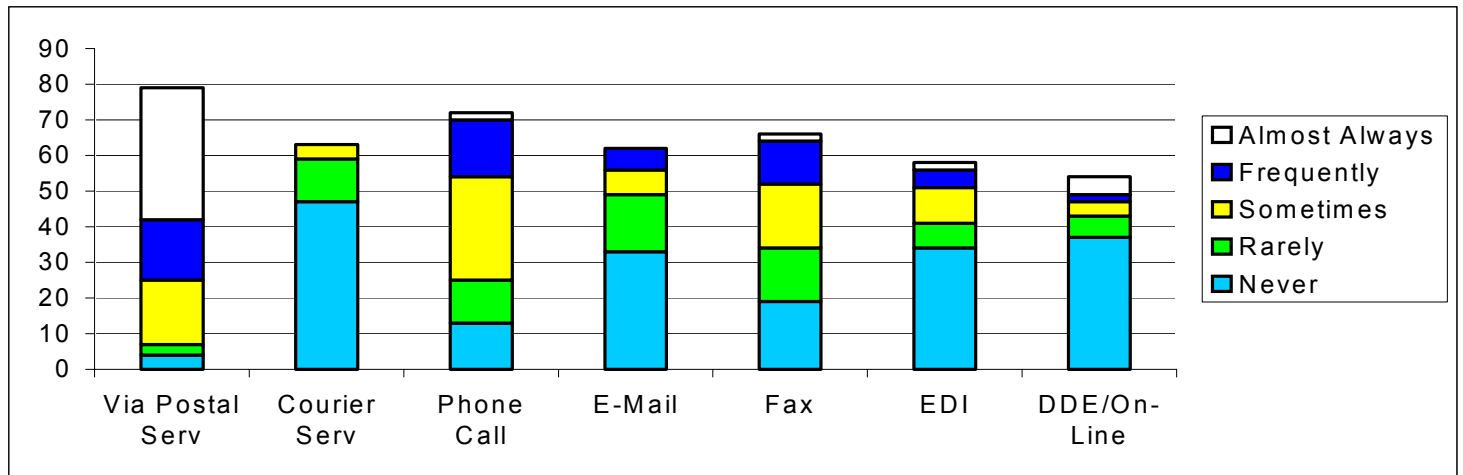
Question 12: When does the health plan usually receive the attachment/additional documentation?

Health Plan Results: When are attachments sent?			
	Attachment Info Submitted with Claim	Attachment Info Submitted When Requested	Attachment Info Submitted After Denial
Almost Always	12	14	9
Frequently	24	22	21
Sometimes	28	32	36
Rarely	10	7	9
Never	2	1	1



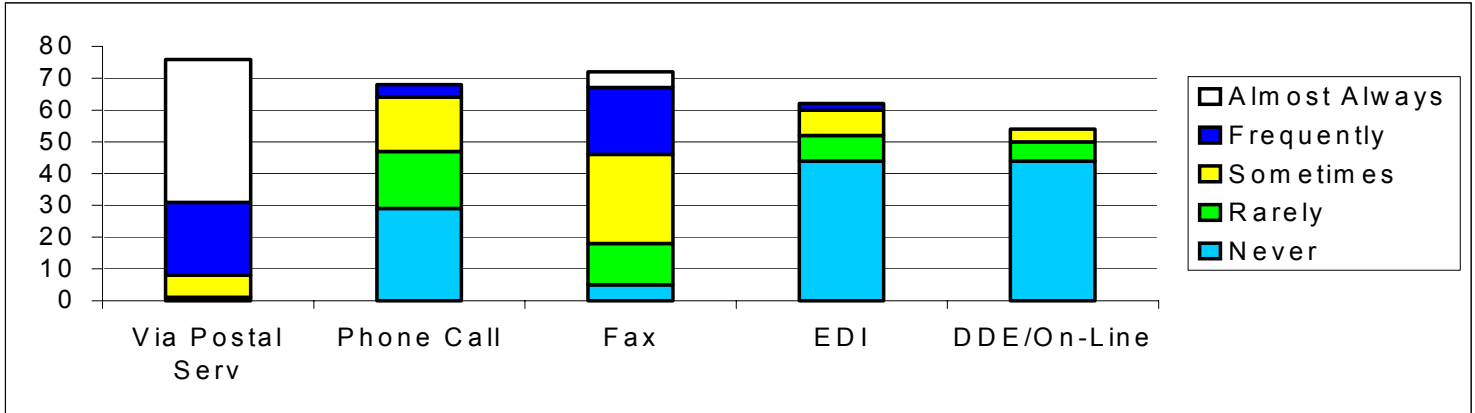
Question 13: When the health plan requires additional documentation/attachments to adjudicate a claim, how does the plan generally notify providers?

