MEDICARE 101
THE BASICS

PART B PROVIDER OUTREACH & EDUCATION
JANUARY 04, 2017
HOUSEKEEPING HINTS

• Audio/Dialing In
  o Dial-In Number **1-844-770-6017**
  o Conference Code **433 243 45**
  o Press *0 for the operator help queue

• If you need the handout material or have questions, send an email to: PartBOutreach@CahabaGBA.com

• An interactive post test assessment is available under the assessment tab on your WebEx screen

• An interactive evaluation is available under the survey tab on your WebEx screen
DISCLAIMER

• This resource is not a legal document. This presentation was prepared as a tool to assist our providers. This presentation was current at the time it was created. Although, every reasonable effort has been made to assure accurate information, responsibility for correct claims submission lies with the provider of services.
• Reproduction of this material for profit is prohibited.
AGENDA

- Medicare Program Overview
- Beneficiary Identification
- Provider & Supplier Participation
- Self-Service Tools
H.R. 6675 (89th)

• Social Security Amendments of 1965
An Act to provide a hospital insurance program for the aged under the Social Security Act with a supplementary health benefits program and an expanded program of medical assistance, to in benefits under the Old-Age, Survivors, and Disability Insurance System

• Signed into law on July 30, 1965 by President Lyndon B. Johnson
EXPANDED LEGISLATION

- Social Security Amendment of 1972
  - Supplemental Security Income (SSI) Program
- Balanced Budget Act of 1997
  - Established Medicare Part C Program
- Benefits Improvement & Protection Act of 2000
  - Improved Preventive Care Benefits
  - No enrollment waiting period for Amyotrophic Lateral Sclerosis (ALS)
- Medicare Prescription Drug, Improvement & Modernization Act 2003
  - Medicare Part D Drug Coverage
- Patient Protection & Affordable Care Act of 2010
  - Initial & Annual Wellness Visits
  - Standardization of Preventive Services
The Centers for Medicare and Medicaid Services (CMS) is the governmental agency responsible for administering the Medicare Program.

CMS works with several organizations to assist in the administration of the Medicare Program:
- Medicare Administrative Contractors (MACs) process claims for traditional Medicare Parts A & B
- Medicare Advantage Plans offer additional coverage and claim processing beyond Medicare Parts A & B
- Private Drug Plans that cover drugs that are not covered by Medicare Parts A & B

Medicare has four coverage types:
1. Part A
2. Part B
3. Part C
4. Part D
# MEDICARE PART A

## Covers

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Care</td>
</tr>
<tr>
<td>Inpatient Care in Skilled Nursing Facility (SNF) after a covered hospital stay</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
<tr>
<td>Home Health Services</td>
</tr>
</tbody>
</table>

### MEDICARE PART A

<table>
<thead>
<tr>
<th>2017 Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>No monthly premium for qualified Medicare beneficiaries</td>
</tr>
<tr>
<td>Inpatient Hospital Deductible $1,316</td>
</tr>
<tr>
<td>Daily Coinsurance for 61st – 90th day $329</td>
</tr>
<tr>
<td>Daily Coinsurance for Lifetime Reserve $658</td>
</tr>
<tr>
<td>Skilled Nursing Facility Coinsurance $164.50</td>
</tr>
</tbody>
</table>

# MEDICARE PART B

## Covers

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
</tr>
<tr>
<td>Preventive Services*</td>
</tr>
<tr>
<td>Home Health for Patients without Part A</td>
</tr>
<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Laboratory &amp; Diagnostic Services</td>
</tr>
<tr>
<td>Surgical Supplies</td>
</tr>
<tr>
<td>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</td>
</tr>
<tr>
<td>(DMEPOS)</td>
</tr>
<tr>
<td>Hospital Outpatient Services</td>
</tr>
</tbody>
</table>

* Medicare covered preventive services only

## MEDICARE PART B

<table>
<thead>
<tr>
<th>Services from a Practitioner with a limited license, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audiologists</strong></td>
</tr>
<tr>
<td><strong>Independently Practicing Occupational Therapists</strong></td>
</tr>
<tr>
<td><strong>Certified Nurse-Midwives</strong></td>
</tr>
<tr>
<td><strong>Independently Practicing Physical Therapists</strong></td>
</tr>
<tr>
<td><strong>Certified Registered Nurse Anesthetists</strong></td>
</tr>
<tr>
<td><strong>Independently Practicing Speech-Language Pathologists</strong></td>
</tr>
<tr>
<td><strong>Clinical Nurse Specialists</strong></td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong></td>
</tr>
<tr>
<td><strong>Clinical Psychologists</strong></td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
</tr>
<tr>
<td><strong>Clinical Social Workers</strong></td>
</tr>
</tbody>
</table>

