

TRANSCRIPT
TOWN HALL TELECONFERENCE

SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION
ACT OF 2007
42 U.S.C. 1395y(b) (8)

DATE OF CALL: July 1, 2009

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

CAVEAT: THIS TRANSCRIPT IS BEING PLACED AS A DOWNLOAD ON CMS' DEDICATED WEB PAGE FOR SECTION 111 FOR EASE OF REFERENCE. IF IT APPEARS THAT A STATEMENT DURING THE TELECONFERENCE CONTRADICTS INFORMATION IN THE INSTRUCTIONS AVAILABLE ON OR THROUGH THE DEDICATED WEB PAGE, THE WRITTEN INSTRUCTIONS CONTROL.

FTS-HHS HCFA

**Moderator: Mr. John Albert
July 1, 2009
12:00 pm CT**

Coordinator: Thank you for holding. Parties will be on a listen only mode until the question and answer session of today's conference. At that time you can press star 1 to ask a question.

This call is being recorded. If you have any objections you may disconnect. I'd like to introduce your first speaker, Mr. John Albert.

John Albert: Good afternoon and welcome to one of the series of continuing calls to - for implementation of the section 111 NSP reporting requirements. This call is specifically geared toward non-group health plan, meaning worker's comp, liability, no-fault insurers, and this call is also - is being focused on the more technical aspects of implementation. A policy call will be held later on this same month.

Again continue to check the section 111 mandatory insurer report Web site for all the latest information on upcoming teleconference events.

A couple of things I just want to announce just for purposes of the record that today's call is being - is taking place on Wednesday, July 1 - right? Yeah. Sorry. July 1, 2009, just for purposes of the meeting minutes.

One thing that I wanted to talk about that's come up recently is CMS has been receiving some requests for help related to the coordination of benefits contractor and in many cases the requests are going to the section 111

mailbox, and it turns out that folks are not using the protocol - elevation protocol or they're not getting the answers they need from the COB contractor and we would appreciate it if you would refer to section 18.2 of the user guide and follow that protocol where you feel you are not getting the answers or service that you need.

If you are questioning something about the actual instructions themselves and how CMS is prescribed, you know how that process works, that of course can come to the section 111 mailbox. But if you have an issue with an EDI representative either not returning a call or maybe giving answers that seemed contradictory what's in the user guide, please follow the elevation contact clause in the user guide because we will no longer be answering those types of questions via the CMS resource mailbox. We really need to enforce that elevation protocol to ensure that everybody gets the help they need as quickly as possible.

This call will start off with some remarks by (Pat Ambrose) and then we'll go straight into a Q and A session. The call will last for two hours, and I guess (Pat), you're up.

(Pat Ambrose): Okay, thanks John. First I'd like to remind you all of a - of the type of individuals that should be reported during registration. We've had a lot of requests for those who have registered already and received an RREID to then subsequently change or correct the authorized representative named or the account manager.

So it's important to remember that in the first step of registration for your RREID on the COB secure Web site, during the new registration step you should be providing information for your authorized representative. Remember that the authorized representative is essentially someone who's at

the executive level, is responsible for the overall reporting, ultimately accountable for the overall adherence to section 111 reporting requirements. They sign the profile report.

Your authorized representatives cannot be users of the COB secure Web site for any purpose. These are people that are not expected to be involved on a day to day basis necessarily, but just have the overall accountability for the process. So provide information for this individual, your authorized representative during the new registration step on the COB secure Web site.

The second step of registration after you have received your P.I.N. letter should be performed or must be performed by your account manager. And information about them, the account manager, is provided so that they can get their login ID and agree to the user agreement and so on.

The account manager is a person who will be actively involved with the day to day reporting processes and overall day to day control of reporting. They are obviously a user of the COB secure Web site, so I - again remember to provide information for your authorized representative during the new registration step and then your account manager must be performing the setup, the account setup stuff on the COB secure Web site.

I also want to mention that an updated version of the X12-272-71 query companion guide has been posted to the Web site in case you have not seen that. If this doesn't address your outstanding questions related to the X12-272-71 mapping, please contact your (EDI) representative or the EDI department at their general number which I'll provide later on in this presentation but you can also find on the Web site and in the user guide.

Note though one thing about the X12-272-71, a question was submitted as to whether the COBC utilizes the acknowledgement function referred to as the TA1997. This acknowledgement function is not used for section 111 file exchange related to the X12-270 and 271.

Also note that the companion guide that was reposted was only for those RREs who are using their own X12 translator rather than the HIPAA eligibility (wrapper) or HEW, also known as the HEW software. If you're using the HEW software you don't actually need the companion guide.

I also wanted to remind you again about the computer based training modules that are available for section 111 reporting. Go out to the section 111 Web site at www.CMS.hhs.gov/mandatoryinsret. On the left hand side of the page you'll see list of menu options. Click on the link for the MMFCA 111 computer based training, or CBT, and follow the instructions on that page. You will receive an email invitation to the CBT shortly after you provide your enrollment information. There is no charge for these CBT courses and you will also be automatically - once you have signed up for the courses, you'll automatically be notified of any new courses or revisions that are made as they're rolled out.

Right now courses available include the process overview, registration and account setup, the query process, a basic course on file format, courses on file transmission methods and courses on the COB secure Web site. You may sign up for the CBTs prior to registering for the COB secure Web site as well. We'll be adding additional courses based on information that's in the user guide and again if you've signed up for CBTs you'll be notified of when those updates and those new courses have been made available.

I'd also like to inform you that the profile report has been updated to just show the claim input file, submission timeframe, and not actual dates of when your next file is due. This was to avoid some confusion that we had when we pushed the date that your initial claim input file is due so you will note on your profile report that it now will just display the actual submission timeframe. Again your production - your first production claim input file is due in the second quarter of 2010.

As of today you may start submitting both test and production query files - query input files to the COBC. Your RREID must be in a testing status which means that you must have completed registration and returned the signed profile report and the COBC as noted that the signed report has been received in the system.

Another change that we made affective with this July release is that the RRE listing page on the COB secure Web site now shows the claim input file submission timeframe for each RREID. So when you log on as a user to the section 111 COB secure Web site, the first page it said it's displayed as the RRE listing which lists all the RREIDs to which your user ID is associated, and on that page you will now see the file submission timeframe assigned to each RREID.

As I mentioned before query, test and production files will now be accepted for RREIDs in a testing status. The claim input file testing begins January 2010. Claim and input files are due during your assigned file submission timeframe in the second calendar quarter, April through June of 2010.

Also note that these conference calls are recorded and the transcripts and audio can be found on the mandatory (INS RET) Web site. Some of these transcripts are on the liability and no-fault worker's compensation page, while

others are posted to the - a page entitled NGHP transcripts page. So see the link on the left hand side of the overview and you'll see that NGHP transcripts page.

Another topic that I'd like to cover before we get into Q and A is related to the key field listed in the user guide for the claim input file submission. On - some further explanation is being added to the update user guide to explain the key fields that are used for section 111 claim reporting. These keys are actually set by other systems that the COBC (feeds) so there's some element of this that is added, the COBC as control as far as collection of data for section 111.

Note that the name, date of birth and gender of the injured party are not key fields but they are used in matching. The (HIC) number or the SSN is actually - it's actually the HIC number, the HICN that is the key field and of course the SSN maps to that HIC number.

For those other fields, name, date of birth and gender, always send the most current information that you have in your system for these, but they're not actually considered key fields.

Now claims are to be reported by policy number and claim number, but a change in policy number or claim number does not trigger the delete - add process as required for changing actual key fields. You may just send an update record with information about a new policy number or new claim number if it - indeed it actually needs correction or it needs to be changed for some reason.

In circumstance of a claim for which there is (met) pay and personal injury protection or PIP, if these two coverages are basically consider no-fault insurance by CMF and are indicated by field 71 in the plan insurance type

with the value of D. RREs must combine PIP and (met) pay limits for one policy when they are separate coverages and being paid out on claims for the same injured part, and the same incident, under a single policy and not terminate the ongoing responsibility for medicals until both PIP and (met) pay limits are exhausted.

If PIP and (met) pay coverages are under separate policies, then separate records with the applicable no-fault policy limits for each should be reported. Bodily injury under the same auto policy for example, should be submitted separately though because that has a different plan insurance type, the liability insurance type, not the no-fault insurance type.

Now we do store certain information by those key fields. We also do retain information in the various systems that we feed by policy number and claim number. So again no major changes are being made to the user guide and the event table as far as what key fields are listed and what key fields trigger if a change to a key field needs to be made, sending a delete - add versus the other list of fields that actually just trigger an update record, however some clarification is being added for them.

And now I'd like to go through some of the changes that are being applied to the user guide update. We hope to have that user guide published out on the Web site in about three weeks or so. A draft is currently under review and again we hope to have it actually published in about three weeks.

