

CIGNA

Moderator: Deanna Menshew
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1:30 pm CT

Operator: Good day everyone and welcome to today's Jurisdiction 15 Kentucky Part B Ask the Contractor call. Today's call is being recorded. At this time I will turn the call over to Deanna Menshew.

Deanna Menshew: Thank you Mark. Good afternoon everyone and welcome to today's CIGNA Government Services Ask the Contractor teleconference for our new Kentucky part B providers in Jurisdiction 15.

My name is Deanna Menshew of the Jurisdiction 15 Implementation Team and I will be your facilitator for today's call.

I am joined today by our team of experts from across our Medicare organization. And together we will be providing you with information and then taking your J15 related questions once we get to the Q&A portion of today's call.

I'm going to begin our call by turning things over to Klayton Weybright, our J15 A/B MAC Implementation Project Director for some opening comments. Klayton?

Klayton Weybright: Thank you Deanna. On behalf of the Jurisdiction 15 management, Operational Management Team I would like to welcome you to today's add call. This will be the final implementation related add call as we convert into ongoing formal operations.

As you know we are now fully operational with the Kentucky Part B workload and we did make it through the transition with no major issues.

So I'm pleased with the participation from the providers as well as our internal preparations to ensure that we had a seamless implementation without impacting or disrupting any of the processing of the administrative function.

We continue to work with NGS in finalizing some activities. But all of the provider related Medicare processing is currently being performed by our operational management staff for Jurisdiction 15.

A lot of the questions and a lot of the things that we want to hear from you today are one of those things that you're saying as you're migrating to CGS from NGS.

There are differences in capabilities and differences in processing. And through all of the changes we're wanting to hear from you those things that we could look at improving in the future.

So again welcome to the Jurisdiction 15 A/B MAC. And as we go through the changes we're looking forward to providing great service moving forward. Deanna?

Deanna Menshew: Thank you Klayton. In our usual format we're going to begin today with some news and reminders for you and then we will move on to the open question and answer portion of the call.

As Klayton stated on April 30, 2011 CIGNA Government Services did assume full responsibility for the Kentucky Part B workload.

At that time National Government Services transferred all of their historical pending and in process operations to CGS.

Remember regardless of the data service all claims processing, customer service, and payment will handled by CGS the J 15 A/B MAC going forward.

Please be sure that you are no longer sending any of your requests or inquires to NGS at this time. And that does include overpayments or offset requests. This will delay the processing of your request.

As a reminder just prior to Transition National Government Services dropped their payment floor for all approved claims in their system.

This allowed as many claims as possible to begin - or I'm sorry to complete the processing and payments cycles prior to cutover.

On our first operational day May 3, 2011 CGS reinstated the payment floor. This will create a span of time where you have little to no Medicare reimbursement because your final NGS payments were paid much earlier than they normally would have been. Remember the payment floor for electronic claims is 14 days and it is 29 days for paper claims.

I am pleased to announce that we have launched our operational Web site for Kentucky Part B providers. The Web address is different from the implementation page that you have been using for transition information so please make a note of this.

To access our Web site for your ongoing Medicare news and information please visit the main Web page at CIGNA.governmentservices.com.

From this page you will click on the tab in the upper left corner labeled Kentucky Part B. This will take you to a series of pages that contains news and information specific to Kentucky Part B providers which does include fee schedules, educational opportunities, contact information for all of our operational units, local coverage determinations and more.

Also if you are registered with us to receive your J15 transition listserv messages there is no need to reregister for listserv updates.

You should now be receiving daily listserv messages from CGS. However if you're not currently receiving these email updates we would encourage you to register for our listserv from the main page of our Web site.

I will remind you as well that at this point you also have a new customer service phone line for your ongoing customer service inquiries and requests.

That number is 866-2765 - I'm sorry 9558. Let me repeat that. It's 866-276-9558. That number is different from the J15 implementation helpdesk that you had been contacting prior to cut over.

I'll give you the implementation helpdesk number once again. And you will continue to use that number for outstanding EFT applications that you were following-up on the status of. That number is 877-819-7109.

We also wanted to remind you that CGS is subcontracting with National Government Services to provide full EDI services for Kentucky Part B providers through September of 2011.

As a subcontractor NGS will support the testing of 4010 and 5010 translation, provide primary EDI help desk support, and trading partner management.

This approach is designed to minimize risk and effort as providers. The only change that you will need to make is for your contractor ID number on your electronic claims submitted to CGS beginning on April 30.

