TRANSCRIPT
TOWN HALL TELECONFERENCE

SECTION 111 OF THE MEDICARE, MEDICAID & SCHIP EXTENSION ACT OF 2007
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DATE OF CALL: September 8th, 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
September 8, 2009
12:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in listen-only mode. During the question and answer session, please press star 1 and unmute your phone and record your name.

We will be taking one question and one follow up question per line. The call is also being recorded. If you have any objections, you may disconnect at this time. And I'll turn the meeting over to Bill Decker.

Bill Decker: Thank you very much, operator. Hi everybody, my name is Bill Decker and I am with CMS in Baltimore, Maryland. Happy day after Labor Day to all of you. We are here today for a non-group health plan NGHP Technical Call.

And if you have policy questions, we'd ask you to defer them to the next NGHP policy call if you can possibly do that. If you are a group health plan or GHP entity or reporting entity, this is not the call for you so you can (unintelligible) at this point.

With us today on the call here in Baltimore are Pat Ambrose and Barbara Wright and (Bill Zabonia) and (Cindy Ginsburg) and (Katie Harris). And any

one of us may jump in at any time and answer any questions you have. But the principal speakers will undoubtedly be Pat Ambrose and Barbara Wright.

And I don't think I have any other announcements to make and so I'll turn it over to Pat, who's going to start off with us today.

Pat Ambrose: Okay, thank you, Bill. I have a few announcements first regarding recent postings to the mandatory reporting Web site that can be found at www.cms.hhs.gov/mandatoryinsrep.

The NGHP User Guide was corrected and reposted for a formatting error, where the previous copy of that User Guide had some language on Pages 74 and 75 cut off. Basically the end of 74, the language did not continue at the top of 75 in the prior posting. So this has - the formatting error has been corrected and the User Guide was reposted, nothing else has changed; the User Guide is dated July 31, 2009 and is still Version 2.0.

Also posted on this Web site is the NGHP Medicare Health Insurance Claim Number or HICN and SSN selection information. The model language form and the alert regarding compliance of obtaining individual HICNs and or SSNs or NGHP dated August 24, 2009.

Those two documents can be found in the Downloads area of the What's New page. So again, that's information related to compliance and collection and model language for collection of the Medicare health insurance claim number and the SSN can be found in the Downloads on the What's New page.

We also posted a new alert regarding the receipt of multiple accounts as an invitation email in the Downloads area of the Reporting Do's and Don'ts

Section page. In particular in that alert, please review the shoe paragraph labeled Note. I'll quickly read you those right now.

The first note is under registering as an account designee, obtaining a login ID as an account designee. You are invited to become an account designee more than once before you've completed the account designee registration process and obtained a login ID. All the email invitations generated will contain the same token link sent with your original or first invitation.

When you use this link, it will take you to a page that displays information from the original RRE ID invitation. And the individual who as account manager for that RRE ID invited you in their company name. Only one unique token link is generated per user for the account designee registration process may use the token link in any one of the emails to register.

Again, it's going to take you to the same screens and is the same token link if you receive multiple invitations if you obtain a login ID. Once you have completed the account designee registration process and obtained a login ID, the open link will no longer be valid. The stronger - we strongly encourage users to register as soon as possible after receiving the first invitation email to avoid confusion. Only the account designee who's being invited should use that link and that email to register.

Once you have obtained a login ID and you're invited to subsequent RRE IDs, the email - you'll receive an email informing you of that invitation but you will not receive an additional token link and you may just sign on to the COBC secure Web site. And on your RRE listing page, you'll see the new RRE IDs to which you've been added.

The other note refers to if you're attempting to obtain a login ID as an account manager. Note that individuals may play different roles for different RRE IDs may obtain a login ID by either performing the account setup steps as an account manager for an RRE ID or by being invited by an account manager to be an account designee.

You have been invited to be an account designee for one RRE ID - one or more - before you registered as an account manager for another RRE ID must complete the account designee registration process and obtain a login ID before you may complete the account set up step for another RRE ID as the account manager.

In other words, if you have an account designee invitation pending, you must complete the account designee registration process and obtain a login ID before you may proceed with setting yourself up as an account manager for other RRE IDs.

So again, please review the language in that alert. Another notice that I'd like to announce is that if you receive a Reporter Not Found error message on the Section 111 COBC secure Web site when performing the Web account setup step, the most likely cause of that is that the account setup step is already complete for that RRE ID.

You should simply log in with your login ID and password and work off your RRE listing page and do not click on the Account Set Up button on the Home Page any longer. The account setup step is only performed once for each RRE ID. So once that account setup is completed for the RRE ID, you proceed to login off the Home Page and work off your RRE listing page.

Some individuals are experiencing difficulty connecting to the secure FTP server. Please contact your EDI representative in this situation. The COBC is aware of this issue and is working toward a permanent solution. In the meantime, your EDI representative will help you get that resolved.

Another announcement relates to the COBC has received several requests to switch account manager with account designees after registration is complete. In particular, these cases are where the account manager is a representative of the RRE and the account designee is an agent.

We actually recommend that the RRE retain the account manager role and invite agents as account designees. This is not a requirement but is recommended so that the RRE retains a certain amount of control over the reporting process.

So even though most emails only go to the account manager, any user, including account designees associated to the RRE ID may check on file status or the RRE ID after logging in. So please give this careful consideration before you request switching roles after you've completed registration for your RRE ID.

I'd also like to provide some clarification of the claimant 1 through 4, claimant last name, claimant first name, claimant middle initial and claimant entity organization name field.

You will note in the field descriptions that you may use either the last, first and middle initial fields to identify a claimant as an individual person. That's in the case of the claimant's relationship code being an E, F or O or use the entity organization name field to identify a claimant where the claimant relationship is X, Y or Z.

Entity organization name field is not a new or separate field but rather redefined the last, first and middle initial fields as one field of 71 bytes. In other words, looking at Claimant 1 field on the detail record, as an example, the claimant last name, claimant first name and claimant middle initial are Fields 106, 107 and 108. Field 106 starts in position 1647 and ends in position - or rather the middle initial field 108 ends in position 1717.

