

CIGNA

**Moderator: Max Garner
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1:00 pm CT**

Operator: Ladies and gentlemen, thanks very much for standing by and welcome to the CIGNA Government Services Ask the Contractor Teleconference. Just a quick note that today's call is being recorded.

And with that, I'd like to turn things over to Max Garner. Please go ahead.

Max Garner: Thank you, Kevin. Good afternoon and welcome to today's Ask the Contractor Teleconference.

I'm Max Garner with the CIGNA Government Services Jurisdiction C DME MAC Provider Outreach and Education team. I am pleased to be joined by additional representatives from the Provider Outreach and Education team along with management and technical staff from claims, customer service, redetermination, the medical review.

I would like to thank you for your participation in today's call. We value your attendance, questions and feedback on these calls because it helps us to identify issues that are important to you so that we may better meet your needs.

And for your reference, the transcription of today's call will be posted on our Web site at cignagovernmentservices.com within the next 1 to 2 weeks.

Our focus today is to provide you with reminders and updates regarding accreditation, surety bonds and competitive bidding. In addition, we will discuss upcoming prepaid claim reviews and some of the results from the prepaid claim review being performed on blood glucose testing supplies. We will also provide you with a brief overview of the recovery audit contractor.

Following our updates, we will open the lines to take your questions. Please keep in mind that we will not be able to answer questions about individual claim issues. In the event you have a specific claim-related issue, please contact our provider contact center at 866-270-4909.

With all that said, let's discuss the first item on today's agenda, accreditation and surety bonds.

We have noticed an increase in calls to our provider contact center regarding these two initiatives which is why we put it in today's agenda. Medicare suppliers, unless exempt, must be accredited and obtain a surety bond by October 1, 2009 and October 2, 2009 respectively. Unfortunately, if you do not comply with these requirements, your Medicare billing privileges will be revoked.

Please remember that if you have a question regarding the accreditation and surety bond requirements, that you may contact the NSC, the National Supplier Clearinghouse. Their number 866-238-9652, or you can also visit their Web site at [palmettogba – that's P-A-L-M-E-T-T-O-G-B-A – .com/nsc](http://palmettogba-palmettogba.com/nsc). The NSC has asked us to remind you that if you are a Medicare supplier that only provides glasses after cataract surgery, then you are exempt from the accreditation and surety bond requirement.

Moving on to the topic of competitive bidding program – as a reminder, registration is now open and available to all suppliers who are interested in participating in the round one re-bid of the

competitive bidding program. Within Jurisdiction C, the following metropolitan areas will be included in the round one re-bid. Those areas are Charlotte, Gastonia and Concord, North Carolina; Dallas, Fort Worth and Arlington, Texas; Miami, Fort Lauderdale and Orlando, Florida. The competitive bidding implementation contractor, or the CBIC, urges suppliers that are interested in bidding to register now.

Remember, registration closes on November 4 of this year. To find step-by-step instructions and tools to help you register, go to the CBIC Web site at dmecompetitivebid.com. You may also contact the CBIC customer service center at 877-577-5331 with any additional questions.

The next topic is that CIGNA Government Services will soon implement a prepayment edit for CPAP and oxygen claims which is a result of reviewing data that demonstrated a high claims payment error rate for the services. Claims subject to this edit will be developed for additional documentation. So if you received a development letter for one of these claims, please follow the instructions contained in the letter. The letter will specify the particular documentation that is needed to complete the processing of your claim.

For example, oxygen claims could require that you send in the CMN or physician's order, a copy of the blood gas or oxygen saturation testing, and the proof of delivery. CPAP claims could require that you send in the physician's order, documentation of the face-to-face evaluation, a copy of the sleep test, documentation of adherence to therapy, and of course, proof of delivery. But please keep in mind that the requests are not limited to the documentation examples that I've just listed, and it is recommended to respond within 30 days to avoid a claim denial.

