

## **CIGNA**

**Moderator: Ronja Roland**  
**April 10, 2008**  
**1:00 p.m. CT**

Operator: Ladies and gentlemen, welcome to today's Ask the Contractor conference call. This conference is being recorded.

At this time, I'd like to turn conference over to today's host, Ms. Ronja Roland. Please go ahead.

Ronja Roland: Good afternoon everyone and welcome to the CIGNA Government Services Specialty – Ask-the-Contractor teleconference, and this call is dedicated mainly to suppliers who have just obtained their provider number and those suppliers who've been billing Medicare for less than one year.

I am Ronja Roland; I'm with the Provider Outreach and Education team, and again we'd like to thank you for participating in today's call. James Herren, with Provider Outreach and Education, will be joining us on the call as well.

Your participation today helps us identify issues that are important to you so that we may better meet your needs as a new supplier.



Today's call will give new suppliers a general overview of CIGNA Government Services, the Jurisdiction C Web site, educational resources available and other contact information that is valuable to you as a new supplier.

We're going to start with our overview of CIGNA Government Services.

We are a wholly owned subsidiary of CIGNA Corporation. We did hold the Region D DME MAC contracts from 1993 until transition in 2006 to Noridian.

With the current Jurisdiction C DME MAC contracts, we are responsible for processing claims in the 15 states and two U.S. territories. Those states include Alabama, Florida, Mississippi, Oklahoma, Tennessee, Virginia, Arkansas, Georgia, New Mexico, Puerto Rico, Texas, West Virginia, Colorado, Louisiana, North Carolina, South Carolina, and the U.S. Virgin Islands. So if you have any or if you are providing services to beneficiaries in any of those states or territories, then your DME claims will come to CIGNA Government Services. In addition to Jurisdiction C contracts, CIGNA Government Services also holds part B Contracts for Idaho, Tennessee and North Carolina.

At CIGNA Government Services, our mission is to be the premier administrator of federal government health care programs built on a foundation of expertise, integrity and value-driven solutions. Our role as the contractor for Jurisdiction C is to pay claims promptly and accurately. We also want to provide services to the supplier community to assist in the billing and the payment of claims. We also act as a liaison to CMS when necessary.

Now for those suppliers who are new, we do ask that you take time to go to our Web site, and our Web site address is [www.cignagovernmentservices.com](http://www.cignagovernmentservices.com).



And once you're on our Web site or homepage, you will see a link that is titled DME MAC Jurisdiction C. That is where you'll find detailed information about CIGNA Government Services DME MAC contracts.

On our Web site is a wealth of information and knowledge, and some of the items that you can find on our Web site include links such as news and publications and under the news and publications link, you can find the latest news. You can also find archived news if you're looking for references or articles or listserv messages that have been published previously, you can find that information under the archived news section.

You will also find links to our publications. The publication for Jurisdiction C is the *DME MAC Insider*. You may also find the link to the supplier manual, which is going to include a wealth of knowledge. Your supplier manual will give you information on claim filing, jurisdiction, places of service, documentation requirements; a wealth of information is available in the supplier manual, and again that can be found on our Web site.

Other topics or links that are also available on our Web site, you'll find a link for claims information, and you will also see information about our CERT program. And with that CERT program we also have several different education sources on our CERT program.

We also have an FAQ section that has frequently asked questions, and we do try to update that monthly, so if you have a question, maybe a claims question or just a general question, you can always check that link on FAQ, because your question may be listed there.

We also have a section titled Forms. Any form that we would require or would like providers to use for Jurisdiction C; you can find them at that link. We have our EFT enrollment forms, Medicare secondary payer form, predetermination form, reopening form, we also have a suggested-intake form as well as our overpayment form.



There is also an EDI section for those of you that are electronic billers. You can select that link, it will take to get – provide information on the electronic data interchange, which is in the process of transition to a common electronic data interchange and James will discuss that a little more in detail as we move through the call.

Also on the Web site, you'll see information about coverage and pricing, and that is where you want to find information on the DMEPOS items that you are billing. They are also known as local coverage determinations. Those are available on the Web site and within those (LCDs); you will see the coverage and guidelines for those particular DME items. You will also see the Fee schedule available on our Web site and also information about our medical review department, which just recently transitioned back to CIGNA Government Services.

We also have an education link, which is very beneficial to you as a new supplier. Our provider outreach and education team offers several different Webinars. A Webinar is a teleconference as well as you can follow along on your computer through our Web site. Our online education courses are available 24 hours a day. We do have several different topics or policies available for both Webinars and online education courses. We will, at the end of the call, give you an update on our upcoming Webinars as well as some of the common education courses currently available.

