TRANSCRIPT
TOWN HALL TELECONFERENCE

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

DATE OF CALL: June 2, 2009

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

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FTS-HHS-HCFA (US)

Moderator: John Albert
June 2, 2009
12:00 pm CT

Coordinator: Good afternoon everyone. Thank you all for standing by and welcome to today's conference call.

At this time your lines have been placed on listen only for conference. During the question and answer portion of our call you will be prompted to press star 1 on your touchtone phone.

Please be sure to record your name at the prompt so that I may introduce you to ask your question. Our conference is also being recorded. And if you have any objections you may disconnect at this time.

I will now turn our call over to Mr. John Albert. Sir you may proceed.

John Albert: Hi, welcome everyone to one of the continuing national teleconferences that we're hosting to implement the Section 111 reporting.

For those on the call I just need to make sure that you understand that this is a NGHP, or a worker's comp liability no-fault insurance reporting call.

And this call is specifically geared toward technical questions and answers you may have. With us we have Mr. Pat Ambrose, as well as Bill Decker and Jeremy Farquhar who is with the COB contractor.

If you haven't seen it, the Section 111 Web site actually has a complete listing of all of the teleconferences that we'll be hosting through the end of the year grouped by technical versus policy.

The next NGHP conference is next week on the...

Pat Ambrose: Ninth.

John Albert: Ninth, June 9, which will be a policy question and answer session. So for those folks on this call who have those types of questions we would ask that you please attend that call rather then this one.

We are going to limit the question and answer session to purely technical support type questions as described in the document that's got on the Web page.

We'll begin with a presentation by Pat Ambrose to answer some of the questions and answers we've - questions we've received through the Section 111 resource mailboxes.

While some other issues, Jeremy Farquhar is also going to offer us a brief statement regarding some, an issue at the EDI Department with COBC.

And then after that we will take questions and answers. Other then that I have nothing else further to add except that again we appreciate receiving not only your questions but your comments as well regarding, you know, processes we could improve, other materials you'd like to see.

Again there's been a lot of activity on the COB Web site, a lot of documents posted. We continue to post new computer based training modules for NGHP reporting as well.

You can sign up for those. Those are free of charge. Please make use of those. They're very good presentations. And break it down into more manageable pieces of information for you.

Occasionally you will see notifications, etc. that maybe the corresponding document doesn't show up exactly at the same time as some other related document.

That's only because again we've had such a volume of material going out. The folks that actually manage the Web page for us are not part of this component. And they basically have a queue that all the documents have to get into for all of CMS.

So if something is missing, give it a couple of days and it should show up. We are very aware of when things don't show up here. And try to correct them as quickly as possible.

But with that I'll turn it over to Pat and then to Jeremy briefly. And then we'll take Q&A.

Pat Ambrose: Thanks John. First I'd like to review the implementation schedule for liability insurance, no fault insurance and worker's compensation reporting which we often refer to as non-GHP, or NGHP.

You can view this implementation timeline on the cms.hhs.gov/mandatoryinsrep mandatoryinsrep Web page. On the overview page is the timeline.

And on the non-GHP or the liability insurance, no fault insurance and worker's compensation page there is more information about that posted there.

So registration is open to non-GHP responsible reporting entities. That registration period has been extended to September 30, 2009.

However registration will always remain open into the future in the event that there is a new RRE or the need for an existing RRE to add additional RRE IDs for their reporting purposes.

Beginning July 1, 2009 the COBC will start accepting test and production query input files. And then beginning January 1, 2010, general RRE testing for the claim input file begins.

We will also accept once testing has been completed for an RRE ID, we will also accept production claim input files as of January 1, 2010.

But as you can see in the timeline, your initial production claim input file is not actually due until April, until the second quarter of 2010, during your file submission timeframe between April 1, 2010 and June 30, 2010.

Again, see the Web site postings for the implementation timeline. And that's on the overview page. And see the MMSCA 111 alert dated May 11, 2009 and GHP Version 1.0 user guide supplement that's on the non-GHP page.

As I said before, query file testing begins July 1. Claim file testing begins January 1, 2010. The claim file test period is from January 1 to the date that you're first initial claim input file is required during your assigned file submission timeframe in that second quarter of April through June 2010.

So it, your test period for claim input file testing may be three months or more, depending on the assigned file submission timeframe for your particular RRE IDs.

As you're going to test claim file testing keep your EDI representative informed of your testing progress if you're having trouble meeting your initial live dates.

If you're testing for multiple RRE IDs using the same source or system, you may want to test with one RRE ID first. Obviously picking the one that has the earliest live date.

And once you pass testing for that RRE ID you may submit essentially the same test files for subsequent RRE IDs just by changing the RRE ID if there is no basic difference in the source system for that data.

Some other general notes and announcements, for those using their own X12 translator, the X12 270, 271 companion guide for the Section 111 query recording process is posted to the non-GHP page in a downloadable PDF document entitled "270/271 Healthcare Eligibility Benefit Query and Response."

Also the HIPPA eligibility wrapper or the HEW also referred to as the HEW software is available for the query process from your EDI representative. Or by calling the COBC EDI department number at 646-458-6740.

This HEW software, the Windows PC server version, will be posted to the COB secure Web site with our July release. And you'll be able to download it then from that location as well.

Future changes are being considered to the query process. I don't have a live date as to when these changes might be able to made - be made. But the future changes include adding fields for a claim number, tracking and or document control number.

These fields are being considered to be added for tracking purposes. We also are looking into how we might make the Windows version of the HEW software callable via a command line interface, or an API.

Again no implementation dates for these changes have been confirmed. So your initial set up for the query process has to assume that the HEW office software will operate as it's currently documented.

And your matching process for query records will have to be based on social security number or the Medicare healthcare insurance claim number or HICN, or HICN.

Just to review documentation that you need for your development. All of this documentation is posted on www.cms.hhs.gov/mandatoryinsret. Please see the user guide Version 1.0 dated March 16, 2009 found on the non-GHP page which is actually the liability insurance, no fault insurance and worker's compensation page.

In addition to the user guide, please review the March 20, 2009 alert that discusses the thresholds for reporting. Also please see subsequent alerts dated April 7, 2009.

The April 7, 2009 alert covers information about reporting multiple TTOC amounts, or TTOC amounts.

And lastly the May 11, 2009 alert that discusses the change in the implementation schedule, the extension for registration and information about TTOC reporting beginning with TTOC dates of January 1, 2010 and subsequent.

We are in the process of updating the reporting user guide. And all of this information will make it's way into that one - into the new version of the user guide as soon as possible.

That's probably at least several weeks away from publication at this point and time.

And also as John said, I'd like to remind you about signing up for computer based training modules on the Section 111 non-GHP reporting process.

To sign up go to the mandatory reporting Web page. And on the left side of the page click on the link for MMSEA 111, computer based training. And follow the instructions on that page.

You will receive an e-mail invitation to the CBT courses. There is no charge for taking the CBT courses. Once you have signed up for CBTs you will be automatically notified of new courses or any revisions that are made as they are rolled out.

Courses that are currently available include a process overview, registration and account set up, frequently asked questions, courses on registration and account set up, the query process and basic file formats.

We will soon be releasing file transmission method courses. And again once you have signed up for the CBTs you will be notified when those are available.

You may sign up for the CBTs prior to registering on the COB secure Web site. You do not need an RRE ID in order to register or sign up for the CBT.

We've made some corrections to the profile report. Initial versions of the profile report that went out showed instead of the estimated number of yearly paid claim for the RRE ID, it was erroneously labeled as number of covered lines.

This has been corrected. In addition there were some errors regarding the claim file submission dates that printed on the profile report. This has also been corrected.

If you need a revised profile report, your EDI representative can regenerate a new report that will be sent to your authorized representative for signature.

Now I'm going to move into answering some of the questions that have come into the Section 111 resource mailbox. I tried to limit these to the specific technical questions that were submitted.

They're in no particular order. First a question was submitted asking can you please confirm that CMS will allow the use of separate agents under the same RRE ID to submit query versus quarterly file submission?

Secondly if this is allowed by CMS does the RRE need to register two separate agents and tell CMS which one will be doing quarterly file submissions and which agent will be doing the query files?

Does RRE account set up allow multiple agents to be listed? And if not should the RRE list the agents submitting the quarterly file submission since the query is optional?

CMS will allow the use of separate agents under the same RRE ID. For example one agent may submit the query file and another may submit the claim input file.

Account set up however only allows you to provide information for one agent at this time. We suggest that the agent who will be submitting the claim input files be listed there, although that's not a requirement.

Also agent information can be updated at a later date once you've completed account set up.

Individuals from each agent for that RRE ID should be invited to be account designees on the COB secure Web site. So by virtue of inviting agents as account designees we have a record of what individual views associated with that RRE ID.

So it's not actually necessary for you to list both agent's information during account set up.