Earlier this year, Medical Review initiated a prepayment review of claims for glucose monitor supplies the review further focus on non-insulin treated beneficiaries who are receiving quantities of supplies that exceed our utilization guideline, which are of course defined in the LCD. The prevailing errors that continue to be found are that the medical record do not support the

physician order, there was no proof of delivery, invalid diagnosis codes were used, or another supplier had already billed for the same service date and the medical records did not support the extra supply. Additional information about this prepayment review and the errors that are being found is dated September 2, 2009 and is located under the News and Publication section of our Web site.

While we're on the subject of claims, I would like to highlight one other claims related update. All four DME MACs are implementing a system edit that will now reject the claim line if you do not include the respective KX, GA, GZ or GY modifier on your claim when it's applicable. This change is due to an ever-increasing number of reopening requests to append these modifiers. Given that the claims will now begin to reject, the re-openings department will no longer be able to correct the claim that is missing one of these modifiers. In the event you receive one of these rejections, you should simply make your corrections and resubmit the claim. For a list of the affected policies, you may refer to the July 30, 2009 CIGNA Government Services listserv, which is located under the News and Publication section of our Web site.

Now for the last item on our agenda, to help locate and correct Medicare overpayments and underpayments, the Jurisdiction C recovery audit contractor, Connolly Healthcare, has announced the first two CMS-approved audit focus areas for DME suppliers. Connolly Healthcare has announced on their Web site that they will begin to focus their audits on wheelchair and neurological bundling. More information regarding the audit focus areas and the RAC process may be found on the RAC's Web site at connollyhealthcare.com/rac.

Lastly, I would like to remind you of several upcoming outreach and educational opportunities. James Herren and I will be in Seattle next week to attend the American Orthotic and Prosthetic Association Conference or AOPA. And Veronica Chavez and Yolanda Otero will attend the Puerto Rico State Association Conference next week as well. So if you're planning to attend either of those events, we look forward to seeing you there.

We also have several more webinars scheduled for this month with offered in Spanish. October will be just as busy with several English and Spanish webinars. We also have workshops planned for Memphis, Tennessee, Pensacola, Florida, and Asheville, North Carolina. Also Ronja Roland and Yolanda Otero will attend (MedTrade) in Atlanta as well. Stay tuned to our listserv messages for more information on all of our outreach opportunities.

At this time we're going to go ahead and open the lines for your question – or for the question-and-answer session portion of today's call. As a reminder, we will not be able to answer questions pertaining to individual claim issues. Please contact our provider contact center at 866-270-4909 to resolve those questions. Also please limit your questions to one per supplier so that we may address as many callers as possible.

Kevin, can we go ahead and prepare the lines to take questions?

Operator: Absolutely. Ladies and gentlemen, if you have any questions, all we need to have you do is press star 1 on your telephone and that will place you into the question queue. Just a quick note that when it's your turn, you will hear a recorded voice prompt on your line that indicates you can go ahead. So if you have any questions, it is star 1 at this time.

We've got one question in the roster at the moment. Go ahead, please, your line is open.

Female: Yes. I didn't get the complete number for the DME bid customer service.

Max Garner: I can go ahead and give that to you.

Female: OK.

Max Garner: For the competitive bidding implementation contractor?

Female: It was 877 and I didn't get the rest.

Max Garner: That's all right. It's 877-577 ...

Female: OK.

Max Garner: ... 5331.

Female: Thank you so much.

Max Garner: You're welcome. Thank you.

Operator: Once again if you have any questions, press star 1 please. No one holding at the moment.

We have a couple more now. The – we'll go to the next question. Go ahead please, your line is open.

(Sarah O'Shanski): Hi, my name is (Sarah O'Shanski) and we are a Medicare Part B provider of nursing home patients. And I have a question in regards to the date of service on the claim being the date of delivery or date of shipping. And in a nursing home environment, if the nursing home reports late that a patient went from Part A to Part B, that's 5 days after that change happened, how do you provide the products to reimburse the nursing home for using their house stock and be able to bill for that patient on their first Part B day?

Max Garner: One moment please.

