Provider Enrollment: “Completing the CMS 855-B Form”

June 10, 2015

Presented by:

Cahaba
Provider Outreach and Education
• Attendees can listen via computer speakers or by calling into the event

• *Dial-in is preferred audio method*
  – Dial-in number: 1-800-791-2345
  – Attendee (participant) Code: 88096

• A live Question & Answer session will follow the presentation, you **must** use the audio conference telephone number to ask a question

• Please complete the online evaluation
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Agenda

• Who is eligible to submit the CMS 855-B Form
• How to complete the CMS 855-B Form
• Enrollment development delays
• Website Resources

Clinics/Group Practices and Certain Other Suppliers
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<th>Acronyms</th>
<th>Helpful Medicare Enrollment Terms</th>
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<td>Authorized Official</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<td>LLC</td>
<td>Limited Liability Company</td>
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<td>MAC</td>
<td>Medicare Administrative Contractor</td>
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<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
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<td>NPPES</td>
<td>National Plan &amp; Provider Enumeration System</td>
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<td>PECOS</td>
<td>Provider Enrollment Chain and Ownership System</td>
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<tr>
<td>PTAN</td>
<td>Provider Transaction Access Number</td>
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<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Authorized Official</td>
<td>An appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization’s status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program</td>
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<tr>
<td>Delegated Official</td>
<td>An individual who is delegated by an authorized official the authority to report changes and updates to the supplier’s enrollment record. A delegated official must be an individual with an “ownership or control interest” in (as that term is defined in Section 1124(a)(3) of the Social Security Act), or be a W-2 managing employee of, the supplier</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>National Provider Identifier</td>
<td>The standard unique health identifier for health care providers and is assigned by the National Plan and Provider Enumeration System (NPPES).</td>
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<tr>
<td>National Plan and Provider Enumeration System</td>
<td>Developed by the Centers for Medicare and Medicaid Services (CMS) to assign the NPI to eligible health care providers. The NPPES will also store the information about enumerated providers.</td>
</tr>
<tr>
<td>Provider Enrollment Chain and Ownership System</td>
<td>A national database of Medicare provider, physician, and supplier enrollment information. It is used to collect and maintain the data submitted on CMS-855 enrollment forms</td>
</tr>
<tr>
<td>Provider Transaction Access Number</td>
<td>Medicare Identification Number, often referred to as a Provider Transaction Access Number (PTAN) or Medicare “legacy” number, is a generic term for any number other than the NPI that is used to identify a Medicare supplier. A provider will need the PTAN to access data on the Interactive Voice Response (IVR) phone system. A group claim will also receive a PTAN and can be used for identification purposes when contacting Medicare</td>
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Provider Enrollment

• No provider or supplier shall receive payment for services furnished to a Medicare beneficiary unless the provider or supplier is enrolled in the Medicare program.

• It is essential that each provider and supplier enroll with the appropriate Medicare fee-for-service contractor.

• Medicare Program Integrity Manual 100-08, Chapter 15 – Medicare Enrollment


Clinics/Group Practices and Certain Other Suppliers
You Have Options

There are Two Options to Submit

• Internet web based PECOS
  – [https://pecos.cms.hhs.gov/pecos/login.do#headingLv1](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1)

• Paper enrollment application (CMS 855B Form)

• Enrollment applications are maintained by the Centers of Medicare and Medicaid Services (CMS)
Complete and Submit

CMS 855 Form

- Type or print all information legibly
- Report additional information within a section by copying and completing for each additional entry
- Attach all required supporting documentation
- Keep a copy for your records
- Make sure a completed application with original signatures is sent to Cahaba
Who Should Enroll – 855B

- Organization/Group shall include
  - Medical practice or clinic that bill for Medicare Part B services
  - A hospital or other medical practice or clinic
  - Currently enrolled with a Medicare fee-for-service contractor but need to enroll in another fee-for-service contractor’s jurisdiction
  - Currently enrolled in Medicare and need to make changes to your enrollment data
Avoid Delays – 855B

• Complete all required sections
• Make sure the legal business name in Section 2 matches the name with Internal Revenue Service
• Ensure the correspondence address shown in Section 2 matches the supplier’s address
• Enter the NPI in the applicable sections
• Enter all applicable dates (i.e., effective date, signature date)
• Ensure the correct person signs the application
• Send a completed application and all supporting documentation to Cahaba
NPI is Mandatory