You look closely at the field description, you'll see that the entity organization name for Claimant 1 is Field 109 and it also starts in 1647 and ends in position 1717, though it takes up the same physical position on the record as Fields 106 through 108. The same process or technique is used on the auxiliary record for the names of Claimant's 2 through 4.

So again, the entity organization name is not a separate field; rather, it redefines the three separate fields as last, first and middle initial as the option, depending on the claimant relationship as to which - whether you use the last name, first name, middle initial or you use the entity organization name.

Also note that the registration process on the Section 111 COBC secure Web site will remain open and operational indefinitely. Non-GHP RREs are to register by September 30, 2009. But if this for some reason is not completed by then, maybe because you're struggling to determine who is the RRE in special circumstances, you will still be able to register after September 30, 2009.

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

And one last announcement, we are working on downloadable files for test beneficiary information, the list of insufficient ICD9 codes listed currently in the User Guide in Appendix H and also the error codes related to Section 111 file processing. Those download files should be available for posting on the Web site in a couple of weeks.

I'm now going to address some of the specific questions that were submitted to the Section 111 resource mail doc to CMS. The first question had to do with the assignment of certain no-fault claims in the state of Michigan, in particular personal injury protection claims or PIP claims. And the RRE, when assigned these claims, is handling them manually and they don't actually have a policy number associated with them in their system.

And they wanted to know, since the policy number is required, what to do in this circumstance and in order to submit the record, have accepted and not received an error code in return.

You may submit a default value for the policy number in this particular situation. If none exists, we suggests that you develop a default for the policy number field and fill it with that in order to get past that particular edit. Obviously if there is a specific policy number associated with the claim that you're reporting, then you must include that specific policy number that this default value that you create yourself can be used just in the case when you don't have a policy number available.

Another question was submitted stating that if a claimant is definitely not a Medicare recipient at the time that the report is due, what is the RRE's obligation to make the determination that the claimant is not a Medicare recipient? In other words, can RREs as told by a claimant's attorney that the

claimant is definitely not a Medicare recipient, the RRE obligation ended with respect to that claimant.

I'd like to refer you to the recently posted alert and model language regarding collection of the HICN number and SSN. And also note the sections in the User Guide that address ongoing monitoring of Medicare status while ongoing responsibility of medical for ORM continues. If you have determined that the injured party is not a Medicare beneficiary at the time your report is due, if there's no other obligation on that claim, there's no need to report or follow that injured party.

However, if you pay a subsequent TPOC amount or if you continue to have ongoing responsibility for medicals, you need to report or rather monitor the status of that injured party. And if they are found to be a Medicare beneficiary, report that record according to the specifics in the User Guide.

Another question was submitted regarding the middle initial for an injured party. We mentioned in the User Guide in the first letter of the injured party middle name should be submitted as it appears on the social security card or the Medicare insurance card. However, since the query response doesn't return that information, we have no way on our end of knowing for sure how the middle name appears on the card.

And the questioner was worried about risking a file submission error if they included the middle initial. Please note that the middle initial is not used in the matching process, when we're matching the injured party information to a Medicare beneficiary.

So the rule or what the requirement is, if you have a middle name or middle initial for the injured party, please include it. But since it's not required, you

may leave it blank if you don't have an actual middle initial. But including a middle initial that may or may not match Medicare's information for that individual will not effect the matching process and will not cause a record to reject if it happens to not to match CMS's information for that individual.

Another question or email was submitted pointing out that there's a bit of discrepancy in the User Guide regarding the threshold amount and the actual check that is done on the total TPOC amount and associated edit and whether a record is rejected or not.

Particularly, it has to do with the total TPOC amount if it's exactly equal to the threshold amount of $5,000, $2,600 respectively for the various years. The threshold is inclusive of those amounts. So in other words, any total TPOC amount between $0 and $5,000 is excluded from reporting. And if you, in other words, submit a record where the total TPOC amount is equal exactly to $5,000, it will be rejected. And instead, the User Guide says that records with amounts left under $5,000 will be rejected.

So this - the language I'm referring to is in Section 11.4 of the User Guide and it states claim reports with the last most recent TPOC date of January 1, 2010 through December 31, 2011 with TPOC amounts totaling $0 to $5,000 are exempt from reporting.

Initial claim reports or add records with no ORM or where the ORM indicator equals N or the most recent TPOC date is prior to January 1, 2012 with a total TPOC amount of less than $5,000 will be rejected, that language should actually read less than or equal to $5,000 will be rejected. We apologize for this oversight and will correct the User Guide as soon as possible.

That's all for the questions that I'm going to cover today and I think we're ready to open it up for question and answer. Again, this is an NGHP technical call. So we ask that your questions be limited to those that are technical in nature. And one question follow - and one follow up question per caller. Thank you. Operator?

Coordinator: Thank you, we'll now begin the question and answer session. To ask a question, you may press star 1 from your touchtone phone, star 2 to withdraw. Again, that's star 1 from your touchtone phone. And our first question is from (Suzanne Jordan). Your line is open.

(Suzanne Jordan): Hi, thank you, this is (Suzanne). My question relates to when testing can begin. We've had some clients who've completed registration activities and they're stating that they're receiving notification that are indicated that they should have already completed testing. Can you help with that one?

Pat Ambrose: Well, that notification there was supposed to be turned off. So it sounds like - it was supposed to be turned off for NGHP submitters. So it sounds like we might have an issue with that email notification.

If you look in the User Guide, we have a list of all the emails that are sent out. One of them includes a warning email that you have been registered and have not completed testing within 30 days. Obviously you have more than 30 days to test as well. And it's really just a reminder email. It again was supposed to be turned off for RREs testing for the claim input file begins January 1, 2010.

Of course, we're - you are able to test your query input files at this point in time but you will not be able to test your claim input files unto January 1, 2010. So I'll follow up and see what's happening with that. But that email, you can disregard it.

(Suzanne Jordan): Okay, great. Thank you.

Coordinator: Thank you. Our next question is from (Donna Brichard). Your line is open.

