TRANSCRIPT
TOWN HALL TELECONFERENCE

SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION ACT OF 2007
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DATE OF CALL: July 8, 2009

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

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FTS HHS HCFA

Moderator: John Albert
July 8, 2009
12:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen only mode until the question and answer session at which time you may press star 1 to ask a question.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. And I would now like to turn the call over to John Albert. Thank you sir you may begin.

John Albert: All right. Thank you and good afternoon or good morning depending on where you are calling in from. This is - today is Wednesday, July 8, 2009 and this teleconference is to discuss the Section 111 reporting requirements for Group Health Plan responsible reporting entities.

Again if - this call is specifically geared toward Group Health Plan reporters. If you are a Worker's Comp liability no-fault insurer, check the schedule on the CMS Web page which is cms.hhs.gov/mandatoryinsrep for other NGHP or Worker's Comp liability no-fault insurer teleconferences. Again, this is for GHP RREs.

With us we have a few folks, myself, John Albert, the Coordination of Benefits Project Officer, William Decker, (Bill Savoy) yes. (Bill Ford) from GHI and Pat Ambrose who is - works for the COB contractor as well.

This format will follow the existing format we have used in the past which will include some presentations followed by a Q&A session. We ask that you

limit your questions to one primary question and one follow up so that other people listening in can get in and have their questions answered.

Just as a bit of news, we have actually received our first production file from one of the newer RREs other than the traditional voluntary data share partners who have long since transitioned to Section 111 reporting. So congratulations to that first submitter.

Another thing I wanted to mention briefly before I turn it over to (Bill Savoy) and you had a couple of points to make and then Pat Ambrose will provide some additional information, is that we wanted to remind everyone about the elevation clause in the User Guide for the - if you were experiencing problems with your either your EDI rep or anything related to registration, please follow that elevation clause for reporting problems.

And basically if you are not getting the answers, you know, the answers that you need or resources, so please follow that elevation clause before attempting to submit questions to the CMS Resource mailbox

Obviously the Coordination of Benefits Contractor cannot address specific CMS policy issues and those should come straight to the CMS Resource mailbox.

But if you are having issues with technical support, registration, etcetera and cannot get the help you need, please follow that regis - the elevation clause that is in the User Guide that basically talks about the next couple of steps that you take to basically elevate your issue to higher levels within the COB contractor.

If after meeting, you know, completing all of those elevation clauses you are still not getting what you need, then of course you can refer your question to the CMS Resource mailbox because right now we have received some questions to the Resource mailbox that should have gone to other areas within the Coordination of Benefits Contractor.

And we would appreciate it if you would please utilize that process so that we can efficiently answer everyone's questions.

Anyway, with that, that is the only thing I had to say. And Bill Decker had a couple of issues he wanted to address that have come in through the Resource mailbox, and then we will turn it over to Pat Ambrose and then Q&A. Bill?

Bill Decker: Thanks John. Hi everybody. My name is Bill Decker. I am also with CMS here. I am the Group Leader on the MSP Implementation of Section 111. And as it is just a couple of points I want to go over with everybody on this GHP call this afternoon or this morning.

First of all we are very happy to report that we are getting far fewer questions about the - in general about the social security number issues that we have had in the past which is good. I think probably the message about how to deal with social security number issues is finally out where it should be and we are getting very - a lot fewer of those sorts of questions coming into the Resource mailbox. Thank you all for your work on that.

I did - we did get one question from a large national insurer just recently that is sort of about an SSN. Essentially they were telling us that they believe that they were getting corrected social security numbers returned to them from the COBC when they got response files back.

And just let me tell everybody on this call that they - we do not correct social security numbers that we receive on your input files. We do not change them. We do not correct them.

If you had sent us a social security number on a query file and we do not find a corresponding Medicare beneficiary, we do not even return the social security number to you.

If you send us a social security number in any other situation, when we send a response file back to you and it includes a social security number, it is the social security number you sent us. It is not a different one. It is not a corrected number. We just want to make that clear to everybody who is out there.

On another issue, we have had a number of questions about chiropractic benefit coverage and how that should be reported, especially if it is a carved out benefit coverage. And what we do with chiropractic services is the same basic thing we are doing with both dental and other car lot services which are not specifically Medicare covered benefits all the time.

There are certain times when chiropractic services are paid for by Medicare. There are certain very specific situations in which they are paid for, otherwise they are not.

Of course any service that is not a covered Medicare benefit does not have to be reported to us. Any activity about any of those services does not have to be reported to us because we do not - we are not involved ourselves in potentially paying for it.

If there is an insurer that has - is providing a carved out benefit for chiropractic services and the benefit being provided to an individual is being provided to a Medicare beneficiary, and that benefit provision is something that Medicare pays for, then that should be reported to CMS through the Section 111 process.

It should be reported to CMS by the primary GHP RRE. It does not have the entity that is providing the carved out benefit working in concert with the primary RRE does not have to register as an RRE reporter simply to report that activity. That activity should be reported by the primary GHP RRE.

And I think that that is all I had to say on that issue. If there are further questions about that, those are policy questions. You can send them to the Resource mailbox and we will take a look at anything else that comes in on that but I think that is basically where we are going with that issue.

John Albert: All right. And now Pat Ambrose is going to provide some additional information or answers to a lot of the questions that have come in - technical questions that have come into the CMS Resource mailbox since our last teleconference.

Pat Ambrose: Okay thanks John. I wanted to first announce that a revised companion guide for the X12 27271 query file has been posted to the Web site on the GHP page of www.cms.hhs.gov/mandatoryinsrep. You can find this updated X12 27271 companion guide under the title or of the download entitled MMSEA 111 revised June 18, 2009.

This companion guide is only for those who will be using their own X12 translator for the query file as opposed to the HIPPA eligibility wrapper or the QHEW software.

If this revision to the companion guide does not answer all of your outstanding questions related to the X12 27271 (mathing), then please contact your EDI representatives.

One note that I can make is that the COBC does not use the acknowledgement function, the TA1997. We do not use the acknowledgement function as part of the exchange of the X12 27271 for the query file.

Late breaking news is that the Windows PC server version of the HIPPA eligibility wrapper or QHEW software is now available for download on the COB secure Web site. This was just recently posted out there.

You need to have a login ID and be logged into the COB secure Web site in order to download this version of the software. If you are not successful with that you may contact an EDI representative to get - obtain a copy from them. The mainframe software must also be obtained from an EDI representative.

Some questions were submitted regarding when an RRE would be given access to the basis query, online query function. This is a dial up type function. It is not Internet based. And you can read more about the basis, B-A-S-I-S query function in the User Guide.

Originally we were only granting access to Basis after the RRE ID is in a production status, just like the - and so now, actually, we were originally only providing access to Basis once you have submitted a production MSP input file. And that has changed.

So from here on out, and this is a new procedure for our EDI representatives, you may as an RRE obtain access to Basis prior to submitting the MSP input

file, your first MSP input file, but your RRE ID must be in a production status. In other words you must have completed testing. So that is consistent with the use of the query input file as well.

So this is a new procedure that is being implemented and the User Guide will be updated accordingly.

I also wanted to remind you that questions related - specific questions related to who is the responsible reporting entity or the RRE. Those must be submitted through the CMS Resource mailbox.

You may submit those questions to your EDI representative, but they are not really tasked with the responsibility to answer those questions in an official capacity.

And some of the questions about who is the RRE in certain reporting circumstances do get pretty complicated. So to get answers to those, those questions should be submitted directly to CMS to the Resource mailbox email.

If you run the risk of not finishing your testing for your MSP input file in time to submit it during your signed submission timeframe for this quarter, July, August and September of 2009 as at this point all production, initial production files will be due from GHP RREs.

If you are at risk of not finishing your testing and submitting your initial production MSP input file on time, please inform your EDI representatives and keep them informed of your testing progress ongoing.

Also if you are having difficulty with your testing, your EDI representative is your main point of contact for assistance during the testing process.

There is no automatic system generated penalty for being late, however obviously the system is monitoring compliance and is monitoring whether we receive files on a timely basis.

I also would like to on this topic refer you to the GHP RRE compliance document posted out on the GHP page of the mandatory insurer reporting Web site. That document is dated December 16, 2008.

One last reminder is that computer based training modules on the Section 111 reporting process have been developed and are available to our all RREs and their agents.

To sign up for CDTs go to the mandatory reporting insurer reporting Web site at www.cms.hhs.gov/mandatoryinsrep. On the left side of the page click on the link for MMSEA 111 computer based training and follow the instructions on that page.

You will receive an email invitation to the CBTs shortly after you provide enrollment information. There is no charge for the CBT courses and you will automatically be notified of any new or updated courses as they are rolled out once you have signed up.

I am now going to launch into answering some of the technical questions that were submitted to the CMS Resource mailbox that should be or may be of general interest and then we will open it up to a live question and answer session.

The first question had to do with a member who may have more than one coverage, and should the RRE report both coverages. For instance, a member

is enrolled in a group plan once under his own coverage and also enrolled as a spouse on his wife's group plan. Should we report both of these coverages on the MSP input file?

If that member or individual has (defined) us an active covered individual, then yes, both coverages should be reported. In that particular case, the relationship code would be different and two MSP occurrences would be established.

Another question was submitted about what value to provide on the MSP input field 12 the relationship code, there is a value of 04 for other, there is also a value of 03 for child. And what value should be used for an adult dependent child, a child over 21? And are there any age parameters surrounding the use of the code 03 for child?

In this circumstance actually it turns out that either value would work. There are no age requirements or parameters surrounding the use of an 03. So if it is an adult dependent child, then a code of 03 for the relationship code would be perfectly fine.