• National Provider Identifier
  – It is assigned by the National Plan and Provider Enumeration System (NPPES)
  – You must obtain an NPI prior to enrolling in Medicare
  – There are two types of NPI(s)
    • Type 1: Individual
    • Type 2: Organizations
NPI is Mandatory

• National Provider Identifier
  ✓ Individuals and sole owners are considered to be “Type 1”
  ✓ Organizations are treated as “Type 2” for corporations and partnerships
  ✓ Review your internal business practice to determine your classification

• [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do)
Who Is Not Eligible

• There are individuals and entities that frequently enroll in Medicare, but are not eligible to do so
• Applications submitted for non-eligible providers will be denied
Who Is Not Eligible

- Acupuncturist
- Assisted Living Facility
- Birthing Center
- Certified Alcohol and Drug Counselor
- Certified Social Worker
- Drug and Alcohol Rehabilitation Counselor
- Hearing Aid Center/Dealer
- Licensed Alcoholic and Drug Counselor
- Licensed Massage Therapist
- Licensed Practical Nurse
- Licensed Professional Counselor
- Marriage Family Therapist
- Master of Social Work
- Mental Health Counselor
- National Certified Certified Counselor
- Occupational Therapist Assistant
- Physical Therapist Assistant
- Registered Nurse
- Speech and Hearing Center
- Substance Abuse Facility
Who Is Eligible

- Ambulance Service Supplier
- Ambulatory Surgical Center
- Clinic/Group Practice
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation Supplier
- Mammography Center
- Mass Immunization (Roster Biller Only)
- Part B Drug Vendor
- Portable X-ray Supplier
- Radiation Therapy Center
Where to Locate the Form

Cahaba

www.cahabagba.com
CMS 855-B Form

• Review the form from beginning to end
• Instructions located on cover page and throughout the form
• Determine if the 855B is the application that you should be submitting

www.cms.gov/MedicareProviderSupEnroll
Section 1A: Basic Information

- Check one box and complete the required sections
- For **Revalidations** submit a copy of the letter
- Change of Information “Go to Section 1B”
- Make sure the NPI and all identifiers are listed for the **Billing Number Information**
Section 1B: Basic Information

- Check all that apply and complete required sections
- Applicable to the established Medicare providers
- Reportable events
• Used for provider types that complete Attachment 1 and Attachment 2 of CMS 855B

• Used by Ambulance (attachment 1) and IDTF Suppliers (attachment 2)
Section 2A: Identifying Information

- Check for the type of supplier you are enrolling (only one)
- Organization must meet all Federal and State requirements
- New type of service requires a new application
Section 2B: Identifying Information

Section 1

• Check for the type of supplier you are enrolling (only one)

• **Legal business name (2B1)**

• Identify how business is registered

• Organizational structure
  – Corporation, LLC, Sole Proprietor

Refer to IRS Documentation (e.g., CP575)
## Section 2B: Identifying Information

### Section 2
- Provide state license/certification if applicable

### Section 3
- Correspondence Address list contact information for organization
- Address should not be a billing agency

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<th>Expiration/Renewal Date (mm/dd/yyyy)</th>
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### Do Not Use Billing Agency

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<tr>
<th>Mailing Address Line 1 (street name and number)</th>
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<th>Telephone Number</th>
<th>Fax Number (if applicable)</th>
<th>Email Address (if applicable)</th>
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Section 2C/D: Identifying Information

- Hospitals billing for Medicare Part B services
- Departmental billing numbers
- Bill entire hospital with one billing number (Complete Section 2D)
- Separate hospital department complete department, Medicare number and NPI
- Comments/Special Circumstances
Section 2E: Identifying Information

- Physical Therapy/Occupational Therapy Groups only
- Location of where services are rendered
- Lease agreement is needed depending on response
Section 2F: Identifying Information

- Ambulatory Surgical Centers
- Enrolling ASCs is accredited or not
- Name of accrediting organization
- Effective/expiration date
Section 2G: Identifying Information

