

Medicare Offers FREE National Education and Training Program

HCFA is pleased to announce the launching of a series of FREE education and training initiatives designed to give health care providers the opportunity to study various Medicare benefits, coverage and billing policies. These programs are meant to supplement the vast array of provider education activities conducted by all Medicare contractors. The leveraging of Internet-based training and satellite technology is intended to make education more readily available to providers throughout the nation, saving on travel, challenging schedules, and office hours.

Computer Based Training Courses via the Internet

You can download these FREE Medicare training courses that will help you strengthen your understanding of a variety of Medicare topics. The current Medicare library has several self-paced courses that are available 24 hours a day, seven days a week. These courses include Introduction to the World of Medicare, HCFA-1500, HCFA-1450, Medicare Secondary Payor, and many more!!

Courses via Satellite Broadcast

When everyone has a better understanding of Medicare guidelines, appropriate services are rendered, claims are filed correctly, providers are paid timely (and accurately), and beneficiaries obtain better care and services. The use of satellite tech-

nology gives you the opportunity to share a nationwide "virtual" classroom and participate in "live" presentations. Participants retain the interactivity offered in a live seminar, as most programs offer a toll free hotline for participants to call or to fax questions during the broadcasts.

Topics have included:

- Adult Immunizations (June 10, 1999, 2 p.m. ET)
- Medicare Fraud and Abuse (July 28, 1999, 2 p.m. ET)
- Women's Health (August 26, 1999, 2 p.m. ET)
- Resident Training (September 16, 1999, 2 p.m. ET)

Additional computer-based training courses and satellite broadcasts are planned for late 1999. To access the computer-based training courses and obtain a complete list of satellite based courses, host sites, dates and times, visit the learning resources section of HCFA's Web site at www.hcfa.gov or you may visit the Medicare Online Training Web Site at www.medicaretraining.com.

For More Information

Feel free to contact us for more information about this article at:
www.medicare-link.com
or contact the Region A DMERC at:
(570) 735-9445

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DMERC Region A Contacts

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Accounting	(570) 740-9002	National Supplier Clearinghouse	(803) 754-3951
Accounting/MSP Fax	(570) 735-9594	Professional Relations Fax	(570) 735-9442
Beneficiary Help Line	(570) 735-7383	Professional Relations	(570) 735-9666
Beneficiary Toll Free Help Line	(800) 842-2052	Program Integrity Toll Free Line	(888) 697-7849
EDI Fax	(570) 735-9510	Reconsiderations Fax	(570) 735-9599
EDI Help Desk	(570) 735-9429	SADMERC	(803) 736-6809
Hearings Fax	(570) 735-9422	Supplier Help Line	(570) 735-9445

*Published: November 1999
Quarterly Edition*

**This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff.
Bulletins issued after October 1, 1999 are available at no cost from our website at www.medicare-link.com.**

Y2K Testing

The Health Care Financing Administration (HCFA) has compiled a list of comments made by some submitters over the last few months concerning Y2K testing. Many of these comments are based on misinformation or inaccurate observations. The following chart states the myth contained in the comments, and explains the reality of the situation. Please read these carefully, and reconsider your stand if you have been thinking that it is not necessary to do Y2K testing.

It is the responsibility of every person involved in the Medicare program to be proactive and to give the best possible service to the Medicare beneficiary who depends on him or her. This means that there should be no interruption in the quality of service that beneficiaries have come to expect from their providers and their Medicare carriers. We are confident that you will work with us to get this testing done immediately to ensure a smooth transition into the new millennium.

If you have questions, please contact our EDI office immediately at (570) 735-9429.

Myth vs. Reality on Provider Y2K Testing

Myth

1. HCFA's systems are not Y2K ready so there's no reason for me to test systems with HCFA at this time.

Reality

All of HCFA's claims processing systems have been fully tested and certified as compliant as of April 1999, and are processing and paying Medicare claims today. HCFA's independent verification and validation expert, with oversight from the HHS Inspector General and the GAO, has verified the readiness of these claims processing systems. Since HCFA had to make software changes to these systems this summer, HCFA is engaging in a rigorous retesting of the systems to certify that any software changes did not affect the Y2K compliance of those systems. Recertification testing is scheduled to be completed by November 1999.

