

TRANSCRIPT
TOWN HALL TELECONFERENCE

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

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DATE OF CALL: October 6, 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
October 6, 2009
12:00 pm CT

Coordinator: Good afternoon and thank you for standing by. I'd like to remind all our participants your line will be in a listen-only mode throughout the presentation. To ask a question please press star 1. To withdraw your question press star 2.

This call is being recorded. If you do have any objections you may disconnect at this time. And I would now like to introduce your host for today's call John Albert. Sir you may begin.

John Albert: All right, thank you and good afternoon or good morning depending on where you're calling from. Just to set the record straight, today is a Section 111 Non-Group Health Plan teleconference that's specifically geared towards your technical questions regarding implementation.

Today is Tuesday, October 6, 2009. This call is being recorded and a transcript will be available.

I wanted to start off by saying that just mentioning when I have to at the beginning of every one of these calls is that these calls are meant to provide information and feedback and facilitate discussion of the implementation of Section 111.

However all official guidance concerning Section 111 implementation is found at the Mandatory Insurer Reporting Web site that you are all familiar with.

So if there is ever an instance where we may contradict something that is written in the User Guide for example, the User Guide is the official source of that information until it's updated. So I just wanted to put that out there.

We're going to begin today with a presentation by Mr. Bill Decker also (Jim Mayhew) from that Coordination and Benefits Contractors Assisting - or not (Jim Mayhew).

Man: Jim Brady.

John Albert: Jim Brady, sorry about that. I have my (Jim)'s confused, is going to also do a presentation of some questions and answers that they've received at the Coordination and Benefits Contractor related to this particular topic today.

For everyone that's out there, we've actually been doing data exchanges now with the group health plan community for quite some time as we get ready to roll out the non-group health plan reporting. We continue to receive questions specific to the unique requirements of the NGHP file and record layout.

But some of the questions that we receive through both the GHB and the GHP are universal to both formats and such as operation of the secure Web site et cetera. And with that I'd just like to turn it over to Bill Decker who's going to go over some points since we had our last call.

Bill Decker: Thank you John. Hi everybody. This is Bill Decker with CMS in Baltimore, Maryland as we all are here today. I'll reiterate who we have on board. And John Albert who you just heard, me Bill Decker.

Sitting next to me and presenting in a little while is Jim Brady. Jim is the Director of the Coordination of Benefits Contractor Operations for Section 111 implementation.

Sitting across from Jim is Barbara Wright who will also be taking your questions and giving you some answers. And next to Barbara is (Bill Zaboya), our Correct Policy Expert. He'll be chipping in from time to time.

We have other staff here both from our contractors and from CMS. And if they need to speak up I'm sure that there will.

I have a few announcements that I'll now go through quickly for you. Once again this is a non-group health plan call. If you're a group health plan this is not your call. You can leave now. It was nice chatting with you.

If you're a non-group health plan you can stay on the call but this is a call dedicated to your technical questions not your policy questions.

I know that sometimes it's hard to keep the policy away from the technical and vice versa but really if we can limit it to technical questions we'll all be happier here.

The first thing I wanted to talk to you about today is that we have posted transcripts of earlier - transcripts of earlier calls of these national teleconference calls.

And as you all know those transcripts are available on our Section 111 Web site. We became aware - we've been aware for a while but we're reminded again this morning that the most recent transcripts of these calls are not yet up on the Web site.

And we are aware of that. It's been - we knew it all along. We are actually rearranging the information on the Web site so it will be more accessible and more logically available to folks. And that will be finished in about a week and a half.

And at that point all of the transcripts that we have available will be up on the Web site. You can look forward to seeing the most recent ones that we get.

We're not having problems getting the transcripts. Our issue is the space that we have available for them on the Web site. And we have to rearrange the Web site in order to get everything available.

So if you'll just be a little patient with us for the next week and a half or two weeks or so all those transcript will be up.

The second point I wanted to go over was that I want to remind everyone that if you have some sort of an issue, a problem, series of questions that you are having difficulty getting answer through your regular EDI representative at the Coordination of Benefits Contractor, we have an escalation process for you to use to move your issue further up the organizational ladder. If you'll look in the NGHP User Guide Version 2.0, that's the guide dated July 31, 2009 which is up on the Web, on Page 104 in Section 18 you'll see a section of the User Guide titled Customer Service and Reporting Assistance for Section 111.

And specifically in Section 18.2 of that area of User Guide is a description of the escalation process and the steps that you should take to move your questions along through the escalation process if you believe you need to do it.

There are actually four steps in that process. And we remind folks that if you go through the first two and then decide that you're done or that you want to send your question into the mailbox or heaven forbid you should try to call someone here at CMS, you actually haven't finished the escalation process.

You're really - we really do need to have you go through it completely so that the top ranking management at the COBC can find out from you personally what your issues are if you have them.

The top ranking person at the COBC is sitting next to me. That's Jim Brady. And if he gets your call you've reach the top of the escalation process. And we just want to point that out.

Man: Just don't start there.

Bill Decker: Don't start there. Follow the process as it is in the User Guide.

The third thing I want to go over this morning is on the subject of foreign addresses. If you are a company that believes you'll have to be an RRE but you have no US address or you have no US tax ID number or EIN, please wait for further instructions from CMS before attempting to register for Section 111 reporting.

Registration instructions for these companies are currently under development. When we have finished we will put the instructions on the Web site and we will issue a publication alert.

We anticipate having instructions for potential foreign - address foreign reporters, companies with foreign addresses or no US TIN or tax ID number

of any sort up on the Web in the next couple of weeks. We've mentioned this on the last NGHP call last week and we're repeating that same information here to you folks in case you weren't on the call last week.

The fourth point I'll go over is computer based training. Computer based training classes are available. There are available to you for free. You can sign up for them through the Web site. We urge you to go there and take courses on the NGHP data reporting process. If you have not done so or if you have started the process and stopped for some reason you can go back.

Remember that the computer based training courses are for you. They have been developed and are constantly being updated based on your feedback. They are free. And you can take them at any time.

And we urge you all if you're going to be engaged in this process for any length of time to take a look at the CBGs that are on the Web site and take those courses if you possibly can.

Last piece on the introduction that I'm doing now is this one. We have new information dated September 28, 2009 that has been added to both the NGHP and GHP pages on the Section 111 Web site.

RREs, that's you all, and others folks working with you all should pay particular attention to the bulleted item on that new information that went up on the Web site on September 28.

The bulletin item titled Use of Agents. We are going to remind you all that RREs, that the agent simply works for you. The agent is not the RRE, you are. If it is your agent, the agent is working for you not vice versa.

It is the RRE that is responsible for the completeness and accuracy of the data being submitted by the agent on behalf of the RRE. And I think that we'll probably be covering that in a little bit more detail as we proceed along here.

Let's take a deep breath everybody because we're now about to get into the presentation of the technical information, our technical announcements ahead of this call. And I'll open it up and then I'll turn it over to Jim Brady will take us through some - a little bit deeper into the woods on these.

First announcements. We have recent postings to the Web site, an updated companion guide for those using their own X-12 translator for the query filed 270, 271 transactions set was posted to the NGHP Web page on September 24, 2009.

There were no changes made to the mapping, just additional information that was added to help clarify the reporting requirements. The document is only for those not using the HEW software for query files.

An updated curriculum for the Section 111 NGHP CBTs, the Computer Based Training was also posted at the - at about the same time. That is available for your training on this new translator.

Next, please be sure the Section 111 emails from the COBC are not filtered by your spam software. Emails generated by the system are sent from this address cob@section111.cms.hhs.gov. Please do not let those go into your spam filters.

Again it is cob@section111.cms.hhs.gov. Do not send those automatically to spam. Those are important emails and you have to read them. They are important enough so that we want to keep them in front of you. They're also -

I remind you that if too many of you send this email address into your spam filters it may get picked up and be added to others. We can't have that happen. Please keep that away from your spam filter.

John Albert: And this is John. This is related again to the RRE versus the agent issue that you may have an agent but again there are emails generated to the RRE. You need to pay attention to those because again you are ultimately responsible for the reporting.

Bill Decker: Hang on just a second please. We're going to put you on you for just a moment.

Other emails from the COBC such as those from your EDI rep will end in .ed - will end in edmedicare.com or ghimedicare.com. And we wanted to point out that those terminating addresses are also not to go into your spam filters. That's the cobc@section111cms.hhs.gov or at ehimedicare.com or@ghimedicare.com. All three email addresses have to stay out of your spam filters.

Moving on, note that the registration process on the Section 111 COBSW the COB secure Web site will remain open and operational indefinitely. Just because we are at the close of the official registration period does not mean we are shutting down the registration process.

Anybody who hasn't registered yet for any reason and who still needs to register can register at this point or at any time going into the future.

Remember that there will be some RREs that don't even exist today. Their registration ability has to remain out there for them and so that registration

ability will stay up and will be functional throughout the life of the Section 111 reporting process.

We ask you to register at certain times and to do other things at certain times because that way we can more effectively and efficiently control the flow of information coming to us and going back out to you. But it doesn't mean we're shutting down any systems just because we're at an arbitrary deadline.

Next we are preparing downloadable files for test beneficiary data. And the - and to replace the insufficient ICD-9 codes in Appendix H. and the error codes.

These - this new information, these new pieces of information should be posted within the next two weeks.

We had a follow-up from the 9-8-2009 call which was the earlier NGHP tech call. And I will go through those quickly. And if anybody here sitting here wants to go over any of this other - any of this information again in any more detail will ask to do so. I'll just read what others have produced for me here.

The CJ06 error stated that the ORM termination date must be at least 30 days greater or after the CMS date of incident. The ORM termination date must be at least 30 days greater or after.

That was the - what the error court did say. This is due to an internal Medicare system the COBC must interface with. As stated on the last technical call if ORM terminates in less than 30 days from the date of the incident, the RREs are to plug a date 31 days after the date of the incident into the ORM termination date field.

