

Centers for Medicare & Medicaid Services  
Special Open Door Forum (ODF):  
2009 Competitive Acquisition Program Postponement  
Wednesday, December 3, 2008  
2pm-3:30pm EST  
Conference Call Only

The Centers for Medicare & Medicaid Services (CMS) is soliciting public feedback about the Competitive Acquisition Program (CAP). CMS is interested in hearing about a range of issues, including, but not limited to:

- the categories of drugs provided under the CAP
- the distribution of areas that are served by the CAP
- procedural changes that may increase the program's flexibility and appeal to potential vendors and physicians.

This Special ODF is intended for current and former participating CAP physicians, potential Approved CAP Vendors, and any other interested parties. CMS will assess the information that it receives as it considers implementing changes to the CAP.

Interested parties may submit comments to the CAP e-mailbox at [MMA303DDrugBid@cms.hhs.gov](mailto:MMA303DDrugBid@cms.hhs.gov).

Additional information about the CAP and the 2009 CAP Postponement is available on the CMS website at: <http://www.cms.hhs.gov/CompetitiveAcquisforBios/>.

We look forward to your participation.

Open Door Forum participation instructions:

*\*\*Capacity is limited so dial in early. You may begin dialing into this forum as early as 1:45 PM ET.\*\**

Dial: 1-800-837-1935  
Reference Conference ID: 66307647

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

An audio recording of this Special Forum will be posted to the Special ODF website at [http://www.cms.hhs.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp) and will be accessible for downloading beginning December 11, 2008 and available for 30 days.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at: <http://www.cms.hhs.gov/OpenDoorForums/>

Thank you.

Centers for Medicare & Medicaid Services  
Agenda  
Special Open Door Forum:  
Competitive Acquisition Program (CAP) 2009 Postponement  
Wednesday, December 3, 2008  
2:00pm-3:30pm ET  
Conference Call Only

Welcome & Introduction of Presenters

-Natalie Highsmith, Office of External Affairs (OEA)

Overview of CAP 2009 Postponement

- Edmund Kasaitis, Center for Medicare Management (CMM)

Open Comments

Closing Remarks

Audio File for this Transcript: [http://media.cms.hhs.gov/audio/SpcODF\\_MedicarePtB\\_CAP.mp3](http://media.cms.hhs.gov/audio/SpcODF_MedicarePtB_CAP.mp3)

**CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**Special Open Door Forum:  
Medicare Part B Drug Competitive Acquisition Program (CAP)**

**Moderator: Natalie Highsmith  
December 3, 2008  
2:00 pm ET**

Operator: Good afternoon my name is (Alicia) and I will be your conference facilitator today. At this time I would like to welcome everyone to the Centers for Medicare and Medicaid Services Special Open Door Forum 2009 Competitive Acquisition Program Postponement.

All lines have been placed on mute to prevent any background noise. After the speakers remarks there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone keypad.

If you would like to withdraw your question press the pound key. Thank you Ms. Highsmith you may begin your conference.

Natalie Highsmith: Thank you (Alicia) and good day to everyone and thank you for joining us for this special open door forum on the 2009 Competitive Acquisition Program Postponement. CMS is interested in hearing about a range of issues including the categories of drugs provided under the CAP, the distributions of

areas that are served by the CAP, and procedural changes that may increase the programs flexibility and appeal to potential vendors and physicians.

Additional information about the CAP can be found on [www.cms.hhs.gov/competitive/acquisforbios](http://www.cms.hhs.gov/competitive/acquisforbios). You may submit comments about the CAP to the email box [mma303ddrugbid@cms.hhs.gov](mailto:mma303ddrugbid@cms.hhs.gov). That's [mma303ddrugbid@cms.hhs.gov](mailto:mma303ddrugbid@cms.hhs.gov). An audio recording of this call will be posted on the special open door forum Web page beginning December 11th and will be available for 30 days.

I will now turn the call over to (Edmund Kasaitis) who works in our Centers for Medicare Management and he will give an overview of the CAP 2009 Postponement. (Edmund).

(Edmund Kasaitis): Thanks very much and welcome everybody and thanks for participating in today's call. I wanted to start off with a brief review of the CAP and how we got here. Basically the CAP is an alternative to the ASP buy and bill method of acquiring certain Part B drugs, which are administered (unintelligible) to a physicians services.

CAP claims processing began in July of 2006 and the program is operated with one approved drug vendor since then. The vendor's contract was due to expire at the end of 2008 and CMS conducted a competition for the 2009 to 2011 contract in early 2008.

