

CIGNA

Moderator: Max Garner
October 20, 2008
1:00 p.m. CT

Operator: Good day, welcome to the CIGNA Conference Call. Today's conference is being recorded.

At this time, I'd like to turn the conference over to Max Garner. Please go ahead, sir.

Max Garner: Thank you, Steve. Good afternoon and welcome to today's "Ask the Contractor Teleconference" covering the Comprehensive Error Rate Testing or CERT program. I'm Max Garner with Provider Outreach and Education for Jurisdiction C, CIGNA Government Services.

I'm also pleased to be joined by additional representatives from the Provider Outreach and Education Team, James Herren, Dante Thomas, Taveo Perry and Ronja Roland. We also have members of our Medical Review Department on today's call as well. (Collin Keys), our Medical Review Operations Manager and we're also introducing our new CERT Coordinator, Ms. Brenda Normandia. Brenda performs several functions to support the CERT process including providing information to suppliers, reviewing and responding to errors, and tracking overpayments and appeals.

I also like to thank you for joining us and for participating in today's call. We value your attendance, questions, and feedback on these calls as it allows us to better meet your needs.

Please be aware that this call again is being recorded. The audio file and the minutes will be posted on the CIGNA Government Services Web site within the next few days. At the end of the introductory presentation, 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. Please contact our Provider Contact Center at 866-270-4909 to resolve those questions.

Our primary focus today is the CERT Program and its importance to you. Being able to define and understand the CERT Program will ultimately help you recognize errors that generate CERT audits and how to avoid them. Also, learning this information will help you prevent future errors and decrease costly mistakes.

Now, it's not uncommon as we conduct education throughout Jurisdiction C to hear the question, "What is CERT?" The Centers for Medicare & Medicaid Services (CMS) created the CERT Program based on instruction from the Government Performance and Results Act of 1993. It is the mission of the CERT contractor to measure and reduce paid claim error rates. This is done by randomly selecting claims from all Medicare Contractors for documentation audits and it is CMS's belief that Suppliers and Contractors alike should work together to avoid CERT errors.

In the event you are ever selected for a CERT audit, it is easy to distinguish a CERT request from other audit requests that you may receive. A CERT request will be on CMS letterhead. And it will include a bar code sheet which you must return with your documentation. It also comes on an oversized orange envelope so it's really easy to distinguish from other mail.

The next question we often hear is, "How, as a supplier, do I ensure I'm ready for a CERT audit and how the CIGNA Government Services help? Well preparing for an audit can be done in three easy steps.

First, implement a thorough intake procedure to ensure the service is medically necessary and that you have access to all the supporting documentations.

You can do this by customizing CIGNA Government Services Suggested Intake Form to meet your business needs. This form was designed based on typical beneficiary file requirements and it helps you gather needed information prior to providing a service.

You can also implement the use of CIGNA Government Services documentation checklists. These are provided by the medical review department. Currently, we have checklist for use when providing Glucose Monitors and Supplies and Group 1 and Group 2 Pressure Reducing Support Surfaces. Additional checklists are currently being developed by the Medical Review Department. And these forms are located in the Forms and Medical Review sections of our Web site at www.cignagovernmentservices.com.

The second step that you can take is, prior to submitting your claim to the DME MAC is to verify if services were coded and billed correctly. To assist you with the CMS 1500 form, Provider Outreach and Education has developed a Completing the CMS-1500 Form Online Education Center module. This module will provide you with in depth instructions on completing the CMS-1500 form which will help you with your initial claims submission.

We also recommend using the DMECS tool located on the Pricing, Data Analysis, and Coding Contractor (PDAC) Web site. This tool is an excellent resource for coding information as it will help you locate the proper HCPCS code for the item that you are providing. The PDAC Web site is www.dmepdac.com.

And the third step that you can take is, always respond to an audit request quickly and completely. Make sure the related documentation medically justifies the service provided. Also, follow the CERT instructions carefully in regards to where, when, and how to forward the documentation to the CERT contractor. Following these steps may help you avoid an overpayment request, it may improve your ability to respond to potential audits, and it may lessen chances of additional audits in the future.

To assist you in responding to the CERT request, CIGNA Government Services actively contacts suppliers to offer assistance. If you have not responded after the first up to four letters, from the CERT contractor, you will most likely receive a call from our CERT Coordinator Brenda Normandia. This courtesy call from Brenda will ensure you have received the CERT request and she can answer any questions you may have regarding the documentation that's needed.