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

There is 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 the limits were reached quickly on a no-fault claim.

Going a little bit further. Please ignore the “non-attainment of productions status” emails that you might have received. Please ignore the non-attainment of production status emails you might have received.

There was a system problem that erroneously generated those warning emails. The claim input file testing will not begin until January 2010.

The status of your RRE ID cannot change to production until after claim input file testing is completed. This testing must be completed and your RRE ID changed to a production status in time for you to submit your first production claim input file in the second quarter of 2010. That’s the quarter starting in April and ending at the end of June during your assigned file trans submission timeframe.

Future days will not be accepted on test files processed in January except for ORM termination dates.

Future dates will not be accepted on test file processed in January except for ORM termination dates.

The system will accept future date for ORM termination dates. However other dates submitted on test files cannot be future data for testing periods. These

include the date of incident, the industry date of incident, the exhaust date for dollar limit for no-fault insurance. TPOC dates, funding delayed beyond TPOC start dates and file submission dates on the header and trailer records. Remember these other dates on test files cannot be future dated.

That CMS date of incident, okay once again the dates that cannot be future dated or CMS date of incident, industry date of incident, exhaust date for dollar limit for no-fault insurance, TPOC dates, funding delayed beyond the start of TPOC dates, and file submission dates on the header and trailer records.

Next, files stored on the Section 111 coordination of benefits secure Web site and SFTP server for download are in MSDOS format. Files uploaded should be in MSDOS format.

When downloading from the SFTP server to a UNIX server the file will most likely be converted to a UNIX text format -- Text, T-E-X-T format.

Note that the files that serve as input to the HEW software must be in MS and DOS format.

So if a query response X-12271 is downloaded to UNIX you must convert it back to MSDOS format first before running it through the HEW software on a Windows server. This can be done by opening the file in Wordpad not Textpad and saving the file, selecting MSDOS Text as the file type.

That's an instruction that we gave at the last call too and it's a little bit complicated. If those of you on this call want that repeated later please ask us to do it.

That's files stored on the Section 111 COB SW are and have to and have to be in MSDOS format.

Remember that if you have a situation, finally this is the last one that I will be going over in any case, remember that if you have a situation where a foreign RRE does not have a TIN or US address, please report this to the COBCEDI department.

As you know we are in we are in the process of developing a methodology for us to cope with and work with foreign reporters. And if you are a foreign reporter, you should be telling the COBC so that they can tell us that you're out there and so that we know that you are have contacted us and we know that you are - wish to be in the pipeline.

If you don't have someone at the COBC who's already assigned to you, you don't have your own EDI representative yet you can contact the COBCEDI department at the following number, 646-458-6740. Once again if you're a foreign RRE and you don't have a TIN or a US address and you don't have an EDI rep call 646-458-6740 and let us know who you are and that's your - and what your situation is.

Now I'm done with my presentation piece. I'm going to turn over the next section which is we're going to be discussing some particular answers to particular questions.

I'm going to turn this piece of the - of our call this afternoon over to Jim Brady from the Coordination of Benefits Contractor. Jim?

Jim Brady: Thank you Bill. I'm going to jump right in in the interest of time. I'm going to jump right into the questions that we received since the last teleconference and give you our answers to them.

The first question we have is somebody who was asking will software be available for the actual claim reporting as well as the translation? No. No free software for claim reporting will be provided.

RREs are expected to develop their own software or contract with an agent for the solution.

Next question that we have is somebody asking to confirm that reporting is only done quarterly and not when claims actually settle?

And to better answer that one I'm actually going to refer you back to the User Guide. But in essence the answer is yes. Report the claims after they're settled paid, or is assumed on the following quarter's file. However keep in mind the 45 day grace period. If the settlement payment or ORM assumption is within the 45 days of the next file submission then you can delay. Otherwise you need to report that.

There was a related question in that email were somebody was asking about the request for a total number of paid claims per year. And just to clarify that, the reason we asked for that is so we can appropriately identify the size and the scheduling so that we can balance the load.

And that's the reason for that answer so if you have an estimate it should be spread evenly through the quarter and it will be what's used to determine your particular slot in the new schedule.

Next question is regarding the difference between HIC number and the SSN and specifically our preference for the HIC number or Health Insurance Claim number. And we prefer the HIC number, the Health Insurance Claim number. We will convert from an SSN if necessary.

But the reality is that yes we understand the question pointed out the fact that there is an embedded SSN in that. Yes we we're aware of that. And all of the same privacy and security rules apply to the collection of the HIC number and the SSN. So your data is secure.

The next question is regarding a Worker's Comp claim where there's a - where the injured worker was born in 1944 and just became Medicare eligible. So the date of the injury in this example is 1976, January of 1976.

And according to the question the healing was reported complete and the treating physician signed off in October of '77. And there is a lifetime award of \$515 per month because of the way that state law worked.

So the question there is since they assumed the administration from another TPA, who probably assumed it from another et cetera over the past 33 years, the records are incomplete and they are stating that the RRE is unable to determine if the order to pay \$515 per month is related to medicals or not.

So in answer to the question please refer to - there's an alert out there - I'm sorry. So in answer to that question there is no ORM reflected by the periodic Worker's Comp indemnity payments and no report is needed.

So if it's a Worker's Comp related ORM and there is a periodic Worker's Comp payment associated with it, it is not considered a TPOC.

And the alert dated September 13, 2009 on the Web site at www.cms.hhs.gov/mandatoryinsrep. That's M-A-N-D-A-T-O-R-Y-I-N-S-R-E-P in the What's New tab. That alert dated July 13 goes into detail on exactly that requirement.

And specifically what the alert says is that this alert addresses periodic Worker's Compensation payments in situations where the applicable Worker's Comp law or plan requires the RRE to make regularly scheduled periodic payments or on behalf of the claimant, to or on behalf of the claimant and the applicable Worker's Compensation law or plans specifically precludes these periodic payments from inclusion in - from including any direct or indirect payment from past, present or future medical expenses.

The RRE does not have to report these periodic payments, otherwise these payments are considered to be part of and reported as ORM.

Barbara Wright: Please note that the industry has indicated the language in that alert was not particularly helpful, that virtually all state laws the - what the industry told us is that virtually all state laws do not specifically preclude the periodic payments from including medical. But that's not the way the language tends to be drafted.

So we have had suggestions from the industry to revise that language and that's under consideration right now. If we revise it, it would be making it more flexible for the industry not less flexible. But you should know that's under consideration.

Jim Brady: Okay. The next question that we had in the mail boxes since last call is somebody who's looking for more clarification on the length of the HIC number field. And the question is it can be anywhere from ten to 12 characters

depending on what additional tags are assigned to an SSN to indicate the claimant's eligibility status.

And then it goes on to say that the (IBS) does not indicate how to format if it is less than 12 left justified, right justified et cetera, et cetera. So the answer to that question is that it should be left justified. It's defined as alpha numeric and as such the HIC number should always be left justified and it should be verbatim. So if it's 123456789A that's all you should have and it should be left justified.

If you refer to the table in Section 9.2 where it's got the requirements for each data type, it actually goes into considerable detail on how to format and the default block values for that.

Next question.

Barbara Wright: The next was a company that questions about claims that are self insured for general liability but some of them were in litigation. They indicated that the cases would settle at some point, but as they stand they're only in litigation. There's been no settlement, judgment, or award. They indicated that it could be months or years.

So their thought was to report to the claims under a separate RRE ID because there are self-insured liability and handled by a separate system. Does CMS agree with this approach?

The point we want to make is just because something will not settle for a long time you do not necessarily need a separate RRE ID. If you have one set up for Worker's Compensation or some other type of liability claim that doesn't

actually go to litigation that's simply settled, you can report those in that -
under that same RRE ID.

On the other hand if you're doing it because you have a separate system, yes
you can set up as many RRE IDs as you need in order to facilitate how you're
doing it system-wise.

If you were to set up a separate RRE just for these cases, then remember that
we have said you do not need to register a particular RRE ID if you have
nothing to report right now.

You should register soon enough that you can plan on being able to test for a
full quarter before your assigned submission date.

So you would need to keep that in mind in determining when to register if you
decide to have a separate RRE ID.

Jim Brady: Okay. The next question is asking about combining the query files of multiple
RREs into a single file for simplification or streamlining the process.

And the answer is that's not acceptable. You may not comingle data. You may
not query injured parties under a different RRE ID than that for which the
claim will be reported under.

So just to make that absolutely clear, you can't comingle multiple RREs under
one query file. All right.

John Albert: The - another - this is another repeat of questions regarding the foreign entity
and the tax ID.

And again we're going to defer to those questions as we continue to work on the policy regarding foreign entities and reporting to CMS.

We recognize that there are considerable number of questions coming in on that and we are working with industry to address those and come out with appropriate policy for registration.

I also wanted to jump back to the comingling. Again the issue there is that essentially it would violate your data use agreement that you signed when the RRE registered with CMS. And that is a privacy act violation to basically allow access by a party who is not, you know, essentially a party to that data through this file exchange process.

If data was included on another RREs ID that RRE would basically have unauthorized access to that data which would be a violation of the privacy act.

So again while it may seem somewhat cumbersome these rules are set in place to protect privacy of the beneficiaries as well as the submitters providing the data by segmenting it by RRE ID.

And that is also covered again in the data use agreement and signed when you first register to report under Section 111.

Barbara Wright: Also with respect to foreign addresses, we repeat once again since there seems to be some concern about registration by September 30 which is passed, as we said on all the other calls we are not, CMS does not intend to find any RRE noncompliance solely because they failed to register by 9-30.

The concept is we want you registered on time to be able to test the quarter of January through March of 2010 and begin reporting the quarter of April.

Jim Brady: Thanks Barb. All right next question there was question about the looking for clarification on the ongoing reporting, the actual dates, the guidelines on when to report.

And just to be clear on that, for ORM claims you would need to report the following.