Health Plan: Mode of Attachment Request							
	Via Postal Service	Courier Service	Phone Call	E-Mail	Fax	EDI	DDE/On-Line
Almost Always	37	0	2	0	2	2	5
Frequently	17	0	16	6	12	5	2
Sometimes	18	4	29	7	18	10	4
Rarely	3	12	12	16	15	7	6
Never	4	47	13	33	19	34	37



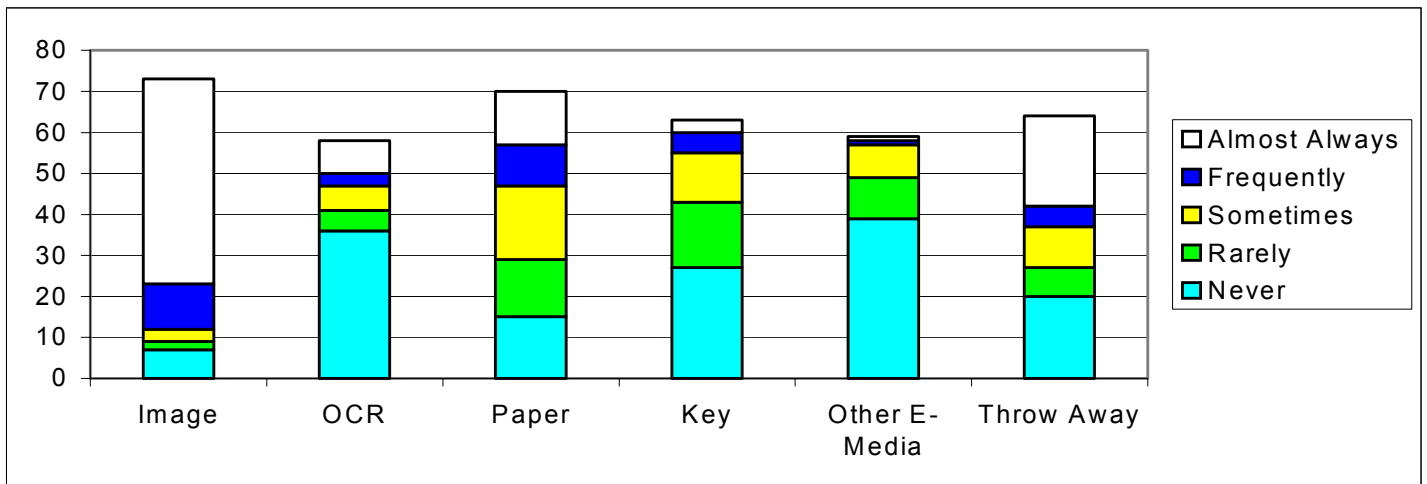
Question 14: When the health plan requires a claim attachment, how do providers most frequently submit the information?

Health Plan Response: Providers' Mode of Submission					
	Via Postal Service	Phone Call	Fax	EDI	DDE/On-Line
Almost Always	45	0	5	0	0
Frequently	23	4	21	2	0
Sometimes	7	17	28	8	4
Rarely	1	18	13	8	6
Never	0	29	5	44	44



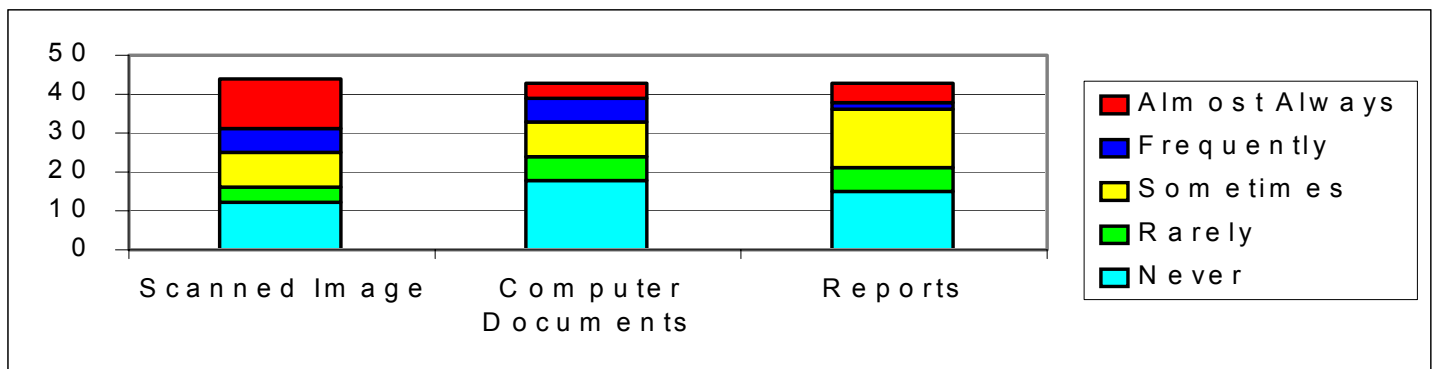
Question 15: How does the organization typically store the attachment documentation that is submitted today?

Health Plan Attachment Storage						
	Scan & Save as Image	Scan & Save as Text Via OCR	Save as Paper	Manually Key Data from Hard Copy	Save in Other Electronic Media (e.g. Word, PDF)	Discard / Destroy the Paper
Almost Always	50	8	13	3	1	22
Frequently	11	3	10	5	1	5
Sometimes	3	6	18	12	8	10
Rarely	2	5	14	16	10	7
Never	7	36	15	27	39	20