The changes include various sections being update to reflect that TEPOC or the total payment obligation to claimant information, needs only be reported for TEPOC dates as of January 1, 2010 and subsequent. The registration process was updated regarding the situation where you may have no domestic U.S. address and - or (ten) available for the RRE. In this case you will be

instructed to contact the COBC EDI department and this matter will be referred to CMS to obtain instructions on how to complete registration information and the (ten) reference. So this isn't the circumstance with the RRE has no domestic U.S. address and - or no tax identification number

Requirements related to the ICD9 diagnosis codes and foreign claimant and representative addresses is being added to the user guide to further clarify how the ICD9 codes will be edited as well as what to do in the case of a claimant or a representative address where no U.S. - no domestic U.S. address is available.

In the case of claimant and representatives' addresses, you are going to be asked to default the state code to FC, F as in foreign and C as in country, and leave the other fields in the address defaulted to their - to the appropriate default value for the field type, either spaces or zeroes. And note though that if the - if CMS needs to follow up regarding that address for an address for a claimant or a representative, they will be contacting the RRE directly using the address provided on the (ten) reference file.

So it's in your best interest to attempt to obtain a U.S. address for any claimant and representative whenever possible to avoid this further follow up and disruption.

Changes were made throughout the guide to incorporate the alerts that came out subsequently to the user guide being published in March, particularly the March 20, 2009 alert for liability insurance including self insurance, no-fault insurance and worker's compensation, that was posted out there to define the interim reporting threshold.

Also changes were made to account for the alert dated April 7, 2009, the alert for reporting multiple total payment obligation or KEPOC amounts. The ORM termination date field 99 on the claim input file is being added to the list of fields that would trigger an update record submission. It's not a key field, but it would be on - it's going to be on the list of when you need to change your ORM termination date or open it back up so to speak by putting in an open ended date of all zeroes that would trigger an update to the COBC for that particular record.

Again you may reopen your ongoing responsibilities for medicals by sending an update with zeroes in the ORM termination date and you may change the date to a specified date with an update as well. Also note that future dates or dates in the future are acceptable in the ORM termination date.

The delete threshold error for claim input files is being lowered. Right now or in the original version of the user guide it stated that if there were 10% or more of the records on your claim input file (where) delete records that the file would be suspended with a threshold error for review by an EDI rep and discussion with the RRE. That threshold is being lowered to 4% so if more than 4% of the records on the file reflect deletes the file will be suspended for a threshold error. It won't necessarily reject the file it is just our check to make sure that the delete function is being used properly by the RRE or its agent.

We're also adding minimum processing environment requirements for the HEW software, that we've already discussed on previous conference calls. The section on the secure file transfer method is being updated to further clarify the directory of structure there. The current user guide is correct although maybe not as clear as it should be. In the meantime if you're having

trouble with your secure file transfer obviously you should be taking to your EDI representative.

We're also adding a list of emails that are generated by the system for section 111 reporting and the recipient of each of those emails so that you'll clearly be able to see what emails will be sent to your authorized representative versus what emails will what emails will be sent to the account manager. Virtually all of the emails go to your account manager and only certain ones will go to the authorized representative. For example the profile report and attached profile report.

The following changes are being made to the claim input file detail record layout in appendix A. I mentioned before the FC for certain claimant and representative's state codes, we're also allowing FC for foreign country in the state of venue field 17 for use in cases where the incident occurs outside United States and United States territories for which there are actual states postal codes for.

Clarification was added for requirements related to the ITD9 diagnosis codes that are to be used in field 15 and fields 19 through 55. What else? Talked about that.

We're also allowing in the case where for an injured party and a claimant representative's first and last name, we're allowing that you use the claimant or rather the representative's first and last name as one field for an entity like the trust of John Smith as opposed to two separate names of Smith and John. So you'll see a redefinition. We're not changing the file layout but allowing you to use the same area as one long string for a name in the case that it's not an actual individual's name or you may use the name for an actual individual in separate fields for the first and last name.

Some indicators are being added to the claimant relationship field to indicate whether you're using that representative's name as one long string or as two separate fields.

Again the FC is being allowed in the state code for the claimant and representative addresses. Note that no foreign address will be allowed for the RRE on the (ten) reference file. And again if you have no domestic address for the RRE, you need to contact the EDI department and have that issue elevated to CMS for resolution.

On the claim input file auxiliary record layout in appendix A, we're adding the same requirement changes related to claimant 2 through 4 representative's last name and first name. We're also - I failed to mention that in the case of a representative's name, we're allowing that you provide either of the representative's first and last name or a firm name so the edit will in a sense be loosened a bit for that.

We're also adding the four additional sets of TEPOC fields that were described in a previous alert so the record layout will appear essentially as it was published in that alert. Some of the fields on the record are being renumbered because of the redefinition of some name fields that I mentioned earlier, but it doesn't have a material effect on your formatting.

One more major change that we're making is to the claim response file. We're actually increasing the length of the claim response file to 460 bytes because we're adding two new fields to be returned on the claim response record, and those fields include the policy number and the claim number that you submitted on the claim input record. There were some requests to provide that information back on the claim response files. There's also been a request to

supply that information or allow that information to be exchanged via the query function. We're not able to make that change just yet because of the X12 format, but we are able to make the change on the claim response files. So you will be returned a policy number and a claim - a submitted claim number on your response.

John Albert: Received a lot of requests for that.

(Pat Ambrose): We're adding a new appendix that will include a list of ICD9 codes that CMS considers incomplete for reporting of diagnoses codes. These codes are not necessarily exclusions but you will see a description of that you have to have a least a code that is not on this list in your list of diagnoses. We're also adding a list of acronyms that are commonly used in section 111 reporting. This is the same list of acronyms that's published out on the learning management system for the computer based training, so it's currently available if you're signed up for the computer based training.

And we're also reworking the error code table to add errors for new fields that are being added and correct some inconsistencies.

So that's a summary, a pretty long summary, of changes that are being made to the user guide and again we hope to have that user guide published within about three weeks.

I'm going to go through some questions that were submitted to the CMS section 111 mail box and attempt to answer those and then we'll open it up to a live question and answer session.

A question was submitted regarding free software that might be available for section 111. The COBC provides the HIPAA eligibility (wrapper) software

that will convert files into the X12-280 and 271 format for the query process, but there's no software available for the claim input file.

At some point we've mentioned on previous calls we hope to allow direct data entry on the COB secure Web site to allow RREs with a smaller reportable claim volume to submit claim information without an actual file submission, but there's no scheduled timeframe for that unfortunately at this time.

A question was asked about what to default field 81, the no-fault insurance limits on the claim input file detail record, what to default this field to when there is no actual limit in the cases where state law requires unlimited coverage. And this field if you read the field description for field 81, you will see that it indicates that you should fill that field with all nines if there is no such limit.

If you have inadvertently registered for an RRE ID and you later determine that you don't need that RRE ID, perhaps you were registering as an RRE and then discovered that you aren't actually the responsible reporting entity, please contact the EDI department, contact the EDI representative assigned to that RRE ID to request that it be deleted and otherwise disabled.

A question was submitted that if an RRE has a separate tax identification number, or (ten) for liability, versus their worker's compensation business, do they need to register twice even if they are submitting the file together? Essentially from a technical standpoint not a question about who is the RRE, but essentially if the RRE is the same for this liability and worker's compensation business, you only need to register under one of those tax identification numbers to obtain one RRE ID and then submit your claim input file and (ten) reference file using subsequently the two different (tens).

So again, to register you only need to register one, using one of the tax identification numbers. Later when you start submitting your claim input file you would put the appropriate (ten) applicable to that claim so the (ten) for liability on the liability claim and the (ten) for worker's comp on the worker's compensation claim and then also submit records for those - corresponding records for those on your (ten) reference file.

There was a question about what triggers the reporting of ongoing responsibility from medical. The trigger for reporting ORM is when ORM is assumed. You should not wait until an actual bill for medical is received and paid. It's actually when the RRE has assumed or must accept responsibility for ongoing medical.

There was a question about how to report a structured settlement in the total payment obligation to claimant field, field 101 and then the subsequent TEPOC amount that you'll see on the auxiliary record. The - please see the field description for field 101, it does describe how you would go about reporting in the case of a structured settlement and in the case of an annuity. That field description states that if there is a structured settlement, the amount that you are to report is the total payout amount. If a settlement provides for the purchase of an annuity it is the total payout from the annuity.

For annuities base the total amount upon the time period used in calculating the purchase price of the annuity or the minimum payout amount if there is a minimum. Whichever calculation results in the larger amount.

There is a question regarding a company with multiple subsidiaries, and that company may at some time sell a subsidiary and the purchaser would assume the liabilities or the RRE may purchase a company and assume the liabilities of the company that they have purchased, should we have separate IDs for

each subsidiary or will there be an opportunity to designate that a claim that the RRE is liable, has been sold, should you change the RRE ID, that was the general gist of the question.

When the RRE is no longer responsible for a claim with ORM, and again in the case of ORM, or ongoing responsibility for medical, send an update record with the ORM termination date and remember to keep the ORM indicator set to why. This will indicate that the RRE no longer has responsibility for that claim.

Now claims with TEPOCs and no ORM reported are reported after settlement judgment or award, technically there should be no action necessary by the former RRE. The newly responsible RRE would report any subsequent TEPOC amounts going forward under their RRE ID.

