
The CNConnector

Volume 3, Issue 3

August 2006

ChiroTrack! ChiroTrack! Read all About it!

Cost of sending Paper Claims	Cost of Sending Electronic Claims	Savings Per Transaction	Transactions Per year	Est. Annual Savings
\$6.63	\$2.90	\$3.73	6200	\$23,124.21

ChiroTrack, our state-of-the-art electronic claims filing system, is almost complete! ChiroTrack is designed to enable you to send your "CNC" claims electronically to CNC, without using a clearinghouse. ChiroTrack is designed to work with all practice management software systems so you can directly send your "CNC" claims to CNC. There is **NO COST TO YOU** for this service! Our software design partner, BizTechnology Solutions, will assist each office with set-up and sending a test file, again at no cost to you! We will provide technical support for ChiroTrack and assist you every step of the way!

The most exciting news is that ChiroTrack can save many CNC providers as much as \$23,124 per year! (This is based on the research conducted by the Milliman Group regarding cost savings of filing electronically versus paper. The report was mailed to you with the ChiroTrack Preregistration Survey). Additionally, ChiroTrack will further reduce your clearinghouse costs since you will no longer need to pay your clearinghouse to "drop your claims to paper," nor pay them to electronically transmit your "CNC" claims!

ChiroTrack includes advanced data validation (edits) to capture any claims with missing information and easily allows you to quickly correct the errors and resubmit the claim. Making the most of available technology, saving you valuable time and reducing your costs are the reasons ChiroTrack was designed.

CNC will be registering providers based on the type of practice management software system in each office. For example, providers using EZ BIZ and Medisoft will be registered first as the majority of CNC providers are using one of these two systems. Once these providers are registered, providers using AMS, Lytec and Eclipse will be registered, as these three systems are used most frequently, following EZ BIZ and Medisoft. We will continue in this order until all of our providers are registered and using CHIROTRACK!

CONGRATULATIONS!

Ms. Melinda Jones at the Grosman Clinic in Greensboro has won the \$500 VISA GIFT CARD for submitting the winning name for our CNC newsletter! Melinda submitted the name CNCONNECTOR and stated that she chose this since CNC connects us all together and connects the provider offices to CNC and to the managed care partners with whom we contract. Additionally, Melinda stated the "connection" of the spine to our overall health is another reason she felt that the CNConnector was appropriate. Melinda is a CA for Dr. Larry Grosman.

All of the names submitted were great, making it very difficult to choose. Thank you to the hundreds of CA's who participated in our contest!

CHIROTRACK COMPUTER REQUIREMENTS

REQUIREMENTS FOR CHIROTRACK

(What you must have in order to use ChiroTrack)

- Internet connection (28k bps or higher)
- Internet Browser
- Windows 98 or higher. (NT, 2000, XP), Mac OS 10 or higher
- A practice management system that can create a 1500 print image claim file or an 837p electronic claim file

RECOMMENDATIONS FOR CHIROTRACK

(What we recommend for use with ChiroTrack)

- Broadband Internet connection with 500K bps or greater speed. (DSL, CABLE or T1)
- Internet Explorer 6.0 or higher, Firefox 1.0 or higher. Safari 2.0 or higher
- Windows XP with service pack 2, Mac OS 10.4 or higher
- A practice management system that can create a 1500 print image claim file or an 837p electronic claim file

**If you have any questions about ChiroTrack,
please call us at 704-895-8117.**

**Visit our Website
<http://www.cncarolinas.com>**

MedCost News

Acquisition Creates Strong, Competitive Network Alternative for Employers and Payers in the Carolinas

Winston-Salem, N.C. — MedCost, the leading independent preferred provider organization (PPO) and health management innovator in the Carolinas, has acquired Health Care Savings (HCS) — a subsidiary of Carolina Doctors Care.

The combined organization will cover almost 1 million members in North Carolina and South Carolina and southern Virginia. Since the mid 1980s, MedCost and HCS have been the two dominant independent health care cost containment companies in the Carolinas, serving the same customer base of employers, insurance companies, and third party administrators.