The new J15 contractor ID number for Kentucky Part B providers billing claims to CGS is 15102. Please ensure that all of your electronic claims submitted to CGS reflect this contractor ID number.

Any claims received with your old contractor ID number will be front end rejected and will require resubmission.

Of course we'd like to reserve the majority of today's call for your questions from the phone line. So please remember when you ask a question to identify yourself by name and the name of your practice or organization.

Mark can we please open the phone lines now for questions?

Operator: Thank you very much. For the members of our telephone audience if you would like to ask a question today you can do so by pressing Star 1 on your telephone keypad.

Once again that's Star 1 for a question. If you're using a speakerphone please be sure that your mute function is off so we can receive your signal.

And our first question today will come from Mary Langdon, X-Ray Associates of Louisville.

Mary Langdon: Mary, and actually I have several questions the first being we did call customer service and I know they did write something up for this to be looked into -- I think a tier 2 took the question -- on our screening mammograms and screening bone densities.

As of January 1 they were being allowed and paid at 100% with no co-pay nor deductible. And we are getting payments from CGS where they are paying at the 80% of the allowable and forwarding those to secondary carriers.

And, you know, these are starting to kind of build up because we've already received one bulk payment and some older claims.

So we know someone's looking into that but I was not aware if you all or anyone here on the teleconference was aware this situation.

Deanna Menshew: And Mary this is Deanna. That is one that we will need to research and assist you further with once we can gather all the appropriate information.

It sounds like you've already reported the issue through our customer service channel. So we can certainly double back and check with our customer service and claims team to find the resolution on that for you. But do you mind if I take your phone number as well?

Mary Langdon: No that's fine. It's 502-894-9517.

Deanna Menshew: Okay. Thank you. We will follow-up on that one.

Mary Langdon: Okay. The next question I had I know you all said things are done different between CGS and NGS but some of the things that we've noticed, when we call the IVR for like MSP

information or information like that it gives us - will tell us like that it's ESRD or its working age or - but it will not give us the name of the carrier.

CGS would actually say it's - or I mean NGS would actually say it's Anthem or we show Humana primary. And the only thing we get is that it's a working age file or something like that.

Then they do not give us liability or workers comp information saying that we have to go to the beneficiary for that.

And with us being hospital-based, you know, we don't come in contact with the patient upfront so we really relied upon the voice response units at NGS to give us that information.

Deanna Menshew: And this is Deanna again. Mary, that's actually very, very good feedback. And thank you for that. We have a team here that updates our IVR and is always following-up on suggestions for things that are identified from our provider community that could be helpful for you.

So we will take that back to our IVR team and see if there's any way that we could implement what you're talking about there.

I believe at this time our IVR actually gives you a code of the primary payer. And you can go out to the CMS Web site and plug-in the code and access the information that way.

But we can certainly work to see if there's any way that we can add that additional information to the IVR.

Mary Langdon: Yes because I was just thinking, you know, I could be wrong, I mean I've done some of these. I was thinking the code was indigenous for managed care only.

I was thinking it was for managed care but not for actual like working age like if somebody has, you know, Anthem to the spouse or something.

Deanna Menshew: Okay.

Mary Langdon: So...

Deanna Menshew: We'll follow-up with our IVR Technical Team. And...

Mary Langdon: Okay.

Deanna Menshew: ...pass that suggestion along.

Mary Langdon: Okay and then I have one more issue. The LCDs, we have an example of one chest x-ray date of service March 23 we billed. And it was processed on May 2.

The payment came from CGS. And it was on - there was not a diagnosis on the LCD to cover it according to NGS.

So we filed the claim knowing that we was going to get a denial but we wanted a written denial, you know, in case there was a secondary insurance that we'd pick it up week. We, you know, definitely would not bill the patient. However the claim was processed and paid by Medicare.

Deanna Menshew: And Mary on that one we're kind of conferring around the room if you'll give us just a moment.

Mary Langdon: Okay sure.

Dr. Boyd Honeycutt: Deanna this is Dr. Honeycutt. We did retire that policy for chest x-ray going forward. However the claims submitted for a date of service prior to transition should be processed according to the date of service.

Mary Langdon: That was our understanding. And I did call customer service and they did say it was paid based on the Medicare guidelines but I still felt like it should have not been paid.

Deanna Menshew: And Mary it sounds like this may be another one that we need to research for you...

