

**TRANSCRIPT
TOWN HALL TELECONFERENCE**

**SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION
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DATE OF CALL: January 5, 2010

SUGGESTED AUDIENCE: Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Workers' Compensation Responsible Reporting Entities- Question and Answer Session.

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Centers for Medicare & Medicaid Services

Moderator: Bill Decker
January 5, 2010
12:00 p.m. CT

Operator: Good afternoon, my name is (Amanda), and I'll be your conference operator today. At this time, I would like to welcome everyone to the Section 111 Reporting conference call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session.

If you would like to ask a question during this time, simply press star, and then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Thank you. Mr. Decker, you may begin your conference.

Bill Decker: Thank you very much, Operator. Hi, everybody. My name is Bill Decker, and I am with CMS here in Baltimore, Maryland. It's 1 o'clock on the East Coast on this fine Tuesday, the first Tuesday of the new work year and the year 2010.

We welcome you all to this national teleconference. This is a Non-group Health Plan or NGHP teleconference. And, today, we are going to be focusing on technical issues that NGHP reports in the Section 111 process they may want to have us address for them. I'd say – again, this is an NGHP call.

If you are a GHP or Group Health Plan RRE, this is not a call for you and you can feel free to leave now. We won't be answering any – taking any or answering any GHP questions on this call. This is strictly an NGHP call.

With me here today in Baltimore, we have John Albert and Barbara Wright, and Bill Zevonia, and Pat Ambrose. That's – we also have some other staff

people here whom we may call on from time to time. We're ready to make some presentations for you at the beginning of the call.

And once our presentations are over, we're going to take your questions, and answer them to the best of our ability. I'm going to turn the call over now to Pat Ambrose who will take you through an opening presentation.

Pat?

Pat Ambrose: Thanks, Bill. I'm going to take a slightly different approach today, and not spend as much time with an introductory or preliminary presentation. However, I did want to announce to you that several alerts that are applicable to non-GHP reporting have been posted to the Web site.

If you go to the Section 111-dedicated Web site which is www.cms.hhs.gov/mandatoryinsrep, on the left hand side of the page, you will see that we have added a new tab labeled MMSEA 111 Alert. So this new tab then is being used to post alerts related to both GHP and non-GHP reporting. In some cases, the alerts will also be found particularly on the non-GHP page.

At any rate, the alerts that have recently been posted there include one about registration for what we've referred to as foreign RREs. These are RREs who do not have an IRS assigned tax identification number, a TIN, and/or a US address, and therefore, unable to register on the Section 111 COB Secure Web site. Changes are being made to the COB Secure Web site for April 2010 to add functionality to allow foreign RREs or those RREs without a TIN or US address to register.

Obviously, then, those RREs will have an extra quarter of time for testing, and their first production claim files. This is – only the Foreign RREs would be due in third quarter of 2010. So you would start to register in April. More information will be made available on that process, and on the requirements for reporting.

Note that the alert does include a statement that foreign RREs, while they may not be able to register until April, and therefore, will submit production files a

quarter later than all other RREs. They are still required to perform retroactive reporting with their initial claim input file. So, ORM that was opened and active as of 7/1/2009 must be reported, and claims with only TPOC and no ORM must be reported if the TPOC date 1/1/2010 and subsequent. That – so that retroactive reporting is still required.

The other alerts related to non-GHP reporting have to do more with technical issues. The first describes the changes that are being made to the query process to add the document control numbers or the DCN to the query file format. That alert also provides information as to where on the X12, 270 and 271 transaction sets.

Those DCNs – there were two of them, where those fields are located, how they're formatted. We are working on updating the companion guide for the X12, 270, 271, and we'll post that. But I think the information you need is in this alert.

Also, the HIPAA Eligibility Wrapper or the HEW, H-E-W, software that's provided by the COBC as an X12 translator for the 270, 271, that is also being updated to accommodate the DCNs. The other changes made to the HEW, and this is being referred to as version 2.0.0, the other changes being made to the HEW software are to allow the Windows PC version to be invoked by a command line process to allow further automation of that software.

Also, the software has been updated to handle Unix text files as input. On these calls in the past, we've had a lot of discussion about response files to 271, query response files being downloaded and being downloaded as a Unix text file, and people having to open up that file in something like Wordpad, and save it as an MS-Dos text file. That step, with the new HEW software, should not be necessary.

The new HEW software should be able to process an MS-Dos text file as well as a Unix text file. And then, of course, in addition to the HEW software being updated to allow for – add these document control numbers.

Now, those RREs who either do not wish to use the DCN field, or are not prepared to make changes at this time, they may continue to use the X12 270 271 formatted as it has been.

You do not have to make changes for these DCN fields, if you're using your own X12 translator. In addition, the current version of the HEW software, off the top of my head, I believe that's version 1.2.0. But, regardless, if you're currently using HEW software, you may continue to do so.

You do not have to upgrade to version 2.0.0 at this time. However, it's recommended that you get that on your schedule for implementation down the road. So, for the time being, we will accept files that were formatted using either version of the HEW software for the query process.

Note though, that the file layouts or the record links of the slat files that serve as input and output to the HEW software in version 2.0.0, those record links are increasing, and so, you know, that, it's important that you – if you have software to then take that output from the HEW software and use it in your system that you make changes to accommodate that. So again, you're not required to update or upgrade to the new version of the HEW software or to use the DCN fields that you're using your own translator but you have that option.

These changes are being implemented in the release tonight – no, tomorrow night. They'll be available January 6. And, you may download the new version of the HEW software from the Section 111 COB Secure Web site starting January 6, and the mainframe version of the software will be available through your EDI representative since that is not – yes, that is tomorrow. Thank you, Bill.

The other alert that was added out there on this alerts tab has to do with some other updates on field requirements related to the claim input file. And try and in attempt to provide some additional information related to the ICD-9 codes. So, that alert includes additional information on how to find the files for download, the text files for download that CMS – that contained what CMS considers valid ICD-9 codes for Section 111 reporting.

These files are – do represent subsets of the International Classification of Diseases, 9th Revision, Clinical Modification or ICD-9-CM diagnosis codes. So, those files represent a subset of the total set of those ICD-9 diagnosis codes. Again, additional information was provided there to help you find those downloads and implement them successfully in your system. You still must use, in addition to this alert, the information provided in version 2.0 of the user guide related to the use of ICD-9 codes, and the edits related to field 15, the alleged cause of illness injury, and the diagnosis code 0e through 19, that begin in field 19.

So, this alert is – to be use in conjunction with the user guide, not in lieu or instead of it. At this time, this alert also notifies you that you should not use fields 58 through 62 on your claim input file detail records. These are the fields related to product liability, generic, and brand name. Requirements for those are pending and will be forthcoming and RREs and agents will have plenty of time to implement those requirements in their system.

But at this time, now, that claim input file testing has begun just leave those field 58 through 62 blank. They are not going to be used as of January 2010 nor will they be used as of April 2010, when your first production files. That doesn't mean that claims are not to be reported. The claims are still to be reported if they fit the other requirements listed in the user guide, it's just that we are not making use of fields 58 through 62 until a later date in time.

Lastly, there's a list of some particular notes, many of which we've talked about on these technical calls in the past, how we're removing error code CR54 from the user guide, that there was a typo in a CI31 error code, and other notes of that nature. So, please see that alert on the Web site for some other information. All of this information is effective for your claim input file testing which is now under way.

So, at this time, that's all I have as far as a preliminary presentation. I'll turn it back over to Mr. Decker.

Bill Decker: Thank you, Pat. I'm going to throw it over to Barbara Wright who has some things I think she wanted to say.

Barbara Wright: I do have one question unless I missed Pat addressing it. One of the incoming questions refers to fields 108, 109, and notes that they end in the same position number, despite the fact that one of the fields is 71 long. So, the incoming is asking whether we were aware of that and whether they're missing something. They are – or whether an adjustment needs to be made to the layout.

