

TRANSCRIPT
TOWN HALL TELECONFERENCE

**SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION
ACT OF 2007**

42 U.S.C. 1395y(b)(7)

DATE OF CALL: December 10, 2009

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

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**Moderator: John Albert
December 10, 2009
12:00 pm CT**

Coordinator: Welcome and thank you all for standing by. All participants will remain in a listen-only mode until the question and answer session.

If you would like to ask a question at that time please press star then 1.
Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I'd like to turn the call over to Mr. Bill Decker.
Sir you may begin.

Bill Decker: Thank you very much, Operator. Hi. My - hi everybody. My name is Bill Decker and I am with CMS in Baltimore, Maryland. Good afternoon to you, good morning to you depending upon where you are.

This is a GHP teleconference call. This is for Group Health Plans only. It will cover general group health plan issues both technical and policy.

If you are a NGHP, a Non-group Health Plan RRE or contemplating to be an RRE or NGHP agent this is not a call for you. We will not be discussing NGHP issues on this call today.

We will have more calls for GHP coming up in the future. I believe that the call schedule is posted on our Web site. If it isn't it will be shortly.

We were going to have this be the last call for GHP but decided to continue them on because they're just so popular.

With us today also on this call as always we have John Albert who is our chief here. And he is going to be talking a little bit. But first we're going to turn it over to Pat who's been on these calls before many times and I'm going to have her open up for you. So here you are. Pat?

Pat Ambrose: Hi. This is Pat Ambrose. And I'm going to start out with just a couple of general announcements. First off a fix has been applied to the Section 111 SFTP or Secure File Transfer Protocol server software last weekend.

This fix was intended to resolve the issue where users associated with multiple RREs timed out when attempting to build a directory listing and other performance related issues.

So we expect that this has resolved the majority of the issues that you may have been experiencing with response time and connectivity to the SFTP server and that SFTP file transmission method.

However there still may be some errors that you're experiencing related to authentication or association to a particular mailbox or EID mailbox.

If you are still experiencing problems since Monday of this week, then please contact your EDI representative as usual.

Again, this fix was applied over the weekend so you should start seeing improved - you should have started seeing improved performance for SFTP related to Section 111 starting this past Monday.

Note that when you submit a value of zero for an unknown sex or gender code in the query only file that the COBC will change the zero to a value of one

which represents male prior to attempting to match the information on the query record to Medicare beneficiary.

So your response file record that corresponds to that will be returned with a value of one regardless of whether you get a match or not regardless of whether you get a 01 or a 51 disposition code.

So again if you submit a zero in the gender or sex field for the query records, the COBC defaults that or changes that value to a value of 1.

And so even if you don't get a match you might be seeing a change value in that sex or gender field on your response file.

As previously stated on these calls you do not have to supply subsidiary information during the new registration step on the COB secure Web site.

And if you were unable to do so you're not required to contact your EDI representative and provide that to them at this time either.

So we are currently, the subsidiary information is strictly informational, and it is not necessary to update your registration or RRE profile information with subsidiary information at this time.

On the last call I announced a problem with or an error in the X1227271 companion document that is used by those RREs or agents who are using their own X12 translator rather than the HIPAA eligibility wrapper or HEW software.

That X1227271 companion document indicates that the DMG segment is situational. This is not correct.

And the following statement from that companion document will be removed where it says the 2100C-DMG subscriber demographic information segment is situational. Again, that will be removed. That was incorrect information.

Speaking of the query only file, the query only file format is being updated to add some additional document control number or DCN fields that RREs may submit on input records and the COBC will return on response records.

These fields will allow an RRE to better match up input and response file records. This change will be implemented in January 2010. The X1227271 Companion Guide will be updated for this information.

In addition, the HEW - a new version of the HEW software will be released to accommodate these new DCN fields. The use of these new fields will be optional, though RREs may continue to use the old version of the HEW software and may continue to format the X12270 and 271, translate the X12270 and 271 in the fashion that they are currently doing so.

These changes will be documented in an upcoming version of the User Guide. The new software, the new HIPAA eligibility wrapper or HEW also referred to as the HEW software will be available on January 6, 2010 on the Section 111 COB secure Web site as a download.

Both that software and the main frame version will be available from your EDI rep as well. The new version will be notated as 2.0.0.

In addition, the HEW software will also be updated to handle the situation concerning how at times the downloaded response files are in a UNIX text format.

And you might be getting that out of range error in the HEW software when you try to feed that response file into the HEW software various errors with that.

We have provided a workaround to change or convert a UNIX text format or a downloaded response file that's in a UNIX text format to an MS-DOS text format which is required by the previous version of the HEW software.

That workaround was to open the file in WordPad not Notepad and saving the file as an MS-DOS text file using the Save As type drop down.

Your EDI rep can help you with that. But note that the new version of the HEW software being implemented in January will handle that and not require you to change the type of the response file. And so you won't have to do that if you start using the new HEW software.

Lastly related to the HEW software, the Windows PC server version of the HEW will be updated in Version 2.0.0 to allow it to be invoked from a command line process.

Instructions for that will be available with the download package. And again, you can start downloading that new software on January 6, 2010.

CMS has determined as had been previously announced on this - these calls that the plan sponsor TIN must be submitted in the employer TIN Field 21 of the MSP Input File Record for all multi-employer or multiple employer GHPs and not just those using an hour synch arrangement like a Taft-Hartley Union Plan.

Each plan sponsor needs to be accompanied by a corresponding TIN reference file record with the plan sponsor TIN name address and a TIN indicator of S for sponsor.

RREs must adhere to this new requirement with files submitted in the second quarter of 2010. That's April through June 2010 during your normal file timeframe or you may submit that information prior to that date.

If you are changing the TIN associated with a record that was previously accepted and an MSP occurrence was posted by the COBC, you must resubmit all affected - all affected MSP input file records previously accepted with an 01 disposition code with updates having the new plan sponsor TIN and also submit that TIN on a new TIN reference file record to accompany your MSP input file.

Again both new MSP input records and TIN records must be submitted in order for the change to be applied to the individual MSP occurrences.

Those updates again only need to be made on records which were previously accepted with an 01 disposition code.

Changes will be documented in the updated version of the GHP User Guide to allow RREs to submit records associated to foreign employers who may have no TIN or US address.

These changes will go into effect in April 2010. In the meantime you should have submitted these records with a pseudo-TIN for the foreign employer in Field 21. That's the employer TIN and use a value of Y for the meantime and for the TIN indicator, associated TIN indicator which that pseudo-TIN.

You'll have no choice but to default the employer address to the RREs address on the TIN record for the time being if they do not have a US address.

Please note that most non-US or foreign employers that employ US citizens actually do have an Employer Identification Number or EIN assigned to them by the IRS which they use to report income information on these employees to the IRS for tax purposes.

The EIN is a TIN and is sometimes referred to also as the Federal Employer Identification Number or FEIN. It is to be reported as the employer's TIN in Field 21 if they have that number and on the TIN reference file record of course with a TIN indicator of E for employer.

The upcoming changes to handle foreign employers will include allowing the RRE to submit a pseudo-TIN for the foreign employer. However that pseudo-TIN is submitted on a TIN reference file record with a TIN indicator value of Z for the foreign employer, TIN records being submitted.

Note that this is different from the value of Y in that the foreign employer is never expected to have a TIN, but a value of Y instead indicates that you are reporting a domestic employer that has a TIN but the RRE has yet been unable to obtain this information.

Again, for the time being, you're reporting your foreign employers with a value of Y but you will change that come April 2010 to a value of Z.

And so the value of Z should be used for foreign employers with no TIN. The value of Y should be used in situations where you just have not been able to obtain that information.

In addition related to foreign employers who might not have a US address, a new set of freeform text address fields to accommodate the foreign employer addresses will be added to the TIN reference file.

Expect an updated GHP User Guide by the end of the year. We're currently working on modifying the draft. And it will be Version 3.0.

Some of the major changes include the use of the plant sponsor TIN and the foreign employer changes that I previously just mentioned.

Also, we are adding a new optional set of recovery demand address fields on the TIN reference files that can be supplied if the RRE wants their courtesy copy of the recovery demand sent to a location other than that used for claims.