“We are combining two excellent networks with a lot of experience and knowledge of the North and South Carolina markets,” said Bill Ketner, chief executive officer at MedCost. “Creating this stronger, more competitive network offers a viable health care alternative for employers in the Carolinas. We are excited about expanding our network while sharpening our product offering.”

MedCost will work closely with all customers during the transition period to ensure little or no disruption. During the transition period, all HCS operations will be moved from its Charlotte location to the MedCost offices in Winston-Salem. Lawrence Cutchin, M.D., president and chief executive officer of HCS, will remain actively involved and assume the position of chief medical officer.

“Over the last 20 years, MedCost and Health Care Savings have been formidable competitors, which has made both organizations stronger,” Dr. Cutchin said. “We have common goals and values. As we evaluated our future it was a natural decision for us to merge our operations to better serve the needs of employers and payers in the Carolinas.”

About MedCost

MedCost, LLC is the largest independent health management innovator in the Carolinas. Based in Winston-Salem, N.C., the comprehensive MedCost PPO network encompasses all of North and South Carolina. We currently partner with more than 100 claim administrators to serve our PPO and health management customers. Since our founding in 1983, the MedCost mission has remained unchanged: to provide the best possible health care services at an affordable cost. MedCost is owned by North Carolina Baptist Hospital and Carolinas HealthCare System.

http://www.medcost.com/news_medcost.htm

**Until you receive instructions from CNC,
continue to complete your HCFA 1500's for Health Care Savings
just as you do now.**

Upcoming BCBSNC changes in State Plan

North Carolina Providers Only

CNC PROVIDERS WILL SOON PROVIDE

“IN-NETWORK” CHIROPRACTIC SERVICES FOR NC STATE EMPLOYEE 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 was 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**

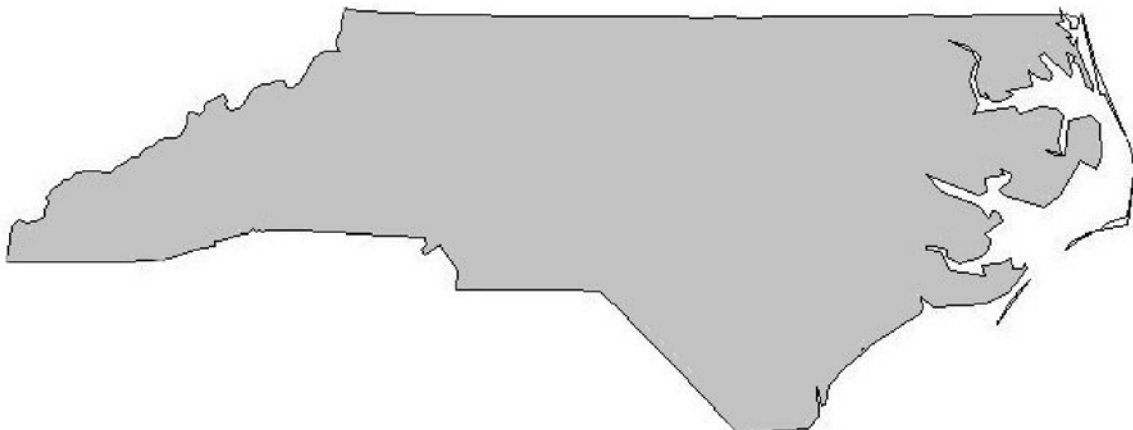
Smart Choice

**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 health care 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 590,000 NC state employees, many of you will see a significant increase in patient volume as these members switch to a CNC in-network provider! (Approximately 80% of the state employees chose a PPO plan.)

Effective October 1, 2006, any PPO (Options) claims for a NC State employee MUST be sent to CNC for processing. Claims for NC State employees who choose to keep the CMM plan will continue to be sent directly to BCBSNC in Durham. Continue to check the "What's New" section of the CNC Website for updates!