James Herren: This is James Herren with Provider Outreach. Can I – let me just make sure I do have your question right. Really your question is you're concerned about when a patient goes to a Part A covered Medicare stay and goes under consolidated billing, and how you would work it out with the nursing home as to reimbursing them for their stock?

(Sarah O'Shanski): The patient is in the nursing home, they're Part A, and they use up their 100th day but the nursing home neglects to tell you till maybe 5 days later or whatever, and you find out that that patient went Part B on the 10th of the month and it's the 15th of the month. So you're going to ship out supplies on that day, the 15th, but the nursing home had provided the supplies for those first few days where they neglected to call you and tell you the change in payor status. And they expect that on the day that patient becomes Part B, that they're no longer financially responsible for that patient's products. So how do you bill enough product to give them back their house stock that say started on the 10th yet it's not reported till the 15th?

James Herren: Yes. I don't really know that that's – that that's something that we can provide guidance on because if there's a 5-day period where, you know, maybe you didn't know and we didn't know that they were now Part B effective, I mean you bill us for what it is actually that you've provided. So if you provide something starting on the 15th, that's what you bill us for.

(Sarah O'Shanski): So if I billed on the 15th and sent extra supplies in that 15th order more than their prescription, would that get denied?

James Herren: Yes, because I mean, again, the situation is you bill us for what it is you provided for whatever the time period is. So what we're going to do is go in and calculate it based upon the number of calories per day, starting on the 15th to the 15th for instance of the next month. So we'll only pay based upon calories per day and what it is you actually, you know, what it is the patient needs. That 5-day window there, I don't know that we really have much guidance on that. I'm sorry. I don't – I'm looking down to some claims people now and they're shaking their heads

as well. That 5-day issue there is really not something that we have much control over because again we pay for what it is that you actually – starting with the date you actually ship and ending on the end date of, you know, how long those supplies are supposed to last.

(Sarah O'Shanski): OK, thank you.

James Herren: OK, you're welcome. Thank you.

Max Garner: Thank you, (Sarah).

Operator: We have our next question. Go ahead please, your line is open.

(Pat): Yes. This is (Pat) and I'm with an O&P facility. My question is regarding the surety bond. We are custom orthotics and prosthetics, the only – so we made all the criteria to not have the surety bond except that we do provide the therapeutic shoes for diabetics, but we provide them at the same time we're providing the custom-made orthotics, the inserts that go with those. Do we have to have a surety bond?

Max Garner: The short answer is yes. Since you are providing those diabetic shoes, then you would be required to get the surety bond.

(Pat): Thank you.

Max Garner: Thank you. And if you have any more questions about that, we do encourage you to contact the NSC, the National Supplier Clearinghouse, if you need any further verification on that.

(Pat): Thank you.

Max Garner: Thank you.

Operator: Once again if you have any questions, press star 1. We have one more question in the roster.

Go ahead, your line is open.

(Carmen): Hi, this is (Carmen); I'm calling from (Bay Care Home Medical Equipment). And my question is concerning the surety bond. I believe the deadline is going to be 10/01. We sent in our paperwork and we're trying to call and check status on the information that was submitted and now they're telling us they're running approximately 45 days behind schedule. So I mean do we need to have some concern with that 10/01 cutoff date?

Max Garner: And (Carmen), that's the NSC that you contacted?

(Carmen): Yes, the clearinghouse.

Max Garner: OK. We're not really aware of what their workload on the surety bonds and having your records updated?

(Carmen): OK.

Max Garner: Unfortunately we are not going to have any information on that. James does have something to add though.

James Herren: (Carmen), when you send in your surety bond, did you do it through some sort of registered mail and ...

(Carmen): We sent it – yes, we sent it registered to the overnight address; they actually had a separate mailing address for the overnight mailings and we did do that. And we submitted at, maybe now

it's been about maybe a month, and we caught on it last week, I believe, just to check and make sure everything was OK, because we haven't got any type of response. And they're telling us, well, they're looking at maybe a 45-day workload.

