

**TRANSCRIPT
TOWN HALL TELECONFERENCE**

**SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION
ACT OF 2007
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DATE OF CALL: May 12, 2009

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

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FTS-HHS HCFA

Moderator: John Albert
May 12, 2009
12:00 pm CT

Coordinator: Thank you for holding. Parties will be on a listen-only mode until the question and answer session of today's conference. At that time you can press star 1 to ask a question. This conference is being recorded, if you have any objections you may disconnect.

I'd like to introduce your speaker, Mr. John Albert.

John Albert: Thank you. Good afternoon everyone. First I wanted to offer a sincere apology regarding the lateness of getting the telephone number. We realize a lot of people are still dialing in as we kick this off but we thought we'd get moving because we have a lot of material to cover. Unfortunately there was some issues with CMS's Web application which prevented the information from being posted more timely.

For those on the call this call is specifically geared toward registration and technical questions. We have with us some representatives from the COB contractor, Bill Ford and Jeremy Farquhar as well as people you've spoken with before in the past, that's Bill Decker, (Bill Zavonia), Barbara Wright and Pat Ambrose.

We will be holding a separate call on Thursday, May 14, to address more policy issues so if again you have questions concerning CMS policy regarding implementation of Section 111 please hold those questions until Thursday. We will defer, you know, if someone asks those kinds of questions we're

going to have to basically defer those until Thursday. This is purely to answer registration and other technical support questions.

Continue - please continue to submit your questions especially regarding policy to the CMS resource mailbox that's available. There's a link on the main page at the Mandatory Insurer Reporting Web page. We appreciate that feedback. We've received literally hundreds of questions regarding policy as well as technical questions. That is the best way to get your questions answered consistently across the board.

Please avoid calling the COB contractor with policy questions or any individuals at CMS. We have to remind everyone that we can provide answers if we are available from time to time but keep in mind that the official policy guidance is posted through the Web page and not through spoken word of mouth by individuals.

We want to ensure that information is conveyed, you know, efficiently and consistently as possible so please use the resource mailbox and we will attempt to answer those questions on these open door teleconferences and through the numerous materials we continue to develop.

I also wanted to mention since we did have the problem with the posting of the teleconference number that occasionally because we cross reference pages within the main page and the other supporting tabs that occasionally you will see postings referencing a document in another area that may not necessarily be there right away.

We have one example right now on the Overview page. We're still waiting for the actual document to be posted. So again any time something goes up there you should be receiving alerts through the list serve. If you're not subscribed

please do so so that you know about any changes occurring to the Web page. There are numerous things coming up now.

Also computer-based training modules for NGHP registration are available. Right now there's not an agenda as a separate download like there is for the group health plan but you can contact the COB contractor using the process that's outlined in that page regarding computer-based training. There's at least three of them I think available right now.

We're just waiting to get some more of these approved and then we'll actually put up a full blown curriculum as a separate download. But again those training - computer-based training modules are available right now.

Again I will remind you that while we do provide transcripts etcetera that there may be times where because, you know, there's a lot of material we may not necessarily provide the most accurate answer as we think at the time and so again we refer you to the written documentation on the Web page specifically the user guide as the primary source of information regarding how you should be implementing your reporting responsibilities under Section 111.

To avoid - to allow as many people as possible since we have many on this call - to allow as many people as possible to get their questions answered we're going to limit people to one question and one follow-up question. And ask that you go back into the queue so we can get as many people on the teleconference as possible.

Now to begin - we want to begin as we usually do with presentations of new materials. And first will be Miss Barbara Wright who has an important announcement regarding the Section 111 NGHP reporting process and then

Pat Ambrose will follow up with more technical information regarding registration and implementation. So Barbara.

Barbara Wright: Thank you. The first thing we want to talk about, there is a document in queue; it's in the process of being loaded to the Web site but we have changed the implementation timeline. And I want to briefly go over what's in that document.

The first thing is that there's an extension of the registration period for non-GHP. The registration period for RREs they now have from May 1, 2009 through September 30, 2009 so that is a substantial extension.

The second thing is a change or delay in the testing period for claim input file and then the start date for the live production submission of the claim input file. All RREs must submit their first live production file no later than their assigned submission date for the April through June calendar quarter of 2010. Again this is an extension over what we had before.

The testing for the claim input file will now take place from January 2010 through March 31. Once the testing is complete for an RRE ID the system will set that ID to a production status. Testing can continue up until the first production claim input file is due and test files will always continue to be accepted and processed after a production status has been obtained.

If you complete testing before your assigned submission window - excuse me, hang on just a second.

((Crosstalk))

Barbara Wright: I know I think we have a typo and here it is. If you complete testing before your assigned submission window for the January through March quarter you can go ahead and submit your first live production file in that quarter. But you're not required to submit one in that quarter.

And this alert that's coming out supersedes what is in version 1.0 of the user guide and it also supersedes what was in the alert that was published on March 20. Different from the claim input file is everyone has been inquiring about the query function that we're going to make available.

That query function can be available to you as soon as July 1, 2009 if you have completed registration and you're in testing status. And that means that the RRE's signed profile report has been received by CMS's Coordination of Benefits contract.

Both test query input files and production query input files will be accepted and processed for an RRE ID that's in testing status. So while you have until September 30 to register if you want to start using the query function before that you will have to register early. If you want to wait and not start the query function until after 9/30 then you're free to delay your registration until 9/30.

The next thing we have on this is we have an exception regarding the TPOC or total payment obligation to the claimant reporting dates and information about reporting multiple TPOC amounts where the reporting threshold is a consideration.

We've determined that the Section 111 reporting will not include TPOC amounts with dates prior to January 1, 2010. If you remember the date was July 1, 2009. Keep in mind that the dates associated with reporting of ongoing

responsibility for medicals has not changed. This alert is just talking about TPOC amounts.

In general what we've said here is that you don't have to report any TPOC amounts that have a TPOC date before January 1, 2010. This includes where you're having to consider a combined total from several TPOCs because the first one or two did not meet the reporting threshold. The actual details are set out in the alert and you'll see it - you should see it hopefully by tomorrow as it is in the queue.

That's it for that particular alert. I wanted you to know a couple of other things before Pat starts. On the What's New page if it hasn't gotten - if it hasn't been taken down today yet the What's New page says that the two calls for this month were 5/14 and 5/21; someone transposed the date for the 12th. The only two calls this month are today, the 12th and Thursday the 14th.

You should also know that we're in the process of scheduling a whole separate set of technical calls just like the call today so you can expect to see announcements for two calls a month now instead of just the one.

The last thing is that we have some other documents that are in the queue to be posted as well. In line with this alert about the delays for reporting is we are posting the revised implementation timeline which will be available on the overview page.

Also with respect to the presentation Pat Ambrose is going to be given we have a quick reference guide for Section 111 registration for all responsible reporting entities. That document was supposed to be posted by today, it's not yet up. So know that as Pat goes through several things that this quick reference guide should be posted for your use shortly. Pat?

Pat Ambrose: Okay. I'm going to go through some notes on registration. Talk again about the number of RRE IDs and how to determine how many RRE IDs you might need. I'll provide some information about the query function, the X12 270/271 mapping or companion guide and the HEW - HEW software and some other general information.

I also have gone through questions that have been submitted to the resource mailbox since the last call, picked out the technical related ones, particularly those related to registration and the query function given our change in timeline. And we'll try to address some of those questions on this call. So it's a lot of information but please realize that it's based on the questions that you are submitting to that resource mailbox and attempt to answer those questions.

As Barbara said the registration process on the COB Secure Web site is live. This registration process - new registration and account setup steps will remain open indefinitely in the event that you need RRE IDs in the future. The Web site URL is www.section111.cms.hhs.gov.

I also want to spin through the information or the documentation that's out there for your reference. Remember that the NGHP reporting user guide that's found on the liability, no fault and workers compensation page of www.cms.hhs.gov/mandatoryinsrep you will find your user guide - reporting user guide there that has the chapter on - or a section on the registration process.

Also if you go to the Section 111 COB Secure Web site you will see on that homepage under the How To menu option you'll see several How To's related to the registration process. While you're going through the new registration

and account setup steps there are help pages on every page of the Web site to provide further assistance.

Once you have obtained a login ID for the COB Secure Web site and you login using your login ID and password under the reference menu option you'll see the Section 111 COB Secure Web site user guide as well.

John already mentioned the computer-based training modules. Again if you go to the overview page of the mandatory (INS REP) Section 111 Web page, look on the left side of the page and click on the link for the MMSEA 111 Computer-Based Training or CBT and follow the instructions on this page.

You'll receive an email invitation to the CBT shortly after you provide enrollment information. These CBTs will take you step by step through the new registration and account setup processes on the Section 111 COB Secure Web site showing actual screens and a demo of the data entry. There is no charge for these CBTs.