- Physician Assistant
- Deletion of PA from group/clinic
- Provide effective date of termination, name, identification number and NPI
Section 2H: ADI Suppliers Only

• Suppliers who furnish and bill Advanced Diagnostic Imaging Services
• Check for the applicable modality
• Name of the Accrediting Organization
Section 3: Final Adverse

- Final adverse legal actions must be reported
- Convictions
  - Provider Supplier or any owner within the last 10 years
  - Misdemeanors or felony
- Exclusions, revocations, or suspensions
- Licensure suspension or revocation e.g., state licensing authority
- Payment suspension under Medicare billing number

Read Instructions!! Do Not Mail Page to Medicare Contractor
Section 3: Final Adverse

• Organization with final adverse action

| X | Yes-Continue | X | No-Skip to Section 4 |

• Report each adverse action with the Federal or State agency or court body

• Complete section and attachment, documentation and resolution

• Do not state SEE ATTACHED in the chart
Section 4: Practice Location

- Physical Location
- Address for the “Base of Operations”
- Do not use a P. O. Box address
- Mobile Facility/Portable Unit definitions

Read Instructions!! Do Not Mail Page to Medicare Contractor
Section 4A: Practice Location

- List all practice locations*
- List your legacy number-NPI combination for each practice location
- New enrollee or new practice location should provide the date you saw your first Medicare patient
- List CLIA number, FDA Certification number and attach documentation

*If you see patients in more than one practice location, copy and complete 4A for each location
Section 4B: Practice Location

- Remittance notices or special payments
- Changing, adding, or deleting information
  - Check applicable box
  - Furnish effective date
- Electronic Funds Transfer required
- Indicate if Special Payments is the same/different from practice location
Section 4C: Practice Location

- Where the patients’ medical records are stored (current and/or former patients)
- Location other than location in Section 4A or 4E
- P.O. Boxes not acceptable
- Changing, adding or deleting
  - Check applicable box
- Provide effective date
Section 4D: Practice Location

- Services rendered in patients’ homes
- Changing, adding or deleting
  - Check the applicable box
  - Provide effective date
- Adding or deleting for entire state, check box and specify state
- List city/town, state and zip codes
Section 4E: Practice Location

• Base of Operations for Mobile or Portable
• Location of business office or dispatcher/scheduler
• Where mobile/portable equipment stored, where vehicles are parked when not in use
  – Changing, adding or deleting
  – Check applicable box
• Skip to Section 4F if base is the same as practice location in Section 4A
Section 4F: Practice Location

- Vehicle information
- Examples include van, mobile home, trailer
- Furnish type of vehicle and vehicle identification number
  - Changing, adding or deleting
  - Check applicable box
  - Provide the effective date

![Vehicle Information Form]

If the mobile health care services are rendered inside a vehicle, such as a mobile home or trailer, furnish the following vehicle information. Do not provide information about vehicles that are used only to transport medical equipment (e.g., when the equipment is transported in a van but is used in a fixed setting, such as a doctor’s office) or ambulance vehicles. If more than two vehicles are used, copy and complete this section as needed.

If you are changing, adding, or deleting information, check the applicable box, furnish the effective date, and complete the appropriate fields in this section.

<table>
<thead>
<tr>
<th>CHECK ONE FOR EACH VEHICLE</th>
<th>TYPE OF VEHICLE (van, mobile home, trailer, etc.)</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
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<tbody>
<tr>
<td>[ ] CHANGE</td>
<td>[ ] ADD</td>
<td>[ ] DELETE</td>
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<td>Effective date:</td>
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<td>Effective date:</td>
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For each vehicle, submit a copy of all health care related permits/licenses/registrations.
Section 4G: Practice Location

- Geographic location for mobile or portable suppliers of where base operations and/or vehicle renders services
- Check entire state for initial reporting and/or addition if applicable
- Separate field for deletions
- Separate enrollment application for each Medicare fee-for-service jurisdiction
Section 5: Ownership Interest Organizations

- Information should pertain to the organization
- Must have 5 percent or more (direct or indirect), partnership, and/or managing control
- Report any adverse legal actions

Read Instructions!! Do Not Mail Page to Medicare Contractor
Section 5A: Ownership Interest
Organizations cont’d