2. Medicare contractors are not ready to test.

All Medicare contractors are ready and willing to test with their providers/submitters. HCFA is strongly encouraging all claims submitters to test future-dated claims with the contractors' front-end systems. To assist you in your testing process HCFA has developed a "point of contact" list of contractors that you can call when you are ready to do Y2K testing. (see the HCFA website at www.hcfa.gov/y2k)



3. If you can send a Y2K compliant claim to your contractor today as HCFA required by April 5, 1999, your systems are millennium ready.

Unfortunately, this is not true. All your systems that interface to produce a compliant claim and other electronic transactions must be renovated and tested.

4. If I can't submit claims on January 1, 2000, HCFA will send me an advance payment.

HCFA has clearly stated it will not be making advance payments as part of its contingency plan. HCFA's contingency plan provides mechanisms to make sure that providers who submit valid claims for services rendered will be paid even if parts of HCFA's or its contractors' systems experience unanticipated failure. If a provider cannot submit a bill, that provider is not covered by the HCFA payment contingency plan. Being able to submit a valid claim to HCFA is the minimal requirement health care providers must meet to receive payment from Medicare.

5. My contractor will only test the exchange of data with me. I believe an end-to-end test from claim submission to payment notice is needed.

Medicare contractors have conducted stringent end-to-end testing in future-dated environments. This testing shows that claims received by the contractors will be accurately processed and paid, including the generation of back-end remittances. The data exchange you test with your contractor will show your claim can get to Medicare. Logistics and time prevent end-to-end testing with the more than 200,000 submitters in Medicare.

6. Testing doesn't uncover any problems.

Significant problems have been found by Medicare contractors in testing with providers/submitters, including dates of 2000 and beyond being read as 1900 in provider/submitter systems. That's why it's critical that submitters test and test early; it allows them time to make necessary corrections in time for the millennium rollover.

7. I made changes and renovations to my systems, so I don't need to do any testing.

Even if you believe your billing systems are compliant, you should test your entire system to make sure you can generate a future-dated claim, and then test with your contractor's front end system. Our experience shows that testing reveals additional renovations that may need to be made to be fully compliant.

8. I can always print paper claims if I can't generate an electronic claim.

If your systems cannot produce an electronic submission, they won't likely be able to print paper claims. Also, since the time frame for processing paper claims is about 2 weeks longer than that for electronic claims, your cash flow may suffer. Finally, HCFA's contractors will simply not be able to timely process and pay a significant increase in

paper claims. An influx of paper claims may result in payment backlogs.

9. Testing will cause problems for my production system.

It is true that following testing instructions and setting future date clocks on computers requires a level of skill. Following vendor/submitter instructions is essential. There are many products available to help you test. Use your contractor as a resource.

10. If I do future date testing my system will crash and I will not be able to reset my system back to the current date.

Testing does require some level of technical knowledge. It is important to closely follow instructions from your hardware and software vendors. Use your contractors as a resource.

11. If some other provider tests using the same billing software I use, then I don't need to do so.

Yes, you do need to test that same software because that other provider may have a different hardware system than you. Just because one provider's claims went through smoothly does not mean that you won't run into problems when you do your testing.

12. Testing with Medicare means everything will be all right.

Testing with Medicare will improve the odds of your Y2K readiness, but does not assure a smooth millennium rollover with other payers. Providers/submitters should make arrangements to test with other payers as well.

13. Why should I care? Vendors test for me!

Vendors should do the testing with contractors for you, and in many cases should be testing with you as well. The best thing to do is to call your vendor to determine their Y2K readiness program.