Remember to provide information on your authorized representatives during the new registration step. The account manager for the RRE ID must complete the account setup step.

This is necessary because the account manager during this - the first time they complete an account setup step on the COB Secure Web site they are obtaining a login ID and password and they are signing the user agreement for the COB Secure Web site. So it must be the account manager who is personally performing that account setup step.

If you have named an incorrect authorized representative during the new registration step or if the wrong person performed the account setup step and

you named the wrong person as your account manager please contact your assigned EDI representative to have that information corrected.

RREs will be able to change the file transmission method at a later date if needed. You need to contact your EDI representative to make this change. If you registered for an RRE ID and you don't need that RRE ID any longer or you registered for it by mistake again contact your EDI representative to disable that number or that RRE ID.

RREs can register for more RRE IDs at later dates or continue to use those RRE IDs later if their reporting structure changes. The registration process, again, will remain open for future RRE ID reporting needs.

I'd like to add some clarification from the last call we talked about the corporate structure or subsidiary page that is requested that you complete on the new registration step. So during the new registration step you'll be asked to provide information regarding subsidiary companies for which you will be reporting under the RRE ID you are requesting.

Only include the subsidiary if you will reports its data for Section 111 using that RRE ID. If the subsidiary is not involved in business transactions reportable under Section 111 do not list it. You may find that you need to list a particular subsidiary under more than one RRE ID depending on how you structure your Section 111 reporting.

You must provide a TIN or a Tax Identification Number for each subsidiary that you list on this page. Each subsidiary TIN must be different from the TIN supplied for the RRE ID. And all TINs supplied for subsidiaries under one RRE ID must be unique. In other words all TINs for the RRE ID and subsidiaries listed must be different within one RRE ID.

If your underwriting companies do not have different TINs then do not list them as subsidiaries on this page. All that said if you have trouble with the corporate structure subsidiary page it is not required at this time to complete the new registration step. You may click on the continue button to bypass this page and your account manager can come back at a later date and update this information on the COB Secure Web site.

Note that you can use the same TIN for multiple different RRE IDs though. The TINs just need to be unique within that one same RRE ID. There's no limit to the number of subsidiaries that can be entered on this page.

Again I'm going to address this further later but the most important thing is that when you're submitting your claim input file that the TINs that you provide on that claim input file and the plan TIN and then the corresponding records on the TIN reference file what's most important is that those TINs are the TINs associated with the applicable plan or the RRE responsible for that claim being reported.

You can use multiple TINs on your claim input file and TIN reference file later. There's no need to list during registration every TIN that you might use when you're reporting your claim input file.

Also regarding registration please see the note in Section 8.1 of the user guide regarding entities that have no expectation to report for Section 111 and what the rules are regarding that. So again that's Section 8.1 - note at the bottom of Section 8.1 of the user guide.

Barbara mentioned earlier that we are posting a quick reference guide for registration on the Overview page of the mandatory (INS REP) page. To

provide some additional information to that posting your RRE identification numbers or RRE IDs are the same thing as the - I'm sorry.

Anyway these RRE IDs are assigned during the new registration process that's accessible on the COB Secure Web site. These same RRE IDs are to be included on your files you submit for Section 111 reporting. Each RRE ID must also - you must also complete the account setup step for each of those.

The number of RRE IDs depends on the number of claim input files that you ultimately will need to transmit to the COB contractor at the COBC each quarter. You may only send one claim input file per quarter per RRE ID. So if you need or want to submit more than one claimant input file per quarter you will need more than one RRE ID.

You may want to or need to - separate RRE IDs due to the use of different data processing systems, different data center locations, different claim office locations, different reporting agents, different subsidiaries, etcetera. It really depends on how you're transmitting the physical claim input files per quarter, how many of those need to be transmitted per quarter.

So CMS has designed the Section 111 reporting process to allow flexibility depending on how the RRE conducts its business. But since you must complete the new registration and account setup steps for each RRE ID you want please give careful consideration to the number of RRE IDs you request.

Also note that everything that you do for Section 111 is essentially done by RRE ID. You will send files by RRE ID. When you come to the COB Secure Web site every function will basically be done by RRE ID. Account designees have to be invited for each RRE ID. When you look at the file processing

results and any information related to file processing, that will also be done by RRE ID.

So obviously to ease your reporting and management of your account and user access we suggest that fewer RRE IDs are better than many.

You are not required to obtain an RRE ID for each subsidiary separately but you must do so if separate input files will be submitted for each or any subsidiary is handling its own reporting. Alternatively if the parent organization is reporting for all subsidiaries combined or any combination of subsidiaries you may register and obtain one RRE ID and report all applicable subsidiaries under that parent RRE ID.

You're not required to register and obtain an RRE ID by line of business but you must do so if separate input files will be submitted for each. For example under the same RRE ID you may submit one claim input file with a mixture of liability, no fault and workers compensation claims. Or using separate RRE IDs you may submit separate files for each or any combination by line of business that suits your reporting structure.

Remember that if you register for multiple RRE IDs you can name the same authorized representatives for each or a different authorized representative for each. You may also name the same account manager for each or a different account manager for each. And you may use the same TIN for each RRE ID or different TINs for each.

There's no matching again done between the TINs that you supply at registration and the TIN supplied on your input files. And one more time though if you're supplying subsidiary information the TIN supplied for those subsidiaries must be unique under that one particular RRE ID.

The system randomly assigns EDI representatives for RRE IDs. If you register for multiple RRE IDs and want them all assigned to one EDI representative then contact any one of the assigned EDI representatives and request a reassignment of all your RRE IDs to just one.

Agents reporting for multiple RRE IDs must test and submit files by RRE ID. However each individual account designee will only need one login ID and can access multiple RRE ID accounts after being invited by the respective account managers.

I'm going to move on to some information about the query function. For the X12 270/271 mapping or companion document, that will be available from EDI representatives on May 22. The HEW or the HIPAA Eligibility Wrapper software will be available from your EDI representative on June 12.

This same information will be posted on the COB Secure Web site; the mapping, the companion documents and the HEW software will be available for download to users of the COB Secure Web site after we implement our July release so after July 1, 2009.

Any user associated with an RRE ID, an account manager or an account designee can perform those downloads. Vendors or agents should request to be invited as account designees on the COB Secure Web site. If you're not a user you could obtain this mapping documentation, the companion guide or the HEW software from your responsible reporting entity account manager.

The HEW software, the HIPAA Eligibility Wrapper software is provided free of charge. It's available in a mainframe and a Windows PC Server version. It

will not run on Linux or Unix. It cannot be invoked using a command line interface.

Network communication ports are not part of the HEW application. The HEW only converts incoming and outgoing files into the X12 270 format and from the X12 271 format into the flat files shown in the user guide.

Telecommunications must be done separately.

The Windows PC Server version will execute on any Microsoft operating system of NT or better. In other words, 2000, 2003, XP, etcetera. It requires at least a Pentium 2 with 64 megabytes of memory, pretty much will run on almost anything these days. You may install it on as many PCs or servers as you'd like.

Note that the query function is only available via the query input file. There's no online function available to non-GHP RREs. The information returned on a query is documented in the user guide. This information is only returned if there is an actual match. Every record on the query response file will receive a disposition code.

You'll receive an 01 if we have matched that information to a Medicare beneficiary. You'll receive a 51 if we have not. If you receive a 51 and we are unable to match that record to a Medicare beneficiary we cannot identify for you what maybe incorrect.

When we do the matching we're matching either the social security number or the Medicare HICN or HICN against - first we need to get an exact match on one of those numbers and then there are four other criteria that we must get a three out of four exact match on. They are the first initial, the first six characters of the last name, the date of birth and the gender.

Again we can't respond to you - we don't know - even if we get an exact match on the SSN we don't know that that was the correct SSN for a matching Medicare beneficiary or if it was mis-keyed and coincidentally matches to some other person.

So again you'll only receive information back in those response file fields other than the disposition code. If we get a match and there's - unfortunately if we are unable to match your information we can't provide anything more specific about what the issue was with that mapping - matching process.

Query input files may only be submitted once per calendar month but they do not have to be exactly 30 days apart. In other words you could submit a query input file on July 31 and another one on August 3 and that's perfectly acceptable. Once you have submitted an August though you will not be able to submit another query input file until September. So essentially it's checking the month of the submission date.

We're suggesting that you submit your queries after you have assumed ongoing responsibility for medicals or after the TPOC date after the actual settlement date to be sure that the injured party on the claim has Medicare coverage during the applicable time.

You may query before that time but if you receive a negative response that we were unable to match this person to a Medicare beneficiary prior to an actual settlement or prior to the TPOC date there's no guarantee that that person hasn't become covered by Medicare since then and become covered by the time you've settled the claim.

There's no limit to the number of queries you may submit on a production file - a production query file. The test query files are limited to 100 records. There's no schedule for testing your query input files. Files can be sent at any time and will be processed on a daily basis. We commit to a one week turnaround but it's actually usually much quicker than that for the test files.