Pat Ambrose: Yes, we actually had talked about this on previous calls. Fields 106, 107, and 108 are claimant, last name, first name, and claimant middle initial. Field 109 is, instead of an individual name, it is one long string of positions for an entity or organization name.

Field 109 redefines or takes up the same space on the record layout as the combination of fields 106, 107, and 108. So, you'll see that 106 starts in position 1647, so does field 109. You'll also see that field 108 ends in position 1717 and so does field 109.

So, in other words, you either may complete this area on the record with a claimant last name, first name and middle initial, or, instead, look at those three fields as one combined field as defined in field 109 which redefines the same area as one entity or organization name and what you – how you use that field depends on the relationship code that you're entering in field, I think that's 105. No, field 104.

And then the other claimant names are formatted in the same way. So, we thought we were being more efficient by reusing the same area on the record. However, I realize that it has caused some confusion but hopefully this clears it up, that 109 in a sense overlays 106, 107, and 108. Thanks, Barbara.

Bill Decker: All right. That I think completes our preliminary discussion unless anyone here at the table has anything else they want to say. If not, operator, we're perfectly happy to open it up to questions. Anyone who is going to ask us a question, we ask them to please give us their first and last name, and to

identify the organization they're with and we have one rule as you all know, if you've been on these calls before, you get one question and one follow-up question and then we move on to the next questioner. Operator, go ahead and open it up, please.

Operator: If you would like to ask a question, simple press star and then the number one on your telephone keypad. Your first question comes from (Susan Kornblue) from the New York State Interns. Your line is open.

(Susan Kornblue): Hi, I have a few questions. If a claimant, if the claimant died, how would we report that as far ORM termination?

Pat Ambrose: Really in the same way that you report anything else. If your ORM has terminated as a result of the (inter peres) death or the Medicare beneficiary's death, then most likely the ORM termination date that you submit would be that date of death.

(Susan Kornblue): OK. OK. Now, also as far as TPOCs are concerned, do we report the TPOCs only if it incorporates medical too? Like if we have a TPOC and we're only paying the compensation piece, do we not report that as a TPOC?

Barbara Wright: If you're talking worker's compensation...

(Susan Kornblue): Yes.

Barbara Wright: We still have a document pending for periodic interim, you know, payments.

(Susan Kornblue): Right.

Barbara Wright: But, right from that call of the issue when we issue that document for the most part as we've repeatedly said, it's not up to the RRE to make allocation issues in general. And, if they can't – if medicals are being released, they can't simply say none of this payment is for medical.

(Susan Kornblue): All right. No, because what we sometimes do is we settle the (comp) fees and we continue the medical, the indemnity portion. Would we have to report the TPOC amount which just includes the indemnity, and ORM is continuing?

Barbara Wright: If you have continuing ORM then you need to have that record open and...

(Susan Kornblue): Right, we know that but I'm saying, do we have to report the TPOC if that portion is only settling the indemnity side?

Barbara Wright: Yes, if it comports with our final memo on that issue, the final instructions, then that that will determine whether or not you need to report it.

(Susan Kornblue): OK. Can I have one more question, please?

Barbara Wright: Sure, go ahead.

(Susan Kornblue): OK. You talked about foreign employers. What about foreign claimants, do we report them?

Barbara Wright: Actually, I was not talking about foreign employers, if I did I misspoke, I meant Foreign RREs, Foreign Responsible Reporting Entities.

(Susan Kornblue): We have claimants that live out of the country.

Barbara Wright: That's fine if they are Medicare beneficiaries.

(Susan Kornblue): OK. And we have to report their foreign addresses, right?

Barbara Wright: You do not report in an address for an injured party.

(Susan Kornblue): OK.

Barbara Wright: I mean, we want to make sure when you're referring to claimant you're referring to the injured party.

(Susan Kornblue): Right.

Barbara Wright: OK, you're not, because remember in the record layout, the claimant is used for...

(Susan Kornblue): Right, right.

Barbara Wright: His – the claimant given that the beneficiary is deceased.

(Susan Kornblue): OK.

Barbara Wright: But you're specifically talking about a living injured party who is the beneficiary, yes you have to report.

(Susan Kornblue): OK. All right, thank you.

Pat Ambrose: I did want to follow-up, operator, before you go to the next call. Note that some of the address fields like for representatives and claimants, we do allow an FC and the state codes, so see the file layout and the field description. In some cases, we do allow for, you know, or accommodate the fact that there might be a foreign address and the file layout doesn't allow for foreign or international addresses, but there's a work-around in a sense, and then changes are forthcoming to the TIN reference file related to foreign RREs because the RRE address is what is going on in the TIN reference file and we're making updates to the TIN reference file to accommodate an international or foreign address there.

OK, we're ready for the next call.

Operator: The next question comes from (Ellen Edsel) from (inaudible), your line is open.

(Ellen Edsel): Hi, this is (Ellen Edsel) from CHUBB. Couple questions. We've been testing the query file and we've been experiencing a lot of issues with the SFTP servers.

Male: What's the nature of the issues that you've been experiencing?

(Ellen Edsel): The server is down an awful lot.

Pat Ambrose: Well, some upgrades were done related to the server SFTP software that should have improved performance. I don't remember the exact date, Bill, do you?

Bill Decker: Yes, we have decided that – actually we had a meeting on this this morning. The updates were done, the upgrades to that system were completed within

the last day or day and a half, and since then we have had no serious downtime reported to us either by our systems people or by our users. If you have tried the system in the last 24 hours, you should notice that it has improved significantly. And if you haven't tried it, we urge you to go ahead and try it.

(Ellen Edsel): OK, we'll have to try sending that. We haven't – the last time we did, it was 29th of December, so. Just one follow-up, as far as the claim detail file testing, what is the start date on that?

Pat Ambrose: You may submit those files now. We're actually not processing them until tomorrow night's batch, because of the software release that the COBC is implementing, but you may submit claim input files now.

(Ellen Edsel): OK, great, thank you.

Operator: The next question comes from ((William Thompson)) from the Hartford, sir your line is open.

(Bill Thompson): Hi, this is (Bill Thompson) from The Hartford. I have a question about the reporting thresholds and whether it is RRE specific and my question is we – some insurers may have multiple payments because of different writing companies with different RRE numbers. But do we base the threshold analysis just strictly based on what's paid by each RRE?

Barbara Wright: The threshold is with respect to a particular record. It's not, if you have, if you have ten beneficiaries who have claims totaling over \$5000 and the applicable threshold was 5000; that would be – you had to report on all of them – that threshold is on a record by record basis.

(Bill Thompson): Meaning that that we just analyze whether any, any one particular RRE has paid more than \$5,000?

Barbara Wright: No. An RRE will have a record for each claim. If – let's say there is beneficiaries that have FSNs that are one through ten and they all are a single RRE. If the record you're submitting for beneficiary one has only liability

insurance and the applicable threshold happens to be \$5,000 and you paid \$4,990 – and what was paid was \$4,999, then that beneficiary is not reported.

If beneficiaries two through ten, if only one of them is above the applicable threshold, that one gets reported, it's not – the thresholds are not applied on an aggregate basis to an RRE, they are applied to these records.

Pat Ambrose: Are we – are we maybe talking about joint and several settlements; I'm probably not using the proper terminology.

(Bill Thompson): Now, well, here, let me give an example.

Pat Ambrose: Please, OK.

(Bill Thompson): So, so you have a situation where there's an exposure over a number of years and for whatever reason, there's different writing companies that are going to pay, and let's just assume that there's four writing companies involved, the total settlement is \$4,000, so each writing company is a separate RRE and submits TPOC of a thousand for each one, and there's only one check written for 4,000 but we – I assume we are going to report it under the four different RRE numbers.

Oh, well, it's maybe, that's a bad example because the total is still less than 5,000 but just say it's a total of 10000 and we have 10 writing companies, then each one only pays a thousand.