You may also see the minutes from our ACT call. The minutes for today's meeting will be posted within the upcoming weeks as well as you may also look at the minutes from previous ACT calls. Those minutes include questions, answers and responses to any follow-up items.

You'll also see information about our provider outreach and education advisory group that consists of providers throughout our jurisdiction and they are a great benefit to our provider outreach team.



It helps us address the educational needs of the supplier community. You will also see a site help and contact information link. If you're looking for a specific department or information, you can select that link and from there it will give you addresses as well as phone numbers and any useful forms such as the IVR, in which you may check claim status.

Another section that you'll see on the Web site is titled helpful links. There you'll see a link to the CEDI or the common electronic data interchange, the competitive bidding contractor, the National supplier Clearinghouse as well as CMS. One thing we would definitely love to stress especially for our new providers is to become a part of our LISTSERV. It's a very easy process to follow. Again, on the Web site, you will see a link titled LISTSERV, simply submit – enter your information in and click submit and it's just that easy.

And that will allow you to obtain information from CIGNA Government Services regarding claims information; any topic that's important to the supplier community will go out through our LISTSERV. We strongly encourage you to become a member to sign up for our LISTSERV as well as those in your office so that everyone is aware of any upcoming news that CIGNA Government Services has for the provider community.

We will now turn the call over to James Herren; he's going to discuss some important topics for new suppliers.

James Herren: Thank you, Ronja. I'm going to start by talking about NPI, National Provider Identifier.

CMS is going to NPI as opposed to the legacy numbers. Claim rejections for any claims submitted without an NPI in the primary claim field began on March 1, 2008.



So as you received your supplier number and went to the NSC to do that, they would also have requested you have an NPI as well. As you submit claims, you need to make sure you are putting the NPI number in the primary claim field that started over a month ago, March 1, 2008. You are still allowed to put your legacy number on the claim as well, but the primary identifier has to be NPI. If you have been submitting both NPI and legacy numbers on your claims, suppliers are encouraged to begin testing NPI only right now.

The reason for that is on May 23, 2008, the NPI contingency is going to end so therefore you will want to make sure to send through a few test batches to make sure that you are not getting any rejections for NPI only claims. So again, we do recommend you send through review test batches to make sure that your NPI only claims are not being rejected. If you are receiving rejections on NPI only claims, please verify that the correct NPI was submitted on the claim.

Go to the NPPES record and ensure that all the information included is correct and make corrections to any incorrect entries, and you can access NPPES through our helpful links section that Ronja mentioned. Also please pay close attention to your Medicare NSC number which is your legacy number or your PTAN number. Make sure it matches your NPI number in the NPPES record.

Another area to verify is your legal business name, address, telephone number and entity type, whether you're an individual which is number one or an organization which is number two.

So again, make sure that your legal business name, your address, your telephone number and your entity type one or two, is correct.

As you go through that information, if everything is correct, you will want to check with the National Supplier Clearinghouse, and there's information how to contact them on our Web site under helpful links. But check with the NSC to make sure that that information matches with the



NPPES. The mandatory NPI rule beginning May 23, 2008, also applies to referring physician identifier (blocks) 17 and 17b.

All DME post claims require an ordering physician's named and identifier which may be obtained through the NPI registry at the NPPES, or NPPES Web site, and that site is [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov). That is where you can verify your NPPES registry information.

Also another change we have coming in the line is the – as Ronja mentioned earlier is the common electronic data interchange. Currently all four DME MACs are using their own electronic data interchanges, but that will go to a common or CEDI within a few months. CEDI will provide all single front-end solutions for submission and retrieval of electronic transactions.

Suppliers in Jurisdiction C must transition to the CEDI front-end claims by May 31, 2008. So on May 23, 2008, you have to go NPI only. On May 31, 2008, you'll begin transmitting to CEDI. Electronic submitters will send all electronic claims and claim status inquiries through the CEDI. CEDI will return all the electronic front-end reports directly to the submitter. CEDI will also receive the claims status response transactions from the DME MACs and deliver them to the trading partners CEDI mailbox. If you have any questions or concerns about CEDI, you can visit them at their Web site at [ngscedi.com](http://ngscedi.com). And they also do have a LISTSERV that you can take part in just as we have a LISTSERV for Jurisdiction C.