Some other information just to clarify the documentation that you need to develop your software and as John mentioned earlier we are in the process of updating and posting additional documentation so please go to the liability, no fault and workers compensation page of the www.cms.hhs.gov/mandatoryinsrep. When you're viewing the Overview page please note the links to the sub pages on the left side of that Overview page.

Under the non-GHP page you'll see your reporting user guide dated March 16, 2009. This is version 1.0. We're working on updates to that. And we'll post a new version as soon as we can. Obviously there are still many outstanding issues that need to be answered and included in that document.

Also note the alert on the thresholds dated March 20, 2009. This provided a new auxiliary record layout for the claim input file but do ignore, as Barbara mentioned earlier, the timeline that's given in that March 20 alert. Also note on that page the alert on multiple TPOCs dated April 7, 2009. And there will be a future alert on the timeline change coming up quickly.

We're going to post or add an acronym list to the next version of the user guide. And this acronym list will also be made available with the computer-based training modules. If you're having trouble finding the CMS resource mailbox see the Opportunity to Comment download on the Overview page of the Section 111 Web site that I've already mentioned, the mandatory (INS REP) page.

We are working on creating a set of test beneficiary data that you can use for your claim input file testing. This will be provided at a later date. We're hoping to make the information downloadable from the COB Secure Web site. Your test beneficiary data will not be available for the query input process which begins in test and production form July 1, 2009.

We recommend that to test your query process that you look for injured parties in your files that are over age 65 to more likely get a hit on the Medicare database.

Clarification will be added to the field types and field descriptions and error codes particularly what is accepted in an alpha numeric field with the next version of the user guide; we've had several questions on that.

I'm now going to launch into some additional questions that were submitted to the Section 111 mailbox. Most of these are related to registration and query but there's some others included.

Someone posed a question that: If there is a carrier which is comprised of two distinct companies, each having their own TIN but both companies are handled by the same claim reps, claim managers, etcetera; can they register under one RRE ID?

The answer to this is yes, they can register for just one RRE ID, provide one TIN For the RRE ID and you may provide the other TIN on the subsidiary page. But then when you report your claim input file report the applicable TIN information related to the particular claims on the claim input file with matching records on your TIN reference file.

You may use additional TINs on reporting of your claims - you may use additional TINs on the claim input file beyond just those that were provided during registration. So during registration you don't have to list every single TIN that you might need to use when you're submitting your claim input files.

Another question was asked: When a disposition code of 51 is returned on a query response indicating that the information supplied cannot be matched to a Medicare beneficiary can the COBC specify which fields don't match, for the example the SSN, name, etcetera? And I've already answered this and the answer is unfortunately not.

Should the file record count in the claim input file trailer record include the total number of detail records plus the total number of auxiliary records? And yes the answer to that is yes. The file record count is to include detail and auxiliary records included on your claim input file. Do not include the header and trailer in those counts.

How many error codes can be returned for a submission of one record on the claim input file? On the claim response file you'll see that we have room for up to 10 error codes that can be posted to one detail record.

Is the field for office codes site ID on the claim detail record - this is field 73 - on the claim input file and the field four on the TIN file - is this used to - if the RRE would like to distinguish cases reported from different claims offices? And yes that is exactly the intended use.

Is it completely up to the discretion of the RRE whether they want to complete these fields? And that is also true. You may leave that office code or site ID blank, in other words not use it if you have no need.

The questioner went on to ask what will CMS use the information in this field for. We're using it so that you can submit different addresses associated with the TIN and office code combination on your TIN reference file. The name and address associated on the TIN reference file are used to direct communications regarding coordination of benefits or recovery issues as needed.

Someone pointed out that there are not enough characters to capture phone extensions over four digits long on the registration screen. And I apologize about that. You don't actually need to submit an extension. If there's not enough room for it just provide a main number for the contact in question where the individual could be reached.

A question was submitted regarding ongoing monitoring of an individual in cases of ongoing responsibility for medicals. If the individual is initially not found to be a Medicare beneficiary then should monitoring continue? And what is the difference between eligible and entitled to Medicare?

I'm not going to get into the latter part of that question but let me tell you this, that when you submit a record to the COBC under Section 111 in the query process if you receive an 01 that means that that person has coverage under Medicare or has been covered by Medicare and that coverage might have ended.

So without - you can find more information about entitlement and enrollment and eligibility for Medicare on the CMS Web site. But what we are providing back to you is information stating that that individual was actually covered by Medicare.

So the answer in terms of ongoing monitoring, yes, you should continue to monitor if you're - as long as your ongoing responsibility for medicals continues. And then report the claim when the injured party does become covered by Medicare or is a Medicare beneficiary.

Are transactions sent to CMS case sensitive? No, the COBC will convert all lower case letters to upper case for you. May CMS transactions include extended care characters such as symbol and punctuation marks? Some fields can contain that information. And as I mentioned earlier we will add clarification in the next version of the user guide to be more specific on that subject.

Someone noted that there are no fields for the injured parties contact information, i.e. address and phone number although there are fields for a representative's contact information. Is this information intended to be part of the claim input file?

We do not need contact information for Medicare beneficiaries other than what you see on that claim detail record. We already have the information for Medicare beneficiaries so it's not requested of you.

Another questioner asked what do we do if we have more than four claimants to report since claimant number one information is on the claim input detail record and there are only claimants two through four or space for additional claimants two through four on the auxiliary record and so there's only a maximum of four possible claimants.

We only have room for four claimants between the detail record and the auxiliary record. Now note that these claimants on those records are other than

the Medicare beneficiary or other than the injured party. So make sure that you are using the CMS definition for these other claimant fields.

The beneficiary must be deceased - if you're reporting on an incident where there are multiple Medicare beneficiaries that are the injured parties and are claimants for the same incident each injured party or each Medicare beneficiary that is a - must be reported on a separate detail record as the injured party.

Another question was asked on how we are going to handle individuals who have only one name. In the past we've also been asked about names with spaces embedded and things of that nature. My best recommendation to you is that you submit the name or - let me say this - we are matching names against what would appear on an individual's social security card or on their Medicare coverage card.

And so whatever name that they have on record at the social security administration is the name that we're matching against. So if their social security card has only one name then complete your query record as indicated.

How does your testing period get assigned? The testing period begins July 1, 2009 for query files and it begins January 1, 2010 for claim input files. You must have returned your profile report and the RRE ID must show as being in a testing status on the COB Secure Web site.

Test files are processed nightly. You may continue to send your test files up to the due date of your first production claim input file. Test files will always been accepted and processed even after the RRE ID is in a production status. I refer you to the testing section of the user guide for more information on that.

A question was asked about what notifications will be sent to the authorized representative and I assume that the questioner was trying to determine who they should name as their authorized representative. The next user guide will detail more on the exact communications that are being sent out from the COBC or are automatically generated from the system for Section 111.

But authorized representatives do not receive specific information regarding the disposition of the error codes that were contained on a particular response file. The day to day communications regarding your file submission go to your account manager not to your authorized rep.

Emails that are generated by the system include an email with the profile report. That is sent to the authorized representative and your account manager. You will also - could possibly receive an email indicating that we have not received your profile report after 30 days of it being sent out. We have not received it signed back at the COBC. That email goes to your authorized representative and to your account manager.

Emails related to test and production status on the COB Secure Web site only go to your account manager. And there - an email will go out when we've successfully received a file and when a file is - a response file is available. Those only go to your account manager.

Emails related to not submitting a file on time, if we haven't received a file seven days after your file submission timeframe for the claim input file an email will be generated to the authorized representative and to the account manager.

If we still don't hear from you we'll start following up the letters via the US Postal Service. Also emails related to threshold errors or severe errors that a file might have received, those only go to your account manager.

A question was asked - or was submitted asking if RREs are required to submit all fatal injury claims for Section 111 without regard to whether the injured party is a Medicare beneficiary. And there is no such requirement. You're only asked to report where the injured party is a Medicare beneficiary and you have assumed ongoing responsibility for medicals or there's TPOC related to that claim.

Another question was asked about ongoing responsibility for medicals and what you report every quarter. The questioner was saying in essence I want to confirm that CMS does not expect the RRE or its agent to continue to submit a case on every quarterly submission once it is accepted unless there is new or updated information to be supplied.

And this is absolutely true. Once you've reported a claim with ongoing responsibility for medicals you do not need to report that claim every quarter. You only need to report that claim information again if there's something that needs to be updated or changed.

A question was asked as to whether someone other than the account manager can complete the account setup step on the COB Secure Web site. I answered this earlier and the answer is no, again, the account manager must personally complete that step, create their personal login ID and password and agree to the user agreement for the Section 111 COB Secure Web site.

