

**TRANSCRIPT**  
**TOWN HALL TELECONFERENCE**

**SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION  
ACT OF 2007**

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**DATE OF CALL: November 3, 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**

**Moderator: John Albert**  
**November 3, 2009**  
**12:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants will be in a listen-only mode until the question and answer session.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I would like to introduce your host for today's call Mr. William Decker. You may begin.

Bill Decker: Thank you very much operator. Hi. I'm Bill Decker. I'm with CMS in Baltimore, Maryland. How are you today?

Today is the 3rd of November 2009 and this is an NGHP call. This is specifically an NGHP technical call. We're going to take technical questions about the non-group health plan reporting process for Section 111 today.

We won't be addressing policy questions directly. We may direct - we may get to some of them indirectly, but that's not the focus of this call.

And finally if you are a group health plan reporter and listening on this call you're free to listen in but this actually doesn't pertain to you so you don't need to stay here any longer if you don't wish to.

Again this is November 3, and our next NGHP call this month is November 17. And that will be the policy call. Today is the technical call, November 17 is the policy call.

We have a lot of territory to cover this morning, this afternoon. And I'm going to turn it over now to Pat Ambrose who is here with me as is Barbara Wright who will be talking with you a little bit later.

But first we're going to open it up with Pat and let her do her presentation. I should also tell you that we have (Bill Zavoyna) with us today to help us with the policy questions that will come up.

And we have a couple of other staffers here who will help us from time to time if we need it. So now Pat? Thanks.

Pat Ambrose: Okay, thanks Bill. First some announcements, just like to remind everyone that new and updated computer based training modules are now available for non GHP RREs and agents.

If you are enrolled in the CBTs already you should have received an email concerning this. Follow that link and you'll see the new courses and updated courses there available for your information.

If you have not enrolled in the CBTs it would be a good idea. They give a good background of the information that's in the User Guide.

To enroll go to the dedicated Section 111 CMS Web site at [www.cms.hhs.gov/mandatoryinsrep](http://www.cms.hhs.gov/mandatoryinsrep). Click on the MMSCA111 computer based training tab on the left-hand side and follow the instructions to enroll.

New courses that have recently been put out there include those that cover the Claim Input File submission requirements.

We will be posting downloadable files for test beneficiary data, the insufficient ICD-9 codes found in the User Guide Appendix H and the error codes for the Claim Response Files that are also in an appendix of the User Guide.

We are posting these downloadable files on the Section 111 COB secure Web site instead of the CMS mandatory INS REP page or Mandatory Insurance Reporting Page that I mentioned previously.

So again these files will be available for download on the Section 111 COB secure Web site after logging into the site. They will be made available by Monday, November 30, 2009. That's Monday, November 30, 2009 on the COB secure Web site.

Again you need to have a login ID and password for the COB secure Web site. Please see the User Guide and other information on that Web site about how to obtain a login ID as an account manager or an account designate.

The URL or address for the Section 111 COB secure Web site is [www.section111.cms.hhs.gov](http://www.section111.cms.hhs.gov).

In the meantime since many RREs and agents are anxious to obtain a copy of the non-GHP test Medicare test beneficiary data, you may contact your EDI representative to get a copy of the test beneficiary data now. That data's available in a text file as well as in an Excel 2003 format.

There's also a companion document that goes along with that that explains the file layout and the Excel spreadsheet.

Another notice general announcement is that we plan to update the non-GHP User Guide before the end of the year.

The update will include the remaining policy information concerning the definition of RREs mass tort reporting requirements and other corrections and clarifications that have been noticed - noted since the last publication.

There'll be no change in the technical requirements or file layouts, just clarifications. Mostly this - the - this update will include information on outstanding policy issues.

Oh, I do need to note that while the file layouts will not change, the field descriptions for those particularly relating to the product liability field and mass tort indications, those field descriptions and instructions there will change based on the final policy for reporting product liability mass tort and toxic tort.

Another announcement that we've made on previous calls has to do with the ICD-9 codes. In the current User Guide we indicate just one version of the diagnosis codes on the CMS Web site that are used in Section 111 reporting.

In actuality we will accept any diagnosis code on the last three versions posted to the CMS Web site. So the last three versions posted to the CMS Web site will be used to validate ICD-9 codes submitted in the alleged Clause Field 15 and any of the diagnosis code fields starting in Field 19.

CMS posts a new version of valid ICD-9 codes by October 1 of each year. The COBC will implement the new version follow - in the following January of each year to allow RREs time to incorporate.

So when testing starts for non-GHP Section 111 Claim Input Files on January 1, 2010 the first production - and when the first production files are due in the second quarter of 2010 we'll be using the following three versions, Version 2, 26 and 25.

The link to where you can find these diagnosis code files is in the User Guide. It is [www.cms.hhs.gov/icd9providerdiagnosticcodes/06\\_codes](http://www.cms.hhs.gov/icd9providerdiagnosticcodes/06_codes). That's C-O-D-E-S.asp.

When you go to that page you'll see the versions listed there for download. They are in Zipped files. When you unzip those, download and unzip those files you will see diagnosis code files. Those are the ones that we are using for Section 111 reporting.

The first one is named CMS 27\_D-E-S-C\_S-H-O-R-T\_dx.txt. That's Version 27 effective 10-01-2009.

Version 26 is V26I-9diagnosis.T-X-T. And Version 25 is I9diagnosesV25.T-X-T. Again when you open up those files you should see them there. That - those files will also be made available in the User Guide update.

Please make sure that Section 111 emails from the COBC are not filtered by your spam software. Emails generated by the system are sent from COB@section111.cms.hhs.gov.

Other emails from the COBC such as those from your EDI representative will and in ehmedicare.com or ghimedicare.com.

Note that the registration process on the Section 111 COB secure Web site will remain open and operational indefinitely. non-GHP RREs were to register

by September 30, 2009. But if this for some reason was not completed by then because you are struggling to determine who is the RRE in special circumstances or something of that nature, you will still be able to register.

In addition, new RREs may arise or reporting structures may change in the future. So registration for new RRE IDs will always be possible.

I'd like to review some information about the CJ06 error code which states that the ORM termination date must be at least 30 days greater or 30 days after the CMS date of incident.

This is due to an internal Medicare system that the COBC must interface with. So we have no control over this particular edit.

As stated on the last technical and policy calls, if ORM terminates in less than 30 days from the date of incident, RREs are to plug a date 31 days after the date of incident in the ORM termination date when they need to submit that ORM termination date if it is less than 30 days from the date of incident.

However the actual date that no-fault limits were reached if applicable should be submitted in Field 82, the exhaust date for dollar limit for no-fault insurance.

There's no time span limit applied to Field 82 related to the date of incident. So it could even be the same day as the date of incident if limits were reached quickly on a no-fault claims such as for med pay.

There is no particular need or specific need to report the date of death of an injured party or Medicare beneficiary to the COBC.

Medicare and the COBC are notified of dates of death by the Social Security Administration. I do have some more information related to this error later on in the presentation.

Remember that if you have a situation where a foreign or non-US RRE does not have a TIN, a Tax Identification Number and/or US address that is needed to register for Section 111 please continue to report this to the COBC EDI department.

If you do not have an assigned EDI representative you may contact the COBC EDI Department at their main number which is 646-458-6740 and make this report.

CMS is close to finalizing revised requirements and instructions for registration for foreign RREs to account for this. However those have not yet been finalized.

Changes are being made to add two DCN or Document Control Number fields to the X12270271 Query Input File and corresponding Query Response File.

We've had numerous requests for a tracking number that can be plugged on the Query Input File records and returned on the response records for matching purposes.

The - there'll be two DCN, at least two DCN fields made available to you for this if you wanted to use your policy and claim number fields for example.

However if the DCN fields are RRE defined there'll be no particular requirements other than a field length for that.



In addition to that, related to the query file we are also working to make the HIPAA eligibility wrapper or the HEW also known as the HEW software more automated so that it can be invoked from a command line process. This is the Windows PC server version that I'm referring to.

We expect to implement the changes related to the query only - rather the Query Input File and response in January 2010. More information will be forthcoming on that.

It will - the implementation will be done in such a way that those not choosing to use the new version of the X12270271 or the Q software may continue to use the version that they have or use the new version.

We have some reports of secure FTP transfer file transfer issues. Please report any problems that you experience with SFTP to your EDI representative. The COBC continues to work on improving that process and making corrections.

Now I'm going to go into some of the questions that were submitted to the Section 111 Resource Email Box and try to provide answers to these.

The first question has to do with delete transaction. And specifically the question states if the payment is subsequently voided after being submitted how do we report or correct this in CMS? Is it a delete transaction or an update?