Those address fields will be effective April 2010 with files submitted after April 1, 2010.

Please note that we are not adding an office code or site ID as may have been mentioned on the last call.

We are also adding a new appendix to provide hopefully a complete explanation of the employer size field, how to determine employer indicator, when to report and when to report changes to that employer size indicator. I have some more information on employer size that I'll provide later on in this call.

Of course we're adding documentation about the addition of the Document Control Numbers or DCNs to the query only file as previously described. We're we are removing Disposition Code 55 since you never should be able to receive a Disposition Code of 55 for your Section 111 response file.

We're adding some clarification related to the coverage type field. In particular coverage type V as in Victor is strictly a drug only coverage code. V stands for drug only non-network. It does not represent a combination of drug and medical coverage.

There are other values on the record for those, on the record layout field description for those types of combination coverages.

Language is being added to help you with a situation where an RRE might be ceasing business and ceasing Section 111 reporting or the transition of reporting responsibility is transitioning from one RRE to another as well as transitioning from one agent to another.

We are also attempting to add information on the Health Reimbursement Arrangement or HRA reporting requirements. Those will - we're not changing the timeframe related to when reporting will be required, but we'll get more specific information about how to go about reporting HRA coverage information and then other various clarifications that we've discussed previously on these calls and people have brought to our attention via email.

A couple other brief announcements that we have made in the past regarding ongoing reporting of your MSP input file.

You must process your response file. It contains critical information regarding your Section 111 submission. Process your response file from last quarter first before sending your next quarterly file submissions even if that means the file will be late.

CMS would rather have it done correctly than have it submitted on time but without the proper processing on those records.

Bill Decker: Yes Pat, this is Bill Decker. I want to reinforce what Pat just said. That's extremely important. You must process a response file before you send us input file.

Some of you have not been doing that and it's not working. Need to have that, your response file process before you send us a new (one).

Pat Ambrose: Another reminder regarding the submission of delete records, you only submit delete records in the case where the record was previously accepted with an 01 disposition code and the information that you provided on that record was incorrect.

There is no need to delete a record that was sent but not accepted. And in fact it will be returned with an error since it won't match to an existing record on the COB CMS file.

Remember that you are not to delete a record when an individual's GHP coverage ends. You are to send an update with a termination date in that circumstance.

Also remember that a file, an MSP input file that was completely rejected or has a very high percentage of the records rejected, perhaps you did not submit a TIN reference file record for the insurer TPA TIN or something of that nature.

These types of situations are to be corrected and files are to be resent as soon as possible. You do not wait for the next quarter to fix a serious problem with this. And you should work with your EDI representative.

Basically in a situation like that you should contact your EDI representative right away and discuss the situation and work out a schedule for resubmission as soon as possible.

Also if you have mistakenly included retirees on your MSP input file that should not have been submitted on that MSP input file because these individuals were not active covered individuals, do not wait until your next file submission to correct that either.

Please contact your EDI representative immediately and work out a process or a schedule to make that correction and remove any of - any MSP occurrences that were created for people that Medicare actually remains primary and is not secondary.

On the last call a caller asked me about the BY disposition code stating that they received a BY disposition code back on a response file record and they had not submitted the small employer exception HICN for that individual. And they were wondering why they got that disposition code.

At the time it didn't occur to me but later I realized that there is another condition under which you will receive the BY disposition code. This is currently documented in the User Guide.

Please see the description of the BY disposition code. But you may also get that when the record contains an employee status of two meaning that the coverage is not due to the active or current employment of the - an employee.

And it's still okay to send that, but also on the record or the individual identified on that record is found to be a Medicare beneficiary but they are not entitled to Medicare due to ESRD.

So if on your MSP input file you submit a record with an employee status of two meaning inactive and the individual, covered individual submitted is matched to a Medicare beneficiary but that individual is entitled to Medicare due to age or disability, you may get this BY disposition code returned since obviously Medicare is going to be primary, Medicare is not secondary and we will not be creating an MSP occurrence for that condition.

For some more information on employer size reporting, all of this is going to be in the updated User Guide that we are on schedule to publish by the end of the year.

But I wanted to provide a little bit more information to help you in your determination of employer size and reporting.

As we stated on the last call we are updating the User Guide and we also are producing a Computer Based Training module, a CBT for this.

But RREs must refer to 42 CFR Part 411.101 and 42 CFR Part 411.170 for details on the calculation of employer size. Those contain the regulations related to MSP.

Additional information can be found in Chapter 1 of the CMS MSP manual. There's a link in the User Guide to the CMS MSP Manual Chapter 2. It actually - you should go to Chapter 1.

The easiest thing to do is all Medicare manuals can be found at - on the CMS Web site at www.cms.hhs.gov/manuals. That's M-A-N-U-A-L-S/I-O-M. The I-O-M stands for Internet Only Manual. The MSP manual is shown as Publication 100-05 on this page.

Also refer to Section 7.2.4 of the User Guide where we talk about the small employer exception.

But here are some additional information that you might find helpful that will be in the updated User Guide. Employer size is based on the number of employees during specified time periods, not the number of employees covered under the GHP or rather not the number of individuals covered under the GHP, but is based on the number of employees.

If the employer as part of a multi-employer, multiple employer plan, this field should reflect the size of the largest employer in the plan.

When calculating the number of employees, RREs should use the total number of employees in an organizational structure including the parent subsidiaries and siblings rather than just the number of employees in the particular subsidiary being reported on.

Subsidiaries of foreign companies must count the number of employees of the organization worldwide.

The employer size you report is reflective of when Medicare would be primary or secondary to the GHP according to the MSP rule relating to the working aged and disability.

Employer size is not a factor when determining the privacy of payment related to individuals who are entitled to Medicare for ESRD.

It is recommended that RREs obtain employer size information from employers on at least a yearly basis. This information must include enough detail for the RRE to make the employer size determination according to the MSP regulations which includes a 20 or more employees or 20 weeks in the current or previous calendar year and 100 or more employees for 50% of the employer's business days in the previous calendar year.

So an RRE needs to retain employee counts or changes to those counts by employer, by business day, by calendar week, by calendar year in its internal systems database.

You may want to collect that information by issuing a questionnaire to your employers on at least a yearly basis.

So on January 1st, the employer size indicator could be determined by following a series of checks. If the employer had 100 or more employees during the prior calendar year for more than 50% of the employer's business days then set the indicator to a value of 2.

Otherwise if the employer had between 20 and 99 employees for 20 or more weeks in the prior calendar year -- and those do not have to be consecutive weeks -- then set the indicator to a 1. Otherwise set the indicator to zero for less than 20 employees.

If the indicator is different than what was previously reported, then you may have to submit the appropriate update and add transactions to reflect the change in size with determination dates on the updates for the old size and

effective dates on the employer size - for the employer size change on the new add records.

Now in addition to that, checking essentially as of or on January 1st and looking at the prior calendar year, RREs must inform employers that they are responsible for notifying the RRE of any changes that occur during the course of the calendar year that it could impact the employer size determination related to the 20 employee or more requirement described previously.

In other words, the employer must notify the RRE when they have increased to a size of 20 or more employees for 20 weeks during the current calendar year so that the RRE can submit the appropriate changes in a timely manner for Section - timely manner for Section 111 reporting.

So note that an increase in size to 20 or more employees is effective as soon as the employer reached 20 employees for 20 weeks during the current calendar year.

A decrease in size to less than 20 employees should only be effective as of January 1.

An increase in size from less than 100 employees to 100 or more employees can only be effective as of January 1.

And a decrease in size from 100 or more employees to less than 100 employees can only be effective as of January 1.

All that said, if an RRE is unable to obtain the employer size related to a GHP and the employers in a GHP in order to report timely, the employer size

should be defaulted to a value of 2 for 100 or more and then later corrected with update records as needed when an accurate size can be calculated.

The importance of employer cooperation with data collection by RREs for Section 111 is documented in the Alert to Employers that can be found as a download on the overview page of the Mandatory Insurance Reporting Web Site Page on the CMS Web site.

It is in each employer's best interest obviously to provide accurate employer size to ensure and TPA RREs in a timely manner to comply with MSP regulations, reduce coordination of benefit costs and reduce the number of possible recovery actions that could be made against them.