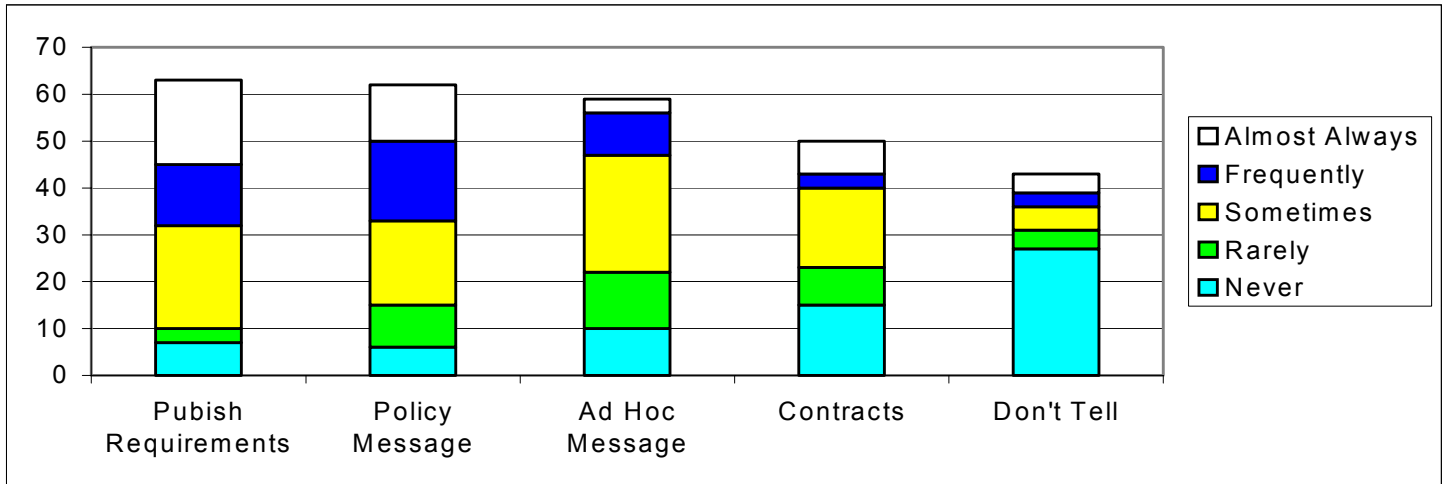
Question 16: If attachment information is submitted electronically, what is the most common format or medium used by providers?

<b>Health Plan Response: Providers' Use of Electronic Attachments</b>			
	<b>Submit Electronic Scanned Image</b>	<b>Submit Electronic Computer Documents</b>	<b>Submit Electronic Reports</b>
Almost Always	13	4	5
Frequently	6	6	2
Sometimes	9	9	15
Rarely	4	6	6
Never	12	18	15

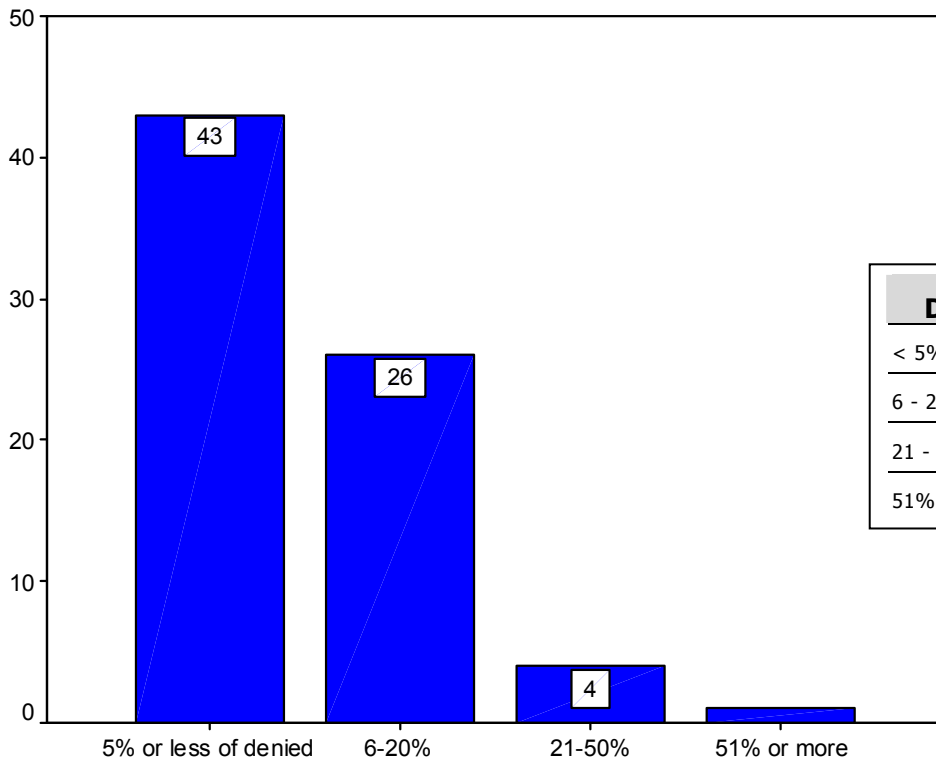


Question 17: When the health plan receives unwanted or unneeded documentation or attachments, how is the provider notified to quit sending them?