The last question we tend to hear is, "What if the beneficiaries' physician will not provide me (the supplier) with a copy of the related medical documentation?" The Jurisdiction C Medical Director Dr. Robert Hoover created a letter you can use if you're having trouble obtaining the needed documentation from the beneficiary physician. This letter explains to the physician that the supplier is their partner in providing care to the beneficiary. It also informs the physician that payment will not be made for the needed service if they do not provide the corresponding medical records, and that could result in the beneficiary having to cover the cost of the service itself. And lastly, the letter informs the physician that it is a federal requirement to provide this information and that it is in keeping with HIPAA privacy rules. You can find that letter on the CIGNA Government Services Web site. Now if the physician continues to be uncooperative after sending this letter, you may have to resort to contacting the beneficiary to aid you in this matter.

In closing, CERT quite simply comes down to obtaining and retaining all necessary documentation, coding and filing your claim correctly, and responding to a CERT request in a timely manner. Ensuring that you are thorough in completing these steps will help eliminate an overpayment request and potentially further CERT review.

If you like to learn more about the CERT process, you can visit our Web site at www.cignagovernmentservices.com and complete the CERT Online Education Center module. This module and others provide you with the flexibility you need. For example, you can access Online Education Center modules 24 hours a day and seven days a week, which allows you to complete the course at your leisure. There are also instructor led, most of them, and provide you

with a close captioning feature. If you haven't already, please visit our Web site and complete the on-line education courses that are relevant to your line of business. We are sure you'll find them informative.

Before we move on to the question and answer portion of today's call, I would first like to update you on upcoming education from your Provider Outreach and Education team. Some of our upcoming events include MedTrade East in Atlanta, Georgia and Maximizing your Reimbursement Workshops in Baton Rouge, Louisiana and Houston and Dallas, Texas.

We are also adding additional webinars to our calendar which will allow more providers to attend our on-line education events. This month and next month, for example, we're offering webinars of refractive lenses, manual and power mobility, infusion, documentation requirements, nebulizers, oxygen, and reopenings and appeals. All of these online education events will be encored two to four times. So stay tuned to our ListServ messages or announcements on this and other upcoming events.

We would like to thank our Jurisdiction C customers for increasing registration on our ListServ. If you or your staff are not registered for our ListServ, we encourage you to do so. The ListServ will provide you with immediate updates on all DME and Medicare information including Medicare publications, important updates, workshops, webinars, and medical review information.

We're going to go ahead and open the lines for the question and answer portion of the call. As a reminder, we will not be able to answer questions pertaining to individual claim issues. Please contact your provider contact center to resolve those questions. Also, please limit your questions to one per supplier so we may address as many callers as possible.

Operator: Thank you. If you would like to ask a question, press star one on your touch-tone telephone.

Please make sure your mute function is turned off to allow your signal to reach our equipment.

Again, press star one for questions and we will pause just a moment to give everyone a chance to signal. A voice prompt on your phone line will indicate when your line is open to ask a question. Please state your name before posing your question.

We will take our first question.

Max Garner: Thank you, Steve.

Operator: Your line is open; please check your mute button. Well move to our next question.

Female: Hello.

Operator: Hello. Yes, go ahead with your question.

Female: OK. I have a question – it's not one particular claim. I've had several claims that I've been trying to bill for materials after cataract surgery and they keep coming back to me for all sorts of reasons. So, I was thinking that I have everything correct now and then they're still coming back to me.

Max Garner: Alright. Unfortunately, well, we're not going to be able to answer that question today. We are going to focus on the CERT Program. If that's possible, the only thing that I can really do at this point is to refer you to the Provider Contact Center. If you don't have that number, I can go ahead and provide it to you. It's 866-270-4909.

Female: 6021, I'm sorry.

Max Garner: 866-270-4909. And they should be able to answer your questions. I think James has something to add to that as well.

(James Herren): Yes, ma'am. This is James Herren with Provider Outreach Education and we do have some webinars coming up this week, Wednesday, Thursday and Friday that are covering refractive lenses.

Female: Yes.

(James Herren): I do invite you to go out to the Jurisdiction C Web site and sign up for one of those webinars.

Female: Jurisdiction C Web site?

(James Herren): Yes, ma'am. It's the www.cignagovernmentservices.com.

Female: Right.

(James Herren): www.cignagovernmentservices.com, on the right hand side, you'll see the education link. Click that link and then you can follow to webinars and you can sign up for one of those webinars.

