



Responding to a Home Health or Hospice Additional Documentation Request

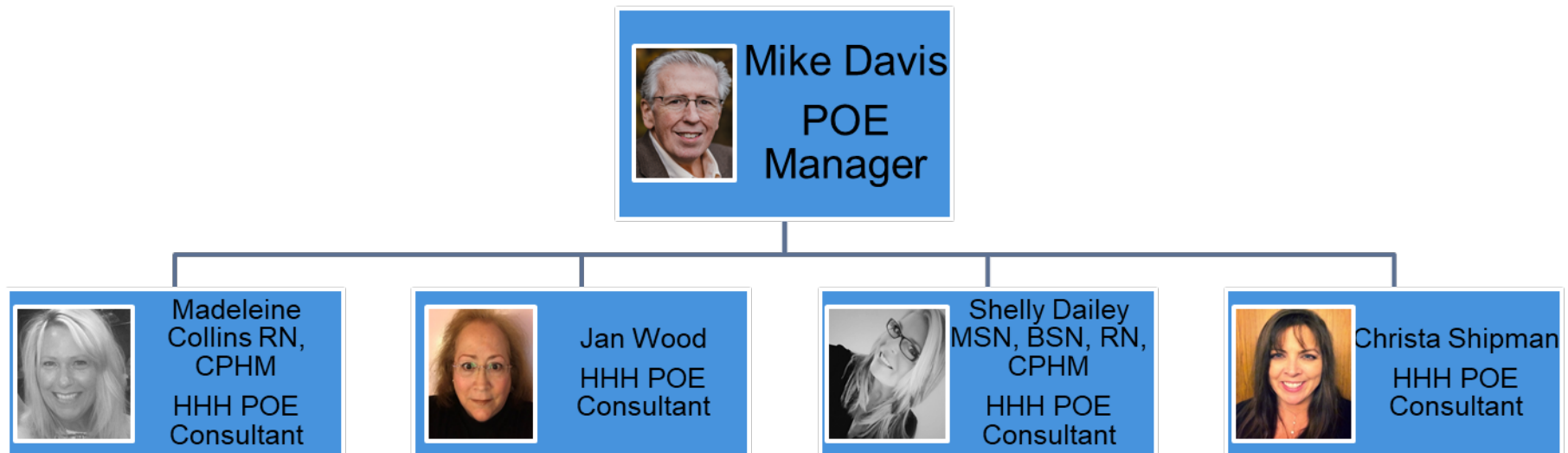
11/11/2021





Today's Presenters

Provider Outreach and Education Home Health and Hospice Team



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No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

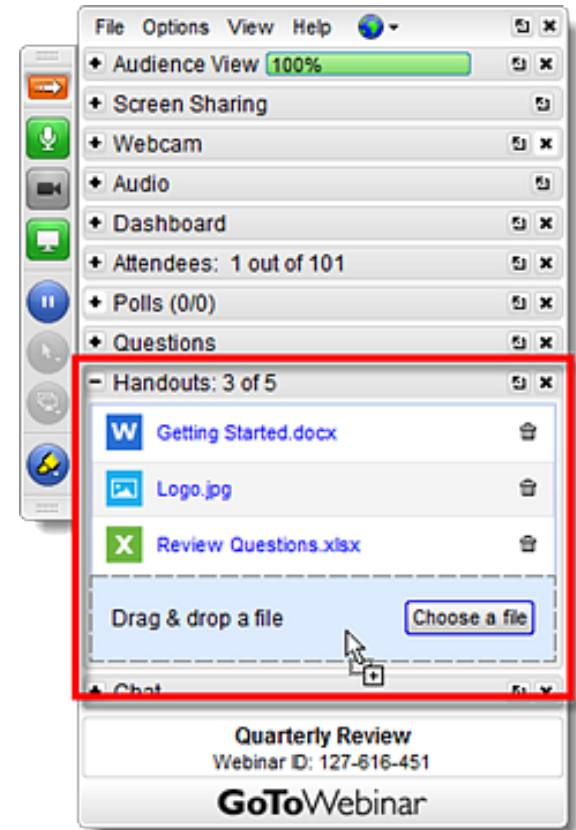
- Provide direction regarding how to respond to an ADR to support your Medicare claim
- Review helpful tools to find ADRs and submit medical record documentation
- Decrease denials for nonsubmission of medical record documentation (56900)
- Improve provider collaboration of medical record documentation
- Increase utilization of electronic medical record documentation submission (NGSConnex)
- Offer an increased understanding of FISS