If you submitted either an 03 or an 04, it will not have a material effect on MSP. It is really most of the MSP rules, or the applicable MSP rules are dependent on whether the individual is - the relationship is self or spouse as opposed to other relationship codes.

Another question was submitted that we have members considered active covered individuals who do not have Medicare Advantage but the subscriber does. Should we send the member or vice versa?

Actually whether this individual has Medicare Advantage or not is in material as to whether you should submit the individual on the MSP input file. If both individuals, the member and spouse or member and subscriber are defined as active covered individuals or found to be Medicare beneficiaries through the query process, then you should be submitting them and their coverages due to current employment status, then you should be sending them on the MSP input file.

We want you to send information about the private or commercial GHP coverage, not the Medicare Advantage coverage. We know about that. We are interested in other insurance covered coverage other than Medicare so we can determine whether that should pay primary to Medicare.

John Albert: Well if that Medicare Advantage person has other commercial private health insurance and that insurance coverage should be primary to Medicare, then you need to report that private insurance coverages as an act under the definition of active covered individual.

Pat Ambrose: A next - next question submitted was regarding the reporting of HRA members. Health reimbursement account information is not to be sent until after October 1, 2010 and more information will be provided at a later date regarding the reporting of HRA information.

However, if individuals - if these particular individuals also have other GHP coverage then that should be sent per the requirements in the User Guide.

Another question was submitted which is - it gets a little bit complicated, but I will see if I can generalize. It has to do with changes to coverage elections which may result in periods of GHP coverage that are less than 30 days. And

you will note in the last User Guide we made it clear that we cannot accept records for GHP coverage of less than 30 days.

So if the change, and in this example, to the coverage election going from member only to family or to member and spouse etcetera, if that change is going to result in you reporting an MSP period less than 30 days, then do not actually send a termination on the original report and an add record for the new coverage election, just send an update with the new coverage election and we will modify the existing MSP occurrence with that new coverage election.

So the general rule is - now if - on the other hand if that coverage is actually terminating and it will result the termination date for the GHP coverage will result in the period of less than 30 days from the effective date to the termination date, your only choice in that case is to delete it.

So in the case of a change causing the period to be less than 30 days, but the coverage is continuous, then just send an update with the most recent information rather than terming it and sending an add to reflect the new coverage election or whatever that parameter may be.

On the other hand, if it terminates and is ended in less than 30 days then just delete the record and we will delete the MSP occurrence.

There was another question related to the keys for an MSP occurrence. And the HICN the matching, the fields used for matching being the HIC number SSN, name, date of birth and gender.

The key - the HIC number is actually a key to the MSP occurrence. Now we do not require that you send the HIC number as an alternative. You may be

sending the SSN. If you are changing that number, it basically means that you sent the wrong person.

So if you sent the wrong HIC number or sent the wrong SSN, then you need to follow the requirement for sending a delete and then a subsequent add to actually replace that record and correct the SSN or the HIC number.

The other fields, name, date of birth, gender, those are not key fields. However we ask that when you send a subsequent record for that individual that you send the most current information that you have for name, gender, date of birth on subsequent deletes and adds and updates that you may send for that individual. Send the most current.

Now changes to the name, the date of birth and gender do not trigger an update. We already have that information on Medicare files. You will see that in the new version of the GHP User Guide that there is an event table added.

And the event table lists those fields that trigger an update on your part. After you have already submitted a record and it has been accepted, a change of name does not trigger an update. A change of gender and a change of date of birth does not trigger or necessitate an update on your part.

However when you send the record again for some other reason, send the most current information that you have.

Bill Decker: Hi. This is Bill Decker. I am jumping here just for one brief explanation. This is probably a good place to point out once again that the - that CMS and the Medicare program do not assign the HIC numbers, the Medicare ID numbers to individuals.

That is done by the Social Security Administration working with the individual's social security number or - and there are two things you need to know.

One is that we cannot - we do not do anything with social security numbers. We get them from the Social Security Administration. They are the ones that assign the health insurance claim numbers, the Medicare HICNs.

It is, however, due to certain circumstances, it is possible that an individual's social security number will link to a HICN, a Medicare claim number that does not look like it is linked to the social security number. I think that is the best way to describe it.

That is entirely possible and happens somewhat frequently particularly with older health insurance claim numbers, older Medicare IDs. We are perfectly capable of cross-walking all HICNs to the same social security number here and we do it all the time. That is not an issue for us.

But just keep in mind that when you are sending us information about a Medicare beneficiary, what we need to have primarily is the Medicare ID, the Medicare HICN.

What we can use secondarily is the social security number because that will produce a HICN if it is linked to a Medicare beneficiary. Thanks.

Pat Ambrose: Okay. Back to answering some of the questions. Another question was submitted regarding when to submit a change in employer size. And the best way that I can answer that question is to ask you to go back to the GHP User Guide and take a look at the various sources of information that have been

added to the Guide regarding the calculation of employer size and when employer size is considered to actually have changed.

One helpful source is on the CMS Web site, www.cms.hhs.gov/manual/downloads, a in particular the MSP105C02.pdf. If you did not catch that link, it can be found in the User Guide in various places where employer size is discussed.

Another question was submitted about what fields can be different on the response records in the case of split entitlement. So you will see on the MSP response file a split indicator in the case of a Medicare beneficiary having starts and stops in their entitlement and enrollment period.

It may be that we will take one contiguous report of GHP coverage and actually post separate MSP occurrences because at certain times the individual might not have actually been covered by Medicare.

So when you receive response records, and so essentially the fields that are affected are the MSP effective date, the MSP termination date and the reason for Medicare entitlement.

So the specific question had to do with what fields might be different on the response records that are sent back in the case of receiving multiple response records for one submitted MSP input record and as a result of that split entitlement.

And so the answer is the fields that could be different would be the MSP effective date, the MSP term date, termination date, and the reason for Medicare entitlement.

Someone also asked how often with the GHP User Guide be updated and is there a particular schedule?

We would like to update that User Guide as little as possible at this point in time. We feel like we have most of the requirements fairly well documented in there. There is no particular schedule for the updates.

Basically CMS makes a judgment call as to when enough changes need to be added to the guide to warrant an update.

Another question was asked about the time period, whether the reporting time period will change. In other words, for GHP Section 111 GHP reporting, you are to report on coverage effective as of 1/1/2009 going forward. And there is no plan to change that requirement in the future.

Another question was submitted from a GHP RRE saying that employers and/or plan sponsors are asking for the RRE's tax identification number since they are under the assumption that they need to register and report the fact that the RRE, the GHP RRE is reporting on their behalf.

Not quite sure what the circumstances are, but here is some things that might help to answer that question.

Obviously only RRE, responsible reporting entities must register and report. Employers have, unless they are defined to be a responsible reporting entity, have no reason to report for Section 111 or to register for Section 111.

If there are questions, you might take a look at the alert posted on the mandatory insurer reporting Web site overview page. It is dated May 6, 2009 and entitled Alert to Employers.

Another question was submitted regarding a particular problem an RRE is experiencing. A member at the time of Medicare entitlement is under 65 sponsor dependent and entitled due to ESRD. During the ESRD coordination period, the individual who is a sponsor dependent turn 65, when that individual is submitted, we are returning - they are receiving an SP error regarding the issue between ESRD entitlement and aged entitlement being over 65.

I am not exactly - we need more specifics about this particular problem. I have I think seen it submitted before. It should - the error if I understand it should not actually be occurring. And the best thing to do is to submit this issue with very specific information about the individual reported and the SP error code returned, submit that problem to your EDI representative and have it elevated through the EDI representative.

Perhaps we need to have the EDI representative put a ticket out there for our development team to investigate the situation. So I am not exactly sure what the circumstances are, but it sounds like it might be a system problem so that would be the proper route to take to get it addressed.

Let's see. There was a question related back to the key fields for an MSP occurrence. Question says that if two different RREs submit a file for the same beneficiary of record, let's say for the same beneficiary, will the Medicare COBC update a CWF or MBD MSP occurrence for both RREs or will one record overlay the other?

If the keys are different and, you know, particularly most often this happens when the relationship code is different, someone might be covered under their own employer's insurance and also their spouse's insurance. If the keys for

the MSP occurrences or the GHP coverage being reported are different, then two MSP occurrences will be created and posted.

On the other hand, if the keys are the same, it is possible that one record could overlay the other. And we, as the COBC, have little control over that. The other Medicare files, the common working file in particular has already established keys for MSP occurrences and we have to adhere to those since we are just updating that file.

John Albert: It would be very unlikely that someone has two identical insurance coverage where the patient relationship to the policy holder is the same, the effective date of the coverage is the same and the insurance coverage type is the same.

You know, there are situations where you might have a husband and wife who both have family coverages, but again because the patient relationship to the policyholder would be different in both cases for both individuals, that would result in two MSP records.

So, in most cases, two - almost all cases two MSP records will be posted from two different sources that are in fact valid MSP records.

Pat Ambrose: It - could you please hold. We have an internal discussion going on here.

Just as one more point to that last topic about the two different insurance coverages, we do, even if the keys are different, we do accept both reports. And that information is passed on to the recovery contractor as usual so that information is available.

The CWF is used by the claims processing contractors and mainly its purpose is to stop Medicare from paying primary which in effect it would do if the keys are the same.

So at any rate, those records would be accepted and passed on to the recovery contractor as necessary.

Another question was submitted about would future effective or termination dates ever be returned on the query only response file?