Female: Right. OK. Thank you, James.

(James Herren): Thank you.

Max Garner: And that will be hosted by James Herren himself.

So we're going ahead and take our next question, Steve.

Operator: OK.

Female: Hello.

Max Garner: Yes, ma'am?

Female: Yes. Our question is we have not received a payment from CIGNA DMERC in about a year and a half. We've done everything we know to do and they still – I can't get any answers from CIGNA DMERC or IT Management and I really need to know who can help us with this. It's been about a year and a half. And my other question is can I file them online, individually?

Max Garner: Are you talking about your claims?

Female: Yes, sir. Could I file online?

Max Garner: If you're signed up for electronic claims processing, you can file those claims electronically but in regards to the issues that you've been having with your claims, we would encourage you to call customer service and if tier one cannot answer your question, you can asked to be transferred to a tier two and then a supervisor.

Female: OK.

Max Garner: But unfortunately, we will not be able to answer any claims specific questions.

Female: OK. I know you all said that but yes – we have had horrible times but thank you.

Max Garner: I understand. Thank you.

Operator: And as a reminder, press star one if you would like to ask a question and we will move to our next question.

Female: Hello.

Max Garner: Yes, ma'am.

Female: I have a question about modifiers for canes, crutches and walkers.

Max Garner: Again, that's actually going to be a question for the customer service department. We're only taking questions regarding the CERT Program today.

Female: Oh, OK. Thank you.

Max Garner: Sorry about that.

Operator: And we'll move to our next question.

Female: Hello. Hello.

Max Garner: Go ahead with your question.

Female: Oh, OK. I have a question about the upcoming changes that are going to be considering the 36 month oxygen cap rental. When is the information going to come out on that?

Max Garner: I'll go ahead and answer that question even though we're only taking questions regarding the CERT Program, but that is an important question. We actually have not received any instruction from CMS yet on how that's going to be handled. So we are awaiting that instruction.

And once it comes out it will be posted to a ListServ to let everyone know. So if you haven't sign up for the ListServ already, we encourage you to do so. I think Dante has something to add to that.

Female: OK.

Female: Also to add to that as Max said we are waiting instructions from CMS on as it relates to the oxygen deficit reduction; however, we do plan to offer a webinar and also an ACT call specific to oxygen in December. So, if you're not signed up for the list serve, please make sure that you sign up and we will send that information out as soon as we have it.

Female: Great. Thank you.

Max Garner: Thank you for your question.

Operator: And as a reminder, press star one if you would like to ask a question and again we'll pause for just a moment.

Max Garner: And I would like to remind everyone that we are only taking questions regarding the CERT Program today and I do apologize for not been able to answer any further questions. If you do have any further questions, please call our customer provider contact center with those questions. Again, that number is 866-270-4909. Steve, if you have anybody in line, we'll go ahead and take their question now.

Operator: We do have another question in the queue.

Max Garner: Go ahead with your question.

Female: Hello.

Max Garner: Yes, ma'am.

Female: I was just wondering you say the CERT, what does the CERT stand for?

Max Garner: It's Comprehensive Error Rate Testing.

Female: Comprehensive Error Rate, R-A-T-E, and the T stands for.

Max Garner: Testing.

Female: Testing.

Max Garner: Yes, ma'am.

Female: OK.

Max Garner: I would encourage you to go out to their Web site ...

Female: And that is?

Max Garner: The CERT contractors Web site – actually ...

Female: It's www.DME.PDAC.com?

Max Garner: No. That's actually the Web site for the pricing data analysis and coding contractor.

Female: OK.

Max Garner: (Colleen), I can't remember right off the top of my head that web address for the CERT contractor.

(Colleen): Probably the easiest way to access that is go our www.cignagovernmentservices.com Web site ...

Female: Yes, ma'am.

(Colleen): Go to the medical review section for Jurisdiction C and we should have a link to that in the first paragraph. And that will link to the CMS Web site for CERT.

Female: Thank you.

Max Garner: Thank you, (Colleen). And thank you for your question.

Operator: And with no further questions in the queue, we'll pause briefly to give everyone a final opportunity. Press star one for questions and we'll pause just a moment.

And we will take our next question.

Female: Hello.

Operator: Please, go ahead.

(Stephanie): Hi, good morning. My name is Stephanie. I'm calling from Florida. This question is actually for Ronja. I know I heard you three or four times stating you couldn't answer any questions but

with all due respect, Ronja, I had spoken to you on September, our last phone conversation and you were supposed to work with some cases but I haven't heard from you. I was wondering if you could give me a call or if I could, I sent you, you know another fax requesting and update but I haven't been able to get my problems justified.