<b>Health Plan Response: Preventing Unwanted Attachments</b>					
	<b>Publish Attachment Requirements</b>	<b>Send Policy Message to All Providers</b>	<b>Send Ad Hoc Message to Individual Providers</b>	<b>Publish Rules in Provider Contracts</b>	<b>Refrain from Telling Providers about Rules or Requests</b>
Almost Always	18	12	3	7	4
Frequently	13	17	9	3	3
Sometimes	22	18	25	17	5
Rarely	3	9	12	8	4
Never	7	6	10	15	27



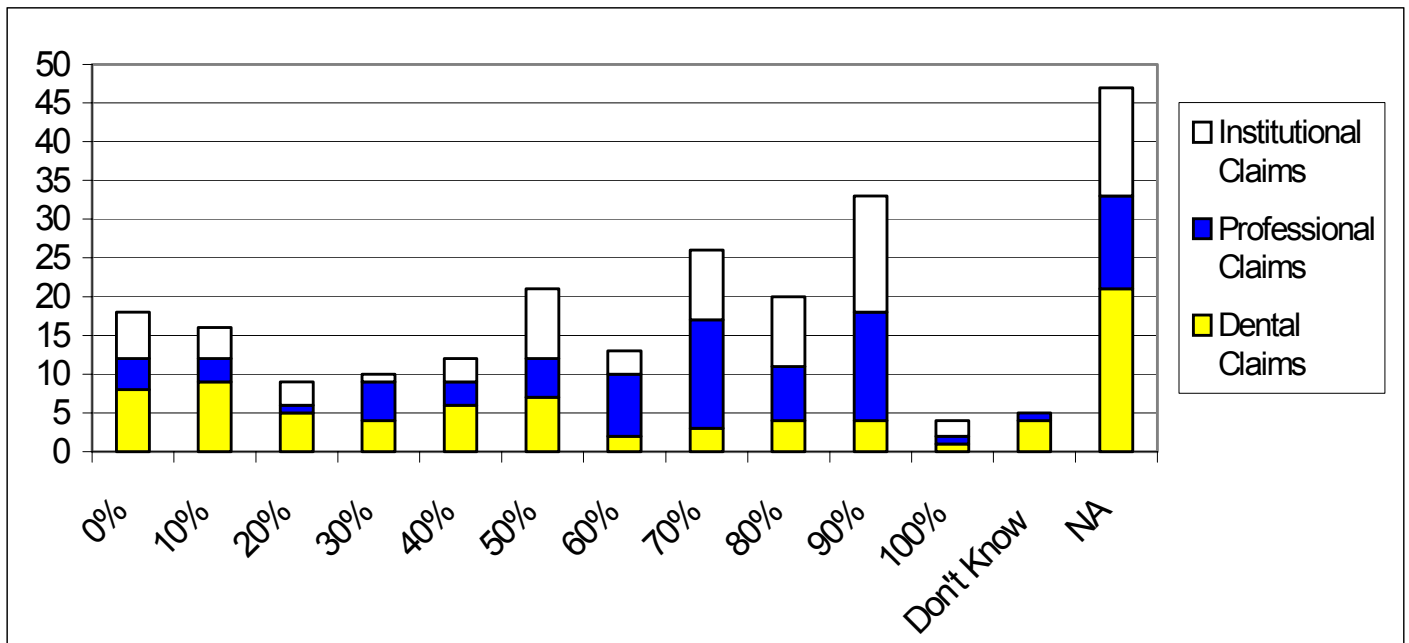
Question 18: On average, what percent of denied claims are denied by the health plan because the provider did not submit the additional documentation, either at all or on time?



Denials	Count	Percent
< 5%	43	58.1%
6 - 20%	26	35.1%
21 - 50%	4	5.4%
51% +	1	1.4%

Question 19: For each type of claim, list of the approximate percentage that is now being received electronically. Enter 0 for all paper, or N/A if this type of claim is not processed.

Health Plan Response: Rate of Electronic Claims						
	Institutional Claims		Professional Claims		Dental Claims	
	Count	Percent	Count	Percent	Count	Percent
0%	6	7.7%	4	5.1%	8	10.3%
10%	4	5.1%	3	3.8%	9	11.5%
20%	3	3.8%	1	1.3%	5	6.4%
30%	1	1.3%	5	6.4%	4	5.1%
40%	3	3.8%	3	3.8%	6	7.7%
50%	9	11.5%	5	6.4%	7	9.0%
60%	3	3.8%	8	10.3%	2	2.6%
70%	9	11.5%	14	17.9%	3	3.8%
80%	9	11.5%	7	9.0%	4	5.1%
90%	15	19.2%	14	17.9%	4	5.1%
100%	2	2.6%	1	1.3%	1	1.3%
Don't Know	0	0.0%	1	1.3%	4	5.1%
NA	14	17.9%	12	15.4%	21	26.9%



## Detailed Vendor Survey Results

Question 1: Verification of respondent. Below is the total count of responses received on the vendor attachment survey:

Vendor Responses	Count	Percent
Respondent Asked to have Responses Excluded	10	10.99%
Invalid E-Mail Address	2	2.20%
Duplicate Entry	1	1.10%
No Responses to Questions	15	16.48%
Total Number of Excluded Responses	28	30.77%
Valid Responses	63	69.23%
Total Number of Responses Received	91	

*The following data is based upon the 63 valid Vendor responses that were received:*