(Donna Brichard): Good afternoon. My question, I actually sent to the Web site yesterday, I don't think that you've seen it. Error Code CJ06 says that the ORM termination date must be at least 30 days after the CMS date of incidence and I expect our termination date to sometimes be the same as the date of incident, in the case of a fatality. I also see that being less than 30 days because they days within the 30 days as a result of the date of incident and...

Pat Ambrose: Could we please put you on hold for a...

(Donna Brichard): Absolutely.

Pat Ambrose: So I can discuss this...

(Donna Brichard): Thank you.

Pat Ambrose: With my colleagues.

(Donna Brichard): Did that, haven't done that.

Pat Ambrose: Okay, I'm sorry about that.

(Donna Brichard): That's okay.

Pat Ambrose: We had to confer a little bit about that situation. Because of some limitations with systems we interact with, we're not able to post certain information for

these records with ongoing responsibilities for medicals of less than 30 days. However, in the - particularly in the incident there on the injured party has - is deceased within 30 days, you could actually plug a termination date that is 31 days after the date of incident. We should not obviously receive any claims at Medicare and there should be no harm in sending an ORM termination date just a little bit further out than the actual day to get past that particular edit.

(Donna Brichard): Okay, I have another situation. For our other Med-Pay coverages that have small limits, say, $1,000, we may pay up to that limit within 30 days. In fact, we strive to do that so that we don't have those people hanging out.

So in this case, I would have to set the termination date 31 days after the date of incident, even though we had no ongoing responsibility for medical after the 15 days.

Barbara Wright: I'm asking Pat, I don't remember the layout specifically enough. Don't we also give them a field to show that it's exhausted?

Pat Ambrose: Yes, we do.

Barbara Wright: So if we would have that information showing again, it shouldn't make any difference.

(Donna Brichard): So we can set the limit - the exhaust date equal to the actual exhaust date but set the termination date to 31 days out?

Pat Ambrose: That's what we're recommending at this point in time. I'll certainly follow up on this issue...

(Donna Brichard): Okay.

Pat Ambrose: Further and update the User Guide accordingly. But at this point, we are instructing you to set your - make sure that your termination date is at least 31 days after.

(Donna Brichard): Okay, I have another date question.

Pat Ambrose: Okay.

(Donna Brichard): When we go into testing, you know, you may not be able to accommodate this. Our QA regions are set up to advanced dates so we can get through weekly, monthly, quarterly and yearly cycles.

Pat Ambrose: Yes.

(Donna Brichard): What kind of issues am I going to run into if we send advanced dates?

Pat Ambrose: I'm going to have to follow up on that one too. It's a very good question. I know that we can accept dates in the future for...

(Donna Brichard): Termination.

Pat Ambrose: Termination dates. I have to - and we do have an issue with the effective dates. But however, you would have a difficult time testing. But I haven't actually addressed this issue with our IT staff, specifically know what they will accept during testing.

(Donna Brichard): Okay - and I have not actually done a lot of analysis to see what the actual dates are on the claim input file.

Pat Ambrose: In particular, the date I'm thinking that might cause us the most - or might cause us some issues that we have to address is the date of incident. If that is I in the future...

Barbara Wright: And I'm not sure how you would have a date of (unintelligible) that would be...

(Donna Brichard): Well, in production...

Pat Ambrose: System date for testing in the future in order to test more realistic situations after - as though it's after January 1, 2010. So I'm going to have to follow up with our IT staff and see what we're going to do about future dates and advise you subsequent to this call.

(Donna Brichard): Okay. And if it's just the date of incident, that would be much better than, say, the date of incident and the TPOC dates and the settlements dates. So if you could be specific on the dates, that would help me out as well.

Pat Ambrose: Yeah, I'll go through all the dates and...

(Donna Brichard): Great.

Pat Ambrose: You know, discuss that, again, with our IT staff and find out what future dates will be accepted during testing and then advise the entire RRE community and...

(Donna Brichard): Okay.

Pat Ambrose: Agents accordingly.

(Donna Brichard): All right.

Pat Ambrose: We'll have to put out an alert or something like that.

(Donna Brichard): Okay, thank you.

Pat Ambrose: Thank you for your questions - very good question.

(Donna Brichard): All right, bye.

Coordinator: Thank you. Our next question is from (Regina Nurato). Your line is open.

(Regina Nurato): Yes, hi, I'm calling to find out a little bit more clarification of what exactly - how many times you would register an RRE? We have a situation where we have a worker's compensation program as well as a professional liability program. The worker's comp program is handled by one ORM and the professional liability is handled by (CS Star). Do we need two different RREs?

Pat Ambrose: It depends on how your information will be submitted, your claim input files will be submitted.

(Regina Nurato): They're both - we're both going to be using (Golden Lamb).

Pat Ambrose: And you need to work then with your agent to discuss whether they will be combining your work comp and liability claims into one file and submitting that together as one file or whether - if you actually have to submit in two separate files, you would need to do separate RRE IDs for that.

But if you do combine that information into one file, you may use one RRE ID and register just one.

Barbara Wright: Can you hold on for a second?

(Regina Nurato): Sure.

Pat Ambrose: We also wanted to clarify that it's the same RRE in both cases.

(Regina Nurato): It is. It's the same institution with the same tax ID number. But as I said, it's two different programs and the worker's comp is administered by one company, which will be administered by (Golden Lamb). And the same for professional liability and they'll also be going through (Golden Lamb).

Pat Ambrose: Yeah. So it's really going to be a question for you to ask your TPA and agents as to how this file will be submitted, I can't say. So if they're not rolling them up...

(Regina Nurato): Into one file...

Pat Ambrose: File for you, then you'll need two separate RRE IDs.

(Regina Nurato): So it's really up to (Golden Lamb), then, how they're going to be submitting the information to you, how many RREs you need/

Barbara Wright: It's up to you in terms of how you're going to be submitting the information, the (Golden Lamb) in part. If (Golden Lamb) says that they can only submit separate files if you submit them separately, then you need to make arrangements with (Golden Lamb).

From our perspective, you can always mix no-fault, worker's compensation and liability insurance as long as it is the same RRE.

(Regina Nurato): Okay, so I guess - just for clarification. It's really up to (Golden Lamb) then how they're going to be submitting it and if they're going to submit under one RRE or two separate for the different plans.

