CNC NEWSLETTER

Volume 2, Issue 2 May 2006

VISIT OUR NEW WEBSITE!

http://www.cncarolinas.com

IS NOW LIVE! We are very excited about our new website and we are sure that you will find it to be a great resource for all your CNC questions and issues! You can keep up with CNC news and information under the "What's New" section, this section is updated whenever there is important information your office should know! You will find a "FAQ" (Frequently Asked Questions) section, just for claims processing as well as a FAQ section for providers. We have included a "Quick Reference Guide" for every CNC contract! This section includes important billing information specific to each contract, a completed sample HCFA 1500 so you can be sure you are completing your claims correctly BEFORE you submit them, special instructions regarding how to file claims, what to do when a claim is denied, as well as much more information to assist you.

The CNC Billing Instructions and Provider Manual are also included on the website in a printable format. We have included a section titled "CNC 101" for new staff members that reviews the basics of claims processing through CNC. The website also includes a section on the top reasons that your claims deny and what to do to prevent the denials! Please visit our new website and let us know what you think!

"A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty."
- Winston Churchill

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To our Providers

As part of our ongoing effort to improve the services we provide, CNC is committed to reducing the number of your claims that are denied by our managed care partners. Our goal is to assist our providers, wherever possible, to assure that claims submitted through CNC are paid promptly by our managed care partners.

The key to the prompt payment of all claims is the proper submission of "clean" claims – which means, claims that are properly completed and contain current insurance information.

Approximately 4 months ago, in response to many provider's requests to assist them with reducing denials and consistent with my objective to improve the services we provide, we began a complete analysis of all denials to CNC providers. This included a review of all claims that were denied, as well as issues that will soon result in denials (such as old ID numbers) by our managed care partners. A "provider review" was also included to determine which practices routinely received prompt payment for their claims and which practices had significant denials from payors, and why these practices had such a high number of denials. The results indicated that 65% of the CNC providers had only a 1% (or less) denial rate for all claims submitted to CNC! These providers consistently receive prompt payment from the payors for claims submitted through CNC and these providers consistently submit properly completed claims, with accurate, current insurance information!

It appeared that the best way we could assist all providers who were not submitting "clean" claims was through education and a significant commitment of time and resources that would allow us to return ALL incomplete claims and/or claims submitted with incorrect insurance information for correction BEFORE sending them to the insurance company.

Before taking this step, I reviewed the internal edits used by all of our managed care partners that result in denials of claims, including edits for claims sent electronically as well as when the claims are scanned. We incorporated ALL the denial reasons into our new billing instructions and published these on our new website, as well as correctly completed sample HCFA 1500 forms for each of our managed care contracts so that our offices could assure that all claims were properly completed prior to submission to CNC. Additionally, we sent several notices requesting that all CNC offices to visit the website and review the billing instructions and the sample HCFA'S (these notices were included in your CNC check cut packet as well as being sent to you via US mail.) I also mailed a letter to each provider (and posted a notice on the website) to let you know what we were doing and why we believed this was so important.

The areas that need the most focus are:

1. BCBS CLAIMS FROM NC PROVIDERS. We continue to receive BCBSNC claims forms with ID numbers that are invalid for 2006. Examples of some of these are:

   Claims with ID numbers that still contain the member's social security number.

   Claims for certain BCBS plans, without the complete ID number, which includes the correct 2 digit suffix shown on the member's ID card, needed to clarify the relationship to the insured, such as 02, for spouse.

Claims that contain a 3 digit alpha prefix such as YPP, which was replaced in 2006 with the 4 digit prefix of YPPW.

During 2005, BCBSNC issued new ID cards to all members to eliminate the use of social security numbers in the member's ID number and also made other changes to the member's ID numbers for specific BCBS plans. These were all effective January 1, 2006. The old numbers were deleted from the system and the new number is required for proper claims submission. Please be aware that in an effort to help you avoid these problems, CNC sent 3 reminder notices of the need to obtain new insurance information, referencing the changes in the new ID numbers for 2006, the need for the 2-digit suffix for certain plans and a reminder that social security numbers were no longer part of the member's ID number. These reminders were sent in December of 2005, January 2006 and again in March, 2006. These notices were mailed to each provider and were included in your provider check-cut packets.

For those of you who already have Blue e, it is quite simple to obtain the current member ID number. If you have not registered for Blue e, please fax a request to register for this great service and we will get you registered as quickly as possible. In the interim, it is imperative that you insist that your patients provide you with current insurance information. If they continue to insist that they do not have new information, you might consider allowing them to contact BCBSNC to obtain this information, while they are in your office.

2. Your BCBSNC Provider ID number must be in box 24K

3. BCBS is acceptable in Box 11c if you are unsure of the Blue Cross plan type.

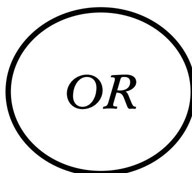
FOR ALL CNC PROVIDERS:

4. BOX 32 must be completed on each claim. The instructional information on the HCFA 1500 is incorrect for claims that are processed to managed care companies.