## MEDICARE PART B

### 2017 Rates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Monthly Premium</td>
<td>$134.00*</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$183.00</td>
</tr>
<tr>
<td>Coinsurance Rate</td>
<td>20%</td>
</tr>
<tr>
<td>Therapy Cap Physical Therapy (PT) &amp; Speech-Language Pathology Services (SLP)</td>
<td>$1,980</td>
</tr>
<tr>
<td>Therapy Cap Occupational Therapy (OT)</td>
<td>$1,980</td>
</tr>
</tbody>
</table>

*Part B premium rates are based on beneficiary income*


### Medicare Advantage Plans

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance Companies approved by Medicare</td>
<td>Must provide all services that Medicare Part A &amp; B, except Hospice</td>
</tr>
<tr>
<td>Most include Medicare Prescription Drug Coverage (Part D)</td>
<td>May offer additional benefits not covered by traditional Medicare</td>
</tr>
<tr>
<td>Deductibles, Coinsurance, and Premiums may vary by plan</td>
<td></td>
</tr>
</tbody>
</table>

https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/MA_Resources.html
# MEDICARE PART D

<table>
<thead>
<tr>
<th>Prescription Drug Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private Insurance Plans or Private Companies approved by Medicare</strong></td>
</tr>
<tr>
<td><strong>Available to anyone who is eligible for Medicare Part A or B</strong></td>
</tr>
<tr>
<td><strong>Prescription drug premiums vary based on beneficiary income</strong></td>
</tr>
<tr>
<td><strong>Prescription drug annual deductible &amp; coinsurance amounts vary by plan</strong></td>
</tr>
<tr>
<td><strong>Each prescription drug plan has its own formulary and pricing tiers</strong></td>
</tr>
</tbody>
</table>

MEDICARE BENEFICIARY ELIGIBILITY

• Required criteria to receive Medicare benefits:
  o Meets Age Qualifications
  o Disability
  o End Stage Renal Disease (ESRD)
AGE QUALIFICATIONS

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 years or older</td>
</tr>
<tr>
<td>U.S. Citizen Permanent Resident</td>
</tr>
<tr>
<td>Permanent Residing residing in U.S. for 5 continuous years prior to applying for Medicare benefits</td>
</tr>
<tr>
<td>Beneficiary or spouse worked a minimum of 10 years making contributions to the Federal Insurance Contributions Act (FICA) tax</td>
</tr>
</tbody>
</table>

DISABILITY

**Criteria**

Under the age of 65 years

Beneficiary has been entitled to Social Security Disability benefits for 24 months

Beneficiary received a disability pension from the Railroad Retirement Board and meets certain conditions

Beneficiary receives Social Security Disability benefits because of Amyotrophic Lateral Sclerosis (ALS)

Beneficiary worked long enough in a Government position were Medicare taxes were paid and is entitled to Social Security Disability benefits for 24 months


Jurisdiction J 2017
# END STAGE RENAL DISEASE

## Criteria

<table>
<thead>
<tr>
<th>Any Age</th>
</tr>
</thead>
</table>

Diagnosed with End Stage Renal Disease (ESRD) and:
- Receiving Dialysis
- Kidney Transplant Recipient

COORDINATION OF BENEFITS

• Medicare beneficiaries must update changes to their healthcare coverage, the Benefits Coordination and Recovery Center (BCRC) maintains these records.

• Medicare statute and regulations require all entities that bill Medicare for items or services rendered to Medicare beneficiaries must determine whether Medicare is the primary payer for those items or services.

MEDICARE SECONDARY PAYER

• Medicare Secondary Payer (MSP) is the term used when the Medicare program does not have primary payment responsibility.

