TRANSCRIPT
TOWN HALL TELECONFERENCE

SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION ACT OF 2007
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DATE OF CALL: AUGUST 10, 2011

SUGGESTED AUDIENCE: Group Health Plan Responsible Reporting Entities – Question and Answer Session.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: John Albert
August 10, 2011
1:00 p.m. ET

Operator: Good afternoon. My name is (Pam) and I will be our conference operator today. At this time, I would like to welcome everyone to the Section 111 Group Health Plan conference call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Mr. Albert, you may begin your conference.

John Albert: Thank you, operator. Again, my name is John Albert, with the Centers for Medicare and Medicaid Services. And for the record, today is Wednesday, August 10th, 2011 and this is a national town hall teleconference related to the group health plan reporting requirements of Section 111 of the MMSCA. Again, this is a group health plan teleconference. Please take a look at the CMS mandatory InsRep Web site for other conferences, for both GHP as well as NGHP. But again, this is a GHP teleconference.

As we state on other calls, there are times we may contradict the official written instruction that appears at the mandatory InsRep CMS Web site where that occurs. The written materials that are out, published officially on that Web site take precedence over anything we say on this call. We realize that sometimes the transcripts have things that might cause some questions, but we try to be consistent and use the information from these calls to update the materials.

We have a brief presentation by Ms. (Pat Ambrose) and then we're going to open it up to a Q&A session. And we ask that people limit their question to one and one follow-up and then jump back in the queue. So in case we have a

lot of people on the call, that everybody gets the chance, at least one chance at the mic.

And we apologize again for the delay, we've got some technical difficulties here. But that seems to have been fixed anyway. And with that, I'll turn over to Pat.

(Pattie Ambrose): OK. Thanks, John.

This is (Patty Ambrose), and as John indicated, I have a few announcements and some information to provide and answer a few questions that have come in since the last town hall call.

First off, posting. The CMS Web site page is dedicated to Section 111, the URL for that is www.cms.gov/mandatoryinsrep. There is a user guide addendum for the unsolicited response file, that can be found on the GHP page and it's dated June 28, 2011.

We've also provided an updated X12 270, 271 companion guide for version 50.10 that is dated July 2011. That also can be found on the GHP page. The transcript from the call that was held on June 15th, 2011 has been posted on the GHP transcript page.

And then you'll see a schedule for the August, September, and October GHP town hall calls dedicated to Section 111 on the what's new page and more information on that will be forthcoming.

We've rolled out a few new CBTs or computer-based training modules for Section 111. In particular, I'd like to mention that there are CBTs available for the TIN reference response file that is being implemented in the October 2011 release. And also some computer-based training modules or CBTs related to the unsolicited MFP response file.

If you haven't signed up for those computer-based trainings, you may do so on the Section 111 Web site, the URL that I mentioned earlier. There is a computer-based training or CBT tab that you go to, that provides instructions on how to sign up for the CBTs.

As we've mentioned on previous calls and you've seen in the updated version, version 3.2 of the GHP user guide for Section 111, we are implementing some new address validation changes and a new TIN reference response file as of October 1st, 2011. Please refer to the information in the alert that's been posted on the GHP alert page as well as the user guide, and the user guide contains the same information. That contains the file layout for the TIN reference response file, related requirements, and error codes.

Of particular note in the updated alert is that we've given you a suggestion to go out to the United States Postal Service Web site or www.usps.com. That Web site has a facility there to check addresses, which I highly recommend that you use that to check the addresses on your TIN reference files.

Also remember that in that alert you'll see reference to the fact that no files will be processed the last week of September, the week of September 22nd to September 30th. If that is your file submission time frame, you should either submit your quarterly file early or you may submit it later, after that week. Contact your EDI representative if you have any questions, but we essentially will not be processing any MFP input files or TIN reference files during September 22nd through the 30th so that we can clear out our queues under the old methodology, and then as of October 1st, apply the new methodology to TIN reference files and MFP input files.

So the new response file, TIN reference response file will be formatted like our other files with the header, detailed record and trailer record. Errors will be returned on the TIN response file. It will – these errors will provide an exact reason why the TIN record was rejected of you just getting the SP-25 invalid insurer name error back on your MFP response file.