Before I launch into some question and answers that were submitted to the Section 111 Mailbox, I want to repeat the fact that for those that might have signed on late that a fix has been applied to the SFTP or Secure File Transfer Protocol server for Section 111.

So and that fix went in last weekend so you should see improved performance for secure file transfer related to Section 111 as of this Monday of this week.

Okay so some questions that have been submitted to the CMS Section 111 Mailbox, and then we'll - I'll cover those and then we'll open it up to live question and answer session.

A question has surfaced regarding a sole proprietor using the owner's SSN as the TIN in lieu of obtaining a Federal Tax ID.

In the MSP Input and TIN reference files while sending the SSN as the employer TIN trigger a compliance flag of 02.

The TIN for a sole proprietor may indeed be an SSN, however due to the way the COBC is validating TINs on the TIN reference file it's likely that the SSN will result at first in a compliance flag of 02.

Upon receiving a compliance flag on the TIN reference file that the RRE believes is actually valid, the RRE is to contact its EDI representative so the rep can document it and get it on the list of what the COBC will consider valid TIN codes.

If you believe that the TIN is indeed valid, then please contact your EDI rep for resolution. And then once that's been done, the next time you submit it, the flag should not be posted. The compliance flag will not appear on the response records.

Another question was asked that if a delete transaction is sent and the original values are present for the key fields, key MSP occurrence fields and for the information used to determine Medicare secondary care fields, is it important that the other data elements have the original values?

This is not really the case. Most of the fields on the delete transaction will be edited like any other transaction. So they need to be completed to pass the requirements for submitting an MSP input file record.

However what's important is that they key fields match up on the delete record. So if you happened to have changed some other non-key fields and that is submitted on the delete record, that won't have an effect on whether we accept the delete record or not.

Another question was asked about how long it takes to process the first production MSP input file?

All MSP input files will be returned within 45 days of receipt. The first one you submit may take a little longer than subsequent files because the COBC must validate the TINs on your TIN reference file.

And if those TINs are new to us it may take a short - a little bit more time to validate those TINs.

Once they're validated that process does not have to be performed again unless you're submitting a TIN reference file with new TINs subsequently.

So if you have not received your response file in a timely fashion within the 45 days, please contact your EDI representative. We can't really give you any more information on this call related to that.

There was a question that came up in the last GHP call and also was submitted again to the Section 111 mailbox related to a plan sponsor TIN. I'm going to ask Bill Decker to help me out on this.

You can find a definition for plan sponsor on the medicare.gov Web site which states generally the employer, the employee organization such as a union or other entity that establishes or maintains an employee benefit plan including a group health plan also under the term sponsor that is an entity that sponsors a health plan. This is generally speaking an employer union or some other entity.

Note that the demand packages related to recoveries for group health coverage that is primary to Medicare, and Medicare might have erroneously paid

primary and is trying to recover those funds, those get directed to the employer or plan sponsor. So do note that.

Whatever TIN you put in your employer TIN, that's where the demands are going to be directed and that's who's going to be held accountable in a sense, be on the hook to reimburse Medicare. I'll ask Bill if he'd like to add anything to those comments?

Bill Decker: So far I'm (not) a really big help on this question.

The real crux of, the particular crux of this particular question is, or the questioner defines its relationship.

The question is relationship to employees or new agents or family members of contracting public agencies and a state finds this relationship there as the customer account.

And quite honestly we're not sure what a customer account, that's in quotes, could possibly be. It sounds to us quite frankly as though a customer account is an - some sort of an outsourced human resources operation that a state or various state agencies are using handle administrative work on insurance coverages that are being used by the employees, agencies, or the state.

If that's the case, the state or the state agencies would be the plan sponsors legitimately (I think), not the whatever customer account is.

And remember if you are the entity that is functioning as the customer accountant in this particular case, and there was a demand letter directed to you, but on the - you can be responsible for coping with that demand, that recovery demand that would come from CMS.

So you must be very clear in what is your relationship to the entity actually making the insurance coverage, the GHP insurance coverage available to the workers.

Are you making it available or are you helping some other entity like a state or a state agency make it available or information on?

Pat Ambrose: There is an additional question Bill, related to a Professional Employee Organization or PEO. And again in the definition of that organization, the way it was presented to us it sounds like a, again an outsourced HR type of entity and again does not sound like a plan sponsor to us.

And, you know, it - the real question is regarding that Medicare recovery and - recovery actions and whether that PEO is the appropriate entity to receive a demand package.

Okay. Another question was submitted related to getting an SP52 error. And this is an error that happens when the patient relationship does not coincide in a sense with the reason that the individual is entitled to Medicare.

For example, if you are submitting a, if the covered individual is a Medicare beneficiary and is entitled to Medicare due to age and they have their GHP coverage as a result of being a domestic partner of the subscriber or employee rather than the spouse, then Medicare actually is not secondary in that case.

The working aged MSP rules state that Medicare is secondary to coverage that is provided through yourself as an employee or a spouse who is the active employee.

So in the case where you're submitting such an individual who happens to be entitled due to age but they are not, the patient relationship is not self and is not spouse and is something other than that, you will receive an SP52 back.

So the guide needs to be updated for those. It's not so much that the code is invalid. It's due to the Medicare MSP regulations and the fact that Medicare is primary in this case and not secondary and the COBC is not creating an MSP occurrence.

You do not need to send the record again unless something changes related to the coverage for that individual that would affect the primacy of payment.

But you may continue to send it. It really is up to the RRE that is submitting it. You may continue to send it and in a sense ignore the SP52 for that particular record. And I don't - I think that pretty much covers the circumstances there.

There was some questions submitted related to employer size, a couple of those I wanted to try and answer. And then we'll open it up to a live question and answer session.

If a new employer group signs up with an RRE and was reported by their previous carrier as being over 20 worldwide employees but is less than 20 worldwide employees at the time they sign up with the new RRE, do we have to report them based on their status with the previous carrier?

Yes. If you look at those regulations, the 20 employee or more requirement is met if the employer employed 20 or more full or part-time employees for each working day in each of 20 or more calendar weeks -- and here's the key point - in the current or preceding year.

So if you're picking up a new employer plan starting January 1, 2010 you do need to look at the number of employees throughout 2009 in order to make it - and you need that information also to determine whether they're 100 or over as well.

So when reporting coverage in 2010 you must look at the number of employees in 2009 and during the course of 2010 since 2009 is the preceding calendar year and of course 2010 and is going to be the current calendar year.

And I think that answers the other question that was related. So Bill?

Bill Decker: Thank you Pat very much. That was fabulous. We're going to throw it over now to John Albert now before we open it up. And John has a couple (things he'd) like to say. John?

John Albert: Hi. Thanks Bill. I wanted to make an announcement to people on - attending this call that be of some interest to you all.

And that is as some of you may or may not know, CMS has not asserted its recovery rights on GHP basis for about a year now.

And I wanted to announce that you all should be on the lookout because Medicare is planning on starting up its GHP recovery process as early as late December of this year.

I also wanted to point out that Section 111 identified information will be utilized as well as other sources of MSP information and starting up that recovery process again.

I wanted to point you to the Medicare Secondary Payer Recovery Contractor Web site which is www.msprc.info for further information. There's nothing out there yet.

But please pay attention to that Web site if you're interested as we will be probably posting some alerts related to the resumption of CMS recovery efforts in terms of identification of past MSP mistaken payments.

Also while this is a call regarding reporting for Section 111, I need to reiterate that this process for rolling out the reporting requirements will never lead into the recovery process and anything that happens as a result of that.

So again, please refrain from sending questions regarding CMS's recovery process to the Section 111 resource mailbox or to the COB contractor. They do not handle the recovery process for CMS.

Again I'll refer you to www.msprc.info for that. Our goal in starting up the recovery process now and including Section 111 data is twofold, A, to obviously recover mistaken payments. But the other thing is to basically look at the success of the program to date.

We're looking to check on the accuracy of the information received by CMS and where we identify problems with that, you know, based on responses to recovery notices.