And yes, that is possible. We receive information about Medicare coverage from the Medicare beneficiary database and it is receiving information prior to that from the Social Security Administration. And often times this information is posted up to even six months in advance.

So it is possible that you can receive a future effective and/or termination date on the response, the query only response file record.

Another question had to do with reporting how do we go about confirming Medicare eligibility?

Please see Section 7.1.2 of the User Guide and the May 26, 2009 alert that is on the What's New page of the mandatory insurer reporting Web site. This alert is entitled Compliance Guidance Regarding Obtaining Individual HICNS or SSNs for Group Health Plan Reporting.

That should provide information to answer this question regarding what your obligations are and what to do in the event of not being able to obtain either an SSN or a HIC number, and then subsequently in order to determine Medicare eligibility, obviously you may send that individual's information on a query

input file or you may actually submit the record if they are defined as an active covered individual on your MSP input file and the response record contains Medicare entitlement and enrollment information.

And the response you will get a 51 back if that person is not matched to a Medicare beneficiary and another applicable response code if they are.

Another RRE has sent in a question saying that the vendor that developed their claims and eligibility software and developed enhancements to handle their Section 111 reporting suggested that they register or sign up or change their registration to report under the expanded reporting option even though this particular RRE is not paying prescription drug claims.

The major difference, or the difference between the basic and expanded reporting option is the submission of that prescription drug information. If you are not going to submit prescription drug information, then you actually need to register under the basic option.

There is no plan to eliminate the basic reporting option. At this time, Section 111 only requires the reporting of GHP medical and hospital coverages, not prescription drug coverage although CMS is very interested in obtaining that information.

If you register for the expanded reporting option, there - a problem could be identified with your reporting if you do not receive any prescription drug information from you. So if you have none to report please register under the basic reporting option.

Another question was submitted reflecting we have found many people who are collecting Medicare from their spouse or parent. When we submit a query

file with the individual's SSN, will the system cross reference to the Medicare health insurance claim number or HICN where they are collecting Medicare?

You should always submit the social security number or the Medicare HICN or HICN for the particular individual, not for the subscriber. And all individuals covered under Medicare have their own unique Medicare HIC number as Bill was talking about earlier.

Sometimes that HIC number is based on a spouse's social security number, or maybe a parent's in some cases. However, it will have a different suffix and so again each individual has their own unique Medicare HIC number.

And when you are submitting query and any file to us always record the SSN or the HIC number for the particular individual, the member in those cases.

There was another question submitted about clarifying whether employee status is one for those still employed and two for those that are not. And the directions for that field regarding employee status say to use two if the individual is ESRD.

I think there is some confusion in the field description. But basically that field, the employee status, and that is the employee or the subscriber in this case, the employee status should always reflect the current employment status of the employee.

It is a one if they are actively or currently employed, a two if they are not. What the field description was getting at is that the only time that you would use a two on your MSP input file, the only time you would report someone who does not have coverage due to current employment is in the situation of end stage renal disease.

The MSP rules, you know, basically are dependent on if the individual has Medicare coverage based on their age or disability, if their entitlement reason is due to their age or disability, the MSP rules are depend on whether the other insurance coverage, the other GHP coverage is based on current employment status or not.

They must have - it must be based on current employment status. However, that rule about current employment status does not apply to ESRD patients. So hopefully that clears up the confusion there.

I also wanted to point out that there is a typographical error in a recently posted timeline on the overview page of the mandatory insurer reporting Web site. It is missing a period in the first time slot.

So to be clear, all GHP RREs for Section 111 reporting should have registered by this time. Of course registration will remain open in the future if you need to register for a new RRE ID or if a new GHP is created and needs to register.

But all GHP RREs regardless of whether they used to have a voluntary data sharing agreement with CMS or not should be registered at this time. So, and that period of time was April 1 through April 30.

If you have not registered, you need to hurry up and do so immediately, get testing and get ready to send your files since your MSP, your initial MSP input file is due during this quarter, July through September of 2009.

A record was, I mean a question was submitted regarding how to report on a situation where an individual's - on the - this is for the initial MSP input file

and the individual had multiple coverage or changes to their coverage during this time period.

So for example, perhaps from January through June they were covered as a spouse and then from June going - let's say January through March they were covered as a spouse. And then from March through June ongoing, they were covered as a individual member providing as the subscriber themselves.

The individual is asking should I send an add then an update and then followed by another add in this case? And what really needs to be done on your initial file is to report only add records and so add - you would send one add record with an effective date and a termination date with say the original relationship code, and then a second add record with an effective date and an open ended termination date with the relationship code of self.

So if I have not answered that...

John Albert: Yes.

Pat Ambrose: ...you can ask me later.

John Albert: Basically you can submit multiple complete coverages on one file. So if the person at the beginning of January was the spouse of the policy holder, then that record would be submitted with a term date, you know, and that, you know, assuming that that person's change or say the policyholder passed away and so the spouse became the primary policyholder, that would reflect a second period of coverage to be reported. But you can report multiple complete periods of coverage on the same file.

Pat Ambrose: Thank you John. I appreciate the clarification. Okay. Another question was asked about whether Section 111 reporting applies to group policies that provide only dental and vision coverage.

And Bill addressed this earlier in the call. Please see Section 7.2.7 of the User Guide where it explains the reporting requirements related to dental and vision. And generally in this case you are not required to register and report under Section 111.

The same question was asked about pharmacy coverage and again you are not required to report pharmacy or prescription drug coverage if that is all that you have to report. And that...

John Albert: That is still a voluntary data share.

Pat Ambrose: Yes.

John Albert: If it is a pharmacy only benefit, there are voluntary data share agreements still in place for entities offering prescription drug coverage only. I will just mention though again in most cases, coverages are comprehensive and we would encourage you to sign up for the expanded version, include prescription drug coverage.

The benefit to that is A, again making sure claims are paid right the first time and B, is that we as part of any agreement to provide prescription drug coverage to CMS we supply you with Medicare Part D enrollment information as well, whereas if you are only providing us with hospital and medical coverage, you are only receiving Medicare A and B entitlement information. So.

Pat Ambrose: Okay. And finally just a few questions about the query input file. The first question is related to what type of response is CMS or the COBC sending back for a query response file or the 270 transaction set that is rejected for a formatting error.

There is no response file created. The file will actually suspend with a severe error. Your account manager will receive an email and you must contact your EDI representative to discuss the situation.

What will happen is the EDI representative will delete that file and you will need to resend it.

The questioner goes onto to ask what happens when the file, the query input file is accepted. In this case, you will receive - your account manager will receive an email from the system indicating that the file was successfully received, as well as once a response file is generated, the account manager will receive an email transmission.

All of these statuses can also be viewed on the file listing in file detail pages of the COB secure Web site. So you can monitor the file status by logging onto the Web site and selecting your file listing page from the actions for that RRE ID.

The list of emails that are generated by the system are also have been added to the latest version of the User Guide that is out there under the COB secure Web site section.

And lastly what will happen if more than one query file is submitted per month, the second file will be suspended with a severe error as discussed

before and will be deleted by the EDI representative and you may resubmit it in the following calendar month.

So that is all I have. I think now we are ready to open it - oh Bill Decker has one more comment to make.

Bill Decker: One more comment, just one more. There is a lot of information today and here is some more.

It is entirely possible for a company to discover that they are not going to be a GHP RRE. And that is fine. It is entirely possible however that that company could be an NGHP RRE. And they have to be aware of that.

There are some companies out there that provide services to other companies that would not qualify them as a group health plan reporter. We know of one company for example that provides administrative support to pharmacies. It does not have to register as an RRE.

However, it also provides an entirely separate - as an entirely separate line of business liability insurance coverage to other companies. Under that situation, it may have to be an RRE under the non-group health plan Section 111 reporting.

And companies need to be aware that they should check all their lines of business for report - potential reporting responsibilities. That is it for me. Thanks.

John Albert: Okay Operator. We would like to open it up to questions.

Coordinator: Thank you. We will now begin the question and answer session. To ask a question, please press star 1. To withdraw your request, please press star 2. When I open your line, please state your company name.

As a reminder, please limit your questions to one question with one follow up question so that others may have a chance to ask their question. And our first question is going to come from Armin Weber. Your line is open.

Armin Weber: Hello. Have a question regarding the submission dates. I was moved into production status at the end of May after doing the required number of files and then processing the required number of response files.

At that time, I talked to the EDI rep and we decided to do a test query file. That was back on June 4th. And after several weeks of not having received a response and several communications with the EDI rep, he finally told me that they are having problems processing the query file.

I finally got an email saying that the query file was processed on July 2nd, but I still have not received a response query file yet. So the bottom line to all this is that since it has taken a month just to get a response saying that the file was processed and not having actually received a response yet, it is very unlikely I am going to make my July 15th submission date because I have not sent a production alive query file yet.

Now the EDI rep said that we will not be penalized for that, but I just wanted to get your thoughts on that or, you know, get some more information on what was going on.

Bill Decker: Yes. Hopefully you will receive your query response file today. I did look at some emails earlier this morning and it looks like we have some query files out there now. Could you let me have your RRE ID?

Armin Weber: Yes. It is 11101.

Bill Decker: And your name again?

Armin Weber: Armin, A-R-M-I-N Weber W-E-B-E-R.

Pat Ambrose: I would also like to point you to the GHP compliance document that is on the GHP Web site page and, you know, obviously you have kept your EDI representative informed of your progress, and I believe that there were some files - test files that were submitted that did not get the proper turnaround and there - that problem has been resolved.

So at any rate, you - it sounds to me like you have done what you need to do to cover yourself in the event that you are not able to make your production live date.