James Herren: Yes. I have not heard the 45-day workload from the NSC but I have spoken to someone over there and ...

(Carmen): OK.

James Herren: ... they did confirm it as a very high-volume workload because they felt confident they would ...

(Carmen): Have it completed by that time.

James Herren: ... completely.

But the main thing was, you know, that suppliers were aware that they had some sort of tracking mechanism to make sure that, you know, the items were received by the NSC, you know ...

(Carmen): Yes.

James Herren: ... those and, you know, so it sounds like you're OK there.

(Carmen): OK. All right. Well, thank you.

Max Garner: Thank you, (Carmen).

Operator: Max, no other questions holding at the moment.

Max Garner: OK. Go ahead and make one more announcement that we are here to, you know, take their questions and ...

Operator: Sure, of course. Once again, everyone, it's star 1 if you have any questions.

And we do have one more. Go ahead please.

Tony Maldonado: Can you hear me?

Operator: Your line is open, go ahead. Yes, we can.

Tony Maldonado: Yes, my name is Tony Maldonado with the First Choice Home Medical in Oklahoma.

I would just want to clarify, make sure that I understand the process, we are waiting to be surveyed, we've been given a 3-month window. And we called the NSC and what they told us that we should do is mail our information in regarding surrendering our number. But I want to understand, does Medicare expect us to turn all our patients over to another company and we get surveyed mid-October, patients ((inaudible)) patients with another company, and then we wait 30 to 60 days to get our number back, and we just start all over again about trying to, you know, I know there's no guarantee of getting our patients, but is that what Medicare expects us to do?

Max Garner: Well, as the NSC has stated, if you are not going to be able to satisfy that requirement by the September 31 to October 1, then they had recommended that you term your number before, you know, they, unfortunately, term it for you. As far as Medicare's expectations, we can't really speak on Medicare's expectations on, you know, what's going to happen to your customers and so forth.

I would of course refer you to the NSC with any more questions regarding – or to check the status of your application.

Tony Maldonado: We did that and we talked to them and they, you know, it's pretty well cut and dry. You know, you surrender that, you know, surrender your number, then you wait for the process to go out. But to me as a business owner, if you have – because I have about 300 to 400 patients, I know two other owners that have anywhere from 500 to 700, another one has 800, they're waiting to be surveyed. And if they are not surveyed in time and if we follow that, you know, there's a couple of thousand patients out there that are, you know, don't have a provider.

But to me I just don't understand – do they expect you to start your business all over whenever you got, as a business owner, again, you have leases that you're paying on, you have payroll, you have overhead. And, you know, we – some people got their paperwork on time, you know, we were a little bit behind on that, but to me it's almost like starting your business all over again.

James Herren: Tony, this is James Herren. You know, at this point it gets into what's best for your business. You know, as far as the CMS have an expectation or what you're going to do, you know, I don't know if expectation is the best word, other than it – they do want to make sure the beneficiaries are well cared for.

Have you begun discussions with other suppliers in your area to try to work out arrangements with them to, you know, help service your beneficiaries, bill for them, and then there might be an expectation you'll taking back when everything's resolved and maybe you can help them out down the road. You know what I mean? Have you begun those kinds of discussions with suppliers to see if we can't help each other out?

Tony Maldonado: That's, you know, obviously if you're talking about a national company, they'd love to take your patients.

James Herren: Sure.

Tony Maldonado: After I get them back.

James Herren: I was thinking more locally. But, you know, again as you acknowledge, I think, you know, the accreditation process takes a while and it sounds like maybe you got in a little late, have you been in contact with the accreditation company about trying to ...

Tony Maldonado: Yes.

James Herren: ... move up your date and being – you have been. I'd definitely recommend that.

As it stands right now, I think the best advice that we can give though is that, you know, you have to – you have to get accredited. It sounds like you've got the right idea following the NSC's guidelines on terming your number until you can get it squared away. But in the meantime, it's really, Tony, it's what's best for your business at this point as to the decisions you've got to start making, but then of course work within the Medicare guidelines and then, you know, your state guidelines as well.