- Identification information
- Check box for not applicable if you do not meet the types of organizations described
  - Check box to change, add or delete
  - Provide effective date
- Indicate the type of organization
- Report legal business name listed by IRS
- Indicate effective date owner acquired ownership and date organization acquired managing control of identified provider in Section 2B1
Section 5B: Ownership Interest Organizations

- Final Adverse Legal Action
- To report a change check box and provide effective date
- Indicate whether individual listed in 5A has any final adverse legal action
- Must complete “yes” or “no” do not leave blank
- If yes, complete the action, when it occurred, the agency or administrative body and the resolution
- Do not state SEE ATTACHED in the chart
Section 6: Ownership Interest for Individuals

- Only individuals will report
- Must have at least one owner and/or managing employee
- Persons with 5 percent or greater direct or indirect ownership interest
- If a corporation, all officers and directors
- Managing employees of supplier
- Individuals with partnership interest
- Authorized and delegated officials

Read Instructions!! Do Not Mail Page to Medicare Contractor
Section 6A: Ownership Interest for Individuals

- Check box to indicate a change, add or deletion
- Name, date of birth and social security number
- Individual’s relationship with organization in Section 2B1 – Check all that apply
- Effective date that owner acquired ownership and date the individual acquired managing control
Section 6B: Ownership Interest for Individuals

- Final Adverse Legal Action
- To report a change check box and provide effective date
- Indicate whether individual listed in 5A has any final adverse legal action
- Must complete “yes” or “no” do not leave blank
- If yes, complete the action, when it occurred, the agency or administrative body and the resolution
- Do not state SEE ATTACHED in the chart
Section 7: For Future Use

- Section is not applicable to enrolling with Medicare
Section 8: Billing Agency

- Company or individual that you contract with to prepare and submit claims
- If there is no billing agency skip to Section 13
- Report a change, add or deletion with the effective date
- Complete the appropriate fields in this section
• Section is not applicable to enrolling with Medicare Program
Section 13: Contact Person

**IMPORTANT!**

- Responsible for any questions or developmental issues
- If contact person is an authorized or delegated official check the appropriate box
- Email **address** of individual is the preferred contact method

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Jr., Sr., etc.</th>
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**lzwhite@cgba.org**
Section 14: Penalties for Falsifying Information

- Explains the penalties for deliberately falsifying information
- Should be read by all individuals involved with credentialing the supplier/organization

Read Instructions!! Do Not Mail Page to Medicare Contractor
Section 15: Certification Statement

- Each Authorized and Delegated Official must have and disclose his/her Social Security Number
- Only an authorized official has the authority to sign
  - The initial enrollment application on behalf of the supplier
  - Enrollment application that must be submitted as part of the periodic revalidation process
- All signatures must be original and in ink
- Supplier can have as many authorized officials as it requires

Read Instructions!!  Do Not Mail Page to Medicare Contractor
Section 15A: Certification Statement

- Additional requirements must be met and maintained by supplier
- Supplier must attest to reading and understanding the requirements
- Authorized official and delegated official in Section 16 agree to adhere to requirements of Certification Statement

Read Instructions!!  Do Not Mail Page to Medicare Contractor
Section 15B: Certification Statement

- 1st Authorized Official’s information to include name, telephone number, title/position, signature and date signed
- Change, add or deletion
  - Check the applicable box
  - Provide the effective date

All signatures must be original and signed in ink (blue ink preferred). Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.
Section 15C: Certification Statement

• 2nd Authorized Official’s information to include name, telephone number, title/position, signature and date signed

• Change, add or deletion
  – Check the applicable box
  – Provide the effective date

All signatures must be original and signed in ink (blue ink preferred). Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.
Section 16A/B: Delegated Official (optional)

- Complete the appropriate fields
- Change, add or delete information
  - Check the applicable box
  - Provide the effective date

All signatures must be original and signed in ink (blue ink preferred). Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.
Section 17: Supporting Documents

- You must provide applicable documents depending on whether you are newly enrolling, reactivating or revalidating.
- Review the mandatory items for your provider type.
- Check the appropriate box to indicate document is enclosed.
Section 17: Supporting Documents