Barbara Wright: If I'm not going to get into a debate at this point about whether a particular writing company is the RRE.

(Bill Thompson): Well, in our example we have – let's just put it this way, we have a lot of different RRE numbers, so let's assume that the payments are made under different RRE numbers.

Barbara Wright: You're talking about instead of a situation involving multiple beneficiaries, you're talking about there are multiple RREs involved with a single beneficiary.

(Bill Thompson): Exactly.

Barbara Wright: OK. If there are multiple RREs involved with the single beneficiary, what we've been saying is if there are separate settlements by each RRE, they each apply the applicable threshold, but if there's any settlement that has joint and several responsibility, then they each need to report the total amount.

(Bill Thompson): OK, thank you. And just one general follow-up, do you have an idea of the – when the user guide will be – the next user guide will be published?

Pat Ambrose: Well, on the last call, we said January. But quite honestly, I believe it's going to be sometime in February 2010 before we have that updated. And I do encourage you to continue to check the alert page of the Web site as I talked about at the beginning of this call.

(Bill Thompson): Thank you.

Operator: Your next question comes from (Bonnie Western) from Farmers Insurance. Your line is open.

(Bonnie Western): Yes, thank you. My question is regarding the user guide. It shows the HICN to be 12 characters long. If the actual number we are provided is less than 12 characters, do the zeros precede or follow the actual HICN number?

Pat Ambrose: The field is alpha numeric, so you should left justify and fill the remaining space, remaining bytes with spaces. It should be in the format of a nine-digit number followed by a letter or two letters or three letters.

(Bonnie Western): OK. OK.

Pat Ambrose: So that, you know, if someone gives you an eight-digit number, it may be that that HIC number should have begun with a zero, but...

(Bonnie Western): OK. All right. Thank you very much. That was on page 111 if you all want to add that verification to the user guide.

Pat Ambrose: I will certainly make a note of that. Thank you.

(Bonnie Western): Thank you.

Operator: The next question comes from (Robeline Allen) from Morgan Lewis. Your line is open.

(Robeline Allen): Hi, this is (Robeline Allen) with Morgan Lewis. I've got two separate questions. I'll just go ahead and ask the first. What is the turnaround time for the monthly query?

Pat Ambrose: That's in the user guide. I believe it's 14 days.

(Robeline Allen): Fourteen days, thank you. The second question, what is the – how do we get confirmation that the check date is the date that is used to trigger the 60-day period for reimbursement as opposed to some other date?

Pat Ambrose: I'm sorry. I don't understand that question. Is that a question related to Section 111 reporting or some – could you rephrase that, please?

(Robeline Allen): Sure. The check date, the date that we would issue a check for a settlement, is that the date that triggers the 60-day period for reimbursement as opposed to when the coordinators announce it or when a settlement release is signed. I mean is there...

Pat Ambrose: Hold on. I have to put you on hold so we can talk amongst ourselves.

(Robeline Allen): Sure.

Pat Ambrose: I'm sorry. That is a policy question related to recovery, not really Section 111 reporting. So I'm going to have to ask you to submit that to the mailbox, but we're not going to provide an answer to it today. I'm sorry.

(Robeline Allen): OK. Thank you.

Operator: Your next question comes from (Robin Peck) from (CEDRIC CMS). Your line is open.

(Robin Peck): Hey, this is (Robin Peck) from the (CEDRIC CMS). I just had a real quick question in regards to the HICNs especially on the Medicare beneficiary

query, the query and the response. It's our understanding that, of course, the HICNs are a down-step against the Social Security Administration Database to validate, you know, their beneficiary status. My question is in regard to like the railroads, the RRB HICNs versus the SSA-issued HICNs.

If we are submitting, you know, the RRB type HICNs, are we going to be returned the – I guess the newer SSA HICNs? And I mean, are we, I guess I just want to make sure that, yes, are we checking, I guess, to make sure those are valid, the RRB HICNs.

Pat Ambrose: We do have Railroad beneficiaries on the file of Medicare beneficiaries that we checked. I don't know if someone else here can talk about the actual HIC numbers used with them.

Bill Decker: Is that what they're giving you as their Medicare number? It is the number we should have for Medicare. And as long as they're willing to produce it, in that case, you know, they probably would give you a copy of their card and you'd know for sure.

(Robin Peck): Is there any – ever any case where we would submit our RRB HICN and we would be returned an SSA HICN?

Bill Decker: Well, if there was a failure to match on the original HICNs submitted once you provided the SSN...

Pat Ambrose: But there's also – I mean there are several possibilities. First off, a HICN is Medicare's identifier.

Bill Decker: Right.

Pat Ambrose: Secondly, it is possible for HIC numbers to change...

Operator: Please hang up and try your call again. If you need assistance, dial your operator. Please hang up now. This is a recording. Please hang up and try your call again. If you need assistance, dial your operator. Please hang up now. This is a recording. Please...

Female: I apologize if you've already answered this question, but we have a client that has very small records. They don't have that many reports and they had indicated in the user guide and they were correct on top of page 99 that there was some process to manually enter the information and that there was no software needed as long as the standard Internet browser is used.

They've tried to proceed with the EDI representative on that and they have been told that they will not be able to manually enter data into the Web site, that they have to create a submission file in the format that's stipulated in the document. So I'm wondering by chance if you could provide some detail or a response. Is there an opportunity to manually enter your site to provide these records for these very, very small reports?

Pat Ambrose: OK. What is available right now is an ability to log on to the Web site to say that you have nothing to report. I think where they're getting confused is that they saw the section that talks about empty files. And what we're doing is adding a function on the Web site for an account manager to go in and indicate for a particular quarter this RRE ID has nothing to report in lieu of submitting an empty file.

Now, if you have something to report, we do not have currently an ability for them to provide that information by logging on to the COB Secure Web site and using the user interface.

There is – CMS is working on a methodology to allow these small reporters to report without the file – submitting an actual file but that has not been finalized to the best of my knowledge and the rules and requirements related to that has not been published. So, at the current time, the only way to submit actual claims data is through a file. However, an alternative is being worked on. If you have nothing to report for a particular quarter, you may either submit what we refer to us an empty file that is the header "No Details" and a trailer record with a zero record count. Or the account manager will be able to log on to the Section 111 COB Secure Web site and on the RRE listing page under "Actions", the "Actions" drop down, there will be an action available that will take them to a screen to indicate that they have nothing to report that quarter. So that's what we've got available right now.

Bill Decker: On the issue of the easier, simpler way to report for folks who hardly ever report or don't have a lot of data that need to report. We are working on a way for folks to enter that more directly than through a standardized process, the standardized process we have now.

I do want to point out to everybody on this call though that it's still –we will require anybody who is reporting to go through the full registration process. We need to have that process take place regardless of the volume of input that you're expecting to do.

So there will be still some work folks are going to have to do even when the reporting methodology is made simpler.

Pat Ambrose: OK. They have registered and gone through that process. It's just that they literally have a handful of claims that they know, potentially, they may have to report. And, of course, now, I'm sure you've heard this from a zillion people, for them to invest in, you know, the reporting agencies that are out there right now, they're, you know, they're trying to avoid that.

So, you know, I hate to ask you this and I probably already know the answer but do you have any idea, time line? Do you think maybe it will happen before April or...

Bill Decker: It won't happen before April; I'm pretty sure of that. We're working on to get it, again, into place later this year but I even can't tell you at this point, this being the 5th day of January, when later this year it might be.

Pat Ambrose: So, they would be subject to potentially penalties if they did not report a claim post that?

Bill Decker: If they needed to report a claim now, there is – they will need to use the process that's in place now.

Pat Ambrose: OK. Thank you.

Operator: Your next question comes from (Crystal Brotski) from PMSI. Your line is open.

(Crystal Brotski): Hi, my name is (Crystal Brotski) from PMSI. I just wanted to confirm in the user guide where it discusses the TPOC as of 01/01/2010 if this does include all three lines of business, the liability, Workers' Comp and no-fault, just because it was under a liability and Workers' Comp bullet or headline, so to speak, so I wanted to ensure that that this includes no-fault as well.