Agenda

- ADR
- Submission of Medical Record Documentation
- NGSConnex
- Navigating FISS
- Helpful Hints
- References and Resources
- Question and Answer

Today's PowerPoint Presentation

- Once you are connected to the webinar, select Handouts
- Select the PowerPoint to download the presentation



ADR



ADR

- An ADR is a request for documentation to support a Medicare claim
 - It is imperative that providers maintain a process or policy that ensures requested medical record documentation is collected efficiently and appropriately for review
 - Methods or techniques often utilized to ensure proper documentation is collected include
 - Mock Chart
 - Check List
 - Staff Members Assigned to Collect Documentation
 - Staff Members Assigned to Review Documentation Prior to Submission

ADR

System Issues ADR

- Claim suspends to status/location SB 6001
- ADR is sent to provider
- Provider has 45 days to return records to the MAC

Records are NOT received by day 45

- On day 46 the system will deny the claim and move it to S/L DB 9997
- Claim assigned reason code 56900

Wait one week and recheck status/location

- If the records were received the claim will move to S/L SM 5REC
- If denial code appears, recheck, call the PCC for assistance, if necessary

ADR

- Incorporating the methods and techniques mentioned into policies/procedures will assist in ensuring
 - Appropriate documentation is obtained from outside entities
 - Records are reviewed for accuracy by multiple people prior to submission
 - All eligibility criteria have been met
 - All proper documentation is included in the medical record prior to submission
 - Proper claims payment

ADR

- Utilize instructional information on the ADR to assist in creation of the checklist or mock chart

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. WE ACCEPT DOCUMENTS VIA PAPER, FAX, CD/DVD AND ESMD OMB #0938-0969

PLEASE NOTE:

MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 45 CALENDAR DAYS.

NON-MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 14 CALENDAR DAYS.



ADR

- The ADR provides helpful hints to help appropriate claims payment

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED.

MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES, HANDWRITTEN INITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON ANY MEDICAL RECORD.



**STAMPED
SIGNATURES**

ADR

PATIENT IDENTIFICATION, DATE OF SERVICE, AND PROVIDER OF THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF THE RENDERING PROVIDER SIGNATURE IS NOT CLEARLY LEGIBLE, ATTACH A SIGNATURE LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE SIGNATURE, AND THE INITIALS FOR EACH PROVIDER FOR WHICH THE RECORDS ARE REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD SUBMIT AN ATTESTATION STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

PLEASE SUBMIT THE SUPPORTING DOCUMENTATION WITHIN 45 DAYS FROM THE DATE OF THIS NOTICE. THIS DOCUMENTATION MUST BE CLEAR AND LEGIBLE.

Date

Signature

Legibility

ADR

- The ADR does not provide an all-inclusive list of what should/should not be included for medical record submission
- **Reminder:** It is important to review the records prior to submission to ensure documentation supports eligibility criteria

Submission of Medical Record Documentation

Submission of Medical Record Documentation

- Documentation Collaboration
- Sources of documentation that may assist in supporting eligibility criteria include
 - Discharge summary
 - Progress notes
 - History and physical
 - Plan of care
 - Case Management records
 - Discharge Planning documentation
 - Therapy records
 - Face-to-face encounter documentation

