TRANSCRIPT
TOWN HALL TELECONFERENCE

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DATE OF CALL: February 18, 2010

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: John Albert
February 18 2010
12:00 p.m. CT

Operator: Good afternoon. My name is (Chris) and I will be your conference operator today. At this time I would like to welcome everyone to the MMSEA111 GHP Conference call. All lines have been placed on mute to prevent any background noise. After the speakers' remarks there will be a question and answer session. If you would like to ask a question during this time simple press star then 1 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 this is John Albert and with me I have some characters in front but before as Pat Ambrose and William Decker were short of few people today but they are primarily involved to more policy issues and since this process has been up and running for quite some time. We expect mainly technical calls if there is a question we can't answer because of the lack of some participants here at CMS beside, we apologize it in advantage but again we will continue to try to get people to answers they need. For the record today is Thursday, February 18th 2010. And this teleconference event is for GHP reporters under section 111 of the MMSEA.

We will begin with a presentation by Pat Ambrose and then follow up by, do you have anything Bill?

William Decker: Yes, I have (I'll make one quick of those).

William Decker: And Bill Decker has something as well and then we will begin the usual question and answer session afterward and try to get through this as quickly as possible and if we finish early we finish early but the call will last until about 3 o'clock this afternoon Eastern Standard Time. Today we have many hundreds of GHP reporters in production right now reporting data to use and

we continue to evaluate the data we receive and the process as it goes for these people mind that for those out there who don't there continue to be CBT courses being posted and they are there at all times to use for additional training.

Also I want to remind everyone that occasionally we may state things that are – that contradict the official GHP user guide and instructions on the mandatory insurer Webpage and if there ever is a conflict we have to remind people that the official documentation on the Web pages would goes again we apologize if we might occasionally say things that contradict some of our materials but again need to make sure to trust to point you to not the transcripts of the call but the official instructions on the mandatory insurer reporting Website. And with that I will turn it over to Pat. He wants to go over some technical issues and questions. Thank you, Pat.

Pat Ambrose: OK, thanks John. First some general announcements. As you know, version 2.0.0 of the HIPAA eligibility wrapper or the HEW software H E W, HEW software is now available. The mainframe person can be obtained from your EDI representative, the Windows PC version can be obtained by logging on to the section 111 COB's secured Website and downloading the software and accompanying documentation from there. In that documentation we had intended to include instructions on how to invoke this version of the HEW software from a command line process. We failed to include those instructions unfortunately and we are updating them now to include that information, in the mean time you can get this information from your EDI representatives.

I will also give you what the commands are over the phone now but rest assured that you can obtain this information from your EDI representative. So the command lines execute the HEW software without the graphical user interface or the GUI presentation is hew.exe –O, the letter O followed by the letter N, the dash O indicates this is the outbound conversion to the 270 format. So for your query input file, the N indicates that it is a non-GUI presentation or use of the HEW software. Likewise to convert the incoming 271 response format the command is hew.exe hyphen or dash the letter I followed by the letter N. The dash I indicates that this is the inbound

conversion from the 271 format and again the N indicates this is a non-GUI presentation.

The software's uses the same files that are already defined in the associated INI, or ini file and those can be altered as needed. So I hope that provides some helpful information again follow up with your EDI representative if you are having trouble with that. Another reminder regarding formatting of address fields. This is not actually documented in the user guide but is very helpful to us in terms of making use of the addresses that you submit on your TIN reference file. Address line one should contain only the street number and the street name of the address and address line two should contain things like apartment numbers, floor numbers, suite numbers attention to and those types of instructions, internal mail drop box numbers et cetera. So please restrict if you can address line one to only the street and street number and put other information associated to the address in address line two, basically following the U.S. postal service requirements.

Also I would like to remind you of the escalation process when you are experiencing issues with your section 111 reporting, please see the user guide in section 12.2, obviously you are to start first with your EDI representative and if your issue remains unresolved after with the specified amount of time a couple of days or what is you know considered reasonable then please escalate your issue to the EDI department supervisor and then subsequently the escalation can further proceed to the EDI departments manager and finally to the COBC project director. This process is explained in the user guide in section 12.2. That way the COBC is able to address your concerns and is aware of your concerns, at certain times people are making direct phone calls and sending direct e-mails to resources that CMS home office and it's not really an appropriate way to address your issue and sometimes the e-mails come into the section 111 resource mailbox and again you are much better off getting your situation addressed if you follow the escalation procedure in the user guide.

Another reminder, we are going through the current set of GHP RRE IDs and any of those that are appear to be abandoned we are trying to clean up the database and contacts associated with RRE IDs that are currently not used not

being used for testing or still in an initial registration status or a setup status. We are – we have already sent out a series of e-mail to those contacts asking that they contact the COBC EDI department and explain the situation and in most cases request that those RRE IDs be deleted. And in fact last series of e-mails will go out giving RREs one last opportunity and then we will just go through and delete any RRE ID that appears to be in an abandoned state.

We do understand that some folks registered erroneously and then subsequently abandoned the RRE ID and it will be never be used for any testing or production therefore it needs to be removed. So I just wanted to provide a reminder to you on this call to please contact the EDI department if you are one of those individuals who happens to be the owner essentially of an abandoned RRE ID. We are working to clean those up and then after a couple of weeks from the next e-mail issuance or warning these IDs will be just be deleted. Again these are IDs that are not in a testing status or a production status.

William Decker: And if someone registers they can always come back and re-register at a later date.

Female: Yes, or if there is a reason that they are in one of those statuses and they can't proceed and they don't want their RRE deleted, they need to get in touch with their EDI rep also.

Pat Ambrose: Yes, absolutely. Obviously if you have an RRE ID that has not moved to a production status yet and you are in contact with your EDI rep we won't be deleting those that are actually going to be used as just the one said are abandoned and we haven't heard back from the associated contact. On the last call we had a caller who asked a question about split entitlement records that were returned and subsequently an e-mail was submitted on this topic with very clear examples of the circumstances. This was two scenarios one where the Medicare beneficiary was entitled to Medicare for disability and then their entitlement changed to being entitled due to age. The second example had to do with an individual who was entitled to ESRD and then aged into Medicare or turned 65 and so essentially that individual had dual entitlement to Medicare for ESRD and for being over the age 65.