Another question was submitted on what date should be reported as the accepted ORM. And assuming that they have a claim created on October 1 with say a date of loss, a date of loss on September 1, but we have a coverage issue and it doesn't get resolved until November 1, so do we need to report on the date of loss, the date of report, or the date we accepted coverage?

In this case when you're reporting ongoing responsibility for medical, you would report the actual date of the accident in the CMS dated incident in field 12. There is no actual date reported for when the ongoing responsibility for medicals was actually accepted. So you'll see in the file layout that there is no report of the date of when you accepted ORM, however by the time you have accepted ORM you are then on the clock in terms of requirement to report.

Another question was - a technical question was submitted regarding is there a carriage return line feed, or CRLF, at the end of each record. And the answer

to this is yes, the (AMC) flat text files technically do have the normal CRLF, or carriage return line feed, at the end of each record. Note that there are no field (delineators), like commas in between fields. These are fixed length fields, fixed length records. So again technically at the end of then each line in your text file there is that CRLF character.

A question was asked about the IFCD9 field and the question is which ICD9 codes does CMS want reported for section 111. Again the updated user guide will have more clarity on this, but it is the IFCD9-CM diagnoses codes. There are ICD9 procedure codes. Those are not applicable to section 111 reporting. It's the IFCD9 diagnoses code.

The list of valid diagnoses codes that we will accept were actually providing a better reference for the list of acceptable IFCD9 codes. I'll read off the Web site now but again it will be in the user guide. It's basically a flat text file that's downloadable from the CMS Web site where the first five positions indicate the diagnosis code and followed by a space, followed by a description of that diagnosis code.

This list can be found at www.CMS.hhs.gov/ICD9providerdiagnosticcodes/06_code.ast. So on this page you will see versions of this downloadable file published once per year. For example, the current version of valid ICD9 diagnoses codes is in a V26 I-9 diagnosis-dot-text file, effective 10-1-2008.

You will be asked to use the most current version of these codes. It - as I mentioned it's updated annually effective in October. We will issue an alert when that information is available and by what date you need to implement it in your system. There is a CMS agency wide conversion to the ICD10 diagnoses codes planned sometime for 2013. You'll note that there is already

filler on the record layout to accommodate the ICD10 since they're seven bytes instead of five bytes. We can't accept ICD10 at this time, we only will be accepting ICD9. And so at a later date when we near the conversion to the ICD10 codes you'll receive more information on that.

Other questions were submitted, one asking what transmission method would be used. I'm assuming that question is referring to the file transmission, the file exchange. Please see section 15 of the published user guide on the Web site which describes the various methods for file transmission to the CODC for section 111 reporting.

Another question was asked that when - suppose you sent a claim input file record with an auxiliary record, so you send a detailed record and an auxiliary record attached to it or along with it, but then you subsequently are deleting that record. You sent it erroneously, you should not have reported it and you need to delete it. Do you need to submit the corresponding auxiliary record or just the detailed record?

And the answer is you do not need to submit the auxiliary record when you're submitting a delete. You may, it won't cause an error, but you do not have to submit that auxiliary record.

The last question related to the updated user guides will include the addition KEPOC amounts as I mentioned in the updated - update guidelines so the event table is being updated to indicate that those additional or changes to those KEPOC amounts that are reported on the auxiliary record would trigger an update as well.

Another question was asked about when the HIPAA eligibility (wrapper) or the HEW or the HEW mainframe software will be available. This software is

currently available now. Contact your EDI representative or contact the EDI department directly at 646-458-6740.

Another question was asked about the query process and when you send in a query and you get a response it's either an 01, yes we were able to match the information submitted to Medicare beneficiary, or you get a 51 disposition code saying that no match could be found. And could additional information be provided back on why the match couldn't be found?

In particular people are asking could you tell us if you at least matched the social security number, for example, that I've submitted, but it was the you weren't able to match three out of four of the remaining fields required. And the answer to that is categorically no.

We will not provide further information on what was matched or unmatched to a Medicare beneficiary's information. We have no way of knowing whether the SSN or the (HIC) number were mis-keyed and coincidentally matched some other related beneficiary. The query process can't be used for a method of trying to validate whether an SSN is a real number, a real SSN or a valid SSN or not. And so you know this answer is not going to change.

We've mentioned this before, but again this answer is not going to change. The only responses that you'll receive back is that we were able to match the information to a Medicare beneficiary or we were not able to match.

Another question was asked about the use of a third party administrator and an agent for an RRE and how a third party administrator could be considered by some definitions as an agent, but then the TPA might also have an agent that they're using to actually exchange files. So the term agent in section 111 reporting generally refers to the entity that will actually transmit the file. And

so in the case where an RRE is using a TPA say it's their account manager or to manage the reporting process. And the TPA is then using an actual reporting agent, again you could define your TPA or someone from your TPA could be your account manager for the RREID and the reporting agent would then - could be invited by the TPA to become an account designee for numerous individuals from the reporting agent could be the account designees and then use those user IDs assigned for the file transfer.

The agent information that's supplied during registration should be for the reporting agent in this circumstance, not the TPA. The TPA information would be reported under the account manager information that's collected.

Okay, thank you for your perseverance and now we'd like to open it up for live question and answer.

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

The first question is from (Theresa Filino), please state your company name.

(Theresa Filino): Hi, I'm with Triple A auto club group, and my question is in a lot of the documentation it refers to the fact you can go to the Web site and see if you're response file is available for download. Now when you refer to download, exactly what does that refer to? Or how is it downloaded?

(Pat Ambrose): Well, it depends on your file transmission method. If you are - if you pick what we refer to as HTTPs file transmission method, what you're really using is that section 111 COB secure Web site user interface. You log on with your login ID and password, and off of your RRD listing page under the actions for

each RRE ID, one of the actions available is a file upload option. There's also actions that allow you to see a file listing.

And if you've used this method then you would look at your file listing, you'd see the list of the files that have been processed or received and what status they're in, and when a response file has been created by the COBC and is ready for you to download from the Web site using this application, you'll actually see the file name there as a link that you need to click on and then follow the directions for the download.

So it's transferring this file - that method is transferring the file to and from the COBC using that section 111 COB secure Web site. On the other hand if you're using your secure file transfer, FTP protocol, you're transferring files directly to an FFTP server maintained by the COBC for the section 111 reporting. And you would have software that on your side client software or some sort of product or software you've developed yourself to upload files, transmit files using secure file transfer protocol to our FFTP server and then to pull files from the appropriate response file directory.

The third option is the connect (direct) over the (AGNF) network, which bypasses the COB secure Web site and the secure file transfer server. It doesn't use either of those methodologies but is rather transmitting file the using a product known as connect (direct) over a closed network. And in that case the response file is actually pushed from the COBC to your data center to a data set name that you establish up front.

And so by the time you log on to the COBC secure Web site and look at the file listing page and see that the status of the file indicates that processing has been completed, which means that a response file is available, if you're using

connect (direct) it would have probably already (be) in your data file by that time.

So what we're talking about is you know going to the Web site, looking at the file status, seeing that it's completed and then how you obtain that response file depends on what method essentially you've set up for your file transmission.

(Theresa Filino): Okay, but at some - so it's not that I have to go in there and look for it and see if it's complete, because you actually will at some point send it to us, but if we wanted it before you sent it we could keep checking the Web site. Is that correct?

(Pat Ambrose): Not exactly.

(Theresa Filino): Oh. Okay.

(Pat Ambrose): For the connect direct methodology over (AGNS) we will push it to you and you don't have to pull it or download it yourself. For the HTTPS and the secure file transfer methods, you must actually on either by a user logged onto the Web site or using FFTP software, you must download that file yourself.

Now you will receive an email to your account manager when the file has completed processing, and then you could go out to the Web site and download it. Or kick off your FFTP software and download it. You know or you may check the Web site yourself.

One of the issue is that the email notification only goes to the account manager, and if it's an account designee who's most frequently involved in the file transfer and download, they're only alternative if they're using HTTPS

or FFTP as the file transmission methods, they're only way of knowing for sure of whether the file is ready is looking at the Web site. Does that help?

(Theresa Filino): I do understand that. Real quick, you mentioned the account manager. Previously you'd mentioned you were going to be able to have a second account manager, is that also going to be coming out?

(Pat Ambrose): No, never. You will have only one authorized representative per RRE ID, you will have only one account manager per RRE ID, you may have as many account designees as you want though. So account - your one account manager may invite 10 or 20 account designees to get user IDs and be associated with that RRE ID and use the Web site and so on. But no, there is no plan to increase the number of account managers. If that - if your account manager needs to change, you have to contact your EDI representative and request a change.

(Theresa Filino): Okay, thank you.

John Albert: If you want multiple RRE IDs, then that's one way you essentially could have. Yeah.

(Pat Ambrose): Oh, yeah. If you're signing up two different RRE IDs, you could have two different people be the account manager for each RRE ID, but they-

(Theresa Filino): But they would only get the correspondence for that specific RRE, correct?

John Albert: Yes.

(Pat Ambrose): Correct. Right.

(Theresa Filino): Okay.

(Pat Ambrose): All right, thank you.

(Theresa Filino): Thank you.

John Albert: Operator?

Coordinator: The next question comes-

John Albert: Operator?