Pat Ambrose: Yes. TPOC related to no-fault has the same 01/01/2010 date on ORM; and regardless of line of business, ORM that was open and active or in existence as of 07/01/2009. So the date for ORM reporting is 07/01/2009 and TPOC is 01/01/2010 regardless of line of business.

Bill Decker: But, remember, if you have a no-fault policy, then essentially paying medicals, just because they're writing separate checks doesn't mean that it doesn't – that that's reported as a TPOC. Most no-fault situations are open until the limit has been exhausted.

(Crystal Brotski): OK.

Bill Decker: Our experience has been that most of the no-fault would likely be reported as ORM.

(Crystal Brotski): OK. All right. Thank you so much.

Operator: Your next question comes from Yvette Lynch. Your line is open.

Yvette Lynch: Hi, this is Yvette Lynch. I have one question about some of the fields that are required fields. And the discussion that we are having this morning is that sometimes we acquire claims, I should say first that we're at TPA for multiple insurance companies, and so sometimes our clients require acquired claims that we may not have some of that information, IE policy number or employer.

How would we handle reporting a claim like that when we're missing some information that are CMS-required fields?

Pat Ambrose: Well, if it's required and you don't submit it, the record will be rejected with that corresponding error code and SP disposition code. So, basically, in order to report it with all the required fields here, you must obtain that information.

I don't really know what else to tell you.

Bill Decker: Are you a TPA or an NGHP insurer?

Yvette Lynch: Yes.

Bill Decker: OK. You know the RRE is the insurer?

Yvette Lynch: Right. Sometimes, though, there are, you know, generations of claims that have been acquired even sometimes through insolvencies that our client has picked up those to collect old, old claims and it wasn't the, you know, sometimes – well, especially in the case of an insolvency where they have gone out of business and they have picked them up. Sometimes, that information is not available in our system.

Pat Ambrose: Can you hold on for just one minute? We're going to put you on hold to confer internally for a second.

Yvette Lynch: Certainly.

Pat Ambrose: OK. Although you might have already submitted this question to the mailbox, if you would do so again and we'll take it under consideration as to, you know, what direction we can provide.

We do understand the circumstances. We don't want to make some generic statement about, oh, go ahead and default the fields to some value that will get past the edits because that essentially gives everyone license to do that and that's not the intent of this mandatory reporting.

Yvette Lynch: Sure, sure.

Pat Ambrose: So, you know, basically the answer is, you know, you've got to get the data but submit this particular question and we'll take it under advisement to see

what kind of direction can be given about defaulting fields in special circumstances like the one you described.

Yvette Lynch: OK. Thank you very much.

Operator: Your next question comes from (Cathy McLaughlin) from WorkMed Benefit. Your line is open.

(Cathy McLaughlin): Yes. With regard to Worker's Compensation, I haven't seen anything discussing vocational rehabilitation benefits payments. Are these reportable and if so, under what?

Bill Decker: The vocational rehabilitation benefits include things like physical therapy or occupational therapy that are Medicare-covered items and services that I would think they would need to be reported.

(Cathy McLaughlin): No. Vocational rehabilitation is I'm defining it as retraining of an injured worker that cannot return to their previous occupation so maybe they go to a voc tech to take a computer course or something.

Pat Ambrose: OK. We're going to put you on hold for just a second. Please stand by. So the, you now, it doesn't sound reportable because the claim in order to be reportable for Section 111 has to release medicals or have the effect of releasing medical and this type of vocational rehabilitation that you described does not seem to fit that definition.

(Cathy McLaughlin): Except though if we reported on TPOC. Maybe it's reported on TPOC and/or ORM but we don't have to include the VOC in neither one of those?

Pat Ambrose: It doesn't sound like it.

(Cathy McLaughlin): OK. All right. Thank you.

Operator: Your next question comes from (Tenika Lewis) from Mutual Insurance. Your line is open.

(Tenika Lewis): Hi, my name is (Tenika Lewis) from Mutual Insurance Company of Arizona. We've been looking for the test beneficiaries on the Web site and we're not able to find that. Is that available yet?

Pat Ambrose: Yes, they are. You need to go, however, they're on the Section 111 COB Secure Web site.

(Tenika Lewis): OK.

Pat Ambrose: So, if you go to www.section111.cms.hss.gov, the first thing that displays is the log-in warning and you may review that and just click "I accept." And then you will see the "Log in" page displayed. And along the top of the screen, you will see a "Menu" option. One is "Reference Material." If you click on that, you will see the option for downloading the test beneficiary data as well as some other information.

So when you click on those, it will take you to a page that gives you information about what the file is, how it's formatted and also provide that data in a text format and in Excel format for downloading.

(Tenika Lewis): Great. We were looking at the other site. Thank you very much.

Pat Ambrose: You're welcome.

Operator: Your next question comes from (Darla Hume). Your line is open.

(Darla Hume): Hi, my question comes from our technical people and it deals with the HEW query alert that says that the HEW software will process the 271 file, produce the unique ID assigned to the response record by tracking – or for tracking by the COBC and then the COBC supplied Field 9 Document Control Number.

But the change is identified in the – now, we're getting down to it, the 2100 NM1 segment that don't include this field in the original document Medicare coordination of benefits system interface specs. It does not include the 15 character DCN so we don't know where to get the – where the HEW software will get this field and how we get it back.

Pat Ambrose: Are you – you are using the HEW software?

(Darla Hume): Yes, we are.

Pat Ambrose: I don't know off the top of my head. I'm sorry. I'm not that well-versed in the 271 transaction set and then how the HEW converts or translates it into the flat file. So I would have to suggest that you submit that question to your EDI representative.

(Darla Hume): OK.

Pat Ambrose: Thanks.

(Darla Hume): OK.

Operator: Your next question comes from (Savi Cafen) from the Harrisburg. Your line is open.

(Savi Cafen): Hi, I have a question regarding the response file. As for the user guide, the response file is supposed to come in DOS format, however, the monthly file is still coming up in non-DOS format; that is Unix format quality. And we are at RN trying to convert back into DOS format to process.

So, I would like to know when – from when the non-CMS is going to send us the filing in the DOS format?

Pat Ambrose: Well, it really depends on how you're downloading it. You know, I'll take this down as an issue but when you go to download, depending on what file transfer methodology you're using, you might have the option to force it to an MS-DOS format; if not, the work-around that I've been given is to open up that file and resave it as MS-DOS.

(Savi Cafen): Yes. I think as a part of a workaround, we are trying to do it but we were not sure whether it's going to be a permanent fix that we at RN have to do it or CMS by itself is going to send us, you know, the proper format so that we can be HEW, because HEW software access only the DOS format.

Pat Ambrose: Well, the HEW, I announced earlier today, the new version of the HEW software, the version 2.0.0. – no, just two zeroes, 2.0.0 that will be available tomorrow – you will not have to convert the file. The HEW will accept and process the Unix text version. So if it's on the HEW or rather if you're using the HEW software and you're just talking about the query response file, we have a permanent resolution to that.

(Savi Cafen): OK. Thank you so much.

Pat Ambrose: You're welcome.

(Savi Cafen): And I have another question. From where we have to download the new AutoHEW software?

Pat Ambrose: You download that after you log into the Section 1-11 COB Secure Web site.

(Savi Cafen): OK. Yes, thanks a lot.

Pat Ambrose: You're welcome.

Operator: Your next question comes from (Carl Sustang) from New Hartford. Your line is open.

(Carl Sustang): Oh, hi and thank you. (Carl Sustang) from New Hartford. I have a couple of questions on HEW software. The previous version 1.2.0 was, if I'm not mistaken, was written in older technology BB6. The new version, 2.0.0, what technology was used to write this software? That's one part of the question. The second one, will the code for this software be available for maintenance or it's fully CMS' responsibility to maintain this software?