Another question was asked as to whether we could provide the disposition, error and compliance codes? And their associated descriptions that are in the appendices of the Section 111 non-GHP user guide, if we could make those - that information available in a file format that can be loaded to a database?

We are looking into providing certain information such as error codes and description, as well as the test beneficiary information that we'll provide in downloadable file formats.

So stay tuned on that. I don't have any details. But it does sound like a good idea. And so we are trying to address that.

A series of questions was submitted regarding secure FTP, which particularly referenced the CMS secure FTP file transfer process via the CMS data center.

First I'd like to make sure everyone understands that for Section 111 reporting, the COBC is not using the CMS data center, but rather using it's own sanctioned data center for Section 111 purposes.

So we are not using the CMS data center for Section 111. Please use only the user guide documentation and the companion guide that are posted on the mandatory reporting Web site for your secure FTP file transfer information.

Another - along those same lines a question was submitted about whether we required that a submitter using the secure FTP file transfer method used Sterling Commerce's Connect Enterprise client.

And actually we do not require that. You may use any secure FTP client or other secure FTP software that you may develop. We also expect that the way we set up the secure FTP, that full automation should be possible.

Of course you need to include the log in ID and password. And so at least every 60 days that password associated with the log in ID that you're using for secure file transfer must be updated.

And therefore you're automated process must be, or your client's software must be updated accordingly.

We will not support non-expiring passwords at this time. Another question along these same lines was asked about whether we could share our architectural set up for Section 111 reporting and certainly, you know, particularly related to fire walls and that sort of thing.

The COB system, including Section 111 reporting is required to adhere to CMS architectural standards and go through a rigorous security testing and evaluation on a regular basis.

This is based on security standards and policies required of CMS by Federal Law. So even though we are using the COBC data center, we are still held to the same architectural standards and security requirements as the CMS data center.

The COB system has completed the CMS security and accreditation process. And again that's an ongoing process. So additional reviews will be done. And the design was reviewed by the information technology department at CMS as well.

If you'd like more information on the security set up and architectural standards, you may go to the CMS Web site at www.cms.hhs.gov.

And select the reach - research statistics data and systems option. Then select information security. And on that page there are links to pages that define the CMS certification and accreditation process.

Laws and regulations that CMS must adhere to, policies and standards, also see the system life cycle framework standard under that same section on the CMS Web site.

For security reasons, some information on our architecture and security set up cannot be published on the CMS Web site. But that information is made available behind the scenes to all CMS contractors and for obvious reasons.

Another question was asked as to whether we support the AS2 protocol. And we do not. All data transmitted is stored behind firewalls reporting to the CMS architectural and security standards.

Another question was asked about when we send a query file data using the X12 270 message format, do we need to specify qualifier ID? I would refer you to the X12 270, 271 companion guide that's posted on the mandatory reporting Web site that I mentioned earlier for any information about the formatting and standards that you need to use for the X12 270 and 271.

If you don't see the answer to your question there please contact your EDI representative. And we'll make sure we get that information updated and out to you.

There are no file naming standards for uploading files via secure FTP nor the option to upload using the COB secure Web site user interface using the HTTPF option.

These files when uploaded go into a specific directory. And the COB system is opening these files and checking to determine what file type is being submitted.

Obviously there are separate directories for test and production files. So you need to make sure that you send your test files and production files to the proper directory for the query process.

And then there are separate directories that will be available for the claim input files, test versus production as well.

You may send as many test query files as you want. Prior to sending your production query files you may also send at test query file at any point, even after you started submitting your production query files.

Just remember that each test file must be limited to 100 records. Again you may send or submit multiple test query files.

A question was asked about when ORM is reporting ongoing responsibility for medical. But the acceptance of ongoing responsibility relates only to a specifically defined condition.

And whether there is a mechanism in place to assure that Medicare will not deny coverage for care that falls outside the scope of the ongoing responsibility for medical being reported.

CMS uses the diagnosis codes that you provide to compare claims that Medicare receives for consideration. So it's important that you provide as many specific diagnosis codes as possible with your claim input file reports.

Prior to the diagnosis codes are not initially required to be reported. And there is a text field to use. So you need to be as specific as possible in that test field about the particular defined condition for the claim report.

And that will be then translated into diagnosis codes in the meantime by the COBC.

We had a question about the naming convention that is referenced in the user guide. The question relates to the date and time stamp that is on the file, the response file that we closed out there for download via secure FTP or the HTTPF method.

This date and time stamp relates to the date and time the COBC has created the file and placed it in the secure FTP directories for you. It is not the date and time stamp that was sent on the sender's file.

Another question was submitted regarding sending - when we require sending empty claim input files. In the user guide on Pages 40 and possibly 55 you will see that we ask if you have no new information to supply on a quarterly update file, that you must submit what we refer to as an empty claim input file with just a header.

No detail records and a trailer record that indicates a zero detail record count. Any time once an RRE ID has gone to a production status and the file submission timeframe for either the initial file or subsequent quarterly update files roles around.

The system will be expecting a claim input file to be submitted during that file submission timeframe.

So if you set up an RRE ID, test it. Go to a production status. But then discover that you have nothing to report on your initial file. We would expect you to be sending this empty file for that as well as any subsequent circumstances where you have RRE ID with nothing to report on a subsequent quarterly update file.

Another question was asked about whether an RRE who is registering and also naming an agent to submit files, whether the RRE may submit the query file and the agent may submit the claim input file.

And that is a perfectly acceptable circumstance. So you may take on the responsibility as the RRE to submit your queries. And allow an agent to submit your claim input file under that same RRE ID.

Another question was asked about what is the availability for an RRE to alter their reporting structure at a later time. If you are not exactly sure how many RRE IDs you may need initially.

Or if you discover a change later, you may always alter your reporting structure by either adding a new RRE ID or discontinuing the use of an RRE ID.

In order to discontinue the use of an RRE ID, we must make that request through your EDI representative.

A question was asked about the secure file transfer protocol and whether we supported public key encryption for Section 111 reporting. And we do not.

We do require the use of a COB secure Web site log in ID and password for secure FTP as described in the user guide.

A question was submitted about the key fields and changing information for key fields when submitting claim records. Particularly we refer to sending deletes as only send deletes when you've actually sent an initial, or sent a record in error.

However if you need to change a key field, essentially what you've done is you've sent the original record in error. And so the instructions are that you would first send a delete record to remove that original claim record submitted.

And then send an add record to add it back with the corrected information, including the change T information.

So as we're updating the user guide, we'll try to add clarity around this topic. But do see the event table and the user guide I believe as correct when it comes to the delete function.

A question was submitted about how to report ICD9 diagnosis codes using the decimal position. In particular an example was provided, what if I need to submit, or how would we differentiate between a diagnosis code of 15.11 versus 151.1?

The user guide is going to be updated to further define the diagnosis code fields. And essentially that those fields will be defined using an assumed two decimal positions.

So in that particular example, the first code would be submitted as 01511 and the second code would be submitted at 1510. Again the user guide will be updated with that information. But I think we have it covered in terms of the assumed decimal place for the diagnosis code reporting.

Another question about the test Medicare beneficiaries and when that information on the test beneficiary data will be made available, test beneficiary data will only include social security number, HICN, name, date of birth and gender.

We are not providing actual claim data related to those test beneficiaries. It's up to the RRE or its agent to develop the actual test claim data.

The test beneficiaries will pre- will be provided some time this fall of 2009, prior to the start of the claim input file testing which begins January 1, 2010.

We plan to post a file for download from the COB secure Web site, most likely in a PDF format and then also in some sort of test file that could be downloaded and loaded directly into your system.

Again claim data will not be provided. The user guide suggests that the RRE use real production claim data in order to test realistic situations. But this is not a requirement.

You may construct or fabricate your test data. And that's perfectly acceptable.

A question was asked about our requirements related to the attorney name and attorney firm. And whether we would require both when you're reporting on the injured party or a claimant's representative.

And in the case of an attorney, would we require both the first and last name of the particular individual attorney and the associated firm name.

Changes are being made to the next version of the user guide to accept either the firm name or the individual attorney name and to not require both.

So stay tuned for that update. But we did get feedback that many RREs do not carry both the attorney name and indicate that that attorney belongs to a firm, both the firm name and the individual attorney's name. So we'll make that accommodation.

We had a question about situations where a company has many subsidiaries that have closed or been sold. And if we are paying on a claim for a subsidiary that was sold many years ago or was closed.

Should the claim be reported under the old tax identification number or Federal Employer Identification Number, or should the current responsible reporting entities tend to use.

All claims should be reporting with the tax identification number that is associated with the entity that currently has responsibility to pay that claim.

If an incorrect TIN is reported, an update can be sent to correct it. The TIN on the claim file is the one in a sense that counts, not the TIN that you provide at registration.