(Ronja): OK. This is Ronja. Was it the last ACT call. Did you know the ACT call that you were referring to?

(Stephanie): No, on September, give me one second. September 19th, the ACT conference call, I was having some issues with some cushions being billed ...

(Ronja): Yes.

(Stephanie): And you ask me to send them both to you.

(Ronja): Yes.

(Stephanie): I haven't gotten a response.

(Ronja): OK. Yes. We are still in the process of getting those resolved. Those have gone back to the appropriate areas so I will just do a follow-up today just to see what the status is on those for you. I still have your number so I can give you a call back this afternoon as well.

(Stephanie): OK. Thank you.

Operator: We will take our next question.

Male: I have question about the new ...

Max Garner: Go ahead with that question.

Male: I have a question about the new CPAP ...

Max Garner: Ok, Sir. There's actually a webinar coming out regarding the new CPAP rules. When is it?

Tomorrow. So if you haven't signed up for those webinars we encourage you to do so. We are going to be encoring those. Then you can get more information regarding the new policy but in regard to those questions today, we're going to have to limit today's questions to the CERT Program.

Male: OK.

Operator: We will take our next question.

Female: Hello.

Max Garner: Yes, ma'am. Go ahead.

(Marissa): Hi. My name is Marissa. I have a question regarding the documentation that we obtained from the doctor's office to substantiate a medical necessity.

Max Garner: OK.

(Marissa): My biggest issue or problem that we have encountered so far is when the doctor plainly flat out denies giving, providing us medical records for these. I want to ask your advice if there's something that we can do on our end. You know, we advice them that it's a federal requirement

but is there anything that we can send in, maybe an explanation that the doctor's refusing to participate. Should we do anything around those lines?

Max Garner: Have you tried using the letter that I spoke of earlier?

(Marissa): Yes. Yes, I always put that with our initial request for medical records.

Max Garner: And have you tried contacting the beneficiary to get that information.

(Marissa): We usually do if the beneficiary is still enrolled with us. But sometimes the denial comes from when the doctor calls the patient themselves and the patient says I don't want them to sign anything.

(James Herren): Hi. This is James Herren. Hello, ma'am; are you there?

(Marissa): Yes, I'm here.

(James Herren): Marissa, how often is this occurring.

(Marissa): It happens every so often. We don't get that many requests from the CERT office, maybe three or four months. But I would say that maybe like once every three months or so. It's not often but we do want to try to reach 100 percent when we did send this to you guys.

(James Herren): I do understand. You know, like what Max said, you are aware of the letter from Dr. Hoover and in seeking the beneficiaries response. You know, unfortunately, doctors are people too and ...

(Marissa): Yes.

(Colleen): Well, this is (Colleen). The only suggestion I might have if you see this happening with the same physician. I want you to try to obtain those records before you provide the service to the beneficiary because for the CERT Program or really for any audit that a Medicare contractor is doing, we're going to look to the supplier to provide that documentation.

(Marissa): OK.

(Marissa): Thank you.

Max Garner: Thank you for your question.

Operator: As a reminder, press star one if you'd like to ask a question and we will move to our next question.

Female: Hi.

Max Garner: Hi.

Female: I really don't have a CERT question. I kind of have the same question for (Ronja that the other lady had. I did have someone call me after that last teleconference in September wanting some examples. Unfortunately, she gave me an incomplete extension number and they would not connect me with anyone based on here first name. So if somebody could please call me back because I have a list of examples to send them.

(Ronja): This is Ronja. Do you remember that person that you spoke with that told you to fax in.

Female: They left a voicemail for me on the day that I was off and her name was Tracy and she didn't leave her last name.

(Ronja): OK.

Female: And they told me that the extension number that I have was incomplete.

(Ronja): I think I remember, yours was in regard to the electronic submissions.

Female: Correct. The narrative.

(Ronja): OK. I don't have her extension or her information in front of me. So I'll make sure that I get this to her. Or I will follow up and give you the fax number to fax that information.

Female: OK. And I'm with Clayhome Medical.

(Ronja): OK. Thank you.

Female: Thank you.

Operator: We will take our next question.

Max Garner: All right. Thank you.

(Victor Lopez): Yes. Good afternoon. This is Victor Lopez with Hartman Brothers.

Max Garner: Hey, Victor.