5. Box 11B and 11C. Managed care companies such as Medcost and Health Care Savings MUST have the correct employer group and the payor on the HCFA 1500 in order to determine how to reprice the claim! These companies have separate contracts with thousands of employer groups; claims are adjudicated based on each individual contract and as such, the claim cannot be repriced and processed for payment without the information in 11B and 11C. (Our billing instructions on the website provide additional helpful information regarding this and you may always fax a copy of the card to CNC for assistance, prior to submitting the claim, if you are unsure how to complete these boxes.)

6. The name of the insurance company/managed care company, together with the CNC address must be clearly indicated at the top of the HCFA. (It is preferable to include CNC with the name of the insurance company but not necessary, as long as the name of the insurance company is on the top line.)

CNC/ MEDCOST
PO Box 2368
Cornelius, NC 28031



(Humana)/Medcost
c/o CNC
PO Box 2368
Cornelius, NC 28031

7. Claims must be computer generated or typed, not handwritten.

8. If using a diagnosis between 800-999, box 14 must be completed with date of current illness or injury.

9. Pay close attention to assure that the correct relationship of the patient to the insured in Box 6 is correct. If the member name in box 4 is the same as the patient name in box 2, box 6 should be marked SELF, not spouse or child. Conversely, if the names in box 4 and 2 are different, then the relationship in box 6 should be either spouse or child.

10. OTHER is not acceptable in Box 6! Self, spouse, or child must be marked on each claim.

11. Claims with dates of services for different years must be submitted on separate claim forms. Example: you cannot submit a claim with dates of service for 2005 and 2006 on the same claim.

12. Only 6 CPT codes (services) can be listed on each HCFA 1500.

13. Each claim must show total charges FOR THAT PARTICULAR CLAIM and must appear in box 28.

I do understand that it is frustrating to receive so many claims back from CNC, but please be assured that we are trying to assist you in getting your claims paid promptly by returning claims that are incorrectly completed or that do not contain current insurance information.

With the right tools, properly completing your HCFA 1500's can be easy. CNC has tried to assist you by providing you with these much needed tools. The proper submission of your claims will reduce your denials, save you time and energy in resubmitting claims for reconsideration, and should result in the prompt payment of your claims!

Let me share with you that the process of entering a single claim in our system just as we receive it takes about 45 seconds. Returning a claim to a provider requires multiple processes and takes approximately 18 minutes per claim! CNC processes thousands of claims per day. It is by far easier, less costly, and less time-consuming to merely process the claims that are submitted to CNC just as they are received. That is not in the best interest of our providers. My decision to commit the time and resources to better educate our providers regarding proper claim submission, and return all claims that we know will likely result in a denial was made based on my commitment to assure that we do everything possible to provide our chiropractors with the best possible service. You can quickly stop the returns from CNC by assuring that your staff submits properly completed claims with correct insurance information! My objective going forward is with continued education and assistance from CNC, our providers can expect prompt payment of claims that are processed through CNC!

I encourage you to review our website (**www.cncarolinas.com**), particularly the section, "ALL ABOUT CLAIMS," for complete billing information for all CNC contracts. The website was designed to assist our offices with all aspects of proper claims submission. Additionally, as we receive information from our managed care partners regarding our contracts and/or important billing information, this information is posted on the website, under the "What's New" section. This section is updated bi-weekly (or more often, if needed) with important news and changes that affect our providers.

We are making great changes at CNC. This commitment to reducing your denials is one of many! Other exciting changesinclude:

CHIROTRACK, our electronic claims transmission system! (Summer-Fall, 2006)

TELESEMINARS for CA's covering topics chosen by our CNC offices. (Fall-Winter, 2006)

CNC PROVIDER REPRESENTATIVES. Each CNC provider will be assigned a personal Provider Representative. Each provider will have access to your Provider Rep's direct phone and fax numbers and she will be available to assist you with any questions or issues. (Winter, 2006)

NEW EMPLOYEE ORIENTATION. CNC will provide any new CA's with a 2-hour CNC orientation/training session to assist you in assuring the continued submission of properly completed claims as well as a review of other important information from CNC such as how to submit secondary and corrected claims. (2007)

FREE CE TO ALL CNC PROVIDERS. Each year, CNC will offer 12 hours of FREE continuing education courses to all CNC providers. (2007 or sooner!)

We welcome your suggestions and comments as to how we can continue to improve our services to all of our providers.

With best regards,

Parker Binder

F. Parker Binder
Executive Director
CNC

Visit our Website

www.cncarolinas.com

What is the NPI?