So you'll get specific error codes related to errors on TIN reference records submitted. The compliance flags that we currently are returning on your MFP input file will be converted or changed into error codes on your TIN reference response file.

We'll be doing some delivery point validation of addresses and scrubbing using postal software. That's why I referred you to the USPS Web site where

you can see how you can use that facility there to see how your addresses should be properly formatted and what abbreviations you should use. And that facility will also do some delivery point validation as well.

Note that if your TIN record submitted fails any of the validations, it will be rejected with a TN disposition code. If it's accepted, it will be returned with a 01 disposition code and will return on that TIN response file as your submitted address and then the applied address fields with which we will update our system and use going forward.

The applied addresses will be posted on the Medicare common working file, or CWF. And the applied addresses will also be passed on to the MFP recovery contract or the MFPRC and used for demand recovery, demand communications and other correspondence.

If your MFP record matched a TIN record that was rejected, it will be rejected with an FPT as 0 or an FPT 1 record. This is different than what might have happened or occurred previously, so make a note that in order for your MFP input file records to be accepted, they have to match a valid accepted TIN record. Obviously, you're going to use the TIN response file to determine what was wrong with any TIN records.

And we highly recommend that you submit a full TIN reference. It's really not a recommendation but a requirement that you resubmit your full TIN reference file after October 1st. You may submit that TIN reference file either with your MFP input file or before you submit your MFP input file.

My recommendation would be that you submit your TIN reference files after October 1 separately, make sure that it processes accurately and properly. You get your TIN reference response file back and see that your TIN records have been accepted and processed without error. You may repeat that process as many times as you need to, re-correcting and re-submitting your TIN reference files, and then submit your MFP input file.

If you're going to be late in submitting your MF input file as a result of that process, then you may contact your EDI representative and keep them in the loop of your progress. Obviously, you should be looking at the compliance

plans that we've been returning now and making appropriate corrections because, again, that those MFP records that are being returned with compliance flags related to address issues will actually get rejected after October 1.

So again I recommend that after October 1, you submit your TIN reference files separately. You may submit as many TIN reference files as you want, there's no limitation on how many you can submit per quarter. So I would recommend that you submit that and get your TIN reference file processed cleanly and then follow it up by your MFP input file. And if you're going to be late with your MFP input file in the 4th quarter of 2011, then contact your EDI representative.

As you know, we have a data validation team and we go through our GHP files, looking at the data and making sure that it's submitted correctly and that we're processing it on our end correctly.

We came across the situation where an RRE was submitting an invalid employee status value for the dependents they were submitting on their files. And I guess I just wanted to remind you that when you're submitting an MFP input file detailed record for an active covered individual, some of the fields that you submit on that record pertain specifically to the Medicare beneficiary or to the active covered individual you're submitting. While some of the other fields relate to the employee or the subscriber of the GHP.

So in the case where you're submitting, supposed you have a situation where you have a husband and wife, the husband is the subscriber or the employee, the wife is the dependent and covered by the GHP as well. And you're submitting a record for the wife or the spouse as being an active covered individual, they meet the definition of an active covered individual.

So you would be sending the name and social security number or hit number for the spouse or the wife on that record. However, in the employee status, that would be the information that refers to the status of the subscriber, the employee, and in my example, of the husband. So is that employee actively working or not actively working, a value of 1 implies that the employee or the

subscriber, and in my example, the husband, in this case, is actively working. And a value implies that that individual is not.

So again the employee status field does not refer to the – necessarily to the active covered individual that you're reporting on your record or with the Medicare beneficiary that you're reporting on that record but rather to the employee or the subscriber. You may or may not be sending a separate record for the subscriber, depending on whether that individual meets the definition of an active covered individual as well.

So, hopefully, that clears that up. There are some other fields that are like this such as the policy holder information that you see in fields 13 to 15 as well.

As you know, we are upgrading to the 50.10 version of the ANSCI X12 272, 71 that is used for the query input file. This means that we're upgrading the HIPAA Eligibility Wrapper software. The HIPAA eligibility wrapper is – or AGW, often referred to as the HEW software, is being upgraded towards this purpose. Very minor changes are taking place for this, an alert has been posted, that alert can be found on the MMSCA 111 alert page rather than the GHP alert page.