Pat Ambrose: It is CMS' responsibility. The COBC, COB contractor maintains the HEW software. The source code will not be provided, just the executable and, you know, information about what--the information you need to run it.

I do not know what it's written in, the new version 2.0.0. I'm sorry, I can't answer that question. You could submit that question or send it to your (EDI) representative perhaps if it's important to you.

(Carl Sustang): OK. I have a follow-up question. In this light, what is your recommendation for RREs? Is it better to develop this conversion ourselves or you recommend using this provided software, HEW software?

Pat Ambrose: I, you know, we can't really make that call. It really is entirely up to you and your own processes on, you know, the X12, 270, 271 transaction. They are not that complicated but I don't know that we have a particular recommendation.

(Carl Sustang): OK.

Bill Decker: We don't have a recommendation specifically to that but we can tell you that our experience so far with reporting has been that folks who have developed their own software to do this seem to have problems that folks who are using the CMS software don't have.

(Carl Sustang): OK. So you've used this HEW software as industry – I mean enterprise training software which can do such work for large companies?

Pat Ambrose: Yes. We do have some very large – the HEW software prior to Section 111 was used by a lot of group health insurers in our voluntary data sharing program and many of them are very large organizations and successfully made use of both the Windows version and the mainframe version of the HEW software. So it's not just for necessarily just for small enterprise, you know, small organization.

The Windows version was not auto – very automated prior to version 2, but now, since it can be invoked from a command line process, it can be more automated. So...

(Carl Sustang): Thank you. Thank you very much.

Operator: Your next question comes from (Dianne Duffy). Your line is open.

(Dianne Duffy): Hi. I'm wondering if you can kind of clarify a little bit about how claimants are being matched or looked up if they've had a name change?

Pat Ambrose: It really depends on how quickly their name has changed with the Social Security information because that's where we get the name information.

(Dianne Duffy): Well, so if we have some older claims that are still technically open on the (statute), let's say, (Mary Clarke) and today she is (Mary Smith) and we're submitting under (Mary Clarke) but she's not matching. We see that she's over 65 so, you know what I mean, some of the things that should be obvious, we've double checked date of birth, we've double checked social and the only thing that seems to be off then is the last name...

Pat Ambrose: Well, you should still get a match. The matching process, assuming that you're submitting a Social Security number, but regardless, first, we need to get an exact match on the Social Security number or the (HIC) number. Then we go into a matching process where we look at the first initial, the first six bytes of the last name, the date of birth and the gender and out of those four field, we only need three of them to match. So if the last name has changed theoretically and you have proper information for the first name, date of birth and gender, you still should match that individual to our database as Medicare beneficiary. Beyond that, I don't know what else to tell you other than to attempt to get the new last name, but you should not have to do that.

I'm being asked to go off line for a minute, would you hold?

(Dianne Duffy): OK. Thank you.

Pat Ambrose: OK. We're back here with a question about whether we had a record of both the prior last name and the current last name and we do not. We only would have the most current last name as provided to us by the Social Security Administration.

Bill Decker: And we have said this before and I'll repeat it again, anyone out there who's having trouble with any of these matching cards, the place to go is the Social Security Administration and the person to go is the individual that's involved.

We get our data here in Medicare from the Social Security Administration and we can't actually change what they give us. If it has changed for some reason and SSA doesn't know about it, there isn't anything we can do about that. So

if someone is having trouble with their personal identifiers and they need to have them fixed for Medicare, they really need to go to Social Security Administration to do that.

Pat Ambrose: OK. But we can't go there directly, obviously, right? We have to have – the claimant would have to go, correct?

(Carl Sustang): Assuming someone is over 65 and is willing to cooperate with you, it would seem – whether by phone call or otherwise, there could be a relatively quick check based on any other names they have gone by or whether they are now, you know, whether or not they have reported the name change in Social Security. It sounds like you're potentially trying to deal with this without ever contacting the individual.

Bill Decker: That probably is the main problem.

Pat Ambrose: Yes. Yes, obviously, we would prefer to – especially some of these people are quite elderly, you know, they've had claims open for a long, long time so, yes, anything that we can find or – I just was concerned that if we have these older claims then maybe they are not even working for the company anymore, so we wouldn't, you know, normally know that they've changed their names but we're still dealing with it under their old, whatever name that they had, married, divorced or whatever. We wouldn't have access to that information but I guess it sounds like we are going to have to go back to the claimants. All right, that's all the suggestion that we have at this time.

Dianne Guppy: OK. Thank you.

Operator: Your next question from (Ellen Etsel) from (Topigen). Your line is open.

(Ellen Etsel): Hi. This is (Ellen Etsel) from (Topigen). A little bit earlier in the call, you made a statement that the HICN can change over time. That's the first I've actually heard that said.

Pat Ambrose: OK. I am actually adding some updates to the user guide when that comes out along this line. Yes, the HICN or HIC number may change; however, it's not really something that you need to worry about. The last caller was asking

about the beneficiary's name. We don't keep track of name changes, but we do keep track of all the HIC numbers or HICNs that have been assigned to a Medicare beneficiary over time.

So if you submit a claim with an old HIC number, for example, we will be able to match that to the Medicare beneficiary and we will return then the most current or the currently assigned HIC number. Let me give you an example of how and why this happens. Oftentimes, there's a husband and wife; Social Security and Medicare benefits are based on the husband's employment records so while both husband and wife are alive, the HIC number for the husband might be his Social Security – usually is his Social Security number with an A appended to it and the wife would be his Social Security number with a B appended to it. And then if the husband passes away, then, SSA and Medicare reassigns the HIC number for the spouse, for the wife and she will get a new HIC number with her Social Security number and an A appended to it.

I'm not quite sure the rationale behind this but it doesn't really matter. It's just the way that it works.

There may be other reasons why the number has changed over the course of time; but that's one example. So, again, we always supplied back the most current one and would hope that you would take that most current HIC number and update your internal systems to use it going forward, but you are not actually required to and we can match an old number to current.

Bill Decker: We cross-walked the new number against the old number or the old number against the new number automatically. If there's something you need to do about it, if you have a valid HIC number or what was once a valid HICN for a valid individual, we should be able to find it OK in our records.

Pat Ambrose: And the other thing I need to make clear is that in the user guide event table, there are certain fields listed that would trigger an update and particularly key fields that would trigger a delete followed by an add record. This circumstance of someone's HIC number changing over the course of time is not – does not trigger that unnecessary update or delete followed by an add

record on – it's only when you have submitted an incorrect person on the record and therefore has submitted either the incorrect Social Security number or HIC number that you need to send. The delete-add go through that process as described in the event table. So does that answer your question?

(Ellen Etsel): Yes. That's very comforting to hear. Thank you. Yes. So, we'll try, we'll just make sure that we are capturing that most current HIC number but I just wanted to make sure that, if we did submit a different – an older one that it wouldn't cause a rejection, but it sounds like it won't.

Pat Ambrose: No, it will not. OK.

Operator: Your next question comes from (Emily Shields) from Morgan Lewis. Your line is open.

(Emily Shields): Hi. This is (Emily Shields) from Morgan Lewis. I have a question that was unclear to me in the user guide. Will CMS respond to an RRE submission to provide CMS' determination of the amount it has determined that Medicare might be owed or will that only go in the final demand of the injured party?

Bill Decker: Your Section 111 reporting is completely separate and apart from any recovery action. There is no information that has been uploaded that you can do that process.

(Emily Shields): OK. That's all I wanted to know. Thank you.

Operator: Your next question comes from (Sandra Eden) from Federal Express Corporation. Your line is open.

(Sandra Eden): Thank you. I have just a quick question about the threshold amount for the TPOCs? The guide on page 44 – and I apologize that this was asked at an earlier town hall – but it says that the amount of less than 5,000, if submitted, will be rejected, but in the same bullet point on page 44, it says, TPOC amounts totaling 0 to 5,000 are exempt. So my question is if the settlement is exactly \$5,000, is it reportable or not?

