

**TRANSCRIPT
TOWN HALL TELECONFERENCE**

**SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION
ACT OF 2007
42 U.S.C. 1395y(b)(7)**

DATE OF CALL: OCTOBER 24, 2012

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

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

Centers for Medicare & Medicaid Services

Moderator: John Albert
October 24, 2012
1:00 p.m. ET

Operator: Good afternoon. My name is (Lisa), and I will be your conference operator today. At this time, I would like to welcome everyone to the Section 111 GHP Town Hall Conference Call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, then the number one, on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Mr. John Albert, you may begin your conference.

John Albert: Thank you, operator, and good afternoon everyone.

Just for the record, today, again, is Wednesday, October 24, 2012. This is the Section 111 GHP Town Hall Teleconference. I always read the disclaimer that, you know, sometimes, that anything we say on the call, if it ever contradicts any of the written guidance that is out on the Section 111 Web site, that the guidance always takes precedence over anything we say on this call.

The written guidance that appears on the Section 111 Website is the official instruction for all things related to Section 111 reporting. Again, sometimes, we do misquote it or whatever. But, again, we refer you to the guidance as the official instruction related to this process. Whenever we do make changes, we typically send out alerts that include new language and then eventually will update the user guide and other materials as necessary.

The other thing, too, is it's been a while since we've had a GHP call. I mean, I don't know if any of you participate on the NGHP calls. But, it has been a while. GHP was the first reporting that was set forth under Section 111, and it has been going pretty smoothly.

But, I just want to remind folks that there is a resource mailbox out there still. And if you have questions, concerns, comments about the process, we really want to hear from you via that Section 111 mailbox – resource mailbox. The questions that come in via that process are read regularly and any new ideas or whatnot (are vetted out) through that and eventually show up – or potentially show up as new guidance in the user guide.

A couple of things before we get into a more general Q&A is we do have a speaker from the Medicare Coordination of Benefits Contractor, Mr. Jeremy Farquhar. But, a couple of things I wanted to mention, just put out there in terms of what we're seeing related to GHP reporting which, again is, you know, have become more of a regular ongoing process for most doctors for years.

One of the things that we've noted, though, that I wanted to point out to folks is that it is very important to maintain communication with the employers that you work with, as well as communication within your own organization. We've seen a number of examples where we are receiving termination dates for periods for MSP or, you know, because someone retired or what not termination dates of coverage. But, we're still receiving claims for secondary payment, which shouldn't be occurring if the person is, in fact, Medicare primary.

So, in some cases, it appears that the people reporting the data to CMS are not in communication with the people that are actually filing the claims or, you know, processing the claims. I'm not sure what's going on there. We do try to reach out on a case-by-case basis where we see this kind of stuff going on with, you know, from like your EDI reps or even, on rare occasions, from here at CMS.

But, again, I just want to make sure that folks are aware that, you know, it's important that even though this may have gone into more of a maintenance mode for a lot of people, that they need to keep their eyes on what's happening because, you know, people come and go, things like, you know – and knowledge bases are lost, you know, in this process, just like any other process. And, surely, if (you're to kind of like start to look at this stuff slip). And we've seen that before even prior to 111 under our voluntary data share agreement process that we had in place before then with insurers and employers.

So, again, I can't stress it enough to make sure to validate the data you're sending because, again, under the 111 legislation, it is requirement to report the data as well as updates to the data, you know, via the, you know, time frame and what not prescribed in the 111 user guide. So, again, please keep in touch with that.

The other thing, too, is that we've recently started our annual IRS/SSA/CMS data match process, which mails questionnaires to employers. And when we do the data match, which we actually haven't done for two years, we do not send questionnaires out where we already have existing MSP information. It would be redundant. But, I will not that the data match was just started up again.

And we have actually processed a lot of information from that data match. And that indicates to us that there are still insurers that are missing reporting people. You know, this is – we're just looking at this now. But, again, as the data match continues, we'll be looking to see where we're getting, you know, a substantial number of records from employers that should have been reported by insurers.

So, again, this all comes down to communication with the employers. So, make sure that they're giving you timely information because we know that, you know, you don't know when the person retires. So, either they tell you or the employer tells you, for example, that kind of stuff. So, again, please continue to keep communications open with the employers.

You know, having this all reported right the first time is better for us. It's better for you. It's better for the employers. It's better for the beneficiaries and reduces the cost of coordination of benefits across all lines. And we don't like to do recoveries we don't have to. We know that you don't like to just be dealing with recoveries either.

So, again, I can't stress enough to don't assume it's working, you know, well. Keep looking at what you're sending and validating what you're sending. We're doing the same thing in our end to see if there are any issues that come up from time to time.

Other than that, I'm going to turn it over to Jeremy, who's going to go over some points that have come up, you know, over the past (five) and about a year since we had one of these calls just to touch base. And then, we'll go into a Q&A session. And we – again, it's been a while.

So, we want to hear not just questions but also just even your thoughts and opinions on how this is working or if you have suggestions for improvements, (what now will). It will be a formal Q&A. But, still, we want to encourage a little bit more of a free form discussion on this call just because it's been a while.

So, with that, I'll turn it over to Jeremy.

Jeremy Farquhar: Hey. Thanks, John. I just have a number of topics I'd like to touch upon before we open it up to the Q&A.

(First up), for those of you who may not already be aware, a new employer size edit was implemented as of July of this year. The purpose of the new edit is to prevent the creation of primary coverage records in situations where an invalid employer size value could be anything other than a zero, one or two has been submitted.

Prior to July of 2012, if a value other than zero, one or two had been utilized, it would have defaulted to a value of two. A value of two represents 100 or more employees. Essentially, anything assigned the value of two would indicate a hundred or more employees to prevent an SPES error from being

generated. In cases where an invalid value had been supplied, that could have resulted in primary covered records being applied where employer size and rules would actually dictate that the – that Medicare should be the primary payer.

Now, if an invalid value is applied in field 16 of the MSP input file, it will be rejected with an SP91 error code. Excuse me. If an SP91 is received on an RRE's MSP response file, they must correct and resubmit the record on their next quarterly file. For more detailed information regarding the new SP91 edit, please refer to the November 28, 2011 alert posted on the CMS mandatory insurer reporting page under the GHP Alerts subsection.

OK. Although it's been quite some time now since the GHP hierarchy has been implemented, it's still a subject around which there seems to be still a certain degree of confusion. That being a case, I'd like to take a moment to review the basic premises.

In a nutshell, in an effort to identify other health insurance that should be primary to Medicare, the COBC collects data from a variety of different sources. Some of these sources may include Section 111, employer responses (diary), (SSSA) and CMS data match questionnaires, employer voluntary data sharing agreements and if they're sharing initial enrollment questionnaires and calls to the 1-800-MEDICARE and COBC call centers.

While all of these sources have proven effective, over time, it has become evident that some sources are more reliable than others. Prior to the implementation of the GHP hierarchy, it would have possible for nearly any of the aforementioned sources to overlay or update records created by any other source. This could result in conflicting information in the continuous changing for flip-flopping of certain MSP data outlets.

The hierarchy is an attempt to minimize these flip-flopping caused by conflicting information coming in via alternate sources. As of April 2011, a five-tiered ranking system was put into place. Sources on a higher tier may update data originating from or last updated by an entity on an equal or lower tier. However, attempts being made by a lower-tiered entity to update records

last updated by an entity on a higher tier are rejected. For more in-depth information regarding hierarchy and a complete breakdown of the present hierarchy structure, please refer to Section 7.2.8.2 beginning on page 73 within the current GHP User Guide.

Another couple of important things to be aware of as far as hierarchy's effects on Section 111 reporting are concerned, if an attempt is made to send an update transaction for a record that was last updated by an entity higher in the hierarchy tier in the Section 111 order, that update will be rejected and an error will be returned. SPH0 – excuse me. An error will be returned on the MSP response file.

In most cases, an SPH0 error will be returned. And SPH0 simply indicates that the record was last updated by an entity from a higher tier. Upon receipt of an SPH0, the RRE should verify that the updated data they had submitted is accurate. If the RRE is able to confirm that their information is accurate and they're certain that the update is appropriate, then they may resubmit the record with a hierarchy override code on their next quarterly submission.

A hierarchy override code value of HB should be populated in field 33 of the MSP input file. Please note that in order for this override code to work, the RRE must have already received a hierarchy rejection error on a prior file submission. Simply populating the override code for all records across the board without first receiving a reject code will not work. If an override code is sent without first receiving a rejection, the RRE will receive an SPH2 error back on their MSP response file.

In certain limited situations, a record may be locked by the COBC. Oftentimes, this may be a result of a situation where prior conflicting information had been received and the COBC, after researching matters, has corrected the data on file. The record could be locked to prevent further inappropriate changes.

In a situation where an RRE attempts to submit an update for a lost record, they will receive an SPH1 back on their MSP response file. When this occurs,

the record should not be resubmitted by the RRE. In these cases, resubmitting the records with an override code will not work.

If the RRE (has investigated) and feels that an update is absolutely necessary, they may call the COBC call center at 800-999-1118 for assistance in getting the record appropriately updated. And you may speak to a CSR and they may need to refer you to a superior. But, we can actually update those records for you if you have compelling evidence that the update is appropriate.

(Throughout the) hierarchy is the solicited MSP response process. As previous noted, the COBC collects coverage data from numerous sources. That being the case, there will be occasions where a record submitted via Section 111 may be updated with information coming from somewhere other than a Section 111 file submission.

Prior to the implementation of the unsolicited response process, the Section 111 RRE would have no way of knowing if changes were made to the data which they had previously reported. Now, an RRE has the option to receive the unsolicited response file which will tell them if a record which they had submitted has been updated or deleted. The unsolicited response files are generated monthly on the second Sunday of the month, (a response) for each record updated or deleted by another source during the time frame since the generation of the last unsolicited file.

This response record will contain all of the data elements as they presently reflect on Medicare's database. In addition to this, the response will indicate the type of entity from which the information had been received. And, when available, the name of the updating entity along with the general reason for the update will also be provided.

Maintaining the data provided via the unsolicited response file in conjunction with data from the standard MSP response file will provide the RRE with a clearest picture of exactly what coverage data Medicare has on file for their insurer group at the present. In situations where updates being received by alternate sources may appear to be in conflict with their own data, the unsolicited response will help the RRE determine where the conflicting

information is originating from. Although not required to do so, RREs are encouraged to use this information to investigate and rectify discrepancies with beneficiaries and employer groups.