• Types of MSP Coverage Situations:
  o Group Health Plans
  o Retiree Coverage
  o COBRA
  o Workers’ Compensation
  o Accidents (Liability/No Fault)

PART B PROVIDER ENROLLMENT

- Part B physicians, non-physician practitioners, and suppliers must enroll in the Medicare Program to be paid for covered services they furnish to Medicare beneficiaries

## Eligible to Enroll in Part B

<table>
<thead>
<tr>
<th>Physicians/Non-Physician Practitioners/Suppliers</th>
<th>Clinic/Group Practices/Other Suppliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology Assistants</td>
<td>Ambulance Service Suppliers</td>
</tr>
<tr>
<td>Audiologist</td>
<td>Ambulatory Surgical Centers (ASCs)</td>
</tr>
<tr>
<td>Certified Nurse-Midwives</td>
<td>Clinics/Group Practices</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists</td>
<td>Independent Clinical Laboratories</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>Independent Diagnostic Testing Facilities (IDTFs)</td>
</tr>
<tr>
<td>Clinical Social Workers</td>
<td>Intensive Cardiac Rehabilitation Suppliers</td>
</tr>
<tr>
<td>Mass Immunization Roster Billers, Individuals</td>
<td>Mammography Centers</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>Mass Immunization Roster Billers, Entities</td>
</tr>
<tr>
<td>Physical/Occupational Therapist in Private Practice</td>
<td>Physical/Occupational Therapy Group in Private Practice</td>
</tr>
<tr>
<td>Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Dental Surgery, Podiatric Medicine, or Optometry)</td>
<td>Portable X-Ray Suppliers</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Radiation Therapy Centers</td>
</tr>
<tr>
<td>Psychologists practicing independently</td>
<td></td>
</tr>
<tr>
<td>Registered Dietitians or Nutrition Professionals</td>
<td></td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td></td>
</tr>
</tbody>
</table>
MEDICARE ENROLLMENT PROCESS

Obtain a National Provider Identifier (NPI)

Complete the applicable CMS 855 Medicare Enrollment Application
- Online – Provider Enrollment, Chain, and Ownership System (PECOS) ~ Preferred Application Submission Method
- Paper Application

Keep enrollment information up to date
• All physicians, non-physician practitioners and/or physician/non-physician organizations must report enrollment changes within 30 days of the change:
  o Change in ownership
  o Adverse legal action
  o Change in practice location
• All other changes must be made within 90 days of the change

CMS 855 APPLICATIONS

- CMS 855B
  - Clinics, Group Practices, & Certain Other Suppliers
- CMS 855I
  - Physicians & Non-Physician Practitioners
- CMS 855R
  - Reassignment of Medicare Benefits
- CMS 855O
  - Order & Refer Only – Physicians & Non-Physicians
- CMS 855S
  - DMEPOS Suppliers

http://www.cahabagba.com/part-b/enrollment-2/applications/
MLN ARTICLE SE1434

• Requires all physicians and other eligible professionals, including dentists, who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be coverable under Part D, except in very limited circumstances.
  o Effective February 1, 2017
  o Full Implementation Date: January 1, 2019


https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/CMS-4159_FAQs.pdf
CMS 588 APPLICATION

- CMS requires all providers to use Electronic Funds Transfer (EFT) to receive payment if enrolling in Medicare, revalidating, or making any changes to their enrollment.

### Participating Provider

<table>
<thead>
<tr>
<th>Participating</th>
<th>Non-Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare reimbursement is 5% higher than nonparticipating physician &amp; suppliers</td>
<td>Medicare Reimbursement is 5% lower than participating physicians &amp; suppliers</td>
</tr>
<tr>
<td>Medicare issues payments directly to the provider</td>
<td>Providers cannot charge the beneficiary more than the limiting charge, 115% Medicare Physician Fee Schedule amount</td>
</tr>
<tr>
<td>Claim information is forwarded to Medigap</td>
<td>Can accept assignment on a case-by-case basis</td>
</tr>
<tr>
<td>Has limited appeal rights</td>
<td></td>
</tr>
</tbody>
</table>

- Providers have 90 days from initial enrollment to submit the Medicare Participation agreement, [CMS-460 form](#).
- Providers can change their participation status during the annual open enrollment period.
OPTING OUT AFFIDAVITS

- Physicians and practitioners who do not wish to enroll in the Medicare program may “Opt-Out” of Medicare
  - Physicians and Non-Physicians must file a written affidavit with all jurisdictional MACs
  - Opt Out periods last for 2 years
  - A private contract is signed between the physician/practitioner and the beneficiary that states, that neither one can receive payment from Medicare for the services that were performed


CLAIM SUBMISSION

• Section 1848 (g) (4) of the Social Security Act requires physicians and suppliers to submit claims for covered services