The TIN at registration is used to authenticate the responsible reporting entity. The TIN on the claim record is used to associate the claim to the responsible reporting entity for coordination of benefits, purposes and any follow up that might be needed during the recovery process.

Another question was asked about having a company that has multiple NAIC company numbers associated with its organization. You just need to supply one NAIC company code during registration.

That's the five-digit NAIC company code. Not the four-digit group code. One just picking, if you have multiple NAIC codes during registration, you just need to provide any one of those.

If you're filling out the subsidiary page or the corporate structure page you may supply there additional NAIC company codes if you so choose.

A question was asked about whether the HEW software, whether the mainframe version of the HEW software will run in an AS400 environment.

I believe the answer to this is yes, but I do need to go back and validate that. And I'll update the user guide accordingly. You may also submit that question to an EDI representative who might be able to get the answer faster.

In addition to that there were some questions submitted regarding how names, first and last names should be submitted on the claim input file and on the query file.

You should submit the injured party's name as it appears on their social security or their Medicare card. So if on their social security or Medicare card

there is a hyphen or an imbedded space or something of that nature, then please submit the name in that fashion.

I'm - we're also planning updates to the user guide to add clarity about the editing for those particular fields and what special characters, and characters such as hyphens, apostrophes and imbedded spaces are acceptable or not.

But the guidance that I can give you now is that we use the name of the Medicare beneficiary as it appears on their Medicare card which is also the same as it appears on their social security card.

Will you hang on just a second please?

Pat Ambrose: I apologize for that delay. We had a little question that came up here. So moving on, another question was submitted about will the account designee and account manager receive an email when the query response file is available on the COB secure Web site?

An email will be sent to the account manager when your query response file is available. Emails are not sent to account designees at this time. So the transmission of emails and making that a little more flexible is on our list as a future consideration.

However all users associated with the RRE ID may log into the COB secure Web site at any point and time and be able to check on the file status and whether a response file has been generated by the COBC or not.

But again the emails will only go to the account manager at this point and time.

A question was submitted about does the authorized representative have to be the one that does the online registration, or can it be his or her designee?

There has been some confusion about this. The authorized representative may delegate the new registration task on the COB secure Web site to another individual as long as they provide all of the authorized representative's personal information during the new registration step.

However, the authorized representative must be the individual who signs and returns the profile report to the COBC.

In the second step of the registration process, the account set up step, the account manager for the RRE ID must complete that step personally in order to accept the user agreement associated with their log in ID and for the COB secure Web site.

A question was asked about whether a personal line property and casualty carrier, how they, or well let me just read the question.

We are a personal line property and casualty carrier. So it is possible for us to be both a no fault RRE and a liability RRE. So for the same Medicare beneficiary an injury occurrence would have to submit records with both Z and L in Position 71, the plan insurance type of the claim input file.

The question is do we submit two add records in this situation or one add and later an update. And the answer is that these two should be submitted as two separate add records.

These are reported and maintained as two separate records. The plan insurance type is part of the key of the claim information that's being submitted.

So again submit adds for each and maintain each as a separate record if any subsequent updates need to be made.

There was a question submitted about whether we plan to make available a copy of all the registration screens to an RRE prior to completing registration on the COB secure Web site.

I'd refer you to the computer based training module which detail the registration screens and show all the data that is necessary to be submitted.

Another question was submitted about running into a system error when submitting submitted - subsidiary information under the corporate structure screen.

And whether all the submitted - subsidiaries submitted under that RRE ID get assigned different EDI representatives.

If you're having trouble with the corporate structure screen, you may bypass that by not filling out the information and clicking on continue. And then supply that subsidiary information at a later date.

Only one representative is assigned to each RRE ID. We've talked in the past about how if you have multiple RRE IDs. And you would like them all assigned to one EDI representative, that you may contact one of the EDI representatives and have them change the EDI rep assignments so that you will have all your RRE IDs under one.

Another question was submitted about how current is CMS information on eligible people or on coverage for Medicare beneficiaries.

The COBC receives information on Medicare entitlement, eligibility and enrollment well in advance of most cases.

So if a query is done after the chief update for a particular claim, the RRE can assume that the result of the query was current and can be used for making a reporting determination.

Again you will receive an 01 back on your query if we have matched that record to a Medicare beneficiary. And the 01 basically means that that individual injured party that has been submitted on the query input record has been matched to a Medicare beneficiary who either is covered by Medicare or was in the past covered by Medicare.

Another question was submitted about how do we handle data that changes but is not considered significant. In other words or for example if attorney information changes.

Please see the event table in the user guide for that particular case, attorney information changing. There is no requirement to send an update record.

However if you sent an update record, the COBC would process that and apply that information.

Another question was submitted about when registering we notice that the leading bureau on our TIN, tax identification number did not show up on the summary page and did not show up on the profile report.

This - there are several reports and screens where the leading zeros on both tax identification numbers and on the RRE ID do not display. I have noted this issue and we are working on making changes for this.

But in the meantime please note that any leading bureaus that might be part of your tax ID may not show up in all places on the COB secure Web site, or on the various reports that you receive. As well as the leading zeros on your RRE ID may not display.

However, when you submit your query files and your claim input files, please make sure that you include the leading zeros on your file input submission.

Another question was submitted stating that in property and casualty, an injured party on the same claim could have a claim under both the no fault insurance plan type and liability.

How would this record be transmitted to CMS? As we discussed earlier, two reports are required because these no fault and liability represent two different values in the key field of the plan insurance type.

Another questioner asked where they could find the sample data use agreement. The data use agreement is on the profile report. It also displays actually a credit to log in page as a COB secure Web site.

And it's in a section of the user guide. And so that information related to the data use agreement can be found in any of those sources. Probably the easiest is to look at the user guides.

Note that there is a separate user agreement for users of the COB secure Web site that can be found. It's displayed as you're obtaining your log in ID. And

then there's an option down at the bottom of each page on the COB secure Web site to view the user agreement at any point and time.

Another question was submitted about are RREs required to report on the Medicare eligible, whether or not they elect to receive Medicare benefits?

If we submit all of the required data on a query and receive a 51 no match response, can we rely on that as evidence that reporting is not required?

As I stated previously, an 01 indicates that the individual is or was covered by Medicare. There's no need to make a distinction between eligible, entitled or enrolled really for Section 111 reporting purposes.

And a response code 51 means that we have not matched that individual to a Medicare beneficiary. That may be because that individual is not a Medicare beneficiary or not found on our files.

Or it could be that the information you submitted was not accurate or just didn't match what we had on our files. So in that case you need to go back and check that you have submitted accurate information for that individual.

Another question was asking whether we could clarify something that was said on the May 12 teleconference. And again that had to be, actually I've already covered this question.

It was about maybe authorized representatives delegate the new registration step to another individual such as their account manager. And as I stated before, yes that is possible as long as the authorized representative is the individual that signs the profile report.

And also make sure that whoever is completing that new registration step is providing the personal information for the authorized representative. Again the account set up step must be completed by the account manager.

There were several questions submitted about some discrepancies between default values for certain fields on the claim input file and the corresponding error codes.

And we are working on updates to the user guide to be more clear about what to submit. For example when you do not have particular information like a phone extension or something like that. What to default that field to. And what characters are accepted, etc.

Another question was submitted regarding what is the cut off date for quarterly claim input file submissions to the COBC.

And the example went on to talk about the file submission timeframe and when you might submit your query, get your query response back.

And then when you're submitting your claim input file during your file submission timeframe and what claims must be included in that submission each quarter.

Please see the user guide. There is an explanation of the 45-day grace period. A claim report won't be considered late by the COBC if the TTOC date is within 135 days of the first day of the file submission timeframe for any particular quarter.

So in other words you are to submit a file beginning on May 8, you do not need to include claims that have a settlement date or a TTOC date that might be May 1 or something that is, you know, within that 45-day grace period.

So please see the user guide. I think it's covered in there adequately.

Another question was submitted about having two tax identification numbers that an RRE uses when they issue, or that they issue policies under.

All claims are handled in house and they are not separated in our database. But the associated tax identification number is tracked for each claim.

What we ask you to do in that case is to register it again by, you know, if there is one responsible reporting entity, you may register with one of your tax identification numbers.

But then when you report your claim input file, submit the tax identification number associated with each applicable claim.

So you don't need to list all your tax identification numbers during registration. What's most important is that you're using the accurate tax identification number associated with the claim on the claim input file and the corresponding TIN reference file.

Another follow up was submitted regarding the technical conference call on May 12. There was a suggestion at one point about setting up RRE IDs by line of business.

And there's an issue had come up regarding personal injury protection and med pay. And that both of those constitute no fault reporting and could

represent duplicate records essentially according to the way we have our key fields set up for claim input files.

One thing I'd like to note is that the key fields that we use are actually based on the systems that the CO - the Medicare systems that the COBC sees.