BENEFITS FOR STATE PLANS

NC SMART CHOICE

	IN-NETWORK	OUT OF NETWORK
CO-PAY	\$20.00	60% after Deductible
Visit Limitation (Chiropractic is combined with OT, PT)	30 Visits	30 Visits
Diagnostics (Lab, X-Ray, etc.)	80% after Deductible	60% after Deductible
Supplies	80% after Deductible Lifetime max: \$600	60% after Deductible Lifetime max: \$600
Deductible		
Individual	\$300	\$600
Family	\$900	\$1,800

NC SMART CHOICE BASIC

	IN-NETWORK	OUT OF NETWORK
CO-PAY	\$25.00	50% after Deductible
Visit Limitation (Chiropractic is combined with OT, PT)	30 Visits	30 Visits
Diagnostics (Lab, X-Ray, etc.)	70% after Deductible	50% after Deductible
Supplies	70% after Deductible Lifetime max: \$600	50% after Deductible Lifetime max: \$600
Deductible		
Individual	\$600	\$1,200
Family	\$1,800	\$3,600

NC SMART CHOICE PLUS

	IN-NETWORK	OUT OF NETWORK
CO-PAY	\$15.00	70% after Deductible
Visit Limitation (Chiropractic is combined with OT, PT)	30 Visits	30 Visits
Diagnostics (Lab, X-Ray, etc.)	90% after Deductible	70% after Deductible
Supplies	90% after Deductible Lifetime max: \$600	70% after Deductible Lifetime max: \$600
Deductible		
Individual	\$150	\$300
Family	\$450	\$900

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

HELPFUL REMINDERS

CNC PATIENT SATISFACTION SURVEY

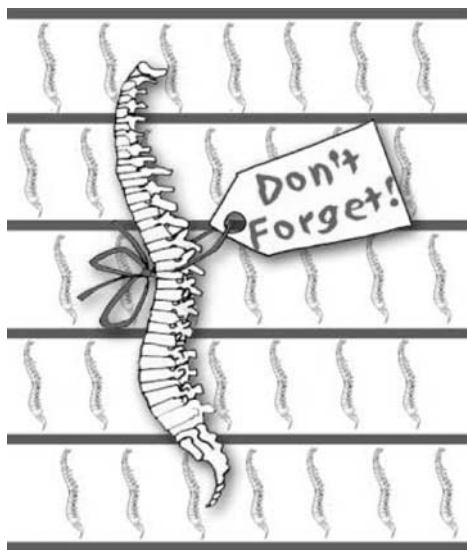
Just a reminder that all CNC Providers must participate in the CNC Patient Satisfaction Program. CNC MUST RECEIVE A MINIMUM OF FIFTY (50) Patient Satisfaction Surveys each year. All surveys must be received at CNC by September 30, 2006. Remember, these surveys may be given to any patient in your practice, 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.

If you are a provider in your first year of practice, you are required to participate in the Patient Satisfaction Survey program but are not penalized if we receive less than 50 surveys during the first year. Beginning year two, however, you must assure that CNC receives a minimum of 50 surveys from your patients.



NPI NUMBERS FOR ALL PROVIDERS

GET YOUR NUMBERS BEFORE THE RUSH

The Health Insurance Portability and Accountability Act (HIPAA) requires 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 health care provider must have an 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.

CNC sent out NPI Application Packets to ALL active CNC providers. Remember you must notify CNC and ALL insurance companies of your NPI number. Please fax CNC your NPI number on a CNC Fax Form and we will notify MedCost of your number, however, all other Insurance companies require direct notification from you, the provider, of your NPI number.

All CNC Providers must obtain their NPI numbers by 12/31/06 to maintain participation status with CNC so please do not delay!

When you receive your NPI number, please fax the number to CNC.

Codes No Longer Valid

As of January 1, 2006, many “K” codes are no longer valid. The Insurance companies are no longer paying on the following “K” codes and they will not be accepted by CNC. The following chart is a list of “K” codes that are no longer valid and their replacement code. Please use one of these new codes on your HCFA's in place of the “K” codes.