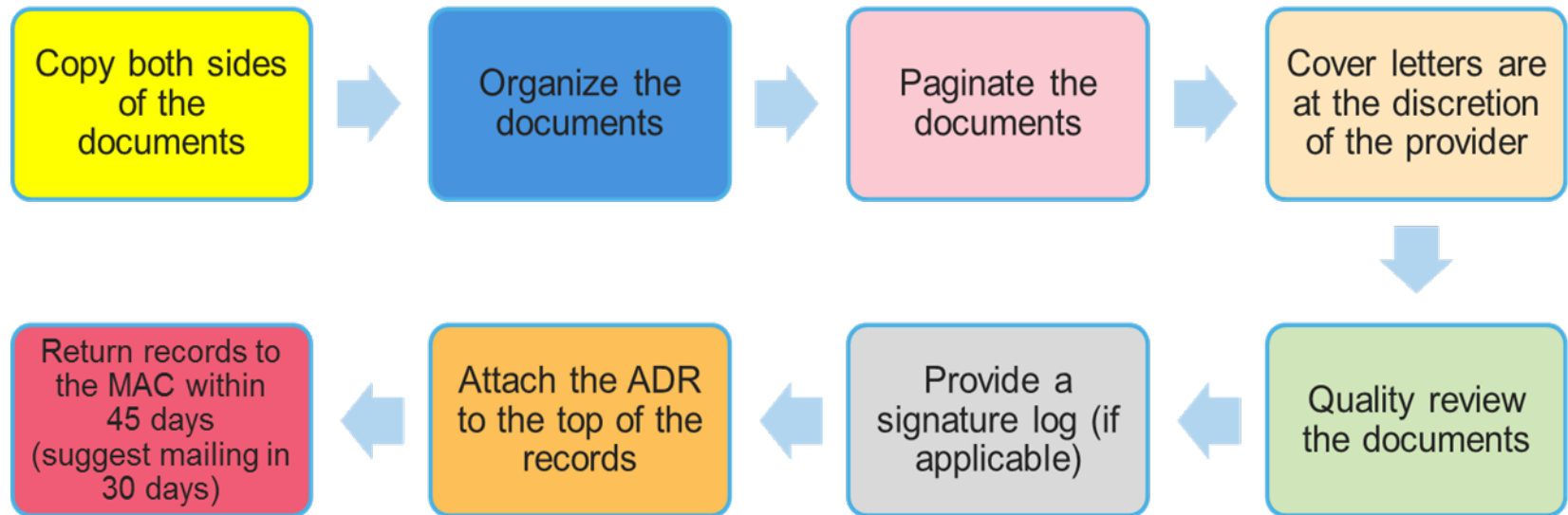
Submission of Medical Record Documentation

- Documentation Preparation
- Prior to submission of documentation, it is imperative that all medical record documentation is completely reviewed to ensure
 - All pages are for the appropriate patient
 - PECOS – Validation for all physicians involved in the patient’s care for all DOS in the period of care
 - Appropriate OASIS submission
 - Any and all therapy evaluations and reevaluations are included
 - The patient’s name is on each page (front and back where appropriate)
 - The correct dates of service for the claimed period of care
 - Dates and signatures are clear and appropriate
 - Legibility of all handwritten documentation

Submission of Medical Record Documentation

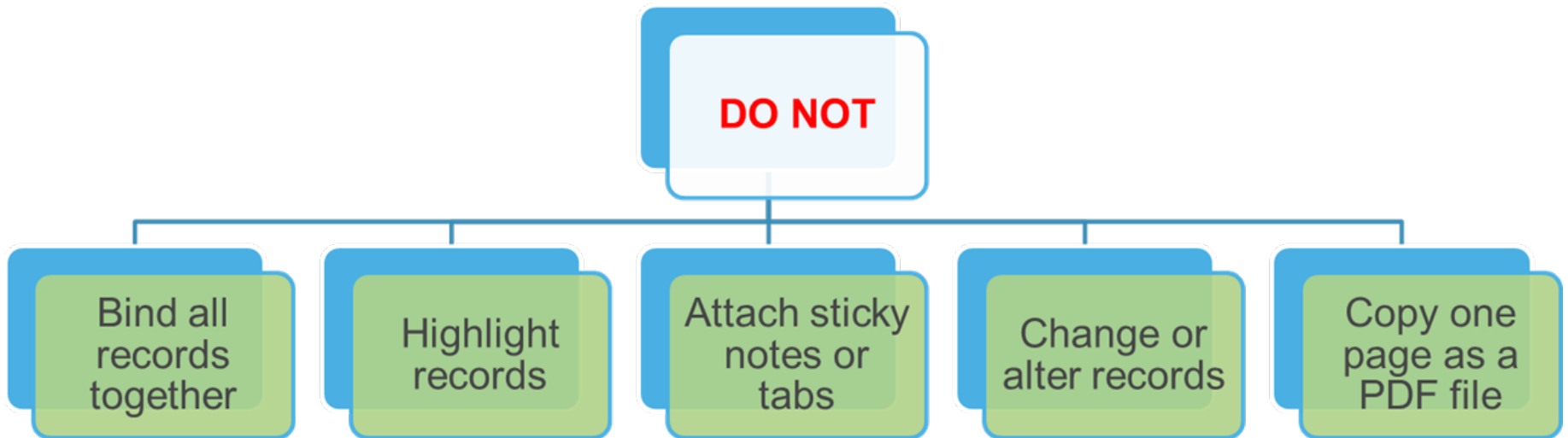
- Documentation Preparation
- Prior to submission of documentation, review all records to ensure
 - Identifiable credentials for each clinician signature
 - Signature sheets as appropriate from agency and referring facility/office
 - Accuracy of documentation
 - All staples, paperclips, binder clips, sticky notes, rubber bands, etc. are removed prior to submission
 - Pages are not folded over, cut off or crinkled during copying/printing/faxing
 - Highlighter is not utilized
 - ADR is placed on the top of the medical record
 - Reminder: Black ink copies best
 - Provider contact name and telephone number