Pat Ambrose: Yes. There is a typo in the user guide that needs to be corrected. So, if this – Barbara, would you please help me out? If the amount is exactly 5,000, is it excluded from reporting? I should know this off the top of my head and I apologize. Anybody?

Bill Decker: We say that amounts totaling zero through 5,000...

Pat Ambrose: Right. So, if it's exactly 5,000, it does not have to be reported. That...

Female: That would be great if that's the case.

Pat Ambrose: That's the intent.

Male: We'll clarify it.

Male: Yes, I mean...

Pat Ambrose: And there is an alert on TPOC. It's out on the Web site. That does have accurate language. It was – when that language was sort of rewritten to help you with your reporting that it got rewritten inaccurately so...

Female: OK. I'll check that. I've been browsing the Web site. I haven't found it yet, but...

Pat Ambrose: OK, and in the meantime, we'll also look it up. I apologize that I didn't have it right in front of me.

Female: No, that's OK. I know it's confusing. I appreciate the answers. Thank you so much.

Pat Ambrose: You're welcome.

Operator: Your next question.

Bill Decker: I promised in an earlier call that we would look at that whole page. I think the same typo was made with more than the projected amount.

Pat Ambrose: OK. I'll just look for clarification on the Web site or the new user guide.

Operator: Your next question...

Pat Ambrose: Yes. It is – I am rereading it right now. I'm sorry it took me awhile to bring it up but it is – it's the TPOC amount or the total TPOC amount is \$5,000 that is still excluded from reporting. You have to be over \$5,000, I believe. But we'll clarify it.

Female: OK. I appreciate it. Thank you.

Operator: Your next question comes from (Stacy Boley). Your line is open.

(Stacy Boley): Yes. I have questions regarding the HEW Software package and I know that Version 2.0 is coming out. But in our previous testing with the translation software, we have been having additional problems such as, you know, changes that we were asked to make to the HEW (I&I) file and some problems where it didn't seem to be functioning properly. So my question, my first question is have any of the changes to Version 2.0 taken – fixed any – done any resolution on problems that were occurring?

Pat Ambrose: Well, I can't speak to that specifically. What I do know, what changed had to do with processing the Unix text files as input in addition to making the software more automatable by the Window's version being – it can be invoked from a...

(Stacy Boley): The command line. That's great.

Pat Ambrose: And beyond that and the DCMs being added. I'm not aware of what else has been corrected but I would check with your EDI representative on that.

(Stacy Boley): OK. And my second question is kind of a concern and a question, and I am working with my EDI representative closely but it seems that, you know, where the ultimate goal is try to get this to be an automated sort of process that doesn't require all of these manual interventions. And that's not happening right now. My concern is that we're going to be able to – given the time that, given the issues that we've had with file submissions where files are – say the Web site says if they have been successfully submitted but we never get any notification.

They're somehow lost in transit, and it's, you know, or they get stuck and they're being – having to be pushed through by programmers and I know they've been short on staff. And I'm just – you know, as we start planning our testing process and getting ready to do production for multiple RREs, I have a concern that we're not going to be able to depend on this time frame because of the issues of file submission. Has that been brought up and is anybody working on those issues?

Pat Ambrose: Yes, absolutely. The COBC and CMS are working on those issues and will continue to do so to – you know, obviously, a new program of this size is going to have some bumps on the road and all on this side are working very diligently to get things smoothed out. The most important thing is to be in communication with your EDI representative, which sounds like you are, and working towards getting issues resolved, and the like.

You know, if you are starting testing and you believe you might not finish testing in time to submit your first production file during your assigned file submission time frame, as long as you have been in touch with your EDI representative on that and it can clearly be seen that you are working diligently towards that goal, you know, you've got yourself covered there as far as compliance with Section 111 reporting.

(Stacy Bawlin): OK. And I've appreciated all the, you know, the various policy alerts and the ones that came out on December 23rd regarding the HEW software, and I'm hoping – asking if there could be a little more transparency in that process of those issues that are going on because I'm not – I just feel I'm working in the dark and I'm never sure if this is a one-opt problem and we're going back to our own, or is this a systemic problem that other people are having that's being addressed. Can any of that be a little more transparent as the issues are being worked?

Bill Decker: That's a very good – that's a very good suggestion quite frankly. We meet constantly with the COBC. We here in CMS in Baltimore meet constantly with our counterparts in the TOBC to learn the problems that the COBC has become aware of and to be – for us to monitor the COBC's progress and

addressing the problems that have come up with this immense undertaking that we're involved in here.

It may be very valuable to reporters, particularly new reporters, to know if there have been reports of, particularly, of repeating problems in specific areas that may be very useful to you. And it will be one of the things that, I think, that we will discuss in the meetings that we're having, ongoing.

I mentioned earlier in this call that we had a meeting this morning on data issues. We'll have another meeting tomorrow on data issues. We'll have more meetings the rest of this week on data issues, and it's not that we're not paying attention. I want to reassure everyone of that. It's that the landscape constantly changes and what we are putting out for you, folks, out there who are using the system our – the notices and data and information that we think you can best use at this time as you develop information about your own use that you think may be valuable to us, you should pass that through your EDI representative or send it in to our dedicated (inaudible) and we can handle your concerns most rapidly.

(Stacy Bawlin): OK. Thank you. I appreciate that.

Operator: Your next question comes from (Eric Myers) from New Hartford. Your line is open.

(Eric Myers): Hi. A mailbox was going to be set up to report mass tort settlements on which the claimant's name, settlement amount, and settlement funding status may not be known at the time of the settlement. But we were told that some sort of a vehicle was going to be given to us to report those claims while they collected the data. Has any progress been made?

Bill Decker: That's still in the policy memo that's in clearance right now in terms of the various things that were discussed on the mass tort calls. So as soon as we have any clearance on that, all the information will go up on the Web site.

(Eric Myers): Understood. Not to state the obvious, but from a technology perspective for us to develop a solution around some sort of a group mailbox to put settlement information in, the clock is ticking.

Bill Decker: I understand.

(Eric Myers): Thank you.

Operator: Your next question comes from (David Pallett) from the Pilot e-Consultation.
Your line is open.

(David Pallett): Pat, (David Pallett).

Pat Ambrose: Yes, please go ahead.

(David Pallett): OK, it is me. OK. I want to follow up on a comment that was made earlier. I think that HEW software documentation and the 2100 CNM 1 are inconsistent; that's the point. On the Field 9 CMS document control number; one has it, the other doesn't.

Pat Ambrose: OK. So you're talking about the documentation that comes with the HEW when you download it or obtain that...

(David Pallett): No, I'm talking about the spec. We don't use the HEW software we wrote to the spec. And so the HEW looks like it's expecting to get back the, their COBC number, but the spec for the 271 doesn't contain that field. So it looks like they're not consistent.

Pat Ambrose: OK. All right. Well, I appreciate that clarification. I'll take that back to our development team and try and get that clarified. That field, by the way, that COBC DCN field is not particularly helpful to an RRE or agent.

(David Pallett): Yes, I know, Pat. It's just that...

Pat Ambrose: No, I know you know. I wanted to make sure everyone else knew that as well.

(David Pallett): Right.

Pat Ambrose: And so, the new field, the RRE DCN 1 and RRE DCN 2 that are added as of January 6th to both the X12, 272, 271 process and the HEW software version

2.0.0, those DCNs are the ones that are an RRE or agent can use on the input records and match then the output records using those. But I will go back and get a clarification on them.

(David Pallett): If you could repost the alert with an update to it so that we can code to it; that'd be great.

Pat Ambrose: OK. Now, I have a further question for you. You're telling me that the alert out there doesn't have the proper location for the new DCN?

(David Pallett): No, the new DCNs are in there; they're OK. But it doesn't document where your – you know, the HEW says you'll still retain the COBC number.