Another significant benefit of the unsolicited MSP response file is that for any record on the – for any record on which the RRE receives an unsolicited response, the RRE may send a hierarchy override code on their subsequent quarterly MSP file without first having received the hierarchy reject code on a prior MSP response file. However, before doing so, the RRE should research to ensure that their information is accurate in instances where their appears to be a conflict.

An RRE that does not participate in the unsolicited response process would first have to submit an update on their quarterly submission, wait for a response with a hierarchy reject and then submit and update with a hierarchy override code on their next quarterly file. Participation in the unsolicited response process would allow for the RRE to rectify any possible discrepancies much more expediently as opposed to having to wait an entire additional quarter to do so.

For further information regarding the unsolicited MSP response file process, please refer to the Unsolicited Response User Guide Addendum, which may be downloaded via the CMS Mandatory Insurer Reporting Web site within the Group Health Plan subsection.

Moving on, another topic which fares mentioning with which many RREs are still difficulties is TIN address validation. As you all should, hopefully, be aware by now, TIN address validation and the TIN reference response file process had been implemented as of October of 2011. Aside from the fact that all insurer and employer tax IDs submitted on the TIN reference file must be valid, all address being utilized must also be recognized as valid delivery addresses by the USPS.

If a tax ID or a delivery address fails (to attach successfully), an error code indicating the reason for the rejection will be returned on the TIN response file. Each record on an MSP file must cross reference both an insurer and

employer TIN for which a record had been submitted on the TIN reference file. If an employer TIN provider within an MSP file cross references a TIN entry within the TIN reference file which had been rejected or if an entry for that particular TIN had not been submitted within the TIN reference file, the MSP record will receive an SPT0 error on the MSP response file.

Similarly, if an insurer TIN provided within an MSP file cross references a TIN entry within the TIN reference file which had been rejected or if an entry for that particular TIN had not been submitted within the TIN reference file, the MSP record will receive an SPT1 error on the MSP response file. If the MSP record receives an SPT0 or SPT1 error, the RRE must submit a corrected TIN reference file and, after doing so, must also resubmit the MSP record on their MSP input file.

Although it's possible for an RRE to submit both the TIN reference file and MSP files at the same time, it's highly recommended that the TIN reference file may be submitted and allowed – excuse me. It is highly recommended – excuse me. It is highly recommended that the TIN reference file submitted and allowed to process prior to the MSP file submission. That way, an RRE may wait to receive the TIN response file. And if there are any errors, they may correct them prior to the submission of their MSP file.

Please note, there are no restriction which apply to TIN reference file submissions. An RRE may submit their TIN file prior to their assigned submission period in order that a response may be received beforehand and the MSP file may still be submitted within the assigned submission period. Again, the address that is submitted on the TIN reference file must be recognized as valid by the USPS.

It is recommended that the RREs validate employer and insurer TIN addresses utilizing commercially available postal software or the free online lookup tools available on the USPS Web site. Further information regarding TIN address validation along with the link to the aforementioned online USPS lookups tools may be found within Section 7.2.2.2 of the current version 3.2 of the GHP User Guide beginning on page 43.

Finally, one last thing I'd like to call attention to is the need for all RREs to inform the COBC of any changes to their profile report information as those changes occur. Most importantly, it is imperative that RREs inform their assigned EDI representative if there should be changes made to their authorized representative or account manager information. It is crucial that current, up-to-date authorized representative and account manager contacts are maintained as any important notifications regarding the RRE's account are sent to those two individuals.

Also, as of January 2012, RREs are required to recertify their profile report information on a yearly basis. The request for recertification are submitted directly to the authorized rep and account manager. Failure to recertify profile information may result in the automatic discontinuation of an entity's RRE's ID.

Should discontinuation occur, the RRE should contact their assigned EDI rep. And once the recertification process has been completed, the ID will be reactivated. During the recertification process, if there are no changes necessary, all that is required is that the authorized rep or account manager contact their assigned EDI rep to inform such. At the point in time, the EDI rep will document that communication and recertify the RRE ID.

If changes are necessary, then the authorized rep or account manager should contact their assigned EDI rep in order to provide them with the updated information. Upon receipt of the updated profile information, the assigned EDI rep will update the RRE's account and will then generate an updated profile report. Upon receipt of the newly-generated profile report, the RRE's authorized rep must verify that all data is correct, sign the profile and return it to their EDI rep, at which point the RRE ID will be recertified.

And that was it for me. I'll turn it back over to you, John.

John Albert: OK. Thanks, Jeremy.

And I'll go back and reiterate one point Jeremy made. And that was – and I neglected to mention earlier – was, again, for those that are – the unsolicited response file process is really a great tool to help you understand or identify

areas or particular employers or what not that may have – be – you know, not keeping you updated timely et cetera because, again, if we're getting a lot of information that updates your record or provides information that contradictory to yours, it's a good opportunity for you to do quality assurance on your end to make sure that the data that you're submitting is, in fact, accurate. So, again, we highly recommend that folks take advantage of the unsolicited response file process.

In terms of the next step, we don't have any additional speakers. But, we're going to move to our Q&A session. Again, we ask folks – just because we usually have a lot of people on these calls, to limit your question to one and one follow up. And then, if you need to get back into the queue to ask your following question.

So, with that, operator, I'll turn it over to you and we can start the Q&A session.

Operator: At this time, I would like to remind everyone, in order to ask a question, press star, then the number one, on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

And your first question comes from (Karen Keyleen) from (Anthem Wellpoint) Blue Cross Blue Shield.

Your line is open.

(Karen Keyleen): Yes, ma'am. My question is where is this information being pulled from on the links that we were looking at online. I understand that you have (inaudible).

Jeremy Farquhar: Which links are you referring?

(Karen Keyleen): Well, there were some links in an e-mail that we had received and from the information that was being read. We just wanted to know where that information was being gathered from. From the link on there, we just go to the CMS Web site and we can find this information that you are currently speaking of?

Jeremy Farquhar: As far as the unsolicited response data is concerned you're speaking of, it's actually a file process.

(Karen Keyleen): Right.

Jeremy Farquhar: It's not a link that you would click on to pull the information. And it comes directly off of the COBC's and/or Medicare's database.

(Karen Keyleen): Right. And I understand that as we were going through that because our plan, currently, is to submit those files. As I was going through that and talking about the RREs and all, I was just wondering where we could see this if it was a script that you were reading from.

Jeremy Farquhar: The information that I was just reading ...

(Karen Keyleen): Yes.

Jeremy Farquhar: ... at the start of the call? Well, it's a presentation that I put together. It's not out on the Web site anywhere where you could pull it down. But, it will be in the transcript or, if you like, I could – you know, I could probably forward you a copy of this if you wanted to reach out to me directly. My contact information is in the GHP User Guide under the escalation (tier). I'd be happy to share that with you if you'd like.

(Karen Keyleen): OK. Thank you very much.

Jeremy Farquhar: Sure.

Operator: Your next question comes from the line of David Pittman from Zenith American.

Your line is open.

David Pittman: Thank you. My question is about the unsolicited response file. We have – although we understand field by field what the data elements are, we often struggle to find any meaning in the records. And I just wonder what you've been hearing from the community at large. And I would be interested in

hearing what other people who are on this call – what their experience has been with the unsolicited response file.

Jeremy Farquhar: Well, when you say that you failed to find any meaning – I mean, when that unsolicited response record is generated, it's because something has been updated on your record there. It could be a termination date. It could be anyone of the data elements within the file. But, more often than not, it will be something like a termination date, either with the addition of or a removal of a termination data, maybe an update to (make sure) employer information might have been. Sometimes, it could be a record being deleted.

Are you just having a difficult time determining what it is that was actually changing based on what you had submitted previously?

David Pittman: Well, the question is more what would we do with this information. OK. We have the information. We can see the termination date. Now, what?

Jeremy Farquhar: Well, you should use that information to go back in. And if it's a termination date that you do not already have on file – sometimes, it will be the case, I believe, where since reporting is quarterly, we may actually receive information from a phone call maybe from a beneficiary informing us that they have retired and we may place a termination date on that GHP coverage record as a result of that phone call.

Perhaps, in some cases, it will be something that would have come over on the subsequent quarterly submission from the RRE. It's just that we haven't gotten to that point in time yet. But, what we – what we expect is – or what we would hope that you would do with this information is that if you see something that seems to conflict with what you have on file, if there is a termination date that is showing up that is not a termination date that you are aware of, we would hope that you would use that information to reach out to, possibly, the employer or to the beneficiary to question them to say – you know, sometimes, I know, you know, employer groups might not notify you timely as to whether somebody's coverage has terminated.

So, you may not know. Maybe it was reported to us via the (employer) or the via the beneficiary. You could reach out to the tier group, your employer

group, and question them about that termination date to determine whether it's appropriate or not. If you find that it isn't actually an appropriate update for whatever reason, you actually would have the ability to come back on your next MSP input file and remove that termination date.

That's something that – you know, you'd be able to use that hierarchy override code immediately to make it happen on that first submission rather than waiting for a subsequent quarterly submission after being rejected because, usually, more often than not, when we have these updates at this point in time because of hierarchy being in place now, it's something that's a manual update at the COBC. So, the manual updates that come through with the COBC are higher on that hierarchy tier than Section 111 report. So, that override code may be necessary.

But, it's – we expect that you compare it with what you have on file. You would probably want to – if you can – and I know this is – this could get – you know, it's a bit of work on the RRE's side. But, if you can build a process that compares the data that is coming back on that unsolicited response file field by field with what you have on your system or what you had submitted previously to us and then – and then research the discrepancies.

And if there are – if somebody is giving us inappropriate information, you may well like to reach out to them to, you know, inform them that, well, you know – or question them, you know, “Why are you reporting this to the Coordination of Benefits Contractor? You know – please – please – this is inappropriate, so you shouldn't be giving them this type of information.”

And just to make a note, if we have situation where something flip-flops numerous times, it does raise a red flag here. So, we don't just indefinitely change the information back and forth based on an update from your file submission or a call from somebody else. If it happens a couple of times, then we're going to – we going to – then it's going to raise a red flag and we're going to – we're probably going to refrain from making an update based on one of those phone calls or what have you.

David Pittman: I have one follow up which is, if we do find a discrepancy, is the submission of the next quarterly file really the only way to fix that? Or, can we just call 1-800 and talk to somebody and try to fix it that way?