If you have submitted a claim report record with only one TPOC and that payment, that TPOC is being canceled, then submit a delete transaction which is a value of 1 in the action type to remove the record entirely.

If you have reported more than one TPOC on the record and only wish to cancel one of those TPOC amounts, then submit an update transaction with zeros in the affected TPOC fields. And that will in effect remove that particular TPOC and preserve the other TPOCs reported in the other TPOC field. They should be reported on the update record as they were reported on the original. \

The question goes on to ask what if we void the reported payment then reissue it say with a different amount? Is that an update?

And yes. And if you look at the Event Table in the User Guide you will see that if you need to change a previously recorded TPOC amount or TPOC date that you should send an update transaction which is a 2 in the action type and with the revised amount. And remember that those TPOC fields are positional.

The third part of the question is what if we have more than five TPOCs to report?

First I'd like you to make sure that you're defining TPOC correctly. We've seen several examples submitted where the RREs seem to be confused about the TPOC.

In the case of it - one settlement amount being paid out in multiple payments such as with a structured settlement or something of that nature.

The TPOC is the entire amount, not the individual installment payment so to speak. But if you - but it is quite possible to have more than one TPOC related to a claim. That's why we have five available sets of fields for TPOC.

And if under a rare circumstance you find that you have more than five TPOCs, right now your instruction is to report that your EDI representative who will give you further instruction on what to do with that.

Barbara Wright: The best example we had of when the larger number of TPOCs might occur was in a bankruptcy situation where there were repeated small amounts awarded.

Pat Ambrose: Okay, the next question comes from a liability carrier in receivership and consequently has claims that they're paying are very old, some even from before 1985.

And the questioner asks if the individual to whom we make a payment was not 65 at the time of accident, do we report similar - similarly if that person was not 65 at the time of accident but is now 65 at the time of payment? Do we report? And lastly - I don't need to go further.

The answer is that you are to report if the injured party is a Medicare beneficiary at the time of settlement, judgment, award or other payment including ORM or Ongoing Responsibility for Medicals and if ORM continues on or after the injured party is on Medicare or becomes a Medicare beneficiary.

The reporting requirement is not solely dependent on the status of the injured party as of the date of incident but rather as of when you're - while you have assumed ORM or while you are making payments or when the settlement occurred.

Another question went on to ask related to requirements on the claim input record. It asked if the insured and that is I-N-S-U-R-E-D address is not provided, will the record be rejected?

The insured address is not actually a field on the Claim Input File. So maybe there's some confusion related to that question. And you could dial in and ask for clarification.

This question also went on to ask if the claimant attorney telephone number was not provided, if the record would be rejected, and in addition if the claimant attorney TIN was not provided.

If you look at the field requirements for those particular fields on the Claim Input File detail record and auxiliary record as well as the error codes, you will see that these are required fields.

And if the field is required - and they are required when the representative indicator is not equal to a space. So if you're indicating that there is a representative, then those are required fields and take a look at the error code table in particular CR05 and CR12.

We have another question asking about the submission timeframe and how it - for those who have multiple RRE IDs or agents who are reporting for multiple RREs with different RRE IDs.

They have noted that the submission timeframe is different for each RRE ID. And yes that is the case. The submission timeframe is assigned by RRE ID and it may indeed be different, a different date for each RRE ID that you register for.

A question was asked at the last technical conference about how RREs are to report more than five TPOCs. I believe we've already covered this question. So I'm sorry about that. I'm going to move on.

The next question the questioner indicates that they are a TPA for several RREs and will be doing reporting using the secure FTP file transition method.

They would like a fresh or new copy of the HIPAA Eligibility Wrapper software. You may download the Windows PC Server Version of the H-E-W or the HEW software after logging into the Section 111 COB secure Web site.

That URL for the Section 111 COB secure Web site is [www.section111.cms.hhs.gov](http://www.section111.cms.hhs.gov). You must have a login ID in there for being an account manager or account designee for an RRE in order to login.

You may also get a copy of the software from an EDI representative. And the mainframe version of the Q software must be requested and delivered through an EDI representative. We don't have a download option available for that.

The next question goes back to the ORM termination date. And the requirement that the ORM termination date not be less than 30 days from the date of incident.

The questioner goes on to ask is it - should I add 30 days to the CMS date of incident or 31 days? And I recommend that you add 31 days just to be sure that you get past that edit. That would be the easiest thing to do.

They also provided various scenarios where ORM terminate the actual benefits for a no-fault policy had been exhausted.

The claimant is deceased is the second scenario. Three, they obtain a letter from the attending physician indicating that future treatment will not be needed.

And four, settlement is reached that includes payment for all future medicals which in effect terminates ORM according to state law and such. These would need to be reported with an ORM termination date and possibly any applicable TPOC amounts.

So in the case of death of an injured party or Medicare beneficiary, I assume that again if that's within - if the ORM termination date, that's all examples where the ORM termination date is less than 30 days from the CMS date of incident, in the case of the death of the Medicare beneficiary I'd assume that the exhaust date should be set to the date of death.

Again you're setting the ORM termination date to 31 days after the CMS date of incident. It doesn't really matter for our purposes whether you fill in the exhaust date for the no-fault coverage in that case.

Again CMS, the COBC will be notified by SSA in the event of a Medicare beneficiary's death and claims will be handled accordingly.

The questioner then I also wanted to note related to this question that there's no system check against the no-fault insurance limit being all nines and an actual exhaust date.

Let me see. In the fourth example of this question, if a settlement is actually reached that terminates ORM, then I assume that settlement date would be the ORM termination date.

But in the event that that is less than 30 days from the date of incident, you would just plug 31 days from the date of incident. And you could put the date of the settlement that ended the ORM in the no-fault exhaust date again, if it's a no-fault claim.

All of this refers to no-fault claims Fields 81 and 82 are to be set to their default values of all zeros if it's a liability or Worker's Comp claim. Again we'll open it up to questions later if there's further confusion on what to report in those.

Another question was asking if we could send a different disposition code in the case of matching a SSN or HIC number and other matching criteria to a Medicare beneficiary in the case where the Medicare entitlement date is in the future or not?

As indicated in the User Guide, if we match the information you submit on a query or a claim input record to a Medicare beneficiary we will send back the appropriate disposition code on the query. It's an 01.

On the claim input and response file we might be returning an 01, 02, or 03. Just because the entitlement date is future dated, that will not change those disposition codes. The questioner was asking if we could return a 51 in those cases? And no, we are not able to do that and we're not making that change. A 51 indicates strictly that we did not match the information you submitted to a Medicare beneficiary.

Another question goes onto ask does an employer with a self-insured Worker's Compensation fund that is only paying existing claims and essentially in the process of winding down need to register and obtain an RRE identification number or does Section 8.1 of the User Guide apply?

And in this instance the - as we've stated on previous calls, the note in Section 8.1 applies. You are not required to register unless for Section 111 recording unless, and until you expect to have something to report. And then you must register in time for sufficient testing in order to report claim information in a timely fashion.

The next question goes on to ask about are there any limitations to an injured party that you may submit on a query record such as related to their age or anything else?

There is no limit or special requirements limiting you in terms of whom you may query or send in on a query input record. Obviously we don't want you sending claim input records for every single injured party.

We're interested in claim input records where you have established that the individual is a Medicare beneficiary either by use of the query or some other process that you have in your claim settlement or claims processing system.

But as far as querying, you may query any injured party. Of course you have to have the appropriate information, either the HIC number or the SSN and the name, gender and data birth of that individual in order for us to provide an answer back.

Another question goes on and asks on the October 6 call you discussed adding an option to include DCN. I'm sorry this question has been answered. We are including DCNs on the Query Input File and Query Response File in January 2010.



Another question went on to say that if large amounts of data are being sent on the Claim Input File in the file be split into multiple files or does CMS require us to send only one file per reporting ID?

And that is the case. Only one file per RRE ID is accepted. Query Input Files are accepted, one per RRE ID per month. And your Claim Input Files are required one per RRE ID per quarter per reporting quarter.

The next question refers to Field 71, the plan insurance type. The question goes on to state that we provide an insurance policy that provides bodily injury coverage as well as medical payments coverage.

It is possible for a claimant to have both a med pay claim which CMS considers no-fault and a bodily injury claim which is of course considered liability.

In this situation which plan type do we select, no-fault or liability? You will actually provide two separate report records on your Claim Input File, one with the no-fault plan insurance type for the med pay situation and one with the liability insurance type for any liability payments, rather TPOCs on - under the bodily injury coverage. So that's two separate records. Records are submitted by insurance type.

Another question went on asking about the return of an 01 disposition code on the query response as well as is the same matching done when we return a - or when a claim input record is submitted and response is returned?