Pat Ambrose: Yes.

(David Pallett): But the spec doesn't say where in the 271 that is.

Pat Ambrose: OK. And do you actually need that information for a particular reason if it's not really usable?

(David Pallett): Well, I mean, when we're specking it out, there's going to be data in there that we don't expect.

Pat Ambrose: OK.

(David Pallett): And, you know, we ran it through the HEW as a test.

Pat Ambrose: OK.

(David Pallett): But when we're coding it up, it would be nice to know that that's there and what it is.

Pat Ambrose: OK. All right, I will ask that that field get documented on the next companion guide.

(David Pallett): Cool. Thanks, Pat.

Pat Ambrose: OK, or as soon as I'm able to. I'm being asked to go on hold again. Please stay tuned. We'll be right back. I was just reminded to remind all of you that in order to use the new RRE DCN 1 and RRE DCN 2 fields, if you're using the HEW Translator Software, you need to upgrade to Version 2.0.0 and, of course, make the changes to your own translator if you're not using the HEW software as documented in that alert. OK, anything else, David?

(David Payet): No. Thanks.

Pat Ambrose: OK. Thank you.

Operator: Your next question comes from (Cathy McLaughlin) from (Workmen's Benefit). Your line is open.

(Cathy McLaughlin): Yes. Can you tell me when the transcripts will be available for the November and the December teleconferences?

Pat Ambrose: I was just told that – prior to this call that they were available on... Oh, December might not be...

Bill Decker: Well, we just – we actually did just receive a copy of the December transcripts internally here earlier this – maybe as early as Monday or so.

Male: Yesterday.

Bill Decker: So we have to get those posted on the Web site. I can't give you an exact date when that will occur, but as of – as I've said before, we've had repeated issues with – due to limitations with the CMS Web page structures or whatever. But we do have those in-house now. For some reason, we did not get those timely. We normally get them in-house, like, the day of the conference calls or the day after. But for some reason, December took a long time in coming. I can only surmise that it has to do with holidays.

(Cathy McLaughlin): I haven't been able to find the November ones either.

Bill Decker: That we believe – I'm sure that they're posted, the ones from November.

(Cathy McLaughlin): OK. I'll look it up.

Bill Decker: Our issue with the earlier transcripts some – one of the issues is that they – due to space limitation the gentleman was talking about, we've been forced to post some of these transcripts in places where you might not expect to find them.

(Cathy McLaughlin): Yes.

Bill Decker: You should, for an NGHP transcript, just go to the NGHP transcript page.

(Cathy McLaughlin): No. I've been going all over, but it's possible I missed it so I'll look again.

Bill Decker: Yes, but, I mean, be sure to check at least the regular NGHP page and the liability, no-fault, Workers' Compensation and check the "What's New" page.

Pat Ambrose: The "What's New" page will tell them where the most recent ones are...

Bill Decker: Yes. We're being told by some of the other people here that the "What's New" page should tell you where you would be able to find the transcripts.

(Cathy McLaughlin): OK. Thank you.

Operator: Your next question comes from (Howard Needleman) from the Wright Risk Management. Your line is open.

(Howard Needleman): Thank you. I see there are a number of alerts posted around December 23rd and December 29th. I did not receive the usual email telling me to go look for it. Is that because you haven't sent out the email about them or is it on my end?

Pat Ambrose: Actually, there is an issue internally with the Web site about that, that email notification and we're working on it. So the email notification that normally comes out when the Web site is updated did not occur with that last update and the posting of those alerts. But we are working on it.

(Howard Needleman): Thank you.

Operator: The next question comes from (Ginger Bradley). Your line is open.

(Ginger Bradley): Mine is a follow-up question. This is (Ginger) with Harleysville Insurance. And my question is concerning the transcripts as well. There's particular – October 1, I keep inquiring about it. It was never put on the Web site and I have looked everywhere and I've monitored this a lot. And there's – I believe it was October 4th or 6th – there was one conference that that transcript never came through. We got the ones afterwards but not that particular one.

Pat Ambrose: OK. I'll make a note of it. It's either October 4th or 6th of 2009?

(Ginger Bradley): Yes.

Pat Ambrose: OK. I'll make a note of it and follow up with our folks to see if we can get a, you know, post it out there if it's not there.

(Ginger Bradley): And I agree with the other woman who just called. There are no November transcripts out there...

Pat Ambrose: Yes.

(Ginger Bradley): If there are, they are hidden very well.

Pat Ambrose: Yes. I was looking for them myself. I don't see them either, so it looks like we're only caught up as far as October.

(Ginger Bradley): October 22nd is the last one I have.

Pat Ambrose: Yes. Yes.

(Ginger Bradley): And one other question: Can you take some of the old ones and just remove them to allow space for some new ones or the more current ones?

Pat Ambrose: I think that there is a plan for redesigning or archiving.

John Albert: We've already done that.

Pat Ambrose: Yes.

John Albert: We're continuing to do that. I mean, a lot of the old ones, I mean, we've been doing this calls now for over a year. A lot of those have been archived.

Bill Decker: For all of you on a call, the issue is that we get the transcripts in and we want to post them on our Web site. Sometimes, there's no room – sometimes there's no available room. Sometimes, the transcripts get to us late. We don't have a control over the generation of them. And, sometimes, there are – we have our own technical issues here inside CMS and that is what's going on right now with the issuance of, for example, the automatic notification that new postings took place.

Those should go out at the same time new postings go up on a Web site but sometimes they don't. And this is an issue that we've had before and we are trying to fix them. It's not something we, however, in this unit, actually, can control. We do the best we can.

John Albert: One thing, this is John. One thing I will say though and I want to remind everyone is I understand people are looking for the transcripts. If you noticed, you know, alerts and whatnot that are current beat the transcripts to the Web page because those are the more important, the more critical resources for everyone to have. Then if we get into that situation, we will always have group – the user guides and alerts take priority over any transcripts because, again, the transcripts are useful but they are not part of the official implementation instruction that CMS publishes for purposes of implementing Section 11.

I realize they're very useful and provide different context but, again, folks should be referring to the user guides and the alerts for official instruction regarding what should and should not be done. But, again, we apologize to everyone out there for the tardiness of getting the transcript stuff on a more timely basis, but we continue to work with our other CMS resources to try to address that. So, again – but, again, I would always, again, refer people to the official instruction which are the user guides and any accompanying alerts which basically get hauled into the updated user guide.

(Ginger Bradley): One other suggestion, the technical ones are probably the more serious of the two because I'm delegated with the responsibility of taking all these notes and then disbursing them throughout our team. And when you give technical information, I'm not an IT person. You say it so fast and very rarely repeat it so I have no basis to know if I'm accurate in I am writing down. So if I had a transcript, it would be a little easier that I could say, "Look, I didn't give you this question or I didn't relay this information," or I can give them the gist of it knowing that the transcript will follow soon. And that is probably my biggest problem with that so...

But, thank you. I appreciate your assistance.

Bill Decker: Thank you.

Operator: The next question comes from (Cindy Hall). Your line is open.

(Cindy Hall): Hello. My question is in regards to the fields under 58 and 62 and you indicated in your recent alert and in past, earlier updates that those should not be used at this time. If we populate those fields with data, will you be editing on it or should we only pass basis at this time?

Pat Ambrose: Well, I believe that I am somewhat unsure that the system has been updated to turn those edits off and so those fields should be ignored and – but I would highly recommend that you change your software before sending claim input file, test files, to the new spaces, to those fields. I highly recommend that you do that to avoid any complications.

That's about all I can say. I didn't write the code so I'm not entirely sure but I believe that those fields will be ignored.

(Cindy Hall): OK. Thank you very much.

Pat Ambrose: OK.

Operator: The next question comes from (Leslie McLean). Your line is open.

(Leslie McLean): Hi, I'm (Leslie McLean) with (Walters and Kraus). Where are the transcripts located on the Web site? Is it at the Cms.hhs.gov site?