The Health Insurance Portability and Accountability Act (HIPAA) require a national standard identifier for all health care providers. "The purpose of the National Provider Identifier (NPI) is to uniquely identify a health care provider in standard transactions, such as health care claims. NPIs may also be used to identify health care providers on prescriptions, in internal files to link proprietary provider identification numbers and other information, in coordination of benefits between health plans, in patient medical record systems, in program integrity files and in other ways." HIPAA requires that covered entities use NPIs in standard transactions by the compliance dates. Every healthcare provider must have a NPI by May 23, 2007. Upon that date, only the National Provider Identifier (NPI) may be used for identification purposes for a health care provider in standard transactions; legacy identifiers (such as the Unique Physician Identification Number (UPIN), Medicaid Provider Number, Medicare Provider Number, and others) may not be used.
How do I apply for an NPI?

HIPAA

The Department of Health and Human Services and Centers for Medicare and Medicaid (CMS) have selected Fox Systems, Inc., known as the Enumerator, to do this work. Paper applications as well as electronic applications will be accepted. The National Plan & Provider Enumeration System (NPPES) is the department of Fox Systems, Inc that will be handling the NPI Enumeration. The website is https://nppes.cms.hhs.gov

In order to assist you, CNC will soon be mailing each CNC provider an application with instructions!

Before you begin the NPI application, please make sure that you have the following information:

- Provider Name
- SSN
- Provider Date of Birth
- Country of Birth
- State of Birth (if Country of birth is the U.S.)
- Provider Gender
- Mailing Address
- Practice Location Address & Phone Number
- **Taxonomy (Provider Type)
- State License Information
- Contact Person Name
- Contact Person Phone Number & Email address

**You must use a taxonomy code for each type of service you perform (such as chiropractic, acupuncture, nutrition, sports physician, etc.) CNC will provide you with a list of these codes in your application packet.

If you have any questions regarding the application process, the representatives at the NPI Enumerator are very helpful.

To contact the NPI Enumerator by phone,
call 800-465-3203;

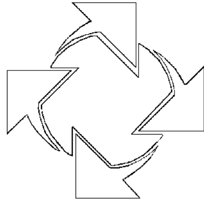
email customerservice@npienumerator.com;

mail: NPI Enumerator,
PO Box 6059
Fargo, ND 58108-6059

The NPI Enumerator is currently accepting applications; please get your NPI number now to avoid the congestion of applicants later.

When you get your NPI number, please fax CNC your number. We will need your NPI number for submitting claims to the managed care partners as well as for electronic filing.

Pass it around



We are using this newsletter as a means of communicating important updates from insurance companies as well as reminders and information needed for successful claims filing. Please read it and make sure to pass it around the office for all providers and staff members to read. Several providers and office staff reported that they had not received the newsletter in January; however, all newsletters were mailed to our providers using the same address that we send your CNC checks!

IMPORTANT CHANGE TO OUR "RETURNS" PROCESS

Several CNC providers have reported that their software cannot meet a few of the new managed care billing requirements. Specifically, the correct date format is mm/dd/yy. (Some software programs automatically enter the dates on the HCFA (date of birth, date of service) with the yyyy format, such as 2006, rather than the required yy or 06 format)

Box 4 and Box 7 (name and address of the insured) (Certain software programs apparently are programmed to complete Box 4 and 7 ONLY if the patient is not the insured, such as when the patient is the spouse or child.)

As a result, CNC will no longer return claims for incorrect date format or if box 4 and/or 7 is not completed, provided the patient is also the insured. CNC will process these claims without regard to these two issues. Please be aware, however, that if scanned, these claims may still be denied by certain payors using scanners to enter the claims into their systems.

PLEASE VISIT OUR WEBSITE

www.cncarolinas.com

CNC'S ROLE IN PROCESSING YOUR CLAIMS

We often receive faxes and calls from our providers asking why CNC denied a claim or why we applied a charge to a co-payment or deductible as well as other questions that involve the adjudication of claims. As such, we thought it would be helpful to clarify CNC's role in processing your claims.

CNC does not adjudicate claims! CNC makes no decisions regarding the payment or denial of ANY claim sent to CNC. All such decisions are made by the insurance company, managed care organization and/or payor.

Additionally, CNC has no information regarding WHY a claim may be denied or paid. Only the insurance company/payor determines whether your claim is denied or paid! The payor explains the reason for the action taken for each CPT on the EOB/NOP and this information is ALWAYS included with your CNC remittance. (This is normally indicated by a remark code or reason code.)

Additionally, CNC has no information regarding your patient's insurance coverage or benefits and has no role in applying co-payments or deductibles when processing your claims. The insurance companies/payors check benefit and coverage information on each member before processing claims and adjudicate claims based on each member's coverage. (Always remember to verify benefits before providing chiropractic care.)

CNC receives your claims at our central claims administration office. Before processing, we submit ALL claims to a series of edits designed to identify claims that will likely deny if submitted to the payor as is. If we determine that submitting your claim will likely result in a denial of your claim, we return the claim to you along with the Claims Return Form, to let you know what information is needed or should be changed. We provide this service to assist you in getting your claims paid as quickly as possible!