Coordinator: Yes, are you ready for the next-

John Albert: I just wanted to remind everyone that we'd like to limit to one main question with one follow up per speaker and then I'll ask people to get back in the cue after that. Thank you, next question?

Coordinator: The next question is from (Celia Wentchell). Please state your company name.

(Celia Wentchell): Yes, this is (Celia Wentchell) with (Bob Meyer). I have a question going back to your comment on ORM and sending ORM claims when there has not been a payment on the file. I guess I'm looking at the user guide on page 15. We had sort of understood that you only send a claim when there's been a judgment award or other payments made. But then on the 320 alert on the second page it says for liability if you - there is no (unintelligible) or threshold for ORM claims. So is your expectation that you would receive a claim that has had no payments made on it?

(Pat Ambrose): Only in the case of the ongoing responsibility for medicals related to no-fault and worker's compensation claims for which ORM has been assume. If it's a KEPOC amount, a settlement amount, a lump sum payment - lump sum one time payment related to the claim, that is after settlement judgment or award, I guess maybe we need to go back and look at adding some clarity to the user guide related to that. But-

John Albert: I don't know if - yeah, I mean it's something - if you have it to please send to the resource mailbox. It might be something that we address at the policy call coming up in a few weeks.

(Celia Wentchell): Okay.

(Pat Ambrose): And what we were getting at before is that you know a - let's take the case of an auto accident. So there's an auto accident, no-fault's involved, the claim has been reported, you've opened up the claim and assumed responsibility for ongoing medicals, but no medical claim has actually been submitted yet to the RRE, but you are expecting them to come in. That is essentially when we're expecting you to report ORM, but there's no dollar amount, no TEPOC amount associated with that.

John Albert: Did you indicate in your question that it was liability insurance was assuming ongoing responsibility for medicals before there was a settlement judgment award or other payment being made?

(Celia Wentchell): Correct, that was what I think she just answered it there for clarification. But then you also just mentioned on the worker's compensation part and I guess I was looking at the threshold document where it says if it was under \$600 we would not report that?

(Pat Ambrose): That is a - that is true, that if the medicals for worker's compensation ORM have not exceeded \$600, it's not reportable.

(Celia Wentchell): Okay.

(Pat Ambrose): But you know again, those medicals are not reported as dollar amounts on the claim.

(Celia Wentchell): Correct.

(Pat Ambrose): M-hmm. Okay.

(Celia Wentchell): Correct, but it - so - but in the case if I were to submit this other one relating back to the liability but at this point based on what you said, if we have the claim in even if we haven't paid anything and the only payment might in fact be a TEPOC amount, you would have expected to have seen that reported initially?

(Pat Ambrose): No, no. If you're just - you know if the claim - you've opened the claim and you know you have - and you're going to pay that one time lump sum settlement amount, that's a TEPOC amount, it doesn't reflect ongoing responsibility for medicals and it's not reportable until after you've established the TEPOC date.

John Albert: Liability insurance would rarely if ever have ongoing responsibility for medicals. I mean there are some very limited circumstances, but liability insurance by its very nature is typically in dispute and is typically settled through some type of lump sum payment which would be then TEPOC.

Keep in mind one of the reasons are - the main reason we want ORM is so that it's on our CWF or common working file so that we can pay claims correctly. It's going to be more functional for you and for us if we can deny - if we know about the ORM and can deny a claim that's been inadvertently billed to us until they've gone to worker's compensation for instance and submitted that claim than it is for both us and insurer to do pay and chase.

In the long run that's more expensive for you as well to do - for us to have to do a pay and chase action. And that's why we need to ORM posted.

(Celia Wetchell): Okay, thank you.

Coordinator: The next question is from (Jim Price). Please state your company name.

(Jim Price): Yes, this is (Jim Price) with Young Global Risk Consulting. Thank you for taking my call. My question today has to do with captives. We do have some clients that have offshore captives that do not have any (ten) numbers, and how should they be accounted for when registering as RREs?

(Pat Ambrose): Again, as I mentioned earlier, if the RRE has no (ten), we ask that you contact the EDI department directly describing the situation. But they will have to refer this to CMS for advice on how you would go about registering that RRE since obviously a (ten) is required for registration.

John Albert: And what we're looking at and I think we've mentioned in other calls, and we do hope to have a draft out within the next two weeks on different RRE situations is, if it's a captive it being reported by an entity higher up, the corporate structure could be the RRE. We will have more information out in the draft, but the point is you may not want to make your RRE at the captive level. You may want to make it at a higher level.

(Jim Price): Yes, because we do have clients that pay or fund their (TPA) directly through their captive. So at that point you would recommend that they report at a higher level?

John Albert: Well we - we're going to offer that as a solution is part of what we're looking at. If you absolutely choose to do it at a captive level then we'll have to look at that as well. But in general we expect the rule to be that when there is a U.S. address, etcetera, and (ten) available, that you will report at that level so that we can capture that information.

(Jim Price): Great. I appreciate it. Thank you.

Coordinator: The next question is from (Suzanne Jordan). Please state your company name.

(Suzanne Jordan): Hi, this is (Suzanne Jordan) with (Bradspire). And I just have a question, we're not always receiving the email notifications to let us know that we've been assigned as account designee. Are there others reporting the problem? And who should we report this to?

(Pat Ambrose): I don't know this problem particularly, but what I would ask is that you have your - and I have gone through recent problem log reports, what I would ask is that you go to your account manager and have your account manager talk to their EDI representative and report it that way and perhaps we can find a reason for why these emails are not being delivered.

(Suzanne Jordan): Okay, and it would be for multiple clients or multiple account managers. So in that case do you really want us to contact each EDI rep for every account manager where we're not receiving -

(Pat Ambrose): Certainly, I mean you can contact one and then describe the problem in general terms or give them you know it's happening, here, here, here and there. No you don't have to contact specifically - each specific EDI rep. We really only need one report of that.

(Suzanne Jordan): Okay, great. And just a little clarification, you had answered a question earlier before the - you opened up for the questions. And the question came can we have one RRE ID for both, for example general liability and worker's comp, and register that under 110, and you said that the answer for that is yet. That when you reported the claim that you should use the different (ten)? Is that a requirement or can they use the same (ten)?

(Pat Ambrose): When you report the claim input file, the plan (ten) that you provide should be the (ten) that is associated with the entity responsible for that claim. So it might be you know if it's the (ten) that you registered under, that's the appropriate (ten) that should be provided there.

(Suzanne Jordan): Okay.

(Pat Ambrose): Okay?

(Suzanne Jordan): All right, great. Thank you.

Coordinator: The next question is from (Seg Garciva). Please state your company name.

Man: This is (unintelligible), I am calling from (Drummond Foster) Insurance. I have a question on HEW software (value subheading of) (unintelligible) file. When you're (subbing) the HEW software from you (guys) and we are trying to (automate) the process, but it is asking us to manually feed the

(unintelligible) the HEW software and then manually get an output from HEW software and then upload it to the you know Web site.

You (don't) need to automatically (alert) process, like a batch process or (common problem that takes the file) from our database and then on the HEW software on a backed up file so that they can send it to you.

(Pat Ambrose): At this time, the PC - the Windows version of the HEW software is - you know does have to be run manually so to speak. There are no ATIs available, it can't be executed from a command line.

Man: M-hmm.

(Pat Ambrose): We do have a change request logged and are looking at modifying that software so that it could be automated.

Man: M-mmm.

(Pat Ambrose): I don't have a date for when that might occur, but it is certainly something that we're working towards, but unfortunately is not available at this time.

Man: Okay, I have a little question on this though. You're asking us to (change the password) every (30-60) days. These are (unintelligible) manually (is there a way to do it automatically)? This process?

(Pat Ambrose): No, no, there's no way to automate the change of password.

Man: M-hmm.

(Pat Ambrose): To change your password you must log onto the Web site and use the change password function therein.

Man: Okay. Okay, thank you.

John Albert: And that's not going to change, I'm telling you. It's beyond our control.

Coordinator: The next question is from (Scott Umsted). State your company name.

(Scott Umsted): Hi yes, this is (Scott Umsted) with (Cedrick CMS). (Pat) on the last technical call you mentioned that you guys might be adding an indicator, a DCN to the query input file. And maybe kind of like a (RRE) supplied DCN number, and I wondered if you had anymore thoughts on that or if you were going to do that? I think we'd really like that because as we get these responses back, the 51 - if we get a response back with a 51 you now it blanks out the (HIC) and we can't necessarily tie back that response to a particular record that we queried on.

(Pat Ambrose): Yeah, I completely understand the issue. We won't overlay or touch the SSN sending it back, and that is a change that's in the cue. There's again, not a scheduled release date for it, but at least that I know of off the top of my head. But it has been approved as a change that we will make. It's not available at this time, but we will be updating the query process to allow you to submit a DCN whether it be your claim number or something else, and then we would return it on the query response, but it's not available yet.

(Scott Umsted): So we can plan it for it, it just won't be available?

John Albert: Yeah, and we can't give you a date either, because there's you know everyone's fighting for the resources, for the you know the quarterly releases

and, so that has nothing - that was definitely submitted as a change request here.