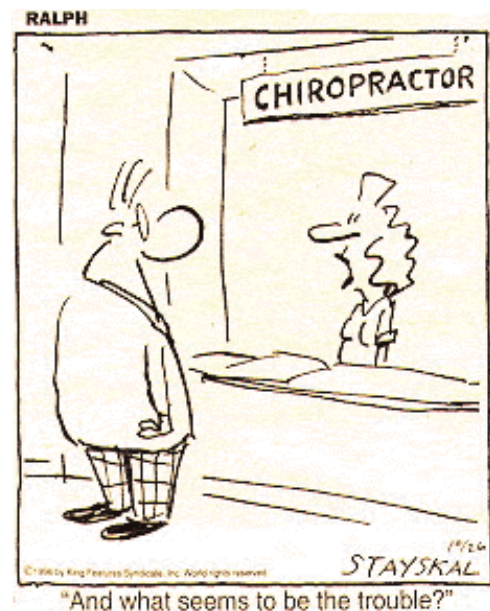
Old “K” Codes	New Codes
K0618	L0491
K0619	L0492
K0620	A6457
K0628	A5512
K0629	A5513
K0630	L0621
K0631	L0622
K0632	L0623
K0633	L0624
K0634	L0625
K0635	L0626
K0636	L0627
K0637	L0628
K0638	L0629
K0639	L0630
K0640	L0631
K0641	L0632
K0642	L0633
K0643	L0634
K0644	L0635
K0645	L0636
K0646	L0637
K0647	L0638
K0648	L0639
K0649	L0640

CNC Provider’s Answering Machines/VoiceMail

Just a reminder, all participating providers must provide 24/7 coverage for your patients. This is a credentialing requirement for all CNC providers. Please make sure your voicemail or answering machine provides the following information

- Practice Name and/or
- Physician’s Name
- Instructions to patients regarding after hours care.
For example, “If this is an emergency, please call Dr. Jones’ at 555-555-5555”

It is also very helpful if your answering machine or voice mail includes your hours of operation.



MedCost Tips and Tricks for the MedCost Physician Reference Guide

The MedCost Reference Guide is an online resource containing the information needed to properly complete boxes 11, 11b, and 11c on your HCFA 1500.

We hope these tips will help in determining how to use and read the MedCost Physician Reference Guide.

1. The Reference Guide is updated **MONTHLY**. You must log onto the MedCost website monthly to check for the updated version. The reference guide is updated monthly because employer groups and/or insurance plans join or terminate throughout the year and this guide is the way for MedCost to let us know of these changes.
2. After CNC has issued a username and password to your office, the first step is deciding which reference guide to download. MedCost offers three choices.
 1. The first is a printer friendly version in PDF format, you will need Adobe Acrobat Reader (also available to be downloaded for free from the MedCost Website) to view this format. This is the version pictured on Page 9.
 2. The second is a Database or Excel spreadsheet. If you have a spreadsheet program, such as Microsoft Excel, then you can choose this option.
 3. The last version is available to be downloaded to any computer. It is a text file, and all computers have 'Notepad' type software to view this file format. However, this is the most difficult format to read.
3. Once you have downloaded one of the physician reference guides, you need to know what to look for on the guide. The easiest and fastest method to search the guide is to use a function called "Edit Find" There are two ways to use this function
 1. On your program menu bar, go to "Edit" and then click on "Find", this will bring up the Find box. Then type in the search criteria, such as Group# or employer name and hit "Find Next" or "Find All"
 2. A shortcut - Push the Control "Ctrl" button and the "F" button on your keyboard at the same time to bring up the find box.
4. Search methods vary. Here are some helpful ways to match the Patient ID card with the MedCost Reference Guide
 1. Find the Group number on the ID card and use the "Edit Find" feature to search for the group number on the reference guide.
 2. If you are unable to find the group number on the ID card, **DON'T GIVE UP!** Use the "Edit Find" to search for the employer group. If you are not able to find either of these on the MedCost Reference Guide, use your CNC fax form and fax us a copy of the patient ID card and we will investigate.
 3. You may want to limit your search, for example if a group number is D827MV, you may want to try just "827" in the "Edit Find" to see what pops up. There may be several group numbers with these numbers, but you may also have the same group number used for multiple employer names. Make sure to complete the search and match as much information from the ID card with as much information from the Reference Guide.
 4. If you are able to find the group number or employer name on the reference guide, make sure you can identify other matches from the ID card with the listing in the reference guide. For example, the administrator/payor should also be listed on the ID card. These "extra" checks help to verify that you have the correct, updated patient ID card.