We want to use that information to do more outreach with submitters to improve that process overall because again, the goal for CMS is to pay it right the first time and not chase after stuff we shouldn't be chasing after.

So I just wanted to announce that out there again that to please pay attention to that Web page for further information as it comes. That was it.

Bill Decker: Thank you John. I'm sure we'll have questions on that.

Operator, we are ready now to open it up for questions from our listening audience. And if you're ready to go we are. So why don't we open up the lines now for questions?

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question please press Star 1.

Please limit them to one question and one follow-up question. You may withdraw your question by pressing Star 2.

Once again to ask a question please press Star 1 at this time. One moment for our first question.

The first question will come from (Lucy Wynn). Your line is open.

(Lucy Wynn): Hi. I submitted a request for the transcript from the last teleconference. But I'm not sure I sent it to the right mailbox. Can you please give me the email address again for that?

Pat Ambrose: Yes. But I'd - rather than reading it what I'd like to do is send you to a document where you can find it.

(Lucy Wynn): Okay.

Pat Ambrose: It should be in the User Guide. But it's also on, are you familiar with the Mandatory Insurer Reporting Web page the - on the CMS Web site?

(Lucy Wynn): Yes.

Pat Ambrose: Okay. So that's www.cms.hhs.gov/mandatory I-N-S R-E-P. When you go there the overview page displays. And down...

(Lucy Wynn): Right, the overview.

Pat Ambrose: Yes. And down at the bottom you see a list of downloads. And the third download is revised April 10, 2009 MSCA111 opportunity to comment on CMS's plans.

That email address to send your questions to are - is listed there, is listed within that document.

Bill Decker: If you open up that download you'll find the address.

Pat Ambrose: Yes. If you open up that download, click on that download.

(Lucy Wynn): Okay. All right, I'll try that again.

And then also I think I noticed the schedule for the teleconferences in 2010 are - don't begin until July. Is that correct?

Bill Decker: The GHP teleconferences, right now the schedule is starting up in July. That's right. We're starting up with NGHP teleconferences earlier right now.

We've already had comments about that schedule and we believe we'll be changing it.

But we - I think the important thing for the GHP people to know, one of the things that we would like them to understand is that all our non-group health plan orders will be beginning their data exchange process with us at - right at the beginning of the year 2010.

And we'll be paying considerable amount of attention to that process. There are about 2600 GHP reporters right now and about 23,000 NGHP reporters. So we'll have a considerable amount of work on our hands in the beginning of the year 2010.

We may not have the time or the - even the ability to have a GHP teleconference in February or April or February, March or January, February, or March anyway, couldn't remember the first three months of the year.

But if we can, we'll schedule them in there. We just want - I do want to have everybody know that we will be doing more GHP calls in 2010 and as quickly as possible based upon our experience with the upcoming new NGHP reporting.

(Lucy Wynn): Okay. Thank you very much.

Coordinator: (Mary Ann Bowers) of Harvard Pilgrim Healthcare, your line is open.

(Mary Ann Bowers): Hi. Thank you for taking this question. We received a few records back on our query response file with a disposition code of 01 with no Part A or Part B effective and termination dates. Can you please help us understand what this might mean?

John Albert: That might be a case where somebody was assigned a health insurance claim number but the entitlement never actually began in the case of like a disabled beneficiary the signs up and for some reason are no longer disabled. Their entitlement date doesn't actually go live. That's my only guess at this time.

Pat Ambrose: Do you happen to see a reason for entitlement on there or know what that is?

(Mary Ann Bowers): Let's see.

John Albert: Because there are instances where people will have a Medicare health insurance claim number but no effective date. And these would be for under 65 either disabled or ESRD.

(Mary Ann Bowers): Okay.

Bill Decker: Or aged.

John Albert: Right.

(Mary Ann Bowers): See, I'm just checking . This particular one has an A, the one that I am looking at right now.

Pat Ambrose: I guess the best thing to do is to, in a secure fashion, submit that example to your EDI representative and it'll have to be researched.

Could you give us your RRE ID please?

(Mary Ann Bowers): 11048.

Pat Ambrose: Okay.

(Mary Ann Bowers): And I have one follow-up question.

Pat Ambrose: Sure.

(Mary Ann Bowers): It's similar. We also received several query only response records with a disposition code of 01, no Part A dates but there were Part B dates.

And we are under the impression that a person must have Part A in order to have Part B. So we're again, seeking some guidance on how to understand what we're getting back on our query only file.

John Albert: Yes we're going to have to get those examples. I mean there's always going to be anomalies from here, you know, occasionally. But, you know...

Bill Decker: But you can have Part B without Part A.

John Albert: Yes. That's true.

Bill Decker: Yes.

John Albert: Yes, it is possible.

Bill Decker: Yes.

(Mary Ann Bowers): Okay.

Bill Decker: So that may not be that much of an anomaly.

John Albert: Yes.

Bill Decker: Exactly.

John Albert: Yes.

Bill Decker: The - it is not a prerequisite Part B to have Part A. Let me put it that way.

(Mary Ann Bowers): Okay.

Pat Ambrose: There are conditions where you can buy into the Part B program without an actual entitlement due to age, disability, or ESRD maybe is what you're saying? Okay.

I'll have to make a note of that for possibly some updates in the User Guide to alert you to those kind of situations.

Bill Decker: Thank you.

(Mary Ann Bowers): Okay. Thank you very much.

Coordinator: The next question will come from (Anne Keegan) of Tufts Health Plan. Your line is open.

(Anne Keegan): Thanks. Good afternoon and thanks for taking my call. I had a question regarding the query, the 270271 query files.

And just wondering what should be the expectation for receiving back a 271 response from that query file both in test and production?

We're trying to test now and we've had a file out there for about two weeks. And we can - I can see when I go on the Web site that shows that it - or it looks like it's processed but the text file is not there for us to bring down yet. So I was just wondering what's the expectation around those turnaround times?

Pat Ambrose: Well certainly if a file has - is if it's indicating that it's been processed your response file should be readily available.

Bill Decker: Pull up.

Pat Ambrose: So that - I assume you've reported this to your or asked, submitted this question to your EDI representative?

(Anne Keegan): Yes.

Pat Ambrose: Do you have your RRE ID handy?

(Anne Keegan): Yes, 11357.

Pat Ambrose: Okay. I don't know. There is no particular hold up as far as, you know, or backlog of query file processing that I am aware of.

(Anne Keegan): Okay.

Pat Ambrose: The User Guide does give those turnaround times. For test, I don't know it off the top of my head but it is in there. But for a production query file you should get that back within 14 days.

(Anne Keegan): Within 14. So we're not looking at the same 45 possible days...

Pat Ambrose: Oh no, queries are 14 days.

(Anne Keegan): Yes. That's what we're hoping. Okay.

Pat Ambrose: Yes. The response file for the MSP input, you know, the MSP response file is guaranteed or, you know, will be returned within...

(Anne Keegan): Okay.

Pat Ambrose: ...forty five.

(Anne Keegan): All right. And one other quick question on that same line. We're going to be using the direct connect option to retrieve the file. And we do need to know exactly what the name of the file's going to be. And I can't find a reference to it in the User Guide.

Pat Ambrose: I honestly thought it was there. The - it should be on your profile report as well.

(Ann Keegan): Profile report.

Pat Ambrose: I believe if you look in the section of the User Guide for Connect Direct File Transfer -- and I'm trying to get there now myself -- I do believe that in that section it gives a file naming convention that in part uses your RRE ID.

(Ann Keegan): Yes.

Pat Ambrose: And if it's not there I really should be adding it to the User Guide.

(Ann Keegan): Okay. Again that was a question I had posed to our contact. But I had not had a response back had a response back from them.

Pat Ambrose: Well...

Bill Decker: When did you contact your EDI rep about that?

(Ann Keegan): December 1.

Bill Decker: Haven't heard back?

(Ann Keegan): No.

Bill Decker: Thank you.

Pat Ambrose: There is an escalation process in the User Guide in circumstances like that. I'm not quite sure what the communication breakdown was.

(Ann Keegan): Well I would really appreciate knowing what that is because I did take a quick look through the guide to see if there was any other contact in here. And I didn't see it.