14. Everything will be all right if I test.

Not necessarily, but testing is worth the effort. Iron-clad guarantees are difficult in computing where there are literally trillions of variables. But testing with future dated claims (i.e., the clock is set for a date in the Year 2000) will help you avoid some of the billing road blocks. And remember, if you change the hardware or software after you have tested—the test results could become invalid. Now might not be a good time to make system changes.

15. I don't need to test my hardware.

Testing hardware is just as critical as testing software. Computer hardware must be Y2K compliant, just like software.

16. If I deal with many contractors, I need to only test with one.

Unfortunately, that is not true. Many contractors use different systems to receive your claims. Testing with each contractor increases your assurance level.



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17. I've tested my billing software, my job is done.

Testing assures you that you can successfully submit a claim to your payers. But you need to identify all of your critical business functions and make sure they will operate in the Year 2000. And, we advise that you thoroughly check the Y2K readiness of systems and devices that go to the heart of quality care and patient safety.

18. I've talked with my billing service and have been told that testing is too expensive.

The cost of testing now is a better choice than the real potential of significant cash flow disruption starting in January, 2000. Talk to your billing service to get a clear picture of any cost. If the cost sounds prohibitive, ask why. Also, let your contractor know you would like to test but the billing service charges are too expensive.

Year 2000 Testing via the Bulletin Board System

As of July 1, 1999, electronic claim vendors and providers may begin testing on our asynchronous Bulletin Board System (TBBS). The purpose of our Year 2000 (Y2K) testing is to confirm the successful transfer of claim data with future dates between your billing system and our Medicare claim collection facility. Although this testing does not certify your system for Y2K compliance, our Y2K test will show what will happen with claims created by your renovated billing system. You'll also find more information about Y2K on our website at www.medicare-link.com/y2k/contents.htm. We strongly encourage you to test your system after it has been renovated for Y2K.

To submit Y2K test claims, please follow the steps listed below:

1. Complete and fax or mail the attached questionnaire to the Region A DMERC EDI department. After the EDI department establishes your testing setup, you will be notified when you can send your initial test file.
2. Our Y2K test system telephone number will be supplied upon initial testing. The test system will be available July 1, 1999 until January 20, 2000. Our test system will be set at the current date plus 364 days, (e.g., July 7, 1999 will be processed as July 5, 2000).
3. When you access the system for the first time, use the word "new" for the initial logon password. As part of the logon process, reset your password. The test file you create should contain between 15 to 30 claims.
4. We suggest that you include the following dates in your test: 12/31/1999, 01/01/2000, leap-year 02/28/2000, 02/29/2000, and 03/01/2000.
5. Files submitted by 4:00 P.M. on any business day will be processed by noon the next business day. Please remember to download and review your Reject Report.

If you have any questions, please contact the EDI Department at (570) 735-9429.

Y2K Testing Questionnaire

Company Name: _____

Current Submitter Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Type of Format: NSF Version: _____ ANSI Version: _____

Mail to: DMERC Region A or Fax: 570-735-9510
United HealthCare Ins. Co.
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
Attn: EDI





Once you begin testing, please make sure you send your test claims to the number provided on the fax.



EDI

Bulletin Board Times

The Bulletin Board System is available for transmission of claims 7 days a week with the following exceptions: (All times are Eastern Standard Time.)

-  12 midnight to approximately 6 A.M.
(THIS TIME MAY VARY DUE TO MAINTENANCE NEEDS)
-  7 A.M. to approximately 8 A.M.
-  1 P.M. to approximately 2 P.M.
-  6 P.M. to approximately 6:30 P.M.

VPIQ/Claim Status Inquiry

Claim status inquiry is a benefit for electronic billers, providing you, the submitter, the opportunity to verify claim status directly through the computer. You may check the status of claims, Monday through Friday during the hours of 6 A.M. to 9 P.M. EST. (this may vary due to maintenance needs). This system is a dial-up access system. You need to be assigned an ID, various passwords, and a low-cost dial number. To sign-up for this option, complete the Claim Status Inquiry Addendum located on our website at www.medicare-link.com.