I do recommend that you sign up for the CEDI LISTSERV as well. There's a lot of information they can get out to you quickly through their LISTSERV. CEDI also provides a help desk to answer your questions. That phone number is 866-311-9184, that's 866-311-9184, they are open from 9:00 a.m. until 9:00 p.m. Eastern Time. So 8:00 to 8:00 Central – 8:00 to 8:00 Central, 7:00 to 7:00 Mountain. If you need to e-mail the CEDI, their address is [ngs.cedihelpdesk.wellpoint.com](mailto:ngs.cedihelpdesk.wellpoint.com).



Also, a change coming down the line for suppliers is competitive bidding. Round one is complete and bids have gone out or have been awarded through round one. This is mandated by Congress through the Medicare Prescription Drug Improvement and Modernization Act of 2003. This statute requires Medicare to replace the current fee schedule payment methodology for the payment of DME post items with a competitive bid process. Suppliers do a bidding structure to determine the fee schedule amount for the supplies.

The intent was to improve the effectiveness of Medicare payment, would reduce beneficiaries' out-of-pocket costs and also save Medicare money while ensuring access to items and services was still available. Competition amongst suppliers who offer a particular competitive bidding area was conducted. Suppliers were required to submit a bid for selected products. Some of these products are oxygen, wheelchairs both manual and power wheelchairs and diabetic supplies. These bids were submitted electronically through a Web site, a Web-based application process and the required documents were mailed into the CBIC contractor. The bids are evaluated based on a supplier's eligibility, their financial stability and the actual bid price submitted by the supplier.

Contractors were awarded to Medicare suppliers offer who the best price and meet the applicable quality and financial standards. The current contract suppliers, so those who won the bid must agree to accept assignment on all claims for the bid items that will be – and will be paid through that bid amount. So any supplier who wins a CBIC contract is required to accept assignment on those items again whether they be a wheelchair, oxygen equipment and so forth. The amount for each competitive bid area was derived from the median of all winning bids for that particular item.

Currently, contracts have been awarded for round one in the competitive bidding and those cities that were in round one were Charlotte, North Carolina, Miami, Florida, Orlando, Florida, the Dallas-Fort Worth, Texas area and the San Juan, Puerto Rico area. There were more, but those five were the ones that were actually in Jurisdiction C. So it's Charlotte, North Carolina, Miami and Orlando, Florida, Dallas-Fort Worth, Texas and San Juan, Puerto Rico.



Currently CBIC is in round two bids right now and that is for 70 cities across the country. If you have questions about this, CBIC does have a Web site and that is DMEcompetitive bid.com. You can call them and their helpline is 877-577-5331, 877-577-5331 and as everybody else, they do have an e-mail as well. And that's CBIC.admin@palmettogba.com.

Moving onto CIGNA Government Services, we do offer a provider self service technology. Ronja has mentioned our IVR and a few Web-based manuals, the IVR allows providers to access claims status, beneficiary eligibility, payment information, same or similar equipment, redetermination status and other options. We want to stress that any of these items that can be obtained through the IVR, you need to go through that first. The IVR phone number is 866-238-9650. You can find information on how to use the IVR on the contact us link on the Jurisdiction C Web site. So you go to CIGNA government services.com, go to the Jurisdiction C Web site, at the bottom of the page, you'll see a contact us link and they can assist you.

We have recently updated the IVR with information such as same or similar equipment. You can use that to check and see if the beneficiary has had a certain type of wheelchair in the past for something like that. Also the provider contact center responds to inquiries from the following, that is telephone calls, letters, faxes and e-mails. If you need to contact a customer service representative, you'll want to call them up at 866-270-4909.

Each contractor is organized, there are CSRs into three tiers, tier one which is the first level or the front-line experts that we offer, they can answer general questions. If they are unable to answer a question, then they can transfer you to a tier two or a helpdesk representative and if you have a written inquiry or a more detailed inquiry, we do have a third tier that handles the specialized inquiries that do require a little more time to resolve. Our general inquiries will be answered within 45 days.



Also for our upcoming events for provider outreach and education, we do have a workshop in Birmingham, Alabama on April 23.

Other upcoming cities for our summer workshops will be in Denver, Colorado, Orlando, Florida, Miami, Florida and Atlanta, Georgia. In the fall of 2008, we will offer workshops in Baton Rouge, Louisiana, Houston, Texas and Dallas, Texas. So we would love to have you there if you are able to attend our events in those cities. Please stay tuned to the LISTSERV.