(Scott Umsted): Okay. All right. That's all I had, thanks.

Coordinator: The next question is from (Mike Gardner). Please state your company name.

(Mike Gardner): Hi there, this is (Mike Gardner) with (Corvell Corporation). I had a question on the query file testing, I was curious for let's say an FFTP user how you're going to differentiate a test query file versus a production query file since we can only do production once a month per RRE?

(Pat Ambrose): There are different submission directories for test versus production. So if you're doing secure FFTP you can submit as many test queries to your test submission folder as you want. And again the production is only once per calendar quarter.

(Mike Gardner): Okay. And real quick, related to question. Are you going to be - in the user guide you mentioned the potential for using the test claimants or test injured parties that we would be providing for the input file testing, but since that's been pushed back, are you guys going to be providing those test claimants or should we just come up with stuff on our own?

(Pat Ambrose): We plan to provide the test claimants in the fall in time for by on or about October 1, for claim input file testing. At that point you would be able to use them for your query testing as well. But for right now for your query testing you'll have to come up with your own claimant or injured party information.

(Mike Gardner): All right, thank you very much.

(Pat Ambrose): You're welcome.

Coordinator: The next question is from (Jim Hamilton). Please state your company name.

(Jim Hamilton): This is Home Insurance Company. We had a question concerning a previous - in prior meetings you had said that you were going to address (insolvent carriers). Do you have a date or have you already addressed these issues on when you may deal with (insolvent carriers)?

John Albert: We haven't put anything out yet. That's one of the ones we hope to have out in draft within about two weeks.

(Jim Hamilton): In other words in two weeks you'll have it in your draft. Will we be able to see something in two weeks?

John Albert: The idea is that we want to put it out in draft on the Web site and get any comments from people before we change. In order to avoid repeatedly changing the user manual, put this section out as draft and get everybody's comments on it.

(Jim Hamilton): Thank you very much.

Coordinator: The next question is from (Neil Pethie). Please state your company name.

(Neil Pethie): Foster Farms.

(Pat Ambrose): Go ahead, please.

(Neil Pethie): I'm still having an issue regarding the responsibilities of the account manager. Can you elaborate what type of questions or communications will be with the

account manager? We have a TPA that handles all her claims in a particular region and they're telling me that they can't be the account manager because it's - the responsibility would be with us. Can we designate them as an agent so when a question comes to the account manager it can be referred to them since they are the ones doing the claims handling and reporting?

(Pat Ambrose): They're - you are the RRE?

(Neil Pethie): Yes.

(Pat Ambrose): I've see no reason why they cannot play the role of account manager. Now they may not choose to do so but you can actually delegate the task of being the account manager to them.

(Neil Pethie): Even though one of my people is actually the named account manager?

(Pat Ambrose): Oh, well not now. No I'm sorry, I didn't understand that you'd already registered.

(Neil Pethie): No, no, we haven't registered. They're telling me that we have to name one of our own employees.

(Pat Ambrose): No, it's not true. It's not true.

(Neil Pethie): Excuse me? It's not true.

John Albert: The only thing your agent can't be is the authorized representative.

(Neil Pethie): Okay.

John Albert: That has to be someone from the RRE who has authority to bind the RRE, etcetera. But your account manager and - or designees can be TPAs, agents, whatever.

(Pat Ambrose): And I realize that there's some language in the user guide that says that registration has to be done by the RRE.

(Neil Pethie): Right.

(Pat Ambrose): And you know we've kind of softened that in a sense. I mean the RRE has ultimate responsibility and as (Barbara) said, your authorized representative must be an you know an employee or somehow associated with the RRE organization and cannot - your authorized representative cannot be an agent or TPA.

(Neil Pethie): Right, but that doesn't apply to the account manager.

(Pat Ambrose): It does not. And so actually both steps of registration on the COB secure Web site could be performed by your TPA. They may go in and perform new registration and name your authorized representative as you know the authorized representative. The P.I.N. letter will go to your authorized representative at the RRE who will then in turn give it back to the TPA and an individual at the TPA may be the account manager and it must be the account manager who performs the account setup step. But there's no requirement that the account manager be a you know an employee or you know otherwise directly associated with the RRE.

(Neil Pethie): Okay, if that's the case then can you clarify to the point of if the reporting's going to be done by the TPA or whatever agent, and they're handling the

actual files themselves (will) they be giving the information regarding what's in the actual report, would you say that they must be the account manager?

(Pat Ambrose): No.

(Neil Pethie): No?

(Pat Ambrose): You know I can't say that they must be. No.

(Neil Pethie): Okay.

(Pat Ambrose): You could want to maintain more control over the process and as the RRE choose to be the account manager and assign your TPA as account designees if you so choose. Or you may allow your TPA or agent to be your account manager, it's at your discretion.

(Neil Pethie): Okay, but my account manager who has nothing to do with the claims being handled by the TPA, if they're being contacted by CMS with questions, they're going to just have to refer them to the TPA.

(Pat Ambrose): Well, they are.

John Albert: Well, that's why the -

(Neil Pethie): Is that okay?

(Pat Ambrose): M-hmm.

John Albert: Use the RRE - can designate whoever you need to, and again everyone has a different business model and you know do it as best for you. The ones like

(Barbara) mentioned though is like you know the authorized representative has to be the RRE - someone who can bind the RRE to whatever.

(Neil Pethie): Right.

John Albert: But in terms of how that business - that's totally up to you.

(Neil Pethie): Okay, so CMS won't have a problem with when they contact the account manager and the account manager says, I'm sorry but you're going to have to contact the TPA, they're handling it for us. That will be okay?

(Pat Ambrose): I mean you know eventually there are - what happens is there are - your EDI rep will learn who it is, like what particular account designee for example that they will most often work with. And they will have the information - the contact information for all the account designees and your account manager available to them. And now the emails generated by the system will go to the account manager no matter.

(Neil Pethie): And they can just forward them to the TPA?

(Pat Ambrose): And they certainly could. And the TPA, the account designees may contact the EDI representatives directly and the EDI representative may contact an account designee directly as well.

(Neil Pethie): Okay good. That's what I needed. Thank you.

John Albert: Can you hold on for just a second?

(Pat Ambrose): Sure

(Neil Pethie): We're going to put everyone on mute for just a minute.

I just wanted to add a brief statement that, again, the roles of the different, you know, people that will be working to implement this at the RRE level and it's, you know, managers and designees, I mean, basically those roles are kind of laid out in the process. And if you assign people that don't fulfill those roles, basically an RRE runs the risk of being non-compliant with the reporting process.

So please keep in mind that, you know, you have total freedom to arrange, you know, those entities or individuals that will be interacting with CMS, but they also need to be able to fulfill their obligations under those roles with CMS to ensure proper, timely, accurate reporting under the Section 111 legislation.

Woman: And to put it into practical terms, if the EDI representative contacts your account manager, it's not appropriate for your account manager to say, "Well, don't call me. Call someone else." It is the account - the account manager should be the person who will take ownership and contact the appropriate designee, who may in turn contact the EDI department direction.

And, again, down the road, the EDI rep may have, you know, already established a relationship then with the designee and know to go to them. But, of course, it's not appropriate for an account manager to, you know, essentially not respond. They are...

Man: Right.

Woman: Yeah, okay, good.

Man: Right. It's just that our TPA refuses to be the account manager and so it's a choice of either firing them and replacing them with a different TPA or using our own employee as an account manager and just pass through, you know, refer any questions, you know, forward them on to the...

Woman: Yeah.

Man: ...to the TPA.

Woman: Yeah. That would be appropriate. Okay. Thank you.

Man: Thank you.

Coordinator: The next question is from (Jim Hisson). Please state your company name. Please check your Mute button. I'm not able to hear you. Mr. Hisson? I'll go on to the next question. The next question is from (Kelly Davis). Please state your company name.

(Joe): This is not Kelly, but she stepped out. Employer's Choice Plus. My name is Joe.

Woman: Please go ahead.

Joe: Within a situation where account authorized representatives are registering and they're putting the account manager's name as authorized representative, is there a way to obtain a list of who's, for example, registered myself as an authorized rep, because that's preventing us from completing the other portions of the registration?

Woman: Well, you'd have to go to the EDI department, either a contact as you already have or the main number, and perhaps they can find a way to do that research for you.

Joe: Okay, thank you.

(Barbara Wright): But don't go away yet.

Joe: Oh, okay.

Barbara Wright: We're going to put you on Mute. We may have an answer. We're not sure.

Joe: Thank you.

Woman: I guess the point that - something was pointed out that if you are erroneously named as an authorized representative, you will get the PIN letter and on that PIN letter there should be contact information. And, again, hopefully they can research all cases and correct that. But hopefully you find that helpful.

Joe: Thank you.

Coordinator: The next question is from (Jakima Dawkins). Please state your company name.

Jakima Dawkins: Hi, this is Jakima Dawkins from Wade County Government. And we're planning to use the (HEW) client software. I wanted to confirm an assumption that it would be installed on individual desktops or laptops. And then also how many licenses or logins are we given for the install or part install?

Woman: The HEW software can be installed on individual PCs and/or laptops and an unlimited number of times. It's free software. There's no licensing or user, you know, restrictions.