And essentially yes, the same logic is used when we get a claim input record. We're going to try to get an exact match on either the HIC number or the SSN depending on what's submitted.

And then we must match three out of four of the remaining fields for the injured party in order to consider that a match. In the case of a match on a Claim Input File, your disposition code that you received back maybe an 01 an 02 or an 03 depending on the injured party or the Medicare beneficiaries actual Medicare coverage dates or entitlement dates.

If the entitlement or Medicare coverage does not overlap the information that's being submitted on the claim input record, for example ORM terminated prior to the person becoming entitled to Medicare, then you'll get - that's the - an example of when you get an 03 disposition code.

So I encourage you to go back to the User Guide and read the descriptions for the 01, 02, and 03 disposition codes for the Claim Response File.

No changes are being made to the disposition codes that are documented in that current User Guide.

A question came in for some clarification related to a company that offers personal auto and homeowner's coverages and ORM.

First off this individual indicated that they were looking at Version 1 of the User Guide dated March 2009. That is not the current version of the liability insurance including self-insurance no-fault insurance and Worker's Compensation User Guide or the non-GHP or NGHP User Guide. The current version is Version 2.0 dated July 31, 2009.

Again in order to answer the question related to whether this particular RRE might have ORM to report, note that med pay is considered no-fault by CMS

and is usually reported as ORM if you are paying individual medical bills as they come in until the no-fault limits are reached.

So it's quite possible that an RRE that offers personal auto and homeowner's coverage would have ORM claims to report under the no-fault component of the auto policy being med pay or Personal Injury Protection or PIP.

For guidance on the SSN or HIC number collection, please see the alert and the model language that are dated August 24, 2009. Those two documents can be found on the MMSCA111 What's New Page.

Okay my next question has to do with a question that came up on a previous call. Someone was asking what E code E as in Edward code they would use in Field 15, the alleged cause code. What ICD-9 code applies to asbestos exposure?

We did some research on this and recommend the use of the E8668 code. This code is again for the E code in Field 15, the alleged cause of injury incident or illness we're suggesting that you use that E8668. Again you don't submit that with a decimal point.

This code is for accidental poisoning by other and unspecified solid and liquid substances.

Other - you may also - another code that may also apply would be E9292, E9292, late effects of accidental poisoning. The ICD-9 documentation, diagnosis documentation says to refer to the Table of Drugs and Chemicals. And this table does list asbestos as one of those drugs or chemicals. So hopefully that answers that question adequately.

Another questioner asked if we have any Section 111 documentation such as the User Guides and the SSN and HIC number collection forms and alerts in Spanish. And no. At this time none of the Section 111 documentation is available in Spanish.

My next set of questions actually were submitted by an organization that represents numerous worker's comp RREs. The first question states our issue was that each unique RRE ID must go through the same testing process. This might be time consuming for RREs or agents who have multiple RRE IDs.

Testing is required by RRE ID. And that requirement is not going to change. Now note if you have multiple RRE IDs, what I would recommend is that you test with one RRE ID and get a successful result with that. And then you may use the test files that you used for the first RRE ID on your subsequent RRE IDs.

And now while this might seem redundant, it's not a bad idea to check the file transmission and connectivity for each of those RRE IDs before attempting production submission.

So again, testing is by RRE ID. I also want to note that even those who may be trying to look for a quicker or a shortcut to testing, particularly agents who represent multiple RREs, even if you're using the same system to submit Claim Input Files, your various RREs have different business scenarios, and their data may when submitted to the COBC actually, you know, produce a different result. So there might be significant differences between the claims submitted by each RRE ID. So again, testing by RRE ID is while maybe somewhat time consuming is highly recommended and in fact required.

The next related question on this list comes from the implication that you have only 30 days to get from a testing status into a production status. That is not a requirement. There - your - the - there is no 30 day limit or requirement for your testing period.

NGHP RREs may begin testing on January 1, 2010 and continue testing until the day their first production file submission is due in the second quarter of 2010.

And in fact, you can continue to test beyond that point of submitting production files if you want to do so for your own satisfaction. Or if you've made a change to your system at any point in the future, even after you've been submitting production files, you can always submit a test file and it will be processed as usual.

So we've said on previous calls that you may ignore any emails that you might have received, any systematically generated emails from the COBC regarding a warning related to this 30 day testing issue. Please ignore that warning email. You have more than 30 days to test in other words.

The third issue related on this related submission of questions had to do with how would an RRE know which tax identification numbers or TINs the IRS has provided to CMS to use to validate the claim on their TIN input file.

Basically the COBC has access to all IRS assigned tax identification numbers or TINs including Employer Identification Numbers or EIN and FEINs, et cetera.

So you don't need a list of what are approved. Basically if it is a valid Tax Identification Number, we should be able to find it and validate it.

There are some cases that a TIN may fail validation and actually be valid. If that's the case, you need to contact your EDI representative.

In those cases on your Claim Input File, you'll actually receive a compliance flag that the claim would still be processed. And if you note that you're receiving a compliance flag indicating that a TIN is - could not be validated, contact your EDI representative and they'll walk you through the steps necessary to provide documentation to demonstrate or to show that that TIN is indeed valid.

The next question goes on related to not having anything to report in a particular quarter.

You have two options. So you've gone to product. You've been submitting quarterly files. And perhaps you have a, you know, low number, a small claim volume that you find that you're reporting to the COBC for Section 111 and a quarter crops up where you have nothing to report.

You have two options, one, to submit a file with a header record, no detail records and a trailer record with zero in the record count.

There will also be an option on the COBC secure Web site for an account manager or account designee to go in and indicate that they have nothing to report that quarter. And that will act in essence as submitting that empty file.

The question was asking in the case that I have no claim input records to report, do I have to submit a TIN reference file?

And the answer is no, the TIN reference file is not required. However, if you sent a TIN reference file, that's not a problem either.

So if you have an automated process, most likely what you would be sending is that so-called empty file with the file with no detail records. And then you may include a TIN reference file along with that that will cause no problems whatsoever.

Another related question on the TIN reference file and some clarification needed related to the Office Code. The Office Code field is listed on the Claim Input File detail record as optional. This Office Code or Site ID can be used in conjunction with the TIN in order for you to provide different addresses for different claim locations or different RRE location.

However, on the TIN reference file it indicates that the Office Code or Field 4 is actually required.

The Office Code is required on the TIN reference file in the sense that it must match the Office Code Field 73 used on the claim record.

So if Field 73 was submitted with spaces, then you must have a record on the TIN reference file with the TIN and spaces in the Office Code. So that's essentially what that requirement is trying to get at.

The Office Code again is optional. If you're not using it to submit spaces on your TIN - on your Claim Input File records and of course you would be submitting TIN records on your TIN reference file with spaces in the Office Code or Site ID as well.

The next question goes on, you have a requirement for secure FTP data transfers or updating the passwords every 60 days. What form of secure FTP are we talking about, HHS?

Yes, please see the User Guide Section Field - I mean rather Section 15.3. There is a description of the secure FTP process. A standard HHS server is used. And your password must be updated every 60 days.

That password belongs to a log-in ID of a user associated with the RRE ID on the Section 111 COB secure Web site.

So in order to update that password, you must login to the COB secure Web site application and change the password.

I suggest that you just make a habit of doing that once a month. But the requirement is at least once every 60 days.

The next question went on to ask is testing mandatory? And yes, testing is mandatory. Please see Section 14 of the User Guide. And as we stated earlier, testing is required by RRE ID.

Someone asked whether a paper version of the ICD-9 code Version 27 is available. These are the codes that I was referring to at the beginning of the call.

There is a Web site location for downloading the files of what we consider to be valid CMS or valid ICD-9 codes, what CMS considers valid for Section 111.



I'm not going to repeat that URL again, but again, it's in the User Guide. And it does continue to be the valid address or URL.

I don't know of a paper version of this. My only suggestion is downloading it and printing it off yourself. I apologize for that.

Someone reported that they see submission periods for RREs, RRE IDs that are different from the submission periods that we're displaying on the profile report.

So if you're logging in to the COB secure Web site and see a submission timeframe that is different than what is on the Profile Report, that should not be the case. And you need to report that to an EDI representative and provide clear examples of this. And we'll try to get to the bottom of that.

Each RRE ID has one file submission timeframe assigned to it. And it should be the same as what is displayed on the RRE listing page of the COB secure Web site as well as on the Profile Report.

That question also went on to ask about email addresses from EDI representatives. Note that all your EDI representatives should have an email address that ends with @ehmedicare.com.

Some of them might be using an email address that is ending in @ghimedicare.com. The email address for your EDI representative should display on the Profile Report.

There's a question about whether CMS is considering direct data entry on the COB secure Web site for claim file reports or claim reports as opposed to the electronic file submission.

