

*Prepared for you by the staff and
management of ICG*

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ICG Acquires Paladin Healthcare Systems Consulting

On November 1st, Innovative Consulting Group announced the acquisition of Paladin Healthcare Systems Consulting. Turner Trippe, owner of Paladin, provided senior healthcare consultants out of their Maryland based offices for well over ten years and developed a reputation for quality service and innovation—one that continues with the move to ICG.



With the acquisition of Paladin, ICG is positioned to deliver a comprehensive suite of solutions designed specifically to help healthcare systems improve the quality of patient care, maximize operational efficiencies, and optimize their information systems investments. Our consultants are working on the latest applications with a primary focus on clinical applications.

Given the reality of the healthcare industry business environment in 2003, information technology and software must make a contribution to business and clinical strategies. With a focus on operational improvement, most healthcare organizations can make significant gains through the use of existing systems. ICG consultants are trained to maximize the performance of core applications on legacy systems to meet the clinical needs of these organizations.

It is critical for consulting companies to offer a vision of how IT can develop clinical capabilities to improve patient safety and to drive clinical efficiency. The impact on healthcare will be significant, and clinicians will have many IT tools to enhance the patient care experience. With the staff ICG has acquired from Paladin, along with our existing staff, we are well positioned to meet the healthcare needs of our customers.

Since our inception last year, ICG remains focused on keeping our overhead low for our clients, while providing the skills needed to optimize the functionality of vendor packages. The integration needs of these applications are clearly understood by ICG consultants and can add significant benefits to the way patient care is delivered and hospital systems are managed.

ICG would like to welcome our Paladin consultants as well as our new customers. We all feel this acquisition will also help existing ICG customers leverage the expanded knowledge within our firm. □



Wayne Kinney
Partner, ICG

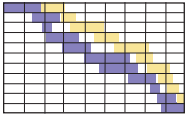
ICG's Hard Rock Café Event

The night the lights stayed on!

Innovative Consulting Group (ICG) planned a customer appreciation reception during the Siemens User Group meeting last August. We mailed and emailed postcard invitations to our current and potential customers in anticipation of reacquainting with old friends and meeting some new folks in our industry. Our management and consultants have been in the healthcare IT industry for 20+ years and we wanted to introduce ourselves as the ICG team.

The day of our event, Philadelphia had a major power outage. Luckily for us, the Hard Rock was one of the few restaurants able to stay open by utilizing the Marriott's generators! The Beatles room was packed with over 100 people enjoying the good food, libations, music and especially the conversations. Dave Raffel had the opportunity to talk to old friends from Reading Hospital, Champlain Valley, and Oschner. Colleen O'Brien reminisced with the MD Anderson folks about her project management stint there in the 80's and got to participate in the "craziest thing you ever did" lively conversation with the Mercy Health table. Wayne Kinney reconnected with associates from Ascension Health and had the opportunity to talk with the St. Lukes Regional and Warren Hospital groups. ICG consultants Chuck Polk, Karen West, Mike Wood, and Hope Rothrock were mingling with the crowd.

A group of ladies from Chicago, Cleveland, and California, which they named the "C" table, and lead by the lovely Laura Pazera of Loyola University, kept the good times rolling. Twenty Hard Rock tee shirts certificates were raffled off during the evening and in a burst of generosity, Wayne and Dave distributed a tee shirt certificate to all the folks who were there at the end of the reception. We must have started a trend in the Healthcare IT industry since HIMSS is hosting their evening event at the annual conference at the Hard Rock Café in Orlando! Thanks to all our friends and customers who made the ICG event a roaring success and we look forward to seeing you at HIMSS in February, 2004. □



Tactical Project Management

First in a series

by David Herbert Miller

These articles will concentrate on tactical planning for critical projects. IT organizations have an extensive list of pending projects identified by key words or phrases. It's usually true there are many interpretations of the meaning and scope of pending projects. Some projects are mandated while others are operational or political enhancements, and others support the future systems architecture defined by IT management and technical staff. It's vital to choose the "right" projects to elevate from pending to active status, and to deal with active project schedule or funding problems. Tactical evaluations should be done several times a year and immediately if circumstances suggest significant concerns.