• Medicare claims can be submitted in two formats
  o Electronically
  o Paper*

• Clean Claim Medicare Payment Floor
  o Electronic – 14 Days
  o Paper – 29 Days

• To avoid timely filing denials, Medicare claims must be filed within 1 calendar year of the date of service

*Medicare Claims Processing Manual 100-04, Chapter 24, § 90.1
WHERE TO SUBMIT CLAIMS

- Traditional Medicare Part A & B Claims - Cahaba
- Railroad Retirement Medicare Claims - Palmetto GBA
- DMEPOS Jurisdiction C Claims - CGS
- Home Health & Hospice Claims - Palmetto GBA
- Medicare Advantage Plan Claims - Private Insurance Company
CAHABA SELF HELP TOOLS

- Cahaba Website

CMS Quick Links
CMS has a vast amount of information available on their website. Located under the Education tab, CMS Quick Links are available on the Cahaba website for many their most popular Medicare topics. Check it out!

Quick Links
- Fee Schedules
- Medicare Forms
- LCDs
- Provider Enrollment
- Claims Issue Log
- What's New
- Calendar of Events

Featured News
- Cahaba Will Be Closed In Observance of New Years
- Provider Enrollment Open House Invitation
- 2017 Medicare Physician Fee Schedule and Participation Announcement
- 2017 Anesthesia Conversion Factors

What's New
- Billing for Influenza: New CPT Code 90674
- Cahaba Will Be Closed In Observance of New Years
CAHABA SELF HELP TOOLS

- **Tools**

  - **Fee Schedule**
    - View Medicare Fee Schedules and Rates
  - **Local Coverage Determinations (LCD)**
    - Local listing of active, draft and retired policies with direct access to CMS for further details
  - **Provider Enrollment Status Look Up**
    - Check the status of your CMS-555 enrollment application
  - **InSite Web Portal**
    - Free self-service Web portal to access comprehensive information via a secured website
  - **Appeals Calculator**
    - This calculator will assist to determine the timely filing date of your appeal
  - **Opt Out Providers**
    - Determine and/or download providers who have opted out of the Medicare program
  - **Calendar of Events**
    - View upcoming educational events and meetings
  - **Interactive Voice Response (IVR) System**
    - Quick and easy access via telephone to Medicare information available 24 hours a day
CAHABA SELF HELP TOOLS

• InSite

The InSite Portal makes it easier for you to work with us 24/7 and get vital provider information electronically. It has critical information and tools to save your practice or organization time. This helpful online web-based self-service tool is available for all providers (states of AL, GA, and TN).

FAQ:
- When is Cahaba InSite available?
  Cahaba InSite is accessible 24 hours a day. However, Cahaba InSite will allow limited transactions during the hours of 8:00 pm to 7:00 am ET Monday through Thursday.
- I’m a first time user of Cahaba InSite. What do I need to know?
  If your organization does not already have a local security officer (LSO), you must designate one before anyone can access data for your provider account.
- What is a provider account?
  A provider account is a relationship between an individual provider transaction access number (PTAN), national provider identifier (NPI), and tax identification number.
- What is an access code?
  The access code is a unique code that activates LSO access for an individual PTAN, NPI, and TIN provider account in Cahaba InSite. This code is provided by CMS.
- What is a CSN?
  The CSN (Customer Service Number) is a unique ID that defines a relationship between an individual PTAN, NPI, and TIN provider account.
- What does LSO mean?
  LSO stands for Local Security Officer. Each provider organization will designate local security officer(s) who will be responsible for renewing, etc.
CAHABA SELF HELP TOOLS

- Calendar of Events

Schedule of Upcoming Events

**Provider Outreach and Education Part A**

<table>
<thead>
<tr>
<th>Date</th>
<th>Seminar Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-17-2017</td>
<td>Medicare Essentials Part 1: &quot;Medicare Overview&quot;</td>
<td>Webinar</td>
</tr>
</tbody>
</table>

**Provider Outreach and Education Part B**

<table>
<thead>
<tr>
<th>Date</th>
<th>Seminar Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-04-2017</td>
<td>Medicare 101 - The Basics</td>
<td>Webinar</td>
</tr>
<tr>
<td>01-05-2017</td>
<td>Navigating the Cahaba Website</td>
<td>Webinar</td>
</tr>
</tbody>
</table>

**Provider Enrollment Part B**

<table>
<thead>
<tr>
<th>Date</th>
<th>Seminar Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-25-2017</td>
<td>Provider Enrollment Open House</td>
<td>Birmingham, Alabama</td>
</tr>
</tbody>
</table>
CAHABA SELF HELP TOOLS

- Cahaba U

Cahaba University

Cahaba University is an educational program designed to provide a broad variety of Medicare related training to meet the needs of Medicare health care providers and suppliers. It provides centralized management and access to content created by the Provider Outreach and Education Department for the provider community.