Tony Maldonado: I didn't know, I was looking on the – our accrediting body, and they've been very helpful, but there is, I know I checked their governmental relations site, their Web site, and they mentioned that there has been a request to extend that – the accreditation. I know it's made as of last Thursday to CMS, and no response has been posted on their Web site.

But I was just curious if, you know, out there, how many – does CMS or anybody know how many in the private companies are out there that don't have – or in the process and doesn't look like they're going to be accredited? Because Medicare (acknowledges that).

Max Garner: Actually we have not been given that information if it is out there, so we would not be aware of that unfortunately.

Tony Maldonado: I know that just locally the two guys that I know that have those companies, if we're local here in Oklahoma City Metro and Western Oklahoma and we're – our population is not that dense in Oklahoma, but, you know, some of the higher population cities where there may be thousands of people out there, you know, it's pretty hard for even a national company to transition 200, 300 patients, so ...

Max Garner: Yes, we definitely understand that. And we certainly understand, you know, your concern and your position as well, we're just kind of at kind of the same place you are, we don't really have any advice to give you other than to follow the NSC's recommendation.

Tony Maldonado: With that governmental relation person, and he mentioned that kind of their logic behind that was why, you know, the whole accreditation process, their suggestion would have been to roll it out per region or in the – the competitive bid areas to roll that out first instead of overwhelming these accrediting bodies, you know, with thousands of companies, and there's probably, what, 12 recognized, but no telling, I doubt there, personnel or manpower will be able to get things done in a timely manner.

Max Garner: OK, Tony. We do appreciate you raising those concerns and, you know, in our discussions with other contractors, NSC and so forth, we will pass those concerns along. But we would have to refer you to the NSC unfortunately for a resolve to those issues.

Tony Maldonado: If – I have – my co-owner has one small question.

Max Garner: OK.

(Vicky Myers): Hello. My name is (Vicky Myers) and we're helping Tony get ready for the accreditation survey. My question is really related to the fact that our First Choice Home Medical is a 2-year-old business. It's not an old business; it's been established for 2 years. It's Native American owned. We're in the process of becoming an AA agency. And one of the owners has gone through a very difficult time with his wife who's terminally ill with the brain tumor. He has had to spend quite a bit of time taking care of personal matters. My question is, is there a place to go to ask for an exception to the time restraint placed on the accreditation for a new company?

Max Garner: I'd certainly agree those are definitely some extenuating circumstances there and I do feel for you in that regard. But the only thing that we can do, it obviously, as DME MAC, is to refer you to the NSC. Unfortunately we don't have any pull in that regard to extend that date for you.

(Vicky Myers): OK, thank you.

Max Garner: Thank you, (Vicky). And thanks, Tony.

Tony Maldonado: Thank you.

Operator: All right, we'll move on to our next question. Go ahead please, your line is now open.

(Boise Harver): Yes, this is (Boise Harver); I'm with (Retrovat) Home Oxygen. I have a question concerning contracting with Medicare insurance companies. We have had HMO or Medicare – managed care Medicare companies tell us that they are not accepting new DME companies. Is it legal for them to do that?

Max Garner: The answer, consensus in the room, is yes.

(Boise Harver): OK. My next question, if – am I allowed another question, is that OK?

Max Garner: Sure, that's fine.

(Boise Harver): OK. My next question is, we've been accredited since '07. I understand that it's not necessary to notify the NSC of our accreditation status, that our accrediting company has done that. Does that sound correct?

Max Garner: That is the sort of the word on the street there, but I would contact the NSC to verify that they have been contacted with ...

(Boise Harver): Yes. We're in the process of updating our 855.

Max Garner: OK.

(Boise Harver): My next question is that we have completed our surety bond, we have the surety bond, and we have notified NSC with an 855 or revised 855 that our surety bond is complete ...

Max Garner: OK.