We received several qualified bid however contractual issues with the successful bidders led us to postpone further

implementation of 2009 CAP. And that means that CAP position election for 2009 has not been held and CAP draws will not be available from a CAP vendor for dates of services after December 31st of 2008.

CMS has been working with the CAP designated carrier, which is Noridian Administrative Services and the current approved CAP vendor to transition physicians out of the CAP and back into the buy and bill method of getting drugs for office use.

I wanted to reiterate that the purpose of today's call is to obtain feedback about the program and how it may be changed. This teleconference is going to be a listening session. CMS is not going to discuss or speculate about possible changes to the program or timetables for when the program may go live again.

CMS has been assessing the information that it's received so far through email and face-to-face meetings since the postponement was announced in September. Today we're taking an opportunity to collect additional feedback from the public as we consider implementing changes to the CAP.

CMS is interested in hearing about a range of issues as Natalie already went through several bullet points CAP drug categories, geographic areas, other procedural changes, however your comments don't have to be limited to these topics.

Our plan is to consider implementing changes to the CAP before proceeding with another bid solicitation however we don't have a timetable for when future bidding periods may occur. Mentioned today's open door forum is a listening session.

Welcome comments during this call and we're also accepting email comments at the CAP mailbox that Natalie gave to you. That's the [mma303ddrugbid@cms.hhs.gov](mailto:mma303ddrugbid@cms.hhs.gov).

If you want to submit comments there or if you want to set up a meeting please contact us through the CAP mailbox and also you can find out more information about the CAP and the transition issues by going to the CAP Web site which is [www.cms.hhs.gov/competitive/acquisforbios](http://www.cms.hhs.gov/competitive/acquisforbios). It might be easier for you to just go to a search engine and use the words Medicare Part B Drug CAP. That will usually get you to the overview page. And as Natalie said a transcript of this call will be posted in a few days to the open door forum Web site.

So with that I wanted to turn the call over to the operator and begin taking comments from our participants.

Natalie Highsmith: Okay (Alicia) if you could just remind everyone on how to get into the queue to ask - to say their comments about the CAP and everyone please remember when it is your turn to restate your name, the state you are calling from and what provider or organization you are representing today. (Alicia)?

Operator: Yes ma'am. At this time I would like to remind everyone if you would like to ask a question please press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q and A roster.

We do have a question and it comes from (Wesley Surneal). Your line is open.

(Wesley Surneal): Thank you so much. On the plan finder how can I identify a plan is using reference based pricing?

(Edmund Kasaitis): I'm sorry is this is a question that's more related to Part D as in dog?

(Wesley Surneal): Yes.

(Edmund Kasaitis): We are a Part B program. I'm going to have to - I'm going to have to pass on that question I really can't help you with that.

(Wesley Surneal): Okay.

Natalie Highsmith: (Wesley) this is Natalie Highsmith. You could send me an email I could forward your question to the proper staff. It's Natalie, N-A-T-A-L-I-E dot Highsmith, H-I-G-H-S-M-I-T-H at C-M-S dot H-H-S dot G-O-V.

(Wesley Surneal): Thank you so much.

Natalie Highsmith: You're welcome.

Operator: The next question or comment comes from (Jason Skull). Your line is open.

(Jason Skull): Hi this is (Jason Skull) from the Infectious Diseases Society of America. IDSA has commented numerous times that we perceive as one of the burdens to CAP uptake has been some of the transportation issues surrounding the CAP. Mainly the inability to transport CAP drugs between practice locations or between physician practices and patient's homes.

What if anything does CMS plan to do about some of these transportation issues and other administrative issues that hinder CAP uptake?

(Edmund Kasaitis): We had - this is (Edmund Kasaitis). We had begun addressing that issue in the Physicians Fee Schedule Rule for 2009. If you saw the final fee schedule rule we have not implemented any of those provisions and will be looking at those as we collect further information from commenters such as you and other folks that have commented about transportation and a whole range of CAP issues. Then we'll be coming back to those specific issues that we need to address rule making as necessary.

(Jason Skull): Thank you.

(Edmund Kasaitis): Thanks for your comment.

Operator: Next question or comment comes from (Wesley Surno). Your line is open.