Mary Langdon: Okay.

Deanna Menshew: ...to make sure that the edits are set up properly to go back and take a look at that LCD that was in place for that date of service.

I have your phone number here. We will when we follow-up with you on the mammogram bone density issue we will also collect information on that specific claim and...

Mary Langdon: Okay.

Deanna Menshew: ...research that further for you.

Mary Langdon: Okay, thank you.

Deanna Menshew: Okay.

Mary Langdon: And that's all my questions.

Deanna Menshew: Okay thanks for those Mary.

Operator: And our next question will come from Sara Lindsey with Graves Gilbert Clinic. Ms. Lindsey
your line is open.

Sara Lindsey: Oh I'm sorry I was on mute. This is Sara Lindsay at Graves Gilbert clinic. This kind of just
goes back to the question or the statement about the IVR.

It does seem to be a little more difficult than the NGS. With the NGS we, you know, could get
through on a good time period even if we had a patient on hold.

And it just seems like there's so much we have to go through on this new IVR. And like the other
lady was saying you really don't get the information that we got on NGS. Is there any way of
making that a little more easier?

Deanna Menshew: Thank you for the feedback Sara. I know with NGS they had a voice response IVR.
And of course we use a touch-tone IVR at CGS.

So there will inherently be some differences there and probably sometime that it takes for
providers to get a little more used to that.

We have put out there an IVR script on our Web site as well as an IVR guide to kind of help
providers get a little more accustomed to working with our IVR because we know of course that
there are some differences there.

As we said we will take all of your feedback back to our IVR technical team and we'll certainly
work with our provider community as best we can to make changes and upgrades to it that will be
beneficial to you.

Sara Lindsey: Okay thank you.

Deanna Menshew: Thank you.

Operator: Our next question will come from Sheri Mayberry, Kentucky Medical Services.

Sheri Mayberry: Hello. We're also have a question in regards to the IVR (sic). NGS when we would contact the IVR shortly after we submitted our claim they could tell us if the claim had been denied or processed.

But we've called CGS on some of the claims that have recently gone and we've been told by customer service and the IVR that we have to wait until the payment floor is met. Is there going to be any change in to that where we can find that out quicker?

Deanna Menshew: And Sheri if you'll give us just a moment we're going to consult quickly on this one. Just a moment please.

Sheri Mayberry: Thank you.

Deanna Menshew: All right Sheri again thank you for the feedback there, excellent feedback today. We've conferred around the room here and it appears that that information is available perhaps not through the IVR but to our customer service representatives prior to the claim meeting the payment floor time.

It's more of an internal process as to how those - how that information is released and when that information is released.

So we're going to take this one back to our customer service team and take a look into that and see if that's something that we can adjust for you to make that a little easier.

Sara Lindsey: Okay thank you. That would be great. But when we contacted customer service they did tell us that legally they were not supposed to give us that information. So I'm not sure why but you may take that back as well.

Deanna Menshew: Thank you for the feedback. And as I say it may just be more of an internal guideline that we've set internally. But we can certainly visit that and see if that's something that we can relax that guideline or if that's something that needs to stay in place for a specific reason. But we will definitely take the feedback and look into it for you.

Sara Lindsey: Okay that would be great. And I have one more question. If I understood the first caller correctly I thought they said that they were already receiving some money from CGS. And we're curious how that's happening if there was the 15 day payment floor?

Klayton Weybright: And this is Klayton. Through the implementation we did drop the payment floor for any of the claims that were holding on the payment floor for NGS at cutover.

There were still claims that were in a suspense location or in other processing within the system that could have been over the payment floor timeline when it was in process at NGS.

So at cutover when those claims came to us they came in a pending status regardless of the age.

So if they were over the 15 day - 14 day payment floor at NGS but they were in a suspense location for an edit to be resolved, when we received of those we would have completed that edit and issued payment as that claim had already elapsed the time of the payment floor when it was completed.

Sara Lindsey: Thank you, that makes sense.

Klayton Weybright: Okay.

Operator: As a reminder if you would like to ask a question today you can do so by pressing Star 1 on your telephone keypad. Our next question will come from Charles Copeland, Highland Chiropractic.

Charles Copeland: Yes thank you. I was looking through our LCD for chiropractic and I happen to read that under the column of the use of modifiers it says that the services rendered for covered acute conditions so use the AT modifier.

But then right underneath that it says that services rendered for not acute conditions shall not use AT modifier and should not be billed to Medicare.