Submission of Medical Record Documentation

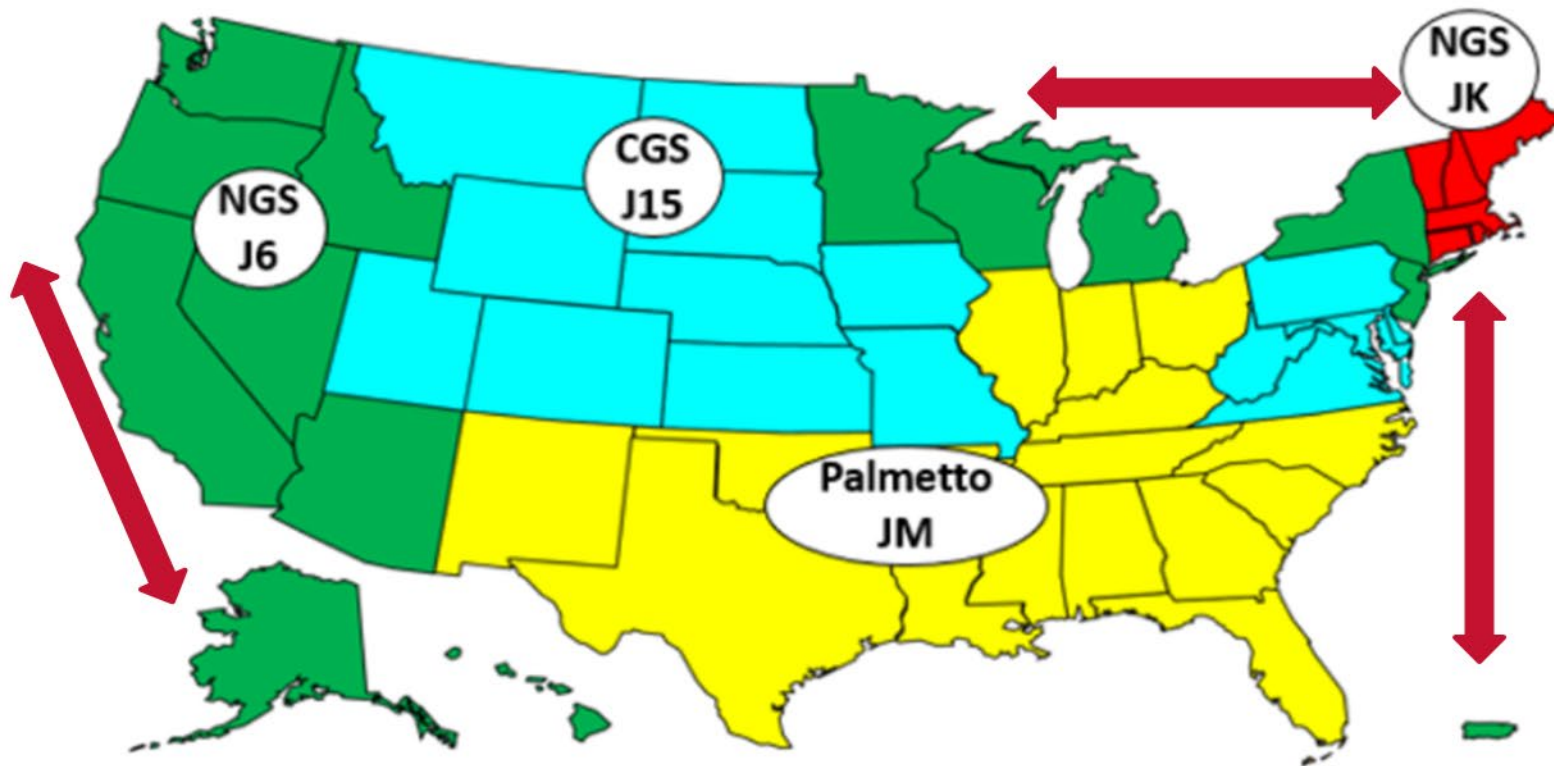


Submission of Medical Record Documentation

Documentation Preparation



Submission of Medical Record Documentation Home Health & Hospice Jurisdictions



Submission of Medical Record Documentation J6

			
NGSConnex esMD	National Government Services Inc. 8115 Knue Rd Indianapolis, IN 46250 Attn: Mail & Distribution	National Government Services Inc. PO Box 7108 Indianapolis, IN 46206-6474	FAX: 315.442.4154
Always check www.NGSMedicare.com for the most current information			

Submission of Medical Record Documentation JK



NGSConnex
esMD



National Government
Services Inc.
8115 Knue Road
Indianapolis, IN 46250
ATTN: Mail &
Distribution



National Government
Services Inc.
PO Box 7108
Indianapolis, IN
46207-7108



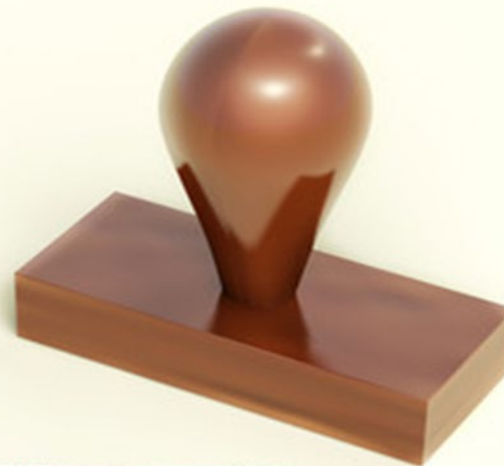
FAX: 315.442.4390

Always check www.NGSMedicare.com for the most current information

56900 Denials

Records Not Received

56900



DENIED

NGSConnex



Respond to MR ADR in NGSConnex



[MBI LookUp](#) | [Connex User Guide](#) | [Contact](#)

- [Home](#)
- [My Provider Profile](#)
- [My Claims](#)
- [Eligibility](#)
- [My Financials](#)
- [View Remittance](#)
- [My Appeals/Reopenings History](#)
- [My History](#)
- [My Inquiries](#)
- [My User Profile](#)

Providers

Search 1 - 5 of 6+ Show More