(Suzanne): This is (Suzanne) and I'm with (Wesley) here and we're trying to figure out - I don't know if you can answer this or not but when someone is a veteran and they have the VA coverage and they do not enroll in their Part B right when they're eligible to do that we are wondering if that's considered creditable coverage for the penalty so that if they do enroll in Part B several years down that they wouldn't be charged a penalty because they had the Veteran's benefits.

(Edmund Kasaitis): (Suzanne) this is (Edmund Kasaitis) again. I'm sorry I really can't address that specific aspect of care. If you want to get your question and submit that to Natalie and she'll forward that on to a more appropriate resource. I'm sorry I can't help you with those questions.

(Suzanne): That's okay thank you. We'll do that.

Operator: The next question comes from (Matt Johnson). Your line is open.

(Matt Johnson): Yes hi there I have a question more around the reimbursement.

I guess from reading all the press releases from the existing vendor they claim that they had problems with the reimbursement levels being at ASP plus 6 and given that really there's no private payer that pays that low is CMS open to the idea of (unintelligible) increasing the level of reimbursement above and beyond ASP plus six since - or a vendor who is supplying the drug only and not earning any admin fees on the drug like the physician does or any of the evaluation and management fees that the physicians does.

Is there any way to maybe increase that reimbursement to make it more attractive for a vendor?

(Edmund Kasaitis): I - this is (Edmund Kasaitis) and I can't really speculate on where payment rates for the CAP may go in the future. You know we are bounded by certain situations and those have been discussed in the preambles through the previous CAP

rules. A list of them is available on the CAP Web site in the regulation and notices section.

And there is a more in depth discussion of how we came to our reimbursement strategy. But we do have some certain bounds that we are set to and that we have to adhere to. So we are definitely mindful of the fact that payment rates are - they are what they are but they're also - it's difficult for the vendor to make a profit off of that. So we've been listening to what people have been suggesting that we consider doing the payment rates.

Natalie Highsmith: Okay next comment please.

Operator: At this time we have no further questions.

Natalie Highsmith: Okay well let's check one more time before we go to our closing remarks please.

Operator: Yes ma'am. I would like to remind everyone if you would like to ask a question please press star then the number on your telephone keypad.

Our next question or comment comes from (Robert Gen). Your line is open.

Natalie Highsmith: Hi (Robert)?

(Robert Gen): Hi this is (Robert Gen) with (Sincor Biotech). You'd ask for some comment on ways to improve the program and I think there can be improvement on the program or uptake from providers by

creating some different formulary lists or sets of drugs and specifically ones that may be included high cost specialty drugs versus a more broader list of lower cost commonly used drugs.

(Edmund Kasaitis): Okay thank you very much that was a very good comment.

Operator: The next question or comment comes from (Matt Johnson).  
Your line is now open.

(Matt Johnson): Hi in a similar theme I guess wanting to see if there was going to be more of a disease specific focus paid attention to for the next round of this in that as the previous caller mentioned I mean some of the drugs are very high dollar items like Rituxan or Herceptin.

Other drugs are very low dollar items like bags of saline and stuff like that. So that would be one piece of it but as a follow on are you considering anything for specific segments of high volume users such as like oncologist.

I'm asking about that specifically because A, it's a big volume of drugs, B, high dollar drugs and C, so far to date very little interest from the physicians. So I wondered if you guys had any thoughts on that.

(Edmund Kasaitis): This is (Edmund Kasaitis). Thank you very much and we are open to suggestions. We've heard a number of different potential approaches and if you have anything more specific that you want to offer up either through meeting or through the mma303d mailbox that would be great.

Operator: The next question or comment comes from (Lisa Gahara). Your line is open.

(Lisa Gahara): Yes I work for an oncology practice and are interested in finding out how do you enroll in CAP.

(Edmund Kasaitis): This is (Edmund Kasaitis) and at this time electing to participate in the CAP is really not much of an option. The current contract is going to come to an end December 31st of this year and we're not having an election period for 2009 at this time.

If you're interested in electing to participate in the CAP in the future for when we do go back on line. I'm anticipating that we will at some point and time. Probably be best if you just kept up with the CAP Web site that Natalie mentioned earlier and call.

(Lisa Gahara): Thank you.

Operator: The next question or comment comes from (Nancy Polly). Your line is open.

(Nancy Polly): Yes this is (Nancy) I just have a comment more than a question. We have two infusion clinics and a large infectious disease practice with a Medicare population of approximately 60%. This - the CAP program has been just a wonderful way for us to provide service to the Medicare population.