But if a beneficiary demand Medicare be billed for non-acute conditions the GZ modifier should - shall be attached and adherence to the rules regarding the ABN notice is expected.

The way that I read that it says that rather than the AT - well actually rather than that GA modifier it's saying to use the GZ modifier. Is that correct?

Male: That's correct.

Charles Copeland: So we're no longer going to use the GA modifier. So if they want us to bill Medicare for an adjustment that is considered maintenance we do the GZ modifier instead?

Male: Right. That's says basically non-covered by Medicare and it's a denial code.

Charles Copeland: Okay and so for the adjustment that's maintenance we'd use that as well as we would do that for x-rays and exams in physical therapy?

Male: You could do that, yes.

Charles Copeland: Okay so you're telling me that for all of those services including maintenance adjustments we do the GZ modifier?

Male: That's correct.

Charles Copeland: Okay. All right thank you.

Operator: And we would like to take this opportunity to again remind our audience Star 1 for a question today.

And next we'll hear from Nancy Horn, Software Development.

Nancy Horn: Yes first of all I want to say that my - I'm a billing service for ambulance companies. And my employees are reporting to me that your customer service when they call customer service line they are very, very happy with the responses and the treatment they're getting.

And they feel like somebody's really trying to get them the answers that they need. So I want to give you praise and encouragement for that.

And then also I'm a little unclear on the contact on the Web site. Most all - under all of your headings you'll say send to this mailing address or forward to this mailing address.

But under provider enrollment it gives that 1 Cameron Hill but it doesn't say send your 855 to this address or something.

And I'm just wanting to make sure if I have an 855B that I need to submit an update on I send it to the 1 Cameron Hill?

Deanna Menshew: Nancy yes the address listed there 1 Cameron Hill Circle Suite 0062 in Chattanooga, Tennessee is that correct mailing address for your provider enrollment application including your A55Bs. The...

Nancy Horn: Okay.

Deanna Menshew: Okay. One thing we should indicate here that may be a difference from NGS is that we don't maintain a separate provider enrollment customer service line for you.

For any specific requests or inquiries you have regarding provider enrollment we instruct our providers to just call our main customer service phone line.

And then if it's something that we need to involve a provider enrollment credentialer or something of that nature we will put you in touch with the appropriate folks that way.

Nancy Horn: Okay. Okay that sounds good.

Deanna Menshew: Thank you so much for the feedback on our customer service line.

Nancy Horn: Yes I had several of my employees come and say I love CIGNA's customer service. They were so helpful. And if they didn't they - and then people actually called back like right away if they needed to call back. And so they were, you know, they've been very pleased with that.

However they have also reported that the IVR is not user-friendly. So I just want to get on that little bandwagon as far as getting your technical people to maybe do something different with that.

And the other thing is I noticed a 14 day payment floor was dropped. And I kind of keep track because we submit claims for all of our clients every single Monday morning.

We waited until Tuesday the 3rd to submit the week of the transition. But we did send on Monday, April the 25th.

Those are the only payments I have not seen yet and that 14 day payment floor has passed. So will that pick up - or next week when you - because you reinstated on May 3rd?

So I'm wondering if that payment floor for those claims submitted on April 25 if we're going to be seeing those next week because we did not see them this week?

Deanna Menshew: Nancy, thank you for the question. And with that it really depends on every individual claim. It depends on whether the claim was considered to be a clean claim and it process cleanly through the system in which case it would be subject to a 14 day payment floor or if for some reason a specific claim suspended in the system for additional editing or for additional documentation or whatever the case may be.

In those cases if the claim suspends it would not necessarily adhere to that same payment floor that a...

Nancy Horn: Right I understand that. I'm talking, you know, like 5000 claims were sent out on April 25. So all of my clients get anywhere from a \$20,000 to a \$90,000 check every, you know, direct deposit every single week so nobody got anything nowhere near that this time around.

So I'm just kind of what - I mean we've got a couple of \$1000 or a \$400 but I - you know, I know that those claims not - didn't have that kind of a problem with them because, you know, we have a good track record.

Deanna Menshew: Nancy if you don't mind I'd like to take your telephone number and follow-up with you specifically on this one...

Nancy Horn: Okay.

Deanna Menshew: ...simply because of the volume that you're speaking of here. We just want to make sure that we have everything on track for you.

Nancy Horn: Okay.

(Crosstalk)

Deanna Menshew: And your phone number?