Barbara Wright: It's up to the RRE to make arrangements with its agent how it wishes to have files submitted. If you want to do it under a single RRE ID, then you need to make arrangements with (Golden Lamb) to submit it that way. If you, as the RRE, wish to do it multiple files by line of business or by geographic location or whatever, then it's up to you to make that arrangement with (Golden Lamb).

(Regina Nurato): Okay, so we have that opportunity to do it that way then?

Barbara Wright: Yep.

(Regina Nurato): Okay, thank you.

Coordinator: Thank you. Our next question is from (Jeff Simms). Your line is open.

(Jeff Simms): Thank you. My question had to do with some errors that we were receiving on the COBC Web site. For example, this morning I went into to do some designee maintenance for an RRE ID where I'm an account manager. When I went into Specify the Designee, the site received an error. I did notice when I went back in later to validate the designee maintenance that what I had initially set up was in fact taken correctly.

So the question that I guess I really have is I've also heard intermittent reports about some other incidences with the site coming down. Is anything being done to address site stability for the number of users that are actually using the site?

Pat Ambrose: Yes, absolutely. And what I would ask of you, when you experience a problem, to attempt to take a screen print and save that to a Word or PDF file, contact your EDI representative and email that screen print to them. And please also note the time of day, obviously the date that it occurred and what action you were taking when you received that error.

And yes, I can confidently say that the IT staff is working very hard to make sure that that COBC secure Web site is up and stable. But with any new application, there are bound to be a few bumps in the road. So it's helpful for us so the more information that you can provide when you experience those problems to report them promptly and also with that information that clearly indicates where and how you got the error. And I...

(Jeff Simms): Great, thank you. One quick follow up question; I represent a TPA and we also had received many inquiries from a lot of our clients who are RREs who are saying that there's been a significant time lag between the time that they've gone through to do stuff. One of the registration requesting an RRE ID and PIN number and they had not yet received their PIN or that letter confirming the RRE ID and PIN number. And we're talking a period now of sometimes five to six weeks.

We've been advising clients to contact our EDI rep in those situations. But are you generally aware of a large backlog and do we expect this to continue?

Pat Ambrose: I am not aware of a large backlog and we certainly don't expect it to continue. That's something we'll follow up with on this call. You'll note that as you're going through that first new registration step on the COBC secure Web site after you've completed it, it indicates that you should wait ten business days or two calendar weeks prior to being concerned about not receiving your PIN letter.

But if you have not received it within that timeframe, we do ask that you do follow up with your EDI representative. And if that response is not satisfactory, there is an escalation process documented in the User Guide Section 18 as well.

But I will go back and follow up to see - I have not heard of a report of a lot of pending PIN letters at this point in time.

(Jeff Simms): Great, thank you.

Coordinator: Thank you. Our next question is from (Yvette Lynch). Your line is open.

(Yvette Lynch): Good afternoon, hi, I'm from (Brandelburn Insurance) and we're an agent for our TPAs. And it's been - it keeps being discussed and we've got a couple small clients that are - have registered but the number of staff is so few in their - for their organization that now that they've registered, they don't have access to what they consider their own data, since they're the authorized rep and we are the account manager.

Is there any plans for any type of view only for a - for an RRE in this situation or can you give me some advice to pass along to them?

Pat Ambrose: Well, we do - because of our security model and the way that we have, you know, we're vetting users and basically we're setting up the Web site based on CMS guidelines and federal guidelines related to assigning user IDs and the approvals for those, we do have a requirement that the authorized representative is not a user of the Web site, as you know.

We were certainly expecting that at a particular RRE, at least two individuals would be available, one that would play the role of the authorized representative and the other that would play the role as the account manager. And in the case that the RRE doesn't have an individual to play the role of account manager, they can delegate that responsibility to an agent.

I don't really have a particular - any particular advice beyond that. I guess I'm not providing you much help in that particular situation.

(Yvette Lynch): I understand the situation, I understand the guidelines. But this particular RRE is pretty - has gotten very upset at the - saying that they feel that it's their data and they should have the right to see their own data. What we'll probably end up doing is giving them - is not taking - is not having - assuming the account manager process like they initially wanted us to and then putting that responsibility back into their hands. I don't see other - any other way.

But the question they wanted to know is, is there any type of view only and it sounds like that that's not a possibility.

Pat Ambrose: Right now, that is not under discussion. We'll certainly make a note of it and I think - do we need...

Bill Decker: We need a sidebar conference. We'll be right back to you.

(Yvette Lynch): Okay.

Pat Ambrose: We actually have another suggestion for you. Note that if the - if an agent such as your organization is playing the role of account manager, you may still invite account designees. And if you can identify another individual at the RRE other than the authorized representative, you can invite the person as an account designee.

(Yvette Lynch): Okay, fantastic. I have one other question. We have some technical issue that we are having and last week I ended up going to the escalation process and spoke with a wonderful gentleman who answered all of my questions. There were a few things that he was going to get back with me on and I just wondered about how long should I allow before I initiated communication again, you know, on these things that he was to get back with me?

Pat Ambrose: And I assume he did not give you an indication as to when a response might be expected. I, you know, just - I just personally suggest that you give him a week, at least, to follow up on outstanding issues.

(Yvette Lynch): Fantastic.

Pat Ambrose: Before taking it further.

(Yvette Lynch): Okay, wonderful. Thank you so much.

Pat Ambrose: You're welcome.

(Yvette Lynch): Bye-bye.

Pat Ambrose: Next question, operator?

Coordinator: The next question is from (Salvia Kitchum). Your line is open.

(Salvia Kitchum): Hi, thanks for giving me the opportunity to discuss about my question. This question is regarding the HEW software. I understand that HEW software provided by CMS process both inbound and outbound files in DOS format. However, when we try this thing with CMS, we have received inbound file or the response file from CMS in Unix form.

The challenge is if this form file is coming in Unix format, we have to convert that file into DOS before we use HEW software to be the HEW file. So my question to the team is, is CMS planning to send response files every time in Unix format? Are we missing any steps while downloading these files in DOS format? If at all, please advise us.