Select	PTAN	NPI	TIN (Last 5 Digits)	Provider/Supplier Name	Physical City	Physical State	Line of Business	Alerts
Select							Part A	Not Applicable
Select							HHH	Not Applicable
Select							Part B	Not Applicable
Select							Part A	Not Applicable
Select							Part A	Not Applicable

FEEDBACK



Claim Menu: Go


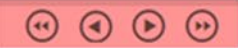
- Claims
- Medical Review ADRs



Navigating the MR ADR Panel

Medical Review Additional Documentation Requests (ADRs) ADRs Awaiting Documentation Respond to ADR not in list Export Search 1 - 10 of 10+

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (f Claim)
			Awaiting Document...	5/6/2019			
			Awaiting Document...	5/4/2019			
			Awaiting Document...	4/21/2019			
			Awaiting Document...	4/15/2019			
			Awaiting Document...	4/11/2019			
			Awaiting Document...	4/8/2019			
			Awaiting Document...	4/4/2019			
			Awaiting Document...	3/31/2019			
			Awaiting Document...	3/30/2019			
			Awaiting Document...	3/25/2019			

Pagination Arrows  

Responding to MR ADR in List

- Locate the claim you are responding to and click the row

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (f Claim)
			Awaiting Document...	5/6/2019	13001		

Medical Review ADR Details Panel

Medical Review ADR Details [Respond to ADR](#) [Load Letter Text](#) [Load Appeals Status](#) 1 of 1