Jeremy Farquhar: You can call. We – you know, if it's a small volume, then that's fine. Any kind of significant volume, we'd really like for you to submit on your quarterly file submissions. Our call center, when you call, they can - they can field up to – updates up – with up to five records on a phone call. Anything more than that, they're not going to be able to assist you with.

But, as a general rule, we'd like for the information to come through on the file submissions. But, I certainly understand, if it's something that needs to be address immediately, you can call. What they'll do is they'll ask – they'll (ask) you who you are.

They're going to ask for your RRE ID and your company name. They're need to be able to (get) it that you're coming from the RRE (and had previously) updated the record (and went on). And they can (get hold of the insurer on file) and then they'll be able to go ahead and help you and make an update to the records.

David Pittman: OK. Thanks.

Jeremy Farquhar: Just make sure you've got the right 800 number. It's 1-800-999-1118.

John Albert: And I guess – hey, Jeremy. I guess the one last thing, too, to add is that if – in the case – the most – the most common case you mentioned was the simple termination where, you know, someone submits a file and then, you know, a week after the comes and the guy retires and he calls – he calls us and we (term) the record, there really – the insurer really doesn't have to do anything if they confirm on their own that that, in fact was a correct termination. There's no need for them necessarily to submit a record that shows the termination correct.

Jeremy Farquhar: Right. That's it. It's not necessary. Although, for some RREs, I know that that's the way their process may operate. They need to be able to send it through to us. They have it accepted. But, you know, if it is the same

termination date and if that's something that is necessary for your own system requirements to submit it and then receive a response back from us ...

John Albert: Yes. (Inaudible).

Jeremy Farquhar: ... then go ahead and send it, although it's not necessary. But, you would need to send – or you want, you know, that hierarchy override code when you send that record or, otherwise, it might (be rejected and you have to wait until the) following quarter (inaudible).

John Albert: Yes. OK. Because I just want to make sure people understand that, you know, (whereas some data trickles down right after) they send a file that, you know, if they don't submit, a record that basically was updated correctly by, say, a beneficiary calling in, that doesn't mean they are, you know, out of compliance with 111 and that kind of stuff. Because we've heard that question before. "Do I need to send in – if I found out the beneficiary did retire or retire and they told COB to (term) the record, do I have to (term) the record?" And the answer is no. But, like you said, in a lot of cases, they do it anyway just to keep the files consistent and things like that.

I'm done.

Operator, next question.

Operator: Your next question comes from the line of Kate McDonald from Wiley Rein.

Your line is open.

Kate McDonald: Thank you. I have a question about GHP reporting more generally. One of clients write an employee-sponsored group policy that provides limited coverage for out-of-pocket medical expenses. The coverage is supplemental to an employer-sponsored major medical group health plan. But, to clarify, this is not a Medicare supplement product, but the coverage is supplemental to commercial health insurance.

All of the employers sponsoring this coverage have 20 or more employees and the policy covers active workers, not retirees. Is this policy subject to Section 111 reporting requirements just like all other group health plans?

John Albert: You know, could you hang on just a second?

Kate McDonald: OK. Thank you.

John Albert: Yes. I mean, technically, yes. You know, it is subject to the same rules. However, we've stated in the past where, for example, people have a GHP and an HRA, for example, that we want the primary coverage reported. So, if someone has, you know, two coverages, we want the primary coverage reported. Our systems are not designed to take in, essentially, like – or treat Medicare as a tertiary payer.

Kate McDonald: Yes.

John Albert: It just basically recognizes a primary group health plan and then Medicare. So, where there are these types of coverages and the person does have like a true primary group health plan, that's the information that we would want.

So, if they don't have any other coverage, then yes, we would want that information. But, if they do have a primary coverage and a supplement, we would just want the primary.

Barbara Wright: But, that's solely the reporting aspect.

John Albert: Yes.

Barbara Wright: That your plan still needs to be paying primary to us.

John Albert: Yes.

Barbara Wright: You need to make sure it's not just being saved for particular other expenses that they want to save it for or something. It need to truly be primary for us.

John Albert: Right. Right.

Kate McDonald: OK. And is that – is the first part about reporting – is that similar in the user guide and I just missed that? Or, is that not in written guidance?

Barbara Wright: We can check. I think some of the ones we've addressed is, for instance, if someone only has dental insurance – and that's clearly primary to us – we've asked them not to report the dental insurance but to ensure that it's being paid appropriate because what we don't want to deal with in that situation is every single claim coming in for the individual being denied. So, this is similar to that, that our position is based on operational concerns. But, we can check if it actually – it is specifically addressed.

John Albert: I think it's discussed in the – I think it's discussed in the HRA where we talk about HRAs, too. I think we have language in there saying that where they have both an HRA and a traditional GHP, that we would want the GHP coverage (to be reported).

Barbara Wright: Right. But, I don't think it's – I am not sure that it is addressed under a general heading for all (such type of policies).

John Albert: Yes. Yes.

Kate McDonald: OK. OK. But, that ...

John Albert: We'll look into that. But, that (inaudible).

Jeremy Farquhar: I'm relatively certain it's not in the guide. Other than the HRA guidance, I don't think there is anything specific to this effect.

Kate McDonald: OK. OK. Well, then ...

Jeremy Farquhar: I could be wrong. But, I'm reasonably sure.

Kate McDonald: Thank you very much. That's very helpful.

Operator: Your next question comes from the line of (Stephanie Stemi) from Highmark.

Your line is open.

(Stephanie Stemi):Hi. In regards to the SPH0 and the SPH1, I'm just wondering if anybody has thought about looking into some logic where if the information that we are sending is duplicate to what is already in CMS's system, that you would – you know, you don't have to update your system because it's already right but that you would, at least, just say that it matches instead of sending the error back because we are spending a lot of time over – out of over a hundred, we only had nine that we updated, the rest (which) we called – you know, made all of our checks and then called CMS. We found out our information we're sending is what you already have.

Jeremy Farquhar: Yes. It's something – and I – you know, it's something that – it has come up before. And I think that maybe you and I talked about it before, (Stephanie) ...

(Stephanie Stemi):Yes.

Jeremy Farquhar: ... briefly. It is something that – and it makes sense and something we'll take into consideration, I believe. But, it would probably be some time before we are actually capable of implementing something of that nature. But, it is definitely something that we can keep on the horizon in, maybe, a possible future enhancement.

(Stephanie Stemi):OK. Thank you. It's just that we are getting thousands of those. And, you know, with the short amount of time before the next files, if we're not able to even research (on them) fast enough to put an override for the next. And when we're finding out that it's really matching what CMS has, it's just a lot of extra work.

John Albert: But, how is it that your – like what is the other source of the data that like why are you – I guess you're saying you're having thousands of these. What are the ...

(Stephanie Stemi):Yes.

John Albert: What is that – are you saying CMS already has this data?

(Stephanie Stemi):Right.

John Albert: Then ...

(Stephanie Stemi):(Inaudible) on our MSP file saying (Stephanie) is MSP from January through July. So, when we get the error back, you know, we do all of our calls with the employer and make sure we have the (size), we weren't missing something. We still show that it's MSP for that time.

So, that, we call Medicare out to find out, you know, what information is in the Medicare system that maybe we don't have, that maybe it should be (MedPrime). And when we're making our phone calls, we're finding out that the same information we're sending on the file is already what's on the CMS's system. But, we're getting that error ...

Barbara Wright: This is the first time that you're submitting the information? Or, is this – are you submitting it as an update? Or, why are you (inaudible).

(Stephanie Stemi):(It would be a mixed bag). We have some (adds). Some are being changed. But, it – what we're finding is (inaudible).

John Albert: Because I'm just surprise that you would have that many. If you were providing the information to CMS on a timely basis and updating on a timely basis, that – you shouldn't have that – many of these occurring. It sounds like that you might have a potential data latency problem in terms of we're getting all these information from other sources that we normally consider to be less reliable than Section 111.

You know, I don't know, Jeremy, if you have any thoughts. But, it – are you sure you're getting your data to us, you know, on a timely basis? Because it's kind of unusual. I mean, we do have – like I said, we haven't done a data match in a while. It's possible that if you've never submitted the information, we would have a data match record that could come in later. But, again, you know, your information is higher in the hierarchy than all the other sources. So, it's just – it doesn't make a lot sense.

Barbara Wright: If you – if you can also think about looking at categorizing where you're finding these. If, for instance, it's (rooted in the) – if, most frequently, it

happens to be someone that you were going to report retirement, retirement is one where the beneficiary ...

John Albert: Yes.

Barbara Wright: ... is much more likely to call us ...

John Albert: Yes.

Barbara Wright: ... if they're continuing to get their claims denied. So, those often are updated ...

John Albert: Yes.

Barbara Wright: ... before you can get to your quarterly report.

John Albert: Yes.

Barbara Wright: It might help if you could, maybe, do some analysis that way to see where these are most frequently occurring.

(Stephanie Stemi): Yes. I know we are doing the unsolicited. That's where we're finding, you know, usually (inaudible).

John Albert: OK. That's good. I'm glad you're taking advantage of that file.

(Stephanie Stemi): Yes. But, the FPS0 – like I said, we're just not running into a whole lot of luck where, like a said, over a hundred and something, they only have nine where one we've checked they would have changed – we changed our information because (it doesn't) match with what was in CMS. Now, I know we did work with Harry Gamble and, you know, tried to figure out some things. And we (find then) – we were getting a lot of like FP60 errors and things like that that we couldn't fix.

And so, we would resend the records the next time. And, you know – so, there is two quarters that go by until we can submit our information. So, I was just wondering if there was, you know, just kind of a little input. If they would look at that, that would be huge benefit for us.

John Albert: Do you mind giving us your RRE ID?

(Stephanie Stemi): Yes. It's 390 (inaudible).

(Jim Grady): (I have it mapped in).

John Albert: (You do)?

(Jim Grady): Yes.

John Albert: All right. OK. Jeremy, can we like just follow up with that over (after, you know) ...

Jeremy Farquhar: Yes. Sure.

John Albert: Yes. Because – I mean, it just sounds (corky). And it sounds like it's been an ongoing issue. And so, let's see what we can do to – let's see if there really is a root cause (inaudible).

(Stephanie Stemi): Thank you.

Operator: Your next question comes from the line of (Mike Cameron) from BCBS Tennessee.