Pat Ambrose: We did address something related to this on a previous call that if I get an opportunity I can go back and look up. The response file should be downloaded as an MS-DOS file and text file, not Unix. And that's what you need to then - that format is what needs to be set into the queue.

It may have to do with the way that you're downloading the file from either the secure FTP server or from the Web site, COBC secure Web site. And perhaps you need to look at that process. Again, I believe if you open up the file in Notepad that you can save it as an MS-DOS and I know, you know, the manual will work around.

But there should be a way for you to download the file in that format and then be able to feed it into the HEW software.

(Salvia Kitchum): Yeah, I think - thanks for the heads up. Right now, we are using the SSTP material to download the file. But I would really appreciate if you can guide is any link or any additional documentation where we can go back and check on how to download the file in DOS format itself.

Pat Ambrose: Okay. I'll look into that. I'm not able to speak to that personally. But I do recommend that you talk to your EDI representative, who should be able to help you with that.

(Salvia Kitchum): Sure, thank you so much. I appreciate it.

Pat Ambrose: You're welcome.

Coordinator: Thank you. Our next question is from (Neil Fecee). Your line is open.

(Neil Fecee): Hello, this is (Neil Fecee) at Foster Farms. I have a question regarding those files where patient is discharged from care, they're not a Medicare recipient at the time of this. But under California law, they could come back and we could be responsible for additional care.

Usually what happens is we have a situation they're discharged, we send them a letter saying, you know, this is what the doctor says. If they have any disagreement, they can go through the process and we never hear from them again. Or they stop going to a doctor, they don't show up for their appointments, we send them a letter saying, you know, if we don't hear from you we'll send your fine and we're going to close (unintelligible).

In looking at the manual, it's not clear if we have to keep on sending queries on these folks. A lot of vendors out there are for the plans charged by query. You know, they charge a fee for each query. And so your queries keep

expanding. If we have to keep running queries on everyone, even though we've technically or administratively closed their file, we're going to have a huge number of queries by the end of the year at a very large expense. Could you clarify that somewhat?

Barbara Wright: We've said - you're talking ongoing responsibility for medical, correct?

(Neil Fecee): Right.

Barbara Wright: We've said that if you had a statement from the treating physician that they've been discharged, they would need care then it was fine with us to terminate the ORM. But if you don't have that type of statement, then if you're required by law to keep it open, it would still be open.

If you have that statement and you've terminated it, then you need to query them again unless and until they come in and there's reopening.

(Neil Fecee): Okay, now in the manual it said you had to have a signed statement saying they would need no further care. Would just the discharge report from the doctor be adequate? Because most doctors are never going to say they're never going to need medical care again. But they're saying...

Barbara Wright: Never need medical care, it's if they're not requiring any ongoing care for that incident or injury.

(Neil Fecee): Okay. But what I mean is, is the actual discharge report adequate, saying they've been released from care and go back to regular work or do they have to have - make a separate statement to that effect?

Barbara Wright: Well, I mean, being released to go back to work doesn't necessarily mean they're not getting ongoing care.

(Neil Fecee): No, no, I mean, discharged from care, where the doctor says, this person is discharged from care, he can go back to his regular work. No further care is needed.

Barbara Wright: Hang on a second. Being just simply discharged from care in most instances won't be adequate. If it's someone's primary care physician and they can essentially state that they're not going to be getting more treatment for the injury or illness, that's one thing. But a discharge from care can include, for example, discharges from hospitals that are actually against medical advice.

So discharge from care alone or if someone breaks a bone and sees an orthopedic person but they don't need to see the orthopedic doctor anymore but they're continuing to get, for instance, rehabilitation...

(Neil Fecee): No, this would be a situation where the doctor says they're fine now, you know, they've discharged them as far as - that's the terminology they normally use. You know, they've been treated for a minor sprain, they've had a few visits and no further care is needed. My question is do we - is that document adequate or do we have to have them sign a separate letter, saying, you know...

Barbara Wright: Given the type of detail you just gave, yes, it would be adequate.

(Neil Fecee): Okay.

Barbara Wright: But if it simply just says they're discharged from care then no.

(Neil Fecee): Okay. What about situations where we cannot get a hold of them, they refuse to go to the doctor anymore? Because we have quite a few of those where they stopped going to the doctor, we sent them a letter saying, you know, what's happening, why haven't you gone, we don't hear from them. And we send them a letter saying if we don't hear from you in 30 days, we're going to close our file.

Barbara Wright: Hang on. Absent something that terminates their care under state law in a situation like that, you would need to continue to query.

(Neil Fecee): Okay. Well, thank you.

Coordinator: And thank you. Our next question is (Brenda Smith). Your line is open.

(Brenda Smith): Hi, this is (Brenda Smith) from PMSI. I have a question in regard to the registration process. Some of our clients want to clarify - I know CMS has said they - that our (unintelligible) should be registered by September 30. Now since registration is a several step process, what needs to be completed by September 30? The first step, the entire process? And are there any non-compliance issues or penalties if it is not completed by September 30?

Barbara Wright: We are not looking to find anyone non-compliant solely because they haven't completed registration by September 30. The real issue is if whether or not they're registered soon enough so they can have a full quarter of testing and be able to report as of April 1. Obviously registration lets you go ahead and start doing query files, if nothing else, during the quarter before testing actually starts.

But as a finding of non-compliance solely based on that issue, we have no intent along those lines.

(Brenda Smith): Thank you.

Coordinator: Thank you. Our next question is from (Soya Winchell). Your line is open.

(Soya Winchell): Yes, thank you. We have a client who does not have a US tax ID or a US location. When we did as instructed and contacted the EDI representative, they were unfamiliar with the steps required to complete the registration and I guess going through the escalation process, they asked that we sent that as a question to the email box.

So is there another number we can call or a different way that we could assist in getting this client registered?

Pat Ambrose: Please go back to and make sure that your EDI rep has logged this. I'll follow up with the EDI department after this. But your issue, along with all the specifics related to RRE and foreign entity and lack of a US TIN - tax identification number - and/or US address, all of that information related should be sent via email to your EDI representative.