CMS is considering this, but there is no set plan or date for direct data entry on the COB secure Web site in lieu of an electronic file submission.

So currently, the only reporting option is that electronic file that's described in the User Guide.

Another question went on to ask what are considered valid characters in the Medicare Health Insurance Claim Number Field or the HIC Number?

The HIC Number Field is defined as alpha numeric. But in actuality, HIC numbers only contain numbers and letters -- no special characters.

As far as matching, if you're submitting both a HIC number and an SSN and perhaps you have a concern that maybe one or the other, the HIC number or the SSN may not be correct, the system when it receives a record either on the query or the claim file that has both a HIC number and an SSN, the system will first check the HIC number. And if that doesn't match exactly to an existing Medicare beneficiary, then we will go on to try and get an exact match on SSN.

After an exact match is found, then we look at the name field gender and date of birth.

So essentially if you're providing the appropriate HIC number for example, for a Medicare beneficiary and - but don't have the correct SSN, if the HIC number gets an exact match, we'll essentially ignore the SSN. And conversely the same is true.

On your response records back, you will get the most current HIC number assigned to that Medicare beneficiary that we've matched to. We do not change in any way the SSN that you might have submitted.

There's a question here where a last name is coming back on a Query Response File that is different than the way the last name was submitted on the query input record. However, there must have been a match on either the HIC number and SSN and three out of four of the other fields.

I assume in this case the last name did not match. Basically there's - on the input record there's a embedded space in the first six characters of the last name. And on the response record, that embedded space is not present.

On the Query Response Record we are providing our Medicare's most current information related to the name and gender and date of birth of a matched Medicare beneficiary and the most current HIC number.

What we're passing back is the last name as it is stored on Medicare's file and as it appears on that individual's Social Security card or Medicare card.

So we can't change the fact that that's the way we have it stored. If it's incorrect, the injured party or Medicare beneficiary needs to change their name through the Social Security Administration.

At any rate, the fact that we did get a match is something that you don't need to worry about. However if you were for some reason using that last name as a matching criteria, the DCN fields that we're adding in January should help correct that issue.

Another question went on to ask about threshold errors and particularly the 4%, the threshold error for 4% or more of the records being on a input file being delete records.

The questioner pointed out something about the test files that if you submit five deletes out of 100 records that that's 5% and automatically will hit that threshold.

I'm having our technical team investigate that. It's I'm sorry, something that we hadn't really thought of before but should have.

However, in all cases, threshold errors do not automatically reject a file. If a file hits a threshold error whether it's a test file or a production file, it will be suspended in a threshold status and an EDI representative always can override that threshold error.

And in the case of a very small file being submitted with maybe just, you know, five records and one record is a delete if it - in that case, if the file hits that threshold error and it will, the EDI representative is just going to release that file for processing, and follow up with you to let you know that they have done so.

So there shouldn't be a particular ongoing problem. I will follow-up on the test file submission issue though.

And finally a question was asked about what is the current version of the X12270271 mapping document or companion document for creating your own 271 files for the query process?

The most current document is dated September 24, 2009. And that can be found on the NGHP Page of the Section 111 CMS Web page that we mentioned earlier.

There was a request to provide sample claim and query files. We do not have sample claim files that we can provide for your review at this time. I have taken that as a suggestion.

But please see the User Guide for the file layout. It's a flat file fixed field length, fixed record length. I think it's fairly, while there's a lot of fields on it, it's fairly self-explanatory when you look at it in that light.

Another question was asked related to whether it was possible for RREs to either delete files out of their Secure FTP Response File Folders or if the COBC could move Response File older ones to an archive file or file directory when a new file is put out there.

No changes are planned as far as that goes. As stated in the User Guide, we keep response files out there in those secure FTP directories for 180 days.

A suggestion for how you can differentiate between these files is by using the time stamp that is a part of each file name and programming your software to recognize the time stamp and determine whether you have downloaded that response file or not.

The file naming convention for files, response files under the secure FTP file transmission method is listed in the User Guide. IT's described in the User Guide. And the time stamp, date and time stamp is a part of that file name.

Another question asked about what firewall port to use for secure FTP. And you will also see that documented in Section 15.3 of the User Guide. And it is Port 10022.

I think that is all that I have at this time. So I'll turn it back over to Bill.

Bill Decker: Thanks a lot Pat, I appreciate it. I'm going to see if Barbara Wright has anything she wants to talk about. And when Barbara is finished operator, we will open it up to questions.

And remember everyone out there, if you're going to ask questions, we have two requests of you.

One, when you do identify yourself, also please identify for us the organization you're with. And two, you can ask one question. And we want you to limit your follow-up question to just one also, one question, one follow-up. And I'll turn it over to Barb Wright and we'll proceed.

Barbara Wright: I just have one thing. Pat mentioned earlier that testing - that registration remains open indefinitely. As we've been saying on each call, failure to register by September 30 is not by itself going to result in the finding of non-compliance.

The idea is we expect everyone to be registered by December 31 and be able to test the first calendar quarter in 2010 and be able to meet production. The file submission window assigned to them in the second calendar quarter of 2010.

We were asked this morning to find out whether or not we could issue this statement in writing on the Web site. And I said that I would take it back to the people that are working on alerts and see whether or not we could do that.

Pat Ambrose: This is Pat Ambrose again. I know you're probably growing a little bit weary of listening to me but I do have one other question that I wanted to answer.

And this pertains to interim reporting thresholds for interim reporting thresholds for Worker's Compensation ORM and the following hypothetical.

If an RRE, in this case, a self-insured employer believes that a worker's comp claim is going to fall within the interim reporting exception and then later discovers that the medicals will actually exceed the \$750 threshold is a reporting obligation retroactive to when the employer first assumed ORM.

And yes, that is essentially the case. First of all the - there are several points related to the worker's comp ORM reporting exception, the 750 threshold being one. So please note that as - if it does not fit any of those particular points that it is a reportable claim.

And there is no date reported for your assumption of ORM. But essentially you're reporting the data of incident and reporting the record that you have assumed ORM as of 7-1-09 or subsequent even if it has ended since the time - in-between the time that it ended and your file is due.

So in other words, if you initially do not make the report because you believe it's going to fall into the exception and not need to be reportable but then it goes beyond one of those points listed and exceeds the threshold, then that is a reportable Worker's Compensation ORM claim.

Bill Decker: Thanks Pat. Thanks Barbara. We're all done with our (formulary) presentations. We'll open it up to questions now please operator.

Coordinator: We will now begin the question and answer session. If you would like to ask a question, please press star 1. Please remember to unmute your phone and clearly record both your name and your organization.

You will be able to ask one question and one follow-up question. Should you need to withdraw your question, please press star 2.

Our first question comes from (Camille Rhinehold), St. Louis University.

(Camille Rhinehold): Hi. I am - to provide a history of our problems, we have been successfully registered as an RRE member for some time. And we predict that as a self-insured entity we will only submit a handful of Medicare claims throughout any year at best.

We have been attempting to submit files even for the query file even though we don't need to because we've already identified our Medicare patients so that we would be ahead of the game when file - claim file submissions come due.

Our question is after 60 hours of labor we have not been able to find a flat file format using MS DOS and with the minimal suggestions that we've received from our EDI representatives.

We do not find that the file submission data is at all self-explanatory. In fact, we have, like I said, we've tried multiple flat file formats and none of them are being accepted into the HEW software.



Do you have a parameter that could be more specifically stated since there are no sample data?

Pat Ambrose: Can I ask first are you referring to you've submitted a file, a query file using the Q software and you have received a - or the response file has been created?

(Camille Rhinehold): Yes.

Pat Ambrose: And are you downloading it either secure FTP or HTTPS? Are you logging into the COB secure Web site and downloading it?

(Camille Rhinehold): We are. We've don't it a variety of times without downloading it and with downloading it so that we could get some feedback.

Pat Ambrose: Okay. I'm not quite sure what you mean. But you have to download the file and place it on a Windows server or drive. And that file does have to be in an MS DOS text format to then be submitted into the HEW software.

(Camille Rhinehold): And we understand that. We have submitted the flat file formats using the MS DOS and then put that into the HEW software which never takes. It's never come back with an acceptable...

Pat Ambrose: Okay. Well I mean I'm not going to be able to diagnose the problem over the phone. But obviously you've reported it to your EDI representative. Is that the case?

(Camille Rhinehold): Repeatedly and we're getting nowhere. We're spinning our wheels.

Pat Ambrose: Can you give me your RRE ID and we'll follow-up with you?

(Camille Rhinehold): Sure. It's...

Man: 10681.

(Camille Rhinehold): It's 10681.