Claims with ORM assumed 7-1 of '09 and subsequent, claims which are open as of 7-1 '09 but only those that were considered open as of 1-1- '09 and subsequent. And these claims are subject to special extension, ORM claims that were closed part of 7-1 '09 and that are reopened, termination or exhaustion, you are exhausting coverage limits of ORM, and TPOCs with dates of 1-1 2010 and subsequent.

And I just remind everyone to please refer to the User Guide where all those dates are present. And if you haven't already taken the CDC, please do because they go into extensive detail on the dates and responsibilities.

All right next question was some clarification regarding the RRE reporting process. And it's a two-part question. The first part was if an RRE is registered and does not have a claim to report in that quarter no settlement et cetera, does that entity still have to file a quarterly report with no settlement?

And part two was if a physician group is self-insured can this maybe defined as an applicable plan if they settle a claim with the Medicare beneficiary?

And the two-part answer is, one see the User Guide Section 11.10.1 regarding the do have to report every quarter. In essence you have two options. You can submit an empty file with a header record, no details and trailer showing zero

or log on to the COBC secure Web site and perform its function for the RRE ID that will indicate that you have nothing to report.

This function will be a new action in the drop-down listing and it shows up right on the RRE listing page.

On to the second part, if a physician group is self-insured for liability or Worker's Comp and they are defined as an RRE and would register and report as such in any claims paid to Medicare beneficiaries if the TPOC date is prior to 1-1 2010 then that TPOC does not need to be reported.

It may be reported if the RRE chooses to do so but must meet the threshold of \$5000. And again there's a lot more detail on that in Section 11.4 of the User Guide. So that refer to Section 11.4 of the User Guide.

Bill Decker: The next question is - this is Bill Decker. Hi. The next question - I'm going to take this one. The question is about Worker's Compensation. First, if the Worker's Comp Office is registered and it's a school district for example, does the general liability department of a local governmental agency also have to register even if the school department and the other governmental agency are separate?

The answer to that is that the RRE has a choice to register and report under one RRE ID or two RRE IDs. The questioner that is, in this case would have a choice to register and report under either one or two RRE IDs. The same TIN or different TINS may be used to register for each RRE ID.

There was a second part to this question which also which reads exactly this. Also does sports injury insurance for students need to be reported if the students receive Medicaid?

This is an interesting question mostly because we are the Medicare program not the Medicaid program and we are dealing with Medicare beneficiaries here.

The real answer to this question is that yes, you would have to report a student who is receiving Medicaid if the student was also a Medicare beneficiary and if it had a sports injury and if that sports injury was covered by your liability insurance.

In that case you would perhaps have a relationship with the Medicare program. Otherwise this is not a question for us to be taking.

John Albert: This is John. I just wanted to back up real quick. There was one minor question that someone had and that is can an RRE's attorney be designated as an account manager or an account designee?

And the short answer is yes. But the authorized representative would have to approve this by their signature on the profile report they return. The - they would - they could designate that attorney as account manager or the assigned account manager could designate that attorney as an individual account designee.

But the short answer is an RRE's attorney can fulfill the role of an account manager or designee.

Jim Brady: Okay. Great.

John Albert: The designated.

Jim Brady: All right. So it's Jim Brady again back into the next question which is somebody's asking if I change agent, does my new agent have to submit test files and can I use more than one agent and if so do I have to submit multiple test files?

And the answer is if you change agents no testing is required but it is strongly suggested. It is strongly encouraged. You may submit test files at any time. Don't have to not submit test files just because you're in production.

And one agent could be testing under your RRE ID even while another is submitting under the same ID.

Now if you're using two agents and they are reporting separate files under separate RRE IDs, then yes each one of them would have to test separately. So each RRE ID would need to be tested. And I think for the next question we'll pass it back to Barbara.

Barbara Wright: Okay. While we had a question that involves some questions about TPOC amounts and payment being returned and credited back. And we wanted to let you know that that's still under discussion here.

If the person who submitted that question happens to be on the line we would like more information about the types of situations when the TPOC amount is being returned and credited back.

Is it tied to an error? Is it tied to a situation where they received money back because they had a lien on a liability settlement and they're getting the money back that way? We need more information in order to answer the question accurately.

The second scenario that came in on this was the question says five or six individuals involved in a single accident are Medicare beneficiaries. We record all six people on a single claim in our current system and wind up making payments to the five Medicare beneficiaries.

The wording within Version 2.0 of the Medicare specification appears to mention that only up to four payments are to be reported. Therefore referring to the scenario above are we responsible for reporting four or all five of the Medicare beneficiaries?

There is some basic misunderstanding of our record layout. The claimant field is used only in situations where the claimant is not the injured party or slash, Medicare beneficiary. It's used when the beneficiary is deceased and you have the estate pursuing the claim or a relative pursuing the claim et cetera.

If you have five Medicare beneficiaries that you're settling with all of, then you're going to have five separate records to submit. That's the simple answer on that one.

Jim Brady: Okay thanks for that. Jim again, with the next question, which is some specific questions about the requirements for a number of different fields and then a specific question about an error code.

And with respect to the specific fields and what data needs to be present I would refer you to directly back to the User Guide rather than try to walk through them over the phone. The User Guide is very explicit on what can, can't, and should be in each of the fields.

But there is a specific question embedded within this question regarding one of the error codes and its error code CR54.

And the question says, error code CR54 requires that either a last name and first name or firm name is required if C2 representative indicator is not equal to spaces?

And the reality there is that error code CR54 should have been removed. It was added erroneously. And the representative first and last name are always required if there is a representative for an injured party for claimant.

The firm name is required if the rep is a member of a firm. So that's the clarification there is CR54 was in error and we will be making that update in the next revision in the User Guide.

Next question. Somebody's asking our company's only 27 employees and we are wondering what software can be used or file transitioning using HTTPS. Can this software be downloaded from the COBC secure Web site?

I'm aware that we can download the queue but have no means of sending files. And the answer is that HTTPS really requires no additional software beside Internet browser that you currently use.

So Internet Explorer, Firefox, Mozilla, any Safari, any Internet browser that you have will support or HTTPS file transfer.

And if you want to upload a file you can just go to www.section111.cms.hhs.gov. Again that's www.section111.cms.hhs.gov and select the Upload File Action in the drop down list next to your RRE ID.

To download a response file Select File Processing Results or Test File Result Action from that same pull down.

And again there's a lot more detail on that in the User Guide and even more so in the CBT, the Computer Based Training which is available for you. And I would recommend that if you are having questions like that that you complete the CBT and then you can call your EDI rep to walk through any of the particular details on your scenario.

Next question is, I'll read this one because it's pretty specific, on Page 88 of the NGHP User Guide it notes that the HICN and the Medicare coverage start dates are usually established and on the COBC database well in advance of the actual Medicare coverage effective dates.

Let's say I have an individual where Medicare start date is January 1, 2010.
Medicare start date...

Man: Just repeat it.

Jim Brady: Right. Medicare start date is January 1, 2010. It was established on the COBC database as on October 1, 2009. A query input file to the COBC on November 1, 2009. The query response file received will contain a HIC number for the individual.

Since the Medicare coverage start date had not yet been reached will the query response file received contain the disposition of 01 or 51, 01 being Medicare beneficiary, 51 being not a file?

And you will receive an 01 for this scenario. So you would receive an 01 to indicate that the beneficiary is on file and is a beneficiary.

Just to try to sum that up, you will get the information based on information that we have in our files. And we do often have that information just before the person becomes eligible.

John Albert: It's driven by whether or not there is a HICN for that individual. And in many cases the HICN is assigned three months prior to their actual date of entitlement. And if that's the case then it's forwarded to the COB contractors so a file submitted will match on that HICN.

Jim Brady: All right. The next question is a TPA who has been asked by the client to have different RRE IDs. And would it be possible to make one-time filings for all of our clients if they originated on different dates, they would fall on different submission windows?

And in essence what the question is is can I get all of my days combined up? And unfortunately the answer is no. Files must be submitted by RRE ID during the assigned file submission timeframe for each also. And unfortunately we cannot make deviations from them.

Next question is will response files that are returned within 45 days be sent back to the account manager, us, or the RRE, the client? The answer slightly depends on your transmission method.

If its HTTPS upload download then the file transmission - if HTTPS is your file transmission method, then any user, the account manager, the account designee can download the response files just by signing into the COBC secure Web site.

They are not sent back but are rather waiting to be downloaded from an action on your part.

If SFTP is selected, then SFTP software is needed to access the SFTP server. And again any logon ID or password that is associated with that RRE ID can be used to access the server and download the files. So again it's driven by action on your side.

If Connect Direct is selected, then the files are transmitted over AGNS to whatever AGNS account name, dataset name, and destination that you select.

So for the purposes of the Connect Direct file transfer, it is driven solely by your selection in the COBC secure Web site.

There is a file transmission method CBT that is available out there that goes into extensive detail on all of this. And I highly recommend that for anybody who's got questions of this sort.

And I think I'm going to pass the next one off.

Barbara Wright: We have one question that has to do with repeated TPOCs. And we are having further discussion on that. The actual question sounds more like a it's a situation involving ORM. So we will have to get back to you on that question. Okay.

Jim Brady: And next question is a specific question about the User Guide. And it says on Page 144 of User Guide under Field 119 Client Representative. What if there are multiple representatives that include attorney, guardian, et cetera, who does CMS want us to report?

And the answer in not specific hypothetical is that if there are multiple representatives report the attorney rather than the guardian.

And the second part of that question is someone does not need to provide an SSN or any personal information due to HIPAA requirements and does CMS reporting trump HIPAA regulations?

Well the answer there is that HIPAA does not relieve a Medicare beneficiary from providing their HIC number or SSN or their personal information to an RRE for Section 111 reporting, the answer to that one.

The next question is there's - it's a pretty long question where in essence the question boils down to what if there is a difference between the date of birth that you believe is true and the date of birth that CMS has for Medicare purposes?