And you don't have a lot of choice in terms of how we, on how those keys are maintained. This particular submitter suggested that an RRE could set up separate RRE IDs, one for PIP, personal injury protection and one for med pay coverage.

And record the records separately under that. And that would actually be I think an acceptable situation. We do need to go back and add some additional clarity about this particular overlap of the personal injury protection and med pay and the no fault reporting in the next user guide.

Another question was asked about regarding claims that are taken over from one TPA to another. For example if TPA Number 1 is transferring business to TPA Number 2 for a specific RRE ID, if there is a claim pending with CMS during the time that the transfer is taking place, how would this transition work?

Essentially first I'm going to assume that the TPA is acting as an agent on behalf of the RRE. The second or new TPA can maintain the claim records that were previously submitted by the first TPA under that RRE ID, or the first agent I should say, under that RRE ID without any additional transactions.

The second TPA can send the claim information actually as an add or an update. And the system will treat it as an update if we've already posted information for that claim record, as long as the key fields match.

And consequently we will update any of the previously submitted information. So the transition in this case should be reasonably smooth.

We cannot provide information to you or your agent regarding claims that were previously submitted by an agent in the past. As you're making this transition, that transition needs to take place on the RRE side.

However, the second agent or TPA may update records that were originally submitted by a different agent.

Another question was asked pointing out that the naming convention for submitting files via connect direct over the AGNS network, the naming convention only uses the last seven digits of a nine byte, or E ID.

And, you know, what if there are two RRE IDs that have the same last seven digits. This is not a problem. At this time RRE IDs are unique at seven digits. So there will be no overlap at this time.

Another question was submitted about who will be able to view data for an RRE ID when multiple agents or TPAs are involved.

All users associated with the RRE ID can upload and download files and view information on the COB secure Web site for that RRE ID.

Files sent via connect direct can only be sent back to one specific AGNS account. See the data use agreement in the profile report and user guide.

And on the COB secure Web site related to the use of data for Section 111 reporting and adhering to the proper safeguard for that data.

If an RRE wanted to separate claim data that is reported by different agents, they would have to register for two separate RRE IDs and have the agents report separately under that.

But do note that for one RRE ID you must always submit claims, input file information. You can't use an RRE ID just for the query file submission.

So if you're using two agents, the example that I gave where you could set up two RRE IDs, it would be the case where the two agents are both submitting separate claims information.

So it is really up to the RRE and their account manager to invite the appropriate people and instruct those individuals on the proper use and safeguards of that data that is available on the COB secure Web site.

So that's all that I have regarding the questions that I developed answers for. And now I'll turn it back over to Jeremy.

Jeremy Farquhar: Yes, just a brief note about a couple of system generated email notifications that have gone out possibly to some early registrants or it could be sent out in the very near future.

There is one notification that depending if you may have seen if you complete the registration process and you returned your assigned profile report to us.

Upon receiving that processing report, a notification is sent out which alerts you that you're ready to begin testing. With the delay in the implementation timeline, that's misleading.

So I just want to make note, you are not - we're not looking to have you begin testing just yet. That will be in January of 2010 (unintelligible) file.

There's another system generated email that if you would sent early registrants may have received as well, something that goes out after 30 day.

If you're registered after 30 days you can now begin the testing, there was a system generated notification that had gone out to some RREs informing them that they had been registered for over 30 days.

And if they haven't begun testing, then they need to do so ASAP. And you can also disregard that notification. It doesn't really relate any longer with the (unintelligible) timeline.

And I believe they are going to be shutting off these notifications in the near future. So if you haven't seen them already, you very well may not.

But just a heads up for those who may have seen something of that nature. It's acceptable to just disregard those system notifications.

John Albert: Okay, with that I guess operator we can turn it over to questions from the audience.

Coordinator: Thank you so much. If over the phone lines, if you'd like to ask a question please press star 1 at this time. And be sure to record your name so that I may introduce you.

Once again please press star 1 and record your name to ask a question over the phone lines. Stand by for questions.

Our first question comes from (Scott Upstead). Sir your line is open.

(Scott Upstead): Hi, thank you. I work for Sedgwick CMS, the large TPA that's going to support up to maybe even more then a thousand RREs, something along those lines.

And we've had a problem at the COBC with our agent registration information. And we actually have two issues.

Our agent details were recorded incorrectly. And this has caused a huge problem for our clients in being able to register the proper agent information.

I feel like we've got the problem about half corrected. But it's difficult to know how it's impacting clients that have already registered.

And I guess the question comes down to, is there any way - it's sort of a - sort of at a higher level than down at individual RRE level to get problems like this corrected that may span hundreds or thousands of RREs.

Woman: Yes, there probably is. I - we did have some problems with the agent information that's supplied during registration. The way it works now is that the - in the account setup stuff the account manager is asked to supply the agent TIN and then type in individual information if - basically what happens is the system matches that TIN to the list of agent TINs that have previously been submitted. If there's no match the account manager supplies the agent name and...

(Scott Upstead): Right.

Woman: ...address and contact information and then, however, if that information has already been collected by the system it is displayed. Now if the first person that enters the agent's information is incorrect that is kind of an issue IT that then it shows up incorrectly.

(Scott Upstead): Right. And we got that corrected. We actually have two entries out there. We've got one entry that had the wrong contact information. We were able to get that contact information corrected. We're not sure how that impacts all of the people that may have already registered.

We have another entry out there that has an invalid TIN that actually has a hyphen in the TIN and unfortunately if you put a hyphen in the TIN you can't enter in the complete TIN.

And so we're trying to understand how many people that might be impacting and if we could get their contact or their agent information switched over to the correct entry.

Woman: Yes. That was also a problem that was reported and we have a fix ready to go but of course there is some cleanup that will be necessary.

(Scott Upstead): Okay.

Woman: I think what we'll do is make a note and go back and talk to the - our IT staff and see what we can do to clean up then those records that were erroneously entered. Make sure that you have contacted an EDI representative and have the problem reported either through, you know, yourself taking that report or

one of your RREs and then this is something that we do need to follow up to clean it up.

Now just to rest assured this won't impede the agent doing any work related to the RRE ID.

(Scott Upstead): Okay.

Woman: What's most important is that the account manager invite agents - either an agent actually could be an account manager or the account manager can invite agents as account designees, and it's really through the use of those login ID and password from the COBC secure Web site that you would - that's what you would need to be able to work effectively to get the process going.

(Scott Upstead): Okay.

Woman: So the other information about the agent is strictly informational at this point in time so we have some time to clean that up.

(Scott Upstead): Okay, that's great.

John Albert: And what was your name again?

(Scott Upstead): (Scott Upstead).

Woman: Okay, thank you.

(Scott Upstead): Thanks.

Coordinator: Thank you. Our next question comes from (Robin Pack). Your line is open.

(Robin Pack):   Yes, I appreciate you taking my call and I did understand basically everything
                       you said as far as like if a RRE changes agents in the middle of processing.
                       My question is though is, it's my understanding that if the agent - or if an
                       agent - if an RRE does a Medicare beneficiary within 30 days they have that
                       one shot at doing the Medicare beneficiary query.

                       If the RRE changes agents in the last month or whatever they have no ability
                       to do another Medicare beneficiary. Is that true? Is the file rejected?

Woman: Yes, at this time only one query input file is accepted and processed in
                       production per month, per calendar month.

(Robin Pack):   Right.

Woman: So basically the RRE needs to coordinate efforts between those two agents
                       and take the results of the prior query that the original agent did and provide
                       those results to the second agent, the new agent, as needed. That would be,
                       you know, your only alternative at this point in time.

(Robin Pack):   Okay, thank you.

Coordinator: Thank you. Our next question comes from (Erin Zyker). Your line is open.

(Erin Zyker):   Hi, thank you. I was just calling - I'm not sure if you had already addressed
                       this but one thing that I was - we were concerned about. When you get a
                       response code is it clear what the error is in terms of - you had mentioned
                       earlier about a Code 51 and the info may just not be correct on our end. Is
                       there - is that indicated on the code?

Woman: For the query process are you referring to?

(Erin Zyker):   I guess either/or.

Woman: Well, let me address the query process. So on the query process you'll only
                receive an 01 or a 51 disposition code, no associated error code. And so it's
                possible when you get a 51 and we were unable to match the individual's
                information that you submitted, it could be that we matched on the social
                security number but we did not get a hit on the three out of four remaining
                fields - on at least three out of four of the remaining fields.

                Conversely you could get a 51 if we did not match the social security number
                in the first place, or you can submit the HICN number for the query as well.

                So unfortunately we are not in the query process able to identify to you
                whether we matched the social security number or not, or what the three out
                of four remaining fields match.

                We don't know essentially whether the SSN was submitted, you know,
                miskeyed and just coincidentally matched someone else or not. And we're not
                comfortable for security reasons and privacy reasons for - with supplying any
                more detail on that back.