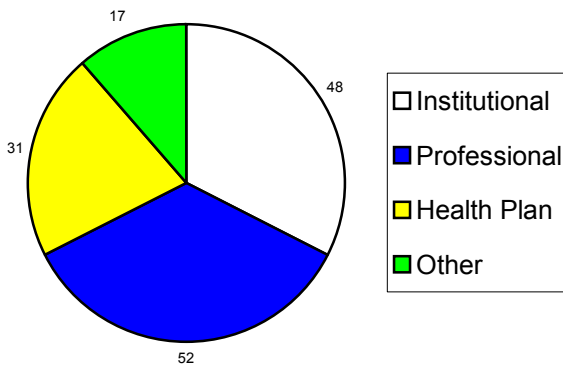
Question 2: The company is a vendor of (check all that apply)

Vendor Of	Count	Percent
Practice Management Systems	17	27.0%
DME Systems	6	9.5%
Laboratory Systems	7	11.1%
Hospital Info Financial or Billing Systems	18	28.6%
Hospital Info Clinical Systems	11	17.5%
Claims Adjudication Systems	13	20.6%
Document Management Systems	19	30.2%
EDI Translator or Integration Systems	31	49.2%
Validation/Editing/Scrubbing Middle-ware	23	36.5%
Health Care Clearinghouse Services	22	34.9%
General Purpose EDI Van Services	7	11.1%
Bank-Financial Services	4	6.3%
Other Software or Services	27	42.9%

List of Other Software or Services	Count
Electronic Medical Records	4
Business Intelligence	2
Consulting Services	2
Home Health Software	2
LTC Financial	2
Non-Hospital Clinical Systems	2
ASP Services and Data Hosting Facility	1
Code Sets	1
EHNAC Clearinghouse	1
Financial Systems	1
Forms	1
Human Resources	1
LTC Billing System	1

List of Other Software or Services	Count
Network Services	1
Non-Hospital Clinical Systems	1
OCR / Workflow services	1
Provider EHR System	1
Release of Information	1
Web Portal	1

Question 3: The customers of the vendor are:



Type of Customers	Count	Percent
Institutional Health Care Customers	48	76.2%
Professional Health Care Customers	52	82.5%
Health Plan Customers	31	49.2%
Other Customers	17	27.0%

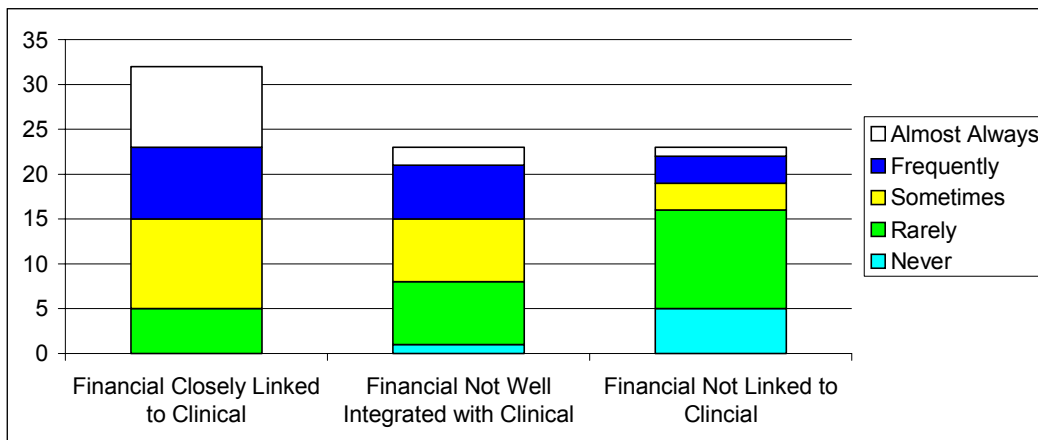
List of Other Customer Types	Count
Clearinghouses	3
Dental Health Care Providers	3
Ambulatory Surgery Centers	1
Behavioral LME's	1
EDI Integration Software	1
Home Health Agencies	1
Medicaid	1
Medical Equipment Providers	1
Other Health Care Vendors	1
Payers	1
Reviewer Organizations	1
TPA	1
Vendor	1

Question 4: Indicate the relative size of the customers served by the vendor:

Relative Customer Size	Count	Percent
Relatively Large Sized Customers	39	61.9%
Relatively Small Sized Customers	36	57.1%
Relatively Average Sized Customers	56	88.9%

Question 5: For practice management and hospital information system vendors: In general, how well does the existing installed customer base integrate their financial and clinical data?

<b>Vendors: How well integrated are your providers' systems?</b>						
<b>Integrated Financial and Clinical (Vendor)</b>	<b>Financial Closely Linked to Clinical</b>		<b>Financial Not Well Integrated with Clinical</b>		<b>Financial Not Linked to Clinical</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Almost Always	9	28.1%	2	8.7%	1	4.3%
Frequently	8	25.0%	6	26.1%	3	13.0%
Sometimes	10	31.3%	7	30.4%	3	13.0%
Rarely	5	15.6%	7	30.4%	11	47.8%
Never	0	0.0%	1	4.3%	5	21.7%