And we get that date of birth from Social Security. That is the date that comes off their files. If there is an error there, the only way to correct that would be for the beneficiary or their representative to contact Social Security and get that date corrected.

It's not - keep in mind that you're not required to accept the updated date of birth that we returned to you. It's only supplied for your information. And if you're confident that it's correct, then as long as the other three fields match, you can continue to send the dates out, but you may want to advise the beneficiary to contact Social Security, provide their correct date of birth and get that corrected.

But keep in mind that the data we have is the data that we're going to get back.

John Albert: Just keep in mind that if you don't accept the date that we were - would give back as the correct date of birth that, you know, there's risk that essentially if you somehow mess something up with the rest of your data elements that you would not match to CMS's official federal record of that beneficiary.

Again, the beneficiary may dispute it, but until it's actually corrected, that is the official record of that beneficiary.

Man: And once again, CMS can't correct it. It has to be corrected by the beneficiary or by the SSN owner with the Social Security Administration. It's not something we can do. We don't have any control over those data.

Jim Brady: Okay, next question, in the document MMSCA Section 111 User Guide, the statement is made that test Medicare Beneficiaries will be provided. And when will it be available?

We are expecting that to be available in about two weeks and we apologize for the delay. And keep in mind that you will not be able to use those test (benes) until January 2010, those test beneficiaries until January of 2010. In the meantime we suggest that you test for injured parities that are already in your production database. And those will be the best way to test at the present time.

The next question is from a TPA. And the question is our clients are the RRE but we are the reporting agent. We'll be handling questions, errors, et cetera. Can the name address and the TIN reference file layout be reporting agents, the personal responsible - the persons responsible for handling this submission or should be the RRE?

And it must be the RRE. Two reasons there. One is that we validate that the RRE - the RRE name against the TIN. And second being that's who we're

going to contact when there is a compliance issue. That's really where we're going to go to as the responsible party so that the data that is in the TIN reference file must for the RRE.

There's multiple mechanisms for you to sign up other people. You caught, you know, as the account designees, agents, et cetera. That TIN reference file is really used by other Medicare contractors to do recovery. And it's important that it be accurate.

Barbara Wright: The last question was asking about a client, presumably an agent docking. We have a client that has a funded program handled by a TPA. The TPA is the RRE is what the next step says.

TPAs are virtually never an RRE or NGHP. We don't believe the language in the question that came in supports the idea that the TPA is the RRE.

The question then goes on to ask whether they can combine the TPA's file with a separate file that the client would need to submit for claims they are funding internally.

And of course if there were separate RREs IDs involved, no you can't combine them. Our question back on this particular one is there would need to be a lot more information to establish or in any way indicate that a TPA is actually the RRE or NGHP.

John Albert: Okay. And with that that completes our presentation. We'd like to invite questions and answers. Again, please keep in mind that this call is geared toward technical questions and we would - if you have questions concerning more policy related, to save those for the other open-door teleconference events.

The folks that are on this call we hope are more technical representatives and we want - and we have the people here to assist them with their questions.

Operator, I'd like to turn it over. And again I'd ask if folks could limit their questions to one and one follow-up just in the interest of allowing as many people to participate on the call in case there's a lot of people in queue.

Coordinator: Okay, if you would like to ask a question or make a comment please press star 1.

And our first question comes from (John Wall) of - I'm sorry, (Thomas Dostal) of Corporate Claims (came on). Thank you.

(Thomas Dostal): Yes, I would like to know what type of turnaround as far as response files on claims that we can expect especially for testing because we want to determine what type of error messages we're going to get and what type of problem resolution we have to go through?

And I submitted a claim file oh it's been ten days ago. And I've gotten no response file. And I'd just like to make a comment that we need that process to go more quickly because we need some response files to determine what kind of errors we're going to hit. Thank you.

Bill Decker: Can you - hi. This is Bill Decker. Can you describe to us what you mean by a claim file?

(Thomas Dostal): Well when you submit a claim file you get - you are supposed to obtain electronically a claim response file. Is that not correct?

Bill Decker: You're not talking about a query file you're talking about...

(Thomas Dostal): No claim.

Man: We're talking about - you're talking about a process that we don't believe is linked to the process that we're talking about here on this call.

(Thomas Dostal): Oh you're just talking about query process only? Because you were talking about error codes before.

Man: Are you a group health plan or a non-group health plan?

(Thomas Dostal): Non-group health plan.

Man: Because we're actually not actually accepting claims files. We're not even going to be testing claim files, submission files until January of this coming year.

(Thomas Dostal): Oh so you're - so okay you're not even going to be testing them until we can't do any pretesting at all? We're trying to develop software to work on the process.

Bill Decker: The process involved here, let me just describe it quickly for you is that once you register as an RRE, I'm presuming you've done that.

(Thomas Dostal): Yes.

Bill Decker: The next sequence for you then is to going through the process is to prepare data to send to us to test the data transmission process.

(Thomas Dostal): We've done that.

Bill Decker: You've already finished testing?

(Thomas Dostal): We've tested the data transmission process for the query files. And we've received our HICN query responses.

Man: Yes, and query is in production for everyone that, you know, sign up.

Man: Right.

Man: Signed up.

(Thomas Dostal): Yes.

Man: But the reporting file though is not available right now as per Section 14 of the User Guide that does not go until January 25.

(Thomas Dostal): So we're only going to be able to test for a couple of months before we have to go live and we're trying to develop software to do this?

Bill Decker: Yes. The answer is yes you're only going to be able to test for a couple of months before you go live. And on the other hand you should - you'll be talking to your - your representative, the COBC to see exactly what kind of software needs you may have.

It may be that your software questions can be answered by your EDI rep at the Coordination of Benefits Contactor. It's hard for us to know sitting here in Baltimore exactly what your software needs might be.

(Thomas Dostal): We are...

Bill Decker: It does seem to me however that if you've already tested, you've already been testing using the software you're going to be using to transmit for example...

(Thomas Dostal): Yes.

Bill Decker: You've already been testing the file layouts for example, it would seem to me that if you completely - and this is not true, but if you completed the testing process, the next thing you should already logically speaking, know what your software is because you've tested it.

Jim Brady: If you'd like - this is Jim Brady. If you want to give me a call off-line, you know, we may be able to come up with (something).

(Thomas Dostal): Okay, what's your number?

Jim Brady: My number is in the User Guide but...

(Thomas Dostal): Okay, Jim Brady.

Jim Brady: Right, 646-458-6682.

(Thomas Dostal): 6682, okay very...

Bill Decker: Would you mind letting us know what your RRE ID is?

(Thomas Dostal): Yes. Well actually we're an agent for many.

Bill Decker: Okay.

(Thomas Dostal): And we're trying to develop software to do the reporting.

Bill Decker: Okay that answers that question. Thanks.

(Thomas Dostal): Yes, we're not using. We're developing.

Bill Decker: Okay.

(Thomas Dostal): All right, thank you.

Coordinator: Okay, and our next question comes from (John Wall) of (CP Rail). You may ask your question (John).

(John Wall): Okay, thank you. No free software will be made available for claim reporting. I just want a clarification. I want to make sure that there will not be direct data entry via the Internet?

Man: Not at this time.

(John Wall): Is that planned?

Man: It's one of the ideas we're floating but we don't have any - you know, we can't confirm or deny that at this time.

(John Wall): Okay.

Man: We'll continue to look at ways to improve the reporting process is all we can say. But obviously it depends on what happens this next year.

(John Wall): Okay, thank you.

Coordinator: And our next question comes from (Rich) is it (Ihacar) of Vibrance?

(Rich Ihacar): Yes, it's (Ihacar).

Man: Good enough.

(Rich Ihacar): I had questions about voiding. And maybe this was talked about earlier on. I think her name's (Barbara) right?

But basically what if we have a void? We've - say we - a check is written on a liability and it was supposed to be for a \$1 million and it ended up, you know, missing a zero so it was 100,000. It ended up getting reported through the CMS system.

And after that occurred it was then voided and reissued for the \$1 million. How would we report that through the system?

Barbara Wright: That would be an update to the TPOC amount. But what we were concerned about and the question is if you have a different scenario where for instance you're doing some type of internal crediting because you recovered from a liability settlement for Worker's Compensation payments that you've already been made, we need to discuss that type of scenario because that may not need to be reported at all. But we haven't reached any conclusion on it yet.

(Rich Ihacar): Okay, and if it's the case of just voiding the check, say it was just issued erroneously, would that be a delete then or an update with zeros?

Barbara Wright: Well if you reported 1000 before and it really should have been a million, you would be updating from 1000 to a million.

(Rich Ihacar): Right.

Man: He's talking about reporting it completely...

(Rich Ihacar): Yes, let's say we just - the check was erroneously cut, it got through the system because of the software and now we want to just void it and cancel it in effect?

Man: Are you issuing another check?

(Rich Ihacar): No, let's say we're not.

Barbara Wright: If it was reported in error and it really should have been zero then...

Man: That would be delete transaction.

Man: Unless you had ongoing ORM on that record.

Man: Right.

(Rich Ihacar): Okay, yes I'm just - I would just...

Man: Yes, I mean a delete transaction is only used to remove something that essentially should have never been sent to us. Otherwise in most cases you would be updating existing coverage records or claim records, whatever you - okay?

(Rich Ihacar): All right. And then my other question was what if we have more than five TPOCs?

Barbara Wright: Well essentially that may entail a conversation with your EDI rep. But we'd like to know where you would have a situation where you would have five TPOCs or more for the same beneficiary.

Because we've indicated for indemnity payments, et cetera, that those are typically going to be reported as ORM. So if you're dealing with a liability situation when would you have multiple TPOCs as opposed to actually having assumed responsibility?

No one has sent in any example of when you would have multiple TPOCs to that extent.

(Rich Ihacar): Okay. Okay, thank you.

Coordinator: And our next question comes from (Stacy Bolling) of Opticom. You may ask your question.