Once signed up for VPIQ/Claim status inquiry, however, you must access the system every 30 days to keep it active, and the system requires a password reset every 90 days. If you fail to complete either of these functions your account will be deactivated, and you will need to reapply for this option.

For further questions, contact the EDI Help Desk at 570-735-9429.

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Don't Miss Out - Get Your Supplier Notices and Alerts Via E-mail



The Region A DMERC is pleased to announce the availability of our listserve (an electronic mailing list). Once subscribed to our listserve, you will receive our supplier notices and supplier alerts via e-mail as they are issued.

To subscribe to the Region A DMERC listserve, send an e-mail to **com-mands@lr.listserve.com** with the words

Change of Address or Company Name

Supplier Notice 99-27 - September 7, 1999

If your company has a change of name/ownership or a change of address, you must have this information changed with the National Supplier Clearinghouse (NSC). Please contact the NSC at telephone number 803-754-3951.

If you submit your claims electronically, you must also notify the Region A DMERC EDI Unit of any of these changes. When notifying the EDI Team, please complete the form below and fax to TEAM EDI at 570-735-9510. The EDI Team will no longer accept address changes via telephone.

OLD INFORMATION:

SUBMITTER NUMBER: _____
COMPANY NAME: _____
ADDRESS: _____
CITY STATE ZIP: _____
PHONE: _____
CONTACT NAME: _____
NSC/PROVIDER NUMBER: _____

NEW INFORMATION:

SUBMITTER NUMBER: _____
COMPANY NAME: _____
ADDRESS: _____
CITY STATE ZIP: _____
PHONE: _____
CONTACT NAME: _____
NSC/PROVIDER NUMBER: _____

Signature of person authorizing change: _____
Title: _____
Date: _____
Phone Number: _____

SUBSCRIBE DMERCA in the body of the message.

The e-mail must *not* contain a subject or any other text in the message. You will receive a confirmation by the listserve if you sent the e-mail properly.

For more detailed instructions, visit our website at www.medicare-link.com.

BBS Password Resets

Supplier Notice 99-28 - September 7, 1999

Team EDI will no longer accept requests for Bulletin Board password changes via telephone. All requests for BBS password changes must be submitted in writing on your company's letterhead. The following information must be stated in your request:

DATE
SUBMITTER NUMBER
COMPANY NAME
CONTACT NAME
PHONE NUMBER
FAX NUMBER

Signature of person authorizing request:
Title:
Date:
Phone Number:

Team EDI will notify you via fax when the password has been changed.

All requests can be faxed to the EDI Unit at 570-735-9510 or mailed to:

United HealthCare
Region A DMERC
P.O. Box 6800
Wilkes-Barre, PA 18773-6800
ATTN: EDI Unit

Supplier Notices

The information contained in the Supplier Notices was accurate at the time of original publication. Some of the contents may have since been updated or changed.

DMERC Fall 1999 Seminars

Supplier Notice 99-29
September 10, 1999

Mark your calendars – the fall 1999 Region A DMERC seminar schedule is set! These seminars will focus on preparing for the year 2000 and answering your EDI questions.

Region A DMERC Fall 1999 Seminars Y2K/EDI

Seminar Dates and Locations

Thursday, October 7, 1999
Pittsburgh Marriott City Center
112 Washington Place
Pittsburgh, PA 15219
Phone: 412-471-4000
Registration deadline: Sept. 27

Wednesday, October 20, 1999
Holiday Inn Valley Forge
260 Mall Boulevard
King of Prussia, PA 19406
Phone: 610-265-7500
Registration deadline: Oct. 8

Monday, October 11, 1999
Radisson Hotel Milford
11 Beaver Street
Milford, MA 01757
Phone: 508-478-7010
Registration deadline: Sept. 30

Monday, October 25, 1999
Sheraton South Hotel
363 Maine Mall Road
Portland, ME 04106
Phone: 207-775-6161
Registration deadline: Oct. 14

Monday, October 18, 1999
LaGuardia Marriott
102-05 Ditmars Boulevard
East Elmhurst, NY 11369
Phone: 718-565-8900
Registration deadline: Oct. 4

The DMEC reserves the right to cancel any seminar. If this occurs, you will be notified by telephone.