I am still working on getting definitive answers. The question remains what happened was one GHP coverage record was sent for these individuals but the system returned two response records with a why in the split indicator due to the change in entitlement for these individuals. The MSP occurrences that were created and in one case the individual ESRD that second period of time was bypassed. I have confirmed that that was, the system reacted accurately in the sense of setting up MSP occurrences. The real question remains though what should the RREs do to maintain these records going forward. In other words should they send updates and deletes with the original GHP effective date or must they make use of the effective date of the second split response record that was returned and unfortunately I don't have a definitive answer, I can't say that you may use the MSP effective date of the second records that were returned to maintain those information – maintain that information ongoing but I really hesitate to give you a definitive answer saying that you have to do that, that would be a departure from what we have said in the user guide so far. So I want to be very careful that I get to the bottom of this and how the system will behave particularly in the case of subsequent delete transactions.

So please stay tuned and we will provide more information on that as soon as possible on the next call and most likely if it does require a change to RRE processing, obviously the user guide will be updated but we might issue an alert in the mean time before that update can take place.

Also just some general announcements that we have made in the past but we want to continue to remind RREs that you must process your response file. It contains critical information regarding your section 111 submissions, process your response file from the last quarter before sending your next quarterly file submission, even if that means the file will be late. CMS would rather have it done correctly than submit it on time but without the proper processing. If you are going to be late at anytime with your MSP input file please notify your EDI representative to keep them in the loop of on what's going on your side of the fence.

Please only submit delete records in the case where the original record was previously accepted with an 01 disposition code. 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 no matching record will be found. Remember that you are not to delete a record when an individual's GHP coverage ends. Please send an update transaction with the termination date in those cases. Files that are completely rejected or have a very high percentage of records rejected for example for a missing TIN reference file record, these are to be corrected and resent as soon as possible, do not wait for the next quarter to fix the serious problems such as those. Please work with your EDI representative if you have any questions about that but again you know we are looking at some files that have essentially every single record then rejected and returned on a response file and we do not want the RRE in that case to wait until the next quarter instead we want to address that issue right away. Please again contact your EDI representative and work through those issues.

If you have mistakenly included retirees on your MSP file, please do not wait until your next submission to correct it. Now this kind of depends on the magnitude of the problem, but at once you have realized that you have erroneously sent retirees that are not active covered individuals on your MSP input file and Medicare the COBC has created MSP occurrences saying that the GHP is primary instead of Medicare which would not be and if that is not correct then please contact your EDI representative about that situation immediately and follow their instructions on what to do to correct that.

I am now going to launch into some of the questions that were submitted to the CMS section 111 resource mailbox since the last call. One of the first questions had to do with an insurer reporting that they have received Medicare demand summaries from some employers with the employer requesting the insurer to help them respond to CMS regarding recovery demand. The question went on to ask for more information regarding recovery demand. Any questions regarding recovery demand must be directed to CMS's Medicare Secondary Payer Recovery Contractor, or the MSPRC. So please see the contact information on the MSPRC's Website which is www.msprc.info, that's info I N F O or call the MSPRC at 1866-MSPRC20

which translates to 1866-677-7220. Again on their Website you can find that same phone number. Those recovery demand questions cannot be addressed on this call or via the section 111 mailbox.

Another question came in regarding a member who is aging into Medicare, they are covered by a commercial plan and the question is really centered around does Medicare do something special when it realizes that it has a new beneficiary who is entitled due to age, does Medicare do anything with MSP occurrences and the answer is no. The RRE is responsible for submitting the applicable termination date on their next quarterly MSP input file. It's true that there may be a timing issue and the individual Medicare claim might initially be denied. However in these situations usually the beneficiary contacts 1800 MEDICARE or the COBC directly and requests that you know explains the situation that they no longer, they were retired or they no longer have GHP coverage and that Medicare should be primary and the proper termination date is manually added to the MSP occurrence.

Even though that is usually the case and then the provider may resubmit the claim and the claims will get paid the second time around. So it's not a perfect world situation but for right now since we are on a quarterly reporting process it's really the best we can do for section 111, without notification from the RRE or the beneficiary Medicare has no way of knowing when an individual looses their GHP coverage, retires or has any other change in status. So even though the beneficiary might be making this notification themselves, the RRE is still responsible and required for submitting the applicable termination date on their next quarterly file.

Another question was submitted regarding situations in under our (inaudible) plan, a union plan where individuals earn their GHP coverage in a sense on a month-to-month basis and the RRE who is reporting may not know how long this individual will actually pass coverage and they wanted to know if they should be submitting the coverage since they only know that an individual is covered for one particular month and they are not sure whether it will extend, what should they do when they submit this information on their MSP input file. You should leave the termination date open ended until you know for certain whether the coverage was not carried over, whether the coverage was

not continued into the next month, then send an update record with the actual termination date if it wasn't carried over.

If the coverage resumes at a later date, send an add record with a new effective date. If the coverage turns out to be contiguous and you had reported a termination date then send an update to change the termination date back to open ended again. Again it's not a perfect world situation but on a quarterly reporting basis, it's really the best that we can do.

We also received a question I might defer to my colleagues here at CMS. This question had to do with the requirement for field 15 on the MSP input file detail record which is the policy holder's Social Security Number which translates into the employees Social Security Number. This is not necessarily the person whose coverage is being recorded on the MSP input record it might be a dependent of that employee who is being reported but this field for the policy holder Social Security Number is currently required. And so to make a long story short CMS is taking this issue into consideration. The field is still currently required and we will have to get back to you later with additional information. So John and Bill do you.

John Albert: Yes, I mean the one of the questions was what happens if that person doesn't provide their SSN, the first piece of advice is that you should go directly to that employer for that employee he has to sent, because they have to have it for purposes that we all know like different taxes. But in terms of the SSN, I mean the reason that that is used is primarily for CMS's recovery efforts and that is that if the beneficiary is not the employee CMS has repeatedly been rebuffed when attempting to a start recovery with employers that they do not know who that person is and that has to send as a way that you know unique identifier that all employers have for their employees and allows them to identify who the staffs of the or dependant of the subscriber or employee actually is. This goes way back in terms of history between CMS and with its recovery efforts, obviously as more and more focus move away from using SSN as any type of identifier we are exploring the option of making that field perhaps optional or allowing people to substitute the subscriber SSN with say unique identifier that the insurance carrier would have for that person et cetera, but for now that field is still mandatory and its again its primarily

because when its starting recovery CMS has run into issues where the suppose if debtor was not able to confirm internally that this was in fact one of their individuals that they were responsible for and what ends up happening is it drags up the recovery process which ends up hurting the employer as well as CMS and all involved.