We are collecting these issues regarding foreign RRE entities and the - and what they need to do in order to register and we'll be following up individually because the case - each case might be slightly different. If we can provide some general language at a later date, we plan to do that. But right now we are accumulating the foreign RRE issues separately via the EDI representative. It is being collected and passed on to CMS and will be dealt with that way.

So the proper procedure is to report that to your EDI representative. And like I said, I'll make sure that they understand that process. They are not able to

advise you on exactly what to do at this time. That advice really needs to come from CMS.

Bill Decker: And from CMS, I can tell you that this is not an issue that you're experiencing in isolation. We've had a number of these foreign registration, foreign entity issues come up, particularly in the NGHP world and we're working on all of them. And that's why we want you, first of all, to give us as much information as you can about your own particular case.

As Pat said, each case is going to be a little bit different from all the others. So we're going to have to take - probably take a look at each particular case and try to come up with something that is - we can use both in general and to advise you on particularly.

Secondly, I want to point out to any of you who are out there that if you are working with your EDI rep on such an issue, you don't need to fear that you're not in compliance because you haven't started the registration process yet.

(Soya Winchell): Okay, thank you.

Coordinator: Thank you. Our next question is from (Charles Stevens). Your line is open.

(Charles Stevens): Thank you. My question relates to obtaining the social security number. And I did review the August 24 memo. In there, it provided us with a sample letter, I guess you could call it, to be provided - or model language to be provided to a claimant or to his attorney.

And it says that if they complete it and say that they don't want to comply, that we - the reporting entity has - is considered compliant. My question is if -

what's that mean? If we're submitting a - if we don't have the social security number, we can't submit it to Medicare. So the fact that we have the model language sign off from the claimant and/or his attorney in our file, that suffice or is there still some reporting element that needs to go to CMS?

Pat Ambrose: We don't want you to if you do not have a HICN number and SSN, you are not to report. You cannot report that record. It will be rejected and we don't keep a record of the fact that you did make that attempt to report it. You just need to keep that information in your internal files in case there's follow up later and the particular claim information is reported through another source. And that's my understanding.

(Charles Stevens): Okay. But I have a question also in terms of social security numbers, our internal security has raised concern about, you know, we've taken all the social security numbers off of our computer systems, due to privacy acts and the like. And concerned with - especially with the identity theft that is occurring. What is our obligation with or our liability if this information is hacked somehow?

Pat Ambrose: First off, I'd like to remind you that we would prefer that you attempt to obtain the Medicare health insurance claim number, the HIC number.

Bill Decker: That's our primary identifier, not the SSN.

Pat Ambrose: And then secondly, we do undergo a rigorous security test and evaluation process, through not just the Web site but, you know, all the system - the entire system that collects this information and stores it and adhere to, you know, all the security - federal security regulations and privacy act and the like.

So there - we're doing everything possible and required in order to protect this information on our end.

Bill Decker: If you send us a social security number and we match it to a beneficiary, we will respond to you with that beneficiary's Medicare ID number. That's the number you need to store, not the SSN.

(Charles Stevens): Okay, thank you very much.

Coordinator: Thank you. One moment please. Our next question is from (Carol Cook). Your line is open.

(Carol Cook): Yes, this is (Carol Cook) with American Independent Companies, Incorporated. My question has to do with reversals, voids and stops of payments that have already been used and reported to Medicare. For example, for TPOC. If we - since we have positional records for the TPOCs, if we used, say, three payments to come up with the threshold for TPOCs and we've reported.

And then in the next quarter, the next reporting quarter, we reverse one of those payments to reverse stop pay, do we have to delete that transaction or is that an update transaction with zeros and blanks in the positional area for that TPOC that we're reversing?

Pat Ambrose: That would be an update record. And exactly as you stated, putting zero in that particular TPOC and associated TPOC space, blanks associated - or rather zeros in the associated TPOC space.

And if it does on the update happen to fall below the threshold, the record will not be rejected. The threshold check is only applied to add records.

(Carol Cook): Okay. And then could we actually fill that in with another payment later, say if we reversed and we put that on another claimant or on a different coverage.

Pat Ambrose: Yes, you could.

(Carol Cook): Okay. And then I guess if it was an ORM and we used that to exhaust limits, we would just an update and take the termination off.

Pat Ambrose: Say that again - I'm sorry.

(Carol Cook): If it was a payment that we used to calculate the fact that we had exhausted the limits for an ORM. So we'd have reported a termination based on exhausting the limits. And then we would simply have to do an update and take the termination back off.

Pat Ambrose: Yes. You may - if ORM was terminated at one point and then is reopened for some reason because you're now under your threshold or, you know, under your rather policy limits or some other reason, you may always send an update record and zero out the ORM termination date to in a sense open that record back up for ongoing responsibility for medical.

(Carol Cook): Okay, just wanted to confirm it. Thank you.

Pat Ambrose: You're welcome.

Coordinator: Thank you. Our next question is from (Priscilla Sanchez). Your line is open.

(Priscilla Sanchez): Hi, I have a question I sent in a few weeks ago and it's regarding start and end positions in the User Guide. If you go look at Page 141 - I don't know if

you have it in front of you - but there's some fields there that don't appear to have correct start/end positions.

Pat Ambrose: Are you referring to Fields 106 through 109 on the claim input detail record?

(Priscilla Sanchez): Yes.

Pat Ambrose: I did talk about this at the beginning of the call...

(Priscilla Sanchez): Okay.

Pat Ambrose: Perhaps you missed my announcements at the beginning of the call. Those fields start and end positions are correct. Field 109 takes up the same physical location on that detail record as Fields 106 through 108. And the same thing is happening on the auxiliary record for the claimant name - claimant last name, first name, middle initial versus the claimant entity organization name.

(Priscilla Sanchez): So it's correct the way it's written...

Pat Ambrose: Yeah, it's correct.

(Priscilla Sanchez): In the User Guide?

Pat Ambrose: Yes, it is. You have a choice of whether to use the first, last and middle initial or to use that same 71 bytes for an organization or entity name in the case that the claimant is not actually an individual person.

(Priscilla Sanchez): Okay.

Pat Ambrose: So in, you know, in a sense...

((Crosstalk))

Pat Ambrose: A separate field but rather is a - in you know, some programming languages, you would call it a redefined field. But those start and end positions are correct.