Agenda

12:30 - 1:00 PM
Registration

3:00 - 3:15 PM
Break

1:00 - 3:00 PM
Y2K
What is Y2K?
HCFA Y2K Update
DMERC Testing & Planning
Y2K Resources/Readiness

3:15 - 4:30 PM
EDI
EDI & Y2K
CMN Reject Reports
EDI Audits
Questions & Answers

Parking information

When reserving seminar facilities, we do our best to choose locations with ample, cost-free parking. Unfortunately, cost-free parking is not always available. Please phone the meeting facility for specific information regarding location and possible parking fees. Please do not contact the hotel for seminar information; contact the Region A DMERC at 570-735-9406.

How to Register

Please note: There is no fee for these seminars.

Complete the registration form and fax or mail to the appropriate address as noted below. All attendees must be pre-registered. Due to limited space, registration is on a first come, first served basis. In the event that a particular seminar is filled to capacity, you will be notified by telephone and given the opportunity to make another selection. Once registration is complete, no changes will be made. Please make your selection very carefully.

Note: If you do not receive your confirmation within 5 days of the seminar you have registered for, please call our Professional Relations Unit at 570-735-9406.

For more information, visit our web site at www.medicare-link.com

Please mail or fax the registration form to address or fax listed below:

Seminar Fax Number: (570) 735-9442
ATTN: Seminar Registration

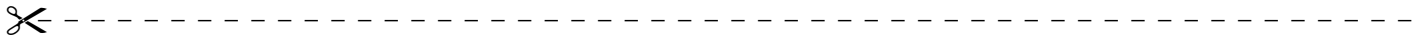
Regular Mail:
United HealthCare
Attn.: Seminar Registration
P.O. Box 6800
Wilkes-Barre, PA 18773-6800

Overnight Mail:
United HealthCare
Attn.: Seminar Registration
60 E. Main Street
Nanticoke, PA 18634-1685

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Please complete a registration form for each person attending.

Company: _____ Phone: _____ Fax: _____
Provider Number: _____ Location of Seminar: _____
Address: _____ Name of Attendee: _____



HCFA Y2K Summit

Supplier Notice 99-30 September 15, 1999

Region A DMERC encourages all Electronic Submitters to register for the Y2K Summit!

The Health Care Financing Administration is hosting a Year 2000 Electronic Claims Submission Summit on September 22, 1999 in Washington, D.C.

Registration and Agenda information can be found on the website addresses listed below.

This free, national conference is being offered to help clearing-houses, third party billing services, practice management companies, software vendors and other Medicare claims processors learn the “mission-critical” steps they must take to continue processing claims after 2000. This meeting will also help attendees prepare their customers – our nation’s healthcare providers - to submit valid Medicare claims.

At this program you will learn:

- **The ONE thing you must do – NOW – to ensure continued claims processing after 1/1/2000.**

- How to make sure you submit a valid claim – What you must do to make sure you can submit a valid and accurate claim.
- How to quickly & efficiently forward date test with your Contractors (the tools and information you need).
- **What HCFA has done to become Y2K compliant** and current status of HCFA’s contingency plans.
- **“Mission-Critical” action steps** that help ensure your continued success and the success of your healthcare provider customers.
- **Y2K Testing Strategies** – What’s available now, to help you forward date test quickly and safely.
- **And much more essential “Y2K” information.**

Further information can be obtained on the DMERC website at:

www.medicare-link.com/y2k/992conf.pdf

and at:

www.rx2000.org , www.hcfa.gov/y2k

DMERC Announcement

Supplier Notice 99-31 September 29, 1999

The Region A DMERC is pleased to announce that two new Ombudsmen joined the Professional Relations Team in August 1999; they are Molly Swiontek and Kim Hollis.