(Stacy Bolling): Yes, I wanted to ask a question regarding the completeness of the data records that you've asked for a very comprehensive data set and whether they're tail claims or whether they're new business, there may be instances where that particular data set is not being captured by our existing claims processing software.

So what is your recommendation to do in terms of reporting and what will the ramifications be of not being - not having data available to report?

So we're reporting a record, but it will not include every data element that is requested in your record set.

Man: Well first of all if the - I mean the file and record layouts have, you know, business requirements that essentially if the required elements are not included, the record will be rejected outright.

There is a minimum amount of data required in every record. And if you are missing that data, I would advise you not to bother reporting that particular record until you have the required data elements.

But in terms of, you know, that your system is...

(Stacy Bolling): Like primarily in terms of where we're running into issues with it in terms of beneficiary or representative information, some of the ancillary data around product liability information, some of that sort of data that may not be reliable that may be available in certain circumstances because it was captured in some sort of text or note form.

But over the body of all of the claims is not reliably available.

Man: Yes, I mean, you know, again the minimum data requirements are set. I mean in terms of the descriptions, we do allow for example, the text option for the next year related to, you know, versus ICD-9 and later on 10 codes. And, you know, we recognize that people need time to basically build that database.

But essentially the requirements are fixed at this point in time regarding what is required to satisfy the reporting obligations under the Section 111 legislation.

(Stacy Bolling): So here's an example. I mean there are several things. One is if we're simply not capturing product data or simply not capturing some other pieces of data that you're asking for that may be optional in the record layout as it.

But here's an example. Say there's an older claim or a new claim that's out there. We - you may understand that a beneficiary is represented by an attorney. We may have that attorney's name or the firm's or attorney's name. We may not have complete data around the attorney TIN and full contact information and all that sort of thing.

Man: I mean the - we really can't say anything on this at this time because again, that - those requirements are set and, you know, they're, you know, they're the same for everybody.

And, you know, we in terms of building this process -- and I don't want to belabor this too much because we're really looking for questions regarding the technical process themselves -- but again the requirements are the requirements. And it's clear they need to be reported.

Barbara Wright: Now the one exception to what John's talking about that we've mentioned on other calls is we are continuing to discuss with the industry product liability fields and the mass tort fields.

And we're looking at changing, leaving the records layout the same but being able to change the definition there to make it more flexible for the industry. And we hope to have information on that relatively soon.

Man: The information that, you know, we define as required is set to basically efficiently administer the recovery process in any of these cases. And this is the kind of information that CMS has determined it needs to resolve its claim.

So in terms of asking for that information on the record layout, the point of all this as I mentioned, another meeting we had earlier is that we don't want it to come back to the RRE. We want to resolve the claim.

And since we collect with the - from the beneficiary in the vast majority of cases, that's what we want to be able to do, accept the data, take it in and leave you out of the picture so to speak and pursue the recovery on our end without having to come back to the RRE for missing information.

Operator?

Coordinator: Okay, and our next question comes from (Donna Bishard) of Farm Bureau Insurance.

(Donna Bishard): Hello Baltimore. Okay, John, when you were talking earlier, you said in two weeks you're going to be preparing downloaded files that I missed, test beneficiaries and there were two more things going to be out there in two weeks?

Man: Oh from up in the announcement...

(Donna Bishard): Yes.

Man: The ICD-9 exclusions?

(Donna Bishard): Okay, the Appendix H.

Man: And...

(Donna Bishard): I'm sorry.

Man: That's all right. That's all right.

Yes, they insufficient ICD-9 codes and Appendix H and the error codes (are we) switching gears.

(Donna Bishard): Okay and then back up in there again when you are talking about the future date I didn't get the funding delay beyond the start of the TPOC date. Isn't that always in the future? Did I misinterpret that?

Barbara Wright: Do you have the field number for what you're talking about? I don't...

(Donna Bishard): Oh God. I can get it. Oh, 102. 102.

Barbara Wright: 102?

(Donna Bishard): That's one of them. I don't know if that's the first. Yes, TPOC amount one. But you can't do future dates.

Barbara Wright: Okay, well this is not a future date for the system. This is the factual date that's been reported. I don't know if those are the right terms.

(Donna Bishard): Okay well when John was talking he said future dates will not be accepted on test files processed in January except the ORM termination dates which has to be at least 30 days greater than the date of incident. And then I heard this includes the date of incident, the industry date of loss, the exhaust date, the TPOC date, the funding delay beyond start of TPOC date and the header date.

Barbara Wright: Okay I'm asking folks here to look at that because...

(Donna Bishard): That's always in the future. Right?

Barbara Wright: It won't always be in the future by the time you report.

(Donna Bishard): True.

Barbara Wright: But yes I can see your question.

(Donna Bishard): Yes.

Barbara Wright: And we need to look at that.

(Donna Bishard): Okay thank you. And then okay so now my real question is the one that I brought up last month when you were talking about the ORM termination date being 30 days greater and if my claimant is deceased on the actual date of incident we said make that actual date in the exhaust date field.

Okay and then you reiterated that today. Oh, and you've got to know I've been thinking about this.

What happens then do you want an update if I have a low limit med pay, they die and then subsequent to that the actual benefits are exhausted?

And so I came up with a solution to not give you an exhaust date if they are deceased so I...

Barbara Wright: If they're deceased and they don't exhaust prior to death then, you know, our record's going to terminate at that point anyway. We would only really need the termination date if it exhausted some time before they died.

(Donna Bishard): Okay. So I think that it will be easier for us if we do not value the exhaust date based on them being deceased. But I only value the exhaust date when I actually exhaust the benefits and I just keep internally the date that they really deceased and I know that I sent you a termination date that's different.

Barbara Wright: If you put in their date of death as the - or the day after their death as the date of exhaust, we're are not going to pay any claims for any dates of service after their dates of death. So we would only be coming back for anything, potentially coming back for anything.

(Donna Bishard): Right.

Barbara Wright: Through the date of death.

(Donna Bishard): I...

Man: But we'd still process it.

(Donna Bishard): You'd still process it. I'm having big hang-ups on valuing the exhaust date when I might have to value it to a different date. And then I know that there are only like four or five fields that you say I have to send an update on.

My preference is to send you updates whenever any of the information changes because I also don't want you coming back to us.

John Albert: All right, can you hold on just a minute? We need to sidebar.

(Donna Bishard): I sure can. Thank you.

Hi Barbara.

Barbara Wright: We understand that you would be paying clients after the date of death. But we're assuming the date of services on or before the date of death.

(Donna Bishard): Correct.

Barbara Wright: Since we as we sidebar here, cannot accept the termination date and after that date of death because our record only goes through that date, if it's not exhausted by the time they die you just don't need to report a termination date.

(Donna Bishard): You mean an exhaust date?

Barbara Wright: The exhaust date. Yes.

(Donna Bishard): Okay. I just want to reiterate it if you don't mind.

So my benefits are terminated because of a couple - they can happen for a couple of reasons, I die, my benefits are exhausted, I have a letter of or we do a settlement with futures. That termination date always has to be at least 30 days from the date of incident.

They exhaust date, I'm only going to value the exhaust date and send it to you if my benefits have been exhausted.

Barbara Wright: Yes.

(Donna Bishard): Okay.

John Albert: By date of death.

(Donna Bishard): Right, wouldn't be at date of death - it wouldn't be a death.

John Albert: It would be - right. It wouldn't be at date of death, right.

(Donna Bishard): Okay. Now okay so now we are - I'm in Michigan. We have unlimited (PIP).
If we do a settlement that includes features do I value my exhaust date?
Because in our, you know, for us, we've exhausted benefits. We are not going
to pay benefits anymore.

Barbara Wright: If your settlement releases all medical so that you have no ongoing
responsibility to medicals then you should in fact term the ORM.

Man: But they said that the settlement...

(Donna Bishard): Yes. I would do a termination date effective on the settlement date. But do I
value the exhaust date as well?

Man: Does the settlement include a payment for future medicals?

(Donna Bishard): Yes. So we would terminate ORM and you would also get a TPOC on the
same record.

Barbara Wright: Can you send us this question to the resource mailbox?

(Donna Bishard): I sure can.

Barbara Wright: That's called our fallback.

(Donna Bishard): I like that Barbara.

Man: And then we can discuss it on the policy call.

(Donna Bishard): Yes.

John Albert: And if you wouldn't mind just to identify, you know, this - that you were on this call, a question from a call in the subject line.

Barbara Wright: Yes you can put like exhaust date 10-6 call.

John Albert: Yes.

(Donna Bishard): Okay. Yes. I will do that.

John Albert: Yes.

(Donna Bishard): Okay I think I had - oh one more quick question if you don't mind.

John Albert: Sure.

(Donna Bishard): All right, everybody here is getting confused over the ORM dates. And Jim I know that you gave like four bullets. ORM is assumed 7-1 or 9 and subsequent. It's the second one that is killing us, closed but only on those that were open on 1-1.

I have interpreted all this as if I have a claim that was opened on or after 1-1 with ORM I'm going to report it. I don't really care about the 7-1 date.

But then the third bullet I heard closed prior to 7-1 but reopened, I think that still falls into my it is or was opened on 1-1 '09 I need to report it.

Barbara Wright: And if it is or was open on 1-1 '09 and continued to be open as of 7-1 '09, that's the part that maybe wasn't being articulated.

(Donna Bishard): Yes.

Man: Is or was and continues to be...

(Donna Bishard): Is or was.

Man: On 1-1.

(Donna Bishard): Okay.

Man: And it continues to be as of 7-1.

(Donna Bishard): Okay so if it's open on 1-1 and I close it on 3-1, do I report it?

Barbara Wright: No, not as long as you close it under our criteria. We said that if you for instance, let's say you're in Michigan with unlimited (PIP) payments...

(Donna Bishard): Yes?

Barbara Wright: You probably don't have a basis to legally close that as of March.

If you have a statement from the treating physician that there's absolutely no more care required, we said that was one basis to close it short of a legal state requirement.