Pat Ambrose: Okay. I'm very sorry for your trouble and I'll have someone follow-up with you. It's really all that we can do at this point in time.

(Camille Rhinehold): Well one other question we had, is it possible that some of the clients listening today could give us a de-identified sample?

Pat Ambrose: I think that - I thought that there were sample files available with the - no I'm thinking of something else.

You know, if someone wants to call in and suggestion something, I suppose they could. But, I mean you really have to take it offline. I'm sorry.

We will follow-up with you and I'll make sure that you get the help that you need.

(Camille Rhinehold): Thank you. We appreciate that.

Bill Decker: And not this crew here. It'll be from our technical staff from the contractor staff that handles the technical side of this. And so and we'll get back to you just as soon as we can within the next day or so.

(Camille Rhinehold): Okay, thank you.

Coordinator: Our next question comes from (Ellen Itsel) from Chubb.

(Ellen Itsel): Hi. We're attempting to test the query file as well. We're using the mainframe HEW software and have gotten that to work successfully.

We plan to send our file in FTP. We're having incredible problems getting that work. And we've escalated to the next level from our EDI rep, but I don't think we've heard anything back on that yet.

We did manually push a file in through the Web site. And after about two weeks it did get processed.

And I just converted it today using the HEW software. And the questions I have related to the data that's coming back.

I had - I sent in one record, it was not matched. So I got the 51 response code. But the fields like last name, first initial, date of birth, some are populated with what I sent in and some are blank and the first initial is just wrong.

And my understanding based on what the description is is that if there is no match, I wouldn't expect those to be populated, only the Social Security number. Is that correct?

Pat Ambrose: If there was not a match, we should not be overlaying any information that you submitted. That's my understanding as well.

So you have an example where you've got a 51 disposition code, but on that response record you received or changed information for the name.

- (Eileen Itsel): Well but the description in the User Manual of the response record, like for example, last name. It says the surname of the individual updated with Medicare information if the individual is identified as a Medicare beneficiary.
- Pat Ambrose: That's right. And you're saying that the individual was not identified as a Medicare beneficiary but you got changed information back.
- (Eileen Itsel): Right. So basically is that implying that if I don't get a match I should be echoed back what I sent in?
- Pat Ambrose: Yes. You should...
- (Eileen Itsel): Okay, that's not correct. What happened was my last name field is now blank. The first initial was changed to the first initial of the last name. Date of birth and gender are correct. But it's the names that are messed up.
- Pat Ambrose: Okay, well I'll make a note of this. You need to report this to your EDI representative as well. And we'll get to the bottom of it.
- (Eileen Itsel): Okay.
- Pat Ambrose: Oh yes, I guess I could take your RRE ID if you happen to know it off the top of your head but...
- (Eileen Itsel): Yes I do actually. It's 18282.
- Pat Ambrose: 18282, okay.
- (Eileen Itsel): And one just quick follow-up. I'm sorry, I got on to the call late because I was in another meeting.

The statement about in January of 2010 that the DCN fields will be added to the query input and Query Response File?

Pat Ambrose: That's right.

(Eileen Itsel): That hasn't been published anywhere yet right?

Pat Ambrose: No, no.

(Eileen Itsel): Now is that going to change - that's obviously going to change the record length or not?

Pat Ambrose: I believe what they're doing is versioning the software. And I - you know, I can't - I have not seen the changes myself. But what will transpire is you may continue to use the prior version or this new version. And I'll have to provide more information on how that will work.

So if you don't choose to use the DCN and to change your software and/or mapping, you know, translator software, you don't have to. That's my understanding. But we'll publish more information on that as it becomes available.

(Eileen Itsel): Okay, so that would be basically a new version of the HEW software that we would have to get?

Pat Ambrose: Yes.

(Eileen Itsel): Okay, great. Thank you.

Coordinator: Our next question comes from (Norman Reese), LA Guarantee Association.

(Norman Reese): Yes, this is (Norman Reese) with the Guaranteed Fund in Louisiana. We handle the claims with bankrupt insurance companies. And when we receive worker's comp files in here, they can be several years old when we receive them.

What's going to tell you that we just received the file and became responsible for reporting?

Barbara Wright: Are you concerned about a situation where there's ORM or are you...

(Norman Reese): Yes, yes.

Barbara Wright: I think as Pat said, there is no - when the file is submitted, there is nothing that checks specifically for whether or not an ORM file is submitted timely.

We said in the User Guide that we reserve the right to audit if we'd ever wish to do so. And presumably your records would show when that file was assigned to you.

(Norman Reese): Right.

Pat Ambrose: Yes, so there's no date that you report that indicates when you assumed ORM. So we won't mark a record or consider a record late if it's just being reported with ORM.

You have a date of incident. You have the ORM indicator and, you know, any other of the information on that record. And there should be no problem.

(Norman Reese): Yes, but this file could be several years old and previously reported by the bankrupt insurance company.

Pat Ambrose: That's fine. We do have matching - if we have a record of this on file, we do have a matching criteria that then would take your information and update existing information that we might have already about the incident.

(Norman Reese): Okay.

Pat Ambrose: Okay, thank you.

Coordinator: Our next question comes from (Ed Hogar), CFX.

(Ed Hogar): Yes I - we're working through the query file also. And we have - having an issue now where I can get a file to going through our mainframe piece. But I can't get the HEW software to work properly coming back.

Is there any sample JCL available? It looks to me like I'm missing some file names in my JCL.

Pat Ambrose: Yes there is sample JCL for the mainframe version of the HEW software. That I do know. It should have been delivered in or it should be a part of a User Guide or a manual that came along with that software.

And if you did not receive it or need a new copy or can't find it, contact your EDI representative. There is sample JCL in the bundle that's sent with the mainframe version of the HEW software.

(Ed Hogar): Okay. I did not see it in what I received, but I will talk to the EDI rep. Thank you.

Pat Ambrose: You're welcome.

Coordinator: Our next question comes from (Cory Lebranche) from LWCC.

(Cory Lebranche): Hello, a question about the claim response file, specifically the disposition code of 50 which is the record's still being processed by CMS.

We were just wondering if when we resubmit the record for that claim the next time, do we use the same action type as previously submitted or do we use say an update record?

Pat Ambrose: Yes, you should use the same action type that you submitted it on.

(Cory Lebranche): Okay, so it sort of works the same as the - I guess the SP where...

Pat Ambrose: Yes.

(Cory Lebranche): You're resubmitting it exactly the same way it was before just with updated information?

Pat Ambrose: Yes.

(Cory Lebranche): Okay. And that's it. Thank you.

Pat Ambrose: You're welcome.

Coordinator: Our next question comes from (Zenay) from State Compensation Insurance.



(Zenay): Hello. I have a - what I heard earlier on this call is even after go live we will be able to send test files. So is that applicable to QF as well?

In other words, you know, so far we have been able to send one test file manually. But obviously we are updating our backend software pieces. And we want to continue testing more QF files.

Once we're able to send a large file, would we be still able to send test files in (parallel)?

Pat Ambrose: Yes. Yes, you will be able to send test query files or test claim files even after your RRE ID is in a production status.

(Zenay): Oh I meant - okay, it's a little different. When we get the production status, the production status is applicable to the claims right? There's no such thing as query production status right?

Pat Ambrose: That's correct. You - in order to send a production query file you don't have to be in a production status. In order to send a production claim file you have to be...

(Zenay): Right, right. So the question is, if you're able to send production query file once a month, would we be able to continue sending multiple test files QF, query files that's 100 records?

Pat Ambrose: I guess I'm not really following the question. You can right now send multiple - send query files each month. They can either be test query files or production query files right now. And you may continue to do so ongoing even after you have tested the Claim Input File and gone to a production status.

(Zenay): Okay.

Pat Ambrose: Once you have gone to a production status, you may send test query files. And you may send production query files. And you may send test claim files. And you may send production claim files.

(Zenay): Okay. And so the frequency doesn't matter for the test...

Pat Ambrose: Oh the test, there is no frequency check for the test files, only production files, that's correct. I'm sorry, it took me so long to get there.

(Zenay): That's fine, got it. So...

Pat Ambrose: Now I do caution you to not use results from a test query in your production environment.

(Zenay): Right, absolutely. That's pretty clear from the talks on various previous calls.

Pat Ambrose: Okay.

(Zenay): Sorry, one follow-up question on the special characters. There's no information about names or information which has like accents like umlauts or things like that. Are you treat those as special characters (sic)?

Pat Ambrose: Yes, we won't accept those. I think we've listed the special characters. And look at the name fields particularly and particularly the error code description for the name, last name fields. And you'll see how we expect those names to formatted.

But yes, an umlaut would not be something or an accent would not be something that we can accept.