So, what is unique about tactical project management? First, it is not strategic planning, although one must consider existing enterprise and IT strategic plans when choosing the projects to be analyzed to verify their importance. Second, tactical activities arrange actions for the purpose of affecting desired results, and that implies developing an understanding of project purpose, scope, deliverables, human resource and technical requirements, budgets, and calendar realities of projects identified as mission critical.

There are four major phases in tactical project management:

- Phase I - Defining the most important problems
- Phase II - Developing feasible alternative solutions.
- Phase III - Choosing the best alternatives based on time and available resources.
- Phase IV - Implementing the best solutions, on time, within budget.



Phase I – Step I - Assessment

Assess the present situation. A problem well defined is a problem half solved and it is extremely important to challenge assumptions by doing an honest examination of current affairs. Ask the following questions:

1. What significant external changes have occurred or are anticipated in the general economy, in information technology, and in the enterprise core business? Is it time for new investments? What are your competitors planning, and how might that affect the marketplace?
2. What significant internal changes have occurred or are anticipated for key customers, within the enterprise, and within IT? Is IT "product development" meeting customer expectations? What is the state of vendor relationships?
3. What is the current state of enterprise and IT project activity. Will projects be done on time and within budget? What reasons are found for unsatisfactory performance? Are project plan changes needed to get them on track?
4. How effective is current production performance? Are service commitments being met? Are there production demands to be addressed? Is the key customer list growing? When was the last customer satisfaction survey conducted? What was found?
5. What changes in technology will affect current and planned product offerings? Is there work to be done to utilize already purchased operating systems and utility software features? Are there concerns with security measures and/or business recovery preparations?
6. What is the current project personnel situation? Are there significant gaps between project requirements and available internal talent? Is there a training plan? Is it working? Are there budget changes available? What technology investments have been delayed or postponed; is it advantageous to take another look?

Can you take time to do a tactical assessment? Do you have qualified internal staff available? Consulting help would provide an unbiased perspective. Please contact us if you would like to discuss this possibility.

In the next issue of *The Innovator*, we will cover the completion of Phase I—comparing the assessment to enterprise expectations, analyzing the data, and defining the most important problems to be solved. □

David Herbert Miller is an executive management consultant specializing in strategic and tactical project management. He has served various healthcare provider and consulting organizations as president, COO, vice president, and CIO. He is currently affiliated with Innovative Consulting Group and can be reached via e-mail at dhmlmm@aol.com.

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Tips for Reading The 837i:



*tips, tools, &
news you can use
from the ICG staff*

A look at the replacement for the UB92 file format..... by Hope Rothrock

Transaction data for each patient/claim is sent between the provider and the payer electronically in an 837i transaction that is made up of segments/loops. All transactions follow the same structure, which is one of the requirements of HIPAA. These electronic transactions replace the electronic UB92 format. To be able to find data in the 837i electronic file we have prepared an example to assist you in understanding where to look for key data fields.

Note: In this example the Patient is the Subscriber

This segment/loop holds the Provider Information:

```
HL>100>>20>1~
PRV>BI>ZZ>444N00000X~
NM1>85>2>TEST HOSPITAL>>>>24>332351239~
N3>1234 MAPLE AVE. BOX 4412~
N4>ANYCITY>PA>191114412~
REF>1A>1234568~
```

<- 444N00000X = hosp taxonomy code
 <- hospital info
 <- 1234568 = provider #

This segment/loop holds the Patient/Subscriber Information:

```
HL>101>>22>0~
SBR>P>18>TEST PAYER>>>>HM~
NM1>IL>1>SMITH>JOHN>>>>MI>999884444~
N3>615 MAIN STREET
N4>ANYTOWN>PA>19111~
DMG>D8>19451212>M~
```

<- 22 - subscriber loop
 <- SBR = subscriber
 P = for primary insurance
 18 = pt relation to insured; in this case, 18 = self
 TEST PAYER = Payer
 <- Subscriber Info /Patient name
 IL = Subscriber MI = Member ID
 999884444 = member ID
 <- Patient address
 <- DMG = demographic
 19451212 = birthdate / M = sex

Note: When the patient is the subscriber you will only see the Subscriber (22) loop. If the patient was NOT the subscriber a Patient (23) loop would also be present and there would be a qualifier of QC in the NM1 segment.