The companion guide, as I mentioned earlier, has been published. Updated HEW software will be available October 1st. The PC server version will – you can download from the Section 111 COB secured Web site as of October 1st. The mainframe software, you'll be able to obtain from your EDI representative as of October 1st. RREs must be using the 5010 version and the updated HEW software by January 2012.

Testing of the new version is recommended but not required, so you may start testing as of October 1st. We'll accept both test and production as of October 1st in the 5010 version while still accepting both test and production 4010 version.

And then come January, we will require that you have upgraded to submit the 5010 version and also if you're using HEW software instead of your own translator that you're using version 3 for the HEW software.

Some other information about testing, RREs are advised to review the pertinent information on testing in the Section 111 user guide, in particular note, the test query files must be limited to 100 records.

There is no limit to the number of test files that may be submitted during any period of time and no specific file submission timeframe for test files. To upload a test file, using on COB Secure Web site using the (HTTPF) method, use the upload file action on the RRE listing page of the Section 111 COB Secure Web site, and select the radio button indicator to denote that you're submitting a test file. Results can be viewed on the test file results page.

To submit a test file via the Secure File Transfer Protocol or SFTP, transfer the file to the RRE IDs submission test folder in your mail box. Response files will be placed in the test query only folder.

To submit a test file via Connect-Direct or NDM, transfer the file to the specific test query destination data set as defined in the user guide and documented on your profile report. Test query response files will be transmitted to the specific destination data set you designed working with the COBC during registration. And contact your COBC EDI representative with any questions related to testing query files.

A few changes that are coming up related to the Section 111 COB Secure Web site. Include a change to the beneficiary look-up. We are adding the reason for entitlement, (ESRD) information and Part D data in the October 2011 release. So as of October 1st, when you use the beneficiary look-up on the COB Secure Web site, you will now be returned back, not only an indication of whether the information you submitted can be matched to a Medicare beneficiary, but when it is matched, you'll also receive back the reason for entitlement, (ESRD) and Part D data.

In the meantime, the basis – (B-A-S-I-S), the basis application is still available and available for use until that time. Previously, on a previous PHP call, I may have announced that as of October, an account designee would be able to remove him or herself from an RRE ID on the COB Secure Web site that change is not going in until the January 2012 review.

So as of January 2012, an account designee who is no longer associated to a particular RRE ID will be able to remove or disassociate themselves from that RRE ID, we're doing that mainly for agents that are associated with multiple RRE IDs, multiple RREs and might have trouble of getting their account manager to remove their access in a timely fashion, so the account designee will be able to remove themselves.

They will not, however, be able to add access to an RRE ID. That must be done by their account manager. I have a couple of notes here, as reminders related to the (SP32) error. The user guide description for (SP32) states, in part, if there is no termination date, the GHP coverage is still active, you must use zeros and not spaces in the field

This means that you should be submitting in the termination dates, in the case where there is no applicable termination date yet, you should submit all eight zeros, completely fill the termination date field with eight zeros. We've got some RREs who are trying to submit just one zero, say one zero, followed by seven spaces or seven spaces and one zero. That will result in the record being rejected with an (SP32).

So if you are submitting a record for which there is no termination date as of yet established, please make sure you fill the termination date field with eight zeros. You will also receive the (SP32) error when the GHP coverage ends before the beneficiary's Medicare entitlement starts.

So, for example, you're submitting a record with a valid GHP termination date, say it's October 31st, 2011. And suppose that this particular individual's Medicare entitlement does not start until 11/1/2011.

In that circumstance, you'll, the record will be returned to you with an (SP32) and basically, you have no action that you need to take. You do not need to resubmit those records if the GHP coverage has terminated and in that case, when you've received the (SP32).

So as always, please submit your specific technical questions to your EDI representative first. They're in the best position to get your answers quickly

and timely, and follow the escalation procedures in Section 12(2) of the user guide if necessary.

With that said, there are few questions that I wanted to address that were submitted to the CMS Section 111 mailbox. The first of which relates to a question about an alert that we have posted still out there, dated October 12, 2010 related to the SP50 – SP50 error code. That alert is actually outdated.

GHP RRE should no longer receive the SP50 error. It was replaced by the hierarchy errors SPH0, SPH1, and SPH2 that went in April 2011. So again, this alert, dated October 12, 2010 on the GHP alert page related to the SP50 is outdated.