(Victor Lopez): My question – actually this is a CERT question.

Max Garner: OK.

(Victor Lopez): I'm hearing you folks say that we'll be receiving these requests for information on the CERT audit via mail. The few that I received were by fax. Are they going to continue to do both or they moved to doing only by snail mail?

Max Garner: Actually, I wasn't aware that they sent them out by fax. Brenda or Colleen, can you answer to that.

(Brenda Normandia): Yes. We weren't aware of it either but basically you know, if they have a fax number on file, they will probably try that first because it's the less expensive and quicker method. But they haven't really communicated to us. I know when they are trying to obtain record they will do phone calls. They will send records by mail, by fax. I think they're trying to be flexible. But I would assume they're using fax if they have a fax number just for the you know it's quick and easy.

Max Garner: I do have a follow-up question for you. Before you receive that fax, did you first receive a call from the CERT contractor?

(Victor Lopez): No, I thought the process was that they called you first and then send you.

Our first one was back in August 2007.

(Brenda Normandia): No, I believe it's a letter first.

(Victor Lopez): It is a letter first. OK.

(Brenda Normandia): A phone call normally comes when they are not getting a response to some letters.

(James Herren): (Brenda) or (Colleen), is it possible that in that letter that maybe they get the option of faxing or mailing and you know, maybe you can call them and say, go ahead and fax it to me, is that possible?

(Brenda Normandia): From the CERT? The CERT contractor will – their preferred method of receiving the records is the effect. However, they do have to option to mail as well.

(Victor Lopez): We're talking about receiving the audit. We received the audit by fax. We responded by fax as well.

(Brenda Normandia): I have not been notified that they were requested by fax. Now ...

(Colleen Keyes): But I think probably that's where they are using – not all suppliers are going to have a fax and it's good that they do, it seems like a good choice because it's going to get the request to you quicker and it's probably a less expensive method.

(Victor Lopez): Very easy in everything if they sent came over clear, complete, and it was very simple to respond to.

(Brenda Normandia): Yes.

(Brenda Normandia): It is.

(Colleen Keyes): But we're not aware that they were using fax to send requests either.

(Brenda Normandia): That's something that I'll check into.

Max Garner: We'll definitely follow up on that one, Victor. Thank you.

(Victor Lopez): All right. Thank you.

Operator: And as a reminder, press star one if you're like to ask a question and again we'll pause just a moment.

Max Garner: OK.

Operator: And we will take our next question.

Max Garner: Go ahead with your question.

(Christie): Ah, yes. This is Christie with Lincare and I have a question regarding a CERT audit I have. I have a patient. They were probably her fourth supplier and the testing that we have on our revised CMN is from a physician back in 2000. She has made from state to state and we have contacted the original doctor and he cannot locate her chart nor any work whatsoever. What do we do in that case?

(Brenda Normandia): Christie, this is Brenda. What they're going to require, what the CERT is going to require from you is recent testing to support the date service in question. So you need to try to get with that beneficiary and find out who she saw last and when she was tested last. Because they will not take anything short of the most recent test results available. That would be in support of the data service that they're looking at.

(Christie): OK. Yes, I understand that. If the doctor, the most current testing that was done and he did it in exertion. However, he did not do exertion on oxygen and then he did a rest test, what do you in that case?

(Brenda Normandia): Then what she's got you know from him, if he actually did the testing during exertion but no on oxygen then you've actually got documentation to show hopefully the need for the oxygen because of the ABG level while he's being tested without the oxygen.

(Christie): OK.

(Brenda Normandia): So, just send that medical documentation that you have that surrounds that data service.

(Christie): OK and then also the comment about the fax thing of the CERT letters. We did get a phone call and we do get them via fax messaging really. And every now and then we do get a letter in the mail but most of the time ours come in fax and a phone call because of the (Link Air) being so large.

(Brenda Normandia): Yes. And without a doubt you know that's probably true as far as you know a larger provider goes on the initial documentation requests but once past that they're going to start sending you letter after letter. And you need to respond as soon as possible because that will prevent it from going to the (OIG).

(Christie): Yes.

(Brenda Normandia): Once they send in that fourth letter out, then there's not a whole lot that I can do on this end to stop them from notifying them.

(Christie): Yes. Correct. We get ours out immediately.

(Brenda Normandia): That's very good. I don't get too many of you guys.

(Christie): In about four months.

(Brenda Normandia): Yes.

Max Garner: Thank you, Christie. And thank you, Brenda.