This segment/loop holds the Payer Information:

```
NM1>PR>2>TEST PAYER>>>>PI>00553~
N3>PO BOX 123456~
N4>CAMP HILL>PA>17089~
NM1>QD>1>SMITH>JOHN~
N3>615 MAIN STREET~
N4>ANYTOWN>PA>19111~
```

<- Payer name / 00553 = Payer ID#
 <- Payer address
 <- QD = responsible party/guarantor

This segment/loop holds the Claim Information:

```
CLM>698765432>516.82>>>>13:A:1>N>>Y>Y>>>>>>>>Y~
```

<- 698765432 = Patient#
 516.82 = total charge
 13 = facility/bill type
 1 = claim frequency

837i (continued from previous page)

DTP>434>RD8>20031012-20031012~	<- 20031012-20031012 = date of svc
DTP>435>DT>200310121554~	<- 200310121554 = adm date & time
CL1>1>7>01~	<- 1>7>01=adm type, source, pt status
AMT>C5>516.82~	<- C5 = claim amount due (\$516.82)
REF>EA>065064~	<- 065064 = MR #
	Pt Type Plan Code
	↓ ↓
NTE>ADD>ABCDEF09~	<- A B CDE F09
	↑ ↑
	Financial Class Hosp Svc

 This segment/loop holds the Health Information:

HI>BK:88888>ZZ:77777>BN:E5554~	<- BK = principal dx (888.88)
	ZZ = reason for visit (777.77)
	BN = E-code (55.54)
HI>BF:9160~	<- BF = other diagnoses (916.0)
HI>BH:05:D8:20031002>BH:11:D8:20031002~	<- BH = occurrence codes
HI>BE:A3:::516.82~	<- BE = value codes
QTY>CA>1>DA~	<- claim quantity

 This segment/loop holds the Doctor Information:

NM1>71>1>JONES>DAVID>>>>34>200400600~	<- 71 = Attending Doctor
REF>1G>C12345~	<- 1G = UPIN #
REF>1A>MD000999E~	<- 1A = BC Provider #
REF>1D>MD000999E~	<- 1D = MA Provider #
REF>0B>MD000999E~	<- 0B = License #
NM1>73>1>TATE>JEFFREY>>>>34>200400700~	<- 73 = Other Doctor
REF>1G>B98765~	
REF>1A>MD000888E~	
REF>1D>MD000888E~	

 This segment/loop holds the Services Information:

LX>1~	
SV2>0999>>400.00>UN>1~	<- 0999 = Rev Code /400.00 = \$
DTP>472>D8>20031012~	<- 20031002 = Date of Svc
LX>2~	
SV2>0888>HC:73080>116.82>UN>1~	<- HC:73080 = HCPC#
DTP>472>D8>20031012~	

Hope Rothbrock has over 16 years experience in Healthcare Information Systems, with 7 years working on the HDX Eligibility product. She was on the development team for SMS Order Entry systems, INAR systems, and comeEPR 1.2/Soarian Release 2.0. Hope recently completed a HIPAA project for the 837 transaction and code sets.

ICG QuickTip	<h2 style="margin: 0;">Avoiding Password Sync Issues Between Invision & EAD</h2> <p style="text-align: right; margin: 0;"><i>by Mike Harp</i></p>
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When Invision users perform an EAD inquiry, the user is automatically logged into EAD via a \$XFER command. If the passwords between the two systems become out of sync, the user will receive an error message in the middle of the registration process. To avoid this situation, EAD profile PRMAH can be valued so passwords for users coming from Invision via \$XFER are not validated. To enable this option, value PRMAH accordingly:

BYPASS PASSWORD CHECKING FOR \$XFR USERS TO THIS DESTINATION: Y

Once the profile is changed, enter command **SXIT HOSP=rrhh** from a clear screen (ICO clients only) to update OAS Shared Storage or wait until the CICS is bounced. For RCO clients, contact Siemens to execute the SXIT command or wait until the CICS is bounced.

Client Profile:



Bronson Healthcare Group



Aerial view of Bronson Methodist Hospital

(all photos accompanying this article are courtesy of Bronson Healthcare Group)

Bronson Healthcare Group also includes Bronson Vicksburg Hospital, Bronson Medical Group, Bronson Home Health Care, IBA Health Plans and the Bronson Health Foundation.