- The following picture is the Adobe PDF version of the reference guide which is sometimes the easiest to read. The reference guide's purpose, other than to verify that the member's ID card is valid for date of service, is to show what goes into boxes 11, 11b, and 11c. Please note that the Company Name is box 11b, Group# is box 11, and Claims Payor Name is box 11c.
- The "Term Date" is another helpful spot to look. It will tell you if the employer group is currently active with MedCost. This is helpful in knowing if the patient's ID card is still valid.

The image below shows what you need to look for on the MedCost Reference Guide.

MedCost Page: 1

**MedCost Preferred
Physician Reference Guide - Comprehensive
August, 2006**

MedCost Preferred

Special Note: Deductibles do not apply if co-payment is listed for covered office services.
Special Note: Primary Providers collect using the "Patient CPC Office Copay" column. Specialty Providers collect using "Patient Spec. Off. Amt." column.

Please Note:
 For all American Medical Securities companies, see patient card for benefit information or call AMS at 1-800-232-5432 ext.1296. For all Central Reserve Life Insurance companies, see patient card for benefit information or call CRL at 1-800-321-3997.

Preventive Care: If the Preventative Care column is blank, the payor did not supply this information to MedCost. Please contact the claims administrator to verify preventive care benefits.

Stat: A=Addition, R=Revision, T=Termination

Box 11b **Box 11** **Box 11c**

Deductible: A=Applies W=Waived

Stat	Company Name	Pgm Pref PN	Group#	Patient PCP Off. CoPay	Patient Spec. Off. Amt.	Annual Ded.	Eligibility Phone Number	Claims Payor Name	Eff. Date	Term. Date	Well Child / Age Limit	Prev. Care
	Charleston	Prof.	DB27MV	\$25.00	\$25.00	\$500 A	800-851-5644	HealthSCOPE Benefits	01/01/2006		Y / 6	Y
	12 month filing limitation for PPO Providers											
	DB MEDIDEN Jacksonville	Prof.	DB31MD	\$25.00	\$25.00	\$500 A	800-851-5644	HealthSCOPE Benefits	01/01/2006		Y / 6	Y
	12 month filing limitation for PPO Providers											
	007100	Prof.	BARLOWE RLD INDUSTRIA L INC	\$20.00	\$20.00	\$200 A	(800) 277-9476	Corporate Benefit Services	01/01/2003		Y / 6	Y
	15 month filing limitation for PPO providers											
	3 RIVERS BUILDING SUPPLY	Prof.	P70482-1	\$30.00	\$30.00	\$2,500 A	(800) 247-4696	Principal Life Insurance	05/01/2002		N / 0	N
	3 Tex., Inc.	Prof.	G-348450	\$20.00	\$20.00	\$250 A	(800) 873-4542	The Guardian	05/01/2000		Y / 0	Y
	4 GL SCHOOL SOLUTIONS	Prof.	130929	\$15.00	\$15.00	\$500 W	(800) 333-3304	UniCare	03/01/2003		Y / 0	Y

One plan shown: Also, offers plan with ded=\$1000 waived for in network providers, co-ins=80/60, and copay=\$20. Due to federal and state mandates, please contact UniCARE at 800-333-2993 for

If you have any questions on how to use the MedCost Reference Guide, please fax a request to CNC, using your CNC fax form, to have a CNC representative contact your office. You may also fax in some examples of ID cards to verify that your information is correct. We want to help all offices use this guide to the fullest benefit!