(Zenay): Okay, but the documentation doesn't talk about what do we do with those. Do we just replace by space or remove completely? I mean that - you know, we're just worried that that will reduce our chances of getting ahead.

Pat Ambrose: Well, you know, I'm not quite sure how to respond. You know, an umlaut is over an actual letter.

(Zenay): Right.

Pat Ambrose: You would just submit the letter without the umlaut over it.

(Zenay): Okay.

Pat Ambrose: And, you know, in the case of - there are - we do accept apostrophes and embedded spaces and hyphens and that sort of thing.

(Zenay): Right.

Pat Ambrose: But in cases, really what we're doing is matching to how the inter-party's name would appear on their SSA on their Social Security card or Medicare card. And beyond that and the description in the error code is about all I can tell you okay?

(Zenay): All right. Okay, thank you.

Barbara Wright: And once you have the DCN to be able to use, you could submit it both ways at the same time and be able to track it back.

Pat Ambrose: I'm not sure I understand...

Barbara Wright: He said he didn't know whether to leave a space in certain instances or not.

Pat Ambrose: Oh, you mean send the record to times with a different...

Barbara Wright: You could...

Pat Ambrose: ...variation.

Barbara Wright: Yes. And then once you've got the DCN to control it that way, you could do them both in the same submission.

Pat Ambrose: Yes, that's quite possible.

Coordinator: Our next question comes from (John Walker) from One Beacon Insurance.

(John Walker): Good afternoon. How are you today?

Pat Ambrose: Just fine, thanks.

(John Walker): My question is if we send you a field that is not going to be required until the future, product liability and generic name is an example of that, if we send that to you now, is that going to error out or is it going to get through okay?

Pat Ambrose: If it's not required it won't be a problem.

(John Walker): Okay, good. And then just a quick...

Pat Ambrose: I do want to note though, make - when it comes to the ICD-9 codes in Field 15 and the diagnosis codes starting in Field 19, if you submit those prior to when they're actually required, we will be editing those. And that's clearly stated in that section in the User Guide.

(John Walker): But as long as they're good it'll get through?

Pat Ambrose: Oh yes.

(John Walker): Okay. And then just quick follow-up, the model language form for the Social Security Number, can I get that in Word format? Is that anywhere out there? Right now it's a PDF.

Bill Decker: We don't. We don't - so hi. This is Bill. We don't have a version of that in Word...

(John Walker): Okay.

Bill Decker: ...available for you at this point. If - you can feel free to convert it yourself into Word. I know that that's possible.

(John Walker): Yes, that's what we're going to have to do. I was hoping to avoid that. Okay, thank you very much.

Pat Ambrose: You're welcome.

Barbara Wright: I would say with respect to that model language for the form, be sure you're not looking just at the model language, that you're looking at the separate alert that describes how to use that. So be sure and look at both documents in the downloadable documents.

(John Walker): Okay, thank you.

Coordinator: Our next question comes from (Romelia Leach) from Middleton (Joy).

(Romelia Leach): Hi. I just wanted to ask really quickly if the information that's being requested in the claim input file regarding products liability cases, specifically information on the product itself, the manufacturer and questions such as that, if that's subject to any FOIA request?

Barbara Wright: My understanding of FOIA is that the agency does not have to create reports that don't exist. And we're not making a report out of that. This information all goes on beneficiary specific records.

(Romelia Leach): Okay, so there won't be - it won't go out there. No one outside of CMS will have access to any of that information?

Bill Decker: Hand on a second. We're going to put you on hold just for a second.

(Romelia Leach): Okay.

Bill Decker: Yes hi. This is Bill. We just wanted to be sure that we were clear on what we were actually going to say here.

The information that comes in for coordination of benefits work in CMS, it comes in to what is essentially a closed system. And that system does not produce material that is ordinarily accessible through Freedom of Information requests.

If ever any of the information we get that comes into - this is essentially coordination of benefits data that is HIPAA protected, for example, highly classified information within the organization itself - if ever it was used in a report for some reason some point in the future, it might - that information might become subject to a Freedom of Information Act request. But it wouldn't be in the form or format actually that was sent to us.

As Barbara also points out, this information is already being collected by CMS now. This is not a new collection process. And as far as we know we've never had a - even anybody attempting or even asking for it through a Freedom of Information Act request.

(Romelia Leach): I'm just specifically referring to the sections that ask for information regarding products liability cases.

Barbara Wright: We understand that. But as we said right now, if there's a case that involves a particular product, we get that information if we're asking for it in the context of a particular thing. And we do ask for it in certain context.

So collecting it in that way is not new. And also I would point out that there is a workgroup dealing with those issues right now and refining when that will actually need to be reported.

So the language, the description of those fields right now, I think it's 58 through 62 is not final at this point.

(Romelia Leach): Okay, so it may change. Okay. Thank you.

Coordinator: Our next question comes from (Kathy Caither) from Lumberman's Underwriting Alliance.

(Kathy Caither): Hi. I just wanted to tell you about a situation that happened with me during testing the query file.

The first - I ran two test, and the first one I got back some claimants that had HICNs. And when I submitted the second test I submitted one of those records with the HICN that I got from my response file. And I changed the Social Security number to an invalid number. And it did not come back as being Medicare eligible. And I thought that the HICN would be the determining factor.

Pat Ambrose: Yes so did I. So please make sure you're reported that with examples to your EDI representative. And we'd like to follow-up on that.

(Kathy Caither): Okay.

Pat Ambrose: Make sure when you're transmitting that information to your EDI rep that you do so in a secure fashion.

(Kathy Caither): Okay. Okay, and the other thing I just wanted to mention, people have been talking about the mainframe HEW software. And I had a problem with my response file too. But it was because it comes from a UNIX machine.

So I had to do some special finagling for that. So that may be something that needs to be added to your instructions?

Pat Ambrose: Well if you're using the mainframe version, well I can't really say necessarily. I was assuming that they would have selected the Connect Rep file transmission option and the file would be transmitted in a, you know, in a mainframe (citic) format and not...



(Kathy Caither): Well we were downloading it from the Web site.

Pat Ambrose: And so you're downloading it from the Web site and then transferring it to a mainframe environment?

(Kathy Caither): Yes. And I actually had to FTP it to the UNIX and then turn around and copy it back to the mainframe in text format.

So that might be - because when I first got it, I had like really strange characters in several fields and blanks in some. So that might be that other lady's problem.

Pat Ambrose: Okay, definitely appreciate that. Yes, I've got this down as an issue to follow-up on, you know, that there's formatting issues as far as...

(Kathy Caither): But that could be something you might want to look at.

Pat Ambrose: Okay. Thank you very much.

(Kathy Caither): You're welcome. And that's it.

Coordinator: Our next question comes from (Sherry Maluski) from (Marin Marvel).

(Sherry Maluski): Hi. I wanted to find out if defendant companies have to report a settlement in a fear of cancer claim such as where a plaintiff alleges after a chemical release or similar incident that he or she is scared that they're going to get cancer?

Barbara Wright: If medicals are claimed and/or released is the criteria for reporting if there's a settlement judgment award or other payment. It's not a matter of proving whether or not they got cancer.

If they're claiming whether it's future or otherwise, then it's being released.  
Then yes.

(Sherry Maluski): But they're not really claiming a present injury. They're claiming fear of getting an injury in the future. And that's possible...

Barbara Wright: But I'm back to what is being claimed and/or released. I would be willing to bet in that situation it's releasing future medicals associated with it. So it is releasing medicals. So yes, it would have to be reported.

(Sherry Maluski): And how would you - what ICD-9 code would you use for something like that?

Barbara Wright: The one that's related to what they're claiming. And if they're claiming mental anguish along with it, any codes for that.

(Sherry Maluski): They're - I tried to look up the ICD-9 codes and I didn't see anything regarding fear of getting cancer.

Barbara Wright: We can look at it further, but it does need reported.

(Sherry Maluski): Okay.

Pat Ambrose: Do you have another question? Operator?

Coordinator: Yes, our next question comes from (Victor Windish) from Illinois Hospital Association.

(Victor Windish): Hi. I'm calling in regards to an issue that you touched on a little bit, but I wasn't sure if you were responding to my specific question because the main part of the question wasn't answered.

Can you basically give me basically the gist of - let's say we have a return file that comes back to where not all three of the four remaining criteria are met, how are we supposed to be able to distinguish which of those four remaining criteria has to be corrected and sent back?

Or do we just assume that they just didn't match the beneficiary? And what brought this to my attention was I submitted a deliberate error test file to where the first time it came back as - identified as a beneficiary.

Then I went back and I deliberately messed up three of the remaining four fields. And it came back as 51 code.