(Mike Cameron): Hi, Jeremy. Hi, John. Hi, Barbara. OK. Just a question. I just (I'm in a little bit of wondering) on the TIN reference address (inaudible).

You know, we cut ours down. You know, we didn't have a lot (inaudible). You know, we cut it down about half. But, I've got some employers that never use their postal address. They use – they use their (broker) address or, you know, they have some kind of (attention) to – so – you know, it's not – you didn't see it, you know, in the USPS address kind of thing.

So, and I'm kind of wondering. I want to make sure you get (GHP) records but – I – you know, the employer gives us what they give us. And I – give us what they give us – end up – you know, I can't go back, you know – (how am

I going to do it), you know, changed (for me) as far as (the address)? So, I'm just kind of (inaudible).

Jeremy Farquhar: Yes. I mean, well ...

(Jim Grady): Hey, (Mike). It's (Jim Grady). Just a question for you. I mean (inaudible).

(Mike Cameron): Thank you.

(Jim Grady): So, you got your customer and you're invoicing (and somehow) – so you're getting USPS mail to them. What address (inaudible).

(Mike Cameron): Well, some of them – some of them – (Jim), some of them get through a broker. They don't even (get mailed to them). It goes (to like), you know, (Jimmy Corp. Benefits Service), you know, instead of going to the employer, (it goes right after them).

And the address – the addresses, they go the employer. But, it's not necessarily the USPS address. Like I've got one big automotive company that their address is about a foot long because it doesn't go to their USPS address. It goes to the – to their benefits (billing down the street), which is not – you know (has attention in those third person).

(Jim Grady): Right.

(Mike Cameron): That kind of thing in the address. So ...

(Jim Grady): Keep in mind that the address is that – the reason we want the address is so that it can (feed) all the other process that happen down the line.

(Mike Cameron): (Inaudible).

(Jim Grady): (Inaudible) a demand or a condition (inaudible).

(Mike Cameron): Yes. Yes.

(Jim Grady): Something has to go somewhere.

(Mike Cameron): Yes. So, (you know, like I'm saying, I'll give you) the address the employer gives to us. But, it's not – it doesn't necessarily fit in with the exact (things) USPS (inaudible) that the United States Postal Service (asks). So, that's ...

(Jim Grady): Can you – can you – just not to get to (labored into the) technicalities, but can you break it to the – all the other stuff goes into the second line?

(Mike Cameron): I don't know. I can talk to our programmer and see if we can do it because it's (inaudible).

(Jim Grady): We have – we do have logic – we do have logic (and it looks at the) name of the entity along with the address. And as long as it finds those two matching, it will – will (format) it correctly. So, if you could split to the second line, I think that would solve the problem.

(Mike Cameron): OK. I'll try. I'll see what we can (inaudible) do. But, for example – let me try to find one here. I've got the list (folded up). Like a Ford Motor Company has got the (American Road Headquarters Building), Room 866, Dearborn, Michigan. That's the address they gave us. So, that's not – you know, that's not going to (meet with the) street address that – (where the motor company) is in Michigan. So, that kind of thing (I'm running into).

(Jim Grady): Right. I guess the trick is as long as you could get in that line one – if you can get a deliverable address in the first line and put everything else in the second – if you want to – I mean, you can give me a call offline. We could actually look at one example and see how we (inaudible).

(Mike Cameron): OK. OK. I'll do that. OK. Thanks.

Operator: Your next question comes from the line of (Francine Robauld) from Horizon BCBS.

Your line is open.

(Francine Robauld): Hi. Thank you. Just to follow up on (Mike)'s question concerning the TIN address. We've got errors – TIN address errors. But, the address we have is accurate. When we go into the USPS center, it just doesn't go through

and nothing comes up. I mean, I can give you an example like one Main Street. We'll put that in and it comes up as an invalid address.

And then, we look in the yellow pages and everything to try to find that one, an address that the USPS (takes). What do we do in a situation like that? My only alternative is to try to contact the employer and get a P.O. Box because that we have no problem with. So, maybe ...

(Jim Grady): If the street – if the street address is not showing up in that usps.gov tool, then the post office isn't – you know, they are not going to that address to deliver mail. They are delivering to somewhere else. And, at the end of the day, I think that bottom line is you need to get the address that the mail can go to. I know that's not a great help. But ...

(Francine Robauld): We've been trying. We've been trying. I mean, we (sorted it out) with a rather large TIN reject file. And, you know, like (Mike), we've gotten it down.

(Jim Grady): Do you have a small number of them. What I would suggest first is that if you call the local post office where that – where that location is, they can probably tell you right off the (bat), that, "Oh yes, (forward) there at – you know, here's the address we use for them." And that could help.

If you have others that don't fit that criteria, just give us a call. We could try to see what it looks like and, you know, see if we can get some clues out of the system.

(Francine Robauld): OK. Great.

I have one more question. I heard you say that some representatives from the MSPRC was also available to take questions? I joined the call late. That's why I wasn't sure.

Jeremy Farquhar: Not on this call that I'm aware of.

John Albert: Well, unfortunately, there is nobody from them at the PRC side of CMS here. All right. Is there ...

(Francine Robauld): Yes. I have one issue.

John Albert: Is that a general question or a – you know, like ...

(Francine Robauld): Well, it's a specific question. We responses saying that we – that, you know, there is a balance due, for example, of \$300 and open and that – but they don't like to identify the actual dates of service in the past before (you) guys moved to (high class). We used to get a listing of the claims that they said was open. Now, (we're not getting nothing).

And so, then, we called the MSP (RC), the telephone team, and they don't have access to give us the dates of service that are open. So, now, here we have a general letter saying that we owe you \$500 plus interest. We don't – we can't readily identify the claims because we need the date of service.

Barbara Wright: Are you – are you talking about a follow up letter from the MSPRC or are you talking about a follow up letter from treasury?

(Francine Robauld): No. I'm taking about a response that we received from the MSPRC. It's a general letter. And they're not giving us the actual dates of service that are still open.

Barbara Wright: A response to what?

(Francine Robauld): To a demand. We received the demand.

Barbara Wright: (All right).

(Francine Robauld): And then, our response to the – to the MSPRC, we list every single claim and the action we took on every single claim, whether we previously paid the provider, whether we paid the MSPRC or whether we denied the claim for services not covered. And we also provided the benefit booklet with the denial. We got a response back, say, "We got – you know, we received your payment of \$300. But, the remaining debt is still open and must be, you know" – and we still owe you the money.

Barbara Wright: Can you send me an e-mail directly on your question and I will try to find out there it needs to go. This is Barbara Wright. It's barbara.wright@cms.hhs.gov.

(Francine Robauld): Dot H – I'm sorry. I lost the – after CMS.

Barbara Wright: .hhs.gov.

(Francine Robauld): OK. I mean, I can send you some example. So, (inaudible).

Barbara Wright: So, be as specific as you can be in your e-mail, please.

(Francine Robauld): Yes. OK. I will. Thank you.

John Albert: Yes. Good.

Barbara Wright: And reference that you spoke to us during the call.

(Francine Robauld): I will. Thank you.

Operator: Your next question comes from the line of (Rose Wakefield) from Blue Cross and Blue Shield.

Your line is open.

(Rose Wakefield): Hi, everyone. And, actually, my question – one of the questions that we have is a follow up to the question that was just asked. And, Barbara – so, I assume I need to send this to you as well. But, we really wanted to know – and I thought I heard the same thing that someone from MSPRC was going to be on this call.

What is happening with the MSPRC? Because we are trying to status updates on demand and they are not giving any information. They don't have access to the information. So, (if someone on this call) could help us understand the transition process and what's happening in that space. But, that's one of our first questions.

Barbara Wright: Any transition should be seamless to the outside other than potential address changes. You should not see any difference in what's going on. If you're having a delay in something then, generally, we ask that you express your concerns to the applicable RRO if you're having a particular problem and they communicate it through to us.

(Rose Wakefield): OK. RRO. You mean in the regional office (inaudible)?

Barbara Wright: (Inaudible).

(Rose Wakefield): OK. All right. Yes. The general – the general issue – the primary issue is that when we're now calling the 1-800 number, that person that (the previous speaker mentioned), just trying to get a status on previous demands we've transmitted or mailed to them, they can't give us that information. They can't locate the files. (There is not) having any correspondence we've sent.

So, we have not seen any open communications about that (and I understand that they should be seeing this but it's really not) because we're not able to get in the information now, (the latest of which we may have already sent). And we are also receiving those follow up letters that she just mentioned asking for additional payment and ...

(Jim Grady): (Just a question). Are you calling – which 800 number are you calling. The calling the COB call center or the MSPRC call center?

(Rose Wakefield): MSPRC call center. (Inaudible) this is on demand.

(Jim Grady): 866-MPPRC-20?

(Rose Wakefield): Yes, sir.

(Jim Grady): OK. Just making sure because I know if you call COB, they wouldn't be able to give you information.

(Rose Wakefield): No. We're not calling COB for any of that information. Always calling at the PRC. OK.

(Jim Grady): (Good).

(Rose Wakefield): And then – I'm sorry.

John Albert: All right. I just want to – this is John. I just want to stay away from MSPRC. This is a call about Section 111 reporting, (not) recovery issues. So, I would ask that all future questions and consideration of all the folks on the line of which there are several hundred, please pick the Section 111 issues for this call.

I mean, if we, too, have – and I apologize if there was some messaging that mentioned MSPRC concerns on this call. We're intent – they were not intended. But, again, I want to steer people back to Section 111. There is a lot of people who are asking technical question related to submission. And that's what we have in this room to answer those questions. So, thank you.

(Rose Wakefield): OK. No problem.

The next question is related to TIN and this is kind of a follow up to a question, too, earlier. We have a situation where the TIN addresses where we have about 11 records that continue to error out even though we have validated that address in the U.S. Post Office Web site. So, the address that we're sending and the address that they have is the exact same address and it continues to error out. What do we do with that (condition)?

Jeremy Farquhar: OK. You should – you should provide those examples for us here at the COBC and we can look at that more closely. We can – if we can verify that it's accurate, we can – there are things that we can do to manually override some things so that it will – it will go through. But, it's – the thing is if you send it again on your TIN file, it will kick out.

But, we can – we can work with you to get some – your records through in the short term. We can investigate, you know, if it's a small number. When you're dealing with a large number, it's something that would be (complicated). As far as – you know, if they're coming up on the USPS Web site as valid and they're coming back with errors on your response file ...