The user guide will be updated the next time around to note that SP50 is no longer used. If this error is received, you should contact your COBC EDI representative and report it. It would imply a problem with the system. Again, you should not receive an SP50 and if you do, please contact your EDI representative and provide them with the details about that.

And then the other action you should take while that is being investigated is to resend the record as you should do with receiving any unexpected disposition or error code, while you're trying to resolve that situation. If the next quarterly file submission period rolls around, I advise that you need to submit that record.

(Bill Decker): Hi, everybody, this (Bill Decker). And just to add one note to that SP50 information, error code information (that that) was giving you that outdated alert is in the process of being taken down from the active page in the Web site and archived. In a couple of days, it won't be available anymore. But if – (inaudible) still happen to chance – coming across it, you can ignore it.

(Patty Ambrose): OK. Thanks, (Bill).

The next question and actually the last one that I'm going to cover has to do with an RRE's question about the change that we made in the last version of the user guide related to the coverage election field, where we indicated that coverage election is not a field that is used for MFP determination. And it

does not trigger an update. It does not trigger the need for you to submit an update in an add or an add delete, and this RRE is having difficulty implementing this change in their system right away.

And the answer that I recommend here is that, you know, what this RRE is actually saying is that they're able to – they've been able to change their system so that they don't trigger a new record being sent when the coverage election changes. But they're having difficulty when they're initially reporting the record.

And right now, when they initially report GHP coverage, they are reporting it by, you know, a separate record by the coverage election. And as a temporary work around that type of reporting is acceptable, but as you can see it's probably, causing us to create more MFP occurrences than we really should for that individual, so it's not an acceptable long-term solution.

So as a temporary work around, that approach is acceptable. And if you're unable to make that change, not to consider the coverage election field in a – an MFP determining field, at this time, it's OK to submit that way. But you must work towards not sending separate records by coverage election at some point in the near future, basically, as soon as you're able to do it.

And I also recommend that you shoot your EDI representative an e-mail about this, so that they're aware of the situation and that you're working on it. So with that, that's all I've got and I'll turn it over to Mr. (Bill Decker).

(Bill Decker): Thank you, (Pat).

I have a couple of things to go over, not technical things. So we'll be a little less dry. But – the first is – the general announcement, the next GHP call, and remember this is a GHP call. We won't be doing any GHP response, any non-GHP responses today.

But the next GHP calls, scheduled for September the 7th, that's Wednesday, September 7 at the usual 1 P.M. time, Eastern Time. And that call is going to be focused on Health Reimbursement Arrangement reporting that's HRA reporting.

We're going to be addressing the, sort of, broad range of questions that we have been getting about HRA reporting in the last couple of months on that calls, specifically. Folks who are GHP reporters can certainly call in and ask other questions of us.

But if you are an HRA or know someone who's involved in an HRA, and is doing reporting under Section 111 and would like to get – be involved in a directly focused HRA call, that's going to be the next one we have on Wednesday, September the 7th.

One other, a couple of other points to – I just wanted to mention – there were a number of questions that came in to the Section 111 mailbox that were focused on either the collection of SSNs or on HRAs. So (inaudible) here, we're going to discuss the HRA question in – more broadly and in general terms that – on the next call, the Social Security number questions or – were the same, sort of, basic questions we've been getting for the last couple of years.

And I'll just remind everyone once again that Section 111 is about reporting insurance coverage to us that concerns the coverage being provided to Medicare beneficiaries. Medicare beneficiaries have a Medicare health claim number or Medicare (inaudible), a Medicare ID number is all the same thing, that's what we require to be reported to us.

If you need to see if you can find out if an individual has a Medicare ID number, you can provide us with the Social Security number, but we do not require the provision of Social Security numbers as the primary ID in Section 111 reporting.

In general, that's what we always say. And that is very specific to what we actually do here, as I said once before and will say again, the next call is going to be focused on HRA reporting. And that call will take place on the seventh of September.

A couple of individual HRA questions that we had come in, we have actually addressed in another form and we're not going to – I'm not going to cover any of those right at this point.

I now have finished my introductory remarks and will turn it back over to (John Albert).

(John Albert): Thanks, (Bill).

We're now at the point where we want to open up the call to question and answer session. We ask again that you please limit your question to one and one follow up, so that if there are a number of people on this call, that they get their shot at the microphone.