Ronja mentioned the LISTSERV earlier, so we will offer information on how to register and details about each workshop through our LISTSERV. Also on the LISTSERV, we will mention our Webinars. We do have a Webinar on April 16 for manual wheelchairs. We also have a Webinar this month all covering hospital beds, and that is on April 30. On May 6, we will have a Webinar covering oxygen, May 13, we will have one for nebulizers, May 22 will be prosthetics and orthotics and May 28th will be Medicare 101 and the May 28, Webinar might be a good one for new suppliers to sign up for. We do recommend though when you get a LISTSERV indicating that there is a Webinar available, please sign up as quickly as you can, as they do fill up fast.

Our next general ACT call which will be available to all suppliers will be June 11 and will be from 1:00 p.m. until 3:00 p.m. Central Time or 2:00 to 4:00 Eastern Time.

Let me go and turn the call back over to Ronja Roland as we will answer questions, thank you very much.

Ronja Roland: Thank you James, we will now open the floor for question and answers. Please keep in mind that we will not be able to address specific questions about individual claim.



If you do have a question regarding a specific claim, we do ask that you contact our provider customer service center at 866-270-4909. If you're just checking the status again, you can use our enhanced IVR system at 866-238-9650.

We do ask that you, if it at all possible, limit your questions to one per supplier so that we may address as many callers as possible. We'll now take our first question.

(Linda): My name is Linda and I need to ask you, whenever I get an e-mail like on the wheelchairs and the oxygen, as soon as I go on it, it's like that day I get it, and it iss already filled. Can you make some concessions for those of us that – I mean I get the e-mails real promptly, I check them all during the day and by the time I get on once you register for one, it's already filled up...

James Herren: Hi (Linda), this is James and we do understand your frustration. We are sorry for that. Currently the capacity we have for Webinars is about 100 participants. We are currently working to try to increase that number or offer few different options for you. One of those options is to offer the Webinar as an encore presentation. For instance, the oxygen Webinar that we're having on May 6 will be an encore of one that we had back in January.

Another area that we are currently looking into is recording the Webinars and then making those available for a period of time after that date, maybe 30 or 60 days, somewhere in there, we're not sure exactly. That's something that we're looking to do and we will do that very soon. So we do understand that they do fill up quickly and we certainly would like to address that.

(Linda): OK, thank you.

James Herren: Thank you, (Linda).



(Linda): And my question is we have patients who are also with the pharmacy for their medical needs – medicines and supplies but the pharmacy that they're going through also sort also supplies DME. They are calling all of their patients from the pharmacy and trying to get them to come to one place and thus taking patients away from us. Is that ethical or is there anything we can do about it because they're doing it without the patient even knowing? My problem is, we have a lot of Russian speaking patients, the pharmacy does have Russian speaking employees but they're having the patient sign a delivery ticket for this DME supplies that is in English and the patients are elderly and rather scared of what's been going on and they don't understand. Is there anything we can do about it?

Ronja Roland: OK, thank you, (Linda), for your questions and comments. One thing we always like to stress to providers is that it is always the beneficiary's choice as to what provider they choose to supply their items. That is part of the Social Security Act. Another thing, if the pharmacy that you're speaking of, if they are violating the supplier standards, you can contact the National Supplier Clearinghouse because all suppliers that have a legacy or NSC number are required to be in compliance with the supplier standards. So if they are in any way violating that, then at that point, you can contact the National Supplier Clearinghouse. Also something you may want to look into possibly is any senior advocate groups that may be in your area that can work with the beneficiary and help them to understand they do have the freedom of choice to choose their suppliers.

(Linda): OK, I thank you.

Ronja Roland: Thank you.



(Debbie): Yes, my name is (Debbie) and my question is I'm in New Mexico, what happens at the end of the five-year period on oxygen, if the equipment wears out on the concentrator or like other capped rental items, are you going to replace it like you do on other capped rental items?

James Herren: Well, (Debbie), yes, the reasonable lifetime expectancy for oxygen is five years so if in that period of time you know the beneficiary is eligible for new equipment. So, to answer your question it would be no different than a wheelchair or diabetic monitor. So yes, five years is the general rule and then the beneficiary does become eligible. No, it's not to say that just because five years is out that you know we'll automatically look to replace the item for no reason but they are eligible after five years.

(Debbie): OK, thank you.

James Herren: OK, you're welcome, (Deb).

Ronja Roland: Thank you.

Ronja Roland: Thank you so much. We thank you again for attending our Ask the Contractor Call for Small Suppliers and we ask that you join us again, June 11, for our general ACT call and again sign up for our CIGNA Government Services LISTSERV.

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