But if it's simply a practice that you had in the past that you routinely closed the records if you haven't paid anything for two years and you're doing that in March, you can no longer do that for purposes of reporting.

We picked the 1-1 date as the limit of the look back period in order not to unduly burden the industry.

If you had taken your informal actions that don't necessarily meet our criteria before 1-1 '09, then you don't have to go back and look at those. If and when they reopened then you would have to report. But if it was open as of 1-1 '09, unless you closed it under our criteria, if it's still open as of 7-1 '09 you have to report it.

(Donna Bishard): Okay. So what is the criteria -- so I'm still not understanding which claims that I close between 1-1 '09 and 7-1 '09 that I don't have to report.

Barbara Wright: You don't have to report them for instance if it was - if it terminated because the beneficiary died.

(Donna Bishard): Oh.

Barbara Wright: If it terminated because under state law you only had responsibility for two years and those two years ended in February.

If it terminated for some reason based on state law then we don't want it reported. But if it terminated based on informal practices or administrative practices in the past such as "yes we'll routinely close this record if we haven't had a claim within two years" that's not permissible for purposes of the reporting.

(Donna Bishard): Okay so if it was closed, if it was open on 1-1, closed prior to 7-1 and it was closed because they are deceased, my benefits were exhausted, I had that settlement or I got that doctors thing that we don't know that we're ever going to get, then I don't have to report it?

Barbara Wright: Yes, you're correct.

(Donna Bishard): Okay. All right, can I report them anyways?

Barbara Wright: Well you'd have to be reporting them plus the termination date so...

(Donna Bishard): So it are you going to reject it they term - if the termination date of is prior to 7-1?

Barbara Wright: I will turn to the techie people to tell you.

(Donna Bishard): Yes please. Thank you.

Man: I don't think we'd reject them.

(Donna Bishard): Okay. I was hoping you'd say that. Okay. And you know, I'll send it in one of the test scenarios to make sure that it won't reject.

Man: Okay.

(Donna Bishard): Okay thank you. Have a great day.

Man: Okay thank you.

Coordinator: And our next question comes from (Ellen Isel) of Chubb. You may ask your question.

(Ellen Isel): Hi. We're looking at the email responses that are going to come back from when we submit query or claim files and also when the response files are available.

And it seems that the emails are only going to the account manager. And we're wondering why they are not also going to the ID that submits the file?

(Ed Fraiser): This is (Ed Frasier). We don't know what IDs have been filed. I mean because there's SFTP ways where we don't.

Man: Right, we're responding to that ID. We're responding to the RRI not to the individual submitter.

(Ellen Isel): So then couldn't it be copied to all the account designees?

Man: Be nothing to prevent it.

(Ellen Isel): Because the reality is...

Man: I mean - yes, let me put it this way. We wouldn't send it to everybody else. If it was received by someone in your organization and that individual wanted to forward the email that's entirely permissible.

Barbara Wright: Under some of them they go in and check statuses and they don't get it.

Man: Right. Right. So manually if you - there's nothing to stop you from going into the portal and actually looking at the status.

(Ellen Isel): Right. Well we're trying to keep this as the manual effort as minimal as possible.

Man: So your suggestion then is to basically increase the, you know...

(Ellen Isel): The distribution list to include all the account designees on the RRE ID. And the people that don't care can just ignore the email. But for the designee that's responsible for the file transmission, they'll know sooner rather than later that the file was received or that a response file is now available.

Man: You could take it under advisement.

Man: Yes I mean this is - I mean this is, you know, everyone has a preferred way of doing it. There's other people that would complain they have too many emails and they would get ignored and it becomes like a spam issue. Because one, you know, like if you have 30 different designees and they're getting 30 emails about 30 files and which only one they're interested in...

(Ellen Isel): Right.

Man: ...to me it seems it would be more logical for the account manager to forward, you know, those emails to the appropriate designees.

There's no right or wrong way to do it. It's just that, you know, that - you know, because we heard it both ways. We don't want all these emails and then we don't get enough emails. So...

Man: Quite honestly we hear it mostly the other way, don't send us as much.

Man: Yes.

Man: They could set up an email that...

Man: They could set up a distribution list.

Man: Yes.

Man: Yes. Right. And that's what we've seen other people do which...

Man: Right.

Man: ...may be another practice to think about it, want to go and create a distribution list that would forward it to all your appropriate folks and then just go in and update the email addresses in that distribution list.

(Ellen Isel): Well as a future consideration could you consider that for the account designees they would have the ability to identify what emails they would like to receive?

Man: Yes I mean anything is possible. So I again...

((Crosstalk))

Man: Your internal system? Can't you do that with your internal email system?

Man: Yes.

Barbara Wright: But your internal ability to forward, you should be able to set it up so that they can get exactly which ones you want them to. If it comes as part of this process it's automatically forwarded to them if that's what you want.

(Ellen Isel): All right, we'll see if we can set that up.

Man: Yes and will keep your feedback in mind as we...

Man: Yes I mean we want to make sure that all the right people get the information timely. But at the same time we don't want to so overwhelm the individuals that they start just blanking out on it because it's just too much mail -- something that I personally suffer from.

(Ellen Isel): Okay thank you.

Man: Yes.

Coordinator: And our next question comes from (Kathy McLaughlin) of Work Med Benefits.

(Kathy McLaughlin): Hello. I understand that they query test is limited to 100 records. My question is whether ongoing queries are also limited to 100 records?

Man: No. Production queries are quite limited in size.

Man: Correct.

(Kathy McLaughlin): Thank you.

Coordinator: And our next question comes from (Karen O'Keefe) of North American Risk.
You may ask your question.

(Karen), your line is open.

Would you like to proceed with the next?

Man: Sure.

Coordinator: Okay. Our next question comes from (David Piat) of (Piat) Counseling.

(David Piat): Hello it's (David). Hi. I have a couple of questions for you guys. One, you know, we provide software to reporting agents. And so in the process of doing that we can segregate up the data so that, you know, on the response file all they would see is the query responses that came from the (bene) that were associated with them.

So when we were talking earlier about being able to submit one query file to a number of our RRE IDs, the system allows us to do that. And under the HHS administration simplification standards you guys have that covered entity, health care clearinghouse. And so I think this would be similar to a lot of different TPAs and recording agents if we have that type of agreement with the RREs...

Barbara Wright: (David)?

(David Piat): Yes ma'am?

Barbara Wright: We can't monitor that type of agreement. There are individual data use agreements signed with us. And any RRE or their agent has to abide by that data use agreement which says no comingling.

We can't have it - think about situations where it would be commingled and then someone shifts who their agent is or who their designee is or something. You know, the whole issue of sorting that out and validating that that was in fact done, that's not something the agency is going to get involved in. I mean it's set up to have no comingling. And that's where we stand.

(David Piat): Okay that's fine. I just didn't know if you had looked over that ruling.

Okay. The other question I have is I remember a long time ago we had the concept that we could send in - we could have a couple of different addresses for the RREs. And that's why we have the (opera) site ID code.

And originally I thought that we had had the concept that, you know, we could have the corporate address if you will, to the RRE that matched the TIN reference file.

But then for those entities that, you know, didn't want to receive the COBC correspondence or maybe the MSPRC correspondence that they could provide a separate address that could be directed to their TPA or to their - and know, a separate claims office in separate part of the country. I remember having a number of conversations like that.

And then Jim just got on there and said no, we're kind of limiting that. So have we changed that or are we still - is that still...

Barbara Wright: There is a site ID option has a different address for the RRE. It's not meant to say that you can substitute a completely different party in that address.

(David Piat): Okay so if I - let's say if I registered the RRE in Chicago, Illinois and my processing center's in Omaha, Nebraska so I would like to have my claims shipped to Omaha, Nebraska and I put, you know, one...

Man: Yes I mean the RRE.

Barbara Wright: Well he said the site ID.

Man: Yes.

Barbara Wright: Yes.

(David Piat): Yes I remember talking about that months ago. And that was one of the, you know, one of the features that we were allowing people were considering, you know, letting people do.

Man: Well he's talking about entity that registers versus that they claim will. But that functionality is all there.

Man: You need to have their claim to have a different site.

Man: Yes. That functionality is there.

(David Piat): Okay. So - so okay. So I misunderstood what Jim and had said. So we need to submit in the TIN reference file we can submit a couple of addresses perhaps, one of them which is matches the RRE ID registration and then another one

called mailing address so to speak that could route correspondence to a separate address.

Man: Right but that separate address should be you are - you can't - the question that we had that we were responding to earlier was specific to somebody who was looking to put a name and address that did not match in the TIN to basically have, you know, an alternate name and address.

(David Piat): Well I mean my processing site in Omaha, Nebraska may not be on my TIN right? I mean it's going to be a separate division or whatever.

Barbara Wright: But it's part of that same company that you're giving a different address for. We were making the point that you should not - or not - do not have permission to put the different entity in there. If you want something routed to a TPA, no you can't use the TPA address. It has to be in address that belongs to the RRE.

Man: Right, you can't use Ford Motor Company's address with a GM TIN for example...

(David Piat): Okay.

Man: ...and you know...

((Crosstalk))

(David Piat): Okay. Okay so I get that. That takes care of if it's in the same company. I ask you to consider though that maybe we could use that site ID to say, you know, here's the corporate address in the RRE. So you can validate the TIN and the

RRE et cetera, but then perhaps that we have another site ID that will allow us in fact to send that information to a TPA so that, you know, so we could...

Barbara Wright: Because the TPA is not going to be the legal debtor in that situation that you've described and who we have to send demands to is the debtor.

(David Piat): Okay.

Man: Okay thanks.

Coordinator: Okay. Our next question comes from (Joseph McGill) of (Foley, Baron & Metzger). You may ask your question.

(Joseph McGill): Thank you very much and good afternoon to everyone on the line. We are at (Foley Baron & Metzger) here in Livonia, Michigan. And we are attorneys that are working on this issue with various clients.