Molly and Kim will share Professional Relations responsibilities with the Ombudsmen with a focus on Beneficiary education.

Please join the Region A DMERC in welcoming them to their new roles with the Professional Relations team.



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DMERC Announcements

Supplier Notice 99-32 September 29, 1999

The Region A DMERC is pleased to announce the appointments of Dorothy Kalas, Carolyn Lewis, Tina McCarthy, and Valerie Pierson as new managers; Debra Bach as HCPCS Coordinator; and Shawn Brogan as the Acting Interim Associate Manager of Customer Service at the DMERC.

Dorothy Kalas has joined the DMERC as Business Manager of the Hearings and Appeals Department, replacing Dwayne Thomas. Dorothy has a comprehensive background in healthcare, including long term care. She is experienced in managing budgets, staffing and multiple departments.

Carolyn Lewis has joined the DMERC as Business Manager of the Educational Training Department and Customer Service. Carolyn has extensive operational and managerial experience. She has demonstrated strong leadership and staff development skills in her previous positions.

Tina McCarthy is the new manager of the Medical Review/Utilization Review/Pricing Department, replacing site director Jeanne Mariani. Tina has four years experience with Medical Review; during this time, she has demonstrated excellent knowledge and expertise regarding the operational aspects and expected outcomes of Medical Review. Various law enforcement offices have also recognized Tina for her work as the nurse liaison with the DMERC Fraud Unit.

Valerie Pierson has taken over the Business Manager position in Administration/Security/Finance/Special Projects Department. She has been with the DMERC for four years; for the last three, she has worked as the HCPCS Coordinator and assisted the Medical Director with medical policy development. Valerie has a vast knowledge of Medical Review operational needs and how they relate to the operational outcomes of the DMERC.

Debra Bach is the newly appointed HCPCS Coordinator, replacing Valerie Pierson. Deb has over four years of DMERC experience with the Medical Review Unit and has been instrumental in implementing Medical Policies to ensure consistency among the four DMERCs. Deb's experience with Medicare will be an asset to the HCPCS's Role for the Region A DMERC.

Shawn Brogan has been appointed Interim Acting Associate Manager of Customer Service. Shawn has been a Unit Coordinator in Customer Service and has effectively contributed to the Customer Service Department.

Please join the DMERC in welcoming Deb, Shawn, Dorothy, Carolyn, Tina, and Valerie to their new positions and wish them much success in their new roles.

Respiratory Assisted Devices Policy Revised

Supplier Notice 99-33 October 8, 1999

Elements of the Respiratory Assist Device policy have been revised as outlined below:

- The PaCO₂ Coverage and Payment criterion for "Group II Chronic Obstructive Pulmonary Disease" (COPD) is reduced from 55 mm Hg to 52 mm Hg.
- Two elements (B and D) of the Coverage and Payment criteria for "Group III Central Sleep Apnea" have also been revised. The revised criteria now read:
 - B. The exclusion of obstructive sleep apnea (OSA) as the predominant cause of sleep-associated hypoventilation,
 - D. Oxygen saturation \leq 88% for at least five continuous minutes, done while breathing the patient's usual FIO₂,

The Respiratory Assist Devices (RAD) DMERC Medical Review Policy contains several provisions to reimburse Code K0533 (Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface) comparable to the least costly medically appropriate alternative Code K0532 (Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface) when various Coverage and Payment Criteria are not met. Since the K0533 is in the "Frequent and Substantial Servicing" payment category and K0532 is in the "Capped Rental" payment category, a least costly medically appropriate alternative payment cannot be made. Consequently, K0533 will be denied as not medically necessary when the policy criteria are not met.

These revisions are effective as of the original effective date of the policy. A revised policy will be published in the December DMERC newsletter.

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DMERC Medicare News

United HealthCare Insurance Company • P.O. Box 6800 • Wilkes-Barre, PA 18773-6800

Bulk Rate
U.S. POSTAGE
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Permit No. 2320