Our goal of course in any of this is to pay it right the first time where there is a mistake and pay him and identify it, CMS wants to provide as much information to the employer to allow that employer to resolve its debt to Medicare as quickly as possible, so.

Pat Ambrose: OK. Back to some other questions. We had someone ask whether they may use the 40 – age 45 and older threshold now instead of waiting until 2011.

And yes you may, you are not required to until 2011, but you may certainly implement that right now and I am referring to the age thresholds that are provided in the definition of active covered individuals. So as a reminder active covered individuals right now are anyone who is covered by active employment and is over age 55 and that will change to 45 in 2011. Anyone that you know to be an ESRD patient diagnosed with ESRD and then thirdly anyone that you know to be a Medicare beneficiary and have the HIC Number for already. So those individuals that are under age 45, in fact when you submit an individual under age 45 on your MSP input file we do require that you submit the HIC Number. This was put in place in an attempt to make sure people weren't dumping their entire eligibility rules on us, on the MSP input file but rather only submitting active covered individuals or those individuals found to be, those active covered individuals found to be Medicare beneficiaries through the query process.

Secondly the questionnaire went on to state that certain employers or plan sponsors of GHPs for whom the questionnaire the insurance company is actually the RRE they are noting that some of these employers or plan sponsors erroneously registered and they are not going to use their RRE ID and as I have stated earlier those employers or you know whomever it was that register erroneously, individuals from that organization need to contact the COBC EDI department and explain the situation and request that their

RRE ID be deleted if they are not using it. We don't want the current or true RRE to be making request to delete other RREs established by other entities.

So it should be a representative or must be a representative from organization that erroneously registers requesting that delete. And as I said after a certain period of time we are just going to just delete them anyway, so.

This RRE also went on to state that they were having some difficulties getting deletes processed for retirees that were erroneously submitted. I don't know from the question what exactly the problem is, one recommendation I have is that you take the original record that received in 01 disposition code and essentially send exactly that same record except for putting a 1 for delete in the transaction type. And therefore that delete record should be processed normally. There could be exceptions to that due to changes that have been made to MSP occurrences in the mean time. I am not really sure but the most important thing is to work with your EDI representatives and then escalate the issue of further according to the escalation procedures in the section 12.1 that we talked about earlier.

This RRE was also discussing that they are interested in transitioning from reporting from the active covered individual definition reporting method for their MSP input file to using what we have referred to as the finder file method, where you would query active covered individuals first and for those that are found to be Medicare beneficiaries, only submit records for them on your MSP input file. You can use either methods and these methods are explained in section 7.1.2 of the user guide. Also there is a CBT, a computer-based training module that's really good related to this. It's called the MSP Input File Reporting methods that gives a very clear explanation about how the use of – how to go about using either methods. And you can make a switch to this at any point in time. There is nothing special that you have to do, obviously you have to continue to maintain the records that you have previously submitted that were accepted within 01 disposition code. You also have to continue to monitor active covered individuals that were not matched to Medicare beneficiaries until such time that user coverage are no longer in active covered individuals by definition.

You can monitor them by continuously sending them on the MSP input file or the other query. And otherwise again most importantly when you have questions of this nature it's a great idea to work closely with your EDI representative to talk about your plan and sort through it. This RRE did have a suggestion that I want to provide a warning about they were thinking well if I am going to transition to using the finder file method, maybe I need to go back and delete all the records that I have previously submitted, please do not do that. That will cause all of us a lot more problems. So please do not send a full file delete in a sense start over from scratch that's about the worst thing that you could do.

Essentially using your old response files to determine which records you need to delete and sending delete records for them going forwards it's probably the best approach. It's not necessarily an easy process but that would probably, it's the safest.

OK, now with that another question came in regarding disposition codes 55, and why we removed it from the user guide. We removed it because it was never possible to be returned and the submitter of this question pointed out that it might be a rather convenient disposition code to get because it might tell us more about what wasn't matched when the COBC attempted to match the covered individual to a Medicare beneficiary, did the HIC Number right or the SSN right or the name wrong or, but the fact is it was removed and will stay removed because that's the way the system works. So 55 was never possible, you will for a mismatch, are they covered individuals to a Medicare beneficiary the only possible disposition code is a 51. And when that information does not match to a Medicare beneficiary we can't tell you what was wrong.

Even a matching Social Security Number or a HIC Number could have been a typo or co-incidence, it would really be a violation of privacy rules to be telling you well you got close you know you have got that first name and the birth date but not these other fields. And it could even open up the whole process to a fishing expedition which we cannot do. So if it doesn't match, you know the rules you have to examine your data and that's about all that I

can tell you that we cannot tell you anymore specifically about what didn't match, so.

William Decker: Yes, hi Pat. This is Bill Decker. I am going to give Pat a brief break here and answer the next question in the line which is a question about whether or not to provide certain, what type of coding to provide under certain circumstances when it's a network versus the non-network code situation or delivery system situation. I just tell you that this is a – the term network when used in our systems here means EDI network and so if you are a plan that has a drug benefit that you would administer and the benefit uses networked pharmacists for example or you have a direct EDI connection to a PBM for example or some such operational type that would be a network code that you would provide and if you don't have a connection to the EDI networks that are used to both transmit data about drugs and payment and billing and reimbursement about drugs, that is if you have a free standing pharmacy for example dedicated to your own health center for example that is not connected to an EDI network, that would be a non-network connection. And that is a question we have been getting ever since we have been doing EDI data exchanges and I am glad we got it again because it was, I always want to describe. Thanks Pat, go ahead.

Pat Ambrose: Sure. And we certainly do want GHP reporters to submit their drug data. So you know any questions you have about that, let us know. The next question Bill, you might want to help me out on as well. This one has to do with an RRE who only has group health plans that each have less than 20 employees. The each employer has less than 20 employees and they were wondering whether they need to register and report and I thought that one important note, the 20 employee rule applies people who are entitled to Medicare due to age, however the number of employees has no impact nor does even the current employment status have any impact on whether an individual is entitled to Medicare due to ESRD. And regardless of the size of the employer, an individual, a Medicare beneficiary entitled due to ESRD would need to be reported.