It came to place because of the cost of drugs that we were going to have to shut this program down but when the CAP program came along it allowed us to keep it open so you know

whatever we need to do to keep this program going would be in the benefit of our Medicare population.

(Edmund Kasaitis): Okay thank you very much for your comment.

Operator: Next question or comment comes from (Trish Bode). Your line is open.

(Trish Bode): Yes I was just wondering if by any chance you know how many physicians are currently are enrolled in the CAP program.

(Edmund Kasaitis): The public - the numbers we've released for 2008 have been around 4,000 - 4,200 physicians elected to participate.

(Trish Bode): Thanks.

Operator: At this time we have no further questions in queue.

Natalie Highsmith. Okay well let's remind folks one more time before we end the call please.

Operator: Yes, ma'am. At this time if you would like to ask a question please press star then the number one on your telephone keypad. Our next question or comment comes from (Eva Castillo). Your line is open.

(Eva Castillo): Yes my question was why was this postponed? The CAP program.

(Edmund Kasaitis): This is (Edmund Kasaitis) and basically as I explained earlier we conducted bidding for the 2009 to 2011 contract. We had

several bidders and we got to a situation where due to contractual issues we didn't have a workable practice in place in September.

(Eva Castillo): Because if I read correctly you had some successful bidders but yet it was still postponed.

(Edmund Kasaitis): That is correct we could not come to a workable solution in terms of implementing a contract for 2009. So we decided in September that rather than risk a situation where we might suddenly or with little notice have to interrupt the program we chose to give as much advance notice as possible and postpone the program so that physicians could make alternative decisions about what to do with their patients and how to obtain drugs for the CAP.

(Eva Castillo): When do you think - is there a possibility we'll get it back in 2009?

(Edmund Kasaitis): It - I'm not sure about the timetable I really can't comment on that. If you do the math in terms of how long it takes to start bidding, evaluate the bids and get the program up and running for 2009 that would be relatively difficult to do however after 2009 it becomes more light weight.

I did want to point out that we do not have the authority to stop this program and this postponement is by no means a signal that we are stopping the program it is a postponement. However I can't give you an exact timetable for when we would restart things.

(Eva Castillo): Okay thank you.

Operator: The next question comes from (Lisa Bergerman). Your line is open.

(Lisa Bergerman): Hi I have a question and a comment. First of all my comment is when we are able to reapply for the CAP program next year or whenever it would be nice if we could do it online and you know get a faster response. I have a nightmare trying to get my doctor enrolled in this program.

I think I forgot a period or I didn't put a capital and it was returned and you try calling someone to find out the status and they don't call you back for 10 business days and so it was a little complicated actually trying to get enrolled. Have they thought of doing that in the future as just an online application?

(Edmund Kasaitis): That is certainly a comment that we appreciate receiving and is something we can look into.

(Lisa Bergerman): Okay and my question is what advice do you give us right now that we can tell our patients.

(Edmund Kasaitis): Well we don't have a whole lot of advice you know the point was that we gave - we tried to give as much advance notice as possible so physicians could work out where they would be obtaining their drug supplies from. We didn't anticipate that there would be a whole lot of shifting patients to other alternative sources however.

(Lisa Bergerman): You have no idea how much shifting is involved.

(Edmund Kasaitis): Okay but yes we tried to give you as much notice as possible so you can make appropriate preparations.

(Lisa Bergerman): Okay.

Operator: Your next question or comment comes from (Robert Gen). Your line is open.

(Robert Gen): Hi this is (Robert Gen). I had an additional comment that I'd like to make with regard to the future program improvements in the area of emergency drug use. Just some feedback that I've had from a number of providers.

This is something that they're a little uncomfortable with in terms of doing it on a routine basis, which sometimes is the case depending on the practices and if there was some different (unintelligible) around that that could be put in place or if there could be some provisions within the program for some on site inventory within the CAP program I could see some benefits that the program could gain from that.

(Edmund Kasaitis): Okay thank you very much.

(Robert Gen): You're welcome.

Operator: Your next question or comment comes from (Gene Wingle). Your line is open.

(Gene Wingle): The question was answered thank you.

Operator: Next question or comment comes from (Josh Fram). Your line is open.

Natalie Highsmith: Hi (Josh)?

(Josh Fram): Hello?

Natalie Highsmith: Yes.

(Josh Fram): Yes I was wondering would it be possible for you to tell us of those 4,000 plus physicians that enrolled in this program what their specialty breakdowns are.