Armin Weber: Yes, I mean, I spoke with him weekly and I emailed him constantly. And he actually - I have actually got copies of all the emails where he, you know, he followed it up and told me things to do all the way right up until he said that we would not be responsible because it appeared to be their issue with processing the query file.

So what will happen when we actually submit the live query file? Will we be flagged as being late or depending...

Pat Ambrose: No. No. There - I mean if we do not receive your MSP input file during your file submission timeframe, the system will automatically generate an email to your authorized representative and account manager and subsequently there might be follow up letters as well, which basically can be ignored in this case since you have already recorded your issue and your circumstances.

But there are, you know, there are - other than those warnings, there is no penalty imposed or anything of that nature.

Armin Weber: Okay. So - and the submission do not slide.

Pat Ambrose: No.

Armin Weber: They are fixed anyway right?

Pat Ambrose: No. You - basically what we want you to do - we are not changing the file submission timeframes assigned. If you missed your initial one, you will send your file as soon as you possibly are ready, but next quarter your file submission period timeframe will be the same, and, you know, you will be asked to get on schedule in the next quarter reporting.

John Albert: I am - this is John again. In terms of, you know, we recognize that this is a new process for a lot of people and first - for groups such as yours that are using due diligence to basically, you know, and as we are using our, you know, due diligence as well to make sure that all are assisted as quickly as possible, that is all that we are looking for.

And again, I will state as I said in all these calls is that we are looking for people to engage with us and to work toward full normal production as we

also work to provide full support, you know, when needed to all involved in this process.

And anyone who stays engaged with us does not have anything to worry about so...

Armin Weber: Okay.

John Albert: ...again, but, you know, these things happen and we recognize that.

Armin Weber: And then one quick follow up question. You had mentioned the elevation clause, I just wanted to verify is that the contact protocol...

John Albert: Yes.

Armin Weber: ...in Section 12.2 of the manual?

Pat Ambrose: Yes.

John Albert: Yes.

Armin Weber: Okay.

Pat Ambrose: Okay thank you.

Armin Weber: Thanks.

Coordinator: Our next question will be come from (Sue Lynn), I am sorry, (Susan Holig). May you please state your company name?

(Susan Holig): Hello. This is (Susan) from Independent Health.

Pat Ambrose: Hi. Please go ahead.

(Susan Holig): Hi. Our question is we are actually located in western New York. And being a border town, we have a number of employers who have insurance through us who have Canadian addresses. So they are Canadian employers who have U.S. employees that are employed and work on the U.S. side of the border.

We are working with our third party vendor who is actually going to be doing our submission for us as our agent. And they are doing, you know, scrutinization and essentially (parsing) of our file prior to it going to you. And they are taking our Canadian zip codes that are part of that address scheme.

Now that field is listed as an alpha-numeric of length nine, but it seems as though there is an expectation and that is also our vendor's interpretation that there be a - first five digits have to be numeric. And in that case, then we cannot send the address of these employers. And I am wondering what we need to do for that.

Pat Ambrose: We are going to have to take this as a follow up and get back to you.

(Susan Holig): Okay.

John Albert: Do you - have you sent that - your information and possibly contact information to the Resource mailbox?

(Susan Holig): Not yet. I can do that.

John Albert: Would you mind doing that? And whatever specific other detail that you can provide we would really appreciate it because I am sure that you are not the only ones with that issue.

((Crosstalk))

(Susan Holig): Okay great. That is what we expected is that I am sure there is other border towns that will...

John Albert: Yes.

(Susan Holig): ...be experiencing some of that as well with Canadian employers. So.

John Albert: Okay.

(Susan Holig): Okay.

John Albert: All right, thank you.

(Susan Holig): Thank you.

Coordinator: Our next question will come from (MaryAnn Bowers). Your line is open. Please state your company name.

Mark DerGarabedian: Sure. Harvard Pilgrim Health Care. This is actually Mark DerGarabedian. Thanks for taking my question.

I am just curious how CMS has been in terms of meeting the 45 calendar day turnaround time for sending the response files to RREs?

Man: For production we have always been pretty good at meeting that response time. Usually it will be less than 45 days.

Pat Ambrose: We here in this room know of no issues with response files not being returned within the 45 days.

Mark DerGarabedian: Okay, very good. Just wanted to confirm that. Thank you so much.

Coordinator: Our next question will come from (Patty Loughlin). Your line is open. Please state your company.

(Patty Loughlin): My company is Principal Financial Group. And we also had some issues with our testing status and getting files through that process. And just were wondering about the response file -- if it takes up to 45 days to get back to us. And we're pushing up against our next submission timeframe because of our delays, and just wondering if there's any issues with us if we don't get everything corrected by the time we send our next submission file.

Man: I mean I guess we can just say anecdotally to, you know, again use your due diligence to do what you can. I mean again we are not interested especially at the very beginning of, you know, people having 100% compliance with things that - especially if those issues that are beyond their control obviously. The main thing is remain engaged, you know, with CMS and the COB contractor. And again, you know, all that information, you know, is tracked on our end in terms of, you know, phone calls and things like that. So again, we recognize that this is a new process for a lot of people out there. And for us this is a new group of, you know, entities that we've never dealt with as well in our existing (EDSA) partners.

So again I want to again hopefully put everyone's mind at rest that we recognize that the first go-around or the first couple of go-arounds may not necessarily be smooth, but again we're - that's what we're just working towards. And your - you seem to be doing your part as well in terms of your engagement with CMS, and that's all what we're looking for.

(Patty Loughlin): Okay, great. Thanks.

Man: Yes.

Coordinator: Our next question will come from (Sena Thonby). Your line is open. Please state your company name.

(Sena Thonby): This is (Sena) from (unintelligible) Plan. My question is in relation to the 270 file. We're wondering how we're supposed to format the individual member records. So say if you have 50 members, where are we putting the repeating (unintelligible) within the (ISA), the (ST) or the (2000 C loop)?

Woman: I'm afraid I'm not going to be able - we're on this call going to be able to answer that specifically. Did you hear me earlier announce the X12 companion guide (as an) update for that has bee published as of June 18?

(Sena Thonby): Yes, I looked at it and it doesn't have answer to that question.

Woman: And do you have a - an assigned EDI representative?

(Sena Thonby): We do, and we sent this question about two weeks ago. We have not received a response.

Woman: Okay, well I'll make sure that we follow up on that. I did see - I think you sent your question to the resource mailbox as well.

(Sena Thonby): Right.

Woman: We'll follow up and make sure that we get an answer out to everyone on that issue. I'm sorry I'm just not able to answer it off the top of my head.

(Sena Thonby): Okay. Thank you.

Man: The people who can supply the answer are - one of them's here in the room and there are others on the call who are listening to it. And we'll probably start working on it right now.

Coordinator: Our next question will come from (John Downey). Your line is open. Please state your company.

(John Downey): Good afternoon. (John), Health Net. Have two questions please. Earlier (Bill) addressed notes about NGHP and GHP. I'm sure Health Net isn't the only one, but we happen to be both a GHP as well as an NGHP. Do we need to register separately or do we piggyback one registration on top of the other for an (RREID)?

Woman: You have to register separately and obtain at least two separate (RREID)s. The files are completely different, the schedule and what not. So you must register as a GHP (RRE) and report under that for your group health reporting, and for - register as a non-GHP and report your liability no-fault worker's compensation business under that (RREID) completely separate.

Man: Cool. Do we maintain the same EDI represent?

Woman: No; however you may request, as may anyone who has multiple (RREID)s for any reason, may request that all your (RREID)s be assigned to one EDI representative. So contact one of them and ask them to flip you over and have every - all your (RREID)s assigned to one rep.

(John Downey): Perfect. Thank you so much.

Woman: You're welcome.

(John Downey): Follow up question for a totally separate subject. We have some groups out there that are trusts with multiple employer groups involved in the trust. Do we use the individual employer groups TIN or do we use the trust's TIN as the identifier?

Man: Yes, that's a question that we have on our plate right now that there's some internal discussion about, so we can't answer that. But again, that is a question we're very familiar with and we want to provide additional guidance. But we have to go beyond our immediate circle here for internal CMS consultation with general counsel, et cetera. So that is a question that we are working on. But we can't answer at this time.

(John Downey): Yes, I'm okay for a wait on that.

Man: Okay. And again, feel free if you haven't, submit it to the resource mailbox anyway, just because, you know, if it's something that hasn't been answered yet and, you know, keep plugging it. But that is something we're very aware of.

(John Downey): We won't let it fall between the cracks on this end.

Man: Okay, thank you.

(John Downey): Thank you very much.

Man: Yes.

Coordinator: Our next question will come from (Lee Marcus). Your line is open. Please state your company name.

(Lee Marcus): Hello this is (Lee Marcus) from the United Administrative Services, and we don't have any HIC numbers for anyone. In fact, we'll be getting them from you in a response file. And we want to send everybody in a finder file first to make sure that we're going to report everybody that we should.

As far as dependents, since we in many cases only have a member's social (at the) - per time, will you be able to identify the dependent based on the member's social and the dependent's first initial?

Woman: No, we can't do that. You have to obtain the Social Security number for the member - each member and each dependent. If you look at the user guide, there is a - an extension though to allow you some more time to report on those dependents, you know, to obtain the Social Security number for those dependents. I don't have it right off the top of my head, but...

Man: January.

Woman: (It is) January 2011. Yes.

Man: No, ten.

Woman: Oh, ten.

Man: Yes.

Woman: I'm a year ahead. But no, we're not able to match a member or subscriber's SSN to dependents and provide those (unintelligible).