                Now on the claim input file, any time that there is, you know, an error code or
                an error generated or found with your data, you'll get an FP disposition code
                with specific errors that will identify the specific field that's in question.

                However, on a 51 on the - you make it a 51 on a claim response file and there
                again it's the same thing as, you know, we were just unable to match the
                injured party's information to a Medicare beneficiary and we cannot tell you

or specify, you know, what - out of those matching fields, you know, were actually matched to a Medicare beneficiary or not.

(Erin Zyker):   Okay. I get - I understand that. Then in - with respect to that what kind of due diligence on the RRE end - at what level can you sort of say, "Okay, I've submitted this. I'm taking what the patient gave me." And it comes back a 51. How many steps in that process do you have to go through to verify socials?

I mean I guess we're saying we often get socials that aren't even valid and we don't know that.

Woman: Right. (Bill)?

John Albert: Well this is kind of going outside the scope of this call. But I will say that CMS is working to address that to basically develop procedures that will - to CMS should demonstrate that you have made, you know, an acceptable level of effort to get that information.

But that really needs to be saved for another call. The - I will say as an example, someone could submit a social security number, 123456789, Jay Smith, male, and a birth date.

Well, if they score on Jay Smith and the gender, but the birth date is wrong, we don't know who you're talking about to tell you what is the correct, or what is, you know, the missing information, because that social security number could belong to a Jerry Smith or a James Smith or whoever.

((Crosstalk))

John Albert: And so that's why we're just saying, we can't make a confirmed match to that SSN. So if you suspect that the person is a Medicare beneficiary and then, for example, if they're over 65 and it doesn't match up to something, I definitely would go back to that individual to try to get that information because best chance is, is that if they're over 65 they certainly are a beneficiary, but again more to come on that. We want to save that for a policy discussion.

(Erin Zyker):   Okay, right. I apologize (unintelligible).

John Albert: That's okay.

(Erin Zyker):   And one other question. On the authorized representative, beyond the registrations are they being - are they part of this email exchange or is that really limited to the account manager on queries, codes and FPs and all the different things that come behind once you've registered?

Woman: We are updating the user guides to be more specific about the emails that are sent out by the system. You can find a list of the emails in the - on the COB secure Web site in the COB feature Web site user guide that's posted there.

                But generally speaking the everyday or day-to-day email communication about files received and response files created - those types of emails just go to the account manager and not the authorized representative.

                The only time that an email or a letter might go to an authorized representative is the warning regarding, "We haven't received a file," for example. And, you know, a file is late and things of that nature that are, you know, more important and along the lines of compliance issues.

(Erin Zyker):   Okay, and in those - in that case are they going to the authorized representative as well as the account manager, or is it just one transmission to the...?

Woman: Yes, yes. I believe in all cases the emails - all the emails the account manager will receive as well.

(Erin Zyker):   Okay, thank you.

Coordinator: Thank you. Our next question will come from (Atash Sani). Your line is open.

(Atash Sani):   Yeah, hi. I don't know if this answer - this question was already answered but I was wondering if the Gentran Integration Suite - can it restrict connections to sources from IP address?

Woman: I don't believe so. You know, I - I'm afraid I'm not able to answer that question specifically. Again I refer you to the user guide as far as instructions regarding secure FTP. We will also have a computer-based training module available on that very soon.

                 And you may submit that question to your EDI representative perhaps and we'll - we will investigate further. But I'm not able to answer that at this time. I'm sorry.

(Atash Sani):   You know we were - we did do the - send this question to the EDI representative and they did say that the application cannot stop people from accessing the IP address. We just wanted to confirm.

Woman: I believe that's the case but, you know, I'd rather not be quoted in the transcript on that. Now again I - at the beginning of the call I mentioned that

for Section 111 reporting the COB Contractor is using its own CMS sanctioned data center. We are not using the CMS data center.

And so any of the information on the CMS Web site about the secure file transfer to - specifically to the CMS Web site for other application and their use of the Gentran Integration Suite and the like is not necessarily applicable to Section 111 reporting.

The COBC has its own secure FTP server, its own environment in which these files are accepted via secure FTP. So, you know, I realize some of the information on the CMS Web site in other areas other than on the Mandatory Insurer Reporting might be somewhat misleading.

John Albert: I would - this is John. I would again just as a - just because it's come up a couple of times. Again as (Pat) said all official guidance concerning this process whether it be technical or policy or whatever is through the Mandatory Insurer Reporting Web page.

We've seen a lot of information or heard people quoting other information that is not from the CMS Web page, be it technical or policy, that is just totally incorrect.

So again, please, you know, use the CMS Mandatory Insurer Reporting Web site materials as your official guidance because a lot of the stuff sounds really good but sometimes it's totally wrong that's out there so, you know, whether it's, you know, agent publications or whatnot, again refer back to the official CMS Mandatory Insurer Reporting Web page for all official guidance. Thank you. Next question.

Coordinator: Next question comes from (Suzanne Jordan). Your line is open.

Maria Kraus: Hi, this is actually Maria Kraus. Earlier on the call you stated a few RRE query and reporting examples and for clarification, are you saying that you will allow the use of separate reporting entities using a single RRE ID, and if so is it only in the instance of allowing the first to perform the query and the other to perform reporting? Or are you actually stating you'll allow two separate reporting agents to utilize one single RRE ID?

Woman: Well it depends on what they're reporting. We only accept one claim input file per quarter per RRE ID. So if you have two agents that need to send two separate claim input files per quarter then you will need two RRE IDs in order to make that transmission.

Maria Kraus: Thank you.

Woman: You're welcome. Next question please.

Coordinator: The next question is from (Rhonda Kerns). Your line is open.

(Rhonda Kerns): Thank you. It's our understanding that when account managers invite users those users are assigned like PIN numbers and/or passwords. We have a situation where we're a really small company and we have one central email, that it's just more cost effective for us. Is this a hard and fast rule that we have to have separate email addresses?

Woman: Yes, I'm afraid it is. CMS requires us to issue login ID and passwords to individual users and the uniqueness of those users is determined by the email address. So I'm afraid that is a true statement.

(Rhonda Kerns): Okay, thank you.

Coordinator: Our next question comes from Mark Olivieri. Your line is open.

Mark Olivieri: Yes, thank you. I heard your update on the RRE ID and TINs being affected by the first position zero. We've run into a situation where when we registered we received our PIN, and in that PIN the first position was a zero and now that PIN is no longer working. Has that been addressed or looked into?

Woman: Did the PIN display with the leading zero or not?

Mark Olivieri: Yes it did. When we received the pack it had a leading zero.

Woman: And then when you entered using the leading zero...

Mark Olivieri: It was as if it wasn't there.

Woman: Well, basically - and so now your PIN is lost and you're unable to complete account setup?

Mark Olivieri: Yes.

Woman: Yeah, you'll need to contact your EDI representative to reset the PIN for you or reissue one as necessary. I believe that the system requires that you enter, or you should be entering all four digits of your PIN. So if the PIN issued was 0123...

Mark Olivieri: Right.

Woman: ...that is what you should be providing. Are you telling me that when you submitted your PIN online it did not accept the 0123?

Mark Olivieri: Correct.

Woman: Well I'll have to make a note of that and get our staff working on it as soon as possible.

Mark Olivieri: Thank you. One other question. If SSN and HICN are both available can we send both SSN and HICN in the monthly query file, or is there an edit on your side that either the SSN or HICN should only be sent if both are available?

Woman: No, we'll take both and any time that you submit the HIC Number on either the query or later on your claim input files, we'll always make use of the HIC Number first. If we're unable to match that and you supply the SSN then we'll try matching on the SSN.

Now on your query response do note that if we've matched it that on the response we are supplying back an updated or the current HIC Number as Medicare identifiers may change at times. So you could submit one HIC Number and we'll return a different one. So in that case you want to submit the SSN.

Mark Olivieri: Right, okay. That makes sense. And then my final question is...

Woman: Could I interrupt you for a minute...?

Mark Olivieri: Yes.

Woman: I forgot that Jeremy has another comment on that.

Jeremy Farquhar: I just got your contact information regarding the PIN issue, your RRE ID and your name again, please.

Mark Olivieri: My name's Mark Olivieri.

Jeremy Farquhar: Your RRE ID?

Mark Olivieri: We have about 30 of them right now.

Jeremy Farquhar: Do you know the one where you're having the issue with the PIN or is it multiple RREs?

Mark Olivieri: I'd have to look it up and I don't have that in front of me right now.

Jeremy Farquhar: (Unintelligible).

Woman: Well just make sure you've reported that issue to your EDI representative.

Jeremy Farquhar: Yeah, contact your EDI.

Mark Olivieri: Okay.

Woman: Okay, and then your last question?

Mark Olivieri: My last question was around the same claim and query information in a monthly file. So let's say there's two separate RRE IDs and I guess what we're asking is will you accept the same claim at demographics from two separate reporting entities?