ADR Date:	2/6/2019	Beneficiary Name:	XXXXX XXXXX
Case ID/Document Number:	XXXXXXXXXXXXXX	Claim Number:	XXXXXXXXXXXXXX
ADR Status:	Awaiting Documentation	Medicare ID:	XXXXXXX
Due Date:	3/23/2019	Letter Text:	<div style="border: 1px solid red; padding: 10px; text-align: center;">Click the Load Letter Text button. MR ADR Letter content will display, if available.</div>
MR ADR Delivery Method:	Postal Address		
Documentation Receipt Date:			
Medical Review Initiated:			
Nurse Claim Review Completed:			
Remittance Advice Date (Part A):			
Claim Finalized Date (Part B):			
Nurse Review Decision:			
Additional Review Information:			
Date of Education:			

NOTE: The nurse review decision displayed reflects the decision rendered through the medical review process and is not a final claim determination. Refer to the Medicare Remittance advice for the final claim determination.

ADR Panel

Additional Documentation Request 1 of 1+

Part A Providers

Save **Submit**

Create Date: 6/29/2018 08:16:00 AM

*Beneficiary Last Name: XXXXXX

*Beneficiary First Name: XXXXXX

*Medicare ID: XXXXXXXXXXXX

*DCN: XXXXXXXXXXXXXXXXXXXX

*Reason Code: #####

Provider Name: XXXXXXXX

Provider Address: XXXXXXXXX

Provider Address 2:

Provider City: XXXXXXXXX

Provider State: XX

Provider ZIP: XXXXXX

Provider NPI: XXXXXXXXXX

Provider PTAN: XXXXXX

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal. Instead utilize other methods for submission, listed on the ADR letter.

*Case ID Number: #####XXXXXXXXXXXXXXXXXXXXX

NOTE: Case ID Number should be 25 characters in length.

All information will auto-populate based upon claim selected from list.

Respond to ADR not in List

Medical Review Additional Documentation Requests (ADRs) ADRs Awaiting Documentation Respond to ADR not in list Export Search 1 - 10 of 10+

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (f Claim
		3/22/2019	Awaiting Document...	5/6/2019			
		3/20/2019	Awaiting Document...	5/4/2019			
		3/7/2019	Awaiting Document...	4/21/2019			
		3/1/2019	Awaiting Document...	4/15/2019			
		2/25/2019	Awaiting Document...	4/11/2019			
		2/22/2019	Awaiting Document...	4/8/2019			
		2/18/2019	Awaiting Document...	4/4/2019			
		2/14/2019	Awaiting Document...	3/31/2019			
		2/13/2019	Awaiting Document...	3/30/2019			
		2/8/2019	Awaiting Document...	3/25/2019			

Navigation: << < > >>

ADR Details

Additional Documentation Request



Save Submit Cancel

1 of 1+

Create Date: 3/30/2021 05:12:44 PM

*Beneficiary Last Name:

*Beneficiary First Name:

*Medicare ID:

*DCN:

*Reason Code:

Beneficiary and Claim Information will not auto-populate and must be completed.

Provider Name:

Provider Address:

Provider Address 2:

Provider City:

Provider State:

Provider ZIP:

Provider NPI:

Provider PTAN:

Provider information will auto-populate based upon provider selected in NGSConnex.

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal. Instead utilize other methods for submission, listed on the ADR letter.

*Case ID Number:

NOTE: Case ID Number should be 25 characters in length.

Attach Supporting Documentation

- Step 1: In the **Attachments** panel, click the **New Record** button to add the documentation
- Step 2: Click the **Search** icon, next to the **Attachment Name** field
- Step 3: Click the **Browse** button to search for the applicable file
- Step 4: Once you locate the file you would like to upload, click **Open**

Attach Supporting Documentation

Attachments					New	Delete	Cancel	Search	1 - 1 of 1
Attachment Name	Size (In Bytes)	Type	Modified	Created By					
			XXXX###						

◀◀ ◀ ▶ ▶▶

Add Attachment

Please specify a File Name or URL:

File Name: No file chosen

Submit Medical Review ADR Response

Additional Documentation Request Save Submit Cancel 1 of 1+

Create Date: 8/13/2018 11:19:23

*Beneficiary Last Name: XXXXXXX

*Beneficiary First Name: XXXXXXX

*Medicare ID (Last 5 digits): XXXXXXX

*ICN: XXXXXXX

*Letter Number: XXX

Provider Name:

Provider Address:

Provider Address 2:

Provider City:

Provider State:

Provider ZIP:

Provider NPI:

Provider PTAN:

NOTE: If your letter number is not listed, please submit your ADRs via fax and/or mail.