Nancy Horn: 800-588-8891 Extension 3855.

Deanna Menshew: Okay thank you Nancy. We will be in touch and we'll get the specifics and work from there.

Nancy Horn: Thank you very much Deanna. And again I am, you know, glad to be on board and we are looking forward to working with you.

Deanna Menshew: Thanks so much for the feedback.

Operator: And we'll pause one moment as we await additional questions.

We'll take our next question from Jill Townsend, University of Kentucky College of Dentistry.

Jill Townsend: Yes this is Jill Townsend with University of Kentucky College of Dentistry. And I wanted to ask if there is going to be local reps assigned?

Deanna Menshew: Hi Jill. This is Deanna Menshew. We have a very large and knowledgeable provider outreach and education team that will be working directly with our providers in Kentucky as well as the rest of the jurisdiction once we bring on this operational segment.

Our current provider outreach staff is not physically in the state of Kentucky. However you will be hearing from our team via teleconference and Webinars.

We will continue to host face to face education in and around the state. So there will be plenty of opportunity for education moving forward and probably very similar format to what you were used to with National Government Services.

Jill Townsend: Okay. The reason for the question is there are times that we have very difficult cases that it is - has been helpful in the past to have a person to go to to resolve an ongoing problem.

Deanna Menshew: And what we would recommend in those instances because we do use our provider outreach staff in a slightly different manner, so what we would recommend is if you do have an escalated issue where you're starting to see a trend where you need some assistance is to always route those inquiries through customer service just as you normally would with any other inquiry and it will actually be routed through the call center.

So if it's something that we need to involve our provider outreach staff in we certainly will or if it's something that we need to involve our medical director or claim staff or whomever we'll get the appropriate people for you working on that and get it escalated to resolution.

Jill Townsend: Okay thank you.

Deanna Menshew: Okay thanks Jill.

Operator: And next is Christina Hamilton, Family Internal Medicine Associates.

Christina Hamilton: Hi, I just had a couple. One's a comment, ones a question. The IVR, I agree with the other callers, it's just not user-friendly.

With NGS we were able just to go to the IVR and it would tell us if Medicare was primary or secondary.

And if it was secondary it would tell us what they had on file at their primary health insurance or a liability or workers comp. It would give us the name.

So that would very much be helpful and it would alleviate some of the phone calls we have to make to customer service.

The other thing unless I can't see is on the Web site I see the physician fee schedule but what about the lab fee schedule?

Deanna Menshew: Okay Christina thanks again for the IVR feedback. Again we'll take that information to that team and see what we can work out for you there.

On the fee schedule page if you are on the fee schedule page there should be two sections there.

The top of the page allows you to search by code. And that's the physician fee schedule. It is...

Christina Hamilton: Right.

Deanna Menshew: ...searchable and you can plug in a specific code and it brings up that specific information for a particular code.

However if you're looking for something that's not on the physician fee schedule there should be a place at the bottom of that page that has a drop-down section on it that allows you to access other fee schedules.

So your physician fee schedule, your ambulance fee schedule, your laboratory fee schedule, anything that's not on the physician fee schedule should be in a drop-down section at the bottom of that fee schedule page.

Christina Hamilton: Now when I click - I tried that yesterday. When I clicked the clinical lab fee schedule it says there are no fee schedules matching your search criteria.

Deanna Menshew: Okay I don't have the Web page right in front of me at this moment. But let me jot that down and we'll check with our Web team to see what has happened there and get that up and running for you.

Christina Hamilton: Okay and one other thing, I think I talked with you at the conference we had in Lexington and I had some real health issues or questions and you were going to give me the contact information for (Susan Caraco) and I never got that.

Deanna Menshew: Okay Christina can I get your telephone number please?

Christina Hamilton: Yes it's 270-699-9500 and my extension is 224.

Deanna Menshew: All right we will get you your rural health contact. And...

Christina Hamilton: Okay.

Deanna Menshew: ...as I said we'll get the information on the clinical labs up and running. And once that is available we'll send out a listserv message to let everyone know that that's available on the Web site.

And what about the IVR suggestions? Is there hope of getting that corrected anytime soon or are we kind of just at the mercy of...

Deanna Menshew: It's - the IVR team is a team of technical experts that works to develop the IVR product and add to it.

And like I say, we do typically and often give feedback from the provider community that we're able to implement in a fairly quick way.