Woman: Oh absolutely.

Mark Olivieri: Okay. All right, thank you very much.

Coordinator: Our next question comes from (Susan Freeman). Your line is open.

(Susan Freeman): Hi. My question's about the corporate structure page. (Bill), you've kind of helped me with and I emailed earlier, but I just want to get clarification. We are the agent for an RRE. This RRE has multiple subsidiaries.

It has a long list of subsidiaries and I just wanted to know if they've already determined that they're going to report on behalf of all these subsidiaries, is it required to give you the names of those subsidiaries on that corporate structure page or can we just skip that page?

Woman: It is not actually a requirement. We were asking for that information more for informational purposes and for later follow-up when we're trying to check to make sure that all RRE IDs, or RREs rather, are reporting that should be reporting for Section 111. But again that page is optional. You may go back and update it later as you wish.

What's most important is, you know, the tax identification numbers that you're submitting on your claim input file and associated TIN reference file - that those are accurate and reflect the responsible reporting entity for the particular claim.

John Albert: I guess we can reiterate again that the information collected in the registration is totally separate from the information submitted at the, like, claim level or record level on the input file. So one does not affect the other. In terms of reporting data, it's the individual reporting record that matters.

Woman: Right. And what we're collecting registration is to validate or authenticate the RREs and assign the RRE ID.

John Albert: Right.

(Susan Freeman): Okay. Thank you.

Coordinator: Our next question comes from (Rene Carter). Your line is open.

(Rene Carter): Yes. I'm with the risk pool in Texas and I needed to ask a couple of questions. The first one is, if we register separately our workers' comp department and the liability property department, that's still considered one RRE, is that correct?

Woman: Well it's one RRE but it's two RRE IDs.

(Rene Carter): Okay. So we would have two IDs. Okay.

Woman: Yeah, it's - every time...

John Albert: Depends on how you want to do it.

Woman: If that's how you want to do it. If you don't want to - you may combine your claim information and report under one RRE ID if you so choose. We can expect in one claim file claims for workers' comp, claims for liability, claims for no-fault, all in one claim input file, or you can separate it.

(Rene Carter): Yeah, I guess that was my next question was - is there a benefit to doing one or the other? Whether we combine it or...?

Woman: I think there's a benefit to limiting the number of RRE IDs you have just as far as management of your data and logging in to the COB secure Web site and inviting other users. Everything is done by RRE ID so generally speaking the management of all of that would be simpler with fewer RRE IDs than many.

(Rene Carter):   Because we would most likely just have two. One for the property liability and one for work comp.

Woman: And that would not, you know, be too burdensome obviously so...

(Rene Carter):   Okay. We're having a meeting at 3 o'clock and I wanted to make sure that I've got everything down. The other question I have and I don't know if this has been addressed yet or not, but the uninsured motorist bodily injury and law enforcement liability coverages - are they to be queried as well?

Woman: I guess that's more of a policy question that we're not taking at this time.

(Rene Carter):   Oh, okay.

Woman: I would just refer you to - well first make sure you've submitted that question via the resource mailbox and then on June 9 there is a call to address policy issues.

(Rene Carter):   Okay. All right, well thank you.

Woman: Thank you.

Coordinator: Our next question comes from (Diane Harrington). Your line is open.

(Diane Harrington):   Thank you. This may be a policy question. It's a little technical for me either way. We have - as a RRE we have two TPAs who will be acting as our agent. Those TPAs has vendors who will actually doing the reporting. In once situation the TPA will act as a RRE to also be the account manager and the vendor will be the account designee.

The other TPA has a vendor to be the account manager and then the TPA and the RRE would loop back in as account designees. Is that functional?

Woman: Yes. It's - I assume you're using two different RRE IDs in this scenario.

(Diane Harrington):   Yes.

Woman: Yes. You as a user, your user role or the role that you play on the COB secure Web site is by RRE ID. So you may with one login ID be an account manager for one RRE ID and an account designee for a different RRE ID, and that's perfectly acceptable.

To - in order to associate or get associated with the second RRE ID the account manager for your second RRE ID must invite you at - to become an account designee with the second RRE ID. And again does so using email addresses to identify the individual person and the system will recognize that, you know, "I recognize this email address and there's already an assigned user associated with it," and you'll be all set.

(Diane Harrington):   Is there a problem with - the instruction I perceived is in for the second TPA in which I would be the - an account designee. When I'm doing - well when the RRE - when the authorizing person - representative does the initial registration she is - instead of putting in her email address she's being instructed to put in my email address. Is that going to be a conflict with down

to the end when we come back to the account designee if I put my email address in again?

Woman: I think so, if I understand correctly. Your authorized representative cannot - an authorized representative for any RRE ID cannot be a user of the COB secure Web site.

(Diane Harrington): All right, go ahead.

Woman: And so during new registration the authorized representative information, including their email address, is provided. Now if that email address is associated with an existing user of the system under a different RRE ID, the system won't allow it.

However you can be an authorized representative for multiple RRE IDs, you just cannot be an authorized representative and also an account manager or an account designee.

So again the authorized representative cannot be a user of the COB secure Web site.

(Diane Harrington): So with the first TPA when she has her email address (unintelligible) everything else information is fine. But when we get to this one it's going to be a red flag because I'm being instructed to have my email address up under the authorized representative's other information.

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

(Diane Harrington): Sure.

John Albert: Thanks.

Woman: Let me see if I can start from the beginning. The authorized representative again is not a user of the Web site. Take a look at the user guide and also the how-to's that are on the COB secure Web site for some more information on the use of that role of the authorized representative.

But this is - to be a person who is able to sign the profile report including that data use agreement and is overall held accountable for the RREs reporting under that RRE ID.

So again your account manager or an account designee cannot be an authorized representative. It has to be a, you know, a different person in authority to...

John Albert: Sign a contract.

Woman: ...to essentially sign the data use agreement and the profile report and be accountable for the RRE's reporting.

You may as you mentioned earlier be an account manager for one RRE ID and an account designee for another. Now it - so make sure you're not confusing account manager with authorized representative.

(Diane Harrington): But what confused me was that they were telling - they were saying as the authorizing representing person that information going in, who is another person, it is not me. But when you get down to the email address put my email address there rather than the authorizing representative.

Woman: Well, that is not correct. I mean, the email address that you supply during new registration must be the email address of the authorized representative. And again I refer you to the user guide and the how-to's that are on the Section 111 COB secure Web site login page or home page, as well as you might want to take the computer-based training on the registration account setup process.

(Diane Harrington): Thank you very much.

Woman: You're welcome.

Coordinator: Our next question comes from (Theresa Solano). Your line is open.

(Theresa Solano): Hi. I'm from AAA Auto Group and (unintelligible) Baltimore meeting of CMS (unintelligible) that under no-fault medical and work loss are both supportable.

Now in no-fault they are separate coverages with separate limits. So how do we report this since a person could exhaust their work loss benefits before they've exhausted their medical benefits or vice versa, and the system doesn't allow for more than one ORM to be entered at a time.

So we can't separate these and if you combine the two limits and put them in as one report we wouldn't be able to know when medical benefits were exhausted or when work loss benefits were exhausted.

So how is Medicare going to differentiate between medical and work loss and how do we report if we can only report one ORM per individual?

Woman: CMS is planning to address questions like that along those lines in the call on June 9.

(Theresa Solano): Okay.

Woman: And questions like this have - make sure it's been submitted to the resource mailbox, but I believe I've seen this issue raised there. But unfortunately we're not going to be able to address that today.

(Theresa Solano): That's not a problem. I have two other really quick questions. One is, we've registered for five RREs. One of the RREs was for a brand new operating system that doesn't even go live until September. So when I do Part 2 of registration it asks for number of claims closed in 2008.

Needless to say, we wouldn't have any, so do I report zero or do I take the claims that are going to be put into this operating system and figure out how many of those were closed in '08 (unintelligible)?

John Albert: I would say that you use the estimated number of claims that you might foresee in the future as opposed to what you had in the past in that situation.

Woman: Yeah, it's strictly an estimate to give us an idea of how large the files might be for that. And again it's an overall claim estimate, not just the one specifically for Medicare beneficiaries. So make your best guess at that. It's not validated. You know, that would be fine.

(Theresa Solano): Okay. And earlier in this call you were talking about TIN numbers for subsidiaries. So if I registered my RREs under a parent company listing a number of subsidiaries, when I make my report can I just use the TIN number for the parent company and not have to figure out which one of them goes to which subsidiary?

Woman: I believe so, as long as that Task Identification Number reflects the responsible reporting entity for that claim. That would be perfectly acceptable.

(Theresa Solano): Outstanding. Okay, thank you very much.

Coordinator: Thank you. Our next question comes from (Ellen Eisel). Your line is open.