*Document number:

NOTE: Document Number should be 25 characters in length.



Attachments New Delete Cancel Search 1 - 1 of 1

Attachment Name	Size (In Bytes)	Type	Modified	Created By
TEST	8,762	docx	8/13/2018 11:...	

Navigation icons: back, forward, search, refresh

Navigating FISS



Accessing ADRs in the Claim Summary Option

- ADRs can be accessed by filtering the claims by status/location
 - ADRs are housed in S/LOC S B6001
- At the **Claims Inquiry** screen, type **SB6001** in the **S/LOC field** and press **<Enter>** - all claims in the SB6001 status and location will be displayed
 - (SB6001 status indicates that an ADR has been generated for a claim)
- At the desired claim, type **S** to the left of the claim under the **SEL field** and press **<Enter>**
- The ADR letter follows page 06 of the claim
- Please be sure to **not** press the **<P9>/<PF9>** key while viewing a claim in the SB6001 status—this will cause the claim to recycle and generate a second ADR letter
- **Note:** requested records are due to NGS 30 days from the date the claim went to **S/LOC SB6001** in FISS

FISS DDE Main Menu

MAP1701
TC98548

NATIONAL GOVERNMENT SERVICES, #13001 UAT
MAIN MENU

ACMMA561 02/13/13
C201313P 11:22:52

- 01 INQUIRIES
- 02 CLAIMS/ATTACHMENTS
- 03 CLAIMS CORRECTION
- 04 ONLINE REPORTS

ENTER MENU SELECTION: █

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Inquiries Sub-menu

MAP1702 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 03/11/20
MXG9282 INQUIRY MENU A2020200 13:18:11

BENEFICIARY/CWF	10	ZIP CODE FILE	19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY	1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY	56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS	67
HCPC CODES	14	ANSI REASON CODES	68
DX/PROC CODES ICD-9	15	CHECK HISTORY	FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10	1B
REASON CODES	17	CMHC PAYMENT TOTALS	1C
INVOICE NO/DCN TRANS	88	PROV PRACTICE ADDR QUER	1D
		NEW HCPC SCREEN	1E

ENTER MENU SELECTION:

Claim Summary Option 01/12

```
MAP1741                NATIONAL GOVERNMENT SERVICES, #13001 UAT        ACMFA561 04/01/21
KXT2938  SC            CLAIM SUMMARY INQUIRY                A20212CF 05:29:13
                        NPI
MID                    PROVIDER  S/LOC S B6001           TOB
OPERATOR ID KXT2938    FROM DATE      TO DATE          DDE SORT
MEDICAL REVIEW SELECT          DCN
MID                    PROV/MRN  S/LOC           TOB   ADM DT   FRM DT THRU DT   REC DT
SEL LAST NAME          FIRST INIT  TOT CHG   PROV REIMB PD DT   CAN DT REAS NPC #DAYS
XXXXXXXXXX            XXX100      S B6001           131                022221 022221     013121
ABCDEFGHIJ            H           3502.90                39700
                        PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT
```



Reason Code File (17) or PF1 (page 1)

MAP1881 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF
06:07:17

MNT: CIE3820 082720

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC
IND	CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND
1	5FGFP	E	060120				S B6000	S B6000		E
TPTP	A	B	NPCD	A	B	HD CPY A 2 B 2	NB ADR 1	CAL DY 45		C/L L

-----NARRATIVE-----

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED. MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES,

HANDWRITTEN NITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON ANY MEDICAL RECORD. PATIENT IDENTIFICATION, DATE OF

SERVICE AND PROVIDER OF THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF THE RENDERING PROVIDER SIGNATURE IS NOT

CLEARLY LEGIBLE, ATTACH A SIGNATURE LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE SIGNATURE AND THE INITIALS

FOR EACH PROVIDER FOR WHICH THE RECORDS ARE REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD SUBMIT AN ATTESTATION

STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL

NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT **PF6-SCROLL FWD** PF8-NEXT

Page 2 of Reason Code

MAP1881 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF 06:10:46
MNT: CIE3820 082720

PLAN REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC
IND CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND
1	5FGFP	E	060120			S B6000	S B6000		E
TPTP A	B	NPCD A	B	HD	CPY A 2 B 2	NB	ADR 1	CAL DY 45	C/L L

-----NARRATIVE-----

THIS ADDITIONAL DEVELOPMENT REQUEST (ADR) IS PART OF A SERVICE SPECIFIC POST-PAYMENT REVIEW.