(Boise Harver): ... and given them that information. How can we be assured that that information will get through to you guys so that you all don't stop our payments?

Max Garner: Well, once the NSC updates your record, as long as there's no – as long as you've met all the requirements, there would be nothing done to your Medicare number.

(Boise Harver): But there's no way of confirming that NSC has updated those records correctly or appropriately, there's no online access to those records, et cetera, correct?

(John Bergey): Hi, my name is (John Bergey); I'm with their technical team. And as far as the NSC records, the NSC shares their records with us through a shared system basically. And as far as our understanding, if you did not meet the surety bond, their accreditation requirement, then they would notify us of that in the system, whereas if you've already met all your requirements, then nothing in your account is going to change.

So I mean there isn't necessarily anything on our Web site or anywhere that you could check that. You can always call our customer service hotline and they could look at your account to make sure you're still active and everything like that. But there really should not be any kind of problem with it.

(Boise Harver): Obviously you're submitting a revised 855 form and that form is being mailed, registered mail, returned, received, requested, et cetera, et cetera, but then it is still dependent upon someone on the other end at the NSC taking that form and properly entering that information in order for all the t's to be crossed and i's to be dotted. Does it not make sense for the 855S to be an automated process?

(John Bergey): Well, really that's not a question for the NSC. But again as far as checking your status of that, you would need to contact the NSC. And if in their systems everything is up to date, then it's going to show the same – they're going to reflect the same way in our system because we're basically sharing that information with them ...

(Boise Harver): So basically we just have to contact the NSC over the phone, confirm that the information is correct. And then after we've done that, then we can be assured that, yes, the information is correct and that you have gotten the correct information.

(John Bergey): Correct.

(Boise Harver): OK. Thank you.

Max Garner: All right. Thank you for your question.

Operator: We have a couple more questions. Again, it's star 1 if you'd like to ask a question. And we will go to our next question now. Go ahead please, your line is open.

(Tammy): Hi, my name is (Tammy) and I'm calling from (Walson) Incorporated in Texas. We are having – we've had several problems with sending out supplies that fall under the consolidated billing area and then we'll get payment and then they come back and recoup saying the patient was enrolled in the home health. But we verified that they were not in a home health before we sent out the supplies. So, how – when do the records get updated that they are on a home health?

Max Garner: (Tammy), thank you for your question. Unfortunately for home health, we kind of have to wait until they update their records for our records to be updated.

(Tammy): So, how do they update, by billing?

Max Garner: That is correct.

(Tammy): OK, so ...

Max Garner: So once they start billing, our records are updated, and then any payments that are paid, 9they're shooting us), are then recouped which is what you're experiencing.

(Tammy): So if the home health waits 3 months to send the bill and we've sent supplies in the meantime, it's just ((inaudible))? Even though we verified upfront?

Max Garner: It will result to an overpayment request ...

(Tammy): Right.

Max Garner: ... but of course you have your appeal option.

(Tammy): OK.

Max Garner: You can send that into redeterminations as long as you're in your redetermination
timeframe.

(Tammy): Well, we've tried to appeal one in that instance where this has happened, but when we called
your customer service department, they could not give us the date that your records were
updated. So we really didn't have a leg to stand on.

Max Garner: That information is actually not available on our system. Before you provide – of course
before you provide services to beneficiaries, I'm sure you inquire whether or not they are in a
home health?

(Tammy): Right.

Max Garner: And I guess telling you no?

(Tammy): Right, there's no home health (stays) on record, so we send the supplies out. And then a
month or two goes by and the home health (fills) and then our money is recouped. But if you all
can't give us the date that your record is updated, how can we prove that on the date that we
checked, nothing was showing up.

James Herren: I'm sorry. (Tammy)?

(Tammy): Yes, sir.

James Herren: This is James, and John Bergey may jump on this line too. I'm trying to think, when you call the beneficiary, so they'll work out kind of a system of questions to ask them, you know, if someone coming out to your home to provide you with any services, you ask them those kinds of questions because, you know, beneficiaries when you ask them or you want to home health episode, well, that's – that may – that may be Greek to them but asking them a few leading questions about, you know, people come out to their home and helping them with things may work a little better. John, do you have any thoughts on that?