Another question was asked: Does it make any difference one way or the other if an entity registers as a subsidiary of the parent company or just

registers as an entity when they are in two different states and would be reporting only their own company's claims.

As we've mentioned before it depends on how you intend to send your claim input files. You do not have to register your subsidiaries separately if you're submitting the claim input files for all of them on a combined basis. If you're reporting separately then you must register separately and each must get their own RRE ID.

Another question was asked regarding the secure file transfer protocol and whether CMS requires the active or passive mode. I'm told by our technical folks that for secure FTP the active and passive mode doesn't apply and that those options or - would only apply to FTP not secure FTP. But those parameters do not apply.

They went on to ask: If we choose to use the secure file transfer method are there specific ports which will be used besides the connection port of 10022? And the answer is no. You only need that connection port and the DSN or the (HOS) name for the Section 111 secure FTP server which is provided in the user guide.

If an RRE signs up for one file transmission method at registration will they be able to change this at a later date? And the answer to that is yes and please contact your EDI representative.

Also note that you may tick a different file transmission method for your query file as opposed to your claim input file; you could use the HTTPS up and download as a user of the COB Secure Web site to transmit your query file and another possibly your agent might then want to use secure FTP to transmit your claim input file.

Can an RRE submit the monthly query file themselves but then use an agent for the quarterly reporting? I think I just answered this and the answer is absolutely yes. How this is done depends on the file transmission method that is selected. Again your file transmission method is selected by file type.

You could use secure FTP for the query, you could use ConnectDirect for the claim input file. Basically all user login IDs associated with the RRE ID will have the ability to either up and download files using HTTPS and the COB Secure Web site user interface and all user login IDs associated with the RRE ID have the capability of transmitting files via secure FTP.

Some more information on the secure FTP process will also be in the next user guide.

Can an RRE change their agent after registration and before going into testing? And the answer to that is yes. The account manager named the agent company and provides general agent information during account setup. That information can be changed subsequently.

Also your account manager controls the account designee. Users that are associated with the RRE ID they can add an account designee or remove an account designee from that RRE ID and thus removing - adding or removing their access to that RRE ID at any point in time.

A question was asked regarding whether and RRE must adhere to reporting thresholds or if they can submit all claims regardless of whether the threshold was reached. You must adhere to the reporting thresholds. We're actually developing error codes associated with reporting claims that are under the thresholds.

Barbara was discussing earlier about how now you're only required to report on TPOCs that are - with dates of January 1, 2010 and subsequent. However if it's easier for you once reporting for the claim input file starts to include TPOCs that are prior to January 1, 2010 the system will be designed to accept those amounts and with prior dates.

But again if on the - when you submit your claim input records if the total of the TPOC amount is not as specified in that - that threshold alert is not beyond the threshold amount for that particular claim type then the claim will actually get rejected with an error code.

Another question was asked: If we report under a TIN other than the primary is it required that any TIN we submit in the claim input file and TIN reference file also be listed on the COB Secure Web site as a subsidiary TIN? And the answer to that is no, we already mentioned that before.

You basically only need one TIN to register for an RRE ID and then subsequently you may use any number of TINs on your claim input file and TIN reference file.

A question was asked about whether the claim files should contain characters for field or record delimiters. There are no such requirements for the claim input files. Obviously the query input file is converted to the X12 270 and 271 format. But for the claim input file these are flat files; the records are a fixed length and each field within each are a fixed length.

And one last question was asked about whether there is a lag between the time that someone is covered by Medicare and when they are assigned a Medicare health insurance claim number - Medicare's identifier or the HIC number.

And basically this question was related to the timing of when they should send a query record and how it might affect other processes in the claim settlement.

So the HIC number and Medicare coverage start dates are established on the COBC files well in advance of the actual Medicare coverage effective dates. You really only need to query once after the TPOC date since that - we will have information on file as to whether the injured party was a Medicare beneficiary between the date of incident and the TPOC date.

And then again please see the user guide for the ongoing monitoring that you must do for the ORM - the claims with ORM.

Okay thank you for your patience. I think I can turn it back over to John now.

Barbara Wright: Before we go to questions we need to go offline for just a second.

((Crosstalk))

John Albert: Okay.

Barbara Wright: We're back. One of the things that Pat talked about earlier we need to add a little bit of clarity. There was a question that said if there's a carrier which is comprised of two distinct companies each having their own TIN but both companies are handled by the same claims rep can they register under one RRE.

We would need more detail on what is meant by distinct companies because no you couldn't have two unrelated entities like a shoe store and a sailboat store that said well we use the same claims process and TPA can we register under one RRE? The answer is no to that. So that question would need to be

flushed out in a specific factual context. In general there is no basis for using a single RRE simply because your claims are processed by the same entity.

And with that - well one other small point; you asked about becoming a beneficiary. Keep in mind that anyone who has applied for cash benefits for Social Security and is receiving those automatically gets their Medicare when they turn age 65, it's not a matter of waiting for an application or anything else.

So a huge percentage of beneficiaries always have that coverage immediately when they're - turn 65.

John Albert: Everyone, we have to go offline for just a second.

I think the point we're trying to make is that occasionally there are health insurance claim numbers out there where no actual entitlement exists. But still the very fact that someone does - we will pass back a match to information when there is actually a health insurance claim number assigned which in the case of disability etcetera that you can be assigned that number before the benefits actually go live.

The reporting of information on the MSP input file we will look at the actual entitlement dates internally and make the call in terms of whether or not that person was covered by Medicare during that particular period of coverage.

Barbara Wright: Right but you Normanly don't have to worry about a period of delay where you wouldn't know about the number. It shouldn't really be an issue.

John Albert: And the - just one more thing before we go to Q&A that I just wanted to add to and that is the disposition 51 where we talk about the matching criteria.

This question has come up historically in our GHP reporting as well that people want to know well why can't you tell us which data elements are wrong.

And that is - I'll give you an example, there are 65,000 J. Smiths on Social Security's database so if you score the SSN correct or HICN correct and J. Smith is correct we don't have enough confidence without at least one more matching criteria to determine that J. Smith is in fact the J. Smith born in 1939, etcetera.

So again we have a very rigorous matching criteria because we don't want to risk posting a bad or erroneous MSP record for someone who you're not actually reporting. So that's why - because if we knew we wouldn't have to ask you for this data. So anyway with that I'd like to turn it back to the operator to open up to questions and answers.

We are asking that people limit their question to one and one follow-up. And again please remember that this is - this conference call is geared toward technical questions, policy questions we're asking you to defer and we will defer them until Thursday, May 14. Operator.

Coordinator: If you'd like to ask a question from the phones press star 1, please unmute your phone and record your name. To withdraw your question press star 2. Once again it's star 1 to ask a question. Please stand by for the first question.

The first question is from (Rhonda Kern).

(Rhonda Kern): Hello. We are - one question would be we have a company that is in liquidation obviously under state control. Would the state be considered the RRE?

Barbara Wright: As I told a gentleman earlier on the phone today we haven't finished working out process for bankruptcy and litigation. I'm sorry, bankruptcy and liquidation. And that type of question is really what at this point we would be calling policy. So I can tell you we're not going to have the answer to that by Thursday either but in general for the questions right now (unintelligible).

Coordinator: The next question is from (Judy Meers).

(Judy Meers): Thank you for taking my question. I had a question about whether a company that assumes the liability of another company which is related to it but not its subsidiary - may that first company that has assumed its liability report for it even if it's not technically a subsidiary?

John Albert: I'm sorry, (Judy), this is John. Again we're going to have to defer that question. We're looking for technical questions and there are people who have dialed into this asking specifically or looking for answers to registration and file process questions.

(Judy Meers): Well, you know, I don't - I certainly don't want to argue with you and I can ask it at the next call I just thought that since we started off with so much information about who could register and there was a good deal of discussion about registration and subsidiaries I thought my question was in line. If it's not I'll withdraw it.

John Albert: Okay thank you.

Pat Ambrose: Note that we also announced that the registration process does stay in effect or has been extended to September 30 so there's more time to answer these types of questions about who is the RRE and who may register and also the

subsidiary questions. So, you know, we will be addressing that in future calls and in future documentation.

(Judy Meers): Thank you.

Coordinator: This is the operator, again if you do not have a technical question and you are in queue you can press star 2 to remove your question. The next question is from (David Platt).

(David Platt): Hi Barb, it's (David). I have a question that you just brought up about the TIN and whether you can report a separate TIN in a claim file. My understanding was that the TIN was the representation of the plan and the plan - if you had a plan that you became an RRE. So I'm a little bit confused about how I could have a TIN in my claims file that was not actually an RRE.

Pat Ambrose: I guess, you know, the scenario is, in my mind, and Barbara needs to correct me, is that your RRE might have multiple TINs. There might be more than one tax identification number for that responsible reporting entity and so all that is required to register is one of those.