And one issue that comes up that we don't necessarily have a good answer for and we have looked at the User Guide and the submissions and scrolled through the transcripts as well.

But the issue is with respect to triggers for enforcement of Section 111 violations.

And my question is has there been any thought put to or is there any effort underway to develop a process for the triggering of an enforcement action or effort against an RRE?

And the follow-up to that which I would ask you to consider is if there is such a process under consideration, is there going to be an escalation component similar to what you would do with your account representative at the COBC?

Man: I mean first of all that's more of a - that's something for the policy call. And right now at this point in time what's in the guide and materials it is what we have to offer.

Obviously receipt of a particular flag regarding at risk of compliance does not in and of itself mean that the entity is noncompliant. But again, we have to defer that question to future because that is something that has not been fully worked out at this time and we are still discussing it internally.

Obviously, you know, the process will be vetted substantially before being released. But other than that we can't really say anything about that.

(Joseph McGill): But it is a process that's under consideration?

Man: Yes, definitely.

Barbara Wright: We do expect to have a definite process...

Man: Yes.

Barbara Wright: ...for how we would impose a CMP if we ever reach that point which we don't want to reach.

Man: Yes.

Barbara Wright: So when we have that process it will be made public and it will be on the Web site like everything else has been.

Man: And obviously it will be very clear and specific.

(Joseph McGill): And I certainly do appreciate that and I do appreciate the differentiation between policy questions and technical questions. And I really have tried to couch this in terms of technical issues.

And really what I'm getting to is there was was this process that's under consideration, what, you know, from a technical perspective would we be expecting to be receiving back from CMS or from the COBC with respect to you're not in compliance type issue?

John Albert: Well that actually would not take place through this - through the actual file exchange we're talking about right now. That would be outside of this exchange process essentially. It would not be part of this, you know, the current, you know, reporting process.

Who are trying to provide information, you know, in the record layout that - to kind of serve as a warning that hey there's something here that may not be quite right or whatever, try to give you warning flags essentially.

And again, as we've said in the past, everyone that, you know, to please follow the alert that went out regarding at risk for noncompliance. But as long as folks are following that it puts them in pretty good standing with CMS. But other than that we really can't address.

Barbara Wright: I've made any process will have to have a specific notification...

John Albert: Right.

Barbara Wright: ...component. And I guess what John's saying right now is we would probably want to make this quote special. It wouldn't just be a routine email. If we were actually intending to impose a CMP we would have a definitive way of notifying you of that.

John Albert: And it would certainly be outside of the current file and record layout that we have right now.

Man: That's right. And this is going - this is a subject that we will be working on and that you will see information on in the future.

John Albert: But our primary focus is building a good and complete and data exchange. And that's what we're putting our energies into right now.

(Joseph McGill): As is ours. And I certainly appreciate the response. But ultimately, the decision is to whether or not go forward with an enforcement proceeding would be at the regional office level?

Barbara Wright: We haven't decided that.

John Albert: Yes.

(Joseph McGill): Okay. Thank you very much for your responses.

Coordinator: Next question comes from (Shangar Raj) of Travelers. You may ask your question.

(Shangar Raj): Thanks for that. Is there any plan to add any new column like a DCM in the credit (submission)?

Barbara Wright: You asked about adding a new column...

(Shangar Raj): Yes, basically we have something called DCM in the claims submission. The same way, do we have something like that or do we have any plan to add (submission) column in the credit (submission) aspect?

Man: So we do not have it now but we plan to add it.

(Shangar Raj): Okay or is there any kind of confirmation that says that the auditor of records of the query responses in the same way or the same order and the way how we submit?

Man: Yes. They should.

Man: Right. In the present system it is almost always but not always in the same order you submit them.

(Shangar Raj): Okay so that's a confirmed one right? Is that a guaranteed one as well?

Man: I'm sorry I couldn't hear you there.

(Shangar Raj): I mean is that a guaranteed one so I can expect the same order as that?

Man: No not in the - right now no.

(Shangar Raj): Okay.

Man: We've - it's not a guaranteed one is your answer.

Man: Right.

Man: It's usually but not always.

(Shangar Raj): Oh. Okay.

John Albert: And again, we do plan on including a DCN in that...

((Crosstalk))

Man: Tie back to DCN that you give us. So as long as that unique value we'd let you...

(Shangar Raj): Okay. Okay.

And the next question is on the naming convention. You have mentioned that on Page Number 95, the naming convention. I just got confused when I see that the plus one in the bracket. So I could not understand the word of plus one for....

Man: For GDG or Generational Data Grouping where plus one would just...

Man: Right.

Man: On the mainframe that would be how you would...next data set.

(Shangar Raj): Okay got it. Then the last question for my side is see when we just heard RRE ID we had stated that we will use the TW software.

But for some reason we don't or we could not use the software. And we are going to use our own conversion tool.

So is there any process that we have to go back to COBC registration and say that we are not going to use the ACW software?

Man: No, not at all. You don't need to notify us if you're using your own translator. I do suggest that you take a look at the packet guide, the 27271 packet guide which goes into a lot of detail on how to configure your translator. But no, you don't need to tell us.

(Shangar Raj): Okay.

Man: ...have to. Obviously you need to test it.

Man: Yes.

(Shangar Raj): Okay. Thanks.

Coordinator: Okay our next question comes from (Rick Flays) of Accident Fund Insurance.

(Rick Flays): Hi everyone. We are a Worker's Comp insurance company. And not only are we an RRE for our own claims but will be the agent for our third-party administration clients.

And our clients are register as RREs. And they are receiving submission window dates that span, you know, the entire gamut of dates during the quarter.

Our question is as the reporting agent will we be required to report claims based on the submission window for each of our clients? So we're going to be having to deal with something in the neighborhood of 80 to 100 submission windows every quarter. Is that the intent?

Man: Yes I mean basically the RRE gets a window assigned to it. And that is the window that we'll call the firm with.

John Albert: So the point of the varied submission windows is that again, in an effort to balance the workload across the quarter that concern would be if several large reporting agents for example, all wanted the, you know, same window frame it would basically overload the system and then, you know, basically have it under capacity the other times.

So we don't really have a way of, you know, going outside of my RRE ID, which is why we ask for, you know, some of the workload estimates in the registration process so that we can kind of balance that load out across the entire quarter. Because we want to make sure that we have - everyone has access to the support they need.

And if all the data is coming in at one time through a couple of large agents that could, you know, cause difficulty in being able to, you know, for example answer the phones or whatever to provide assistance.

So at this time they have to be supported and reported as assigned. And that's done based on, you know, luck of the draw and size of the reporting entity under that particular RRE ID.

Man: Right. Those windows are assigned at random based on the size and other information that you give us that you sign at the time of registration. And unfortunately we have very little latitude on those.

John Albert: Not to say that we can't look at that in the future but for now that's the way that we have it set up.

Again, people are still registering. That workload continues to build and we just have to take it from there. And, you know, maybe out in the future we can readjust things or whatnot. But at this time this is all that we can offer.

Man: This is a - your situation is the situation that we have had addressed to us from the beginning of this process. And we're well aware of it. It would be more useful to rationalize the reporting timeframes if we can. And we are certainly working on that for the future.

Right now though we've got about 20 - almost 23,000 people reporting to us as of today and just the beginning of the process. It's going - it would be very difficult for us to make any major changes for any particular reporter at this point.

Check with us again in a year or so and we may be able to change your - a position on it. But right now we are going with the way it's laid out.

(Rick Flays): All right. We are just trying to get some clarification there in terms of how we design our system. So that answers our question. Thank you.

John Albert: And we will continue to look at it because we understand, you know, why you would want to have it set up that way.

(Rick Flays): Thank you.

Coordinator: Our next question comes from (Vinny Akjohasis) of State Compensation.
(Vinny), your line is open.

(Vinny Akjohasis): Sure. I have a few questions, specific technical questions. We did receive a query response file, a couple of them. However - and then we also do receive by other emails email notification. But none of them identify name of the file that were submitted or I mean is there any way we can correlate back to the query input file - basically a way to correlate the response file with the specific input file?

Man: If you're submitting...

(Vinny Akjohasis): Did you get that?

Man: Yes.

Barbara Wright: If you're submitting a query file you may only submit one per quarter. So...

(Vinny Akjohasis): No, no.

Barbara Wright: I'm sorry. Only one per month.

(Vinny Akjohasis): We are in (phase) right?

Man: I'm sorry, we couldn't hear you there.

(Vinny Akjohasis): I'm talking about query input file. We can send as many query input files with - at the most 100 records in each.

Man: Are you talking about for testing or production?

(Vinny Akjohasis): Oh for testing.

Man: Okay right. So for testing you can send us a max of 100. And is there a way for you to know if you send that test file today and test file tomorrow, get a response file tomorrow to know which one that...

(Vinny Akjohasis): Right.

Man: No. The process wasn't really designed for that kind of shotgun approach to testing.

(Vinny Akjohasis): Okay.

Man: Yes.

((Crosstalk))

Man: (Really) is the only way you'll know which one...

Man: Yes.

(Vinny Akjohasis): Okay. Yes, I mean we don't have acknowledgment because we have - we don't need those right?

Man: Right.

(Vinny Akjohasis): Similarly, similar question on the role level as well. You know if - I believe somebody had asked a similar question earlier.

If we send like 100 records, 100 queries and we get response back, you said currently we don't guarantee the sequence. Is there any other ID we can use? There is a reference ID that the EDS spec talks about. Is that being used correctly as intended so that we can correlate back to whatever role to whatever response rule?

John Albert: Well I mean the unique identifiers, the HICN or SSN. So that's - you know, that's what, you know, in our historical procedures, then I mean that's what most people tied the record to. That is the unique identifier for that particular record.

Obviously there's been a request and we are going to implement the addition of a DCN to that query and response file. But right now the SSN or HICN is the identifier you should - you could use.