John Albert: (Inaudible).

Jeremy Farquhar: Yes. We want to research that more closely to rectify that problem.

(Rose Wakefield): OK. So, send those to.

Jeremy Farquhar: You can send them to me. This is Jeremy Farquhar. You may have my contact information already. If you don't, it's in the user guide under the escalation procedures. Or you can send them to your EDI representative if it's easier and they can pass them up the chain (and that's fine).

(Rose Wakefield): OK. And just a last statement just to further confirm – I think her name was (Stephanie) on the (SPHO). We are also experiencing that same issue. We have like 3,000 (SPHO)s and we are wondering the same thing.

Why are we having that volume and having the same issue with the (correction)? So, I just want to let you know. It's not – it's – so, kind of (to add) a statement to what she was saying. It is a real issue and we would suggest a different process of handling.

That's all I have.

John Albert: OK. (Fine). Thank you. That's definitely noted for follow up, that particular issue. Thank you.

Operator: Your next question comes from the line of (Janet Apelia) from Dean Health Plan.

Your line is open.

(Janet Apelia): Thank you. My question is we use a query file process for – we use a query file process and then use the people who come back for our input file. And my question is a lot of the people who come back have had Medicare in the past but the Medicare is terminated currently. Are we required to send those people who have terminated Medicare?

Jeremy Farquhar: If your coverage is an overlapping period of time returned to you on that query response file, then until they – until a future point in time when they become entitled again, you wouldn't have to report them again. You would

want to continue to query them and – or if your coverage period actually overlaps a portion of their – you know, if it overlaps their entitlement period even though their entitlement is terminated, you should send that record if there is any overlap.

But, if there isn't any overlap, you should continue to query them if they still have your coverage until the point in time when they do not have your coverage. Query them on a regular basis. And if they do gain Medicare entitlement again – and, most likely, they will at some point down the road – you would want to send that coverage again at that point. So, once you do have overlapping coverage with Medicare entitlement.

(Janet Apelia): OK. And I have just one more. Why would we receive late flag on a member where, for example, they turned age 60 and we used the query process and they're showing no Medicare. Then, two query files later, they have Medicare retroed back to, say, February and we receive a late flag. Why would that occur?

Jeremy Farquhar: I – it's difficult to say without looking at a specific example. If you'd like to send us a specific example, we can take a look at it. It's – I suppose it's conceivable there is a lag in updating their entitlement information coming through that – if you'd like us to take a look, we can – we can probably offer you a better feedback if you want to give us the example.

(Janet Apelia): OK. I will send that in (there). Thank you.

John Albert: There's some people – some people do get entitlement retroactively, too. So ...

Barbara Wright: And to the extent our system is looking at timely filing in terms of when they had entitlement, then the very nature of the retroactivity could potentially be generating that.

Jeremy Farquhar: And if that does happen to be the case, please note that that – the lateness flag, it's just an indicator. It's not something that's going to – it doesn't indicate that you will be penalized automatically, you know.

We would be able to look back and see that that individual had retroactive entitlement that you have submitted timely. We have an audit trail of your submission. And so, there's no worries there. That's not something to be concerned with.

(Janet Apelia): OK.

Jeremy Farquhar: (But, just send it in).

(Janet Apelia): All right. I will. Thank you so much.

Operator: Your next question comes from the line of (Michelle Polante) from Health Net.

Your line is open.

(Michelle Polante): Hi. Thank you. I had – one of the questions that I had wanted to ask have already asked. So, that's very exciting for me. But, I did have one question. And this is about the actual layout of the MSP input file.

Is there any benefit or any reason that, maybe, we should have all the potential – load the number of deletes first with any (adds) after that? Or, is it – should we have it listed in a certain way when we submit it? Would that give us any benefit or any benefit for you guys?

Jeremy Farquhar: No. It really doesn't matter. The order of the different types of transactions or, in general, the order of the records on your MSP is inconsequential. It doesn't have any significant impact on our end.

(Michelle Polante): OK. (Thank you).

Jeremy Farquhar: However they are, they are OK.

(Michelle Polante): OK. Because my IT folks were asking me if maybe that would help it process faster. But, if it's not going to, then we won't go there. Thank you very much.

Jeremy Farquhar: OK.

Operator: Your next question comes from the line of Melissa Murphy from United HealthCare.

Your line is open.

Melissa Murphy: Hi. Thank you. It was mentioned early on in the call that there were – that the data match questionnaire only went to a limited number of employers. Who qualified to receive the data match questionnaire?

John Albert: Well, this is John. Basically, this is kind of a high-level explanation. We do the data match on an annual basis to identify either beneficiaries or spouses of beneficiaries who had a W-2, meaning that they know that they worked during a particular.

We get all that information and, basically, look to see if we already have an MSP record on file for that person. We don't go out and ask that employer, you know, about that same person. Again, because what's the point? It's duplicative.

But, in cases where we don't have any MSP information about that particular person and we do have an indication because, again, either the spouse or the beneficiary themselves who are – worked, we go to that employer and ask about, you know, the worker and what kind of coverage they had if any. Now, if all the group health plans are reporting timely, the only time we would be – the only answers we would expect from data match would be that, basically, no, we don't offer group health plan coverage because, again, if they don't have it and we don't have a record of it, we don't know, you know.

So, wherever there is an existing MSP coverage and it was – you know, it should have been reported, you know, probably quite a while ago by the GHP because the data match always lags, you know, two years behind based on, you know, what taxes are filed (or, like I said), behind the actual coverage period. We should not be asking about and discovering very many new MSP records via the IRS data match.

So, I'm not sure if that makes sense or not. Again, where we already have the information, we don't ask about it. What only asking about it where we have no MSP period but an indication of possible GHP coverage. With possible, meaning there is a W-2 filed.

Jeremy Farquhar: Can I – can I just add a little bit to that, John? There is – as far as there being coverage on file, there has to be continuous coverage throughout the tax years for that particular data match query and question. So, the present data match query is a double-year query. It's 2008 and 2009.

It would have to be continuous coverage throughout 2008 and 2009 to prevent that data match query from going out. If there were only coverage for a portion of one of those years or if there were gaps, that could cause the data match query to go out. So, if there's continuous coverage throughout the tax years on which we're querying, then that should prevent it.

Melissa Murphy: OK. And can I ask a follow up to that?

John Albert: Sure.

Melissa Murphy: If it's based on the W-2 and the years, then when the – when the employers receive the data match questionnaire, are they receiving it on an individual basis? Or, are they receiving it – we need basically a (dump) of your payroll? We need to know who was working and what period of time because employers are coming to us and the general feedback is they're very confused by what is being asked. Why is it being asked of them if we are doing Section 111?

And then, my next issue or question is that with the employer community being as confused as I'm hearing, yet what they're responding to you takes a hierarchy to what we are providing you on an MSP file, and yet we are the ones that are subject to the law and the potential fine.

Jeremy Farquhar: That's not actually the way it works (inaudible).

Melissa Murphy: So, I'm just trying to get the bigger picture. That's all.

Jeremy Farquhar: The data match questionnaire responses are actually lower on the hierarchy tier. So, they do not trump your Section 111 submissions from one end. To answer your earlier question, the – we are querying on specific individuals.

And the way it actually works is they receive a letter in the mail that tells them that they have a data match query and it gives them a PIN and it directs them to our Web site. And they go to the Web site. They have to enter the (EIN) and their PIN combination. And then, they register.

Sometimes, they may have submitted on previous years. They may have a user ID that they just need to reactivate. Or, in other cases, they register fresh and create a user ID and password. But, once they get in, questionnaire data is loaded and they follow on screen. It's – once you actually get into the questionnaire, it's all right there on the screen.

It is relatively user-friendly, although there is still confusion, obviously. We deal with a lot of phone calls. But, it says everything right on screen as to the number of questions to determine whether they're – or there is any chance that that there could be primary coverage to Medicare, basically, in the first place. But, then, it asks them about coverage on specific individuals that were Medicare-entitled.

So, basically, it's not asking for an entire dump of their payroll. It's just a specific individual that we know are Medicare beneficiaries that we have data from the IRS indicating that they were working during those tax years.

(Jim Grady): Right. And so, kind of carrying on with that John was saying, even though you probably reported for most of, there could have been some individuals that were not covered, had a gap or, for some other reason, are showing up in there. So, that employer, we'd only ask them for those records that apply there.

John Albert: And more – and important to reiterate, too, is that insurer data will overlay any data match data that we have on file or data match data coming in will not overlay insurer data ...

Melissa Murphy: OK. Thank you.

John Albert: ... to the hierarchy.

Melissa Murphy: Thank you very much.

John Albert: Yes.

Operator: Your next ...

John Albert: The – I guess – I don't know if people know. I mean, there are – there are – there is information on the CMS Web site about the IRS data match. If they go to, I guess, medicare.gov – (what's the) URL for Medicare?

It's – as, you know, it's a coordination of benefit and employer services (inaudible).

(Jim Grady): So – yes. If you go to cms.hhs.gov/cobgeneralinformation, it's all right there.

John Albert: Yes. There's the link. There's stuff for the IRS data match including the instruction booklet that, you know, kind of referenced to this with something (it would look like) on paper but it's all done through, you know, the Web portal now and it's on the fly, that kind of stuff. So – but, the instructions are all out there anyway.

Operator, continue. Thanks, (Jim).

Operator: Your next question comes from the line of (Stephanie Stemi) from HighMark.

Your line is open.

(Stephanie Stemi): Hello again. Just with some regards to HRA and I just need a clarification. If the beneficiary that we're going to send has, say, a 4,000 yearly maximum for their HRA but they're coming and rolling over with a thousand dollars, so that's going to make them eligible now and we would report them on our current file?

Is that thousand-dollar rollover amount is only a benefit for them for like, say, 30 days? How would we – would be continue to report for the whole year that they had 5,000 or more? Or, how would that work?

Jeremy Farquhar: You – if the actual yearly benefit was over \$5,000 - \$5,000 are over and you'd reported them, then you would – you would just leave the record out there that you would submit it in the first place. You could leave it open.

If their benefits are exhausted at some point throughout that calendar year, throughout the plan year, you could send an update with a termination date to close out the record to indicate that they no longer have any HRA benefits. And if they – if they didn't have rollover the following in this particular circumstance and the benefit is only \$4,000, you wouldn't have to actually report it again. It's only if they actually carry over funds and it does like (see) the threshold.