Bill Decker: Section 12.2 which is the labeled the Contact Protocol for Section 111 Data Exchange. And it has a laundry list of next steps when you don't get information back on a time, you know, a question timely?

(Ann Keegan): Yes. I'm sorry what was that section again?

Bill Decker: Section 12.2 and it's labeled Contact Protocol for the Section 111 data exchange. I guess on the current version of the guide it's Page 102.

(Ann Keegan): Okay terrific. Thank you.

Pat Ambrose: And you are correct that the naming convention for the Connect Direct response files is not listed in the User Guide. I'll see if I can add that. The input file naming convention is listed.

However you should have the response file naming convention or the actual name for the - your response files on your Profile Report.

(Ann Keegan): Okay. And the profile report because I am a new person coming on to this project replacing someone else, so is that something that's referenced in the User Guide or it's specific to each RRE?

Pat Ambrose: It's specific.

(Ann Keegan): Okay.

Pat Ambrose: It was sent via email to your authorized representative and account manager.

(Ann Keegan): Okay, I will follow-up with them. Thank you very much. I appreciate your help.

Pat Ambrose: Okay.

Coordinator: Next question is from (Connie Gilchrist) of Infinisource. Your line is open.

(Connie Gilchrist): Yes, good afternoon. Thank you for taking the call. And I wanted to thank you previously for mentioning the further guidance regarding the HRAs.

However you said we'll receive that information via email. Will that be from after we've - I mean we've registered and you'll get that information from what we submitted or how will you send that to us via email?

Pat Ambrose: Oh I'm sorry. I'm not quite sure. That is not what I intended to say.

(Connie Gilchrist): That's okay.

Pat Ambrose: So the information on HRA reporting will be in the updated User Guide which we are hoping to publish and by the end of the year.

Bill Decker: We also plan to have the information on HRA reporting available on the Web site separately in an alert fashion. So there will be a separate document on HRA reporting.

But there will also be information in the User Guide on - it will be much exactly same information in the User Guide that's on the alert probably with more background and detail.

In the User Guide information...

(Connie Gilchrist): Yes.

Bill Decker: ...and the alert information will be official. Anything else you might be hearing at this point is not yet official. But nothing is official in Section 111 until it appears in a document on the Section 111 Web site.

(Connie Gilchrist): Good enough. May I ask about when you expect it? Did you say by the end of the year to have that or when do you anticipate having that done?

Bill Decker: Yes we anticipate having the User Guide out and the alert ready by the end of this year which is 2009.

John Albert: For those on this call if you haven't, there's a list service you can subscribe to in which you would receive alerts any time something new is posted to the Web site.

Now there's a lot of stuff being posted or rearranged, but now that - those instructions I think are on the home page. I don't have it in front of me but...

(Connie Gilchrist): Oh that's okay. We'll go to the home page and find it if we want to receive alerts.

John Albert: There should be instructions is as a downloadable PDF file that tells you like how to sign up for the list service. So you'll get automatic notifications when we provide updates to the Web site.

(Connie Gilchrist): Good enough. Thank you very much. It's been very helpful.

Pat Ambrose: Yes. Actually just to make sure everyone knows, you go to that overview page of the mandatory insurer reporting Web site and click on the links that is entitled for email updates and notifications.

And it'll take you through a process to provide your information so that you will get notifications when something has been added to that Web site.

(Connie Gilchrist): Good enough. Thank you. Bye now.

Coordinator: The next question will come from (Mark Tebo) of I Space Incorporated. Your line is open.

(Mark Tebo): Yes hi. Thank you so, so much. We are trying to determine if supplemental insurance products such as long term healthcare and long term disability should be reported under GHP or NGHP because these particular insurance products are purchased individually by the employee outside of their group health care plan offered by their employer.

So we don't think they should be reported under GHP but need to confirm should they be reported or actually not reported for GHP but looking to confirm that they should be reported for NGHP?

John Albert: Well the again it comes down to whether or not that that insurance is anyway sponsored by - through that employer. Sounds like it's not from what you're saying. So...

(Mark Tebo): That would be correct.

John Albert: ...it would not necessarily be reported under GHP. As far as NGHP, that would also not apply unless they're, you know, in the case of, you're talking about continuing care.

Pat Ambrose: Yes it couldn't - it doesn't meet the definition of CMS's definition of Workers Compensation no-fault or liability.

(Mark Tebo): Okay.

John Albert: Like if it's a Worker's Comp then yes that is reportable because Workers Comp is always secondary to Medicare.

But based on your information, and again I qualify that and I quantify that it was based on your information you just gave us that it sounds like it would not be reportable under the MSP statute.

(Mark Tebo): Thank you very much. You've answered my question. I appreciate it.

Coordinator: The next question is from (Erica Wagner) of WEA Insurance. Your line is open.

(Erica Wagner): Hi there. I have a couple questions actually on response file processing?

John Albert: We're having a lot of trouble hearing you.

(Erica Wagner): Let me try it again. I'd had a question on response file processing.

Pat Ambrose: Yes?

(Erica Wagner): We had submitted some incorrect information on our initial files so we did send some deletes in our subsequent file.

Some of those deletes were not accepted. They were rejected as a SP50. But the correlating add that we sent for those individuals was accepted.

So if the delete was not accepted but the add was accepted, do we need to resend that delete or if we do resend the deletes could we also resend the add?

Pat Ambrose: I think it does depend on the reason that you got - I'm trying to go to the SP50 right now.

(Erica Wagner): Yes it says invalid function for update or a delete. And it does say no correction necessary but resubmit the records on your next file submission.

But if we resend that delete I'm just wondering if we have to resubmit that correlating add?

Pat Ambrose: Oh no. The add has taken place.

(Erica Wagner): So that delete won't delete that add that we've...

Pat Ambrose: No because the key fields won't match.

(Erica Wagner): Okay, so resend those. And then I also had a question regarding the RS disposition, an SP error. Some of the deletes had an RS07 which is no Part B enrollment and some had a dispo RX10 which is record not found.

Are they interchangeable? Because they seem to - if somebody was accepted with an - and received a RX07 on the first on the initial file, sometimes we're getting an RX10 for them now so they seem to be interchangeable from our perspective.

John Albert: These are, so you're getting RX10s on records you've never submitted before?

(Erica Wagner): I'm trying to - yes I think we are getting some. And we're getting - on deletes we're getting RX07s and RX10s both.

Pat Ambrose: Okay. So you're asking about records that you get RX7 versus RX10 or you're getting both?

(Erica Wagner): We're getting - well we're getting some have sevens and some have tens. We're not getting them both on the same on the same record. So do they in essence mean the same thing?

Pat Ambrose: Not particularly. RX10 means that you're attempting to send a delete but there was never a record posted that matched those key fields related to the - related to the drug coverage.

(Erica Wagner): Okay.

Pat Ambrose: And so, you know, basically if the records not found for a delete and you've submitted the correct fields...

(Erica Wagner): Okay.

Pat Ambrose: ...key fields, then you don't need to send it again because apparently it was never posted in the first place.

(Erica Wagner): Okay. And then some of the deletes have an RX07 which say no Part B enrollment so...

Pat Ambrose: Yes. And so then basically any MSP or supplemental drug coverage that you might be sending is not applicable because that particular individual does not have Part D.

And so you're drug coverage, you know, so there's no question about...

Bill Decker: For that period there's...

(Erica Wagner): Yes. For that period that you're submitting...

Bill Decker: That coverage period you're submitting there's no Part D enrollment.

(Erica Wagner): Okay. All right, that makes sense. We're still processing our files. We have additional questions. Do we have to ask - should we ask our EDI rep?

Pat Ambrose: That really is the best way. Obviously you can tell we're somewhat caught off guard when it comes to...

(Erica Wagner): Sure.

Pat Ambrose: ...specific, you know, getting down into the specific errors that you might be receiving in specific circumstances.

(Erica Wagner): Okay. All right, thank you.

Coordinator: (Karen Alvarado) of Berkeley Accident & Health. Your line is open.

(Karen Alvarado): Hi. Good afternoon. Thank you so much for taking the call. Hopefully this is going to be a very quick question.

I was hoping that you could confirm our understanding that accident only coverage would be exempt from this reporting requirement?