So how would I be able to know which ones I'm supposed to change or if I should just assume the reason why it came back as a 51 is because they weren't a Medicare beneficiary?

Barbara Wright: Well we really can't - we cannot tell you specifically what fields matched and what fields didn't match.

You know, for example, we get a match on the SSN but the, you know, the name and whatnot, other fields, we don't get a three out of four. You know, we can't allow the query process to be kind of a fishing expedition for finding

out whether certain numbers are valid SSNs or not and who they might or might not belong to.

(Sherry Maluski): My concern then is for the one that get missed because we weren't able to distinguish if they were actually beneficiaries or not, are we going to get fined for those if they're found out down the line if they were a beneficiary and we should have submitted them but...

Barbara Wright: You need to be looking at whether or not there's other aspects you need to check or whether you need to double check it.

If someone's age 65 and you're not getting back a hit as a beneficiary, almost certainly, not absolutely, but almost certainly you've got an error.

You need to think about if you have reason to believe that person's a beneficiary. For instance, if it's a situation where it's a catastrophic injury and that injury was more than three years ago, in all likelihood, if the person's going to become a beneficiary based on that, they will have by now.

So you're looking at the severity of the injury. You're looking at the names et cetera. If you put down the name Bill, should you also test it with William? Quite possibly.

But it - to give you back what you've asked for would mean that we're releasing privacy protected information without absolute certainty that it belongs to the person that you contacted us about.

If you give us an SSN and that turns out to be someone that's a Medicare beneficiary but maybe you got a digit scrambled in the SSN. If we come back and tell you that that is a valid beneficiary and here's the name or the birthday

or anything that goes with it, we're giving you information on someone that you don't have the right to have the information about.

And that's what happens if we release any fields without enough certainty that it's a hit. So as I think John Albert has gone over on several of the calls, we cannot release information on what fields do in fact match.

(Sherry Maluski): So it's total hit or miss on our part basically. I mean it's, you know, every - if we try to send, you know, two or three different ways a first name could possibly be spelled for each file that came back as a 51 on our return effort, those files are going to become huge.

But that's pretty much the only way we can check to make sure that every field and every possible scenario of that field could be submitted?

Barbara Wright: Presumably you're also going to be asking the person whether or not they're a Medicare beneficiary.

And you do have the model language model form if you - if they won't give you any answer.

So we've given you various ways to approach it. Can we give you 100% certainty one way to approach it? No.

(Sherry Maluski): Okay.

Pat Ambrose: I mean obviously when you're first trying to collect this information from a Medicare beneficiary, you would want to get the information as it appears on their Medicare insurance card if at all possible.

Barbara Wright: Yes. I mean if they'll let you copy the card, that would be the best or...

(Sherry Maluski): Yes and in our issue as a lot of our people were dealing with, they refused to provide that information.

Pat Ambrose: And that alert and model language do cover scenarios such as that.

(Sherry Maluski): Okay.

Pat Ambrose: And what your due diligence is.

(Sherry Maluski): Are you suggesting is just to try to filter out the ones that come back. Okay, if this one came back as a 51 are they over 65? If so, then try to resubmit it?

Pat Ambrose: Yes, yes. That...

Barbara Wright: Or do, you know, a further approach if you haven't had the model language signed or anything yet.

Because people who are in fact Medicare beneficiaries have an obligation to cooperate in coordination of benefit situations.

Bill Decker: And provide their Medicare ID number to whoever is an insurer or maybe paying for them. They have that obligation. And you can remind them of that.

(Sherry Maluski): Okay. All right, I guess that's as good as we can get on this one. I appreciate your effort on that answers.

Coordinator: Our next question comes from (Stacy Bolin) from (Octicomp).

(Stacy Bolin): Yes, I have a question regarding we're also trying to just beginning our query file testing. And I am just struggling a little bit with how to determine that the file has been received.

We - and just kind of what is the response time for that. It seems that with what we submit, it can be anywhere from 24 to 72 hours before we eventually get notification that there is even a file in process.

And I don't want to get them in a situation where they are already - where the agent is, EDI rep is actually having to move them along.

But so I mean, is there any way that I can tell visually from within the Section 111 Web site what has been received, what has been transmitted and to that point?

Pat Ambrose: Yes, if you - it sounds like you have a login ID and password to the Section 111 COB secure Web site.

(Stacy Bolin): Yes.

Pat Ambrose: And from that when you login, the first page you'll see is the RRE listing page.

(Stacy Bolin): Yes.

Pat Ambrose: And you may select for test files the test file results page. And that will show a status of the file, whether it's been received and what status it is in processing. And that's also where you would see if it has completing (processing) and if a file is available for download.

So that - and then for production files there's a, I believe it's called a...

(Stacy Bolin): A file processing. Yes, and I tried to use those links. That doesn't appear to be happening. I mean I've never been able - and I'm working with about 11 or 12 RREs. But we're just starting testing. And we're doing it manually at this point.

I haven't yet been able to see just for what's been received besides the email notification that comes a day or two later. So I can't see if it's sitting up there waiting to process.

Once I see that it has processed, there's no way for me to link the file type as it suggests in order to get the response files or am I missing something here?

Pat Ambrose: Well I don't know exactly without seeing more detail of the screen in question and that sort of thing.

So what I'd like you to do is first make sure that you're using the action for test file results and not the file processing action that would...

(Stacy Bolin): Right.

Pat Ambrose: ...production files. Secondly, after you login, you should see a Section 111 COB Secure Web site User Guide up there available for download. That might be helpful.

And thirdly, if there is a problem and you've received an email that, you know, the system generated email saying that a file has been received...

(Stacy Bolin): Yes.



Pat Ambrose: But you do not see that file on your test file results and anywhere...

(Stacy Bolin): Yes.

Pat Ambrose: ...that, then please take screen prints and forward that information to your EDI representative.

(Stacy Bolin): Wow. Okay, because - yes, okay I will definitely do that because I'm talking probably, talking 11 individual files. I can see if it was an isolated event. But yes, none of them I don't get any result for any of them.

I have confirmation emails that they've been received. And I do not have any way through the test.

Pat Ambrose: And when you log on to the site, you see the...

(Stacy Bolin): Yes.

Pat Ambrose: ...RRE IDs?

(Stacy Bolin): Yes. I see them all and I - yes.

((Crosstalk))

Pat Ambrose: So we're not going to be able to solve it on this...

(Stacy Bolin): Right, right.

Pat Ambrose: ...so please report that to your EDI representative. And include screen prints and, you know, the email that was - if you have a copy of the email that was issued. Actually they'll have a copy of that as well. But, you know, as much information as you can provide. That would be great.

(Stacy Bolin): Okay. And I guess the follow-up should be on that. How long should it take for - we have one that's kind of in progress because we can't get the account manager changed. So we can't really proceed with testing without notifications going to our clients.

What - and we've been - we've had this in the queue for two to three weeks now.

Pat Ambrose: Yes, changing account managers can take some time because it's a highly manual process for us at this point. There'll be more automation available to EDI representatives in the future. But that's not an usual wait period for a change of account manager at this point in time.

(Stacy Bolin): Okay. All right, thank you.

Pat Ambrose: You're welcome.

Coordinator: Our next question comes from (Dan Klegg) from Massachusetts Water Association or Resources.

(Dan Klegg): Hello. I have a technical question. And we're relatively new to this system. And basically what I've done is I've developed a system in Microsoft Access and that's going to contain many files.

And I believe that those files go into your system called HEW, the HEW system. And then the HEW system processes them, encrypts them.

And then at that point I take that encrypted file and I send it to you via the HTTPS. Is that correct?

Pat Ambrose: Yes. And actually what the HEW software is doing is translating your file, the flat file that you feed into it, it's translating it into the ANSI X12 270 format and under which then it is as you said, uploaded via HTTPS, you upload it to the COB secure Web site, yes.

(Dan Klegg): And the latest version of that HEW software is a Windows based software?

Pat Ambrose: There is - there are multiple versions of that software. It's available in a mainframe version that you can get from an EDI representative. Or the Windows PC server version, the Windows version is available for download on the COB secure Web site or from an EDI rep.

(Dan Klegg): Yes, thank you very much.

Pat Ambrose: You're welcome.

Coordinator: Our next question comes from (Ann Araba) from (Quantra).

(Ann Araba): Hi. We are a healthcare (elected) software development company. And we have like around 2000 hospitals as our clients. And we are developing the main software application for them to submit this claim file.

So right now like we would like to test the submission files. We don't have any RRE ID. And can we just (test) for RRE ID and do a submission testing? And what is the procedure for that?

Pat Ambrose: So you're acting as an agent, a reporting agent on behalf of RREs. What you need to do is I'm assuming that your customers, the RREs have registered and obtained RRE IDs on the COB secure Web site.