William Decker: That's basically right if you are a potential (RR group than) RRE and you have anything to any reporting that you have to do, you do have to register it to report regardless of what your size is. If you are – the question here also extends to if I am – or if I belong to a group of small employers let us say group of say 100 small employers, does that qualify as a group health plan and for that question I can catch John Albert's attention here just for a second. Will that question does a, the question about does a large group of small health plans followed by as a multi employer health plan rule that has to plus have the plan administrator register within the RRE for everybody in the group, everybody in the group is 20 or under, actually under 20 employers would have to be in the group but there are say 20, does that. John is saying no, so.

John Albert: If one of the employers has you know 20 or more than yes but if nobody does than no.

William Decker: And no, on the other hand if any employer has someone who must be reported to us because of their particular Medicare eligibility status then that employer has to register.

Pat Ambrose: Yes and...

William Decker: Or that insurer would have to register.

Pat Ambrose: And there is a note in the user guide about RREs who – entities who are RREs for the purposes of section 111 GHP reporting are not required to register if they have nothing to report. This, it gave some other examples in there but it wasn't meant to be an inclusive list of the possibilities. But the caveat is that when you anticipate having something, having someone to report having something to report then you need to register and test in enough time to make a timely report of that and register and test essentially the quarter before that reports that we do which is kind of tricky since you never really know when someone might become ESRD entitled. So at any way that's, there is also another question later on I think regarding the definition of multiple employer, multi employer plans that we will get to, it's not right in front of me. OK.

Another question was sent regarding deletes I think we have probably covered this topic again you should always work with your EDI representative when it comes to handling, sending in deletes for records that you shouldn't have sent on your MSP input file. The file if you sent files of schedule very often your EDI representative will tell you to send a file of deletes. It depends on the magnitude of the problem and circumstances surrounding the problem. But very often they will ask you to submit a file with delete transactions for these records as soon as possible in off your regular file submission timeframe schedule.

The file will like suspend with a threshold error and the EDI representative has to intervene to release it to get it processed. And then they will be processed immediately after being released and I can't say exactly how long these files take to process but fairly rapidly within a week or two. There is no harden staffs requirement to submit these files with a particular number of records however again to control the process your EDI representative will advice you if you have one or two deletes to send that probably can wait to your next quarterly file submission if you have 3,000 then will likely ask you to send it immediately.

So again the most important thing is to be following the guidance from your EDI representative because each case represents a unique circumstance and will be handled as such.

Next question, there is a question submitted related to, I have submitted a record for someone on they – this is again another ESRD example on, it is true that someone who is entitled fully for ESRD after a successful kidney transplant in a certain period of time happens they may lose their entitlement to Medicare coverage and it might resume again later though is the question or the problem. So the questionnaire was asking what should I do with this individual, should I continue to send them and the answer is yes you should continue to send someone who in the past was entitled to Medicare for ESRD or any reason and because in the event that they may, their entitlements might be reinstated at a subsequent date. So the and by resubmitting you may monitor them through the query process or you may submit them on your MSP input file but that's the safest thing to do because again people can have

breaks in their period of entitlement and just because entitlement has ended it doesn't mean that it might not start up again. This question went also went on to ask about HIC Numbers or you know people that were enrolled in Medicare fraudulently and HIC Numbers being revoked and I personally am not aware of a situation like this but what I can say is that you will always get the current Medicare health insurance claim number or HIC Number back with the current Medicare coverage dates on queries and MSP response records and you may use that information as necessary.

I really don't know what happens in the case where if someone was added to the Medicare rules fraudulently and then removed but certainly if you query them after their coverage has been revoked the query response would provide that information as either not a match or no applicable dates of coverage.

William Decker: The attitude that Medicare roles would comes from the SSA and they were added fraudulently it would be only I noticed from SSA it would remove them also and as far as I know those numbers go into suspense and don't any such number like that would go into suspense and not be reused by anyone else.

Pat Ambrose: And what's important also to remember is that we always check the Medicare status on every add, update, and delivery and delete record, both on the query file and the MSP input file. So if there is no match they will get a 51, if there is a match you know you will get the applicable response code disposition code and will be returned the current HIC Number and Medicare coverage dates again which you can use. So I hope that addresses that question.

John Albert: I want to circle back Bill brought up the question about the registration on the employer size. I want to make sure people that misunderstand what I was saying and that is if you have no MSP to report you don't have to register for section 111. So you know regardless of the employer size you know if there is no MSP to report you don't have to register but if you do have something to report which in the case of small employers with maybe the ESRD beneficiaries and the registration requirements would kick in but the point is as people are writing but I am a small employer I have you know five employees or whatever on part of a group health network, lots of small employers. Obviously if there are no ESRD (bennies) to report than they

would and they are not going to age or disable to reprove because the employer size rules kick in there and they do not have to register, but again we do cover folks that are entitled to Medicare and have coverage through work status and there is MSP that is a reportable event. So I will defer back to the user guide on those instructions which are in there. But again I want to stress that if you have nothing to report because you have no MSP you don't have to register but if you do you have to register. So, anyway.

Pat Ambrose: OK. Couple of more questions, someone reported that they received back on their response record a different transaction type then they have submitted. So they have submitted an add transaction and in some cases a zero in the transaction type for an add and in some cases they received a response record with either a one or a two for update or delete and that is a mystery that if that is indeed the case you need to report that with specific examples to your EDI representatives. What I suspect is that you might not be looking at the correct position in the response record. The transaction type is in position 44 on the input record but it's in position 50 on the response record. So check that and then if you still see a problem report it to your EDI representative and we will investigate it, it's not something that we have ever heard of before.

The next question that I was going to cover had to do with changes to the addresses on TIN reference files records. When you change an address you are keeping the TIN the same perhaps but you are changing the address on the associated TIN reference file detail record, you need to send the updated TIN reference file detail records with the new address for the TIN and then also please send the MSP input records with that TIN as well on your next quarterly report even though the TIN is the same and nothing has changed on those records just send them as updates. This will ensure that the MSP occurrence that the COBC post at CWS gets updated with the correct address, no errors will be produced. There were concerns that if I have sent an update record but nothing has changed am I going to get an error and the answer is no and the system will recognize because average processing that record its picking up the new TIN reference file information and so it will be treated as any other updates and the new TIN address will be picked up and associated

with it and then applied to the MSP occurrence that is used by other systems here at Medicare.