Pat Ambrose: Yes. It's cms.hhs.gov/mandatoryinsrep. And when you get to that page, you'll see on the left hand side a series of tabs or links that are sub pages, in a sense, to that. At first, you'll see the overview page and then you'll see on the left hand side a series of links to other pages.

There is a NGHP transcript page; however, because of problems that we are talking about earlier, limitations of the Web site in terms of how many documents can be posted and so on, the transcript are posted in various different places on those tabs. So, you pretty much have to look through each of them to what new tab should tell you where they all are located. But I would recommend browsing to every single one of those tabs with the exception of the GHP.

(Leslie McLean): OK. And then, if I could, a follow-up question, I heard mentioned that there was a (mass torts) phone call, is that correct? Was that before this call? Did I miss that?

Bill Decker: There have been several (mass tort) calls where participants are wanting to volunteer to participate in a work group.

(Leslie McLean): OK and how would we access information about those calls?

Bill Decker: You wouldn't specifically access it.

(Leslie McLean): OK.

Bill Decker: They have updated everyone each time we've had a policy call.

(Leslie McLean): OK.

Bill Decker: We've gone over, you know, where we're leaning in terms of (mass tort) issues.

(Leslie McLean): OK. Great. Thank you.

Operator: The next question comes from (Abby Hattam). Your line is open.

(Abby Hattam): Hi. This is a follow-up question to the HEW software, the latest version, the 2.0, if it has DCNs, the number. How soon CMS is expecting the newly HEW monthly files to be asked for the latest template, as in with HEW – I'm sorry – with a DCN number?

Pat Ambrose: Are you referring to the new RRE DCN1 and RRE DCN2 fields?

(Abby Hattam): Yes. Currently, the monthly file have got only first name, last name, date of birth, gender, right, without DCN number.

Pat Ambrose: Right.

(Abby Hattam): And the new HEW software will come along with DCN. So if we – we will be downloading the software, say, by tomorrow, so that new format has to be active from tomorrow onwards...

Pat Ambrose: You have your choice of whether you use the current version of the HEW or the new version. You don't have to implement it right away. But as of tomorrow, we will accept files that have been produced through the current version of the HEW and the new version.

(Abby Hattam): And is there any...

Bill Decker: If we decide at some point to only accept the new, we would give everyone sufficient advanced notice.

(Abby Hattam): Yes. That was my question. Thank you so much. Yes.

Operator: Next question comes from (Ginger Bradley). Your line is open.

(Ginger Bradley): Sorry. Withdraw that. I just tried to mute it.

Operator: OK. There are no further questions in the queue at this time.

Bill Decker: OK, we have no other questions at this time, Operator? Is that what you just said?

Operator: That's correct.

Bill Decker: Does anybody here have anything else to add?

Pat Ambrose: Yes. Operator, could you hang on just a second? We're going to go on hold. Please stand by. We'll be right back.

OK. Operator, we're back and we have no information, no additional information to share at this time. Any additional questions coming in?

Operator: Yes. We do have two additional questions.

Pat Ambrose: OK. Well, we might as well go ahead and take those.

Operator: OK. The first question comes from (Howard Needleman). Your line is open.

(Howard Needleman): Thank you. We are a team PA with 140 RREs and we were told, I guess, it was in a teleconference, that we wouldn't be required to go through the testing process for claim submission for each of the 140 RREs and we keep hoping that that policy will change. We have a single software application for claims. It seems unreasonable to, matter of fact, test our software 140 times. Has there been any change in that?

Bill Decker: Let me put you on hold for just a second and we'll get right back to you.

Pat Ambrose: I'm sorry, but the system is currently designed for testing by RRE I.D. The only suggestion that might help in your process is that you initially test for one RRE ID and then you may use the same – once you have tested successfully and you have input files that have the criteria, you may submit that same file. Just change the RRE ID on the header record and you may use that same set of files for testing the other RRE IDs. But at this point in time, that is how the system was designed, was for testing by RRE ID.

(Howard Needleman): Well, I guess that will help a little bit but as I read the user guide, we have to send a claim file, then we have to send an update file, and, of course, we

have to download the results file for each of those to submission. That's four different steps for each RRE.

Pat Ambrose: Yes. That it is and I guess that's why they pay you the big bucks.

(Howard Needleman):OK. I actually heard a rumor that the policy might be changed, but apparently not yet.

Pat Ambrose: No, not at this time.

John Albert: This is John. I just can tell, you know, it may seem a little crazy but, you know, our experience have shown that we've dealt with entities that have repeatedly sent, you know, essentially the same – it's the same entities sending multiple files and they've – they have tested well on some but not on others.

So, again, we've set this up, you know, on an RRE-by-RRE basis. And part of that is based on historical experience with other entities prior to Section 111 that essentially – if you would think there'd be no problems once they test the first file, but the second file had problems or the fourth customer's file had problems.

Yes, we have to be sure that people are ready to go on a case-by-case basis. And I realize that that may seem like, you know, probably a significant burden for someone submitting on behalf of many, many RRE IDs. But that's why we built that the way we built it.

(Barbara Wright): And, remember, everything about this is largely RRE based on the extent your – the extent you're an agent and you're testing for five different RREs. Those tests give those specific RREs assurance that you have tested successfully for them.

(Howard Needleman):You mean because they get a certain kind of response from the test?

(Barbara Wright): No, because you've gotten, you know, just – you've got testing results on their behalf. You've done it under their number. So to the extent that they want any progress reports or anything else in terms of you assuring them that you're meeting their needs, you've done testing for them. Whether they consider that

important or not, I can't tell you. But everything here is set up to be RRE-based.

(Howard Needleman): I understand. Thank you.

Operator: Your next question comes from (Lyn Halsey). Your line is open.

Pat Ambrose: (Lyn)?

Operator: We do have one further question in the queue. Do you want to move on to that question?

Pat Ambrose: Sure.

Operator: OK. Your last question comes from (William Thompson). Your line is open.

(William Thompson): Hi, this is (Bill Thompson) from New Hartford. I have a question about the collection of the Social Security number. And I just wondered if you could comment on what you would consider due diligence if we have problems obtaining it from a claimant. In other words, I know that you have your form letter, we ask if we send the letter and they refuse to sign it, or even if – well, OK, let's just say they refuse to sign it, or even if – well, OK, let's just say they refuse to sign it. As long as we have a documentation that we attempted to collect the Social Security Number, would we have in effect a safe harbor from any fines?

Pat Ambrose: It's in the past that we were not giving you any bright lines in terms of what constituted due diligence. I think the two major points we made, and Bill Decker will correct me if there's an error, is that, first of all, we didn't expect you to use that sample language as your first and primary context. That was really – if you ran into a situation where the person would not provide you with the information.

And then, if you're sending them that sample language, if they refused to sign it, we said you should certainly have in-house documentation of the efforts you took to obtain it. Further than that, we don't believe that we can go at this point.

Bill Decker: Yes, and I'll repeat it again, it's the HIC that we're interested in far more than the SSN. If you need to collect the SSN, in order for us to establish whether the individual is a beneficiary, then you need to really try to get that SSN in the documentation that you would be keeping that would come from the individual you had approached for the SSN. It would be specific to that individual.

And if the individual had a HICN, that individual needs to know that they have to actually supply that. They don't really have an option on the HICN. They may choose to not cooperate with or a forthcoming SSN, but they really can't choose to not cooperate with the forthcoming HICN.

(William Thompson): OK. Thank you.

Operator: There are no further questions at this time.

Bill Decker: OK. Thank you very much. Thank you, everybody, who was on the call and who may have spoken on the line. That's going to conclude this NGHP technical call for this day, this fifth day of January in 2010. We all appreciate your questions and we will address the issues that you raised with us today, and we hope the information that we were able to give you has been useful.

Thank you very much. And the operator will talk to you again as soon as the lines are closed.

Operator: Thank you. This concludes today's conference call. You may now disconnect.

END