And we ask also for the operator, that'll ask you for your name as well as the company represented.

Operator, we can start the Q&A session.

Operator: At this time, if you would like to ask a question, please press star then the number on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Again, if you would like to ask a question, please press star, one on your telephone keypad.

OK. And your first question comes from (David Pittman), (inaudible) Administrator.

(David Pittman): My question concerns the submission of TIN files ahead of the normal GHP submission. What is the expected turnaround? Like, we submitted a TIN reference file on October 3rd, when do you think we would be able to get the response?

(Patty Ambrose): I am told that it'll take about three business days, approximately three business days. So, you know, if you don't receive it within five business days, you would – you most likely need to contact your EDI representative, but that's –

and we have some representation from the EDI department on the line. So, you guys, please speak up if you have a different interpretation of that.

Male: No. That's correct.

Patty Ambrose: OK.

Male: And October 1st is a Saturday. Will you actually be able to accept submissions on that date even though it's not a business day?

Patty Ambrose: That's a very good point. If you submit it on a Saturday, since we'll be implementing the release over the weekend, your file would not actually be picked up and processed until the batch cycle Monday night. So, (inaudible)…

Male: Would you recommend waiting until Monday then?

Patty Ambrose: Yes, I would.

Male: OK. Thank you.

Patty Ambrose: You're welcome.

Operator: Again, if you would like to ask a question, please press star one on your telephone keypad.

Male: Anybody?

Operator: OK. Your next question comes from (Stephanie Hoheimer).

(Stephanie Hoheimer): Yes. Hi. This is (Stephanie Hoheimer). I'm with a group health plan. And we are having some issues with the prescription vendor with the LEP letters. Can you all answer a question regarding the LEP process?

Male: No, unfortunately not.

(Stephanie Hoheimer): OK.

Patty Ambrose: It's kind of related to Section 111 reporting and we don't have anyone that is able to help you there.

(Stephanie Hoheimer): OK. Thank you.

Operator: Again, if you would like to ask a question, please press star one on your telephone keypad.

OK. Your next question comes from (Sheila Nelson) from (NSEM).

(Sheila Nelson): (Inaudible).

Male: You're on the line, (Sheila).

Operator: (Inaudible).

Male: OK, operator. We can go to someone else if there is someone else.

Operator: (Sheila), your line is open.

(Sheila Nelson): Can you hear me?

Male: Oh, yes. Yes.

(Sheila Nelson): OK. In your last user guide, I think you say that you lifted the restriction that Social Security Number is required or that HICN is required. And that we can pass a Social Security Number now and get back in HICN? Is that a true understanding?

Male: Yes.

Patty Ambrose: Yes. I mean, yes. That is a requirement. In order to identify a beneficiary, you can use either the HICN and that is the preferred identifier. However, if you do not have that and you're not sure whether the individual is a Medicare beneficiary or not, you may submit the Social Security Number and we can use that to help match to a Medicare beneficiary and then return the HICN, the HIC Number.

Male: To you.

Patty Ambrose: To you. If we are able to match it.

(Sheila Nelson): OK. I just know up until this point like a HIC Number has always been a mandatory field?

Patty Ambrose: Well, it technically is – you know one or the other is technically mandatory. But you can use the SSN. However, I think the point that Bill Decker was trying to make earlier is that CMS doesn't require that you get the SSN. Really what CMS requires is that you get the HICN.

Bill Decker: And report that to us. You remember – remember this, in Section 111 reporting, we have to have or we do require, in other words, a HICN or an SSN in whatever specific situation you happen to be reporting in.

If you don't have either we can't possibly process any of the information that you're sending us. We can't possibly identify completely anyone who may be a Medicare beneficiary. We have to have one or the other.

The Medicare ID number, the Medicare HICN is the Medicare Health Insurance Claim Number. That is what it is. It's just like a Blue Cross and Blue Shield health insurance claim number. It functions exactly the same way. That's the individual's health insurance number. That's what we look for when you send us information.

We can try to match information you send us if you only send us a Social Security Number for an individual. We may not be able to match because that individual may not be a Medicare beneficiary or the information that we also require with the SSN may not be sufficient for us to make a match.

If you send us a HICN, we almost always can make a match.