- Examples include
  - Written confirmation from the IRS confirming your Tax Identification Number
  - Completed Form CMS-588 Electronic Funds Transfer Authorization Agreement
  - Final Adverse action documentation
  - Completed Form(s), CMS 855R, Reassignment of Medicare Benefits
  - Completed Form CMS-460, Medicare Participating Physician or Supplier Agreement

*This is not an all inclusive list*
Medicare Application Fee

• CY2015 fee is $553
  – Required with applications submitted on or after January 1, 2015 and on or before December 31, 2015
  – **Alert!!** Enrollment fee does not apply to physicians and non-physician practitioners groups, individual physicians and NPPs


• Application Fee Payment
  
  [https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1](https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1)
Tips and Reminders

- It is recommended that you type in the fillable form.
- Make sure you submit with a handwritten signature and use blue ink.
- Do not include the instructional sections with your completed enrollment form.
- If there is a final adverse legal action, complete chart and attach documentation from legal system.
- Attach applicable supporting documentation.
- Keep a copy of the 855B form for your records.
Resources

Cahaba
www.cahabagba.com

Centers for Medicare and Medicaid Services
http://www.cms.gov/

Medicare Provider-Supplier Enrollment
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

Medicare Learning Network
Part D Prescriber Drugs

• Providers who write prescriptions for covered Part D drugs must
  – Submit an enrollment application for an approved status; or,
  – An opt out affidavit

• You will complete the
  – CMS-855I Form (for reimbursement); or,
  – CMS-855O Form (order, refer or prescribe Part D drugs)

• You should submit the enrollment or affidavit to Cahaba no later than January 1, 2016 (**This enforcement was delayed**)

• Claims for Part D patients’ will deny beginning June 1, 2016
Part D Prescriber Drugs

Check Your Enrollment Status

Check the enrollment file on the CMS website to confirm your enrollment status in the Medicare program. Checking your status is easy; follow these simple steps.

Enroll to Prescribe

- Enroll online: Use PECOS, the online application, to fast-track your enrollment. Our how-to guide is here to help.
- Enroll offline: You may mail in your paper application instead.

To learn more, visit our How to Enroll page.

Learn more about Prescriber Enrollment

Learn about the latest changes to our regulations and how it may impact you and your patients. Check the About page for a comprehensive list of resources, including FAQs and the Program Integrity Manual (PIM).

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Prescriber-Enrollment-Information.html
ICD-10 – Latest News

• Two new videos
  – Introduction to ICD-10 coding
  – ICD-10 Coding and diabetes

• MLN Connects National Provider Call
  – Preparing for Implementation and New ICD-10 PCS Section X
  – June 18, 2015 at 1:30 pm ET
  – http://www.eventsvc.com/blhtechnologies

The 2015 MSI is Coming!

CMS is planning to conduct the MSI this year. It will be a 10 minute survey that will give participants an opportunity to express their satisfaction with their MAC.

If you are a Medicare Fee-For-Service (MFFS) provider or represent a Medicare Fee-For-Service, please participate and let your voice be heard!

Watch for announcements from Cahaba
Fore See Survey

We'd welcome your feedback!
Thank you for visiting our website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience.
The survey is designed to measure your entire experience, please look for it at the conclusion of your visit.
This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.

Like our new website?
Share your feedback »
Transitioning to Jurisdiction J

- CMS awarded Jurisdiction J (JJ) A/B Medicare Administrative Contractor on September 17, 2014
- Administration of Medicare Part A and Part B
  - Alabama, Georgia and Tennessee
- Part B workload will assume full responsibility on July 1, 2015
- Watch the Cahaba website for communication throughout the implementation and transition
2015 Medicare Expo

Save the Date!

Part B Providers are invited to attend the 2015 Medicare Expo on **August 20, 2015** in **Birmingham, Alabama**. Further details and registration information will follow soon. We hope to see you there.

Join Cahaba
Questions

Provider Contact Center – 877-567-7271
We need you to complete the

- Post-test: [http://listmgr.cahabagba.com/subscribe/survey?f=1690&x=f3bbeefcb](http://listmgr.cahabagba.com/subscribe/survey?f=1690&x=f3bbeefcb)

- Evaluation: [http://www.telspanvenue.com/SYID=EA50DB868147](http://www.telspanvenue.com/SYID=EA50DB868147)

Thank You!