Jakima Dawkins: Now are there any admin, like an admin module component to it or...

Woman: You know, you've surpassed my expertise on the topic, I'm afraid. We don't have anyone who can answer that here. So you'd have to pose that question to your EDI department.

Jakima Dawkins: Okay.

Woman: Or to the EDI department, the COBC EDI department.

Jakima Dawkins: Okay, thank you.

Woman: Sure.

Coordinator: The next question is from (Trevor Meyer). Please state your company name.

Trevor Meyer: This is Trevor Meyer from (Hamlin and Burton), Liability Management. If you're looking for a great TPA, look us up.

My question is - shameless plug there - my question is regarding claimant representative. If an injured party has a Power of Attorney or a guardian, but also has an attorney representing them in a legal manner, who should we put as the representative?

Woman: We've had in the draft User Guide that we're working on, we've updated this to indicate in the case of two representatives to - and one of them being the attorney - to report the attorney in the representative...

Trevor Meyer: Okay.

Barbara Wright: I mean, typically if it's a Medicare beneficiary and someone has a conservator or guardian or representative payee, that person is already showing up on our records as the rep payee. So that's another reason to default to the attorney.

Trevor Meyer: Okay, thank you very much.

Barbara Wright: Welcome.

Coordinator: The next question is from (Yvette Lynch). Please state your company name.

Yvette Lynch: (Brown and Brown Insurance).

Coordinator: Okay. Please go...

Yvette Lynch: Our question is if we have a claimant whose payor changes, would that - the first part is would that trigger an update? And then the second question is if we've reported that then and that record had already previously been accepted by you, do we need to maintain the original payor ID and will we ever report that original back to you?

Barbara Wright: Could you explain what you mean by your payor changes?

Yvette Lynch: Yeah, we're the TPA. And so one of our accounts who is actually (unintelligible) the employer, that would be the payor. Let's say like if there

was an overhead company that had multiple locations, that would be the payor. So if that payor then would change for that claimant, would we have to maintain that?

Woman: Is this payor represented by the plan or RRE 10 on the claim input records? Is that the field that would - that applies, which I think is...

Yvette Lynch: Yes.

Woman: Pardon me?

Yvette Lynch: Yes.

Woman: If you look at the User Guide in the Event Table, changes to that 10 field do trigger an update.

Yvette Lynch: Okay.

Woman: And does that answer your question?

Yvette Lynch: Well, that answers the first part, but do we need to maintain the original ID? And from that point forward, will we always report the new information or...

Woman: Yeah.

Yvette Lynch: ...since you've already accepted that record, do we need to maintain the original?

Woman: No. Just, you know, once you've sent that update with the new 10, then that's all you need to do and continue to use that 10 going forward for that record if any other subsequent updates are necessary.

Yvette Lynch: Fantastic.

Barbara Wright: The one possible exception and Pat can tell me if it makes any sense is you say not keep the old record. But if you had previously reported a (TPOC) and you had to report a second TPOC, you do have to report the second one as a second TPOC and in that sense they would have to know...

Woman: Yeah, and that would go on the same record set on the auxiliary record attached to that same detail record which now has the new 10.

Yvette Lynch: Okay. So it would just - but we would indicate that it was a second TPOC.

Woman: Yeah, there's second, third, fourth and fifth TPOC, sets of TPOC fields on the auxiliary record. They're not in the current User Guide. They're in an alert on the auxiliary record layout and in the updated User Guide you will see those fields there.

Yvette Lynch: Okay. Thank you very much.

Coordinator: The next question is from (Vinia Geesis). Please state your company name.

Vinia Geesis: Hi, Vinia here from (State Compensation Insurance Fund). We have a question on the query request and response files. It's an EDI question. Basically, there's a (STSC) segment that can be used that also contains a loop 2000C. So the question is do you expect or in either direction, do you expect

multiple records in that loop 2000C using single STSC segment or one record in - one record per STSC segment? Is that...

Woman: I'm sorry, I'm not going to be able to answer that question. It's a little bit too detailed.

Vinia Geesis: All right.

Woman: One thing that I would like you to do is to make sure that you've downloaded the most recent X12-272/271 Companion Guide from the Web site and...

((Crosstalk))

...it's been updated.

Vinia Geesis: Yeah, we - when did it update? Was it like recently, a week or so or - we have the - we have downloaded that companion guide and we have also sent that question to our EDI rep quite a few weeks ago. But since we haven't received any response, we're asking that question on the call.

Woman: Okay, well, there is an elevation procedure for getting answers. If you have not received an answer to this question and you've posed it to your EDI representative.

Vinia Geesis: Okay.

Woman: So we mentioned that earlier in the call. In Section 18 of the User Guide, Section 18.2, there's a contacts protocol for you to further elevate that question. And I do apologize. I know you've submitted it to the Section 111

email address and I was hoping that that latest companion guide had answered it and apparently it might not have. So, you know, please follow up with your EDI representative and if not successful there, follow that contact protocol listed in the User Guide and we'll get to the bottom of it.

Vinia Geesis: Sure, will do, thanks.

Coordinator: The next question is from (Leslie Trembly). Please state your company name.

Leslie Trembly: Hi. This is Leslie Trembly from (Crawford and Company). And I had a question about the field changes that were discussed initially in this call. Will you be putting out an alert for those changes or will we need to wait for the new User Guides to come out? And, if so, what is the date that that should be coming out?

Woman: We were planning on just publishing those changes in the User Guide to avoid confusion quite frankly between having, you know, information in multiple places. And we're hoping to get the User Guide published within three weeks. So in about three weeks.

Leslie Trembly: Okay.

Man: And you should be, if you're not, sign up for the list serve so that you get the automatic notification when there's been an update to the Web page.

Leslie Trembly: I am but thank you very much.

Man: Sure.

Coordinator: The next question is from (Ellen Itsel). Please state your company name.

Ellen Itsel: Hi, this is Ellen Itsel from (Chub Insurance). One question I had, I had submitted a couple of questions through the email box, but I didn't hear them answered. One was about the publishing of the User Guide.

The other was the June 2 call transcript has not been published yet. Is that going to be done anytime soon?

Barbara Wright: I was talking to the person that's responsible for that right now and we've been running into some issues with 508 compliance and the length or size of the tabs we can use. You know that we have a number of tabs on that dedicated Web page and we can apparently only put approximately 10 documents per page or we get locked out.

And so the person responsible for this told me this afternoon that they are reorganizing the Web site to address some of these issues. And they hope to have everything up and completed by the end of next week. I apologize for the fact that it means that I think there's either one or two transcripts that haven't been available either by audio or paper at this point, but we're doing our best to get that corrected.

Ellen Itsel: The other - just one other question. The HEW software, is that still only available after registration is complete?

Woman: No, you may contact the EDI department directly any time and obtain a copy of that software, either the mainframe or the Windows PC server version.

Ellen Itsel: Okay. We have contacted them and I guess we'll have to contact them again. Okay. So the mainframe should also - the mainframe version should also be available now?

Woman: Yes, yes, yes.

Ellen Itsel: All right, great, thank you.

Coordinator: The next question is from (Eric Bilk). Please state your company name.

Eric Bilk: Hi, the Travelers. My question is regarding several of the field. What is the exact purpose of field 76 through 80? Do you intend us to identify the claim handler for purposes of lien notification or is this essential repository?

Woman: Is this - I'm sorry, I don't have it up in front of me. Is this - could you list off the field name?

Eric Bilk: Oh, sure. It's the plan contact, department name, the last name, first name. It's the fields immediately after identifying the actual claim number and policy number.

Woman: And your question related to those fields?

Eric Bilk: Is what is the purpose of the information that's collected here? Is it for the purpose of lien notification?

Barbara Wright: Generally speaking, no, as we've said for NGHP, I think, and virtually every call, we've addressed the fact that we don't intend to change our recovery processes. For the most part, we will be issuing demand to beneficiaries once there's a settlement judgment awarded. So, etc., however we've said it.

At the same time, for worker's compensation or no fault, there are some situations where there's ongoing responsibility for medicals and we do issue

demands to the no fault insurance or worker's compensation. In general, where you've given us plan contact information or anything, that's who you want questions about the submission or anything further that we need to go to.

Eric Bilk: Okay. So this wouldn't be related to a particular claim file itself, but just the submission process in general?

Barbara Wright: I can't guarantee absolutely that it wouldn't be. We expect rarely to have to go back to the RRE or insurer. I would suggest that if you're putting the information there for someone that only wants to deal with the physical reporting that they have handed to them who you would want contacted if they were contacted about a particular case.

Eric Bilk: So I guess the information that we would give you in these particular data fields would be contingent upon what you would intend to use them for. If, for example, I think you and I have had the conversation before about the fact that liens come in to the company to any particular address that somebody has rather than directed to the claim handler who's actually handling the lien. It would be, we think, very appropriate to use these particular data fields for the purpose of notifying us of the liens on the worker's comp side so that they can be taken care of.

Barbara Wright: I mean, I would expect that they're going to - that this information is going to be use if we need to make any contact. And I would guess that we're more likely to need to make a contact in those rare situations where we have a recovery demand than we are to say, "What did you really mean in field 22?"