Operator: And as a reminder, press star one if you would like to ask a question. We'll go to our next question.

(Marissa): Hi. This is Marissa. I just have a quick question. How does the – if we don't – I think you mentioned something about the not responding to a CERT request and how that ties in to the OIG?

Max Garner: If you do not respond to the CERT request that will result in overpayment request from the contractor. And then I believe Brenda stated that it's also forwarded to the OIG.

(Marissa): OK because we have just gotten a couple of requests, requests that are from OIG. I'll just – this is my first time hearing from them. So I'm just wondering about that.

(Brenda Normandia): I think three or four letters in addition to some phone calls and if there's still no response to that from and then I believe they do refer it over to the OIG. Either way, no response will result in an error; we will be requesting the money back.

(Marissa): Do you now – I'm sorry if this is off track. Is there a certain denial what we receive, if we're not responding to them. I'm just wondering if we're not receiving your requests.

(Brenda Normandia): No. I mean, it will be on your remittance notice when we request the overpayment.

(Marissa): OK. Thank you.

Max Garner: I would also like to state that you can update your address on the CERT contractor website.

And again the best way to get to that is through the CIGNA Government Services Web site.

(Marissa): Great. Thank you.

Max Garner: Thank you, Marissa.

Operator: We will take our next question.

Male: Hello.

Max Garner: Hi.

Male: What is the timeline for the time that you receive the CERT request until the time that they give you the – submit all the documentation, supporting documentation before they, I guess, advance it to wherever ...

Max Garner: To the OIG?

Male: Yes.

Max Garner: I believe the total time frame is 75 days. You will receive four letters within that 75 days.

But we would like everyone to respond to the first letter. Every 20 days, you're going to receive a letter until you respond.

Male: OK. Thank you.

Max Garner: Thank you.

Operator: And we will take our next question.

(Jean Clarkin): Yes. My name is (Jean Clarkin). I haven't had a CERT audit. This is just a general comment.

Max Garner: OK.

(Jean Clarkin): On the notice on the Internet. I think that the reason why a lot of us called in is that it's said that it's Ask the Contractor teleconference is a great forum to hear the latest changes. Suppliers will have the opportunity to ask questions regarding Medicare issues that impact their company and I think I didn't understand that it was just about CERT on this call. It says CERT at the top but it doesn't say that the questions would be limited. So, maybe that's the point of confusion for several of us on this call.

Max Garner: OK. And I do apologize for that. I'll take that feedback for the next call.

(Jean Clarkin): Thank you.

Operator: And at this time, no further questions on the queue. We'll pause briefly to give everyone a final opportunity. Hit star one if you would like to ask a question.

And at this time, no further questions. And Max, do you have any final comments before closing the call out?

Max Garner: We'll give them just a few more minutes.

Operator: OK.

Max Garner: If anybody else has a question.

Operator: Sure. And again, that's star one on your touchtone phone for questions. Please make sure your mute function is turned off.

Max Garner: All right. We do want to remind everyone that we do have (Brenda) on the call today. She again is the CERT coordinator. So if you have any questions regarding CERT, now is the time to ask. Again, if you have any questions, please go ahead and hit the star key to request the floor.

Operator: And that is star one for questions.

Max Garner: Star one. OK, Steve. We're going to go ahead and wrap up today's call. We'd like to thank everyone for joining us on today's Ask the Contractor teleconference regarding CERT. For our next ACT call, we're going to concentrate on our oxygen policy, and it is currently scheduled for November 19th. So thank you again for your participation today and we look forward to seeing you in the future.

(James Herren): Let me stress. I'm sorry, Max. But we will have an ACT call tentatively scheduled for November 19th to discuss the new oxygen policy. Let me stress though that if no changes had been made in the oxygen policy by November 19th, we will not be having that call.

So, expect that call to be around the time that the changes are released. We went ahead and just said a date. We do not have any indication when that policy will change. Don't just assume it

will be the 19th. We will definitely make the change. We'll definitely make the ACT call when the policy does change.

And the next scheduled ACT call officially will be in December and that will be a general ACT call. I apologize that you were in the room that you see Dante Tomas trying to write something for me to read here. But our next scheduled ACT call will be a general ACT call for all of your questions in December. We will have an ACT call covering the new oxygen changes when we receive that information. So we will do that. You will know as soon as we know. So thank you.

Max Garner: Thank you, James. And again, thank you all for joining us today.

Operator: This does conclude today's conference. Thank you for your participation. You may now disconnect.

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