I'm not sure specifically how much time and effort would be involved in adding names of primary payers to the IVR. That's a little bit more involved than adding coding type information and things like that.

Christina Hamilton: Right.

Deanna Menshew: But we can certainly work on it. And as updates are made or changes are made again we would publish that information on our Web site and through the listserv.

Christina Hamilton: Great thank you.

Deanna Menshew: Okay thanks Christina.

Operator: Regina McLain with Kentucky Cardiology has our next question.

Regina McLain: Yes I have a question about drug codes. We got quite a few denials on our last remit for drug codes.

And we billed it out the same way we would have billed it to NGS. It's saying it's lacking information. And I just want to make sure that we're billing it correctly to CVS.

We had been putting a drug note the NGS requires for each drug claim. And I just want to make sure that if there's some certain kind of drug note we need to get drug codes paid that we're doing that properly?

Deanna Menshew: Is there a specific code that you're billing that's receiving that denial or is it all of your drug codes?

Regina McLain: Well so far we've only received the one drug code back because we haven't got that many remits since we've switched. But it's the A9555 which is rubidium used with our PET scans is the one we've gotten a denial on so far. But I just didn't know if it was going to be a problem across the board or if it was just that - going to be that one drug?

Deanna Menshew: And this was the - you said the type of denial you're getting it sounded like a rejection where the claim was missing information or lacking...

Regina McLain: Yes it says lacking information, yes.

Deanna Menshew: And what was the remarks code? What was lacking?

Regina McLain: What's the remark code on that? Sorry I had to ask somebody (there) a minute. I didn't have it in front of me.

It's 16 claims service lacks information which is needed for adjudication.

Deanna Menshew: And there should be an accompanying remarks code that tells you specifically what was lacking or what was missing. Do you see that?

Regina McLain: No it just says CO 16. There's nothing...

Deanna Menshew: Have you...

Regina McLain: Oh the MAs 130. Okay your claim contains incomplete and/or invalid information and no appeal rights are afforded because it's unprocessable.

Deanna Menshew: Right. Have you contacted our customer service unit for additional information on this claim?

Regina McLain: We have not yet. I just was - I was just worried it was going to be a drug note issue and I wanted to make sure if there - I just wanted to check and see if there'd been any changes on how we were supposed to do drug notes since the switchover.

Deanna Menshew: We're not aware of any specific changes that would impact that particular code.

Regina McLain: Okay.

Deanna Menshew: So I would start with customer service and just see if they can provide you some additional details as to why that specific claim might have denied. It could be...

Regina McLain: We have four pages of that drug note that - of that drug code that denied. So that's why I was a little bit concerned.

Deanna Menshew: Oh...

Regina McLain: Yes.

Deanna Menshew: That's a bit of a different story then. May I take your telephone number and we can follow-up with you specifically on that one?

Regina McLain: Yes that's fine. The phone number is 859-226-0031.

Deanna Menshew: Okay. Thank you so much. We'll...

Regina McLain: Thank...

Deanna Menshew: ...be in touch.

Regina McLain: Okay thank you.

Operator: Lisa Fowler with 911 Billing Services is next.

Lisa Fowler: Yes when we were with NGS we could recall the reopening line for duplicate claims. So we can't do that now. How come?

Deanna Menshew: And Lisa you're saying that the denial itself was for a duplicate however your documentation supports an actual additional service?

Lisa Fowler: Correct.

Deanna Menshew: Okay. I'm not sure that we have anyone here from our telephone re-openings unit on the line that could provide additional detail on that.

But we will take that as a takeaway from today's meeting and follow-up with our telephone reopening staff to see what the specifics are on that issue.

Lisa Fowler: Okay thank you.

Deanna Menshew: All right, thanks Lisa.

Operator: And our next question will come from Sharon Burton with Dr. Daniel E. Talley's office.

Sharon Burton: Hello. My question just was answered previously.

Deanna Menshew: Thank you.

Operator: Thank you very much. And next we will hear from Rebecca Howarth. She is with Vanderbilt Medical Group.

Rebecca Howarth: I tried to register on the Web site this morning to be able to look at claims and things.

And it wants each individual doctor's NPI.

And we have over 1500 doctors so that just doesn't work for us. Is there any way that you all can have it set up where we could do it just by tax ID?

Deanna Menshew: Rebecca we're just kind of clarifying things on our end. I think we don't currently or CGS does not currently offer a Web portal that would allow providers to check claim status and eligibility. So what Web site are you referring to?