And then if you wish to use - let's say you have three of them associated with the RRE ID for whatever the purposes or reasons, you may technically submit those three TINs on different claim input file records and have corresponding TIN records for them on the TIN reference file record.

John Albert: For example you have one - an RRE registers and they provide one TIN but on the - say they maintain two separate databases within that company to report data. They might actually be submitting a, you know, other TINs basically to allow the COBC and MSPRC to direct communication to the appropriate like sub-entities or sub-areas within that overall RRE. And so

again we, you know, allow, you know, the primary thing is needing that one TIN on the initial registration.

But in terms of the individual records of which depending on how large you are could be thousands or hundreds of thousands in many cases we are taking in, you know, dozens and dozens of unique addresses that are used in behind the scenes coordination of benefit and recovery activities by CMS.

(David Platt): Yeah, I could just see a lot of questions coming down the road so I just - a point of clarification then as (Joanne) would say. The idea is that when you're registering as the RRE you have the fiduciary responsibility for all of the plans that you are reporting with separate TINs.

So for instance somebody in a pool is not going to come along and say well I've got a pool that has a TIN and then I've got all these members, they also have TINs because they're reporting as policy holders. And they're making payments for their (SUR), not for the deductible so I can include them under my one RRE ID.

Barbara Wright: I think that you've mixed a number of things in your question, (David), and there are specific directions in the user guide right now under what circumstances a pool is the RRE versus its individual members, etcetera, which would certainly affect a lot of what you were talking about.

(David Platt): Okay so you agree with me though that somebody who is fiduciary responsibility for making the payment per the definitions in the user guide as a member of the pool cannot be reported on this...

Barbara Wright: No, no, (David), I'm not going to agree to that long spiel right now. I can see various scenarios in what you've said what would create (holes). So, no, for purposes of the teleconference.

(David Platt): Okay well I hope we can clear it up in the next users guide because these are the kinds of questions that I'm often asked that cause a lot of confusion.
Thank you.

John Albert: Okay thank you.

Coordinator: Our next question is from (Michael Gardner).

(Michael Gardner): Hi. Yes, I had a question. Earlier in the call you mentioned that each agent could potentially have one account designee account that they register for and use that with any RRE that they're representing. Does that mean that that account designee would have sort of a one stop shop to be able to manage all the RREs they're using or would they still have to log in to separate coordination of benefit contractor sites, post to different FTP sites and that sort of thing?

Pat Ambrose: Well everything is by RRE ID but the agent would have one or could have one login ID and password. So you might have multiple customers who have multiple RRE IDs. The account manager for each of those RRE IDs would invite you to become an account designee.

The first time you're invited and it's by your email address that you provide to that account manager. The first time that you're invited you will receive an email with a link in it - a special token link that you need to follow, come to the Web site, go through the account designee registration process to get your login ID and password.

Subsequent times that you're invited as a user under that RRE ID you'll just receive an email notifying you that you have been added to that RRE ID account. Now the login ID that you use to - that once you add that login ID and you are associated to the RRE ID on the COB Secure Web site you can log in and you will see the - an RRE listing page and all the RRE IDs that you're associated with will be there.

And on the COB Secure Web site you'll be able to monitor file results, see what files have been accepted, see whether the response file has been created yet or not and that sort of thing, monitor your testing progress and so on.

That same - now that login ID and password is associated with an individual, you, John Smith, at agent at - that same login ID may be used on the secure FTP server to transmit files. For secure FTP you are required to use credentials, a login ID and password. And it's the same login ID and password that's used when transmitting files to the secure FTP server.

So did that answer your question?

(Michael Gardner): It does. And does that apply to the query process as well?

Pat Ambrose: Yeah. Now do note though that your files need to be submitted by RRE ID.

(Michael Gardner): Oh yeah, absolutely.

Pat Ambrose: Okay and...

(Michael Gardner): I just want to...

((Crosstalk))

Pat Ambrose: ...directories on the secure FTP server by RRE ID as well.

(Michael Gardner): Excellent. Thank you so much.

Coordinator: Our next question is from (Carmella Clarity).

(Carmella Clarity): Hi. Yes my question is regarding the TPOC. The TPOC dates which I guess you've extended to January 2010. So if we were to submit our first production files let's just say in October of 2009 it was my understanding then that TPOC with \$0 to \$5000 has to be reported in that production file?

Pat Ambrose: Well your first - let me go through the dates again. The COBC will accept test and production query input files beginning July 1, 2009. And then the COBC will accept test and production claim input files beginning January 1, 2010. So I got a little confused with your example of October?

(Carmella Clarity): Yeah, I guess maybe I was initially - it was the previous - the testing was from...

Pat Ambrose: Yeah.

(Carmella Clarity): I guess from July 1 through December. But you were still able to - and if you completed that testing you were still able to submit a production file in October.

Pat Ambrose: Right.

(Carmella Clarity): I guess now the first quarter so that's what I'm asking is that if we, you know, I guess now so that means that the now - production file is now in January...

Pat Ambrose: That's correct. So the way it will work is that once January comes around you may start testing for each RRE ID and once you have passed the testing requirements in the user guide related to how many successful adds and updates and deletes and so on the system will automatically - once it has determined that you passed those requirements the system will automatically turn the RRE ID from a testing status to a production status.

(Carmella Clarity): Oh okay.

Pat Ambrose: And at that point you may submit production files. The system is still going to expect you to submit production files during your file submission timeframe however files submitted outside of that are not outright rejected, they actually get suspended with a threshold error and the EDI rep would have to intervene to release it.

So what it means is you may start testing in January and if you've finished testing in February you could send a production claim input file as early as February 2010. However you're not required to send your production claim input file until that quarter whenever your file submission timeframe is in April, May and June of 2010.

(Carmella Clarity): Okay got you. Thank you very much!

Pat Ambrose: You're welcome.

Coordinator: The next question is from (Angela Ingram).

(Angela Ingram): Hi. This is (Angela Ingram). My question concerns insurance companies in liquidation. The (home) insurance company is a company that's in liquidation and you have advised that you're continuing to work on the policy with respect to registration and reporting obligations of companies in liquidation. So I will await the guidance that CMS produces.

Pat Ambrose: Thank you.

John Albert: Thank you.

Coordinator: Our next question is from (Noah Algotting).

(Noah Algotting): Hello. If you have a subsidiary that you sold 10 years ago that's being operated by another company how important is it to get the correct FEIN on a claim that was incurred while you still owned it that you're still handling? And then the second part of my question is if you have multiple FEINs for claims submitted because they are old companies that are closed and no longer around do those FEINs also have to be on the registration?

John Albert: I mean those would not have to be on the registration. Basically what we're looking for is data regarding current activity that needs to take place. Obviously if a company, you know, is no longer in existence and there's another company that essentially has taken over that responsibility as defined under RRE then that's the information that we need.

(Noah Algotting): But we have many old claims from old companies that had old FEINs. Is it important to get those numbers in the claim when they're submitted?

John Albert: Are they ongoing responsibility?

(Noah Algotting): The workers comp claim is ongoing. The company is no longer ongoing.

((Crosstalk))

Barbara Wright: Could you hang on just a second please?

John Albert: Hold on we're going to go on mute for a second. Yeah, I mean, basically I mean, you know, we're looking for the current EIN information. So, I mean, the old - it doesn't do us any good, I mean...

Pat Ambrose: In other words report the TIN associated with the entity that's currently responsible...

John Albert: Yeah.

Pat Ambrose: ...for that claim and the ongoing responsibility for medicals rather than the old TIN if that's not applicable any longer. You don't have to supply all those TINs at registration anyway but, you know, on the claim - when you're reporting the claim the TIN to be used should be the TIN that is associated with the responsible entity for that claim at the current point in time.

Barbara Wright: And I'll ask John and Pat a question. As this was described if you had a workers comp (unintelligible) ORM and one entity essentially was phased into another you'd be doing termination on the ORM (unintelligible) having to do responsible reporting entity in any case.

John Albert: Yeah, I mean those, you know, EINs or TINs come and go and there is a need that, you know, when the responsibility for payment of that claim passes from one organization to another it's very important that you provide CMS with

updated information because again that old, you know, you don't want CMS going back to an entity not responsible for claims being paid today in the situation of ongoing medicals.

Pat Ambrose: And also note that in the user guide there's an event table that asks you to submit an update record when the TIN is changed.

John Albert: The best way to look at it is that in terms of cases where you have ongoing responsibility for medicals as this process goes out through time you're essentially building a history of who is responsible for what and when. So each period is a unique period of coverage when you're talking about, you know, changes in who is responsible for that payment.

So again through mergers, acquisitions, etcetera or just the fact that people, you know, businesses change how they're structured or whatever, I mean, we're looking for you to provide us with the information so that based on that point in time this is who CMS should be contacting if there are issues regarding coordination of benefits or any recovery activity.

Barbara Wright: We need to ask you to hang on a second.