Another question what needs to be reported for an employee in the USA on a working visa does not have an SSN for themselves or their dependents and the answers is nothing. If an individual has no SSN they cannot be covered by Medicare. They are not a Medicare beneficiary and therefore do not have to be reported. I have one last question and that's actually for Bill Decker to do we want to go back to the clarification of the multiple employer multi employer group, there was a question submitted related to the definition. And what I can say about that is indeed MSP, the CMS Medicare MSP manual which can be found on the CMS Website there is a link to that Website in the user guide, its www.cms.hhs.gov/manuals/iom for internet only manual. At that link is a list of Medicare manuals and the MSP manual is publication 100-05 and in the first chapter of that there are definitions given and definitions of multi employer and multiple employer plans.

I won't read the whole definition but it does say the term multi employer group health plan means a plan that is concert jointly or contributed to by two or more employers sometimes called a multiple employer plan or by employers and unions as under the (inaudible) law. And more examples are provided there. I think it's important to note that for recovery purposes it is the plan sponsor or the employer that is the plan sponsor, the GHP that is essentially on the (hook) for the recovery demand to send to the person and they are held financially responsible for reimbursing Medicare of course with the help of their insurer its applicable.

So at any way that's how much information I can give and suggest a review of that definition in this key manual and I don't...

William Decker: That's what would I say too Pat, the definitions that Pat mentioned that are impact in the manual are official CMS definitions, the information in the GHP user guide which is pretty expensive on this issue was also official and if you still have after reviewing both of those (sets of info) of information if you have questions for us or still someone unclear on how to determine that its end message issue area then you can send us another e-mail to our dedicated

section 111 mailbox. Now there were a couple of other questions that were directed to us but CMS is working on the answering for you. I just want to mention one in particular that came from the (New Western State Government Agency) that is a we are actually working on a separate piece of guidance for state governments because they are not at all like for example big insurance companies and we do need to get some specific information out to them. They are however probably required to report under the GHP definitions and they are going to have to keep that in mind going forward but we have had some, we are working with a couple of states now on ways for them to do this most expeditiously that will allow to keep them in compliance with their reporting responsibilities and get the data that they need to sent us, coming to us and get the data that we want to have from them coming to us. But we will get around to that pretty quickly now but that have some other issues of the table other, couple of other things I wanted to mention briefly before we open it up for questions.

And yes, thank you Pat. And here are three of them. First, we have a series of questions about HRA, health reimbursement arrangement reporting. I will be presenting at a conference in the first week of March and most of these questions I will be able to answer at that conference and after that we will be more widely disseminating them. Please just hang on for another couple of weeks and I am sure that you can do that, HRA reporters out there had on this opportunity to wait around hearing from us and finally you are. Secondly different subject of somewhat different subject entirely we do want to remind all GHP RREs and their agents that the GHP RREs are entirely responsible for maintaining the integrity of the data that is collected under section 111 reporting and is sent to CMS and is received back from CMS in the context of section 111 reporting.

We say this because we want to reinforce the fact that that are our data use agreements in place with everyone who is reporting to us and that these data use agreements clearly control how the information that is used in section 111 reporting is to be used and managed, maintained and distributed. Now if we find that there are any folks who are using those rules we will take appropriate action and in the mean time if you are not, don't worry about it. And the other

thing I want to talk about is that some of you may have heard that one way or another that CMS recently extended their reach the production IO reporting deadline for section 111 reporting. I have actually had a couple of calls on that from GHP reporters.

The answer is yes we did but not for GHP, you know we extended the reproduction file reporting deadline for non group plan reporters and so none of you on this call today are affected by that decision that we made to extend the production file reporting. It doesn't apply to you to GHP reporters in any way shear perform and you can, you are should just continue doing what you are doing with the COBC and with CMS (on reproduction on these) data exchanges that you are required to do and that we are trying to help you to. So with that if anybody else here has any comments then we will open it up operator. Thank you. We will open it up for questions now.

Operator: At this time I would like to remind everyone in order to ask a question press star then the number 1 on your telephone keypad. Your first question comes from (Carol Leachman) from Regence BlueShield. Your line is open.

(Carol Leachman): Thank you. Several months ago there was an FAQ document app on the mandatory insurer reporting area of the CMS Website. I can no longer find that document, can you tell me where it's posted now?

William Decker: What was is it (Carol), hi is Bill Decker. What was these documents you are referring to?

(Carol Leachman): FAQs, it was a whole list of things that people had questions and responses you had given.

William Decker: Are you really asking questions on the section 111 Website?

(Carol Leachman): Yes, it was – I can't even remember what area it was under but I know that I and several other people had referred back to it a lot and all of a sudden it's gone.

John Albert: The only way we could think of it is that it has to do with the PRA documentation and there is actually another, there is a pointer on that information to another, is it (OMB) Website that have on that.

William Decker: Yes, if it directly related to section 111 reporting it had to have been in the original documentation that went up about the PRA announcement and the information that was in there because there were general frequently asked questions and answers in that document but I know that you are from also familiar with the old what is now the old insurer voluntary debt insuring agreement process and that program the user guide actually contains a whole section on frequently asked questions. So that maybe what you were thinking about too.

Pat Ambrose: Any document that you think may have disappeared there is a new tab on the Website, it's called mandatory insurer reporting and if you click on that tab you can search for any documents that have appeared on this Website since it went up, so.

Female: That's something fully...

(Carol Leachman): Yes, nothing is coming up. I have looked there several people have looked for it and we just can't find it.

Pat Ambrose: And you can't find it on that list. You know I am not sure.

John Albert: Yes, I think Bill is right, there was that FAQ that we are (assist here) with the old insurer voluntary data share agreement in the old VDSA user guide.

(Carol Leachman): No, this was under MIR.

William Decker: I don't, well we will take a look around you over I don't remember anything.

Pat Ambrose: If you could give us a sample of what the questions were or maybe submit another e-mail and give us the sample of what the questions were related to maybe we can track it down that way. We are drawing at blank here.