John Albert: Well that's a...

((Crosstalk)).

Pat Ambrose: Well yes, it's not reportable under GHP Section 111 mandatory reporting. It's...

((Crosstalk)).

(Karen Alvarado): That's what we thought.

Pat Ambrose: Yes it's not a group health plan sponsored by an employer or the plan, you know, related and plan sponsor. So...

John Albert: Or as an NGHP.

Bill Decker: But it does - right, it does not speak to whether it's reportable under NGHP.

Pat Ambrose: Yes, there's some language pending related to accident coverage types, accident and health coverage types related to non- GHP. But for GHP it is not reportable.

For non-GHP there is language pending related to that that we're not really able to provide information on at this time.

John Albert: There is an NGHP call on December 15 from 1:00 to 3:00.

Bill Decker: Next week.

John Albert: Yes. Tuesday...

(Karen Alvarado): Okay.

John Albert: ...of next week so...

(Karen Alvarado): And you said language is pending. Do you know when some determination might be made regarding accident coverage?

Pat Ambrose: Very soon, but not an exact date. Very soon.

(Karen Alvarado): Okay. Thank you so much for your help.

Coordinator: (Scott Eyre), of Blue Cross of Idaho, your line is open.

(Scott Eyre): Good afternoon. I have two questions. First one is about ESRD and MSP. My question is when I send membership down and that member had ESRD that terminated let's say two years ago, is that in that instance would I send an employee status of one?

Is the employee status of two only to be used for people that are currently in the middle of the 30 month ESRD situation? I guess is how...

Pat Ambrose: The employee status is submitted independent of any other field. And it really means is on the record that you are submitting, does the employee or the subscriber have this GHP coverage due to current employment or do they have it due to some other reason like a retirement plan?

And the reason that I am updating the description for that field, it is not worded well currently. It doesn't mean to imply that when you're sending somebody with ESRD that you must send the inactive value.

It really means that generally speaking when you're submitting your MSP input file, you're only submitting people who have GHP coverage due to current employment status of them or another family number. It's with the exception then of an individual who has ESRD.

Because the MSP rules related to ESRD aren't - don't - it doesn't matter why you have the GHP coverage.

So, you know, you should submit that employee status based on what is the actual status of that employee that is a subscriber to the GHP. Does that not make - does that not help?

(Scott Eyre): Well I guess I'm asking about the state of ESRD. If they're currently in the 30 month range or what if the ESRD actually terminated in 2003? Do I need to consider ESRD if it's already a done deal and the 30 months have past? Do I even need to consider it or because...

Pat Ambrose: Medicare is primary at that point.

John Albert: I mean the...

Pat Ambrose: It's - I mean you may submit. I mean technically according to our definitions in the User Guide you may submit that individual because they are on your MSP input file because they are falling into the definition of an active covered individual.

(Scott Eyre): Exactly.

Pat Ambrose: But we're not going to build an MSP occurrence for them because we will know, you know we have records of their current Medicare status and the status of the ESRD coordination period.

So, you know, if you know for sure that Medicare is not secondary, technically you don't have to report them but you may.

And you'll get back, you know, a corresponding response that, you know, we're not building MSP occurrence.

(Scott Eyre): All right. That's - I think we have a little bit of work to understand that here on our side. But I think I have a little better picture based on what you said. And the new description in the manual will help too.

Pat Ambrose: Yes.

(Scott Eyre): My second concern or question has to do with RDS. We got our RDS response files back with a disposition code of 06.

I've e-mailed my EDI rep about that a week ago and no response. And so that's kind of a concern because there's no definition of a 06 value for the disposition on the non-MSP. So that was - and that's an issue and I don't understand...

Pat Ambrose: Okay.

(Scott Eyre): ...how to handle that or what to do with that 06 in the disposition code.

And along with that, it seems like one - about one out of every four or five questions we email to our EDI rep get acknowledged and answered.

The rest just kind of go into a black hole and we don't know what the status or if they've ever been read. So that's a little bit of a concern and maybe some sort of acknowledgment or something could be done or maybe there's a better way to do this? But that's kind of frustrating when we don't hear anything back.

Pat Ambrose: Yes. Could I get your RRE ID and we'll make sure someone follows-up with you?

(Scott Eyre): Yes 1301.

Pat Ambrose: One three zero one?

(Scott Eyre): Yes.

Pat Ambrose: Okay.

John Albert: Now...

(Scott Eyre): And that's - other than that, keep up the good work. And that's what I have to say.

Pat Ambrose: Okay, thank you.

Man: Get back to us.

Coordinator: The next question will come from (Jean Johnson) of Basis. Your line is open.

(Jean Johnson): Hi. Thank you. I work with Basis and we are a software vendor company. And we're working with several RREs to transmit the data from our system. Then they send it over to you and we process the response files within our system.

We've had several of the RREs that we're working with be moved to production with varying numbers of updates and delete records in varying numbers of files.

We have one RRE that we work with who is having trouble getting moved to production. They've actually sent a total of six deletes and a - or I'm sorry, a total of nine delete records in and six update records across to files.

They originally sent six updates and three deletes in one file, sent another file with six additional deletes. But their EDI rep is saying that they cannot be moved to production even though they've met the number requirements because the updates and deletes we're not all on the same file.

When I'm looking at the User Guide it does say complete at least five updates to previously posted records in one file submission.

And the next line says complete at least five deletes to previously posted records in one file submission.

But it doesn't state that they all have to be on the same file submission. Can you verify whether that EDI reps position is valid? And if so why we might have seen other RREs move to production meeting the requirements over different files?

Pat Ambrose: Yes. Could you give us the RRE ID?

(Jean Johnson): Yes it is 11224.

Pat Ambrose: Okay. Well we'll follow-up on that. I honestly, you know, we kind of hope that the testing of course, you know, if that was in a perfect world, testing would happen with one initial file and then one subsequent follow-up file.

It wasn't honestly meant to - I'm not really sure what the standard is. You know, I'm not aware of that the updates and deletes all have to be in that subsequent update file or if, you know, because you are submitting multiple files to get through the testing process I'm not quite sure, you know, why they all have to be in one. I assume that's the requirement that they're holding you to?

(Jean Johnson): Okay.

Pat Ambrose: So we'll just have to follow-up. And you said it 0 - the RRE ID was 11224?

(Jean Johnson): It is. And should I let them know that they would hear something back from you in terms of the follow-up or...

Pat Ambrose: Yes. Someone from the COBC. I highly doubt it will be me personally.

(Jean Johnson): Right, right, right.

Pat Ambrose: Yes.

(Jean Johnson): Okay, great. Thank you very much.

Coordinator: (Bert Henry) of CoreSource, your line is open.

(Bert Henry): Good afternoon. Can you hear me okay?

Pat Ambrose: Yes.

(Bert Henry): Could you please clarify CMS's expectations of RREs to submit what I'll call interim MSP input files in the event that the RRE discovers their record, like an individual was erroneously included on a quarterly file that presumably would demand corrections sooner than via the next scheduled quarterly input file?

And if there's guidance in the User Guide if you'd just a direct me to it that would suffice.

Pat Ambrose: For the most part we only require updates on a quarterly, you know, your files on a quarterly basis.

(Bert Henry): Yes.

Pat Ambrose: However we are concerned about circumstances that have occurred where an RRE submits a file and it includes all their covered individuals including those who are covered in a retirement plan and, you know, not covered due to current employment but are considered inactive individuals.

And as a result we've built a whole bunch of MSP occurrences for these retired individuals that are - and then their claims are being denied as for primary payment by Medicare erroneously.

So in that circumstance we do ask that you contact an EDI representative and work out an arrangement to send a file off the regular quarterly schedule to correct this.

I - you know, I can't tell you if, you know, what the actual threshold is. But, you know, having anyone's claims denied is a serious issue when they shouldn't be.

It's - it doesn't say that in the User Guide and it does say it on the Reporting Dos and Don'ts page of the Web site. And we are adding some language in the User Guide in the next version that we're going to release shortly.

(Cindy): Okay. If it's done - again you don't know what the threshold is. But if it's only a couple that...

Pat Ambrose: Yes it's...

(Cindy): ...on the file.