Once we have reviewed your claims, the claims are separated into 2 groups: those that must be sent by paper and those that will be sent electronically.

By far, the majority of CNC claims are sent electronically to the insurance company/payor and these claims are first keyed into the CNC electronic claims system. At the end of each business day, an electronic file is created containing all claims entered into our system during that day. That file is then electronically sent to the appropriate insurance or managed care company for adjudication. Within 24 hours, CNC obtains an acknowledgment from the insurance company/payor that the file(s) were successfully transmitted and received for processing. This assures us that all claims keyed into our system that day were successfully sent to the insurance company or payor for adjudication.

Claims requiring special handling and all claims with attachments, (such as secondary claims with primary EOB'S attached) are keyed into our system then sent by paper, via US Mail, directly to the insurance company/payor for adjudication.

CNC has no more involvement in the claims processing process until your claim is adjudicated by the payor. Once the claim is adjudicated by the payor, the payor sends any remittance due to you, together with the EOB's/NOP's to support whatever action has been taken. CNC receives these remittances and EOB'S on a daily basis from our managed care partners. We post all monies received each day under the appropriate CNC provider's name, much like you post payments to your patients accounts and we file all EOB's that were included with the remittance in each provider's file. On the 15th and last business day of each month, we then forward to you any monies and EOB's received since the previous CNC check-cut date, NOT including monies received after the check cut process begins. (When tracing claims, please remember if you are told that a payor has issued payment to CNC within the last 10 days, this payment will likely be on your next scheduled check cut from CNC. Payments received immediately prior to our check cut process will not be issued until the next scheduled check cut.)

While all claims received by CNC are logged into our system before being sent to the insurance company/payor, they are batched and logged as a BATCH FILE and are not tracked by individual claims within the file. You can be confident that if you send a claim to CNC, it will be sent to the appropriate insurance company or payor for adjudication. However, if you do not receive any correspondence for a particular claim in 60 days or longer, we recommend that you contact the insurance company/payor DIRECTLY to determine the status of your claim. CNC can inform you of the date the claim was sent to the insurance company or payor but we have no information as to the status of your claim once it has been sent for adjudication.

While we want to assist you when possible, since we have no role in the adjudication process of your claims, we are often unable to answer questions regarding the denial of a claim. However, if you cannot determine the reason for a denial, please fax us a copy of the EOB and if possible, we will gladly assist you.

FRANK AND ERNEST By Bob Thaves

2006 CPT Additions/Deletions

In our January newsletter, CNC published this list of new and deleted CPT codes. However, many offices continue to submit claims with these deleted CPT codes, resulting in a rejection of these claims, so we thought it would be helpful to publish it again! Please be sure you delete these out-of-use codes from your computer system as well as adding the new codes.

Remember, claims received with these deleted codes can no longer be processed and must be returned to your office for correction. Please refer to each member's individual plan for coverage of any new codes.

Additions for 2006	Descriptions
99060	Services provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
97760 (replaces 97504)	Orthotic management and training (including assessment and fitting when not otherwise reported), upper extremity, lower extremity and/or truck, each 15 minutes
97761 (replaces 97520)	Prosthetic training, upper and/or lower extremity, each 15 minutes
97762 (replaces 97703)	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Deletions for 2006	To report, use:
97020	97024
97504	97760
97520	97761
97703	97762
99271	
99272	
99273	
99274	
99275	
99052	99050
99054	99050
95858	

EVERY CNC OFFICE NEEDS THE MEDCOST PHYSICIAN REFERENCE GUIDE!

The Medcost Physician Reference Guide contains the REQUIRED information for properly completing boxes 11, 11B, and 11C of the HCFA 1500 for all Medcost claims. This great tool is now available via the internet to all CNC providers This guide includes information about all companies that access the MedCost network such as employer names, employer group numbers, claim administrators and eligibility phone numbers. The Reference Guide is updated and available by the fifth business day each month. There is no cost for this service. Signing up is simple and only takes a moment. Please go to our new website at http:// www.cncarolinas.com and click on "All About Claims" then click on the MEDCOST tab and you will find a reference to the PHYSICIAN REFERENCE GUIDE. Just print the easy registration form and fax to CNC. Upon receipt, CNC will register you with Medcost. Please allow up to 10-15 days for registration, we will notify you as soon as you are registered.

Visit our Website
http://www.cncarolinas.com

Upcoming BCBSNC changes in State Plan

North Carolina Providers Only

CNC PROVIDERS WILL SOON PROVIDE
"IN-NETWORK" CHIROPRACTIC SERVICES FOR NC STATE EMPLOYEES PPO PLANS!

The State of North Carolina currently offers only Comprehensive Major Medical (CMM) or "indemnity" insurance to its employees. Effective October 1, 2006, the State will offer employees an additional choice in health insurance - a PPO insurance plan. The open enrollment period for these new PPO products is May 22-June 30, 2006.