So it's up to you to decide how you want to structure who you put in there. If you put someone in that is only able to answer questions about other fields,

then they would have to be able to forward questions about specific demands if we made them.

Eric Bilk: Okay. I think that answered my question. Thank you.

Coordinator: The next question is from (Brenda Smith). Please state your company name.

Brenda Smith: (TMSI Settlement Solutions). Hi, thank you for answering my question. My question has to do with the TPOC amount and date fields for multiple TPOCs. And I know on the last conference call there was discussion about having to report ongoing indemnity payments as TPOCs. Is that going to be required? And, if so, how will those TPOCs be reported if there are only five fields? Will they be updated?

Barbara Wright: We don't have the final answer for you today. We've actually had more than one internal discussion today on precisely that subject. We're having language drafted at it right now. And it's one of the things that we expect to address in the document that we're going to put out on the Web site in draft hopefully within two weeks.

Brenda Smith: Thank you.

Man: Thank you very much. You have no idea how much we were waiting for that question.

Coordinator: The next question is from (Sandra Ruff). Please state your company name.

Mike Hunt: This is (Mike Hunt) from (Caterpillar). We have a EDI question. We would like to use (SFTP) as our file transfer protocol, but we'd also like to use

password less authentication so that we can automate our process. Is that version or variety of SFTP going to be available?

Woman: I'm sorry, I can't - I can't answer the question I don't think. Did you say password less?

Mike Hunt: Yes.

Woman: I mean, we are always going to require a login ID and password for the secure FTP server. But my understanding is that you still may automate the secure FTP process. Of course, you have to make changes periodically to update the password associated. But, you know, I'm not really sure about what software you're using for your transfer and why it would not be automatable. But I can assure you I can say for sure that a password and - or a login ID and password will always be required for the SFTP file transfer protocol.

Mike Hunt: Okay. Thanks for your question.

Coordinator: The next question is from (Sandra Gilbert). Please state your company name.

Sandra Gilbert: (Nationwide Insurance). We have in the past just been submitting that Consent to Release form to request the lien on the liability claims, but now we've been told effective today that we have to notify Medicare like initially of a new claim and we're unsure of how to do that.

Barbara Wright: Your question doesn't have anything to do with 111. If you want to submit it to me by email, I will follow up with you.

Sandra Gilbert: I'm sorry?

Barbara Wright: This is (Barbara Wright).

Sandra Gilbert: This is Sandra Gilbert.

Barbara Wright: If you want to leave me a voicemail, with your email address, I will contact you so we can follow up on this issue.

((Crosstalk))

Sandra Gilbert: Okay. What is your email. I'm sorry, I missed that.

Barbara Wright: My telephone number is 410-786-4292. And if you leave me a message with your email address, I will follow up with you.

Sandra Gilbert: Okay, all right. Thank you so much.

Coordinator: The next question is from (S.D. Witterich). Please state your company name.

S.D. Witterich: Hi, (Risk Qual Technology). My question is just to get a confirmation overview basically on the data that is to be submitted now with the changes as of May in the Supplement User Guide.

As we understand it, the initial submission is only - and I'm talking liability only, whether that makes a difference or not really - but the data that is to be sent for the initial submission should only include claims that have had a TPOC or an indemnity payout in the liability case, where the TPOC date is greater than or equal to 1/1/2010. Whereas before that was July 1, '09.

And furthermore it means that only - so only claims where the claimant is obviously a Medicare beneficiary and it has an indemnity payment posted

with them 1/1/2010 or greater, and the TPOC amount is greater than \$2,000. If payout is between July 1, 2012 and 12/31/2012, then the TPOC amount threshold is greater than \$600 is that correct?

Woman: Yes.

Barbara Wright: She went into several years and I can't recall all the dates on that. I would have to go back and look at the alert. What's in the alert is current information to the extent it would change or be updated, that will be in the revised User Guide.

S.D. Witterich: Okay, okay, thank you.

Coordinator: The next question is from (Claire Bellow). Please state your company name.

Claire Bellow: Good afternoon. This is Claire Bellow with (Vertical Claims Management DCM). How are you today?

Man: Good.

Claire Bellow: I wanted to clarify and I know that I may be bleeding over into policy and if I need to wait until the next call, that's fine. But there was a question about registering offshore captives very early on in the questions and I guess I'm - I've gotten a bit confused, because I thought that - when does an offshore captive register in that I thought the answer to the question had been if they were offshore with reimbursement agreements, that the onshore insured who paid the claim was the RRE.

Barbara Wright: The question as we understood it today is someone had specifically identified the captive as being an RRE, but an RRE who did not have a 10, etc.

Claire Bellow: Okay.

Barbara Wright: So, they had made the determination it was an RRE. And we said, given that what we're looking at and part of what we're drafting right now is giving them the option of reporting at a higher level in the corporate structure.

Claire Bellow: Okay. So it doesn't change the initial analysis that we've been operating under of who the RRE is?

Barbara Wright: No, but what we're putting out in draft might.

Man: Yeah.

Barbara Wright: I mean, you know, we're going to go through all the rules.

Claire Bellow: Okay.

Man: I mean, in a lot of these unique situations, I mean, we're trying to provide a standardized process for everything, but we also recognize that there may be a few unique circumstances that require manual, you know, a manual process in terms of, you know, like registering these situations, but that's one of the issues that we're working to address.

Claire Bellow: Okay. And is that - that's what's coming out in three weeks?

Man: As a draft.

Claire Bellow: As a draft.

Man: Yes.

Claire Bellow: Okay, thank you.

Coordinator: The next questions is from (John Walker). Please state your company name.

John Walker: (Juan Beacon Insurance). My question has to do with the query function and whether CMS is going to provide access through their website to be able to through - for registered users to be able to go in there and query?

Woman: No, there's no plan for that at this time. The query process for a liability, no fault, worker's compensation RRE is only available between or via a file exchange.

John Walker: Okay, thank you.

Barbara Wright: And we've also received some inquiries lately. It's unclear whether people who've been listening on the call who don't expect to be RREs, etc., or what, but I've gotten some calls asking about making this query function available for providers, suppliers, etc. And this query function is specific to the 111 process. And part of what's assigned for when you register is that that's essentially what it's going to be used for. It's not a process to be made available to other entities for other purposes.

John Walker: No, what we were thinking of and we've got some small segments of claims that we were thinking of manually entering through our reporting agent and wanted to be able to query against the database to make sure they were eligible candidates, so.

Barbara Wright: If you're an account, if someone in your organization is listed as an account designee, Pat, that they could do a query file?

Woman: Yeah...

Barbara Wright: As long as there's not more than one for the RRE?

Woman: ...they submit a file, but there's no online - I understood the question to be, you know, is there an online capability.

John Walker: Yes, I was hoping to be able to go to your Web site and login, you know, with security and everything and query against the database, only having to enter in those five fields and then determining whether that particular claimant was Medicare eligible and, if so, then enter them in through the manual process through my reporting agent.

Woman: That's not available at this time.

John Walker: Any, I mean, I kind of get the indication that you're not thinking of that either? I mean, is that a future possibility?

Man: Well, that's something that you're getting into areas that affect, you know, Privacy Act and data security and when you're doing any kind of a direct entry like that you basically are increasing the risk versus controlling it through files. You know, it's something obviously we'd like to be able to do, but, you know, I could never remotely guarantee you that we could ever even do that at this time just because of we're bound by IT security, you know, protocols.

John Walker: Yeah.

Man: That, you know, try to limit access to this obviously very sensitive information. Any time you let someone just, you know, dial in and do manual queries, then that causes problems.

John Walker: Understood. Thank you.

Coordinator: The next question is from (Doreen Thompson). Please state your company name.

Doreen Thompson: My company is (Broadspire). I'd like to confirm something that was answered on a earlier question. In the process of account set up, there's agent information that needs to be filled out. If a company is using a TPA and the TPA is using a reporting agent, that agent information that needs to be entered is the reporting agent, is that correct?

Woman: That's what we're expect, yes.

Doreen Thompson: Okay, thank you.

Coordinator: The next question is from (Sally McKinney). Please state your company name.

Sally McKinney: (The Republic Group). And my question is about the correspondence and/or emails that will be sent to the authorized representative versus the account manager. Can you give us an idea of what time of correspondence and emails would go to the authorized representative?

Woman: Yes, if you give me a moment. Sorry. But I can answer that. The first email that they'll get is the email containing - Well, first your authorized representative will get an actual letter via US Postal Service with the PIN,

personal identification number, that's needed for the second step of registration. And then regarding emails that they will get, the authorized representative and account manager both receive an email notification with the profile report.

The authorized representative and account manager receive what we refer to as the "Non Receipt of the Signed Profile Report." After 30 days of the issuance of the Profile Report email, if we haven't received the signed Profile Report back, we send a reminder email and that goes to the authorized representative.

The authorized representative does not things of an everyday nature like we've received a file, your response file is ready, etc. Now, if we don't get a file within a certain timeframe after your file submission period. In other words, if the RRE is at risk of not being compliant because they have not submitted their quarterly file, quarterly claim input file, that warning email does go to the authorized representative and that is the extent of it, those three essentially.