(Edmund Kasaitis): (Josh) I don't know that off the top of my head however if you go to our CAP Web site and if you look at the bidding archive it'll give you at least part of your answer to what physician election was like in 2007 in the specialties and specialty breakdowns.

(Josh Fram): Where is it on the CAP Web site again? What would I be clicking?

(Edmund Kasaitis): If you go to the overview page that Natalie mentioned on the left hand side of the page there's a navigation pane.

(Josh Fram): Right.

(Edmund Kasaitis): And it has bidding archives.

(Josh Fram): Okay.

(Edmund Kasaitis): And there are two bidding addenda. I can't recall if it's in bidding addenda one or two for the 2009 bids. That has a little bit of information about the breakdown of physicians. In 2008 it was relatively similar to 2007.

(Josh Fram): Okay. So there should be something along those lines.

(Edmund Kasaitis): Right and if you can't find that please drop us a line at the [mma303ddrugbid](mailto:mma303ddrugbid) mailbox and we'll be happy to help you out with finding 2007 data.

(Josh Fram): Could I trouble you to give me that again.

(Edmund Kasaitis): Yes and we're going to repeat this at the end. It's [mma303ddrugbid@cms.hhs.gov](mailto:mma303ddrugbid@cms.hhs.gov).

(Josh Fram): Thank you.

(Edmund Kasaitis): Sure.

Operator: Our next question or comment comes from (Elan Rubenstein). Your line is open.

(Elan Rubenstein): Hi Dr. (Kasaitis) this is (Elan Rubenstein). Quick question. Would it be possible to limit the number of drugs that are involved in CAP and that the vendor must hit on.

(Edmund Kasaitis): We have been listening to suggestions and thoughts about how to approach the CAP drug list. We are not really speculating or discussing how we might approach that. Right now we're just conducting a listening session so that we can

begin to consider how we might make plans for the future. But if you've got any specific suggestions or any thoughts feel free to drop us a line at the mma303d mailbox.

(Elan Rubenstein): Thank you.

Operator: Next question or comment comes from (Matt Johnson). Your line is open.

(Matt Johnson): Yes I guess as a follow up to some of the previous discussions here and maybe a bit of an observation as well as a question. You know we're a potential vendor here and we've - we have a lot of issues with this that we won't take up all this time going over but bit-by-bit we've submitted a lot of feedback already on it.

But it seems like the ASP reimbursement plus some of the co pay issues plus some of the inventory issues on and on not only represent a problem for the vendors but then in kind of listening to a lot of the practices that are on the call it seems like there is also this group of patients that they kind of need something like this to serve and it makes me wonder if there's just a subset of patients for whom you know nether buy and bill nor CAP work.

Meaning if buy and bill doesn't work for the practice because of something either with the drug or the patient co-insurance or something but on the other hand if you push it off to a vendor well it sure as heck doesn't work right now either.

So is there any thought of looking back at the whole benefit designed to see if maybe there was a subset of people that are

just you know without co-insurance or I don't know what the subset is maybe it's by disease that just neither system really works well for.

(Edmund Kasaitis): Thanks for your comment. Basically the framework for both ASP and CAP are statutory - is statutory and we have to work within the limits that we're given there however your - we appreciate your point and be willing to just consider your comments as we're planning the program.

Natalie Highsmith: Okay next comment please.

Operator: Next question or comment comes from (Debbie Hill). Your line is open.

(Debbie Hill): Hi this is (Deb Hill). I have a question about the dual eligible patients. Those that have Medicare and some form of a Medicaid or Medicaid HMO. It was our understanding that the vendor that we - if we're going to typically buy and bill but a vendor could continue to bill for the drug itself and we would bill solely for the administration of the drug and any ENM service along with that on the same day.

Is there somewhere we can see about dual eligible patients and that we wouldn't have to buy and bill for them because the vendor can bill for that?

(Edmund Kasaitis): (Debbie) I'm sorry I'm not really sure I completely follow your question. If your question is just how to deal with the dual eligible patients.

(Debbie Hill): Right.

(Edmund Kasaitis): That may be something that is more suited to the local carrier. I don't really have any more information that I can give you.

(Debbie Hill): Well we were told that if a patient is dual eligible that they have Medicare and Medicaid that the vendor who we obtain the drug from that they would be billing for the drug to whomever. It's just that we wouldn't be billing for it but they would be able to supply it to us. So your suggestion is that I should contact our local WPS carrier?