BCBSNC has notified CNC that the NC State Health Plan has contracted with BCBSNC to use their Blue Options Network to provide these new PPO options to the NC State employees. As BCBSNC's contracted chiropractic managed care network, ONLY CNC providers will be "in-network" providers for chiropractic services for these new state PPO products!

The state employees will have a choice of 3 NC SmartChoice PPO options:

Smart Choice Basic

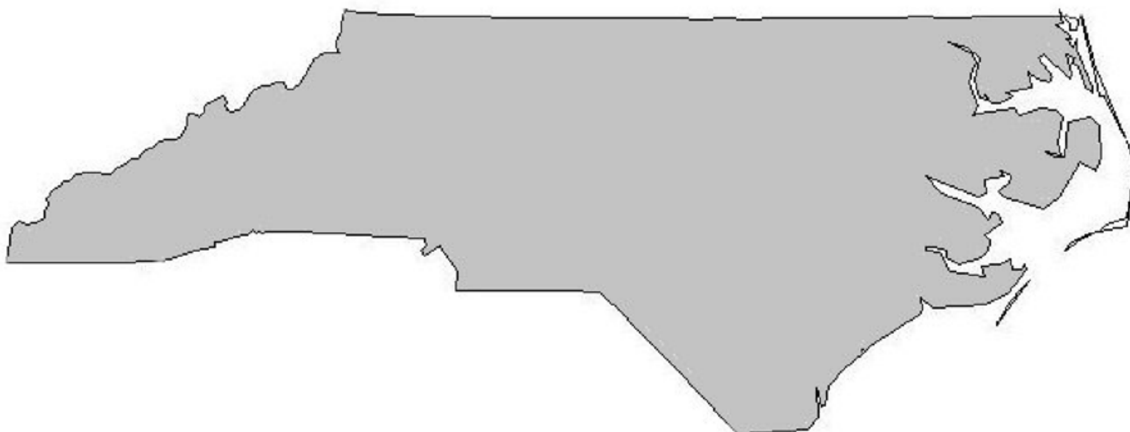
Smart Choice

Smart Choice Plus

State employees may choose one of the 3 NC Smartchoice PPO Blue Option products or may elect to continue with the indemnity plan. Members who choose a PPO product will have strong financial incentive to seek care from an "in-network" provider. (Under any of the 3 PPO options, state employees will be eligible to obtain healthcare services from "out-of-network" providers, however, state employees who choose an out- of- network provider will have significantly higher costs for co-pays, co-insurance and deductibles.)

CNC is working hard to increase our value to our providers. The PPO plan offered by the state is generally considered a more attractive option for the state employees and as such we expect to see a significant number of state employees switch to one of the Smartchoice PPO products mentioned above. With over 550,000 NC state employees, many of you will see a significant increase in patient volume as these members switch to a CNC in-network provider!

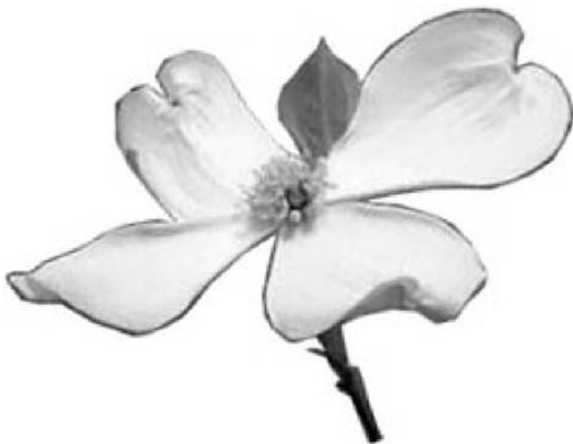
Please check this WHAT'S NEW section of our website frequently in the weeks ahead for additional information about the new state PPO plan!



North Carolina Providers

AN IMPORTANT REMINDER ABOUT BCBSNC!

Please remember, when calling BCBSNC to verify benefits or check the status of a claim, always use the CNC master BCBS Provider ID number: 0194L. If you use YOUR individual BCBS provider ID number, you will likely be told that you are not a Participating provider. This is because BCBSNC lists all CNC providers under the CNC Master BCBSNC provider ID number. We recommend that you post this number at a convenient place for easy access to all staff members!



Blue e UPDATE

(North Carolina Providers Only)

Blue Cross Blue Shield of North Carolina (BCBSNC) has informed CNC that they have completed Blue e training for approximately 40% of CNC North Carolina providers and are working diligently to reach all CNC NC providers.

Blue Cross has informed us that **SOME** BCBSNC plans "will display the chiro benefits under Specialized Services under Blue e. In the event the chiro benefits are not listed under Specialized Services, the benefits will be rolled into the PT/OT benefits under the Professional tab." (BCBSNC) You may still call BCBS for benefit verification anytime.