(Ellen Eisel): Hi. Thank you. You talked about on the claim input file that the claimant name should be the same as on their social security card or Medicare card, correct?

John Albert: Yes.

(Ellen Eisel): Okay, but when we do a query we're only providing the first six bytes of the last name and a first initial.

John Albert: That's what we read off the same, you know, that's all we read off of the card, what we want you to use.

Woman: Yes, you're correct and, you know - but as the first character or the, you know, of the first name and the first six characters of the last name as it appears on the card.

(Ellen Eisel): Okay but how do we know that the person has given us the correct spelling or their correct name or...?

John Albert: Well you're getting into a, you know, a policy issue there but essentially the - somebody on the call, if someone has a speakerphone on or something in you office because we're getting a lot of feedback.

(Ellen Eisel):   All right, let me try this. I - we were on speakerphone.

John Albert: Okay. Yeah, I mean, basically the information that we match against is the information that's on the social security/Medicare database which is the first initial of the first name, first six codes on the last name.

(Ellen Eisel):   Okay, so is that - when you validate the claim input file - I know the query file we're only sending a partial name.

John Albert: It's the same thing.

(Ellen Eisel):   So you're only going to actually validate the first six characters of the last name?

John Albert: Yeah.

Woman: True, true.

(Ellen Eisel):   Okay. And just one other thing. You said it's going to be at least several weeks before the new version of the user guide comes out. Do you have any kind of a time estimate on when that's going to be published?

John Albert: Several weeks. So...

Woman: It is a priority. It is being worked on so - and again please see the current user guide and the subsequent alerts that are - have been posted out there and that's the best that we can provide at this point in time. But we do understand and have a sense of urgency about it.

(Ellen Eisel):   Okay. That's it then. Thank you.

Coordinator: Our next question comes from (Meg Felice). Your line is open.

(Meg Felice):   Hi. I think I just had a quick question on field numbers. I think this is a technical question. Field number 64 in the record layout, self-insured indicator or self-insurance indicator.

                 I'm trying to understand how this would be utilized for a claim that involves multiple RREs, for example with the same TPA or reporting agent. So if you've got a claim with a large deductible, $500,000 for example, and the RRE is (unintelligible) because they're funding their deductible, that the claim settles for something in excess of the deductible, what's to be reported by that reporting agent in the self-insured indicator when they're reporting on behalf of two different RREs and using one claim system? Does that make sense?

Woman: Yes, we do understand the question.

Woman: That's part of what's being developed for the RRE example. We don't have...

(Meg Felice):   The question really isn't who is the RRE. It's just a matter of what should be input into that record.

Woman: That's going to be part of the instructions (unintelligible).

Woman: But technically it's - they're being reported under separate RRE IDs as likely they are.

(Meg Felice):   Yes.

Woman: Then in the first - in the part that is the - reporting the deductible amount that is self-insured then you would turn on that indicator for self-insurance and in the second part it would be not, you know, it would - that indicator would indicate that it is not self-insurance, that that part is being, or that claim or that portion is being reported as not self-insurance.

Woman: The reason we hesitate to give you a final answer right now is, as you know if you've been listening to the call, we're looking at ways to limit the number of RREs so that both the deductible and the amount above the deductible can be reported by the same individual.

And in that situation our expectation at this point, not a final answer, is that if an entity is reporting both the deductible and the amount above, then they will be reporting it solely under the policy as opposed to identifying it separately as part self-insurance and part something else.

(Meg Felice): Okay. Sort of related to that then is, I mean, that type of scenario seems to involve a situation with a TPOC, but if you've got an ORM where you've got - the claim was accepted for ORM while it's being paid by the self-insured under a deductible and then the claim at some point - I know for ORM you're not reporting individual's medical payments but at some point the claim exceeds that deductible and becomes a claim that has been funded by the excess carrier or the insurer of the deductible policy.

((Crosstalk))

Woman: It's the final answer in terms of who's reporting it is that you have two separate RREs, then one would have to report termination of this responsibility and the other would have to report that they now have responsibility.

(Meg Felice): Okay, okay. So when the claim's funding which is at a threshold there's a termination report by the first RRE.

Woman: Can you hold on just a second?

(Meg Felice): Sure.

Woman: I just want to reiterate as we said before that the questions you were just asking obviously tie into the final answer on what we give as who's the RRE and who will do the actual reporting.

(Meg Felice): Okay.

Woman: So you don't have a final answer from us right now.

(Meg Felice): Okay. Well the - one more quick question then sort of related. Maybe this one is less tricky.

John Albert: It better be technical because we've got to move on. I'm sorry.

(Meg Felice): I think it's technical.

John Albert: Okay.

(Meg Felice): But if you've got - if the claim is being reported - if you've got a carrier or an RRE that's got multiple reporting agents associated with it, so multiple RRE IDs, and the claim switches from one TPA to the other but there are still claims being reported by that other TPA so we can't discontinue that RRE ID, does the - under the same vein does - when the claim moves from one TPA to

another if it was accepted as ORM under the first TPA it was technically reported under that RRE ID.

Do you know if the RRE ID - RRE is the same if it goes to another TPA that's got a separate ID associated with it, there needs to be...?

Woman: Stop a second I mean, were you talking about there's simply the RRE is switching TPAs? If that's what you're talking...

(Meg Felice) It would be the customer of the RRE switching TPAs so...

Woman: Well, but all you're switching is TPAs, you're not switching who's ultimately responsible or who has the responsibility for reporting, in which case there should be a single continuous record.

(Meg Felice): But it would be being reported by another agent with a different - associated with a different RRE ID for that same RRE?

Woman: What (Pat) said earlier is if you - if the RRE has one TPA agent that it's using and it subsequently switches to another, that you will - that reporting on that recording will continue uninterrupted. The new TPA would - new agent would simply carry on with any updates needed for that record.

(Meg Felice): I think that the question - I don't think that my question's clear. I'm a carrier that has, let's say, I don't know, hundreds and hundreds of...

John Albert: (Unintelligible). We're going to put you on hold just for a second.

(Meg Felice): Okay.

Woman: You know, the second RRE ID can update the original record. I - let me, you know, we'll - we do need to add some additional information and possibly address this later, but the second agent or TPA reporting may update the record that was originally reported by the first agent or TPA, if that helps. Under - and even under the other RRE ID.

(Meg Felice):   Okay. I think that helps.

Woman: You know the keys will match, in other words. So...

(Meg Felice):   Okay.

Woman: Okay?

(Meg Felice):   Thank you so much for your time.

John Albert: Sure.

(Meg Felice):   All righty, thank you.

Coordinator: Our next question comes from (Gail Whitehead). Your line is open.

(Gail Whitehead): My question was answered already. Thank you.

Woman: Great.

Coordinator: Thank you. Our next question comes from (Kathy Street). Your line is open.

(Kathy Street):   Yes, hi. I'm with North Carolina Farm Bureau Insurance. When I was originally doing some research online to try to find out information about the

new software and any of the electronic information, I ran across information and it was not tied to this Web site but it was when you had the voluntary reporting program that was talking about how you have to purge this information from your files.

I think there was like a two-year timeframe.

Woman: Yes, I mean, you only need to refer to the documentation that's on the Section 111 Mandatory INF REP Web pages on the CMS Web site, not the voluntary data sharing program so...

(Kathy Street): Okay so we do not have the same stipulations for the Section 111.

Woman: Right. And, you know, again do review the data use agreement that is in the user guide and on the profile report related to that topic but, you know, you're - you do not need to pay attention to any other information that's out there regarding the voluntary data sharing program, only the Section 111 information.

(Kathy Street): Okay great. Thank you.

Woman: You're welcome.

Coordinator: Our next question comes from (Vinita Patea).

(Vinita Patea): Yeah, hi. Thanks for taking our call. It's more of - the question is more of how to (unintelligible) EDI 270 document is going to be. Supposing we have a hundred carriers, a hundred different transactions in that EDI document. Does - do they all fall under separate ST-SE segment or do we need to club those

hundred carriers into one segment and then adapt it with single ST-SE and then header and all?

Woman: Well, I'm afraid I'm not going to be able to answer that in detail but have you looked at the S12 272-71 companion guide that's been posted on the Mandatory INT REP Web page?

(Vinita Patea): Yes, but it does not specify whether each transaction will be wrapped each carrier or each transaction will be wrapped by separate ST-SE or there will be a single ST-SE for all the transactions.

Woman: Okay, I'm going to have to ask that you make sure this question has been submitted to the resource mailbox if it has not already, and then you may also submit it to your EDI representative and we'll have to follow up and update that companion guide to make sure that it's clear.

((Crosstalk))

Woman: Okay?

(Vinita Patea): And the same is true for 271. We don't know whether everything is going to be under a single ST-SE or it's going to be in separate ST-SEs.

Woman: Okay. All right. Well, we will follow up and make sure that we get that information published.