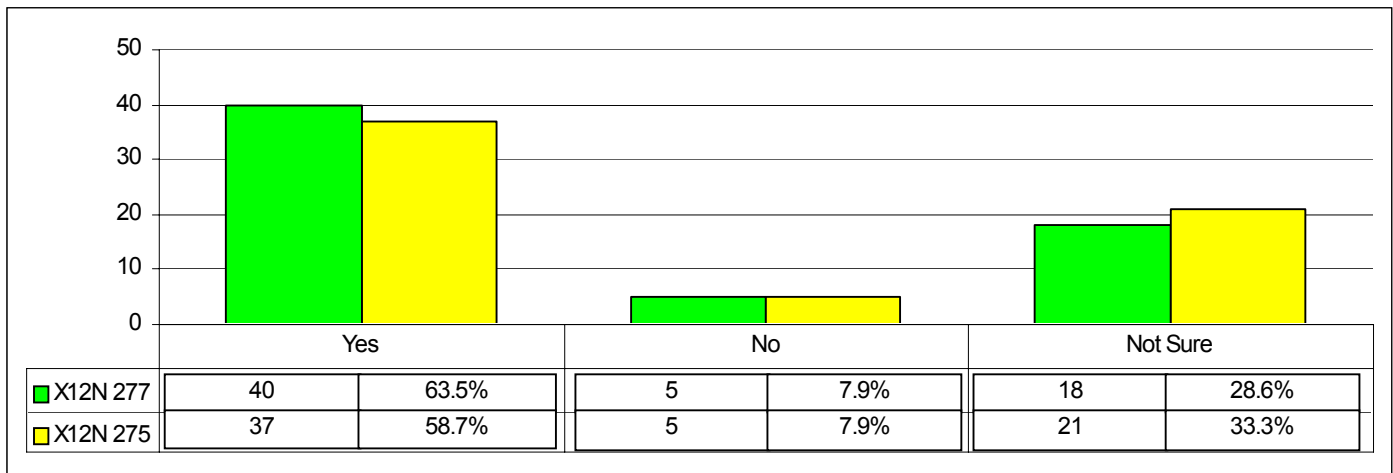


Question 6: Check all X12N transactions (TCS) that are currently being conducted:

<b>Vendor Response</b>		
<b>Current X12 Transactions</b>	<b>Count</b>	<b>Percent</b>
Conduct 837P	53	84.1%
Conduct 837I	48	76.2%
Conduct 837D	18	28.6%
Conduct 835	51	81.0%
Conduct 270-271	40	63.5%
Conduct 276-277	29	46.0%
Conduct 277U Acknowledgement	23	36.5%
Conduct 278	17	27.0%
Conduct 834	15	23.8%
Conduct 820	12	19.0%
Not Sure Which TCS Conduct	0	0.0%
Conduct Other TCS	12	19.0%

Vendor Response	
List of Other Transactions	Count
997	3
824	2
NCPDP	2
271 Enrollment Roster	1
837-DME	1
837-Secondary	1
Other Non-X12 Transactions	1
TA1	1

Questions 7 and 8: Does the company plan to support the business function defined in the X12N 277 Request for Additional Information Implementation Guide (version 4050) and X12N 275 Additional Information Support a Health Care Claim Implementation Guide (version 4050)?



Question 9: Does the company plan to rely on other vendors to provider software or services for the X12N 277 and X12N 275?

Vendor Response		
Other Vendors?	Count	Percent
Yes	6	9.5%
No	46	73.0%
Not Sure	11	17.5%

Question 10: Does the company plan to support unsolicited claim attachments sent with the original claim as part of the same X12N interchange?

<b>Vendor Response</b>		
<b>Unsolicited 275?</b>	<b>Count</b>	<b>Percent</b>
Yes	38	60.3%
No	1	1.6%
Not Sure	24	38.1%

Question 11: Does the company plan to be an early adopter of the X12N 277/275 Information Request and Additional Information transactions?

<b>Vendor Response</b>		
<b>Early Adopter?</b>	<b>Count</b>	<b>Percent</b>
Yes	24	38.1%
No	15	23.8%
Not Sure	24	38.1%

Question 12: Does the company currently provide any type of document management/image services?

<b>Vendor Response: Current</b>		
<b>Document Management?</b>	<b>Count</b>	<b>Percent</b>
Yes	42	66.7%
No	21	33.3%
Not Sure	0	0.0%

Question 13: If the company provides document management services, check all the methods that apply:

<b>Vendor Response: Type of Document Management</b>		
<b>Document Management Services</b>	<b>Count</b>	<b>Percent</b>
Provide Document Imaging	33	52.4%
Provide Native Doc Storage i.e. Word	30	47.6%
Provider Electronic Storage i.e. CPR, EMR	25	39.7%
Does Not Apply	21	33.3%
Provides Other Doc Management Services	5	7.9%

<b>List of Other Document Management Services</b>	<b>Count</b>
Ability To Connect Images To Claims, Claimants, Groups, Etc	1
Bi-Directional Fax W Bar Code For Indexing	1
Combination Of Document and SQL Transactions	1
Conversion To EDI	1
Integrated Direct Image Program	1

Question 14: Indicate the functionality that the document management product or service provides to end-users (check all that apply)

<b>Vendor Response: Document Management Functionality</b>		
<b>Function</b>	<b>Count</b>	<b>Percent</b>
Transmit Provider Doc Images to Health Plan for Claims or Review	18	28.6%
Transmit Images to Health Plan for Appeals	13	20.6%
Transmit Doc Images for Medical Management	13	20.6%
Capture Documents for Customer Use Only	35	55.6%
Extract Docs from System for Non-Image File	18	28.6%
Share Database with Multi-Provider Group	10	15.9%
Share Data Providers and Health Plans	9	14.3%
Doc Management Function Does Not Apply	22	34.9%
Other Functionality	3	4.8%

<b>List of Other Functionalities</b>	<b>Count</b>
Currently Not Used for Health Care Transactions	1
Store Image for Internet Retrieval	1
Workers' Compensation Claims	1

Question 15: Does the company plan to implement or expand support for electronic document management and/or electronic transmission of documents in the next five years?