(Vinny Akjohasis): Okay but HICN is only - mostly one-way coming back. So when the query sends out an information it needs to - like the DCN basically. We can use Social Security number and that comes back again in the reference...

Man: Yes.

(Vinny Akjohasis): ...section. So you see the DCN will be implemented soon?

Man: Yes we're getting the dates.

Man: Do you have any dates for that?

Man: Sometime this calendar year.

(Vinny Akjohasis): Okay so we can...

Man: Before the end of the year.

(Vinny Akjohasis): So we can expect that - so we can plan for that basically for the credit file and the response?

Man: Yes, you can expect that it will be present prior to production.

Man: Okay now don't go away okay. Stay on the line. We're going to put you on hold just for a second.

(Vinny Akjohasis): Okay.

Man: So just a follow-up thought. Now it's - when you submit your - submitting your query file sorted by SSN or HIC number, you could resort upon receipt of the response files by the same criteria. And that should give you a file that would match.

Man: You could, you know, ordered the SSNs lowest to highest number and we start coming back based on that same criteria.

Man: Now if you want an alternate way of getting to that sort. But like-wise you can also wait till the DCN is available and it should be imminent.

(Vinny Akjohasis): Yes I mean DCN is more accurate because not everyone would have a Social Security number is what we have observed. So in that case, you know, we'll have to (land) DCN completely.

Man: Well if they don't have a Social Security number there's no point to putting them on the file because we can't identify them without the Social Security or HIC number. So I wouldn't even bother. You're just going to get a not found.

Barbara Wright: If you meant that you would have the HIC number but that - without the Social Security number you could also sort by the HIC number.

Man: Right.

Barbara Wright: So that you would have two sorts, one by SSN followed by the ones by HIC number since they would have a letter on them.

(Vinny Akjohasis): So you're not going to match on three of the five criterias anymore? You're just saying you must have another Social Security or HIC...

John Albert: Yes definitely. That's the one required element. We compare the SSN or HICN submitted to the name, date of birth and gender to determine whether or not, you know, that John Smith born in 1939 gender male is in fact the same John Smith.

(Vinny Akjohasis): Okay.

John Albert: So you have to have an SSN or HICN.

Barbara Wright: One of the two to submit.

(Vinny Akjohasis): That's right. Okay. Thanks. Makes sense.

One last question specifically on the EDI structure. In general, EDI will allow multiple SE segments to be sent or received. Is that the case for query filing as well?

Jim Brady: You're talking about specifically within the 270 271 multiple...

(Vinny Akjohasis): Right.

Jim Brady: ...multiple piece?

(Vinny Akjohasis): Correct, correct.

Jim Brady: I'd have to get back to you on that. You know, which state are you from?
Which...

(Vinny Akjohasis): California.

Jim Brady: California? This is Jim Brady. Could you just shoot me a question in email and I will make sure we get you a response today from (unintelligible)?

(Vinny Akjohasis): Sure will do that.

That's it. Thank you.

Coordinator: And our next question comes from (Lisa Winsel) of State Farm. You may ask your question.

(Lisa Winsel): Thank you very much and good afternoon. And we have a couple questions. The first one is I would like to confirm the statement during the presentation that say will we provide test data. Now that's the test data for we are testing

the query input and query response file. (Was it a) test data provided for us so we can test getting a match?

Man: Right. So these would be test (benes) that would guarantee you a response.

(Lisa Winsel): Yes or just you a (response) but not getting them yet.

Now on Page 91 (MN SEA) User Guide. You mentioned that it will be a downloadable file for us, available for us so we can use the data to test getting (them there). That's the same thing you are talking about here or a different thing?

Man: Know that's the same thing we're talking about. And we are expecting that to be available in about two weeks.

(Lisa Winsel): Okay. Okay. That's very good. Thank you.

Now I have another question for you. Currently we are testing the query input and query response file. And we develop our own software.

And we got into the issue and we can use the ID and a password to lock in our RRE. But when we run that use a SFTP (matter), transmission (matter) like we set in our registration. But when we (use that) we got authentication errors. And we will not be able to get much help from our contacts. So any other process we can use to speed up our testing because we kind of stuck at this point?

Man: Yes you're saying that you're stuck with when you use...

(Lisa Winsel): We have tried to testing to submit a file to CMS as a query input file. And when we submit that we got authentication error. And I (helped that) by manual lock in with my ID and a password and it worked. But it's the same ID and a password we put in the software to do the SFTP (matters) and we got error.

Man: Have you reported it to you or EDI rep?

(Lisa Winsel): Yes I did. Then last weekend we have not gotten any response. So we just wonder if there's any other we can - or some way we can speed it up? And we really want to keep this thing moving.

Man: What's your RRE ID?

(Lisa Winsel): Number 16748.

Man: Okay, we can escalate the ticket from my end and we'll make sure somebody gets back to you.

(Lisa Winsel): Thank you very much. Now you don't mind I have one more question. And we are also developing software to (pause) the response file, the query response file. And at this point we don't know what we expect. We mainly use the User Guide to work on our software and do (everything) here.

And we just don't know what kind of format or what kind of code will send back to us inside the response file. Like we go - we use some kind of spec here.

But we wonder if you can provide some kind of sample at least for us to know a certain (field) of the response file and we can view that to compare with the format here so we exactly know exactly what we expect to get back?

Man: I'm sorry, you lost me there. Could you just walk through that question one more time?

(Lisa Winsel): Okay we would like to know whether you have any sample of query response file we can do. We mainly want to parse the file...

Man: Got it.

(Lisa Winsel):so we can update our database. And at this point here we don't know what code will be include or what code will not be include.

In the manual you mentioned that you have a valid code, an invalid code. And our question is whether - and that's another popular question, whether you only send back the valid code or you send back something else according to in the response file, the query response file.

Man: You're talking the query response file. You're talking about...

(Lisa Winsel): Yes.

Man: ...and the 51 that we found it or didn't find it? I mean that's really the...

Man: Yes that's...

Man: That should be in the User Guide I would think.

Man: The best way to get a sample response file would be to send it to test query file.

(Lisa Winsel): Yes. That's what we have tried to do, submit the query input file. But we kind of got stuck. And we want to keep on the path moving here so...

Man: I hear you. Yes. So like I said the - those test beneficiaries will be posted to the Web site very shortly...

(Lisa Winsel): Okay.

Man: ...(the list). So I think that would be and that great way to go.

John Albert: I mean though if you have, you know, again for, you know, you can just - in terms of your testing database, I mean, you know, just select a bunch of people that you know who are over age 60. And, you know, they're going to most likely be Medicare's beneficiaries that would give you a good - representative response file of how well your process is working.

(Lisa Winsel): Let me follow up a little bit more detail on that in the response file when you send back and if possible for a reason code. So you only send back the reason Code Number 01 and 51.

And our question is whether you just - I read through the User Guide and you mentioned about the HIC number and SSN. And that's the only thing you meant. And you will give all of the information related to that HIC number SSN back to us.

Whether you will - your system will be able to identify what field is incorrect or date of birth or name incorrect or anything whether you give us any kind of reason code so we can point to that specific information...

John Albert: No we can't because again we don't know who you're asking about to tell you what field is right or wrong.

I mean just because you match only two of the five fields doesn't mean that we know that the other ones are right or wrong. Because I mean that is our process for validating it. It's up to you then to determine if you're sure that that particular SSN or HICN is for the person who you're reporting. We can't tell you which one is wrong at all. All we can tell you is that based on the information you sent us we can't find anybody to match on this HIC or SSN.

Remember, there's 65,000 J. Smith's in our database. And if you - if we tell you that you matched on J Smith for Social Security number 123456789 it doesn't mean that it's J Smith, you know, born a different date or it's just we don't have enough confidence to tell you that that person is who you're asking about.

So we can't - we have no way of knowing, you know, what elements are right or wrong.

So...

Man: And we're going to have to move on now and get one more question.

Coordinator: Okay at our next question comes from (Leslie Trembly) of (Crawford) & Company.

(Leslie Trembly): Hi. Thank you for taking my question. I'll try to make this quick. I was looking at the information in the User Guide on Page 168 related to Field Number 6 which is the TIN reference file mailing address Line 1. And I know that at the beginning of the meeting you said that we should always refer to the User Guide versus what you guys actually say in the meetings.

The User Guide seems to indicate that the mailing address should reflect where the RRE wishes to have all correspondence associated with recoveries if applicable directed for the TIN office code combination.

Wouldn't that then allow for vendor to be designated to handle MSAs and lien correspondence?

Barbara Wright: The vendor is not the debtor. We need the debtor address. We're fine with you choosing a different address or component within your company. We are not fine with you giving us an address for someone that is not a debtor.

(Leslie Trembly): Will you be changing the User Guide to reflect that clarification?

Barbara Wright: In other words and you said which page?

(Leslie Trembly): Page 168 Field Number 6. All it says is it must be a US address.

Barbara Wright: Did you say Field Number 6?

(Leslie Trembly): Yes.

Man: Mailing address.

Barbara Wright: Okay. I see what your question is.

John Albert: Yes. We can take a look at that and, you know, make sure to offer that clarification.

(Leslie Trembly): If you would that would be fantastic. I had one other quick question was did I hear someone earlier mentioned January 25 as the date with regard to testing?

John Albert: No.

(Leslie Trembly): Okay. Just hopeful, hopeful thinking.

Man: Okay.

(Leslie Trembly): That was it. Thank you very much.

Man: All right. Thank you operator. That's it. We're going to have to leave the call now.

John Albert: Could you stick around, operator? We'd like to thank everyone for their participation in this call. Stay tuned to the - to future teleconference of funds that are again on the mandatory insurer reporting Web pages, the complete schedule of future calls.

We'll continue to have these NGHP calls into the foreseeable future. I know that we're booked at least through the end of the year. But we will surely continue to have these as we move toward implementation.

With that I'd like to thank everyone for participating and say good day. And operator if you could stay on the line for just a second we have a couple of questions for you.

END