(Sheila Nelson): OK. So, let me ask it another way because I understood up until your last user guide that HICN was very important and it was a major matching criteria. And that we can spend our people that were between 45 and, say, 65 with just the Social because we didn't have a HIC Number. But if we had a HIC Number, that's what we had to send.

Patty Ambrose: That is still correct.

(Sheila Nelson): OK. But your user guide doesn't quite read like that or maybe it's just the way people are interpreting it.

The way some people are taking it to read is that you can send whichever way you want to. I can send you the HIC number or I can send you the Social. And then, you'll match up on either one of those two elements.

Patty Ambrose: Well, that, like I said, is technically true. And the reason – there are several reasons. One is the query process is optional. Although, highly recommended, it's optional.

So, let's suppose, you come around to your quarterly reporting, you are, at a minimum, if you're not using the query or finder file method, you must follow the definition of reporting inactive covered individuals.

So, you're using the age threshold and the other criteria. You know someone who is known to be a Medicare beneficiary already in your system or had dialysis kidney transplant, (inaudible) condition.

So, you may not – you know like I said the query process is not required; although, recommended.

So if you had to report an individual in your system who meets the definition of inactive covered individual, say, they are over 45, but you do not have a health insurance claim number and you do not know whether they are a Medicare beneficiary, you can send your initial record for that person with the Social Security Number instead of the HIC Number.

And then, on a response file, if we match them to a Medicare beneficiary, we'll return the HIC Number back to you and then we expect you going forward to use the HIC Number after that.

Bill Decker: We do say that explicitly.

(Sheila Nelson): All right. OK. All right. (Inaudible).

Patty Ambrose: I have a little bit more that I wanted to add to that. We have one rule that we want to make sure that people are adhering to the definition of inactive covered individual or if they are using the query finder file method that they're not dumping every single record for every single covered person in their system on us arbitrarily without giving some consideration to the reporting requirements.

And one of the rules or requirements that we have as such is that if you submit a record for a person who is under the age 45, under age 45 – so they are under the threshold – when you're submitting them on your MSP input file, you must submit the HIC Number for them.

So, the rationale is if you're submitting for someone under 45 and you already know that they're a Medicare beneficiary through other means and you have the HIC number, then, you may submit it.

You can submit someone under 45 on your query file with just SSN to obtain the HIC Number first and then submit then with the HIC Number on your MSP input file.

So that's what we're trying to say. What (inaudible) to you is that you send us an e-mail to the Section 111 mailbox with you know citing the references in the user guide that are not clear. And we'll make an account in the next time to further clarify that.

(Sheila Nelson): OK. So, just to (ensure that) – I don't want to take the meeting – but, in short, your stance hasn't changed.

Patty Ambrose: No, we haven't.

(Sheila Nelson): You have a HIC Number, you send that. And if not and all you have is Social, you can send that.

Patty Ambrose: That's right.

Male: (Inaudible).

Patty Ambrose: Once we have returned the HIC Number to you on a response file whether it's the query response or the MSP response file, CMS is expectations is that you are using that HIC Number going forward.

(Sheila Nelson): OK. I got it. Thank you.

Bill Decker: (Inaudible) the summary is that we require the HICN because that's the Medicare number and we are Medicare. And in lieu of that, we can get to the HICN if you provide us an SSN which in many cases some people may have more ready access to than they would a Medicare Health Insurance Claim Number. But, again, it's the HICN that we use and that is our required data (inaudible).

The ability to submit a HICN is just a tool that we provide to the submitters to submit that at that time if we get to a HICN on our system. So…

(Sheila Nelson): OK. Again, thank you.

Bill Decker: OK.

(Sheila Nelson): Yes.

Operator: Again, if you would like to ask a question, please press star one on your telephone keypad.

Your next question comes from (Maureen McGee).

(Maureen McGee): Hi. This is (Maureen McGee) from the Arkansas Blue Cross and Blue Shield Plan. We have been submitting our TIN information. Will it be necessary for us to send a separate file?

Patty Ambrose: No. You don't have to send it as a separate file.

(Maureen McGee): OK.

Patty Ambrose: But realize, you should resend a (inaudible) file on or after October 3rd.

(Maureen McGee): OK.