(Lee Marcus): Okay, since my understanding was I knew that we had 'til January 2010 to get dependent socials of people covered prior to 2009.

Woman: That's right.

(Lee Marcus): Okay. That's, you know, the huge bulk of everybody in our system. So what would we report in the meantime?

Woman: Well if you can't report a HIC number, which you said you can't, and you can't report an SSN for an individual, you can't report that person. Both the query input file and the MSP input file require either an SSN or a HIC number. And I guess I would recommend that you keep your EDI representative informed of your progress on your efforts to obtain this data. But if you don't have it, there's no point in reporting records without. They'll just get rejected with an (ST) error.

(Lee Marcus): Okay, so even on the MSP input file, where there's both - there's spaces for both the member's social the dependent's social?

Woman: Yes.

(Lee Marcus): I - if I don't have the dependent's social, that means I shouldn't report those people at all?

Man: Well it's - it - no it's - you report the MSP data that you have. So it sounds like you have the primary policy holder's SSN number. What we ask for both numbers, that's where you're reporting the dependent to us. We ask you for the primary policy holder's SSN on the record layout, but where you're reporting the primary policy holder, that's the only SSN that we ask for or...

((Crosstalk))

Woman: It'll be the same...

Man: Yes.

Woman: ...value.

Man: it'll be the same value essentially, yes.

Woman: So in other words if you do not have the dependent's Social Security number or HIC number and report the subscriber or the member if they are an active covered individual with their information and you'll have to hold off on reporting the dependent because, you know, we do need their individual Social Security number.

(Lee Marcus): Okay.

Man: So in the short term, I mean if you have no dependents you'd only be giving us the primary policy holder's initially, and then as you develop on your side for the additional information from your subscribers, you would then add

those as you receive them, you know, where they meet the definition of a reportable person or active covered individual.

(Lee Marcus): Okay so in our first couple files I guess for the remainder of this year, I would only be sending members.

Woman: If you have no dependent SSNs, that is correct.

(Lee Marcus): Okay. That's my question. Thank you very much.

Man: Sure.

Woman: Okay.

Coordinator: Our next question will come from (Paul Smith). Your line is open. Please state your company name.

(Paul Smith): Group Health. And the question is, is it permissible to send a full enrollment file of all of our active members monthly via the query only file?

Man: Yes.

(Paul Smith): Okay.

Woman: You're only required at a minimum to query the active - those people defined as active covered individuals.

Man: (Unintelligible) quick.

Woman: And actually you're not required to query...

Man: Yes.

Woman: ...even use the query function.

Man: The query file is purely for your benefit. We do nothing with it. So...

(Paul Smith): Right. Yes and we're hoping to use it to limit the actual MSP input file so it's not so large.

Man: Right. And at the same time, it will also allow you to identify retirees that you may know have Medicare. So take advantage of it.

(Paul Smith): Yes, absolutely. Thank you very much.

Coordinator: Our next question will come from (Gail Velmer). Your line is open. Please state your company. to

(Gail Velmer): Yes, this is (Gail Velmer) from Michigan Blue Cross and Blue Shield. I have a question regarding - in the recent updates to the user guide you indicated that there was a new TIN indicator of (S) for plan sponsors. And my question is for our Taft-Hartley Trust Fund groups, would that be considered a plan sponsor?

Woman: Yes. Those - that is exactly what it's defined for...

(Gail Velmer): Okay.

Woman: The Taft-Hartley or those using (an Hour's Bank).

((Crosstalk)) to

(Gail Velmer): Okay so that would be a lot of our unionized groups like the electrical workers that are assigned to a particular trust fund, and they have that (Hour's Bank) arrangement.

Woman: Yes.

(Gail Velmer): Okay, so for those we should be reporting an (S10) indicator on those.

Woman: (S) as in sponsor in the employer...

((Crosstalk))

Woman: ...TIN field. Yes.

(Gail Velmer): Okay, thank you.

Woman: Bye.

Coordinator: Our next question will come from (Laura Rossi). Your line is open. Please state your company.

(Laura Rossi): This is (Laura) from Independent Health. At this time I will be withdrawing my question.

Woman: Okay thank you.

Coordinator: Our next will come from (John Harrison). Your line is open. Please state your company name.

(John Harrison): Hi, yes. I'm with the (BNC Trust Funds). We submitted our first MSP and 10 file for production this morning through the Section 111 website. However when I go to the file listing page, neither of the files are listing on the website, and I was curious if that's an issue with the website that you're aware of or if there's a way I can find out that my files were successfully received.

Woman: There's a bit of delay...

(John Harrison): Okay.

Woman: ...moving the files from the secure FTP server into the system and then updating that file listing. So check on it tomorrow....

(John Harrison): Okay.

Woman: ...and if you don't see it give your EDI rep a call.

(John Harrison): Okay thank you.

Man: (Unintelligible).

Woman: No this is not unusual. No.

Woman: Oh.

Woman: Yes, it's, you know, it's various parts of the system talking to each other, and the system has to gather up that file that you've uploaded there and then update the statistics in the system to be able to display it back to you.

(John Harrison): Okay thanks. I'll check for it later this week.

Coordinator: Our next question will come from (Helen Moyer). Your line is open. Please state your company.

(Helen Moyer): Yes, Guardian Life Insurance. Yes, our question is our legal department is asking that we execute a confidentiality agreement prior to us sending production client data to CMS testing. And I was wondering, we had - we gave this to our EDI rep but she want table to help us with this. How will we go about getting this agreement signed?

Man: CMS won't sign any such agreements. There's no one in authority. There's - this is not considered a - any type of business relationship agreement, so CMS will not sign those agreements. CMS is bound by all applicable privacy acts, laws, rules, regulations, et cetera, and data is only used per CMS's routine uses.

I don't know what else to tell you but that CMS will not sign those type of agreements. The data exchange to - is covered under the MSP statutes and the appropriate CMS routine uses and will only be used as CMS is allowed to use the data.

(Helen Moyer): Okay. Well...

Man: (Unintelligible) (Bill), you have any...

Man: Yes, I mean the confidentiality in these cases is controlled by federal law...

(Helen Moyer): Right.

Man: ...and there's no need for a confidentiality agreement. And our (unintelligible) would be remiss if they don't report because someone - because a separate confidentially agreement has not been executed.

(Helen Moyer): Okay. Well I will report that back to our legal department. And just one quick follow up question. I know at the beginning of the call you suggested that we follow the escalation process because we have had some problems with getting technical answers to the 270/271, and we did look at the revised document.

So I'm going to escalate those to - through what you have in the user guide. Is that correct? That's the...

Man: Yes. That definitely will, you know, should get you the fastest responses possible.

(Helen Moyer): Okay.

Man: You know, we appreciate your patient where, you know, the EDI rep may not have all the answers right there, but at the same time want to make sure that you get the answers you need as quickly as possible. So if you feel like you're not getting, you know, the customer service that you deserve, then please follow that elevation clause. And if you go through that process and you still do not receive satisfaction, then you need to come to CMS.

(Helen Moyer): Okay, thank you very much.

Coordinator: Our next question will come from (Jason Hyman). Your line is open. Please state your company.

(Jason Hyman): Hi, I'm with United Health Care. A quick question about tax identification numbers for employer groups that may not have a tax identification number. For instance, we've come across foreign embassies here in the States that just because they're registrant embassies they don't have tax ID numbers, but they are on our plans. And we're not exactly sure what to report for their tax ID numbers in that instance.

Man: I guess this relates to the earlier question regarding the people who live next to the border and work in Canada but have insurance in the US through a Canadian employer. So that's a question we will, you know, take under advisement and try to provide an answer or response as quickly as possible.

(Bill): If you're employing US citizens, I believe they would have an employer identification number.

(Jason Hyman): Okay so you think if they're employing US citizens, who would of course be the people that would be covered by this, then you think that they will have an...

(Bill): They'll have - they should have an EIN. Now (literally) they're not going to have a so-called tax identification number because they're not paying income taxes...

(Jason Hyman): Sure.

(Bill): ...are going to be submitting FICA taxes and Medicare taxes for those who are - they're employing within the United States.

And for all practical purposes, and we can - we may need to put something in the user guide that - the extent that if there is an employer identification number but the party does not file federal or federal income taxes use the employer identification number. The (unintelligible) we put that in the user guide before you take it to the bank so to speak.

(Jason Hyman): That sounds great to me. Thank you very much.

Man: Thank you.

Coordinator: Our next question will come from (Carol Leachman). Your line is open. Please state your company.

(Carol Leachman): Regions Blue Shield of Idaho. First off, a little bit ago you said something about needing to report spouses and family members by first quarter 2010. According to the current user guide, it is first quarter 2011. So if anyone had a heart attack like I did.

Woman: I am so sorry about that.

(Carol Leachman): That's...

((Crosstalk))

(Carol Leachman): ...okay. I knew how to get into my user guide really fast.

The second thing is, on our response file we have gotten several with a compliance flag stating invalid insurer TIN. And the insurer TIN was a hard code on each of our records, so all of our records matched but only some of

them kicked out. Why would some of them kick and the others would be accepted?

Woman: We're - you're only going to get compliance flags on accepted records. Were the other records not accepted?

(Carol Leachman): No. We had records that were accepted that didn't get a compliance flag.

Woman: I have...

((Crosstalk)) .

(Carol Leachman): But either way it is a valid - it's our valid insurer TIN, so why would have ever even shown up?

Woman: The first thing we need to do is ask you to report the, you know, the fact that the insurer TIN is valid to your EDI representative. So...

(Carol Leachman): Yes.