John Albert: All right we just needed to clarify one point and that was - and I misspoke and that was in the case of where a responsibility is changing, you know, because you need to provide, for example, a new address, you're actually providing an update to an existing record.

Pat Ambrose: Yeah and again see that event table in the user guide that indicates that you're sending a record with a 2 action type.

Barbara Wright: The other thing you need to keep distinct here is we're talking about certain activities taking place with who is the RRE. Don't confuse those with the situation where you have a new TPA. That's not what the report (unintelligible).

Coordinator: Are you ready for the next question?

Barbara Wright: Yes please.

Coordinator: Your next question is from (Bonnie Mistarty).

(Bonnie Mistarty): Yes I actually just got my question answered a moment ago, I apologize.

John Albert: Okay thank you. Next question.

Coordinator: The next question is from (Leslie Faust).

(Leslie Faust): Thank you. I have a question going back to the self insured pools if I may. The user guide indicates there's three parameters which must be met. So if they don't meet specifically all those three parameters even though they may be paying out funds they still don't have to be an RRE?

Barbara Wright: It's not that they don't have to be an RRE, they are not the RRE.

(Leslie Faust): Right so they don't have to register even though they're paying money out to someone who might be eligible for Medicare?

Barbara Wright: The general concept for non-GHP is no one is an RRE solely by virtue of being claims processing third party administrator. And the RRE for a pool it - it cannot - the pool cannot be an RRE unless they meet all those criteria.

(Leslie Faust): Okay thank you.

Coordinator: The next question is from (Jim Hessen).

(Jim Hessen): Hello. My question is this: When reporting TPOC amounts do we report only the medical settlement amounts or also include the indemnity amounts?

Barbara Wright: The user guide is fairly explicit that allocations by the party are not determinative for CMS so you must report all TPOC amounts. We will make any determination about whether or not you have a recovery right.

(Jim Hessen): Okay thank you.

Barbara Wright: Thank you.

Coordinator: The next question is from (Kathy Moore).

(Kathy Moore): Yes. We're having a lot of difficulty hearing some of the responses; they're too far away from the mic.

John Albert: Okay. We'll try to speak louder and bring the mics even closer.

(Kathy Moore): Thank you.

Coordinator: Did you have any questions, ma'am?

(Kathy Moore): No ma'am.

Coordinator: The next question is from (Scott Unstead).

(Scott Unstead): Hi yes. Thank you. I had a question about - more about the RREs and how the TINs work with regard to the claim reference - the claim file and the - what we put on the registration as far as TIN numbers. If you have a subsidiary is it required that you report on that subsidiary's TIN or can you just put all of those claims up underneath the parent TIN that's on the registration?

John Albert: You can do it all under the parent.

(Scott Unstead): Okay great. I think that's it.

John Albert: Okay thank you.

(Scott Unstead): Thanks.

Coordinator: The next question is from (Darrel Brown).

(Darrel Brown): Yes good afternoon. I have a question regarding the registration process and the registration of an account designee. In the registration process you ask for an individual. Do you need an individual or can you have a virtual address like xyzperson@pxyz.com?

Pat Ambrose: We do ask that each of the login IDs are associated with an individual. There's a user agreement that's a security requirement of CMS's on the COB Secure Web site. So yes we do ask that it be associated with one individual person rather than a distribution list or something of that nature.

Note that there's no limit to the number of account designees that can be associated to an RRE ID on the Web site so an account manager could - or if an account manager or an RRE has an agent and they could invite separate

people from the agent to obtain login ID and passwords so that that agent could have multiple IDs associated with it if they'd like.

(Darrel Brown): And Pat you say you requested, is it absolutely required?

Pat Ambrose: Yes. And, you know, again it's because of our security requirements. And it's because we're sharing the login IDs between the secure FTP server and the COB Secure Web site. And yes it is a requirement that those login IDs are associated with a human being.

(Darrel Brown): Thank you.

Pat Ambrose: You're welcome.

Coordinator: The next question is from (Mark Oliverri).

(Mark Oliverri): Hi yes thank you. Question around SFTP. For those files that are in the downloaded directory - or in the download directory can the client get access to rename the file?

Pat Ambrose: No. We do put those files out there with a particular name. You obviously can download the file to whatever name on your own system that you want. But at least I think so - I guess I have to defer to experts but I would think so. But you don't really have any access rights other than upload and download to those directories.

And in fact the response file directory is - your login ID will not have access to upload for example, just to download.

(Mark Oliverri): Okay thank you. For changing FTP passwords besides from the Web site can the password be changed through FTP commands?

Pat Ambrose: No I'm sorry, the only possibility for changing the password is logging on. That individual who owns that login ID logs on to the Web site and uses the change password function on the COB Secure Web site. And, you know, I encourage you to use that web site even though your responsibility might only be related to file transfer because the web site will display information on the files that you've transferred and can be used to obtain information about when the response file is available etcetera.

(Mark Oliverri): Okay thank you. And one follow-on question around the HEW software, you said it cannot be called via command line with arguments. Will it expose an API that can be called?

Pat Ambrose: I don't think so. I can't answer that. So I will take that back and make sure that we get that information out to you.

Coordinator: The next question is from (Julie Barowski).

(Julie Barowski): My question is my company uses a TPA for all of the claims handling. And they would be a reporting agent obviously. What role would the authorized - I guess I'm confused on the authorized rep versus the account manager on my end. Can that be the same person?

Pat Ambrose: No. The authorized representative is an individual Normanly at the executive level of the RRE and is that person that if you take a look at the user - I mean rather the data use agreements that's in the user guide and it's also on the Web site and other places; it's part of the profile report. If you look at that language

you need to elect a person who is able to agree to that - to the verbiage in the data use agreement.

(Julie Barowski): Okay.

Pat Ambrose: And again it's usually someone at the executive level of the RRE organization.

((Crosstalk))

(Julie Barowski): And then the account manager would be more of a day to day type of representative?

Pat Ambrose: Exactly right. It might be a technical manager or someone of that nature. It could be someone - it does not have to be a person who is associated - who is employed by the RRE, you know, directly.

(Julie Barowski): So can it be somebody from the TPA?

Pat Ambrose: Yes, in fact we've had several others with examples where the TPA would be the account manager and then they would subsequently have an agent who's taking care of the file transmissions on - and those individuals would be account designees.

(Julie Barowski): Okay. That clarifies everything. Thank you very much.

Pat Ambrose: You're welcome.

Coordinator: The next question is from (Joanne Vargo).

(Joanne Vargo): Yes I have a question regarding the registration process. The steps before the account manager does the account setup, does the authorized representative have to do that initial registration piece?

Pat Ambrose: No actually your account manager could do that new registration step. And, you know, we understand that folks that you would name at the authorized representative level at the executive level might not have the time or inclination to perform that step.

And your authorized representative is not, in the end, a user of the COB Secure Web site. What we do require is that once they've received the profile report that they physically sign it and send it back.

(Joanne Vargo): Okay. Okay thank you.

Pat Ambrose: You're welcome.

Coordinator: The next question is from (Shoshanna Bloomenfeld).

(Shoshanna Bloomenfeld): Hi, my question relates to what appears to be a slight discrepancy in the users guide. I'm looking at field 96, the representative phone extension and the description states that this should be filled with its spaces if its unknown or not applicable. But then in one of the error codes, one of the edits on CR13 it says that if the representative indicator is not equal to spaces it must contain four digit numeric value or zeroes.

So my question was are you expecting zeroes in this if it's not applicable or spaces?

Pat Ambrose: That's a good question. And I'll clarify or make sure that gets clarified in the user guide in the next version. In the meantime it would be great if you could send that question to the CMS resource mailbox.

(Shoshanna Bloomenfeld): Okay.

Pat Ambrose: And that way we'll be sure not to lose it and get that updated. I do realize and apologize for the fact that there are some inconsistencies between the field descriptions, the field types and the error codes and we'll make sure we get those straightened out for you.

(Shoshanna Bloomenfeld): Okay thank you.

Coordinator: The next question is from (David Schwartz).

(David Schwartz): Hi. I guess we're looking at, between our TPAs and everything else we're going to have around or up to 400 RREs we're working with which is a lot. We're seeing a lot of information coming from you guys seeming like everything needs to be human interface. For managing 400 you can see human interfacing is getting difficult such as managing the logins, the passwords.

The FTP to and from even seems like you'd want a human to be sitting at a computer watching huge files moving back and forth. Are you guys looking to, in the future at least, be able to allow us to automate, you know, or - more easily automate some of this user interaction?

Pat Ambrose: When you keep saying "we" could you tell us whether or not you're an agent? Whether you're actually an RRE or what?

(David Schwartz): We are an RRE.

Pat Ambrose: Okay.

(David Schwartz): We have multiple RREs under our one umbrella.