But the GREAT NEWS is – as soon as you have access to Blue e, you will be able to trace all BCBS claims online, including out-of-state plans. You will also be able to verify eligibility!

For those providers that have not yet signed up for Blue e, please use the CNC fax form and fax a request to CNC for a Blue e application.

Change in Chiropractic Co-payments Underway!

March 1, 2006 marked the beginning of the change in chiropractic co-payments from specialist to PCP! Co-payments for all plans will change between March 1, 2006 and March 1, 2007, AS EACH MEMBERS PLAN RENEWS. Do not rely on the co-payment amount given to you by phone when you verify benefits! We recommend that you verify benefits for ALL of your patients between now and March 1, 2007 to determine the plan renewal date. This will allow you to collect the proper co-payment amount.

(S622 2005 Appropriations Act) - Signed into law – March 1, 2006
Section 6.29 Chiropractic Co-Payments in Health Benefit Plans: Amends GS 58-50-30(a3) to add a clause prohibiting a health insurer from imposing "as limitation on treatment or level of coverage a co-payment amount charged to the insured for chiropractic services that is higher than the co-payment amount charged to the insured for the services of a duly licensed primary care physician for a comparable medically necessary treatment or condition."

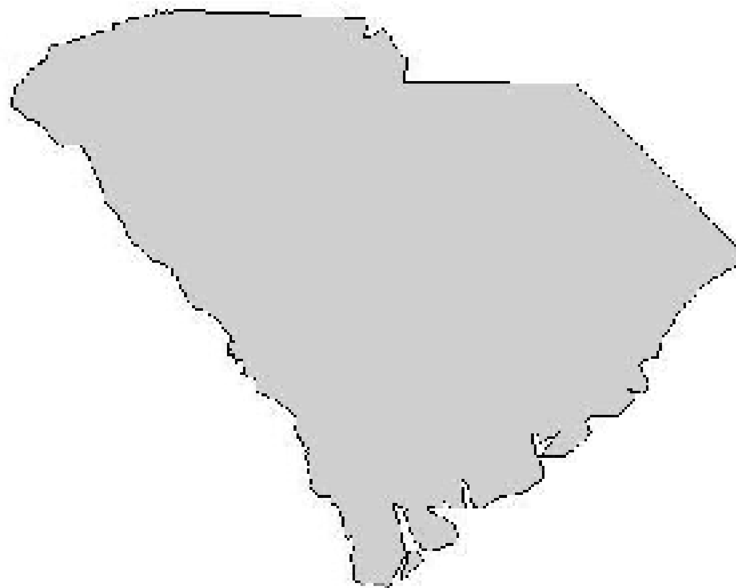
CIGNA HEATLHCARE UPDATE

Cigna Healthcare lists all CNC providers under the master CNC federal tax number (EIN) rather than your individual tax number. When calling Cigna Healthcare to verify benefits or to check the status of a claim, you must use the CNC tax number. This number is 56-1971088. If you use YOUR tax number when placing these calls to Cigna, you will be told that you are not a participating provider! Please do not send an updated W9 to Cigna, with your own tax number (EIN). Since all participating providers are listed under the CNC tax number, changing the tax number that Cigna has on file for you will result in your termination as a participating provider! So please do not send updated W9's to Cigna. All changes regarding practice information should be sent directly to CNC, not to the CNC managed care partners.

Cigna Providers will soon be able to check patient benefits online – stay tuned!!!

CNC TO HOST SCCA WELCOME RECEPTION AT KINGSTON PLANTATION IN MYTLE BEACH

The annual SCCA Convention is June 8-11 at the Kingston Plantation Resort in Myrtle Beach. CNC will be hosting the SCCA "Welcome Reception" on Thursday, June 8 at 5:30pm and look forward to seeing some familiar faces and to meeting many of our new SC providers at the reception or at one of the many events being held during the convention. We will have an exhibit booth in the vendor hall from Thursday through Saturday so please stop by and say "hello." Additionally, we are sponsoring the beverage cart for the golf tournament on Thursday, so we will see some of you on the golf course! Our Executive Director, Parker Binder, as well as the CNC Board of Directors will be at the convention all weekend and want to meet as many of you as possible! Also, don't forget to register for the door prizes! CNC is donating a new flat screen TV as a door prize so be sure to register!



Tracing Claims/Eob's

Important update regarding tracing claims

CNC needs your assistance regarding tracing claims. Many offices are submitting requests to trace claims that have previously been paid! Please remember that CNC offices are required to post ALL CNC remittances to patient's accounts BEFORE submitting any requests to CNC to trace any claims!