Provider Education is very important to Cahaba and we continue to develop new content for Cahaba University. The most commonly viewed computer based courses and most recent recorded events are listed for your use.

Computer Based Training
Recorded Events
CMS SELF HELP TOOLS

• CMS Website
CMS SELF HELP TOOLS

• Medicare Manuals

The CMS Online Manual System is used by CMS program components, partners, contractors, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

Related Links
- Transmittals
- Quarterly Provider Updates
- CMS Forms

Page last Modified: 08/03/2015 12:17 PM
Help with File Format and Plug-ins
CMS SELF HELP TOOLS

- Medicare Learning Network

CMS.gov
Centers for Medicare & Medicaid Services

What's New?
The MLN has a new look and now offers:
- Enhanced navigation
- Improved categorization
- Streamlined content

Share your thoughts.

Did You Know?
National provider associations can partner with CMS to share the latest news with their members.

The Medicare Learning Network®

Free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need.

- Publications & Multimedia
  - Publications
  - MLN Matters Articles
  - Multimedia

- Newsletters & Social Media
  - MLN Connects: Provider eNews

- Events & Training
  - National Provider Calls & Events
  - Web-Based Training

- Continuing Education
  - Earn continuing education credit
CMS SELF HELP TOOLS

- MLN Suite of Products & Resources for Educators & Students
## RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cahaba Website</td>
<td><a href="http://www.cahabagba.com/">http://www.cahabagba.com/</a></td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services Website</td>
<td><a href="https://www.cms.gov/">https://www.cms.gov/</a></td>
</tr>
<tr>
<td>Medicare Advantage Resources</td>
<td><a href="https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/MA_Resources.html">https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/MA_Resources.html</a></td>
</tr>
</tbody>
</table>
# RESOURCES

<table>
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</thead>
</table>
RESOURCES

MLN SE1311 Opting out of Medicare and/or Electing to Order and Certify Items and Services to Medicare Beneficiaries

MLN SE1434 Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs

MLN SE1617 Timely Reporting of Provider Enrollment Information Changes

Original Medicare (Part A and B) Eligibility and Enrollment

Part D Prescription Enrollment FAQs
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/CMS-4159_FAQs.pdf
## RESOURCES

<table>
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<tbody>
<tr>
<td>What is Medicare Video</td>
<td><a href="https://www.youtube.com/watch?v=PamlqQfL_3k&amp;feature=youtu.be">https://www.youtube.com/watch?v=PamlqQfL_3k&amp;feature=youtu.be</a></td>
</tr>
</tbody>
</table>
• Part B Provider Enrollment Open House

• Date: January 26, 2017

• Time: 9:00 a.m. to 3:00 p.m.

• There will be 30 minute appointments assigned and you MUST register to be a part of the sessions.

• Registration details regarding the open house can be found on the Calendar of Events webpage.

Appointments are limited up so please schedule your appointment today!
The Comprehensive Error Rate Testing (CERT) Program was implemented by the Centers for Medicare & Medicaid Services (CMS) to monitor the accuracy of claims processing by Medicare contractors, like Cahaba. Contractors are then notified by CERT of the errors and findings.

• Cotiviti

• Recently the CMS recovery auditor for Region 3 (Alabama, Georgia, & Tennessee) changed their name from Connolly Healthcare to Cotiviti Healthcare

http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources
ForeSee Survey

Your feedback is very important to Cahaba and the Centers of Medicare and Medicaid Services (CMS)
- **Cahaba Email Notifications**
  - Receive the latest Medicare information
    - Sign up today to receive email updates from Cahaba
QUESTIONS

• You must use the following dial-in information to participate in the Q & A
  o Telephone: **1-844-770-6017**
  o Conference Code: **433 243 45**

• Post Test Assessment

• Online Evaluation
  [http://listmgr.cahabagba.com/subscribe/survey?f=1795&x=d1deb1a3](http://listmgr.cahabagba.com/subscribe/survey?f=1795&x=d1deb1a3)

• Provider Contact Center: **1-877-567-7271**
Thank You for Your Participation Today!