(Carol Leachman): OK, if I some of my co-hearts can probably come up with some of the original questions so it may not come from me, it may come from one of them.

Pat Ambrose: OK.

Female: Thank you.

William Decker: Send under resource mailbox with the FAQ search in the subject line, that will give us more detail.

(Carol Leachman): OK, thanks.

William Decker: Thanks.

Operator: Your next question comes (Daniel Mane) from WATD Insurance. Your line is open.

(Daniel Mane): Thank you. The question I have relates to the use of the small employer exception. We have had several people who have now gotten to small employer exception and so we sent records to delete the previous information and to add again with that input small employer exception field populated, that (inaudible) work. The question I have is this, prior to January we were not allowed to submit the plan sponsor as the ID for the multi employer plan because we weren't using an (outwards) bank relationship. Now that rule has changed do we need (inaudible) delete all these people again and add them in again to switch that TIN number?

Pat Ambrose: You can just send update for any records that are now out there having been accepted with an 01 disposition code and send the new TIN, that the new employer TIN and if you are also a new plans concert of TIN rather on the send that on the TIN reference file, but you know you don't you basically have to send updates to make that change.

(Daniel Mane): OK, but if you are switching somebody to add the small employer HIC and you just still have to do the delete and the add done.

Pat Ambrose: Yes, the thing with the delete add with the small employer exception is that you probably have MSP occurrences out there should be removed and reconsidered now given the dates of the small employer exception but for just changing a TIN you don't need to do a delete add, it's just an update.

(Daniel Mane): OK. Thank you.

Pat Ambrose: OK.

Operator: Your next question comes from (Brad Price) from General Electric. Your line is open.

(Brad Price): Well John, and Bill. How is everything?

Pat Ambrose: Great.

John Albert: It's OK.

William Decker: How you are doing (Brad)?

(Brad Price): Not too bad, a long time no chat. Hey so I have just a few questions and Bill, I trust that you want all HR HSA questions deferred until your March date, is that correct?

William Decker: That's right.

(Brad Price): OK, and is that the March 18 date that you were referring to?

William Decker: No, that's you will have (I don't have) answers for questions like these that came in through the mailbox, before then I am just, in the midst of 100 other projects here including preparing for a major presentation in the HRA meeting and I can't find enough time to the answer everything.

(Brad Price): Yes, I didn't know if that meeting was something that you would be able for sure for others that will be able to attend or not or just you know how we could seek out some of those additional answers I think.

William Decker: I will send you an e-mail identifying who the meeting organizers are, you will have to check with them.

(Brad Price): OK, and then I know we have got a VDSA agreement with CMS. So I know that due to the new reporting requirements as it relates to the HRA specifically. I am wondering if in fact CMS is considering scaling back its reporting for employer on the VDSA, I think right now we have reporting all of our HRA and HSAs for example, but yet the new requirements that came out was much less. So didn't know if those two would kind of you know at some point in the future would kind of be synonymous or right now they are kind of definitely different.

John Albert: I mean we want to continue the employer media safe process you know out to infinity because if anything it ensures that you know we know we are getting accurate data because we still believe the employer is going to obviously they are going similar that the insurer does when somebody retires or starts working.

(Brad Price): Fine.

John Albert: Thinks like that but I mean at this point in time there is no thoughts about you know eliminating that process and we have actually signed a few new employer agreements over the past year. So again we encourage you know employers because again they have the quickest knowledge of changes in status and you know they have a vested interest and also using the entitlement data for COB on their end. We want to continue that process, so.

(Brad Price): Got you, and one last quick question as it relates to, I know our senior leadership wanted me to kind of ask the question as far as what CMS's end game as it relates to some of their additional reporting requirements around the HRA and I don't know if you prepared yet to answer that but this one question related to that and that is if employers expected to report out this in the future for MSP you know the question becomes is and if Medicare is the primary payer let's say on the (front) you know what's the impact if any realizing of course.

William Decker: Well I guess I am not – when you are saying reporting are you, you are talking about through the VDSA or the section 111?

(Brad Price): No to the RRE its I mean there is an additional reporting on HRA of a $1,000 or more, so our folks are trying to understand, OK great, you know we can easily meet the challenge and meet the requirement but it's kind of OK, you get this new information what's the end game for the employer, in other words you know at some point there is vested interest refining out this information. So what are you going to do with that information and what can the employers expect next as it relates to the end game?

John Albert: Well that data would be used essentially at the claims processing point to basically if somebody has an HRA to deny payment for services where another entity is responsible. Now obviously it all depends on just like with regular GHP what's covered what's not but essentially we need to put on a claims processing system information that will allow us to pay correctly, and that's the purpose I mean the purpose of all of this is the primary purpose for any GHP data exchange, coordination has always been to payer right the first time that is.

Pat Ambrose: And that Medicare is receiving the claim as the secondary payer.

John Albert: Yes.

Pat Ambrose: Yes.

John Albert: That's the end game it's all we have been in the end game. It's much cheaper for everybody to payer right the first time and that's why we also provide access to Medicare entitlement data for individuals where again Medicare is the right primary payer and they can, the private insurer can also bill correctly as well. We are just out to efficiently follow what the statute requires us to do. So that's the end game. And the HRAs are another form of coverage that are classified as GHP and Medicare should be paying primary for services paid by an HRA.

William Decker: Medicare covered service and reimbursed through an HRA process. OK?

(Brad Price): Yes, I think that kind of gets out at to me at some time I mean you know I am sure we will have some more discussions but I can also see a potential new defense coming up to at some point for some reasons, I guess that will kind of help will that aspect of it as well.

Operator: Your next question comes from (Amanda Haggard) from Select Health. Your line is open.

(Amanda Haggard): Hi, I am calling because we got a response file back and we have several people who are eligible for ESRD. When we received the file back for some reason their coordination periods were changed and I am trying to figure out why that happened? Do you know of any problems?

Pat Ambrose: No, I guess what you really need to do if you suspect that there is an issue related to the ESRD coordination period and how that calculated on the information you received back is to submit the question with you know the background information to your EDI representative and ask to have that investigated. It has to be obviously submitted to them in a secure fashion if you are providing any PHI or whatever.

John Albert: Yes, I guess in terms of you saying the coordinate – when you see receive information back in the coordination period changed, I guess are you saying submitted like an add and then update transaction and you got back different information or?