Sally McKinney: Okay. Is it possible when entering the information for the authorized representative to include an email other than that person's, that authorized representative's email, such as his secretary and/or another executive? Is that permissible?

Woman: It's not what we're looking for. We are looking for the authorized representative's contact information.

Sally McKinney: The reason that I say this is many executives of companies don't want to be involved in the day to day - although you indicated they're not going to get daily correspondence, but...

Woman: No, it is not day to day.

Sally McKinney: Well...

Woman: If your files are submitted on a daily basis, they won't get that one. If the Profile Report is submitted, returned back timely, they won't get that email alert. And so the only email that they will get is the actual Profile Report, of which your authorized representative has to sign it anyway. So they might only get one single email notification if all goes well from the COBC for Section 111 reporting.

Sally McKinney: Emails in reference to failure or compliance issues, would the account rep also get those...

((Crosstalk))

Woman: Yes, your account manager always gets copied basically on all of these notifications and, you know, then can take, you know, the necessary action.

Sally McKinney: Okay, all right. You've answered my question. Thank you.

Woman: You're welcome.

Coordinator: The next question is from (Teresa Fallino). Please state your company name.

Teresa Fallino: (Triple A Auto Club Group). My question is has there been any more determination when you have to report medical, whether it be no fault med pay and then also work loss and/or survivor's loss since each one of them has a separate limit? Do you submit those as three separate lines? Because if you

added them together, it wouldn't appropriately reflect what benefits are available.

Woman: Are these all essentially defined as no fault coverages?

Teresa Fallino: They are no fault coverages, but each one of them has a separate limit, and they don't combine.

Woman: And for the same injured party, same date of incident, you have - you're making payments related to each of them separately?

Barbara Wright: And you said one of them was no fault survivor's coverage?

Teresa Fallino: Yes. There is no fault medical payment, then there is no fault survivor's loss which is essentially a work loss payment to the surviving family...

Barbara Wright: Are you talking worker's compensation?

Teresa Fallino: No, I'm talking auto no fault.

Barbara Wright: Okay.

Teresa Fallino: And then there's another type of payment, which is work loss payment. So we pay for the medicals under one coverage, pay for loss of work under a separate coverage with its own limit, and then pay any survivor's expenses as well as work loss under survivor's loss. And we were advised that we had to report all of that, but my question is since there's only one place for ORM, does that mean we have to report each one separately since each one has its own separate limit?

Woman: Could you hold on just for a moment, please? We're going to...

Teresa Fallino: Sure.

Woman: ...put everyone on Mute. Okay, we would like to ask that you write this up and submit it. Unfortunately, we're not quite clear on the circumstances and whether these other coverages really constitute medicals and should be reported as ORM.

Barbara Wright: And could you please give us personal contact information in your email in case we want to call you?

Teresa Fallino: I'd be more than happy to. Thank you. Now do you want me to send it through just the regular comments?

Woman: Yeah, yeah. To the Section 111, what we refer to as the Resource Mailbox, yes.

Barbara Wright: I mean, if you want to put in the Subject line that "as requested on," you know, today's call.

Teresa Fallino: Okay. I will do that. Thank you.

Coordinator: The next question is from (Allen Brody). Please state your company name.

Allen Brody: (PMSI). We are a reporting agent and we'll ultimately be sending files for thousands of RREs. Will we have to go through the testing and certification process thousands of times or is the process (unintelligible) after we've demonstrated our ability to obtain CMS certification?

Woman: You do need to send in test files for every single RRE ID. However, once you've passed the testing process for one RRE ID, perhaps you could use the same test files for subsequent, depending on your circumstances and what system it's being reported out of, you know, and just change the applicable RRE ID on the test file.

Again, if these different RRE IDs you're pulling information out of the same base system, you don't necessarily have to create separate test files for each. But unfortunately the requirement is and will stand that you need to test by and for every RRE ID.

Allen Brody: Okay, thank you.

Coordinator: The next question is from (Cassis Steiner Chapman). Please state your company name.

Cassis Steiner Chapman: (Methodist Lebonner Healthcare). On the new User Guide that will be coming out shortly, will there be some kind of change tracking guide?

Woman: There is a section at the front or will be a section, Section 1 actually, that will list all the changes made. We won't have tracked changes on specifically like you might do with a Word document, because it quite honestly makes the document somewhat unreadable. But we're fairly meticulous about listing all the changes that we have made.

Cassis Steiner Chapman: Great, thank you.

Woman: You're welcome.

Coordinator: The next question is from (David Pyatt). Please state your company name.

David Pyatt: Hi Pat, Barb, this is David Pyatt, (Pyatt Consulting). Hey I have a question about what you said a little bit earlier, just to make sure I took my notes correctly. The lady called in and she said that she was going to have a different payor, I think, a different 10 plan reporting a TPOC. And my notes said that if the TPOC changes, so I have one TPOC under the first 10, the first plan, the first insurer, and then I have a - and then I change that plan, that 10, to another insurer, I'm to keep the original TPOC that was associated with the original plan in that report and add a second TPOC so that now both those TPOCs would from that one record appear to be associated with that second plan and 10? Did I take the notes right?

Woman: Yes.

Barbara Wright: Yeah, in other words, you're reporting the same information that would have been reported if it stayed with a single payor as she described it.

David Pyatt: Okay, so the TPOC...

Barbara Wright: We don't want to lose information by virtue of having a change in the payor.

David Pyatt: So the TPOCs in this situation, because I'm the reporting agent and I have the visibility of these separate plans, you'd like to see them to go along with the beneficiary rather than with...

Barbara Wright: She talked about changing the payor for a particular plan. She didn't talk about two different insurance policies, etc.

David Pyatt: Oh, I thought - it says, if the 10 changes, so I assumed that the word she was using payor with 10 was plan.

Woman: Yeah. I assumed that a new RRE 10 essentially assumed responsibility, but the reporting under one RRE ID. So let's first start and make clear that the claim input file is coming in for a specific RRE ID and that has not changed. And, but the 10 associated with the claim has for whatever reason. That if they're still reporting that claim under that RRE ID, they can send an update record to change the 10 and then continue to send additional TPOC amounts as applicable on update records with that new 10, and they do preserve on that record the original TPOC amount 1, TPOC amount 2, and so on in their - in a positional nature.

Now if there is a different RRE entirely, most likely they're reporting under a different RRE ID and the new claim report would come in under a new RRE ID and then the TPOCs associated with that new RRE ID and 10 would then be reported in the first available, so first in TPOC 1 and then 2 and so on. So possibly we misunderstood the question that was being posed.

Barbara Wright: We were talking about continuation on a particular record. If you had a situation where there was an insurance company for instance that had worker's comp and liability, and first worker's comp was paying and then liability, that's not the situation we were talking about because that would always be reported as two records anyway. And if the...

Woman: If the RRE changes, then, you know, the RRE ID and the file, you know, being submitted...

David Pyatt: Right. That helps a lot, Pat.

Woman: Okay.

David Pyatt: When she said she was a TPA and multiple - Okay, that works.

Woman: Okay.

David Pyatt: Thank you very much. I appreciate it.

Woman: Okay, you're welcome.

Coordinator: The next question is from (Mike Gardner). Please state your company name.

Mike Gardner: Sorry, my question got answered. Thank you.

Woman: Great.

Coordinator: The next question is from (David Silverstein). Please state your company name.

David Silverstein: (Nationwide Insurance). I have a EDI specific question for the Companion Document for Non-GHP Entities. We had several questions and I have pulled up the revised document. I think most of them have been answered. I still do have one question though. For the 2003, I mean, sorry, the subscriber level 2000C loop, should not the value of element HL04 be a zero to indicate no subordinate HL segments will follow?

Woman: I will have to take that question back to those who know that format in more detail. I think what, you most likely have an EDI representative assigned at this time.

David Silverstein: Yes. And we have asked and she's escalated it to the manager.

Woman: Okay.

David Silverstein: But I just, I thought maybe somebody here could answer.

Woman: No, I'm afraid we don't have anyone on the line right now that can get to that level. But we will get back to you if it's been, you know, gone through your EDI rep and elevated up the chain.

David Silverstein: Okay.

Woman: I apologize.

David Silverstein: Thank you. No problem.

Barbara Wright: Operator, can we find out how many questions are in the queue? Because some...

Coordinator: There are no further questions at this time.

Woman: Well, that's good timing.

Man: Well, I guess we can wrap it up since it's a couple of minutes before 3:00. I'd like to thank everyone for their participation. Keep in tune with the CMS (unintelligible) Mandatory Insurer Reporting Web site for further instruction. As you heard, there's some - a few documents that will hopefully be released in the next couple of weeks that will answer a lot of the questions that have come in since the last User Guide. Again, we appreciate your feedback, the constructive feedback. It's been very good to help us help, you know, refine this project for both CMS and industry. With that, I'd like to say thank you very much.

Coordinator: That concludes today's conference. You may disconnect at this time.

Man: Operator?

Coordinator: Yes.

Man: How many were on the call approximately?

Coordinator: There were 440.

Man: Okay, thank you.

Coordinator: Thank you.

Barbara Wright: Thank you.

END