How To Submit Claims For Secondary Insurance filed through CNC

- List the name of the insured (last name first) in box 9 of the HCFA. Names of the same person may be listed differently on different policies. Ex: Smith, Mary Jane vs. Smith, Mary J. Make sure to complete the HCFA 1500 with the name exactly as it appears on the appropriate member's ID card.
- List the primary insurance policy number or group number in box 9a.
- In box 9b, list the date of birth and gender for the person listed in box 9.
- Box 9c is not required.
- List the primary insurance plan name or program name in box 9d.
- Mark box 11d "YES".
- Attach a copy of the primary insurance EOB showing all procedures and charges for all dates of service being submitted for secondary consideration.
- **Staple** primary EOB to completed HCFA 1500 and send to CNC.

Remember - when filing BCBS as secondary to Medicare, you must follow the directions above. Medicare's automatic crossover to BCBS is not effective for claims filed through CNC!

WE NEED YOUR HELP!

Our Managed Care Partners have filed formal complaints against a few CNC providers for non-compliance with policies regarding claims filing. (Sending claims directly to the insurance company or payor rather than to CNC). This not only causes serious delays and/or denials of your claims or payment at the OUT-OF-NETWORK rate, it creates significant internal problems for our Managed Care Partners. Our Managed Care Partners expect CNC to assure that all participating providers strictly adhere to our policies regarding the proper submission of claims.

This problem occurs most frequently with claims for MedCost and Health Care Savings. Please pay close attention to the front and back of the member's ID card. MedCost member ID cards can be identified by "MEDCOST PREFERRED" on the card, Health Care Savings ID cards can be identified by "HEALTH CARE SAVINGS" on the card. All claims for Members with ID cards showing either MedCost Preferred or Health Care Savings must be sent directly to CNC, never to the address on the card. Please also remember to ignore any instructions regarding where to send claims that you might be given by phone when verifying benefits. CNC instructions supercede any instructions from the payors regarding where to send claims!

If you are unsure about where to send a claim, just use your CNC fax form and fax a copy of the front and back of the member's ID card to CNC. We will gladly review and let you know where to send the claim.

Please be aware that compliance with the policies of our Managed Care Partners, as well as all CNC policies, is required for continued participation with CNC. Formal complaints against our providers are a SERIOUS matter and can result in termination of your participation with CNC.

CNC Provider Checks 3 times per Month

Beginning August 1, 2006, CNC will mail provider checks 3 times per month!!! This will reduce the number of EOBs and Remits at one time, and help get you paid more quickly! The checks will be issued on the 10th, 20th, and 30th of each month. If any one of these dates fall on a Monday – Thursday, that will be the day the checks are issued. If these dates fall on a Friday – Sunday then the nearest business day to that day will be the day the checks are issued.

For example, the first month of August is as follows. We hope this helps your office.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 CNC Provider Check Cut	11	12
13	14	15	16	17	18	19
20	21 CNC Provider Check Cut	22	23	24	25	26
27	28	29	30 CNC Provider Check Cut	31		

Blue e

If you have registered for Blue e by sending your completed Blue e application to CNC, and have not yet been contacted by a BCBSNC representative, please let us know via CNC fax. We will contact BCBSNC for you and follow-up!

If you have not yet signed up for Blue e, please let us know and we will assist you with getting this great Internet product! Blue e allows you to check status of your claims online and verify patients eligibility!

A physician who currently relies on paper claims and telephone calls for insurance administration may be able to save more than \$42,000 a year through simple steps to increase electronic transactions for operations like claims submission, referral and preauthorization requests, and eligibility verification. These are significant savings and CNC is committed to bringing all available electronic solutions to our participating providers.

The Milliman report's findings, in the table below, shows how large the savings can be by switching to electronic transactions.

Estimated Annual Savings from Electronic Transactions For Typical Physician Office Practice

	Manual Cost	Electronic Cost	Savings/ Transaction	Transactions Per Year	Est. Annual Savings
Claims	\$6.63	\$2.90	\$3.73	6,200	\$23,124.21
Eligibility Verification	\$3.70	\$0.74	\$2.95	1,250	\$3,693.04
Referrals	\$8.30	\$2.07	\$6.22	1,000	\$6,223.17
Preauthorization	\$10.76	\$2.07	\$8.71	100	\$870.62
Payment Posting	\$2.96	\$1.48	\$1.49	4,340	\$6,456.59
Claim Status	\$3.70	\$0.37	\$3.33	620	\$2,065.59
TOTAL					\$42,433.23