(Amanda Haggard): No, it was the original submission and what happened we already had knew these people having Medicare due to ESRD. When we figured their coordination periods several of them we already knew when Medicare would become primary for some reason in the file it's either using our effective date to start the coordination period instead of their Medicare ESRD activity.

Pat Ambrose: Yes, and isn't there a three month delay and there is rather complicated rules. I don't think they will be able to address it we don't know of a particular problem but if you submit it we will have it researched and when you submit it to your EDI representative you can even ask them to make sure that I Pat Ambrose gets alerted to the fact that you have submitted it.

John Albert: The other thing as you said you already knew it's like well how did you know which was source of that data and you know if there is again it's the date of entitlement does not correlate to the coordination period, it's like date of dialysis things like that which can occur prior to entitlement. So there is a lot of issues there. We can't answer on this call. There has been a specific example provided for us to research.

(Amanda Haggard): OK. And then I just have one quick question about the employee counts. I just want to make sure that we are submitting them correctly. When sending them in for the disabled provision if we have an employer that fluctuates above and below a 100 every year. Do we send the true data or the coordination data?

Pat Ambrose: You send the size of the employer for disability it has to do with the, that first I want to say that you are sending the same employer size for the employer on all records regardless of an individual's entitlement to Medicare.

(Amanda Haggard): Yes.

Pat Ambrose: Right, OK. So now that we have that established and so when you are deciding whether they at 100 employees or more threshold it's based on where they, did they have a 100 or more employees in the last calendar year, not the current one but the last calendar year for 50 percent of their business days and then once you determine that for the rest of this calendar year. So let's so for right – for 2010 you would be basing it on 2009 and for all the employer size that you have in your system would remain the same for that employer regardless of them slipping below 100 in 2010. It would remain the same in 2010 until you go to calculate it for 2011 and you look at 2010 and make a different determination.

(Amanda Haggard): OK. So instead of saying in 2008, the employer only had 90 employees but in 2009 they had over a 100 will actually send it saying 2009 under and 2010 over and not 2008 under 2009 over?

Pat Ambrose: I don't know if I am following that exactly but what you are spending for coverage period in 2009 is based on the employer size in 2008 and.

(Amanda Haggard): So we are sending the coordination not the actually true yearly count?

Pat Ambrose: Yes, it's not as simple as just saying how many employees do they have today and that's what I am going to submit. It's exactly, I think what you are phrasing is correct. I don't know that I would call it coordination but yes.

William Decker: When you all of this, only way well described in the user guide and in CBT or (inaudible) that it should help anybody out there that has questions on this issue to get them answered and we hope we answered this particular question here.

(Amanda Haggard): OK, thank you.

Operator: Your next question comes from Jamie Hershman from Western Health Advantage. Your line is open.

Jamie Hershman: Well, thank you. I have a question about my basis application. I submitted an application back on September 17th and received approval on October 15. And there was a problem with it, there was transposition in the numbers and I have been following up and following up and I still don't have my basis application.

Pat Ambrose: Could I get your RRE ID please?

Jamie Hershman: Yes, I don't think what it is, I think 10560.

Pat Ambrose: And I will ask that someone follow up with you on this and also make sure that you follow the escalation process in the user guide.

Jamie Hershman: Yes, I haven't escalated, I have been getting responses from the person I am dealing with.

Pat Ambrose: Well, and you know it sounds to me like at this point in time you have a good rational for escalating even though I am not you know the escalation isn't just

in response to I am not getting or its not you don't turn to that necessarily and that I am not getting help from my EDI rep but this sounds like it's been going for a long time and the COBC would like to fix this problem for you and by escalating it they are more aware of what's happening and will deal with it.

Jamie Hershman: OK, that's fine. I will escalate it. Thank you.

Pat Ambrose: OK.

Operator: Your next question comes from Roger Arnold from Group Health Cooperative. Your line is open.

Roger Arnold: Hi I have got a question on previous transcripts, it looks like they only go back to or the most recent is September 15th 2009 and we are directed to go ahead and request them to the inbox and of course we get the thank you for your comments and interest but this is a receive only system. Is there a way I mean will those eventually be sent to me or would they be updated on the site, how do we...

Pat Ambrose: Yes, they should be on the site.

Roger Arnold: Just checked this morning.

Pat Ambrose: Did you checked the, you know on the left hand menu there is a list of links there.

Roger Arnold: OK.

Pat Ambrose: And the very last one under the one that says MMSCA 111 alert there is one that just simply says mandatory insurer reporting and it's kind of an archived list. And so something, some transcripts and things that were originally posted on the GHP page have landed here. You could try looking there at the last I heard all the transcripts were there.

William Decker: Everybody in this room is saying the last we heard all the transcripts were had been posted and we have actually done our checking and have seen them if you are not seeing them we would really need to hold that.

Pat Ambrose: So if you can't – if you look there and you can't find what you are looking for but it might be a lot easier to stick to the more recent transcripts and reading the user guide and taking the CBTs then going back to ancient history, but.

Roger Arnold: No, that's the problem. The most recent transcript of September 15, I mean October, November, December, January are not showing so the most recent.

Pat Ambrose: I am sorry, I completely misunderstood. I thought you were talking about well we have somebody looking for them now. So, if do you have another question?

Roger Arnold: Secondary question we – for our first quarterly input file from September we still have not received a response file and at this point we have escalated, we are going to go ahead and get in touch with Bill Ford on this but, here is what the potential for essentially deleting that if it hasn't been worth at this point and submitting a new initial input file be all adds because it's so old at this point depending what's is that even doable.

Pat Ambrose: I don't know it really depends on the status of that file and what records are currently in process or not and I am afraid I can't it really depends.

William Decker: I would not advise you to unilaterally believe it, you really do need to work with the COBC on this, I know that you are about to escalate it up to Bill Ford. If you had sent this in September and hasn't heard anything back this probably should have been escalated before this point actually. But I wouldn't – the bottom line is don't you take the actions to delete a record that's still maybe some ways out there in the system because it may not first of all it may be information that we should have, secondly it may not be what and in fact delete it.

Pat Ambrose: We are still looking for the transcripts, the more recent ones got posted on various different pages again we are trying to reorganize things to make more sense of it. When we find that we will just announce that later in this call, but we would like to move on to another caller if possible.