Pat Ambrose: Okay well again we welcome your suggestions to the resource email. And note though that, you know, for example for the secure file transfer you have one set of credentials, one login ID or password that you need. If that login ID is associated with all 400 RRE IDs the secure file transfer process can be completely automated with the exception of changing or keeping the password for that one login ID updated.

Now it is true that if you have 400 RRE IDs you need to set up your software to access, you know, once you login and you're sending a file, you know, to access the RRE directory for the RRE ID in question to transmit the file but all of that can be automated.

You know, there will be some time consuming steps up front as far as getting that login ID associated with all 400 RRE IDs. Right now that's the way the system is designed but, you know, we certainly will entertain suggestions for improvement.

(David Schwartz): Well right, I mean, I'm also speaking to like the HEW software not running by command line. If we have 400 (480) files a month, you know, that we can't do it by command line...

((Crosstalk))

Pat Ambrose: Well you do have an option to use your own X12 translator in lieu of the HEW software. You know, I realize that it doesn't do everything that you

might want but remember it's free of charge and maintains, you know, without any cost to you.

But again feel free to send those suggestions onto us and, you know, we will no doubt be improving the process as we go along.

John Albert: Yeah, I mean, a lot of, you know, the requirements that CMS has which all basically federal agencies follow, you know, there are certain protocols that in developing any type of application such as this that we fall under and there are some things that might seem easier at first blush but are not allowed because basically federal IT security guidelines would prohibit it.

So I mean there are some things clearly that could be probably more automated so long as they pass muster through the various other oversight groups that have to essentially approve any process we design and build. But at the same time we do caution against automation as well because automation can, you know, cause people to rely too much on that automation and problems can occur.

We've seen that in the past so we're trying to strike that balance when dealing with smaller groups versus very large entities such as your self. But again, you know, any suggestions that fall under the current IT security guidelines we certainly welcome them.

(David Schwartz): All right. Thank you very much.

John Albert: All right thank you.

Coordinator: The next question is from (Jim Price).

(Jim Price): Yes thank you for taking my call. A quick question: Will the information that is being transmitted be subject to Freedom of Information Act?

Barbara Wright: As we were discussing at a conference this last week there is no Section 111 database per se. This information feeds into our system; it feeds in on a beneficiary by beneficiary basis. Our understanding of FOIA is that FOIA does not require us to create reports.

And in general we would never be allowed to release beneficiary specific information without signed release so even if a - I don't want to call it a tape since we don't use tapes anymore - but even if a file were somehow releasable once it's - all the privacy protected information is redacted there's essentially not much there.

FOIA - because of the fact that we don't have to create reports we don't see much that could come in that way. It doesn't mean you can't educate us and tell us what you're seeing but a lot of the questions have been driven by a concern that someone could submit a FOIA request and somehow we would come up with information that would allow them to instantaneously create a class action or do something like that with some piece of information.

But we don't believe that appears likely.

(Jim Price): Yes, this is a concern especially, you know, when we have settlements which would not be consummated but for the ability to keep confidentiality.

John Albert: Well I mean I guess the short answer because we're getting more into policy type questions which this conference is not about but the short answer is that the data that we collect under this or any other collection activity that the COB

contractor performs is all treated the same; there's no special treatment for Section 111 information.

So if it's okay we'd like to move on to more technical questions.

(Jim Price): Okay thank you.

Barbara Wright: But feel free to bring it up further on Thursday if you have more thoughts.

John Albert: Yeah. Yeah, please, policy questions feel free to bring them up on Thursday. Thank you.

Coordinator: The next question is from (Andrew Creach).

(Andrew Creach): Hi, I believe the question was already answered. It was in regards to the HEW Software and the fact - it sounds like it cannot be automated it has to be run with somebody physically standing in front of the computer and running the query file through. So if that's the answer I guess I'm all set.

Pat Ambrose: I'll try to provide more information on that. Yeah, we'll try to provide some more information on that. Certainly the mainframe version does not to...

(Andrew Creach): Okay great.

Coordinator: The next question is from (Priscilla Sanchez).

(Priscilla Sanchez): Hi, the question I had was has there been any discussion about possibly creating a portal on the Secure Web site for RREs with low volume (unintelligible) to just input it through a portal instead of having flat files?

John Albert: Yes that is under consideration but right now we're focused on this portion of that. But we definitely would like to be able to do that at some point in the future.

(Priscilla Sanchez): Okay also when will the following tutorials be available - the tutorials mentioned in the COB training? I know that there's three available right now but there's more to follow regarding the process?

John Albert: Yes. I mean, we don't have a specific date for those, they're actually being developed and reviewed as we speak. In fact we're going to be reviewing some more of them and hopefully approving them tomorrow. But we will, you know, again if you're signed up to the list serve you should receive a notification when there has been updates.

But again if you've registered for the CBT...

Pat Ambrose: Yeah, what you need to do is make sure you've registered for the CBTs. That can be found by going to the Overview page, the mandatory (INS REP) page and clicking on the CBT link that's on the left hand side. You contact the COBC and provide your information. And then as new CBTs come out related to your curriculum for liability, workers comp, no fault you will be automatically notified as those new CBTs are available.

What we're working on is trying to get additional courses related to the query function and some of the more basic information out there first. Obviously the courses that are concerning the claim input files specifically are awaiting updates on the user guide as everyone is awaiting updates.

So but we are going to be putting them out in, you know, as they're made available.

Coordinator: The next question is from (Jill Brayard).

(Jill Brayard): Yes, my question is related to encryption. For the extract file as well as the query files I guess the first part is if we're going to run it through the HEW software for the HIPAA formatting does that actually encrypt the data? And if it does not what about for the claim input file and the query file? Do you have (PGP) keys that we can use to encrypt the files?

Pat Ambrose: No there's no encryption, these files are not, you know, you're not to use any particular encryption. However your file transfer method will take care of that for you. If you're transferring ConnectDirect over the (AGNS) I think there's some triple (DES) as the default encryption method.

If you're transferring via secure FTP it is encrypted by the file transfer method protocol. And the same is true with the upload and download as a user of the COB Secure Web site if you've chosen that method, which we call HTTPS, the files are secured using that protocol.

(Jill Brayard): Okay great. And also in reference to - you answered a question earlier stating how is testing assigned. We submitted that question through the Web site and specifically we understand the timeframes that you've stated today but I guess say if we go ahead and register in June because we want to start in July testing the query file and doing the production of the query file at that point once we're done with testing but the claim input file testing does not start until January.

Do you, once we register, do you assign our window at that point? Like should we wait to register or how does that work?

Pat Ambrose: No you want to register right as soon as you're ready to register do it.

(Jill Brayard): And by ready you mean we have the registration packet, we know the answers to all those questions?

Pat Ambrose: Exactly right. And, you know, you know how you're going to submit your files. Now you can make changes and add RRE IDs or disable RRE IDs down the road if you need to. But if, you know, you basically understand how you're going to submit your files go ahead and register.

What the system will do at that time is assign you a file submission timeframe at a seven-day window for each quarter for the claim input file only.

(Jill Brayard): Okay.

Pat Ambrose: And that file submission timeframe only applies to your production file. So your test files can be sent at any time. And your query files can be sent at any time. Of course you can only send - and you can send as many test files per month as you want or need to do.

The production (files) can only be sent once a month at any time during that calendar month. And then the claim input files are to be submitted once per quarter during that file submission - the seven day period. Okay?

Coordinator: The next question is from (Norman Reese).

(Norman Reese): Hi. We're with the Louisiana Insurance Guarantee Association. And this is another question that might, you know, hit that gap in between the technical and policy. But as a guarantee fund, you know, we're a member of a community. There's, you know, 50-some odd guarantee funds out there and

we all kind of do business similarly but kind of different than all these other insurance companies.

It is possible that we could get assigned the same EDI representative that way we could get, you know, common answers to common questions?

Pat Ambrose: Yes you can. You just need to contact one of the EDI representatives that, you know, the initial assignment is random essentially by the system and then contact one and the COBC will reassign as needed so you've got that one centralized contact.

(Norman Reese): Thank you. I'll get the email out.

Coordinator: The next question is from (Randy Ramot).

(Randy Ramot): Yeah hi, thank you. I just wanted to verify briefly the new dates and timelines that have been put out there. Registration - this is my understand - registration is 5/1/09 to 9/30/09; testing begins January 1, 2010 through March 31, 2010 and going live starts 4/1/10 through 6/30/10?

John Albert: Yes.

(Randy Ramot): That's a fair statement. And then I was disturbed, I didn't - quite sure I understood the - one of the questions previously asked. Once registration is complete the assigned submission window is just a randomly assigned timeline?

Pat Ambrose: Yeah. What we're doing is taking the answer that you provide to the number of claims paid per year by, you know, that RRE ID and, you know, not verifying it or anything like that but just trying to get an idea of the size of the

files that would be reported under that RRE ID and spread it out throughout the quarter so that we don't have, you know, too many large files coming in all in the same week of a particular quarter.