Rebecca Howarth: It was - it said OPS. I mean when you first call. I don't know I'm sorry, I'm getting confused. That was railroad Medicare I dealt with today. I'm sorry.

Deanna Menshew: Okay, all right that's a...

Rebecca Howarth: Yes.

Deanna Menshew: ...different contractor.

Rebecca Howarth: Yes I'm sorry. That was railroad Medicare. I was so excited...

Deanna Menshew: That's okay.

Rebecca Howarth: ...that we could be - we'd be able to use the Web site to look up stuff and that one each individual doctor's NPI and the last payment amount you received from the railroad Medicare. I'm sorry I got confused.

Deanna Menshew: That's okay. Thanks for the question.

Rebecca Howarth: Sure.

Deanna Menshew: And to clarify before there was a question that was just asked about duplicate denials and processing those via the telephone re-openings line.

And between the questions here internally I think we may have some additional information to share on that.

Because a duplicate denial would require a documentation to support the additional service that's being billed, that is not something we would traditionally handle over the phone.

That's something that you'd have to send in along with the documentation to support the additional payments for that additional item or service.

So it sounds like that's the reason that we don't process those on the telephone re-openings line.

And that would also go for any other types of claim corrections, anything that would require documentation or require someone to actually review the information.

We would request that you send that in hard copy and we can take a look at it that way and reprocess this for you through that channel.

So I wanted to make that clarification and we can move on to our next question.

And we'll take a follow-up question from Mary Langdon with X-Ray Associates of Louisville.

Mary Langdon: Yes this may go back to what you were just talking about duplicate claims needing additional documentation.

With NGS when we had a claim denied or suspended (claims) related to the liability we - and if I knew that had medical records to show that the patient fell at home on the same day of the injury I would call reopening in NGS and tell them it was not related to the liability you have on file and they would reprocess the claim.

When I called NG - or CGS they said re-openings said you had to call customer service. So I called customer service on several of them and they took them.

Then when I called they said no now you have to send and in writing. So does that go to the same issue because, you know, when you call the IVR now it does not tell you who the liability is with where we used to know that say it was an auto accident or something like that and they'd give us the name of the carrier.

Now it's we don't know any information so we had to go back to the patient that we actually, you know, we actually know from medical records that it did happen that day they fell at home. And, you know, there's no liability that this person is going after to pay for those claims.

Deanna Menshew: Okay Mary on that one we do not reprocess MSP claims over the telephone re-openings line.

And just to clarify, telephone re-openings is reserved for minor claim corrections where you're correcting the number of units or correcting your submitted amount or just some very, very minor correction to a previously processed claim.

However NSP is kind of its own bear if you will. It has a lot of additional steps and records involved with it and it's not technically a minor thing.

It is something that we do typically have to involve the coordination of benefits contractor and sometimes documentation and other payers. So it's not something that we can correct over the telephone.

However if you do find that you are running into situations where you need to have a claim reprocessed as you were instructed through customer service we would ask that you please send that in in writing with your documentation and we'll certainly be glad to take a look at it and reprocess it if need be.

Mary Langdon: Okay now if we would call customer service would they be able to tell us what liability information they have on file or they can't even give it to us through customer service?

Deanna Menshew: I believe that information is available through customer service.

Mary Langdon: Okay. Okay thank you.

Deanna Menshew: Okay thank you.

Operator: Ann Teaforde with University Surgical Associates has a question. Ms. Teaforde your line is open.

Ann Teaforde: Is this right?

Deanna Menshew: We can hear you. Go ahead.

Operator: And Ms. Teaforde your line is open. Please go ahead.

And Ann Teaford if you are on a speakerphone please pick up your handset or depress your mute function.

And Ms. Menshew we did show her line open still. At this time we have no questions in the queue. It looks like she just disconnected.

Deanna Menshew: All right with no additional questions we will go ahead and wrap-up today's call. I do want to thank everyone for your excellent feedback. It is always beneficial to us to hear your thoughts and comments.

And for those of you that did provide that we will take those back to those departments of course and see what we can work on to assist you.

We will follow-up with those of you who have specific cases that will need follow-up. And I will remind you that there will be an audio recording as well as a transcript of today's Act call on our Web site in the near future.

We want to also remind you to watch our Web site for additional upcoming educational and ongoing opportunities through CIGNA Government Services. Thank you once again for joining us and have a great day.

Operator: That does conclude today's conference call. Thank you for your participation.

END