(Priscilla Sanchez): Okay, because that appears somewhere else in the User Guide as well and I'm...

Pat Ambrose: Yeah, on the auxiliary record for those similar fields for Claimants 2 through 4, you'll see something like that as well.

(Priscilla Sanchez): Okay, well, thank you.

Coordinator: Thank you. Our next question is from (Jim Price). Your line is open.

(Jim Price): Yes, again, thank you for taking my call, (Jim Price) with the (On Global Risk Consulting). We have a situation where we have a client that did an asset purchase. In other words, they're purchasing certain assets and even some liabilities from a company that is still an ongoing concern. And some of the liabilities that they bought were the - were some worker's compensation claims in which some of those claims involved Medicare beneficiaries.

So the question is, in that pattern, who would be the RRE?

Pat Ambrose: I'm sorry, that really is more along the lines of a policy related question and we're only taking technical questions on this call. Please make sure you submitted that to the CMS Section 111 resource map email box. And again,

there is language pending on definitions on an RRE and area circumstances soon to be published. I can't answer you.

(Jim Price): Okay. Is that the draft alert that went out?

Pat Ambrose: Yes, there is a draft alert dated July 31, 2009. And that will be followed by final language related to defining the RRE responsible reporting entity for non-GHP related...

(Jim Price): Yeah, because it is a bit of an unusual circumstance, you know, where - yeah.

Pat Ambrose: And you know, given that, we would request that you send that in your - to the resource mailbox and we'll try to include that in the considerations.

(Jim Price): Okay. And when is that due?

Pat Ambrose: Well, it was due August 16. So we're - but we're still collecting information. You know, obviously we're not going to ignore it if you send it in.

(Jim Price): Okay. And when do you expect to have the final alert out to all of us?

Pat Ambrose: We're working toward getting that published by the end of the month.

(Jim Price): Okay, very good. I appreciate your answers. Thank you.

Pat Ambrose: Thanks.

Coordinator: And thank you. Our next question comes from (Reed Merrill) or (Kenneth Merrill). Your line is open.

(Kenneth Merrill): Thank you, I am representing a (self inture) that's going through the registration process. I understand from reading the materials that the HEW software will be provided at no cost for the query process. My question is, with respect to the actual reporting, will the same software be used? Will there be different software that can be downloaded or is the RRE responsible for developing its own reporting software?

Pat Ambrose: The RRE is responsible for developing its own software or finding an agent that might be able to perform that service for them, an agent or vendor. We only have free software available for the query process. We do not have software available for use for those - a claim input file.

(Kenneth Merrill): Understood. Thank you, that answers my question.

Pat Ambrose: Okay.

Coordinator: And thank you. Our next question is from (Priscilla Linkowski). Your line is open.

(Priscilla Linkowski): Hello. I'm - do you hear me?

Pat Ambrose: Yes.

(Priscilla Linkowski): Okay, thank you. I'm calling regarding a follow up on the look back dates. The User Guide doesn't seem to reference the ORM look back to 1965 and the worker's comp arena or 1980 in (unintelligible) and liability rather. Does that still apply?

Barbara Wright: For liability, unless you have ORM - and we've heard that very, very rare - you would have nothing to report until you have TPOCs that are 01/01/2010

or later. I believe that the User Guide does, in fact, address the look back for worker's compensation. And we said that regardless of legal responsibility or technical responsibility under state law, if a worker's comp RRE had administratively closed, actively closed on their records or case prior to 01/01/09 that they did not have to report that unless and until it's reopened at some future date. But they did have to look back as far as 01/01/09. And if the ORM continued on or after 07/01/09, they must report that.

Pat Ambrose: Yeah, please take a look at Sections 11.8 and 11.9 in the User Guide in the latest version, 2.0.

(Priscilla Linkowski): Yes, pages...

Pat Ambrose: And also at the end of 11.9, there's some examples of the look back. But again, your reporting ORM that is open as of 07/01/09 but as you're searching back through your claims history to look for claims that might still be open for ORM. You only have to go back to your active claims history as of 01/01/2009 as Barbara stated.

So if that claim was essentially administratively closed or, you know, considered closed prior to 01/01/2009, you don't need to worry about reporting it, regardless of the status as of 07/01/2009.

(Priscilla Linkowski): So administratively open as of 07/01/09 for ORM. In other words, you could have had a worker's compensation claimant who's been on comp since 1970 and still open as of 07/01/09 so it will be reported.

Barbara Wright: You misunderstood a little. If it's administratively opened as of 01/01/09 and continues to be opened as of 07/01/09, you have to report it. If it was on your

books open or active in any way 01/01/09 or later and continues as of 07/01/09, you must report it.

(Priscilla Linkowski): Very good.

Barbara Wright: The 01/01/09 through 06/30/09 is the look back period we were referencing.

(Priscilla Linkowski): Got it. Thank you.

Barbara Wright: And before we go on to another call, since we've had a question - a couple of questions about foreign addresses today, we've got at least one inquiry coming in and saying that they understood from multiple teleconferences that CMS is only requiring the registration of RREs with US addresses and stated therefore they haven't registered.

And we need to state again, that's not true. If you're an RRE, we do need you to register. As Pat said, we're still working on processes to make sure we can adequately handle foreign addresses in one way or the other. But it is not a pass as far as registering.

Coordinator: And thank you. Our next question is from (Rebecca Forente-Cracker).

(Rebecca Forente-Cracker): Hello. My name is (Rebecca Forente-Cracker), I'm calling from AmTrust North America. And I have a registration question. It's really concerning the draft language that is being contemplated now that was published on 07/31.

We are interested in registering but we have a hold up regarding a couple of things. One of which is the holding and company - the ability to register a

holding company that's a non-RRE and listing all of your insurers under that particular RRE number for the holding company.

And we would like to know if we are able to do that based on the draft language of 07/31. And then the second question would be if we're able - if we're allowed to register our insurers that way in addition to individually for different circumstances. That's my question.

Barbara Wright: Hang on a second. In going with what we've said on a lot of the calls that it's not final until it's in the User Guide, I guess in the circumstances as far as the holding company, we would ask you to hold off until we have final language in the User Guide. We're trying not to make it overly complicated for the COBC in terms of ones that they might have to make a change on.