John Bergey: Yes. I would agree with James that that would definitely be one way to try and prevent that. And, you know, we realized the beneficiary may not always know what you're talking about and may give you a misleading answer. But, you know, the other thing – getting back to what you're saying about the day our records were updated, even if we did know that or you did know that, when you appeal that, that still would not be a sufficient reason to overturn that.

The bottom line is if the beneficiaries in a home health episode during your date of service. And it is an item that's in consolidated billing, whether you knew it at the time or whether we knew it at the time, ultimately is not relevant. It's still going to deny and those services need to be paid through the home health. You can't – have you tried actually going back and billing it to a home health agency?

Female: Yes. Good luck.

John Bergey: ((inaudible)) bill it. That's part of their billing.

Female: Yes. They won't pay the bill. You – we ask the patient and – just like you ask the patient, “Do you already have a wheelchair,” before you deliver out, you know, a (seat-lift) chair or something, they tell you “no” and it's sitting in the corner of their living room. I mean, but as the (delivery) company, we feel like, you know, we're calling ahead of time.

We're checking just like we're supposed to, so we send the supplies out because there's no home health stays on record, and then two or three months later, when it's billed and updated, our money's taken back and we can't get those supplies back and it's just our loss. How can we be held liable if we did everything we were supposed to do?

James Herren: Yes, (Tammy), you always do the best you can. (If I might) go out and speak to suppliers, that's the most common thing, my guess, is always do the best that you can. When it comes to things like seat-lift mechanisms, always call us. Always call the contract –

Female: Right.

John Bergey: You know, and always double-check, you know, what's on file. Do the best you can taking the beneficiaries' word for it but always kind of go back behind them. That's why –

Female: Right.

John Bergey: You know, always work out a system of questions with home health episode, skilled nursing facility, visit those types of barriers to payment. Have, you know, worked out a system of questions that ask that would lead you down that path that, you know, maybe there's another payer sitting out there and you need to double check. You know, if they tell you “Yes, somebody's been coming to my home,” say “Hey, you know, before we send something out, we do need to speak to them.”

Female: OK.

James Herren: Just stuff like that, (Tammy), and I know it's not perfect but it does give you a little bit more of a layer of protection there.

Female: OK.

James Herren: All right?

Female: Thank you.

James Herren: Thank you, (Tammy).

Operator: We'll move on now to our next question. Go ahead please.

Female: Yes.

Operator: Go ahead.

Female: Can you hear me?

Operator: Yes, we can.

Female: Yes. I wanted to let the gentleman that called a while ago about the (surety) bond. CEMS will send you a letter and tell you that it is updated because we just got ours from CEMS.

Male: Did that – did that come from Columbia, South Carolina?

Female: Yes. And they said that they received it and has been updated and in their (file).

Male: All right. That's good information to know. Thank you for sharing that.

Female: You're welcome. Thanks.

Operator: Now once again, I'd just like to remind everyone that it is star 1 to ask any questions. And
there are – is no one holding at the moment.

Male: OK. We'll give them just another couple of moment.

Operator: And now we have someone in the roster. Go ahead please. Your line's open.

Female: Hello?

Male: Hello.

Female: Yes. I have a question.

Male: OK. Go ahead.

Female: We haven't sent our security bond and our accreditation status in and I want us to get that
overnight mail in ((inaudible)).

Male: All right. Let me see if I can get that address pulled up for you.

Female: OK.

Male: Let's go ahead and go to the next question. And as soon as we get that address, we'll just give that out to everyone.

Female: OK. All right.

Male: Thank you.

Operator: All right. We'll move to our next question. Go ahead, please...

Male: Thank you.

Operator: ...your line's open.