They then need to invite you as an account designee. So the account manager associated with that RRE ID needs to invite you to become an account designee user associated with that RRE ID. And then you'll have the ability to log into the site and upload, download files or to send via secure FTP with your login ID and password.

You really need to review the entire User Guide and file transmission methods, review the registration section and the file transmission methods and also go to the Section 111 COB secure Web site which is [www.section111.cms.hhs.gov](http://www.section111.cms.hhs.gov) and look at the menu options at the top under how to.

And those menu options, the how to documents will describe this process and explain to you how you need to become associated with those RREs on the COB secure Web site. And it will allow you then to test. And you must send test files for each RRE ID that you plan to submit.

And agent can't test until they do have an actual customer who has registered and obtained an RRE ID. And you must test for each customer, test for each RRE ID.

(Ann Araba): Oh okay. And I have one follow-up question. The HEW software, like so I can download it only once I get the login ID and password right?

Pat Ambrose: Yes, or you may actually call the COBC EDI department main number. That's also provided either on the Web site I gave you or in the User Manual and obtain - you can obtain a copy of that prior to getting your login ID if you'd like.

(Ann Araba): Oh and can I (enroll) this software programmatically? Do we have any (peer) for this or is it like standalone?

Pat Ambrose: The Windows version is standalone. We are making changes to that that will be available in January so that it can be invoked in a command line process. But it will only run in a Windows environment. Or you can use the mainframe version of the software.

(Ann Araba): And do we have like sample ANSI X12 275 that we can look at?

Pat Ambrose: I don't believe that it comes with sample files, no. But there is, you know, the HEW software will take the flat files that are described in the User Guide and translate them into the X12 270 and back from the 271 so that you can use the flat file format.

Another option is to use your own X12 translator and not use the HEW software at all. And if you're using your own translator, then you'll need the mapping document that can be found on the CMS Web site. That's also listed in the User Guide and basically in the same location as the User Guide.

(Ann Araba): Okay yes, thank you.

Barbara Wright: Operator, could you give us some idea of how many questions we have in queue since we're getting close to 3 o'clock?

Coordinator: Yes, actually there are no other questions in queue.

Bill Decker: Okay operator, this is Bill Decker. I want to say a couple things at this point in that case.

First of all, in the general area of RREs and their relationship with agents, we've had some reports that RREs are designating firms to be their agents without actually having talked to the firm ahead of time.

And the firms that are being designated as agents are somewhat taken aback as they've had not actual relationship with a particular RRE.

Any RRE that wishes to use an agent is - we're perfectly happy to have you do that. But you really need to talk to the agent before you make the - and before you literally invite the agent to be your agent through the Web site, not surprise them with notices from us saying gosh, you're the agent of a firm. Did you know that?

And we - it's really - it'll hold up your registration process. And that's what's the important part of that to you.

The other thing I'll mention right at this point is that a number of folks have talked about talking to their RRE, being an RRE and talking to their EDI representative and wanting to know what happens if the EDI representative doesn't seem to be able to manage the question that they're asking.

And we'll refer you once again to the escalation process we have in the NGHP User Guide. It gives you a route to follow to move your question further up the chain of command at the COBC. That escalation process is in Section 18. Precisely it's at Section 18.2 starting on Page 104 in the NGHP User Guide.

We refer you to that again if you do need to go further along the chain of command at the coordination of benefits contractor. That's how you should do it.

That's - and thank you Barbara. It does not however, we do want to point out that it doesn't eliminate your need and your responsibility to read and understand all the information that's in the NGHP User Guide before you go into the escalation process.

Operator is there any more people wanting to ask a question?

Coordinator: Yes, I show two more questions.

Bill Decker: Okay.

Coordinator: The first question comes from (Francis Bauman) from (Folstin Sikand).

(Francis Bauman): Yes, hello. I was the gentlemen who asked that question earlier, the written question that dealt with the \$750 reporting threshold in the Worker's Comp ORM.

You guys indicated that, you know, if we have a claim at the beginning of a quarter and we believe that all the requirements are going to be met and we're not going to have to report and, you know, a quarter or two quarters later we get another bill that puts us over that \$750 reporting threshold, the exception

wouldn't apply. And we would - we should have reported that claim back in the first quarter that we assumed ORM.

And what we're really concerned about is the \$1000 a day penalty. So I was wondering if in that situation, would we be subject to a \$1000 a day penalty?

Barbara Wright: Two things. First of all, when you're checking, when you're doing the 750, you need to be absolutely sure that that's not what you're hanging your hat on.

If this is a claim for something other than only medical, then right away it doesn't meet the threshold. We don't care if it's - you know, it's not falling under that 750 threshold for ORM if it's not a claim for medicals only.

You need to look at all the criteria we've got in the User Guide if you have a belief that it fits all of those including under the 750 and then it turns out there's a bill you didn't know about, then fine, report it. And again, you should be able to document - you should have in your records if we ever come back and ask why you didn't report it till then.

Pat Ambrose: There's no automatic generation of a fine or penalty. You know, so you want to report this claim as soon as it does exceed the criteria listed there for Worker's Comp ORM and so submitted on your next quarterly input file after it has exceeded those threshold points. And you're good to go.

Barbara Wright: Yes, as we said earlier, we reserve the right to audit. Are we going to be out there auditing every week? I, you know, that doesn't sound like that's something that will be on our agenda right now.

But the point is, maintain documentation of why you reported it when.



(Francis Bauman): All right, thank you.

Coordinator: Our next question comes from (Paresh) from Web Endeavors.

(Paresh): Hi. Thank you for taking the call. I was wondering if POBC was going to provide any functional acknowledgements or files uploaded through the SFTP server?

Pat Ambrose: I'm afraid I can't answer that since I'm not quite sure what that means.

(Paresh): Okay. Essentially all it means is that once a file has been placed in an RRE's folder that there is a response that is generated by COBC servers to acknowledge the file being successfully received by them.

Pat Ambrose: There's no plan to do that. Is this - this isn't the X12 997 or something like that that you're referring to is it?

(Paresh): Well yes, typically it is the case for the X12, the 997. But then there should be something else that probably should be available for the flat files for the quarterly claim detail as well.

Pat Ambrose: Yes, no, we don't use that function and there's no plan to implement it. You do get an email sent to the account manager. And then you can see the file status as having been received when you login to the COB secure Web site and (that)'s that.

(Paresh): Is there anything in queue or anything that maybe you guys are planning? I know during the last call we had covered the fact that email acknowledgements were going to be sent to reporting agents potentially as well as account designees.

Has there been a timeline established for any of that?

Pat Ambrose: No I'm afraid not. We don't have a time for when we might consider making the email notifications more flexible.

Right now they're mainly going to the account manager. There's a couple that go to the authorized representative. But those are the profile report warnings. But day to day emails right now we're only going to the account manager. And there's no scheduled date for a change to that.

However, we have made a note that that request has been made numerous times.

(Paresh): Okay. I was just speaking from maybe the reporting agent perspective to having follow back up with the account manager to obtain status on a potential file that's been submitted or when it's processed by CMS.

Pat Ambrose: Yes. I mean I would encourage account managers to forward the emails they receive from the COBC regarding Section 111 files to the appropriate account designees who are responsible for file transmission.

It also allows the account manager to maintain that control over the whole reporting process. But they should be, you know, manually reporting those emails themselves on to their account designees.

An account designee can always log in to the Web site, but I realize with hundreds of RRE IDs or thousands that that's not practical.

(Paresh): Exactly.

Pat Ambrose: There are some agents who are setting up systems to in a sense look at their secure FTP directories on a regular basis for new files or when they expect a file to have arrived.

If you're doing that sort of thing, kind of sweeping directories, please only do it once a day. We only place files out there after the batch cycle. And if the file's not there by 8:00 am, it's not going to be there later in the day either. So that's another option that you have that might be less than perfect. But that's the way it is right now.

(Paresh): Okay, thank you.

Pat Ambrose: You're welcome.

Barbara Wright: Operator?

Coordinator: I show no further questions at this time.

Barbara Wright: Okay.

Bill Decker: Okay great operator. Thank you. We're going to conclude this call then. We thank everybody who called in. We appreciate your questions. We hope we were able to answer most of them successfully for you.

As I said, we will be having another call later this month. I think it's the 17th but don't quote me on that because I don't have the paperwork in front of me right now.

And we appreciate your input and we are looking forward to continuing to work with you. Thank you very much for participating and for us here at CMS, thank you and good-bye.

Barbara Wright: Operator, could you stay on the line for a minute?

Coordinator: Sure, just a moment.

Thank you for participating in today's conference call. You may disconnect at this time.

END