Pat Ambrose: Yes it might be possible that if it's just a one or two people that your EDI rep will take that information and updates will be made via another vehicle rather than a Section 111 file.

John Albert: They kind of take it on a case by case basis. I mean obviously if it's a very large file from a large reporting entity almost certainly we're going to ask them to submit a file, an interim file of delete transactions.

You know, we've had some where it's a couple and some where it's 10,000. And they, you know, either way, I mean not only are our phones going to be lighting up off the hook, but so are yours as the submitter.

Because the, you know, when their claims are denied we're going to, you know, we're going to see - they're going to be told the beneficiary provider that hey this person has primary insurance through XYZ insurance company.

So the main thing is to contact your EDI rep as quickly as possible and then depending on the situation pick out the best plan of attack for addressing it.

But there are many cases where we've had interim files submitted and other times if it's small enough as (Cindy) mentioned we can do those piecemeal corrections one at a time. So...

(Bert Henry): Could I have a follow-up?

John Albert: Sure.

Pat Ambrose: Sure.

(Bert Henry): I think I'm following you all. I guess where we're wondering how to proceed as with what I'll call ongoing changes.

In other words we're getting data from employer groups to pass along on these files. And lo and behold (Johnnie) and (Billie) decide to retire.

So I sent a quarterly file last week. I find out that these people retired two weeks ago. What do I do?

Pat Ambrose: Well if you - you can submit that kind of thing as an update with a termination date on your next quarterly. That kind of circumstance, that's a usual normal circumstance. That gets reported on your next quarterly file submission.

(Bert Henry): And my exposure is just for those couple of months where some - or some claim may get processed very promptly unfortunately?

Pat Ambrose: Right.

John Albert: And again...

Pat Ambrose: ...and, you know, there is not - there's always going to be some delay. Everyone understands that. Is it possible that the retired individual will, you know, have some issues initially if they happen to have some claims right away right around their retirement date? It is possible.

John Albert: And beneficiaries are instructed on what to do if that occurs. And so a lot of times if an MSP record is out there and they retire tomorrow and have services the next day, obviously no data exchange will be that timely.

And they go to the provider and, you know, basically they - the (beni) themselves can contact the COBC contractor and say hey look, you know, I retired yesterday, these claims should be paid primary by Medicare.

That update will take place outside of any of the Section 111 reporting that when you come in with your update to basically send us that same information and it'll just be viewed as a duplicate because we will have already received it from that beneficiary.

Pat Ambrose: I mean we'll accept it in processing but...

John Albert: Yes.

(Bert Henry): Sounds very good. I appreciate the clarifications.

Pat Ambrose: Sure.

John Albert: I mean we have those, you know, built-in timeframes for when information has to get to us the, you know, the 45 days prior to the beginning of the reporting et cetera, et cetera so the recognition that it takes time to do this.

Bill Decker: And it's easy to overlook the fact that that a lot of information comes into us from a lot of different sources all applying to the same people that you are a lot of time reporting on yourself.

We try our very best to keep it all straight. And as Pat pointed out, your situation is very normal.

(Bert Henry): Thank you very much.

Coordinator: Your next question is from (Sharon Clayton) of Highmark. Your line is open.

(Sharon Clayton): Hi. My question is regard to John's statement about using the Section 111 data for the demand notices. We've had some issues with the small employer exception.

And to save both of us a lot of work, I'm wondering if there's something we can do until we get our issues resolved to not issue demand notices for the small employer exceptions that we've reported and unfortunately were denied?

John Albert: Yes. I mean we can't address that particular issue on this call. So...

(Sharon Clayton): Who can we work with John?

John Albert: I mean that's a function of MSPRC and COBC in terms of taking the data. But if we don't have an exception on file that's not going to stop a demand from going out if you don't have any...

(Sharon Clayton): Well unfortunately you guys do have exceptions on file. But we'll take it offline.

John Albert: Yes. It's kind of outside the scope of this call.

Bill Decker: That's - right. It's outside the scope of this call too.

(Sharon Clayton): Thank you.

Coordinator: The next question will come from (Claudia Myduck) of Health Net Inc. Your line is open.

(Claudia Myduck): Yes hi. We have a multiple employer plan association that is not willing to report as a planned sponsor but rather they want to provide each individual employer's EIN and a number of employees for each individual employer.

So is it allowed for the regulation or is it mandatory that they report the planned sponsor EIN and then the number of employees based on the largest employer within that association?

Pat Ambrose: Can you hold on for a minute please?

(Claudia Myduck): Sure.

John Albert: I mean we need to make sure we had, you know, all the information straight here. But basically if it is a multi-employer plan it's the plans sponsor that's required. And that is in the guidance. So...

(Claudia Myduck): Okay great. I have one follow-up question kind of along the same lines.

John Albert: Just let me interrupt you real fast though. and that is the - you know, again, these kinds of issues regarding cooperation or lack thereof, we do want to know about these because again, that can help us tailor our outreach to assist reporters in getting the information they need. So...

Pat Ambrose: So should they send that to the Section 111 mailbox?

John Albert: Yes, if you don't mind.

(Claudia Myduck): Okay.

John Albert: That just helps us...

(Claudia Myduck): Do you want the name of the specific association?

John Albert: Oh sure...

(Claudia Myduck): Okay.

John Albert:names.

Pat Ambrose: Yes. And possibly in the title of your email even put as follow-up, you know, as requested on the GHP call or something. That helps us...

(Claudia Myduck): Okay.

Pat Ambrose: ...submit accordingly.

(Claudia Myduck): Okay. And the my follow-up question along the same lines of plans sponsors whether or not a health insurance purchasing cooperative would be considered a plan sponsor?

Bill Decker: Who are the members of the cooperative ?

(Claudia Myduck): From my understanding they're small employer groups that purchase into this health insurance purchasing cooperative so they can obtain their insurance for the program.

Bill Decker: Yes. That's a...

John Albert: Yes, that's a multiemployer plan.

(Claudia Myduck): Multiemployer, okay. Okay, thank you.

Coordinator: The next question is from (Amanda Agard) of SelectHealth. Your line is open.

(Amanda Agard): Hi. I had a question in regards to the employee count. When we have a controlled group and they all file their taxes separately so if the Ford dealerships are a controlled group and they all file separate taxes, are they all separate employers or are they all single employer?

John Albert: I don't know if we can answer that question with this group of people here.

Bill Decker: Run your question past us one more time.

(Amanda Agard): Okay. So I have a dealership that has four locations. There are a controlled group but each of the four locations do file taxes separately.

And we haven't been able to determine if they are one group, we count all of their numbers as a total or if we count each location separately?

John Albert: It would be one.

(Amanda Agard): They would be one?

John Albert: Yes.

(Amanda Agard): Okay. Thank you.

John Albert: Just as GM is one with its 80 subsidiaries.

Bill Decker: Right.

(Amanda Agard): Okay. So it does not matter because of the fact that they file their taxes separately?

John Albert: It doesn't matter.

Bill Decker: The mere fact that they file separate taxes - separate - their taxes separately doesn't detract from the fact that it's still the same firm.

Pat Ambrose: You can find some of this covered in the MSP regulations in MSP manual in those...

Bill Decker: Yes.

Pat Ambrose: ...there's a sights to that those regulations in the User Guide.

(Amanda Agard): Yes, we've been using that. And they want us to count them as a single - or as separate employers because they file their taxes separately.

Pat Ambrose: No. I don't believe that there's anything in there that...

John Albert: I don't think the IRS would qualify them as separate entities even if they have multiple (HIN)s.

(Amanda Agard): Okay. Okay thank you very much.

Coordinator: (Barbara Sipe) of Health Net, your line is now open.

(Barbara Sipe): Thank you very much. Good afternoon. This seems to be plan sponsor day. So I have a question also regarding a plan sponsor that is also filed as an RRE.

They filed as an RRE because they have participants that are both with fully insured GHPs and self-insured. And they appear to be wanting to report all coverage, both insured with those with insured GHPs and self-insured.

And the question is is that an option? In other words if as a group health plan we have insured coverage for members of this trust who is the responsible reporting entity for those individuals, the trust who is filed as an RRE or the group health plan that provides the insured coverage?