<b>Vendor Response</b>		
<b>Implement or Expand?</b>	<b>Count</b>	<b>Percent</b>
Yes	40	63.49%
No	8	12.70%
Not Sure	15	23.81%

Question 16: If the answer to question 15 is yes, will the system: (check all that apply)

<b>The New System Will</b>	<b>Count</b>	<b>Percent</b>
Transmit to Health Plan for Adjudication or Review	31	77.5%
Transmit Health Plan for Appeals	28	70.0%
Transmit Provider Doc Images	22	55.0%
Capture Doc Images for Customer Internal Use	27	67.5%
Extract System for Non-Image Docs	28	70.0%
Share Doc Data Multi Provider Groups	14	35.0%
Share Doc Data Providers and Health Plans	14	35.0%
Does Not Apply	20	50.0%
Transmit Other	8	20.0%

List of Other Development Plans	Count
Not Sure At This Time	3
Integrate Images With EDI Transactions	1
Integrate With Accounting Systems	1
Plan To Continue Development	1
We Already Do This	1
Worker's Compensation Claims	1

Question 17: If you plan to build a solution for electronic claims attachments, are there specific attachment types which will be supported? Check all that apply.

Vendor Response		
Planned Support for Attachment Types	Count	Percent
Lab Attachment	35	55.6%
Medications (Non RX) Attachment	28	44.4%
Clinical Report Attachment	40	63.5%
Alcohol Substance Abuse Attachment	20	31.7%
Cardiac Rehab Attachment	18	28.6%
Medical Social Services Rehab Attachment	20	31.7%
Occupational Therapy Attachment	26	41.3%
Physical Therapy Attachment	26	41.3%
Speech Therapy Attachment	26	41.3%
Respiratory Therapy Attachment	24	38.1%
Psychiatric Rehab Attachment	22	34.9%
Skilled Nursing Facility Attachment	20	31.7%
ER Dept Attachment	22	34.9%
Ambulance Service Attachment	19	30.2%
DME Attachment	26	41.3%
Home Health Care Attachment	26	41.3%
Periodontal Attachment	19	30.2%
Children's Preventative Health Service Attachment	20	31.7%
Consent for Treatment Attachment	24	38.1%
Administrative/Non-Clinical Attachment	33	52.4%
Other Attachment	11	17.5%

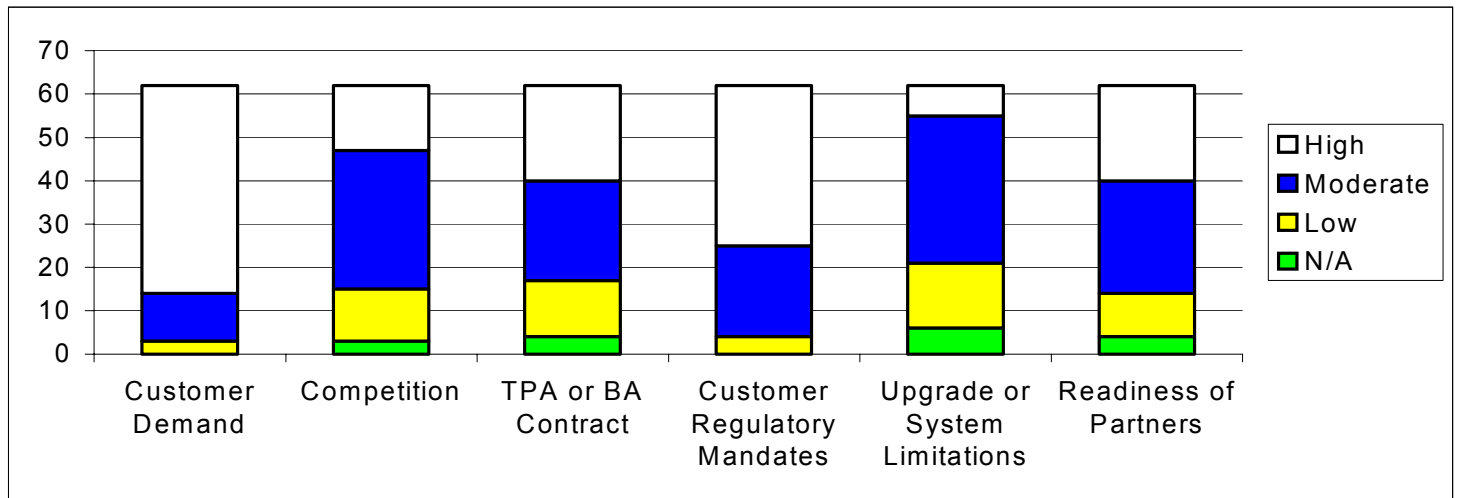
List of Other Planned Attachments	Count
Regulated Attachments	3
All (Standard and Non-Standard) Attachments	2
Not Looking At Yet	2
Prescriptions	1
Radiographs	1
Work on Ones that Cause the Greatest Number of Claims to Drop to Paper	1
Worker's Compensation Claims	1

Question 18: What level of investment is the company planning to make for this solution?