(Stephanie Stemi):Right. It is for only 30 days of that whole year they would really have a \$5,000 HRA benefit? We would still continue to report them because they started until next year – you know, until the next year. But, we would still report them ...

Jeremy Farquhar: Yes.

(Stephanie Stemi):... for this entire year (inaudible).

John Albert: Yes. You don't – you don't – you terminate when the entire \$5,000 is exhausted, not when they dip below a – you know, it's the ...

(Stephanie Stemi):Right. I just didn't ...

Barbara Wright: Remember, (this is) only a reporting limit. Even if they're below that, you're not reporting them. The HRA should be properly paying primary to us.

(Stephanie Stemi):Right. And we do that for the (fifth) – it start with 5,000. I just wasn't sure of it. (It's only) ...

Barbara Wright: (What I'm saying) is they – they only have 2,000 or 3,000, you should still be paying primary to us. This is a reporting threshold only.

(Stephanie Stemi):Correct.

Barbara Wright: It doesn't change their obligations under the MSP law.

(Stephanie Stemi):Right. And I'm just talking about when we're reporting among the file, I wasn't sure because it was really only 30 days if (they would have been) allowed to have, you know. And then, the rest of that year, they only – they really only have \$4,000. That's all. Thank you.

Barbara Wright: Yes. But, since they're still primary to us until that's exhausted, we should properly be denying payment. So, I – that's why we're making the point that this is – that threshold is only for administrative purposes, for convenience in reporting. It doesn't change the fact that even if – even if they only started out with a thousand, that should be paying before we do. And that's why once it's reported, it stays open until it's fully exhausted.

(Stephanie Stemi):That's fine. I just wanted to clarify and make sure we weren't doing it wrong.

Barbara Wright: OK.

John Albert: OK.

Operator: Your next question comes from the line of (Ellen Holldroff) from BCBS North Carolina.

Your line is open.

(Ellen Holldroff): Yes. Hi. Hello. My question was I heard (Stephanie) earlier mentioned about the list of records that was sent out from the consultant Harry Gamble. We received the sample of the – our North Carolina plan. And we have asked for the entire list to make sure that we are accurately reporting those members. Do you all have – of where that process is and then how we can get that entire list to continue our research?

Jeremy Farquhar: Hi, (Ellen). This is Jeremy Farquhar of the COBC. Let me – let me follow up on that and see if we can – we can get you the entire file if you hadn't gotten

that previously, although the file that we had – it might be – it's a little bit older at this stage of the game because there's been some time ...

John Albert: (Inaudible) data match.

Jeremy Farquhar: Yes. But, I can reach ...

(Jim Grady): But, yes. We can definitely gather the data and get back to you.

Jeremy Farquhar: Yes.

(Ellen Holldroff): OK. All right. Great. We just want to make sure that we are not penalized. And we definitely want to make the corrections necessary to get those records accurately reported.

Jeremy Farquhar: Yes. We want the same thing.

(Ellen Holldroff): OK. Great. Thank you.

Jeremy Farquhar: Sure.

Operator: Your next question comes from the line of (Rose Wakefield) from Blue Cross and Blue Shield.

Your line is open.

(Rose Wakefield): Hi. Sorry. We've got on follow-up question.

Male: Hello, guys. Thank you. I had a question (about the) unsolicited MSP file. And we are currently aren't signed up for but are seriously considering it. I wanted to know if there is a possibility of receiving a sample report or some kind of a (note that's not a test file) related to that. What I'm trying to determine is that if there is some kind of sample online (and in some way) where you can direct us to that we can kind of get a gauge of what we need to do in order to set up to receive it.

Jeremy Farquhar: Well, there isn't – we don't actually have any sample files. But, it would do no harm to actually sign up for the process and receive one of the actual files

and utilize it. That way – you're not actually required. There's no requirement that you actually have to follow up and to do anything based on your receipt of that file.

Male: Obviously, we (wanted) to and it's better for everybody. But ...

Jeremy Farquhar: Certainly. But, in the interim, like while you're developing the process or trying to determine whether you want to continue with the process, you can opt to receive it – receive that file. It will be your actual data. And it might – maybe, it's even helpful for you see there what's actually coming back that's it's your – it's real live data.

But, since you don't have to do anything with that data, you can use that as a test file, so to speak. There is also the user guide addendum out on the Web site that I referenced previously under the GHP subsection of the Mandatory Insurer Reporting Web site – CMS Web site. And it does have the file layouts there as well.

As you see, you can review the actual file layouts within that document. But – yes. And you can – if it's – if you were to turn it on and you decide it's something that you're just not interested in participating in, we can always turn it off again and you can stop receiving the files. But ...

(Jim Grady): Typically, what people who have – we've seen it happen where people have turned it on to try it out and then liked it so much they keep it. So, I don't think we've seen a whole lot of the other.

Jeremy Farquhar: It doesn't do much harm to receive the files on a monthly basis as long as you have somewhere where we could transmit them to, your (NDM), you give us a (connector ID), give us a dataset which will transmit on your end and we'll just transmit that over to you. Or, if (you're SFTP), we send it to you (SFTP) mailbox.

Male: OK. Thank you. As a follow up, I heard earlier on the call, someone stated that the file records were generated, basically, when something was changed on the member's record. We were trying to determine exactly what those – if you could help us out with that – trigger the file because there were some

verbiage in the user guide that indicated that (not being such on the employer size) wouldn't trigger a record. So, is there a list of what will and won't – what will and what won't trigger a record on the unsolicited SMP file?

Jeremy Farquhar: You know, that's a good question. The employer size is actually – and the reason why something like employer size would not actually trigger a response to go back is that employer size isn't a value that we post on a record. It's what we use to determine whether or not a record is going to actually be posted.

So, your – employer size is not an actual value that after – we use to determine whether we're going to create your record or not or if we're going to pass it back to you with an SPES error saying, OK, now “This employer is less than 20 employees and their working age. So, Medicare is primary for this individual.” But we don't – the reason why it wouldn't trigger an unsolicited response record is that's not actually something that's a specific field in the records that's existing out on our database that somebody is going to change.

What would happen if there were a change in employer size or update in employer size was reported incorrectly, possibly is maybe a record was created that was primary to Medicare an error and somebody could come along and delete that record. And that would trigger the unsolicited response. Most of the data that you're going to give us on your MSP input file if there were changes to it is going to generate an unsolicited response. The employer size is kind of like one of the – it ...

Male: (Inaudible).

Jeremy Farquhar: Yes. It might be – there might be another exception or two. But if they're going to be few and far between, the bulk of your data like all your insurer data, all your employer data, your effective dates, term dates, your coverage types, relationship code, all of the pertinent record-specific information is going to trigger an update to come back to you.

And, basically, if you look at the unsolicited response user guide, the data elements that we pass back on that file, you'll see them in the layout. Pretty

much any of those data elements that you see on that response layout are things that could trigger the response to be generated. So, that's probably the best way that you can – you can do. We don't have a list per se. But, they're there within the layouts. So, if you see that data element there ...

Male: Yes.

Jeremy Farquhar: ... then it's something – if it changes, it will trigger the unsolicited record coming back.

Male: OK. Thank you very much.

Operator: Your next question comes from the line of Kate McDonald from Wiley Rein.

Your line is open.

Kate McDonald: Hi. This is Kate again. And I'm sorry to call back in. But, I have a follow up on my question about the limited out-of-pocket supplemental medical expense policy. You had said that in the user guide, it is state that if there is an HRA and another – and a major medical group health plan, that only the major plan should be reported.

But, in the user guide it says HRA coverage is reported in addition to other applicable GHP coverage. Consequently, an RRE may need to submit two MSP input file detail records. And so, I was just wondering if you could explain how that fits in with your guidance before because I just want to make sure that I get it right.

Jeremy Farquhar: There is – they make – we make the distinction between HRA coverage and other supplemental insurance-type coverage as we've referenced previously. So, for the HRA, you are required to report that information. But it's – the previous example was something that didn't really fit into that HRA bucket.

So, that being the case, it was – you're not – so, you know, it's just HRAs that – you know, you're reading this portion on HRAs. And if there is that HRA coverage even though, you know, you have the primary GHP as well, you still do need to submit that HRA coverage.

But, if it's something other than the HRA coverage such as in the previous example, then if you're sending us the primary GHP coverage if they do have primary GHP coverage at the same time, then that's all that we need unless – you know – and as John has referenced earlier, if there is situation where that other type of coverage is all that there is, if there is no other primary GHP coverage, then you need to report that to us because you would need to create a record of that.

Kate McDonald: OK. Perfect. So, it's in contrast to the HRA situation, not the same as that.

Jeremy Farquhar: That's correct.

Kate McDonald: OK. Thank you very much.

Operator: Your next question comes from the line of (Melinda Oglevue) from Cambian Health Solutions.

Your line is open.

(Melinda Oglevue): Hey. Yes. I just noticed that the TIN address has come up a lot and on other calls prior to this as well. And we're having the same issue. We are also validating with the USPS. It's a correct address. We're also calling our group and they're saying, "Yes, we're getting mail at this address."

And so, I really – Jeremy, do you really want us to send you all the examples. Your inbox is going to be quite full because I'm sure this is just not – it sounds like there is a slew of people having the same issue. And we really need it to be addressed because we're having a lot of resources spend time on this.

Jeremy Farquhar: Examples do help. Yes. Please do send them to us. I mean, hopefully, we don't have – you don't have them in significant numbers. I mean, are you – do you have a large percentage of them that are coming back or one address with multiple occurrences?

(Melinda Oglevue): We have both of the situations. It's just so that that amount of time it takes to follow up on these. And then, we can never submit it – get it through

even though we validated it with the USPS. It's – you know, it's definitely an issue because we need to get that record submitted.

Jeremy Farquhar: We understand. Yes. Please do send us the examples.

(Melinda Oglevue): OK.

Jeremy Farquhar: The more examples we have, the better we can – we can (inaudible).

(Melinda Oglevue): Troubleshoot. OK. OK. Thank you.

Jeremy Farquhar: Sure.

John Albert: And just to clear (it up), I mean, it's not – it's certainly not an error that is causing wide-scale rejection or a limited – so, you know, if you're having it, obviously, we (care). But, it's not that significant across the board.

(Melinda Oglevue): OK.

Jeremy Farquhar: (It does not mean) that we don't want to work ...

John Albert: Agreed.