(Vinita Patea): And how about the acknowledgments? Do you expect 997s or - how that -do you want the 997s for the 271s that you sent to us?

Woman: I'm afraid I'm not able to answer that question either. I'm so sorry.

John Albert: The best way - if you can put these in writing and send them to your EDI
                  contact we'll follow up and make sure we get you answers to these questions.

(Vinita Patea):   Sure. Thank you.

Coordinator: Our final question at this time comes from (Bonnie Mistarti). Your line is
                  open.

(Bonnie Mistarti): Yes, thank you. I have a question on formatting which you may consider to be
                  technical or not. One of the things I noticed, I know that you've indicated the
                  DHT information is not for us to use on the benefit forms, but I noticed in
                  looking at that card I've never seen what they look like before, the Medicare,
                  the HSBN numbers.

                  When I count across there, there are actually 13 digits and the HSBN number
                  on the user guide indicates that it's a 12-digit number. Can you tell me what
                  the - it shows on the Medicare card 3 digits, dash 2 digits, dash 4 digits, dash,
                  and then an A. What of those codes do we drop off when using the...

John Albert: Dashes. Don't include the dashes.

(Bonnie Mistarti): Well, if I don't include the dashes then I don't have 12 digits.

John Albert: Okay, it can be 11 as well.

Woman: Yeah, the field is defined as alphanumeric. So you would format it
                  accordingly and, you know, left justify and leave spaces at the end.

(Bonnie Mistarti): Okay, okay. All right. I - so do I definitely take out the dashes or do I just not...

Woman: Definitely do not include dashes in either the HICN or the SSN.

(Bonnie Mistarti): Okay. All right. Thank you very much. That will be very important.

John Albert: There is a listing of the different field types in terms of the - whether they're - like what defines what alphanumeric is, etc. So if you have questions regarding any of the fields refer to that - I'm trying to remember what page it's on, but it's...

(Bill): In the user guide.

Woman: It's in the user guide. However it does need an update to be more accurate as do some of the field descriptions in the guide.

John Albert: Section 9.2, Data Format Standard lists what the different...

Woman: Right. But, you know, in some alphanumeric fields a dash is acceptable but it is not acceptable in the HICN field or the SSN field so...Okay?

Coordinator: We do have a follow-up question from (Vinita Patea).

Woman: Hi, thank you for taking my call. This is not really a technical question. It's more of a security concern. If you are to follow all the protocol and all the technical guidelines that are listed in the user guide and on the Web page, and at what point in time can we assume that the data that we dropped off is not our liability anymore and CMS will take care of any security breaches?

Woman: Well, I mean, we are responsible for the data once it lands on our servers and we'll protect it from there, but you're responsible on -obviously on your end indefinitely but, you know, as far as protecting the data once it has been successfully transmitted to the COBC data center, the COBC and CMS have responsibility for securing that data.

Woman: So that would mean that once you get an acknowledgment from you saying, "Yes, we have the data or the file?"

Woman: Yes. I mean, in essence we have assumed responsibility for protecting that data once we have acknowledged that we've - and stored it on the COB system.

Woman: Okay, great. Thank you.

Coordinator: I'd just like to remind parties to press star 1 if you would like to ask a question at this time.

We have a question from (Kathy Caser). Your line is open.

(Kathy Caser): (Kathy Susan Caser). We had asked about support for public key encryption on the secure FTP and you said you don't support it today. Do you have any plans on supporting it in the future?

Woman: Not actually to my knowledge, no.

(Kathy Caser): Oh. Okay. One other question. On the ATW software for the mainframe.

Woman: Yes.

(Kathy Caser):   Is that delivered in a object module or will I have to compile it? And if I have
                   to compile it what language is it in?

Woman: I'm sure that we deliver object or loads for that software so no compilation
                   would be necessary.

(Kathy Caser):   Okay.

Woman: Okay?

(Kathy Caser):   Thank you.

Coordinator: We have a question from (Kathy Collins). Your line is open.

(Kathy Collins):   I have a question regarding downloading the query file software. We do plan
                   on getting an agent but we've been told that we can do the query ourselves,
                   and I'm wondering what kind of software we need in order to be able to
                   access it and when - and security systems and when the query software will be
                   available for Medicare?

Woman: The query software is currently available. I'm assuming you're going to use
                   the Windows PC server version. So in order to obtain a copy of that software
                   you would contact an EDI representative. If you have - if you don't have an
                   EDI representative assigned yet you may call the COBC EDI department main
                   number that's listed in various places.

                   The minimum software requirements - I don't have handy right in front of me.
                   I believe they have been published in an alert on the Web site. The user guide
                   will be updated but they're very minimal and, you know, an average - if
                   you're running it on a PC, an average PC, with a Windows NT or greater

operating system such as XP or Vista, you know, would be completely acceptable.

The only other place at this time that I could refer you is to the GHP user guide. While that hasn't been up - it's been updated but not posted yet, so at any rate I wouldn't worry too much about the minimum requirements and when you contact the EDI Department I'm sure they can provide that to you as well.

(Kathy Collins): Do you happen to have that number?

Woman: Yes.

John Albert: 646-458-6740.

(Kathy Collins): Any people that you know of choosing to - even though they're going to get an agent doing the queries on a self-serve basis without the agent?

Woman: I'm sorry, say that - can you repeat your question?

(Kathy Collins): I'm wondering if you're hearing that a lot of insurance carriers, while they're going to use an agent for the actual quarterly report - reporting of an eligible beneficiary, if they're going to do the querying on their own?

Woman: There does seem to be a fair number of RREs who are choosing to do the query themselves and then have an agent report the actual claims input file or claim file information.

(Kathy Collins): Have you gotten any input as to why they might be going that route rather than just having the agent do it?

Woman: No, I couldn't say.

Woman: If you're on speakerphone could you take yourself off speakerphone? We're getting a lot of feedback.

Woman: Are you still there? Operator, can - is there another call?

Coordinator: We have a follow-up question from (Bonnie Mistarti). Your line is open.

(Bonnie Mistarti):   Thank you. Mine might be quasi-technical but I'm looking at one other thing when I look at the user guide. If there's no maximum dollar limit there's a reference under Field 81 that says, "Bill with all lines if there's no dollar limit."

                     This would be for no-fault and I'm thinking of Michigan specifically. I mean, it's somewhat technical in that we were looking at it kind of identifies where there's an infinite number that they could have as a limit. But is that considered no dollar limit?

Woman: I'm looking at the - looking for the fields as we speak to see what...

(Bonnie Mistarti):   Okay, it's Page 104. And specifically what it is, is because Michigan no-fault has not limit to the amount that we can spend or pay on a claim.

Woman: Currently if you're referring to Field 81, the no-fault insurance limit...

(Bonnie Mistarti):   Yes.

Woman: It does say to fill this with all 9s if there is no dollar limit. Is that your
                    question?

(Bonnie Mistarti): Well, I'm just trying to think - is that what you're referring to is like the
                    Michigan where there's no - where we're allowed to pay any amount.

Woman: Michigan was definitely on our mind.

(Bonnie Mistarti): Okay, thank you.

Coordinator: We have a follow-up question from (Erin Zyker). Your line is open.

(Erin Zyker):   Yeah, I just had one other question on the account manager position. I
                    understand that each RRE ID only has one account manager and you had said
                    earlier that electronic - the emails and the other notices would go to the
                    authorized representative and the account manager.

                    If the account manager has designated several designees do they also get that
                    email correspondence as to, say, an alert or that they have an error code?

Woman: No, I'm sorry. Emails do not get sent to account designees at this time.

(Erin Zyker):   Okay, and so then when they (unintelligible) when it says in the guide they
                    have the capacity to upload and download files - that they on their own
                    discretion or whatever can go on and look if there's an error or is that a
                    different thing?

Woman: Well, an account designee, while they don't receive the email indicating that
                    the response file is ready, for example, they may login to the Section 111
                    COBC secure Web site application at any time and there, once you login

you'll first be displayed with the RRE listing page, and under - and that shows each RRE ID to which that user is assigned.

And there are actions that you may select from a drop down and one being File Reporting. I can't remember it off the top of my head but under that option it'll show the results of and the current status of all the files that have been submitted. And it will show whether a response file has been generated yet or not. So an account designee could find out that way if their response file is ready.

John Albert: Also we don't have any prohibition against the account manager forwarding an email, you know, if need be.

Woman: Correct.

(Erin Zyker): Okay, okay. Thank you.

John Albert: Operator it's 3 o'clock and several of us have other meetings that we have to run off to so we need to conclude this call. Now I was wondering if you could quickly give us a count of the number of attendees. We had I know signed in originally 239.

Coordinator: Certainly. You had 305.

Man: Okay. With that I'd like to thank everyone for their attendance on this call. The next MGHP call again is on June 9 and it will be a policy call related to the Section 111 Reporting for MGHP, meaning worker's comp and no-faults.

END