So it is random. If you register early that doesn't mean that you won't get, you know, registering early doesn't mean that you'll get an early submission timeframe. You might get the last week of the last month of the quarter, the first person that registers. So it's kind of a - I want to say a crap shoot or something like that.

Barbara Wright: One thing I'd mention if you were re-verifying the dates because you wanted to spread the word I would suggest anyone who wants to spread the word right now send out something general and tell people to watch because the actual alert should be up by tomorrow certainly no later than the day after tomorrow.

And I think for quoting dates and getting some of the more detail that's in the alert it would be advisable for everybody to actually wait and see the actual alert.

John Albert: Next question?

Coordinator: The next question is from (June Kissinger).

(June Kissinger): Hi. My question is if we have multiple RREs is there any way to get the same transition date for all of them?

Barbara Wright: Are you an agent or are you an RRE with multiple RRE IDs?

(June Kissinger): We would be an agent.

Pat Ambrose: We're currently not entertaining changes to the assigned file submission timeframe.

(June Kissinger): Okay thank you.

Coordinator: Are you ready for the next question?

John Albert: Oh yes.

Coordinator: The next question is from (Ritesh Soni).

(Ritesh Soni): Hi, this is (Ritesh Soni) from the State Compensation Insurance Fund. I had a question regarding this file transfer...

John Albert: You need to speak up a little bit.

(Ritesh Soni): Can you hear me now?

John Albert: Yes.

(Ritesh Soni): Okay I was just wondering if your application supported AS2 protocol - Applicability Statement 2 protocol?

Pat Ambrose: I'm not familiar with it so I would have to say do you guys know?

John Albert: No.

Pat Ambrose: So I'd have to say no. The only file transmission methods that we've got are listed in the user guide, ConnectDirect over AGNES, secure FTP or as a user of the COB Secure Web site doing a file upload.

(Ritesh Soni): Yeah, I went over the guide and just was - didn't see the AS2 protocol so I was just wondering.

Pat Ambrose: Yeah, no we do not support it.

(Ritesh Soni): Okay thanks.

Coordinator: The next question is from (Pam Deener).

(Pam Deener): Hi, yeah, our question is about beneficiaries that may have multiple losses on the same day or where their loss might be eligible for multiple coverages on the same day. And those coverages could have different limits and different ORM termination dates.

When I look at the key fields that you guys have listed to identify a report I don't see how we can differentiate those and I was wondering how you wanted us to handle that?

Barbara Wright: From what you said in the question so far my question would be, one, are they different types of insurance? And, two, are they under different policies?

((Crosstalk))

(Pam Deener): So...

Barbara Wright: Because any time any of those breaks come in you're submitting individual records.

(Pam Deener): So there would be a number of different scenarios, maybe we'll just take one and see if that works. It could be that they have a single policy and this loss is eligible for (PIP) for MedPay, for US. It could also be that they had two automobile accidents in the same day so although it's the same policy they're different incidents.

Barbara Wright: Well your (PIP) is no fault so it will be a separate record for many TPOC amount.

(Pam Deener): What would we do with our (PIP) and MedPay combination?

Barbara Wright: Well your MedPay is Normanly no fault too. I would...

(Pam Deener): Correct.

Barbara Wright: And if they're both on the same policy and they both have the same date as long as you report ongoing responsibility for medicals for the no fault, fine.

(Pam Deener): So you're suggesting that we would combine those and aggregate the limits and perhaps take the longest of the statutes for the ORM termination date?

Barbara Wright: I think as long as you've got related injuries that are related to the policy for a particular insurance type that may be the only way you can handle it. If you'd like to write in...

Pat Ambrose: Yeah.

((Crosstalk))

Barbara Wright: Okay.

Pat Ambrose: We've got it on the list.

Barbara Wright: Okay you're on the list for what we're looking at.

(Pam Deener): Thanks.

Barbara Wright: But I mean that - we'll look at what you've sent in but from what you've said so far that may be the only recourse you have. But I want to make sure everybody knows that, you know, separate records when it's separate insurance types and multiple parties.

If you got two beneficiaries you've automatically got two records even if they're on the same policy. If you've got MedPay that falls under our no fault and something else that falls under our liability you've got two separate records for that. So a lot of the time you won't run into this issue hopefully.

Coordinator: Are you ready for the next question?

Barbara Wright: Yes, can you give us some idea how many are in queue because we are going to have to stop at 3 o'clock?

Coordinator: Right now there's seven.

Barbara Wright: Okay.

Coordinator: Are you ready for the next one?

Barbara Wright: Yes.

Coordinator: The next one is from (Camille Rodens).

(Camille Rodens): Hello. I have a quick question, as a self-insured registration process it asks to guess the approximate number of covered individuals. And on the profile report under the reporting information it lists the number of covered individuals. Now I understood that to be the total likely number of Medicare patients' claims that would be reported in any given submission; is that correct?

Pat Ambrose: No, actually when you performed the new registration step did you select GHP or...

(Camille Rodens): Non-GHP.

Pat Ambrose: Okay.

((Crosstalk))

Pat Ambrose: You should have not been prompted to provide covered individuals. So if you are non-GHP when you're going through the new registration step there's a radio button that asks you to select are you either GHP or are you liability/worker comp/no fault?

And if you select the liability/no fault/ workers comp RRE type then the system in that step should be prompting you to provide or maybe it's the next step in account setup it should be prompting you to provide an estimated number of paid claims.

(Camille Rodens): Okay now on the reported type it does list me as non-GHP so it still asked me to come up with the number of covered individuals and required that I do so before I go on. So do I need to go through my contact to get that removed?

Pat Ambrose: Yeah. I think you need to report this. Do you have an EDI representative assigned?

(Camille Rodens): Yes I do.

Pat Ambrose: Yeah, please report that.

(Camille Rodens): Okay.

Pat Ambrose: It's just I'm not quite sure I can answer it without seeing everything.

(Camille Rodens): Okay. And then I just wanted to confirm that I have scheduled submission dates within 2009. And I'm not required to do that until the testing is completed?

Pat Ambrose: That's right.

(Camille Rodens): Okay and really I'm not required to do that until 2010 but I guess I could do it early if I'm ready?

Pat Ambrose: That's right.

(Camille Rodens): Okay.

Pat Ambrose: You know, the system when you're registering is setting up for, you know, to assign you that file submission timeframe and it probably states that your next

file is due blah, blah, blah in 2009 and it just wasn't updated to reflect the extension in the requirement for submitting production files.

(Camille Rodens): Okay well thank you. You've answered m questions.

Pat Ambrose: Okay thanks.

Barbara Wright: However, the earliest that we can accept the production file is January 2010.

Pat Ambrose: Oh right, I'm sorry. Well not...

John Albert: The query file is July, production reporting, you know, production files, reporting files in - the first submission window in January if you somehow completing testing early.

Man: This is going to be something that you're going to see commonly. If you're registering now you're always going to see first production submission dates for the next quarter even though it's technically not until 2010. If you register now you would see a submission date in the third quarter of 2009 so you would just want to disregard that.

Barbara Wright: And they would - would they keep the same dates just...

Man: It would be the same timeframe it's just that the actual dates in 2009 they would need to report but they should have the dates in 2010 and they would stick to the submission timeframe that it's reflecting for 2009.

Pat Ambrose: Is there another question?

Coordinator: The next question is from (Lois Miner).

(Lois Miner): Hi. My question is is it a problem for the same company to be listed on two different registrations?

Pat Ambrose: No. No it is not. If you are submitting two separate sets of files you may register the same company and actually register each company using the same TIN and get two different RRE IDs.

(Lois Miner): Okay. Okay, very good. Thank you very much.

John Albert: Operator, we have to cut this off because it's now 3 o'clock and we wanted to quickly ask how many were on the call?

Coordinator: I can give you a general, I'm not sure if there are duplicates. Just a moment.

John Albert: Okay.

Coordinator: I can end the call and then speak with you privately if you'd like.

John Albert: Okay sure. Just for everyone on the phone we wanted to thank you for your participation. We also appreciate your sticking to mainly technical questions for this call. We know that people are anxious to get all of their questions answered but we do appreciate you holding them until this Thursday the 14th when we'll do this all again but the questions will be directed toward more policy-type questions.

Again we ask that you continue to submit your detailed questions to the CMS resource mailbox. With that - as well as, you know, provide, as someone had mentioned, suggestions for, you know, ways we can improve this process,

new materials, new processes; we're always looking for suggestions as we move forward on this.

We hope that you all will have access very quickly to the information we talked about being posted regarding the extension for registration and the later production go live dates for the NGHP reporting. Keep in touch with the Web site over the next week because a lot of material is coming out.

With that I'd like to thank everyone for participating and good day.

Operator?

Coordinator: Just a moment.

John Albert: Okay.

END