Please note the following changes regarding tracing claims:

CNC will gladly assist you with tracing claims - AFTER all CNC remittances have been posted to your patients accounts and after 60 days from the date the claim was received by CNC. Please do not submit any requests to trace claims prior to 60 days from date submitted. Also, please remember that CNC receives monies each day from our managed care partners but these monies are not distributed to providers until the 15th and last business day of the month, when provider checks are issued. As such, when checking the status of a claim with a payor, you may often be told that a claim has recently been paid to CNC, yet you have not received this payment. This is because we have not issued another provider check since we received this payment from the payor! Please do not send requests to trace these claims! Please wait until you have received the next CNC check and posted it to your patient's accounts before requesting our assistance in tracing these claims.

Please help! We continue to receive numerous requests for copies of EOB's that were previously sent to you with a CNC remittance. CNC does not keep copies of EOB's that are included with your CNC remittance. Please remember that CNC offices are contractually required to retain all EOB's and Remit Summaries for a minimum of 7 years.

CNC FAX FORM

We appreciate your great response to the use of our CNC Fax Inquiry Form for both claims tracing as well as for other questions/issues! The use of this form allows us to focus our time finding answers to your questions and researching your issues and also allows us to respond back to you more quickly! Please continue to use this form to fax your inquiries to CNC together with the requested supporting documentation listed next to the question/topic on the form. We will respond back to you the same day (or no later than 72 business hours from the time your fax is received by CNC)! The CNC Fax Form is now available in a printable format on the website. To print additional copies of this form, just go to our website at www.cncarolinas.com.

Also, we have received quite a few faxes without any provider's name, phone or fax number and as such, were unable to respond to these faxes! Please remember to fill in your personal information BEFORE you make copies! This will save you time in the future and assure that we can properly respond to your questions.

Great West Healthcare Changes

Please remember that effective February 1, 2006, CNC no longer processes claims for Great West Healthcare. All Great West claims should be sent to ACN or directly to Great West.

This is effective for all claims with a date of service of February 1, 2006 or after for Great West Healthcare members.

- For chiropractors that participate in the ACN group you should forward claims to:
  ACN Group, Inc.
  PO Box 212
  Minneapolis, MN 55440-0212

- For chiropractors that do not participate in the ACN group, you should send your claims DIRECTLY to Great West Healthcare using the address on the patients ID card.

Should you inadvertently send a Great West claim to CNC with a date of service on or after February 1, 2006, we will return the claim to you so that you may reprocess the claim via one of the above methods.

HELPFUL REMINDERS

CNC PATIENT SATISFACTION SURVEY

Just a reminder that all CNC Providers must participate in the CNC Patient Satisfaction Program. CNC MUST RECEIVE A MINIMUM OF FIFTY (50) Patient Satisfaction Surveys each year. All surveys must be received at CNC by September 30, 2006. Remember, these surveys may be given to any patient in your practice, not just "CNC" Patients!

Because this is now part of CNC's Credentialing and Quality Assurance program, in order to maintain "Participating Provider" status with CNC, every CNC Provider must participate in this program! (If there is more than one provider in your practice, each provider must participate!)

CNC will notify you if we do not receive the minimum of 50 surveys by the due date.
If you need a new survey packet, please use your CNC Fax Form and fax your request to CNC. We will gladly mail you a new packet within 10-15 days.

TWO DIGIT SUFFIX NOW REQUIRED FOR SOME PLANS

For NC Providers Only

CNC is committed to reducing the denials of claims submitted through CNC and we need your assistance! Many CNC offices are incorrectly submitting claims with incomplete ID numbers and this is causing unnecessary but serious delays in the payment of these claims. The 2 DIGIT SUFFIX listed on the member's ID card is part of the complete member ID number and is not being included in box 1a on the HCFA 1500's.
As a result, these claims are being submitted incorrectly to the payor, with an incomplete member ID number. These claims cannot be adjudicated by the payors without the entire member ID number in box 1a and result in the denial of your claim.

This problem is occurring primarily with BCBSNC claims for the following plans:

Blue Options Blue Advantage Blue Care

The CORRECT COMPLETE ID number that appears on the members BCBSNC ID card consists of:

- A four letter alpha prefix (Ex: YPPW)
- Followed by eight numbers (Ex: 12345678)
- Followed by the 2 digit suffix that appears on the member's ID card below the main ID number such as:

01 John Doe (refers to member)
02 Jane Doe (refers to spouse)
03 Jack Doe (refers to child)

PLEASE REMEMBER, THE CORRECT SUFFIX IS ANY TWO-DIGIT NUMBER THAT APPEARS ON THE MEMBER'S ID CARD BELOW THE MAIN NUMBER!

When filling out your claims for these plans, you must add this two-digit suffix to the ID number in Box 1a of HCFA form. (The complete member ID number for these plans contains 10 numbers, not just 8!)

EXAMPLE OF ID # THAT SHOULD BE IN BOX 1a ON YOUR HCFA 1500 FOR PATIENT JOHN DOE:

YPPW1234567801

EXAMPLE OF ID # THAT SHOULD BE IN BOX 1a ON YOUR HCFA 1500 FOR PATIENT JANE DOE:

YPPW1234567802

Change in your practice information?