HELPFUL CHECKLIST

- ✓ Please make sure to post all EOBs/NOPs before contacting CNC for tracing claims.
- ✓ Please allow 60 days from date of service before submitting requests to trace claims.
- ✓ All offices are contractually required to keep all EOBs/NOPs for 7 years. Please make sure your EOBs/NOPs are filed in a manner for easy retrieval as you will need these when resubmitting claims.
- ✓ Please make sure to complete the CNC fax form according to the fax instructions, with all required information. This allows us to more quickly process your requests.
- ✓ Just a reminder, make sure to specifically ask for chiropractic benefits and any specific services, such as acupuncture, when verifying benefits.
- ✓ Let us help! Please contact CNC whenever you have a question about a claim or EOB/NOP. Please do not contact the Payor directly as we will gladly assist you with your issue.



NC Providers - If you have any problems tracing a claim using Blue e, please contact CNC. We will gladly assist you.



SC Providers - If you have any problems tracing a claim using the new Cigna website, please contact CNC. We will gladly assist you.

WHAT'S NEW?

Continue to check the "What's New" Section of the CNC Website. CNC updates this section often with important information regarding our Managed Care Partners, changes in billing requirements and other important information

SOUTH CAROLINA PROVIDERS

CNC is excited to provide you with access to the
 “Cigna for Health Care Professionals” Website.

CNC recently mailed each South Carolina Cigna Provider a temporary username and password for access to this GREAT website. (CNC is functioning as the administrator for all CNC SC Cigna providers.) This very user-friendly, secure website offers CNC providers easy access to valuable information and real-time transactions. Online access to many day-to-day administrative tasks means you can get information quickly and work more efficiently.

Key functions:

- Verify eligibility and access benefit information – (Access real-time details for most patients who are covered by a Cigna Healthcare plan.)
- View the claim status for claims received, but not processed.
- View patient liability for processed claims.
- Submit up to 10 eligibility inquiries at one time.
- Search for eligibility information and claim status using flexible search criteria.
- E-mail questions about claim coding and covered services.

The registration process is very simple! However, if you have any questions or problems during registration, please use your CNC fax form to let us know you need assistance and someone will contact you right away.

We are sure that you will find this website to be a wonderful time saver and a great tool for your practice! The Milliman report below shows the cost savings that can happen when doing transactions electronically. The Cigna for Health Care Professionals website is a great resource!

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Claim Status	\$3.70	\$0.37	\$3.33	620	\$2,065.59
TOTAL					\$42,433.23

UPDATE ON OUR "RETURNS" PROCESS

We appreciate the great response to our claims return process. As of 8/01/06, approximately 96% of our offices are now sending "clean" claims and are reporting very positive results, including a huge reduction in denials, faster payment and improved cash flow! **Thank you** for your great cooperation in this long tedious process. We hope you agree that the results speak for themselves!

For those offices that continue to have claims returned, please review the sample HCFA's and the billing instructions found on our website. All information for properly completing your HCFA's is right at your fingertips! We have noticed that many offices are correcting the actual claims that we are returning - but are continuing to send in NEW claims that are not yet compliant with the new billing instructions. Please check each claim against the sample HCFA's BEFORE mailing to CNC. **PLEASE REMEMBER TO REVIEW THE QUICK REFERENCE GUIDES** for each CNC contract for specific billing information. If you have any questions about any of your returns, please send us a fax and we will contact you to offer additional assistance.

A couple of notes that we hope will be helpful:

For BCBS claims, the vast majority of ID cards list an employer. If there is an employer listed on the card, it must be included in box 11b on the HCFA. However, if there is no employer listed on the card, you may leave box 11b blank.

For Cigna Healthcare claims, South Carolina Providers only, please list the employer's name that appears on the member's ID card in box 11b. If there is NO EMPLOYER listed on the card, you may leave box 11b blank.

Don't forget, the group number for Cigna patients is listed as the "account" number on the member's ID card. This number should be in box 11 for Cigna claims.



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