(Edmund Kasaitis): Either that or Noridian. The CAP designated carrier may be able to help you at least triage your question so that you can get it answered appropriately about who functions as a primary in this case.

(Debbie Hill): Okay because our locality is WPS for Michigan. Our clients are in Michigan only.

(Edmund Kasaitis): Okay.

Natalie Highsmith: Okay next comment please.

Operator: Next question or comment comes from (Susanne Zamora). Your line is open.

(Susanne Zamora): Hi my name is (Susanne Zamora) with Senticor and my suggestion for perhaps improving the process would be to survey your 4,000 or 4,200 participating doctors and see what

drugs they would want included in the CAP program moving forward as opposed to the large list that was current.

I think some of them got frustrated to (Robert Gen)'s point earlier with some of the smaller dollar items and would like to perhaps in the future opt in for certain drugs within the mix of products that fell on this list. That concludes my comment.

(Edmund Kasaitis): Thank you very much.

Operator: Next question or comment comes from (Bridget Sigler). Your line is open.

(Carros): This is actually Dr. (Carros) from Phoenix. I have a couple of questions. First of all what is the plan with Medicare advantage patients are they excluded from what we understand from some of the advantage plans they can have a program like this.

The second question I had was the post payment review is quite burdensome for us. And do you plan to have some kind of payment for the time that we spend during these post payment reviews. Because for a small practice like mine to have to have an audit of 30 patients every month is frankly quite burdensome.

(Edmund Kasaitis): Doctor I don't have an answer for your Medicare Advantage question however as far as the post pay review the number of samples that are drawn each month I'm a little surprised that you're getting 30 requests per month. I think those numbers - the total numbers that are sent to one physician should be much less.

However to get back to the question that you were asking at this point we don't have any provision for making additional payments for records and record review that's associated with CAP payments however we'll take your comment under advice as we plan for the future.

(Carros): I think the problem was that I was one of the few oncologist to sign up for this program west of Texas so my lottery comes up all the time.

(Edmund Kasaitis): Okay that is something to think about as we consider how we do our samples for that so thank you.

(Carros): Thank you.

Operator: At this time we have no further question in queue.

Natalie Highsmith: Okay well lets check one more time before we end the call early please.

Operator: We do have one more question that comes from (Eva Castillo). Your line is open.

(Eva Castillo): The vendors right now is it only - what the vendor right now? The one for the CAP program.

(Edmund Kasaitis): Yes the vendor's name is Bioscrip Incorporated.

(Eva Castillo): Okay and that's the only one right?

(Edmund Kasaitis): That is correct.

(Eva Castillo): Now if the program should be up in point again in maybe 2009 are you going to have more than one vendor?

(Edmund Kasaitis): Ideally our plan is to have more than one vendor however we can operate with one if it had to be that way. Competitive Acquisition Program would ideally work with more than one.

(Eva Castillo): Okay. All right that was my question. Thank you.

(Edmund Kasaitis): All right thanks.

Operator: We have no further questions at this time.

Natalie Highsmith: Okay well let's remind them one more time how to get into the queue before we end the call early please.

Operator: At this time if you would like to ask a question please press star then the number one on your telephone keypad. At this time we have no further questions.

Natalie Highsmith: Okay I'll turn the call over to (Edmund) for closing remarks.

(Edmund Kasaitis): All right well thank you very much Natalie and once again thank you everyone for the comments that you've given us. I also wanted to remind you that if you do have further comments that you wanted to submit please use our CAP email box that once again the address there is [mma303ddrugbid@cms.hhs.gov](mailto:mma303ddrugbid@cms.hhs.gov).

You can also get the email address and more information about the CAP through the CAP CMS Web site and that's [www.cms.hhs.gov/competitive/acquisforbios](http://www.cms.hhs.gov/competitive/acquisforbios) or you could use a search engine and the words Medicare Part B Drug CAP that will usually get you to the overview page.

As Natalie also mentioned transcript of this call will be posted to the open door forum Web site and also on the CAP Web site if you want to be kept informed of changes and development to the CAP you can sign up for the CAP list serve on the physician's page.

Other than that I think that's everything I have and if any of my colleagues don't have anything else - they have nothing else - then I guess that's it.

Natalie Highsmith: Okay thank you (Alicia) if you could tell us how many people joined us on the phone.

Operator: Yes ma'am we had 249.

Natalie Highsmith: Two forty nine, wonderful, thank you.

Operator: You're welcome and this does conclude our conference call. You may now disconnect.

END