Jeremy Farquhar: ... or to rectify the problem for you.

Operator: Your next question comes from the line of (Sarah Todd) from (Palmco) Group.

Your line is open.

(Sarah Todd): Hi, there. I just have a question on my MSP response file. I have like over a hundred SP32 error codes and I just want to verify before I have changes made. I believe there's two difference scenarios. I'm receive (add) records back with the SP32 code.

But, it looks like we're sending them with a coverage date and a term date that are the same data and they don't overlap the Medicare coverage. So, in that case, since the record hasn't been previously accepted, if we cease to send

those going forward, then we shouldn't receive any response back for them and you didn't accept them in your system. (Is that correct)?

Jeremy Farquhar: That is correct. Yes. And there – you know, it – basically, there are two scenarios or two different types of situations where you can have that SP32 being generated. You've got a situation where you report to us a record and the coverage termination date that you're providing if you're providing that termination date – in this case, you said it's the first time you submitted it. But, you've got a termination on there and the termination date happens to be prior to their Medicare entitlement.

So, those – your coverage does not overlap with their Medicare entitlement period. That's one situation where you get the SP32. And in that type of scenario, it's a benign error. It's really more of an indicator than an error in that situation.

So, if you receive an SP32 and you see that you're – it's because your termination date – your coverage actually terminated before they became Medicare entitled and that your coverage is terminated, it's over with, you do not need to continue resubmitting those records. You're in the clear. You can take them off your file and you're fine.

The other situations, obviously, could be if you actually have an invalid – invalidly-formatted termination date, if it's something – you know, if you add some kind of a special character but it's just not a ...

(Jim Grady): (February 31st).

Jeremy Farquhar: Yes. Invalid dates, altogether. Then, that could also cause an SP32. But, we don't see as many of those from people. You know, that's an easier thing to spot from a programming perspective, I think. And so, more often than not, we do see these termination dates prior to the Medicare entitlement date.

(Sarah Todd): OK. My second question is just – is in regards to the same thing except for – it's a previously-accepted record. But, I believe it was possibly an error as an (add). So, we're sending a term date. But, it's coming back with an SP32.

And I'm thinking it's because we should be sending it as a delete record with the effective – with the same effective date and (zeroes) in the term date.

Jeremy Farquhar: That's correct. Yes.

(Sarah Todd): OK.

Jeremy Farquhar: You would – so, sometimes, we'll see people sending a – it could be a couple of different scenarios, I think, from the – from an outside perspective. It's you send a record with an effective date and no termination date like an open-ended record – and it sounds like that's what I've heard here – and then come to find out that you should not have submitted it.

Or it, perhaps, it could be a situation where you would have submitted the record. There was actually coverage that could have been submitted. But, it was closed at the time you sent it and you neglected to send that ORM – or, excuse me – the coverage termination date.

(Sarah Todd): OK.

Jeremy Farquhar: And when you come back to actually say, "OK. Well, here's the actual termination date. We should have sent this the first time around." And you send an update, give us the termination date. It turns out that that termination date is prior to the Medicare entitlement date and it gives you SP32.

And so, in that situation, if you get that SP32 back, you're safe to come back on your next quarterly submission and send a delete transaction to remove that record altogether. You'll see the entitlement dates. You can verify that on – you know, on your response file that – your Medicare entitlement start dates. You'll see that your termination date was actually prior to that. You can just go ahead and delete the record if you make that determination appropriately.

(Sarah Todd): OK. Great. It's been a great help. Thank you.

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

Your next question comes from the line of (Tanya Lee) from Blue Cross and Blue Shield.

Your line is open.

(Tanya Lee): Yes. I just wanted to make you aware. I know a couple of people have said it, too. But, the SP80 problem is pretty widespread. We have over a thousand. And, I mean, there is just no way for us to look at them. We don't have the time to look at them to find out what the difference – you know, what the difference is between what we are sending you and what you have to know how to correct them.

Jeremy Farquhar: Yes. It's something – I mean, it is something that you would (hear) (inaudible).

(Jim Grady): (Inaudible) valid address. If you are finding that, you know, you think it's correct, then ...

Jeremy Farquhar: So, it's – I mean, it's something – I don't know – I – we – I don't know if the hierarchy process overall is going to change. If there's a discrepancy in what you're sending us from what we receive elsewhere, you know, from a – from a higher source on the hierarchy tier, it is going to reject. And we do expect that you research that information. I – the unsolicited response. If you're – if you're – you know, that is a very valuable tool. That will help you to ...

John Albert: That's the way to avoid this problem.

Jeremy Farquhar: Yes. It will help you save time. What you can do is opt to receive the unsolicited response if you aren't already receiving that unsolicited response file. And when you receive the unsolicited response, what you need to have is a process set up to compare what's coming back on that unsolicited response file versus what you have on file for this individual or what you have submitted previously.

And you can do a compare and find out which fields or where – in which fields there are discrepancies. And you'll know what the differences (and you'll see). But, you're still going to have – you're – there's still going to be

some research required on your part. There's really no (way out of that).
(But), that's the easiest (inaudible).

(Tanya Lee): And the research is – the research itself wouldn't be a problem if we knew what we were researching. But not knowing (inaudible) and what the difference is ...

Jeremy Farquhar: And that's why the unsolicited (inaudible).

(Tanya Lee): Yes. Yes.

John Albert: The unsolicited will tell you what was the – what came in after yours.

Jeremy Farquhar: Right.

(Tanya Lee): OK.

Jeremy Farquhar: So, that's ...

(Tanya Lee): OK. Thanks.

Jeremy Farquhar: That's your best bet. I'm sorry. I didn't mean to cut you off.

Operator: Your next question comes from the line of (Cathy Kurvis) from HealthPlus.

Your line is open.

(Cathy Kurvis): Good afternoon. Hi, Jeremy. Our – and my question is on the quarterly reports which we're receiving timely. And we're experiencing multiple SP32s and RX07. In the SP32 situation as well as RX07, I'm curious if there's somewhere we can reach out to that will help us (quicker) isolate, which is kind of the call you just had, and determine what are we doing incorrectly because it kind of gets challenging to continue making the same mistakes over and over when you don't even realize what (is it that) you're doing.

Jeremy Farquhar: That's that thing, that – you know, those two errors – and that's the thing about those two errors. It's important to understand it's not necessarily

something that you're doing wrong at all. So, quite possibly, you're doing nothing wrong.

With the RX07 especially, RX07 you would be receiving if you're submitting drug coverage and the individual is not enrolled in Medicare Part D. If they aren't enrolled in a Medicare Part D plan, we don't coordinate benefits for drug. And all that is telling you is basically that, OK, since this person isn't enrolled in Medicare Part D, we don't need your coverage information because we don't have to coordinate it with Medicare or you do not have to coordinate your insurance with Medicare since they don't receive drugs from Medicare.

So, the RX07 – it's really – it's not an error that you need to fix. It's just an indicator saying, "OK. Since we don't have Part D, we're not going to post a coverage record." If you think that the person – you know, you can continue to send that record on future submissions if the person enrolls in Part D. At that point in time, you will cease to receive the RX07 and will post that drug coverage.

And RX07 is – it's – like I said, it's benign. There is no harm in resending it and receiving that RX07. So, you just – there's actually no problem just continuing to send it. If they have continuous coverage, it's actually advisable that you do continue to send that drug coverage. And, eventually, if they do enroll in Part D, we'll post a coverage record.

(Cathy Kurvis): So, in some cases then, Jeremy, what you're saying is that these error codes are not necessarily error codes as they could be just communication codes. And if I determine that "Oh, yes. I agree with them. I didn't even say that they have Part D other than they have our primacy," then I can say that's great and just move on to another (column).

Jeremy Farquhar: Yes. That's really what it comes down to. And it's – the two – the two errors that you listed – and then, there's one other off the top of my head that I can't think of that you'd get that it could be just a benign error, more of an indicator. And that could be your SPES error.

(Cathy Kurvis): OK.

Jeremy Farquhar: The SPES tells you we didn't post a coverage record because your employer size was too small based on the employer size test to determine Medicare versus employer GHP primacy. So, you know, if you're under a certain employer size, depending on the entitlement type, Medicare may be primary based on that employer size test.

And so, we're just telling you, "Look, you know, you're – this is – there is nothing wrong with your coverage data. It's just that Medicare has to be primary, say, for example, because this person is entitled based on age and you're telling us the employer has less than 20 employees."

With the SPES, though, the one thing you might want to do is just make sure that you're actually sending us the appropriate employer size there. That does fall upon you. So, you know, it is – as long as you know that your employer size you're sending us is correct, that's something that's really just an indicator as well.

And the SP32, you mentioned it – the SP32 can be an error that you need to correct. That one is a little trickier than the SPES and the RX07 because it's kind of a dual-purpose error. And you can – it could be a situation where you have an improper date of an improperly-formatted date. That could cause an SP32. But, if you know that the date is formatted properly and that you're sending us the termination date appropriately, it's actually a valid termination date that you're sending.

(Cathy Kurvis): OK.

Jeremy Farquhar: Then, that's going to indicate that is – that, there, your coverage should basically just didn't overlap with their Medicare entitlement. And that's easy to see by looking at the entitlement dates that come back on your response file. If you see that your ORM termination – or see – I keep saying that – your coverage termination date is prior to the Medicare entitlement date, then that's – that tells you right there that the SP32 is not something that you've done wrong.

(Cathy Kurvis): Yes.

Jeremy Farquhar: It's just an indicator that your coverage doesn't overlap and you're OK. And you don't actually have to resubmit that record if that's the case.

(Cathy Kurvis): OK. Wonderful. Thanks. You guys have a great day.

Operator: Your next question comes from the line of (Stephanie Stemi) from HighMark.

Your line is open.

(Stephanie Stemi):Hi. It's (Stephanie) again. I just wanted to give you an update. I went out real quick while you were talking and looked at those SPH0s. Jeremy, I think there are about 21 where, for our July file, we sent with July effective dates and they all came back with the SPH0 and they were all being sent (as that).

Jeremy Farquhar: OK. So, what could happen in that situation is that we could have created a record via a self report on our end. That's most like what it is. I'll take a look at the examples. But, it's possible the somebody called us and we received information (and we ourselves – we) manually created a coverage record of – and since you're sending us a record that had the same key fields, it bumps up against that record that's on our database already and say, "Oh, this record that has the same effective date, coverage type and relationship code already exists."