(Jeff): Hi. This is (Jeff) and I'm in Florida. What the October 1st cut-off and (NSCs) lag time, that's the time they're behind right now. If you provide service between October 1st and say, October 10, and Medicare says "OK, you didn't meet the requirement and we're going to revoke your billing privileges" – is that going to be retroactive back to October 1st?

Male: We're not actually sure what the (NSCs) plan is to implement that October 1st requirement. So unfortunately we would be unable to give you an answer to that question at this time. We are hoping that they do get all of those done, of course, by that deadline but again we have not been told of the plan in case they do not.

Did you have another question, (Jeff)?

(Jeff): No. I don't have another question. I just – I was just curious about that one there because, I mean, from a business standpoint – I mean, if I provide items for 10 days, I could be out a lot of

money if they decide "Well, we're going to come back and we want repayment for everything you did for that 10 days."

Male: I certainly understand. As soon as that information is made available to us, the DME MAC, we will send that information out or that update out through the listserv. So if you are not signed-up for that, we do encourage you to do so. Because that is our main avenue to communicate to suppliers with updates such as that.

(Jeff): All right. Thank you.

Male: Thank you.

Operator: And, once again, we've reached a point where there are no questions holding at the moment.

And it appears, Max, that we have no further questions.

Max Garner: OK. Give us just another couple of moments. I want to give everybody one more opportunity to go ahead and hit star 1 if they have a question and also we are still trying to find that overnight address for the (NSC).

James Herren: And to the caller who had the question about where to send the overnight, it's – the address is this – is the National Supplier Clearing House, Palmetto GBA – A as in Alpha, G as in Gamma - 495 and then 2300 Springdale Drive. Again, 2300 Springdale Drive, Building Number One. That's Camden, C-A-M-D-E-N, Camden, South Carolina, 29020. It also says you can visit their offices in Columbia, South Carolina, if you wish to deliver something.

Male: James, where did you find that on their web site?

James Herren: That was on the "Contact Us" section of the Palmetto GBA web site. That's www.palmettogba.com. At the top, you'll see where it says "Contact Us." And then from there, just click on National Supplier Clearing House link. And that's how to contact them.

Male: Thank you, James.

Operator: And still no additional questions as of yet. OK. We do have one that just popped into the queue.

Male: OK.

Operator: Go ahead please. Your line is open.

Female: The lady said that she received a letter. If we haven't received the letter but we called and that they updated it, they said that it was approved, that's fine also – correct?

Male: Yes.

Female: OK.

Male: ((inaudible))

Female: Well, you know, (surety) bond. OK. Thank you.

Male: All right. Thank you.

Operator: And again, star 1 for any questions. We do have one more.

Male: OK.

Female: I have another question about the (surety) bond.

Male: All right.

Female: You know how the (surety) bonds are like for 12 months, 24 months, or 36 months – like different periods of time? Once that period of time is over and you renew your (surety) bond, do you have to let the NSC know every time you renew it?

Male: Yes. That is correct.

Female: OK. Thank you.

Male: Thank you.

Male: Kevin, did we have any other question?

Operator: Not at this time.

Male: All right. I'm going to go ahead and give one more opportunity. If anyone joining us today does have a question they would like us to answer, please hit star 1 and we can take it at this time.

Operator: And we do have one more.

Female: Yes. I have another question about the accreditation.

Male: OK.

Female: A DME supplier and my question is if we don't meet the accreditation deadline, I understand that we're not going to be able to provide and we have to find another supplier for our Medicare patient. However, if we get in – if we're accredited October 30, retro back to the 1st of the month or is it from October 30 on we just don't get any pay for retro?

Male: As far as we know or as far as we understand it, it is not retro'ed.

Female: OK.

Male: All right. Thank you for your question. Kevin, did we have any more in queue?

Operator: Not at this time. No.

Male: All right. Well, I guess we will go ahead and wrap-up today's Ask-the-Contractor teleconference. I do thank you all for joining. Thank you all for your questions and we look forward to seeing you at future workshops and hearing you on future webinars as well. So thanks again for attending and have a nice rest of the day.

END