The light, airy Skycourt Café is a popular gathering place

In September, Bronson was named by *Working Mother* magazine as one of the “100 Best Companies for Working Mothers” in the U.S. Earlier this year, Bronson was the top winner on Michigan Business and Professional Association (MBPA)’s list of “West Michigan’s 101 Best and Brightest Companies to Work For.” In 2001, Bronson was named by AARP’s *Modern Maturity* magazine as one of the top 15 “Hospitals with Heart” in the U.S. for leadership in patient-centered care. Bronson also received the 2001 Quality Leadership Award from the Michigan Quality Council in November 2001, and was the recipient of the 2002 McKesson VIP Award for vision and innovation in the use of information technology to maximize performance. □



Bronson's beautiful Garden Atrium at night

For more information about Bronson Healthcare Group, visit them on the web at www.bronsonhealth.com

A few remarks from Bronson CIO

Mac McClurkan

ICG has been very responsive in providing key resources to meet our organization's IT staffing needs.

In 2002, we were transitioning our IT organization from a totally outsourced model back to a conventional in-house department. ICG provided interim management support to help make that happen. Simultaneously, we were acquiring a facility that needed to be installed on our payroll/HR system within a very tight timeline. Again, ICG came through with project management resources to make it happen.

ICG has also provided critical leadership resources for both our privacy and EDI compliance efforts under HIPAA. This leadership enabled Bronson not only to comply with the rules, but also to use these efforts as a springboard to improve our internal processes.

All said, ICG has provided great service, economically, in order to help Bronson meet its IT goals.



Mac McClurkan

*VP of Information Technology/CIO
Bronson Healthcare Group*

Enterprise Access Directory (EAD) *by Mike Harp*

How can you reduce admission time, improve patient satisfaction and increase data integrity among all your facilities?

Enterprise Access Directory (EAD), an enterprise-wide MPI integration solution from Siemens, can provide these benefits. Once a patient visits a hospital, clinic or any physician's office within a system, the need for the patient to re-submit personal and financial information is eliminated with EAD integration. Additionally, EAD sets the foundation for the Siemens' clinical data repository, Lifetime Clinical Record (LCR). With LCR, historical clinical information is maintained and shared across the same continuum of care.

The landscape of hospital environments seems to be in constant change. With this comes the need to keep all the entities within a healthcare enterprise, and their disparate systems, integrated and capable of sharing information across the continuum of care. Merging of multiple healthcare systems became somewhat common over the past many years. Now, with more focus being placed on clinical applications, these large healthcare enterprises are looking to integrate ancillary systems into a single MPI solution. □

Mike Harp has over 12 years in healthcare IT with 15 years of programming, system development, application implementation and project management experience. Most recently, Mike was the Project Manager and technical lead for 8 EAD implementations for 21 Invision systems.

Enterprise Access Edition® (EAD) is a registered trademark of Siemens Medical Solutions Health Services Corporation.

On A Personal Note



Chris Brune-Mueller and her husband, Steven, recently got their first look at their new grandbaby! They 'ordered' him last year and he was delivered July 6, 2003.

Until recently, their son and his wife lived in California, but in August they relocated back to Michigan. Chris also reports that she was involved with the HIPAA 837i project at a local hospital. She was not originally scheduled to become a HIPAA team member, but her determination to assist the team in any way possible proved to be quite rewarding.

Besides warding off Indians, and herding cattle through the streets of Shawnee, Kansas this summer, Dave Raffel and

family decided to move to Maryville, a small, rural town in extreme northwest Missouri (about 100 miles from Shawnee). Dave and wife Pat also celebrated their 25th wedding anniversary in September. In November, Dave joined a delegation from the Kansas City area Jewish community and traveled to Israel on a 10 day mission of support and encouragement. They visited the cities of Haifa and Jerusalem and met with various government leaders, including Prime Minister Ariel Sharon. Lastly, Dave has been savoring the 8-0 start of the Kansas City Chieeeeeeeef! He is already making plans for a "super" trip to Reliant Stadium in Houston on Sunday, February 1st, 2004!

Innovative Consulting Group

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We'd love to hear from you!