It is very important that you notify CNC regarding any change in your practice information! CNC will notify all of our managed care partners, on your behalf, of any changes you submit. The insurance/managed care companies with whom we contract will ONLY accept changes to your practice information when submitted by CNC. (This is part of our contractual agreement with our managed care partners).

Please use your CNC Fax Form for all practice changes. The following is a list of practice changes that require immediate notification to CNC:

- Change in your practice name
- Change in your practice address
- Change in billing companies
- Change in your phone/fax number
- Addition of a new provider to your practice
- Deletion of a provider from your practice
- Change of your Federal Tax Number (EIN).

For any change related to your Federal tax number, you must submit a completed, updated, signed W-9 to CNC, together with the effective date of the change.

CHIROTRACK

OUR NEW ELECTRONIC CLAIMS FILING SYSTEM!

The countdown has begun! CHIROTRACK, our new electronic claims- filing system, is almost ready! The project is moving rapidly towards completion. We have already begun the first testing phase and the feedback has been phenomenal! CNC has committed significant resources to this big project and have worked diligently to assure that CHIROTRACK is truly a 'state of the art' claims filing system. Our number one objective has been to make this incredibly "user-friendly" and we look forward to providing this new, FREE service to all CNC "participating provider" offices.

When CHIROTRACK is complete, you will be able to transmit your electronic file over the internet, directly to CNC, via our website (www.cncarolinas.com) you will be able to correct your claims online, review claims submitted to CNC, receive verification that your claim file was successfully transmitted to CNC and much more! And the best news – there is no need to pay a clearinghouse or billing company to transmit your claims to CNC!

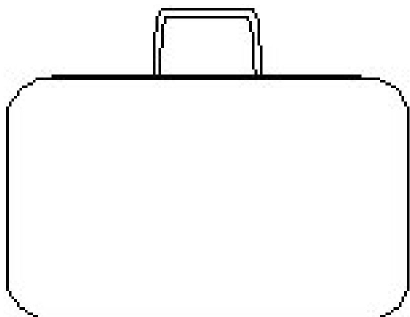
For those of you who do not send any claims electronically, sending your claims by paper will still be an option. For those of you currently sending your electronic claims via a clearinghouse, you may continue to use your clearinghouse, should you so desire. However, there will be no reason to pay a clearinghouse to transmit your CNC claims to CNC. Of course, coordination of benefits and certain corrected claims that require attachments will still need to be sent by paper.

CNC NC Contracts

NORTH CAROLINA PROVIDERS

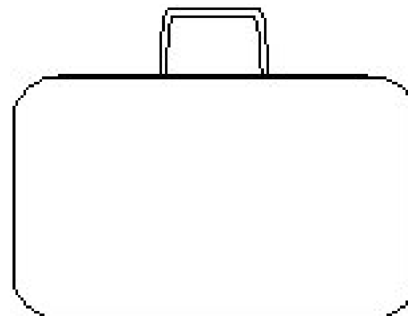
BCBSNC including Advantage, Care, Options, Blue card, Federal employee claims and MOST BCBS out of state claims.
In-state BCBSNC plans - Options, Advantage, and Select member ID cards will clearly show the "SUITCASE" logo, and will contain the letters PPO and MUST BE SENT TO CNC!

Blue Care member ID cards clearly show the "SUITCASE'" logo but the letters PPO WILL NOT appear in the suitcase. (The suitcase is "empty"!) SEND THESE CLAIMS TO CNC!



Out of state BCBS plans - Member ID cards for these plans that contain the "SUITCASE" logo with the letters PPO INSIDE the suitcase MUST BE SENT TO CNC.

Out of state BCBS plans whose member ID cards contain the "suitcase" logo but WITHOUT the letters PPO INSIDE the suitcase are not processed by CNC and should be sent directly to BCBSNC. (The suitcase is "empty"!)



BCBSNC member ID cards marked "TRADITIONAL" should be sent directly to BCBSNC, not to CNC!
NC Providers should also send claims for the following contracts to CNC:

MEDCOST
HEALTH CARE SAVINGS
PRIMARY PHYSICAN CARE
CAROLINA SUMMIT
KANAWHA

CNC SC/VA Contracts

SOUTH CAROLINA PROVIDERS

CIGNA HEALTHCARE, SC (ONLY if you are Participating provider with Cigna Healthcare, SC)
MEDCOST
HEALTH CARE SAVINGS
PRIMARY PHYSICIAN CARE
CAROLINA SUMMIT
KANAWHA

VIRGINIA PROVIDERS

MEDCOST

Attention all office personnel:
Win a $500 Visa Giftcard

Visit our Website
http://www.cncarolinas.com
under the **"What's New"** section and read about how to win a **$500 Visa Giftcard!!**

Always check the website under the "What's New" section for all the latest news, information and contests!

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