It has contractor number updating it. It's higher up on the hierarchy tier. We can't override this. And so, basically, it's probably just the case. So, we already have your coverage on file because, maybe, the beneficiary reported it to us.

John Albert: But, certainly, we'll take a look at the examples and see what we can do.

Jeremy Farquhar: Yes.

(Stephanie Stemi):Right. And then, I was just supporting, you know, why we're looking for something that would at least just say that it's a duplicate and you're not updating it.

Jeremy Farquhar: Sure. (Yes).

John Albert: Hey, Jeremy – hey, Jeremy. This is John. So, if we have a record already on the system and it's low on the hierarchy and an insurer reports the duplicate record to us ...

Jeremy Farquhar: That will – that will overlay the record if that's the case, if it's lower in the hierarchy. I think what you'll find or what I believe we will find with (Stephanie)'s examples is that they have a contractor updating them that's higher up on the hierarchy tier. So, it's something we probably manually created a tier.

John Albert: (Through the) call center (inaudible).

Jeremy Farquhar: Yes. The call center or with our (CWF) analysts. They created a record and it has – and so, it's a COBC update. And since the key fields match, it will kick back. But, it's something that came in via another sources that's lower on the hierarchy tier or lower or equal to Section 111 on the hierarchy tier which would be levels three, four or five, basically anything that doesn't get updated is directly via the COBC. It will overlay.

Male: My question was about the Part C plan. So, I think they're at the same level ...

Jeremy Farquhar: Yes.

Male: ... with 111. But, again, it wouldn't matter. So ...

Jeremy Farquhar: Yes. Since they're on the same level, they should be able to update one another's records.

Male: OK.

Operator: Your next question comes from the line of (Karen Bandretti).

Your line is open.

(Karen Bandretti): Yes. Hi. Thank you. I think this is more of a follow-up question to one of the questions that was answered earlier. We use a query file and I think one of the things that you had mentioned in one of the previous questions was if

the Medicare coverage and the query response file doesn't overlap with the GHP coverage, not to send that member MSP input file.

But, I think, in the query response file, I do see dates in the future, let's say, you know, starting in 2013, some of the (Part D coverage) and what if the member had the Medicare at one point in time but then, you know, he was off of Medicare and then coming back to Medicare again in the future, there is only one field to represent that Medicare coverage. So, you (cannot represent the latest code in the) query response file. Is it kind of safe to send all the members that come back – (to take) members in the query response file? (Inaudible).

Jeremy Farquhar: Yes. Yes. That's fine. And especially, you know, if you do see a circumstance where there is a future entitlement for Medicare. We do want you to send those records. You know, you go ahead – go ahead and keep sending them.

And they will actually (both) – it does no real harm if you're sending us somebody on your MSP file that you've queried that – where your coverage doesn't overlap. It just won't post the record and you'll get an – you'll get the error back that will tell you that – or that it doesn't actually overlap (and you'd get) and SP31 or and SP32 depending on which end of the entitlement period it would land.

It's like – I was speaking before about the SP32s. If it happens that your coverage is terminated prior to the Medicare entitlement date, you can get an SP32 back to indicate that it doesn't overlap. But, if you had a – similarly, if you had a situation where your coverage didn't start until after their Medicare entitlement is terminated, you would get an SP31 back to make that indication.

They are very similar. It's just depending on which end of the – which side of the entitlement period you'll land on. And it's fine. Those are benign errors. It's OK that you send them and receive them.

But, once you receive them, if you – if you look at your file and you determine, "Oh, OK. The reason why I received this is because our coverage

doesn't overlap. In the case of an SP32, there's really no reason to resend that record.

When – in the case of the SP31, I might recommend that you keep sending that record because they might regain Medicare entitlement. And if you still have that coverage, if the coverage is open, eventually, if they do regain Medicare entitlement, then the periods will overlap and we'll post a record.

And it's not a problem if you get those SP31s and you keep sending it. It doesn't cost us any harm. And it's actually advisable that you keep going ahead and submitting them. Or, you don't – if you don't want to go ahead and just continue to submit them every quarter on your MSP file, you can just continue to query them. And when you note that they gain Medicare entitlement again in the future, kind of like the example, I think, you are referencing, then you can resend that record again. Either way, it works.

(Karen Bandretti): OK. I think in our case, we probably got SP75, I think, that says (she doesn't) have Medicare Part A (coverage) at the time (but that it had been identified and had to resubmit the file).

Jeremy Farquhar: Yes. That's similar but just a little different. And it's because we don't coordinate benefits on GHP if the – if there is no Part A entitlement.

(Karen Bandretti): OK. So, you're saying that (inaudible).

Jeremy Farquhar: So, that – (he probably has) Part B entitlement without Part A. Maybe they bought in (to put) Medicare at Part B. Still, that's something – that is actually – that's something that I didn't think of when I was referencing error codes that are more of an indicator.

(Karen Bandretti): OK..

Jeremy Farquhar: That would be another example.

(Karen Bandretti): OK. So, please correct me if I'm wrong. But, you're saying that even when we use the query file, it is OK to send, you know, members with oncoming – who are coming back (as a member) on the query response file even though

they don't have active Medicare or the coverage is not overlapping other than (absolutely not to send) members with – who doesn't have overlapping coverage. (Is that is)? (Inaudible), right?

Jeremy Farquhar: (Inaudible) (something on the) MSP file. It isn't necessary to send them.

(Karen Bandretti): It isn't necessary?

Jeremy Farquhar: If you were to send them, it doesn't cost any significant problems on our side.

(Karen Bandretti): (Inaudible).

Jeremy Farquhar: If you're – if you're going to be utilizing the query process, you might as well weed them out. But, I mean, if it's – if it happens, you send on the MSP file, then it's fine. They'll get the SP31 or the SP32 or, possibly, the SP75 and more, you know, (inaudible).

(Karen Bandretti): OK.

Jeremy Farquhar: (Inaudible) (frequently). And it doesn't cause any problems.

(Karen Bandretti): OK. Thank you so much.

Operator: Your next question comes from the line of (Cathy Kurvis) from HealthPlus.

Your line is open.

(Cathy Kurvis): Good afternoon. I have a question on the dual entitlement records. Is it OK to ask that?

Jeremy Farquhar: Sure.

(Cathy Kurvis): OK. The dual entitlement records we've just received back. We anticipated a few other records and they did exactly what we thought, affirmed us. But, six records fell right off. And we don't understand why.

Jeremy Farquhar: I'm not sure what you understand when – I'm not sure I understand what you're saying when you said that they fell off. What – can you get more specific?

(Cathy Kurvis): Yes. One ones we sent and the ones from July were exact with the codes we expected to receive back except for six records. And the six records and its most recent file are not there at all. Is there a reason that would be that we're missing? Or, is it because they don't need to be any more?

Jeremy Farquhar: I mean, if – when you're sending us information on your file, we're talking about the MSP file. If you're sending us a record on your input, we should be sending you a record back on your MSP response file. Are you indicating that you think you're sending us something but you're not receiving a response record back?

(Cathy Kurvis): That's exactly what I indicated for six of them.

Jeremy Farquhar: Can you provide those examples directly? You can – this is Jeremy. You can send them to me directly. Like I said before a couple of times, my information, my phone number and my e-mail address, they're in the user guide.

If you're going to send (PHI) and it's – this goes to anybody that I had referenced that previously. Please be careful to send any – anything that has (PHI) needs to be sent securely if you're going to send it. But, you can call me and give it to me over the phone. That's fine, too. But, if it's going to be an e-mail, it need to be either an encrypted e-mail attachment or a secure e-mail if you send any kind of sensitive information.

(Cathy Kurvis): That's a great reminder for our audience. We'd do that. And I appreciate it, Jeremy. Thank you.

Operator: Your next question comes from the line of (Michelle Ponte) from Health Net.

Your line is open.

(Michelle Ponte): Hi. This is Michelle. And I'm going to go back to the query response file and the query finder file process. We sent our members to find out (their disposition) especially for, you know, some of the ESRD ones and the disabled ones to confirm.

And I noticed that we get the ESRD disposition back but we don't get the coordination period on that file. And, sometimes, that information is hard to determine. Is there any chance in the future that you would add the coordination period to the query response file?

Jeremy Farquhar: It's not something that we had plans to do at the present, although it's something we can take into consideration. It is – one thing I will note is if – if your – if you have supplemental retiree drug coverage that you offer, if you registered to be an expanded reporter for Section 111 reporting, you can, instead of using the query-only file, if you're sending us that supplemental retiree drug coverage information on your non-MSP file ...

(Michelle Ponte): Yes.

Jeremy Farquhar: ... you can utilize that non-MSP file to send us that drug data as well as query. That non-MSP response file does actually contain the ESRD information ...

(Michelle Ponte): Correct.

Jeremy Farquhar: ... in those query responses. So, that's one way around it. And it's an impetus to get you to send us some retiree drug data if ...

(Michelle Ponte): OK.

Jeremy Farquhar: ... you aren't doing so already. But, that – we can take that into consideration. Maybe, it's – I don't know how quickly. That would be something we'd be able to address on the query-only file. But, (inaudible).

(Michelle Ponte): (Inaudible). We do know that it does come back on the MSP response file. But, there is that last (inaudible).

Jeremy Farquhar: The non-MSP as well. I mean, you can query on the non-MSP file without actually sending us an MSP record. So ...

(Michelle Ponte): OK. Thank you.

Jeremy Farquhar: Sure.

Operator: And there are no further question in queue. We'll turn the call back to the presenters.

John Albert: OK. Operator, thanks.

I'm glad to see we filled almost the full two hours. I wasn't sure what to expect. It's been a while. Again, I would encourage folks to please submit their questions or other information that they have, also, to the resource mailbox on the 111 Web site. Again, we compile those on a regular basis.

We currently don't have another GHP call scheduled at this time. I imagine we probably won't have one until some time next calendar year in 2013. But, again, if we do receive a lot of questions, then we might change our minds.

Again, your EDI reps are always available to assist you with any technical or policy questions. And, of course, where they need to, they will get those to the CMS on a case-by-case basis. We will continue to work on our data validation process as well.

I've heard people mention Mr. Harry Gamble and some others. That type of activity is ongoing. So, it is possible that, you know, some of them may reach out to you from our new integration contractor regarding data validation.

But, with that, I thank everyone and if – (and release everyone). And if, operator, you could stay on the line for a post-conference. Thanks a lot.

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

END