Woman: ...the system went ahead and accepted the record, but apparently was unable to validate that TIN. So the EDI represent can then follow up with the systems folks to see why and to get that TIN validated. You can continue to use it though. You know, they might come back asking you for some information to help them validate it.

As to why you would not get the compliance flag on every record that was accepted that had - was associated with that invalid TIN, I don't have an explanation and I'm going to have to go back and find out.

(Carol Leachman): Okay thank you.

Coordinator: Our next question will come from (Sue Hellenbrand). Your line is open. Please state your company.

(Sue Hellenbrand): Community Health Insurance. My question is regards to when we need to send - update records. We're sending a file to you that has about 23 fields on it. And what I can tell from the user guide now, it looks like the only time we send an update is if we are populating a term date and sending you a new add record in most cases.

The only time I could see where we would send you an update with no term date is if we were updating the employer TIN. Is that correct? Is there a different field that I'm missing that we (unintelligible) updating? (Unintelligible) saying that you don't want to

((Crosstalk))

(Sue Hellenbrand): ...update for...

((Crosstalk))

Woman: Yes there was an exception for the period of time less than 30 days. But I, you know, off the top of my head I would have to say what you're - if the information is not just being corrected but is actually changing, you know, and you're not trying to apply it back to the original effective date, in most cases when those fields change you would send a term date and an add. Does that answer your question?

(Sue Hellenbrand): I think so. So - I mean (unintelligible) sending you usually and update with a term date and an add record.

Woman: Very often, yes.

Man: Yes.

Woman: You know, unless you realize that oh his, you know, coverage election was really not what I sent before and I'm sending a correction, then it would just be a straight update.

(Sue Hellenbrand): So did you say the (employer type) or the coverage type, because then wouldn't we send you a delete?

Woman: Well, yes all right so that wasn't a very good example. I'm sorry.

(Sue Hellenbrand): Then also in regards to that, you had stated earlier that if we were updating someone's name or date of birth, didn't want to see that back as an update, but if we were to send you a record on that number you'd want to see the new information.

Woman: That's correct, because hopefully by that time, you know, this - let's say it's a last name change. The individual is going to need to change their name with various different entities, including their GHP and the Social Security Administration. Once they've changed their last name with Social Security, that information will make its way over to the COB files, over to Medicare and hence the COB files.

And so when you send information for that individual again, we'll match it up using the new last name and all is good. It - there is a timing issue, but the best

that we can do is to tell you to send your most current information and know that what we watch to is what's on the Medicare insurance card and what's on the Social Security card of that individual.

(Sue Hellenbrand): Okay, because on the user guide it says if you're updated a TIN like changing the prior's address or name, so we're - you say that we need to update the TIN reference file and we also need to send an update record for each of those numbers within that group. But that's...

Woman: Yes, that's in order to apply the - oh name and address of the employer but not the individual. Not the Medicare beneficiary. But if you're talking about the name and address for the employer, that information is stored at (CWS) and the only way for us to change it there is for you to send a (unintelligible) TIN reference file and send the affected MSP records.

(Sue Hellenbrand): Right so if we send you the affected MSP records it says on here all other fields with matching values sent on the original record should be sent.

Woman: Well I guess that's a bit inaccurate. It should be matching key fields and most current information for everything else.

(Sue Hellenbrand): The date of birth (unintelligible) matching...

((Crosstalk))

Woman: It's not a key field.

((Crosstalk))

Woman: It is not a key field. We use it for matching.

(Sue Hellenbrand): Okay.

Woman: So, you know, send - if you have subsequently changed the date of birth, send whatever you've got in your system for...

((Crosstalk))

Man: The key fields that we're talking about again are the patient relationship code, the insurance coverage type, and the effective date of coverage. If one of those is changing, you basically need to term out the old record and add a new record.

But all other things, like you were talking about -- if you're just need, you know, the employer moves across town and you need to get us a new employer address, you just send an update with that, you know, existing information and a - also make sure of course that the TIN reference file's updated, and we will update that change in employer address to CMS's systems.

But where the patient relationship changes, the effective date of coverage changes or the insurance coverage type changes, those are the key fields for determining whether or not a record needs to be updated or a new - with a term and then a new add or not. So...

(Sue Hellenbrand): Okay.

Man: Okay.

(Sue Hellenbrand): So much.

Coordinator: Your next question will come from (Lisa Collier). Your line is open. Please state your company.

(Lisa Collier): Hi, this is (Lisa). I'm calling from (Pram). And I guess on this call I've learned that we don't actually need to report at this time. We are a pharmacy underwriter and administrator.

But I guess my question is, if we do choose to report or if we - if in the future you do start to require us to, do you have a special - since we don't have any information regarding Social Security numbers or HICNs, is there a special letter that we could send out to the member or the company in order to get that information?

I just know, you know, people are a little scared to give out their Social Security numbers, so is there something that you guys provide for us to send to them.

Woman: There's an alert and model language that is currently posted. Are you familiar with the website address and mandatory insurer website address....

(Lisa Collier): Yes.

Woman: ...on the CMS, you know, that page on the CMS website.

(Lisa Collier): Okay.

Woman: And then on the left hand side - it's not that simple yet. This information needs to be put on the GHP page. Right now the SSN compliance and model language -- that language exactly that you're talking about for the collection,

what's the purpose of the collection of the HIC number and the SSN for Section 111 reporting -- that is on the what's new page.

(Lisa Collier): What's new page. Okay.

Woman: So on the left hand side when you go to the mandatory insurer reporting page, you'll see a left hand menu. There's a GHP page, a page for the liability work comp no-fault insurers, and so on. There's also a page for what's new.

(Lisa Collier): Okay great. And would you - do we send that letter to the actually member, or do we send it to the company? Which do you guys suggest?

Man: Okay first of all there's no requirement that you have to personally obtain the Social Security number.

(Lisa Collier): Oh okay.

Man: You could get the Social Security number from the insurer or the group health plan that contracts with you to manage their pharmacy benefit. They're probably reporting because more than just prescription drug coverage is provided, and they should add the Social Security numbers because they're also reporting them.

(Lisa Collier): Okay, so you...

Man: If you needed to you could - there is a letter or a form that you could use if you needed to contact the agent directly.

(Lisa Collier): Okay.

Man: In most instances I don't think you would need to contact the patient if you got it from the party for whom you're the contractor.

(Lisa Collier): Okay, even though it's a totally separate plan from the health?

Man: Oh if it's a stand alone benefit then that would be different. You know, if, again as a stand alone, you know, you're free to, even today, to enter into a voluntary data share agreement with purposes of submitting prescription drug data, which is outside of Section 111 requirements. At least for this...

(Lisa Collier): Okay.

Man: ...time as you pointed out.

(Lisa Collier): Great. Okay all right, well then if we do choose to go that route, then I'll just go ahead and get that letter and that specific language that you guys mentioned and we'll go ahead and send those out to the patients, but...

Woman: There's also information about voluntary reporting on the COB pages of the CMS website. So you might want to take a look at that.

(Lisa Collier): Okay. Great, thank you very much.

Coordinator: Our next question will come from (Erica Walsh). Your line is open, please state your company.

(Erica Walsh): I'm calling from MVP Health Care and my question is regarding the May 26 compliance guidance document that was given out to health plans to obtain the SSNs or HICNs. And we are planning on using this form or some variation of it, but if we send this to a member and they do not respond, I

think we'll probably end up following up with a phone call or something like that.

But if we're documenting our efforts and - but we're still not getting anything back from the member, would we still be seen as compliant because we're trying to reach out to them? We've sent them the form, we're going to track of that, we've made phone calls, we'll keep track of that. I guess were just concerned that maybe some members just will ignore the form completely.

Man: I mean that's a very least you need to have on record your attempts to get that information. Whether or not we can pass judgment on a teleconference like this that you will or will not be in compliance, that, you know, again we don't have any of that determined at this time.

You know, we basically put that out there though to provide what we hope is a safe harbor for everyone in terms of demonstrating there attempts to get that information. So just keep, you know, your record of your attempts to get that information, you know, on file and available in case something ever comes up. So...

(Erica Walsh): Okay, thank you.

Man: Yes, I mean it's - I mean the point of that is again is to provide people with a way to demonstrate to CMS if for some reason they ever come knocking on your door that, you know, you have actually attempted to get this information.

(Erica Walsh): Okay. Thank you.

Man: I would say to anyone on the call listening related to compliance, this is one area where we really, really need you to follow that is on the website

specifically and what is available and what is not available. If it's not there, that means it hasn't been decided or worked out yet. So - because again as I've said before, we're interesting in building a good quality data exchange, not (CMPs).

Coordinator: Our next question will come from (Karen Stevens). Your line is open. Please state your company.

(Karen Stevens): Yes hi I'm from Cigna International and I have a couple of questions. One insurer that was typical, we registered back in April and haven't heard anything from our EDI rep at all. And we weren't sure if that was due to the number of companies that have been registering or...

Woman: Well you don't really need contact from your EDI representative. Have you completed both steps of registration -- the new registration and the account setup stuff?

(Karen Stevens): Well we completed the first part of the registration, but the bottom of the form says that they'll send us a letter...

Woman: Yes. .

(Karen Stevens): ...with the information and we haven't gotten a letter.

Woman: That letter - yes, that letter should've gone to your authorized representative. In that case you do need to either call the - or contact the assigned EDI representative or you can contact the COB CEDI department directly at the main department number.

(Karen Stevens): Okay.

Woman: Do you have that number handy?

(Karen Stevens): Yes.

Woman: Okay. And report it since obviously you should've received that TIN letter eons ago.