Vendor Response		
Planned Level of Investment	Count	Percent
Less than \$1 Million	24	38.1%
\$1 to \$5 Million	7	11.1%
More than \$5 Million	2	3.2%
Not Sure	30	47.6%

Question 19: What factors will drive the decision to provide a solution? (One answer per row)

Vendor Response: Decision Factors												
	Customer Demand		Competition		TPA or BA Contract		Customer Regulatory Mandates		Upgrade or System Limitations		Readiness of Partners	
	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Count	Pct
High	48	77.4%	15	24.2%	22	35.5%	37	59.7%	7	11.3%	22	35.5%
Moderate	11	17.7%	32	51.6%	23	37.1%	21	33.9%	34	54.8%	26	41.9%
Low	3	4.8%	12	19.4%	13	21.0%	4	6.5%	15	24.2%	10	16.1%
N/A	0	0.0%	3	4.8%	4	6.5%	0	0.0%	6	9.7%	4	6.5%



Question 20: What is the time frame for market introduction and deployment of planned changes?

<b>Vendor Response</b>		
<b>Time Frame for Deployment</b>	<b>Count</b>	<b>Percent</b>
Less than One Year	20	32.3%
One to Two Years	22	35.5%
Two to Five Years	5	8.1%
Not Sure	15	24.2%

## **Links to De-identified Survey Data**

De-identified data will be posted to the WEDI Claims Attachment Survey Page:

[http://www.wedi.org/public/articles/dis\\_viewArticle.cfm?ID=303](http://www.wedi.org/public/articles/dis_viewArticle.cfm?ID=303)

An appropriate data management tool will be required should the reader wish to conduct further analysis.

## Appendix

### Invitation Message

We wanted the survey to reach as much of the industry as possible. In order to facilitate this, we developed a distribution technique that took advantage of the low cost and immediacy of the discussion list format. We posted the message not only to discussion lists hosted by the sponsoring organizations, but to others that team members participated in. We also sent the invitation to other Healthcare IT organizations listed in the Alliance Standards Directory, a free database offered by the National Alliance for Health Information Technology at <http://nahit.org/hitsdir/>. Finally, we composed the message in such a way that each recipient became a potential carrier of the news.

#### Survey Invitation Text

#####

WEDI, HL7, X12 and AFEHCT\* are asking for your help in learning about current practices in the use of Health Care Claims Attachments. If you are a Provider, a Provider Billing Service or a Health Plan, we just want to know how you do things now. If you are an IT vendor, we would also like to know about any plans to support the electronic Claims Attachment, which is expected to be the next transaction standard adopted under HIPAA.

We're asking that you help us in two ways.

- 1) Take the survey for your kind of business
- 2) Spread the word to your colleagues and associates

Our goal is to reach all the provider specialties and care settings, all types of large and small health plans, both private and governmental, and a broad cross-section of software vendors, clearing houses and technology service firms. Your participation helps make sure your business processes are better understood and your needs are taken into account.

#### 1 - TAKING THE SURVEY

If you are a healthcare provider or billing service, questions will include:

- Approximate size and type of facility
  - Approximate claims volume
  - Approximate number of claims requiring attachments
  - Types of attachments requested and relative frequency
- (always/sometimes/never) Click here to take the provider survey: [link]

If you are a health plan or government payer, questions will include:

- Type and size of plan (approx number of providers, approx number of covered lives)
  - Approximate claims volume
  - Which X12 electronic transactions are currently supported
  - Types of attachments required and relative frequency
- (always/sometimes/never)
- Current processes for requesting and handling attachments Click here to take the health plan survey: [link]

If you are a software vendor, clearing house, or technology services firm, questions will include:

- Type and size of customers served
- Which X12 transaction types are currently supported
- Future transaction support plans
- Plans for document management/image support

**Survey Invitation Text**

- Deployment plans and timeframe (if any) Click here to take the vendor survey: [link]

Due to resource limitations, no paper surveys or email questionnaires will be distributed, and no written responses will be counted. Please use the web-based survey only.

**DISTRIBUTING THIS MESSAGE**

Please distribute this invitation to other list serves and/or membership lists by following the guidelines below:

- 1) Copy the text between (AND including) the rows marked #####
- 2) Paste it into a new message and send it to your list
- 3) Please don't modify the information between the markers
- 4) Additional text can be added above or below the marker rows, if you like
- 5) Please be sure the message has not already been distributed to your list by someone else

**DEADLINE**

The surveys will be closed at midnight on Monday March 7, 2005.

**QUESTIONS, ANSWERS, RESULTS**

Please visit [link] if you have any questions about the survey. If your question is not answered by one of our FAQs, you can send an email to the address listed on that page. Please do NOT send questions about the survey to the person or organization that sent you this message. The survey results will also be posted to this webpage.

Thanks!

The WEDI/HL7/X12/AFEHCT Claims Attachment Survey Team

\* The Workgroup for Electronic Data Interchange ([www.wedi.org](http://www.wedi.org)), Health Level 7 ([www.hl7.org](http://www.hl7.org)), ASC X12 ([www.x12.org](http://www.x12.org)), and the Association for Electronic Health Care Transactions ([www.afehct.org](http://www.afehct.org))

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