Patty Ambrose: And we will be reprocessing all the TIN. IF you fail to resubmit your TIN file, we're reprocessing all the TIN information we currently have.

(Maureen McGee): OK.

Patty Ambrose: As you know, you don't have to submit a TIN file every time. But we're asking everyone to do that this time around so that you'd get response file back with a clear indication of whether the TIN information is accepted or not. And if not, exactly what was wrong with it.

(Maureen McGee): OK. That works. Thank you.

Patty Ambrose: You're welcome.

Operator: Again, if you would like to ask a question, please press star one on your telephone keypad.

Your next question comes from (Barbara Maine).

(Barbara Maine): Hello. This is (Barbara Maine) from (inaudible) Services. We're a third party administrator. I have questions about my new (inaudible) error messages coming back. I know that you're setting up the influence in your MSP response file. But in the interim, when we're getting these errors, it's, basically, saying that someone higher on the hierarchy has changed the record. Do we have any way of knowing what was changed?

Patty Ambrose: The only way that you can tell what is changed is to look at the fields that are returned on that response file record. Nine times out of 10 somebody has added a termination date.

So, you would look at – the first thing I would look at would be the MSP termination date that's being returned. And you know, again, Nine times out of 10, that's what's been added due to a beneficiary calling to the CODC and stating that they have retired and the CODC determining that the appropriate MSP termination date should be updated on that record.

And so, then, you might be coming along after that trying to make some other changes or apply the termination date yourself. So, you'd want to compare the

termination date coming back on the response record to the termination date you have in your system and make sure they are the same. And if they are and you see no other differences, you really don't have to resubmit the record or take any further action.

(Barbara Maine): So, I guess, in our situation that it's been reversed. I'm seeing records come back with no termination date. We're trying to send a termination date. We work with the unions and some people. Sometimes, we got on and off active coverage with us.

And so, I am trying to send a termination date where they'd have an active period ceased and the record is coming back with no termination dates but it's giving the message that there's been a change higher in the hierarchy made.

Patty Ambrose: OK. I mean, there are – you do not have to have the unsolicited response in order to research that situation. You, basically, need to examine the fields that are being returned which is obviously you have.

And if you believe that your information, you verified that your information is correct and you are able to override, you can resubmit that record with an override code.

On the other hand if the record is locked but you believe it needs to be changed or reopened in your example, then, you'll have to make a phone call as indicated in the description for that error code.

(Barbara Maine): OK. OK.

Bill Decker: That lock should be fairly (inaudible).

Patty Ambrose: Yes. You shouldn't see the locking mechanism used very often. But records – but it happens. Records are locked for various reasons.

But at any rate, if you are able to override it and you have confirmed that your information is more accurate and what was returned to you on that response file, then, by all means, use the override code and resubmit the record.

(Barbara Maine): Well, I mean, yes. To the best of our knowledge is (inaudible) accurate. And yet, without knowing exactly what fields was changed…

Patty Ambrose: Yes. I mean, yes. We don't have a way to tell you exactly what was changed. There are – on the unsolicited response, there is more information but still not always an exact – there is who made the change and possibly what the rationale for the change was. But we – we are working toward improving that process.

(Barbara Maine): OK.

Patty Ambrose: Because, obviously, we understand the difficulty. But you have to match field by field what's coming back in the response record in the applied field to what you have submitted to see what's the difference.

(John Albert): Right. We're going to go off line just for a second. We'll be right back. You hang on.

Male: Yes, hi. Could you – can you just tell us if you're getting a great many of these sorts of problem of records? Or are these just occasionals?

Female: Well, the first time I've gotten in my last response file which came about a week ago. We did two different works on RRE on two different accounts. And on one of them, I got a handful of the H0's, and then on the other one, I've got probably half a dozen to a dozen of the H0's. And I have not investigated them thoroughly, but at least half a dozen of the last record, the H1which I can say is kind of concerning. I can certainly reason the other record.

But, again, that's from, you know, we deal with the eligibility. And so, to the best of our knowledge, what we have is accurate and yet we're getting information that this record has been lost and so that's a little disconcerting, and we're not quite sure what to do with it. And especially if it's been lost, then what?