(Karen Stevens): Okay. My other question is we handle expatriate business, and we have situations where for instance US citizens are going over on assignment for a period of say for instance two years, and they may be transferred to a local payroll where they're participating in a foreign country's Social Security type scheme for a period of two years, but we have them - we have their SSN because they're a us citizen. Is that somebody we're supposed to report?

And I mean conversely it works the other way. We have non-US citizens that are coming to the US to work. They obtain SSNs but they're only here for, you know, a year or two

(Bill): Well a person that's coming from the other country if you ran it through the - your query, you would find out that they were not a Medicare beneficiary.

(Karen Stevens): Okay.

(Bill): Everybody would not need to report them. Now the people who are us citizens that may be working overseas that they're covered by your group health plan and their Medicare beneficiaries, you definitely do need to report them. I mean these people could come back for a few days and end up needing medical care....

(Karen Stevens): Right.

Man: ...covered by both Medicare and your plan, so you definitely would need to report them.

(Karen Stevens): Okay, thank you.

Woman: And the key again is are they a Medicare beneficiary not. Okay thank you. Next question.

Coordinator: Our next question will come from (Susan Hola). Your line is open.

(Susan Hola): Hi, this is (Susan) from Independent Health again. I have another question. It's with regard to some of the responses I've heard throughout the call, which will help us a bit. We've had some challenges I trying to get everything squared away with the third part we're using and all the proper documents signed and returned

And then even the status on your website being updated with us actually being in test mode, although not reflecting it on the site and all of those wonderful challenges we're having. We've also done a massive collecting correct sweep throughout our organization to collect TINs and SSNs. But with that, we recognize there's still a number of outstanding Social Security numbers, and we wanted to fully exercise the query option as part of this whole process.

Now with our submission period, we're already - we already know we're missing that, and our EDI rep has been fully involved in our status all the way along. My question for you is this -- it sounds as if you really - and I know according to the documentation you really prefer that the plan to use that

query option so we can have a more selective file that we actually send you during our production submission timeframes.

We've kind of been advised that we won't have time to do the query for the first submission and that we should submit our full file in the MSP input file. And I'm just wondering what your stance on that is, because I would...

Woman: Well first of all the MSP input file you only submit those identified as active covered individuals. So that's not every single member on your role. But that said, you know, so make sure...

((Crosstalk))

Woman: ...you know, you're noting that.

The two options for reporting are query first and then report those founds on the queries -- those matched Medicare beneficiaries -- who are active covered individuals on your MSP input file. We don't want you reporting retirees, you know, who are not ESRD patients on the MSP input file.

And then the alternative is don't use a query at all and just submit those individuals as defined in that section of the guide over age 55, have coverage DHP coverage through current employment, et cetera.

(Susan Hola): And that's our dilemma is we recognize certain individuals. We have them identified as ESRD or as disabled or also then as having Medicare as secondary. However our flags (and) method by doing a lot of that within our systems isn't always consistent. So we didn't want to miss anyone, and we were planning on submitting the 55 and older population of our membership. Not the entire membership, but the entire 55 and older population within the

groups that are identified as group health plans for the products that we offer that qualify as such.

Woman: Right.

(Susan Hola): And so I was just wondering though, would we be able to try and pursue at this point the query option. And as long as we keep...

((Crosstalk))

Woman: I mean basically if your question that - can you wait until you finish your query testing and then submit and process your query file and based on that result submit your MSP input file late or not, or...

(Susan Hola): Yes, yes.

Woman: ...must you...

(Susan Hola): Yes.

Man: Yes, I mean, you know, we prefer that you submit your file in your normal production window, even if you maybe missing a few people, because I mean technically if you're late, all of those potentially could be flagged as late based on the coverage effective date.

But I mean either way it's not going to, you know, going to break us because I think that gee, (John) would prefer that you submit during your production widow because again the, you know, a lot of people as they scramble to finalize the construction of this process are trying to, you know, push the submission windows to the end of the quarter, which the contractor just can't

support because, you know, it has, you know, quite a number of files are going to be coming in. And if they all come in at the same time, that means there's a good chance that customer service could break down and things like that.

So we would prefer that you submit during your production window. And if you miss some people, just submit on your next production file. And again if you get some compliance flags because you're late with a few people, I mean we're going to not be paying attention to that. Again we want you to be, you know, giving a good accurate data above all else. So...

(Susan Hola): And that's what we've been struggling to do.

Man: Yes.

(Susan Hola): We just want to make sure that the first submission - if we do the full 55 and older and our first - we have actually we (RREs) that we're registered under, so...

Man: Okay.

(Susan Hola): ...to do that sweep and submit those into the MSP input file, we expected our second subsequent production submission in the next quarter would - we would exercise the query option at that point and identify any additional...

Man: No, that would be perfectly fine. I mean again, you know, I will say that, you know, we can't pass judgment on phone calls like this whether someone is compliant or not, but...

(Susan Hola): Right.

Man: ...basically it sounds like you're doing all the right things. The main thing is, is that when you submit that first MSP file, make sure that they are only MSP people on that file. Don't submit retirees for example who have coverage due to age only, you know, that kind of stuff. Because...

(Susan Hola): And we've done a lot to try and exclude that. There are some people however that we just don't know.

Man: If you don't know, then don't send them. We'd rather have no data than inaccurate data, because the last thing we want to do on our end is inappropriately deny payment to beneficiaries.

Woman: Well you should know whether they have coverage due to active employment or not.

(Susan Hola): Yes, and that's what we're sending -- active employment as far as...

Woman: Okay.

(Susan Hola): ...our systems indicates. But again, we - and the population then that we would be also missing is anyone who's under the age of 55 who is disabled or end stage renal that somehow have not been flagged appropriately within our system, and we don't have a Social Security number for them. So...

Woman: Yes. That - you're taking exactly the right approach.

Man: Yes.

Woman: So send it with what you've got, and then those other people you may submit on your next file.

(Susan Hola): Submit on the next file. Okay and I do have one other follow up question regarding COBRA -- identification of COBRA employees. We do have employer groups who choose to manage the COBRA benefits themselves, and in that case we don't know or have an indication on the status necessarily of that employee and their dependents.

With respect to that, they keep showing up as far as covered individuals. So to us they appear to be active. So it could be that we are reporting people that qualify as active covered individuals that - and because we don t know because of the query response at this point, we don't have the benefit of that. We could be submitting them as well in that 55 and older file...

Man: Then don't submit them if you're not sure.

(Susan Hola): If were not sure whether they're COBRA or not, because the...

((Crosstalk))

(Susan Hola): Yes.

Man: Yes. You don't want them to...

Woman: Well when you - do you eventually get updated as to whether they're active or not?

(Susan Hola): No. Well if they term with us, then we know that their coverage with the employer has ended. That's about it. We don't know - there are cases where

we absolutely don't know that they're COBRA. And we won't know and we may never know -- they just end up getting termed

Woman: Well the COBRA coverage technically is, you know, in general terms not primary to Medicare...

(Susan Hola): Okay.

Woman: ...because it's not due to current active employment.

((Crosstalk))

Woman: And that is addressed in the user guide.

Man: Yes, the...

Woman: I'm sorry.

Man: Some time in the - for some individuals the - that are on ESRD....

Woman: Right.

Man: ...the COBRA coverage will be primary, but the thing I - you - if you can't tell by looking at your file whether someone has COBRA or is an active employee for those few individuals that are not on - that are on COBRA, you cannot simply say, "Well I'm not going to submit anything because I don't know."

(Susan Hola): And that's - we were going to err on the side of submitting it because we don't know in the case that someone may be identified as COBRA at some point later. But we don't know yet. I mean that's...

Man: Yes that would be our advice.

Woman: And what...

((Crosstalk))

Man: ...situation.

Woman: And what can happen substantially is that the beneficiaries COBC saying, "My Medicare," you know, "you've posted on this MSP occurrence. My Medicare claims are getting denied," and there'll be follow up as a result. And perhaps that is one avenue that you will find out that they're actually covered under COBRA as opposed to active or current employment.

But you really need to make an update to your system to know when people are, you know, active covered - under active employment or COBRA.

(Susan Hola): Okay.

Woman: You really need to know that.

(Susan Hola): Yes, our claims system doesn't' support that at this point, and that's...

Woman: I understand. I understand, but you also understand this Medicare beneficiary of claims could be erroneously rejected...

(Susan Hola): Yes.

Woman: ...as a result, and we certainly don't want that to happen either.

(Susan Hola): Okay.

Man: I think what's (unintelligible) is suggesting that you may need to consider doing it in the internal system and (unintelligible).

Woman. I think I am.

(Susan Hola): Well...

Woman: If you would like me to submit a (CR) let me know.

Woman: If you guys have a better job at getting our vendor to do it, God bless you, because it's like pulling teeth. So - and we're on a claims system that not many people are on, so that's our challenge. All right well thank you very much.

Woman: You're welcome.

Coordinator: Your next question will come from (Sena Thonby). Your line is open.

(Sena Thonby): Hey have a question. Does this is in regards to the query files 270 as well? Is this - and loop - there's loop 2000B, we have question regarding the value that's required - actually where is it? Yes. The- and then 108, the identification code qualifier.

Woman: I'm not going to be able to - we don't have anyone on the call today who's able to answer the real specific questions about the S270/271.

(Sena Thonby): Okay.

Woman: However, make sure you ask that question of your EDI representative and you may submit the question to the CMS resource mailbox and we'll do everything we can to follow up on it and get...

(Sena Thonby): Okay.

Woman: ...you an answer and also note the companion guide. If it's not answered there, we'll try to get an update to that companion guide.

(Sena Thonby): Okay. Thank you.