Bill Decker: Well we're going to put you on hold for a second. We'll be right back.

(Barbara Sipe): All right, thank you.

Coordinator: The next question will come from (Daniel Main) of WI Auto and Truck Insurance.

John Albert: Operator.

Bill Decker: Operator we're not - we haven't gone away from the previous question yet.

Coordinator: Oh I'm sorry. Go ahead and continue.

Bill Decker: We got ourselves on hold temporarily while we discuss to see if we can come up with an answer. Okay? We'll be right back.

(Barbara Sipe): Thank you.

Take it away.

John Albert: Okay. So in this situation then you're talking about two RREs here.

(Barbara Sipe): Correct.

John Albert: Trust, the trust could report as an agent on behalf of the GHP or TPA for the union insurance plan that it, you know, as the trust for or whatever.

But essentially you're talking about two RRE IDs being...

(Barbara Sipe): Right.

John Albert: ...required in this situation. The trust can't report as the RRE for the GHP coverage...

(Barbara Sipe): Okay.

John Albert: ...or, you know, the TPA. But they could as an agent if that was a way to facilitate reporting a little more easily.

(Barbara Sipe): And it's at this point, you know, they're not acting as our agent. I think they're assuming that once they registered as an RRE that they would report everything, both self-insured and insured GHP coverage.

Pat Ambrose: That's just...

(Barbara Sipe): They're making this an option?

Pat Ambrose: No, it does not sound correct. I mean basically what John's talking about is the physical transmission of the data. You could work out an arrangement. But if you...

(Barbara Sipe): Right.

Pat Ambrose: ...are the RRE for that, for those GHPs that are insured and not part of the self-insurance...

(Barbara Sipe): Right.

Pat Ambrose: ...they have to be, you know, it has to be your authorized rep registered under your RRE ID and the files have to be submitted under your RRE ID.

Now...

(Barbara Sipe): Right.

Pat Ambrose: ...again as John said, if you want to make out some kind of arrangement where they facilitated delivering the data as a reporting agent, they could. But they'd still have to do it under your RRE ID.

John Albert: Right.

(Barbara Sipe): Okay. Thank you.

Coordinator: (Daniel Main) of WI Auto and Truck Insurance, your line is now open. Thank you.

(Daniel Main): Thank you very much. Good afternoon. We had in our September submission file, we submitted several people who were accepted which now we have determined have small employer exceptions.

So my question is do we now need to delete those records that were accepted and submit adds again for them or do we need to just do an update to indicate the small employer exceptions?

Pat Ambrose: You have to delete them because there's an MSP occurrence out there. And in order to remove it we need a delete transaction. Then you resend it with that small employer exception or C HICN and it will be reconsidered and most likely bypassed.

But yes you have to send a delete in that case.

(Daniel Main): Okay, but doesn't that depend upon the effective date of the small employer?

Pat Ambrose: Oh yes, yes I'm sorry. Thank you for pointing that out. I think we put something in the Event Table in the User Guide about this.

John Albert: Yes. I mean there's going to be cases where the exception is either totally outside the reporting or partially inside.

(Daniel Main): Right, yes. I'm looking on Page 44 of the manual. But it seems to indicate that your recommendation was that as soon as we make the - as soon as the application is submitted we should from that point on start submitting it with the SEE.

But we didn't do that. We submitted it without the SEE. And so...

Pat Ambrose: Yes. You're not to submit it with the C HICN until you have approval for that exception.

(Daniel Main): Except on Page 44 it says if a C match is not found an MSP occurrence will be generated if applicable. A C response to FN will be returned to the submitter indicating that the C HICN was not found.

This will give the submitter the opportunity to advise the multiemployer plan that CMS has no record of the approved C. Then you can actually request the C.

So why would you be submitting - it sounds to me like you - as soon as I fill out the form to mail it that's when I should be starting to submit the C HICN. And then if you guys come back and it's denied then fix it.

Pat Ambrose: Well I mean you could take that approach. But...

(Daniel Main): Because later in that - on the third paragraph under Section 2 7.2.41 in the second paragraph it says if a reply is received any time during 2009 you go - must begin sending the data.

John Albert: The reason we're asking you to submit the MSP record prior to the application being accepted is that what happens if it's never accepted? You're obligated to report that MSP occurrence. So it's, you know, submitting an application does not grant a...

Bill Decker: Does not guarantee acceptance.

(Daniel Main): Okay.

John Albert: So that's why we say so to preserve the timeliness requirements for submitting MSP information you have to assume that the C isn't going to be accepted and report that data.

Now hopefully if it's, you know, a clean submission, which in many cases they are not, that C will already be there or be there very quickly.

But if it's not -- and we've seen this before -- people have tried to claim C for things that they can't claim C for et cetera, et cetera, you want to make sure that you are still reporting MSP occurrences to CMS on a timely basis.

(Daniel Main): Okay.

John Albert: ...as Section 111.

(Daniel Main): Okay. And to - so the key matching requirements that are laid out in the other places in here should then also include a thing that says whether or not you have a C HICN submitted?

Because the add delete functionality that was documented in the manual with all your guidelines don't really address that. So that's why I wanted the clarification. So we will need to delete and then add those records back in with the SEE C HICN. Okay.

Pat Ambrose: Yes. Okay, you know, I see what you're getting at. Could you do me a favor and kind of submit your issue to the Section 111 Mailbox and we'll see what we can do to update the User Guide on this if it's not clear?

(Daniel Main): Okay.

Pat Ambrose: But you're good to go as far as your question at this point.

(Daniel Main): Thank you.

Pat Ambrose: Okay.

John Albert: Thanks. That was a great question.

(Daniel Main): Yes.

Coordinator: (Marianne) of International Association of Heat and (Insulator), your line is open.

(Marianne): Thank you. I would like to have some clarification on how we report the employer's number of employees?

We have multilevel or multi-employers but not all of their employees are covered under our plan. So (does it) just account for who's under our plan or does it cost - count for the employers total amount of employees?

Pat Ambrose: It's the employer's total amount of employees. And, you know, you may not have that information obviously right up front because you only have a count of covered people. You have to go back to the employer and obtain that information. As...

(Marianne): Okay and that includes their office staff and sales staff?

Pat Ambrose: Yes. It's any full or part-time employee.

(Marianne): Okay. Thank you.

Bill Decker: Anywhere any full-time...

Pat Ambrose: Yes worldwide in the entire organization -- subsidiaries...

Bill Decker: Right.

(Marianne): Oh fun.

Pat Ambrose: Yes it is.

(Marianne): Thank you.

John Albert: Too bad where we didn't write the law. No.

Pat Ambrose: Shoot the messenger.

Bill Decker: Next question.

Coordinator: The next question will come from (Lucy Wynn) of Health Net. Your line is open.

(Lucy Wynn): Hi thanks. I just wondered could you please clarify if we can use these pseudo-TINS, you know, with the Y TIN indicator be on January 1 of 2010 or is that still the...

Pat Ambrose: You can but you'll start getting compliance flags on the record. And, you know, but you should continue to send them that way. And then try to obtain the information as soon as possible.

(Lucy Wynn): Okay. Yes we are trying to obtain it...

Pat Ambrose: Right. And, you know, just...

(Lucy Wynn): ...but for the ones that we're still having trouble, yes.

Pat Ambrose: ...yes just keep a record of that. You know, we realize that, you know, people are still - we'd rather have the data with these pseudo-TIN than not at all so that we can pay claims correctly.

But, you know, you will start getting the compliance flag and that will be looked at. But, you know, there's no fine or anything like that automatically calculated and imposed by the system as a result of that.

(Lucy Wynn): Okay.

John Albert: Just, you know, as Pat said, you know, keep good record of your attempts to get it, that's all.

(Lucy Wynn): Okay, thank you very much.

John Albert: Thank you.

Coordinator: And at this time there are no further questions.

Bill Decker: Okay great. Thank you very much, Operator. We're glad you all could join us on this call. And we thank you for your participation.

We will have more of these GHP calls. Take a look at the Web site come January and see when they're going to be. And thank you all.

Operator, we can sign off now. But before you go away could we please have a final count of the number of people who were on the call?

Operator?

END