(Patti Ambrose): Yes. The lost one is the only thing to do was to call this COBC 800 number, and that's listed in the actual errors description. Now I realized, you know, if

you have a voluminous number that it's not very practical. And they're, you know, if you have a seriously high number of those, you know, you might want to discuss the situation with the EDI department so an investigation could be done.

But if you handful, five of them, and you believe that your information is accurate and that record, you know, needs to be updated then you'll have to make a phone call and they will guide you through the process of getting that update made. And it will be a COBC auditor doing it manually, you know, taking your information over the phone.

Male: (inaudible) doing a lot of just the call centerdate?

(Patti Ambrose): Yes. Yes. If it was call center update…

Female: …overwrite.

(Patti Ambrose): …you know, that they can override it.

Male: OK.

Female: Now, what if we send an override back and they can, like, get them the (circle) to where it could be sent back again to us? I mean, if we send it with an override…

(Patti Ambrose): You could. Yes. If you send it with an override and the overwrite is applied, it is still possible for the COBC to update that record. But at that point, they have business rules that say, how many times has this record been updated? And you know, by whom? And then they would start scrutinizing that, that record and that update more closely.

So, essentially…

Female: Yes.

(Patti Ambrose): So, essentially, the first time – and you know, if a beneficiary is calling and saying they've retired or you know, whatever, they have a series of questions that they take that beneficiary through or that caller through to make, to

validate the information that they're trying to provide and they make their update.

Then as the Section 111, RRE comes along and overwrites that information, and subsequently, the COBC receives another phone call, they're not just going to go ahead and apply that change using the same rules that they did before. They're going to escalate that up to, you know, from customer service rep to an auditor who will start investigating the circumstance more carefully.

So I don't really think that you're going to get caught in that, you know, flip-flopping. That was the whole idea that we stopped that flip-flopping of updates back and forth.

Female: OK. Could I ask one other question?

(Patti Ambrose): Yes, absolutely.

Female: OK. I've got a person who is under 45. They are ESRD based on the diagnosis codes that are being used for their claims, but they're getting kickback because they don't have (inaudible) and we called the, take the policy folder and they say they're not Medicare. Should we stop sending that person or should we continue to send them?

I mean, they're saying they're not Medicare but we don't know for certain, but we're certainly not getting any match on their social.

(Patti Ambrose): Oh, so you did send them with the social and we came back with no, no match?

Female: An error says asking for (inaudible) that you have taken with them being…

(Patti Ambrose): Yes. You know, as long as you validate it, the, you know, that you submitted the correct SSN, the correct first initial, the correct last name, gender, date of birth, you do not have to. Well, you know, you have to continue to monitor their status. So, actually, in that circumstance, I would continue to send them.

Another option for you is to use the query facility. You could go online and use the any lookup or you could implement the query file and query them on the regular basis to see if their Medicare status changes, right.

If they shift the definition of an active covered individual, you really have to continue to send them because their Medicare status might change.

Female: OK. OK. Thanks very much.

(Patti Ambrose): OK. You're welcome.

Operator: Again, if you would like to ask a question, please press star one. And your next question comes from (Jean Dorothy).

(Jean Dorothy): Hi, yes. I have a question regarding the hierarchy codes as well.
We have a record that was locked and when we tried to call and override it, we were told that only the account manager could make the call.

(Patti Ambrose): I'm not familiar with that requirement. (Jeremy or Bill), you have any feedback on that?

(John Albert): Yes. Actually, it's the first I'm hearing that. I don't believe that's a requirement of CODC. It could just be a matter of educating the call center rep.

(Patti Ambrose): Could you submit an e-mail to your EDI representative and they'll have it investigated and we'll have to get back to you on that.

Operator: At this time, there are no further question.

(John Albert): We'll give it a few more seconds. Anyone else out there? Use us while you got us.

Operator: If you would like to ask a question, please press start one at this time.

(John Albert): OK. Well, I guess we'll end the call a little early today. I'd like to thank everyone for their participation. Again, please stay tuned to the CMS Web site, the Mandatory INS Rep Web site for future calls.

(Bill) have mentioned there's an HRA specific call on September 7th. The same time, right?

Male: One o'clock.

(John Albert): One o'clock? And there will be a future regular GHP calls as well. Operator, if you could stay on the line after letting everyone go, I'll appreciate it. Thank you very much.

Operator: At this time, that does conclude today's conference call. You may now disconnect.

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