Woman: Thank you. I'm sorry.

Coordinator: Our next question will come from Barb Johnson. Your line is open. Please state your company.

Barb Johnson: This is Barb at (EBMC). I just have a question regarding the query files. If we submit a query file and it as - we put in the SNN numbers, you will return the HIC number that we will need to put into the MSP file?

Woman: Yes, we always return - when we do match the information to a Medicare beneficiary we'll return the most current Medicare identifier or HIC number.

Barb Johnson: Okay, so we don't maintain that for any of our disabled dependents at this time. Also coming into submitting the files, we know who our disabled people are there were Medicare primary - or that were primary (unintelligible) Medicare (on), if we do not have that HIC number at the time, do we want to go ahead and put it in the MSP file, and can we obtain that information or will that cause a kickout?

Woman: If they're under age 45, I - you'll actually get an (SP99)s error. So there is little point if they're under age 45 to submit them without the HIC number since that is a hard and fast edit in the system.

Barb Johnson: Okay. Thank you.

Coordinator: The next question will come from Ann Lennan. Your line is open. Please state your company name.

Ann Lennan: Yes, this is Ann with the Society Professional Benefit Administrators. Must a third party administration firm include terminated clients on a file submission?

Woman: It depends on when their coverage was terminated. And if it was terminated prior to January 1, 2009, then we're not - you're not required to report it. On your initial MSP input file you are required to report any coverage that was open as of or during, you know, over the time period of 1/1/2009 and subsequent.

Ann Lennan: Thank you.

Coordinator: The last question currently in queue will come from (Stephanie Sammy). Your line is open. Please state your company.

(Stephanie Sammy): Hi, this is (Stephanie) from (Highmark). I have a question I'm not even sure you're able to answer, but hoping to save myself some time. There's a downstream statement coming to me that says that we had gotten a noise -- and maybe it was for like Medicare advantage type contracts here -- that said that they were told that they may not request a Social Security number on an

application and that that came from Medicare. Do you know if that might've just be in regards to like Medicare Advantage programs?

Man: Don't know what the context is on that.

(Stephanie Sammy): Okay I'll keep digging deeper then. Thank you.

Coordinator: We have one more question that queued up that comes from (John Downey). Your line is open.

(John Downey): As long as there was only one left I thought I'd revisit. Question -- you've offered safe harbor regarding spousal and dependent. One of the metrics that we are having difficulty capturing both systematically and informationally is employer group size worldwide. For our input file initial, is there a safe harbor for guestimate, or do you just want an idle number? Is there some guidance there?

Man: Well clearly if you know that they've got more than the requisite number within the states or enrolled in the plan, it's clear that to understand need to report it. Now if you're talking about something where you know that there's 18 here in the state where you have no idea how many are (unintelligible) other countries, then I'm not sure what I would suggest to you. So put it in writing and we'll have to address it.

You have to, you know, (unintelligible) what you already know versus...

Woman: And...

Man: ...otherwise.

Woman: Note that employer size is a, you know, an indictor based on ranges rather than the actual specific number.

(John Downey): So it is a (unintelligible) number and correctable (little later) point in time.

Woman: Yes. I mean...

Man: I mean there are cases where CMS will default to the highest number and there's some processes in COB that, you know, if it's unclear that CMS - depending on the type of development it's doing, will default to the 100 or more, which basically would cover all MSP situations.

We're not prepared to provide any additional guidance at this time regarding compliance, but - and, you know, above and beyond Section 111, there are obligations to coordinate benefits in terms of MSP. And one of the things that you need to know so that you know that you're paying correctly is the employer size.

So - but at this time, you know, we don't really have any guidance on that on this call. But we will certainly take that under advisement and would also ask if you could please submit that to the resource mailbox if you have...

(John Downey): Absolutely, I shall.

Man: Thank you.

(John Downey): Thank you.

Coordinator: You have couple more questions that queued up. We're next question will come from (Judith Meers). Your line is open. Please state your company.

(Judith Meers): Kaiser Permanente. With respect to the person who asked about the Social Security number on the enrollment form, yes there has been a memo from the CMS unit that operates overseas the Medicare Advantage Program indicating that they do not want us to ask for the Social Security number on the Medicare advantage enrollment form.

So we're studying that and - to see what we need to do in order to get the proper HICN number to enroll these members into Medicare Advantage.

Man: Okay. That's unrelated to Section 111 process (unintelligible).

(Judith Meers): It is - it's certainly unrelated to the Section 111 process. The only complication is if we get a Medicare Advantage application from a person who also has commercial group coverage primary. And that's where we would need the HICN and/or the Social Security number. So that's why I said we're studying what to do in that circumstance.

Man: Well remember there's only Series 800 plans.

(Judith Meers): Yes, yes, we understand. Thank you.

Woman: Thank you for your call.

Coordinator: Our last question currently in queue comes from (Patty Loughlin). Your line is open.

(Patty Loughlin): Hi. I'm from Principle Financial Group. And you keep referring to the CMS resource mailbox. Where is that out on the site?

Woman: Okay go to the overview page. That is at the - on the CMS website forward slash mandatory (INSREP)....

(Patty Loughlin): Okay.

Woman: ...and there's a download at the bottom of the page entitled for opportunity to comment. And it should be listed in there. And I also thought I had it in the user guide, but I might not have.

(Patty Loughlin): And do you know what it's titled? Opportunity to...

Woman: Opportunity to comment should be the....

(Patty Loughlin): Opportunity...

Woman: ...title of the download.

(Patty Loughlin): Okay.

Man: We have it as a download only because we have some basically descriptions of how we'd like you to submit the question, which helps to sort them on our end, because with literally thousands of questions coming in, it's, you know, we have some dedicated staff who go through them and sort them by category. Sot that's why we have that, you know, those instructions as a downloadable PDF.

Man: Are you looking for it now?

(Patty Loughlin): I am and I'm not seeing it.

Man: I thought it was on the main page, wasn't it?

Woman: I - yes...

((Crosstalk))

Man: The overview page.

Woman: ...but I might be able to provide it.

(Patty Loughlin): I'm looking in the overview page and I see a lot of downloads, but I don't see anything that says...

Man: Way at the bottom of the page.

(Patty Loughlin): There's one that's request for CMS conference participation for Section 11 reporting issues.

Woman: Nope, it's not in there. Let me see if I can find it. Operator, do we have another call - another question?

Coordinator: We do have one more question in queue.

Woman: Okay I'll try and found out and report back on....

(Patty Loughlin): Okay.

Woman: ...what the email address is. But we'll take that next question.

Coordinator: Our next in queue comes from (Barbara Cullison). Your line is open.

(Barbara Cullison): Hi. I wanted to clarify something I heard at the beginning of the call about Social Security numbers. I believe that you state that you do not send corrected Social Security numbers. But I'm looking on Page 58 and the section on disposition codes 7.2.9.1, and it says the following fields may contain updated information from the COBC based on Medicare's information and could be used to update your internal files. Now (unintelligible) Social Security numbers, so can you explain to me what that means?

Woman: It - we - I - can you hold on just for a second?

(Barbara Cullison): Sure.

Woman: We misspoke earlier in the call...

(Barbara Cullison): Okay.

Woman: ...as it turns out, and for our non-GHP query and response and reporting, we do not supply the SSN - a changed or so-called SSN back, but in the GHP reporting, we do.

((Crosstalk))

Woman: However...

Man: Yes.

Woman: ...you know, we do only if you have supplied the HIC number.

(Barbara Cullison): Right.

Woman: And we actually have a change request pending to stop doing that since for Section 111 we should not be in the business of providing corrected Social Security numbers. So the user guide is actually correct. That is something that we need to change quite frankly.

(Barbara Cullison): Okay, thank you.

Woman: And thanks for pointing that out. I'm sorry that we made a mistake earlier in the call.

Coordinator: And we currently have no further questions in queue.

Man: We're trying to find that document here in the room.

Woman: Yes, unfortunately I don't have internet access right off the phone. If you want to wrap it up. We'll have to...

((Crosstalk))

Man: Yes, I'm sorry you could send - the person who called the previous...

Woman: That's what she wants is the email address.

((Crosstalk))

Man: Oh. No - oh, oh, oh, I'm sorry. Okay it's been a long two hours. So...

Man: I believe number - the address is also in several of the other downloads, but off the top of my head, I can't think (unintelligible) of which ones it did.

Man: And unfortunately we're in a room without internet access and we can't even look it up ourselves. But we will - (unintelligible) when you reach out to this - to make sure the caller who asked for where that was...

((Crosstalk))

Man: How about if that person could send that question to...

Woman: Ah, I found it, I found it.

Man: Okay, okay.

Woman: Okay the CMS resource mailbox should be in a download called opportunity to comment on the overview page, but here's the email address. And we'll make sure that that download is available. The address is PL110-173FEC111-comments@CMS.hhs.gov.

Man: But again, that document should on that home page. And of course we'll go back and check once we get into a room with internet access and make sure that it hasn't been inadvertently removed for some reason. There are occasionally glitches that result in pages disappearing briefly, but we will go back and check.

We've run out of time and we thank everyone for all of their excellent questions. There's a couple of outstanding things that we'll get back to individuals on. Again, we ask that you please continue to submit questions through that resource mailbox, assuming you can find it on the home page, and continue to work with your EDI reps as you move into implementing of

the reporting requirements. Oh and operator, could you tell us how many people were participating?

Coordinator: Absolutely. We have 326 parties.

Man: Okay. All right, thank you very much everyone. We'll talk in about a month.

Woman: That does conclude today's conference. You may all disconnect at this time.

END