Roger Arnold: Cool, thank you.

Pat Ambrose: OK.

Operator: Your next question comes from Susan Scardina from TriZetto. Your line is open.

Susan Scardina: Hi, I am calling from (software) company we have clients that we have extracts to report to, extract the date of that base on to CMS and they have RREs reps that they talked to whereas I don't, I have been in touch with Bill Ford, but we have one particular client now that's saying that their rep is telling that they have to have care determined fees in the extracts where I was told we don't and all of our clients who had submitted files have been accepted and I have being rejected because of care determined fees. So what do I advise the client to do that their rep will accept their file.

Pat Ambrose: Well it's not really a matter of their rep accepting it. The files are processed by the system, they are fixed link and if it's a text file let's say you are not going to do, so let's say you had it up in notepad and you were going along the record when you get to the end of the record at whatever the length is it 460 or.

Susan Scardina: 425 or.

Pat Ambrose: 425.

Susan Scardina: It's something like that.

Pat Ambrose: Then when you hit, you know you go past 425 your cursor automatically would slip down to the next line and there essentially is in that 426 byte a carriage return line feed most of the time programmatically when you are creating these files, I can't speak to how that gets there, you know again if I was creating the file in notepad I would hit the enter key and it's there.

Susan Scardina: Right.

Pat Ambrose: But programmatically I can't speak to it most development software which essentially automatically you know put that in there depending on how you

are building the file. So if the file is up, the same format as your other customers I don't know what the issue could be.

Susan Scardina: Is there someone that I could ask, someone else that I could have her talk with or...

Pat Ambrose: Yes again I guess I have to suggest that they follow that escalation process.

Susan Scardina: Through Bill or (Jeremy)?

Pat Ambrose: Yes, please go to those supervisor (Jeremy) (inaudible) and see.

Susan Scardina: (Jeremy), OK, great. All right, thank you very much.

Pat Ambrose: You are welcome.

Operator: Your next question comes from (John Jenkins) from The Boon Group. Your line is open.

(John Jenkins): Hello, we are an RRE and we are on the threshold of moving to a production status and we have reached out to Mr. (inaudible) Mr. Ford, Mr. (Bradley) as to when our next step is for that and not getting anywhere. So I am just hoping someone there might be able to reach out then?

Pat Ambrose: Yes, can I have your RRE ID?

(John Jenkins): Yes, it's 10614 and its Contractors Employee Benefits.

William Decker: And what's the nature of your issue?

(John Jenkins): Well we have gone through the testing and I think we are ready to send production files and we just need to move to that status and...

Pat Ambrose: And so your RRE ID has not been changed to a production status?

(John Jenkins): That's right.

Pat Ambrose: OK.

Male: And they are not responding back to e-mails that we send to the media.

Pat Ambrose: All right, well we will make sure that we follow-up on that.

(John Jenkins): Thank you.

Operator: Again if you have a question press star then the number 1 on your telephone keypad. Your next question comes from (Jerilyn Hawkins) from WAA – WEA Insurance. Your line is open.

(Jerilyn Hawkins): Hello this is (Jerilyn Hawkins). I had two questions one of which I think will be very quick and that is there has been a long standing requirement for group health insurers that if we receive a claim where we see that Medicare has paid its primary and we know that Medicare has done that in (inaudible) we are supposed to send a written notification to Medicare. And I am wondering if we know that that person is somebody that we are reporting on our MSP file, so you would be getting the information that way. Do we still need to send a written notice?

John Albert: That would I mean that would constitute notice. We have always you know told folks that who are involved in insurer voluntary data sharing agreements that that would basically go toward fulfilling that obligation.

(Jerilyn Hawkins): OK.

William Decker: And that's in section 111 reporting also...

(Jerilyn Hawkins): OK, thank you. Then I just wanted to follow up on some of the questions about End-Stage Renal Disease beneficiaries. I understand you one of them included does active covered individuals but we have some people who are dually entitled to Medicare who may be long term dialysis patients they maybe already retired 75 years old, then they go on dialysis, do you literally want all of those kind of people to be reported on this MSP file?

Pat Ambrose: Well, let you know what I have been saying in the user guide is yes because there can be changes, they could have a transplant and they could fail and they could go – their entitlement for ESRD could be ended, they are still entitled

due to age but then the transplant fails and I don't know all the rules but we were saying just generically yes its safest to just continue to send them because then we are sure to pick up any changes if there are any changes subsequently in their entitlement due to their ESRD condition. Now if I don't know if someone else in the room here would like to try him in say if the RRE knows definitively that this person that Medicare is primary, are they required to continue to send them, John is saying no.

John Albert: Well I mean the only requirement of section 111 is to report MSP data to us. If you definitively know that Medicare should and is the primary payer that person does not have to be reported but again it all depends on the various MSP rules out there in the different reasons for entitlement but in a nutshell all that we are requiring is MSP data.

William Decker: The key word that John said those definitively know the two key words you know if you are not sure.

Pat Ambrose: Right, obviously for not sure we need to report them but as I said we have some situations where people already on Medicare with Medicare as primary due to age need to go on dialysis. And they are not...

John Albert: They are already entitled due to age, it doesn't matter.

Pat Ambrose: Exactly.

(Jerilyn Hawkins): So your question, you have answered my question and I appreciate that.

Pat Ambrose: OK and before we go to the next question operator I just wanted to announce that the last transcript for the GHP calls that can find on the Website is October 27th. So we apologize for that and we will follow up ASAP to get the recent transcripts from November, December, and January posted out there as soon as possible. OK, we can proceed to the next question.

Operator: Actually there are no more questions at this time.

Pat Ambrose: OK.

John Albert: OK, then I guess since we don't have anything else to present to anyone at this time. We can finish this call operator. We want to thank everybody for participating this afternoon on this GHP teleconference and we will be doing this one more time next month. And we will be reconsidering whether we need to do any more of these calls between now and then and we will let you know next month if we will be. Everybody in this room, thank you for your questions, they have been really good questions. We will get back to you with the information we promised and I guess operator if there is no one else close in for to ask a question we can terminate the call now.

Operator: OK. That concludes today's conference call. You may now disconnect.

William Decker: And operator?

Operator: Yes.

William Decker: Are you still there? Yes, can you tell us the count of total people?

END