***** WOUND DEBRIDEMENT SERVICES; HCPCS 11042*****

LOCAL COVERAGE DETERMINATION (LCD): DEBRIDEMENT SERVICES (L33614)

LOCAL COVERAGE ARTICLE: BILLING AND CODING: DEBRIDEMENT SERVICES (A56617)

1. HISTORY AND PHYSICAL
2. PROGRESS NOTES DOCUMENTING PHYSICAL FINDINGS AND EFFECTIVENESS OF TREATMENT
3. AN OPERATIVE NOTE OR PROCEDURE NOTE FOR THE DEBRIDEMENT SERVICE. THIS NOTE SHOULD DESCRIBE THE ANATOMICAL LOCATION TREATED, THE INSTRUMENTS USED, ANESTHESIA USED IF REQUIRED, THE TYPE OF TISSUE REMOVED FROM THE WOUND, THE DEPTH AND AREA OF THE WOUND AND THE IMMEDIATE POST PROCEDURE CARE AND FOLLOW-UP INSTRUCTIONS.
4. IDENTIFICATION OF THE WOUND LOCATION, SIZE, DEPTH AND STAGE EITHER

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT

Helpful Hints



Helpful Hints

Timely Submission of Medical Record Documentation

Staff Education

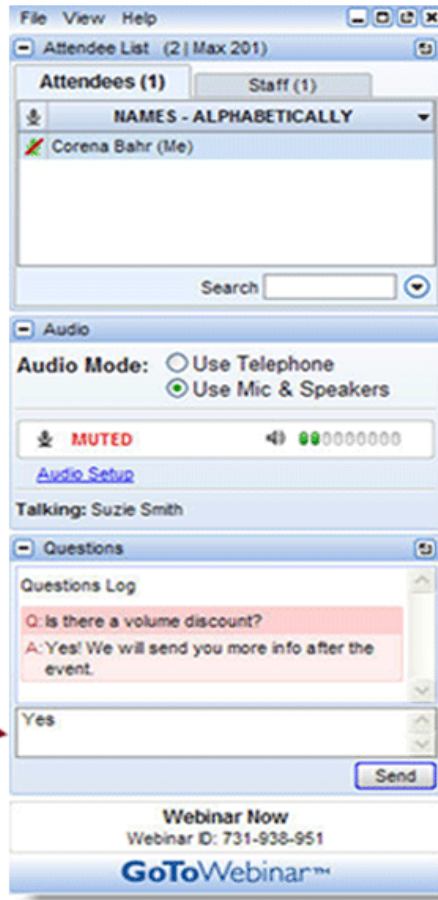
Responsibility

Medical Necessity

Comprehension
Of the Anti-Kickback
Statute & Stark Laws

Report
Fraud

To Ask a Question Using the Question Box



Type questions here

Then click Send

Resources



Online Resources

- [NGS Medical Policy & Review](#)
- [NGS Home Health & Hospice Education Portal](#)
- [NGS Connex Medical Record](#)
- [NGS Email List Serve](#)
- [NGS CERT](#)
- [CMS CERT](#)
- [CMS BCRC](#)
- [CMS SMRC](#)
- [CMS RA](#)
- [CMS MAC](#)

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University Website](#)

Medicare University Self-Reporting Instructions

- Log on to the National Government Services [Medicare University site](#)
 - Topic = **Responding to an ADR**
 - Medicare University Credits (MUCs) = **1**
 - Catalog Number = **AA-C-06086**
 - Participant Code = **21268WASRD1**
 - For step-by-step instructions on self-reporting please visit the Get Credit for Completed Courses on the NGS website

Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

Contact NGS

NGS Provider Call Center:

State/Region	Toll-Free Number	IVR	PCC Hours of Service
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY: 866-786-7155	866-275-7396	Monday–Friday 8:00 a.m.–4:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. ET
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY: 888-897-7523	866-275-3033	Monday–Friday 8:00 a.m.–5:00 p.m. CT 9:00 a.m.–6:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. CT 3:00–5:00 p.m. ET

Thank You!

- Questions?

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