(Rebecca Forente-Cracker): Okay, thank you.

Barbara Wright: As far as your other question, if you have some entities or other entities that individually qualify as RREs, yes you may register at that level.

(Rebecca Forente-Cracker): Okay, but so if - let's say that it was - the language was published and it is agreed upon to allow the holding company to register on a carrier's behalf. I can - I would be able to register our carriers one time under the holding company and then individually for other reporting circumstances, if it's permitted.

Barbara Wright: If you mean like registering them under the holding company, perhaps for all of the worker's comp and then one of them also has a second line in liability and they wanted to register separately for that, yes.

(Rebecca Forente-Cracker): Okay, perfect. Thank you very much.

Coordinator: Thank you. Our next question is from (Kelly Strafold).

(Kelly Strafold): Hi, I'm calling in reference to the testing of the query files. We registered back in June and then at the beginning of July, we're approved to start testing. And we sent our query fields via FTP transmission process.

And we didn't get anything back so we followed up with our EDI rep and it's been about, I mean, it's been since the beginning of July and apparently they said there's a global issue where they can't see the file for that type of transmission and that other - or either encountering it.

I'm just trying to get an update to seen when you think that the IT department will resolve that so that we can wrap up this testing and put into production so we can start capturing our data?

Pat Ambrose: Well, I'd like to clarify in that there is not a global issue with the processing of test query files for non-GHP. So perhaps there was a misunderstanding. What I recommend that you follow the escalation process if you haven't received a response from your EDI representative.

We have had some issues related to secure FTP, particularly related to users who are associated with a large number of RRE IDs. But those are being reported, logged and worked individually and steps are - have actually been taken to improve the process behind the secure FTP set up and the business rules behind associating user IDs with individual mailboxes and RRE ID mailboxes.

If you have not received a response file for a query within the specified time in the testing section of the User Guide, that should be reported to your EDI

representative. And if you do not receive a response from your EDI representative, you know, in a timely fashion, according to that process described in Chapter or Section 18 of the User Guide, then please follow the escalation process there and need to follow up that way.

(Kelly Strafold): Okay, I appreciate your response. But I'll follow up with our EDI rep again. But on Thursday of last week, we were specifically told that this was a global issue.

Pat Ambrose: Well, I don't have that same information so I'll have to follow up separately. But I'm pretty sure that I would have been informed before being put on the call today. So that's all I can say. I'm not aware of a global issue. I think there's a misunderstanding.

(Kelly Strafold): Okay, I'll follow up. Thank you.

Pat Ambrose: Thank you.

Coordinator: Thank you. Your next question is from (Rich Ihocker). Your line is open.

(Rich Ihocker): Thank you. In the query response file record that comes back to us - I'm looking on Page 185. A number of the fields come back and it's stated they come back with updated Medicare information, last name, first initial, date of birth, etcetera.

So my question is, if we do, you know, send a query input file and then get a response file and some of our data doesn't match what's coming back. Let's say last name, for example. Should we use the last name that we got back from the query response file or should we, you know, continue to maintain our own data?

Pat Ambrose: I'm going to recommend, since you only received back the first six letters of the last name in that query response that for that particular - for those particular fields, the first initial and the first six characters of the last name that you continue to use your own data.

When you start processing the claim input files and claim response files, you'll receive the full name - the full first name and first last name back and that would actually provide more useful information on the claim response file.

But since...

(Rich Ihocker): And should we use that information then?

Pat Ambrose: I would - if you match successfully, you may continue to use the information that you have on the file. And the same matching process is done with the claim input file as well. So you must have matched exactly on the HIC number or social security number and then three out of four of the remaining fields, being the first initial, the first characters of the last name, date of birth and the gender.

Now if you get information back that's different regarding the gender or the date of birth on the query response, personally I recommend that you do update your records with that information since it's what Medicare has and social security have on file for that individual.

I'm just recommending that in the query response file processing, you don't - you only receive partial first and last name, not the entire thing. So it's somewhat less helpful. And in the end, you're not required to use that returned

information, that updated information since you have enough information to have matched successfully the Medicare beneficiary. So it's not a requirement that you use that information.

(Rich Ihocker): Okay, so as long as we have the HICN number, really that's the main...

Pat Ambrose: Yeah, and that - thank you for stating that actually, that that's the most important thing that you should be picking up from that query is that HICN or the HIC number - yes.

(Rich Ihocker): Okay, thank you.

Bill Decker: I will say - hi, this is Bill Decker. I will say one other thing about the - all that information. Just for everybody on the call, the information that comes back to you from Medicare, particularly on a claims response file, the information that we have on our own files and it seems the information that we have on our own files is a consequence of information that we got from the Social Security Administration.

But we believe it's correct. And when asked, we'll say, yes, that's the correct information for that individual. As Pat points out, what is absolutely necessary is the - is a Medicare ID number, a Medicare HICN that matches with information that we have on our own records. And if that comes into us, then whatever else you send along will be fine and we'll tell you what else we have on file for that HICN. Thanks.

Coordinator: Thank you. Our next question is from (Claire Bellow). Your line is open.

(Claire Bellow): Hi, how are you today? I have a question that is sort of a follow up to the ORM termination date being more than 30 days out from the incident date.

And my question is this; where we have situations - and I don't - I work in the liability universe and so I'm trying to wrap my arms around situations where, for example, in a generalized liability of coverage, we have a slip and fall. The insurer decides to pay for a doctor's visit or an ED visit in order to evaluate potential injuries and it's a Medicare beneficiary.

Is that reportable as an ORM or is that reportable as a TPOC and it - that's the first question. The second question is, if it is an ORM, you really are going to have a termination date within days...

Barbara Wright: I think we can save you a lot of trouble. I think we have a statement in the User Guide that says, if you pay for a medical exam solely for investigative purposes that that is not reportable. And we assume in that case you would be paying the physician directly.

Pat Ambrose: But it's not reportable as ORM or as a TPOC.

(Claire Bellow): Even if it's an emergency room visit rather than a physician's visit?

Barbara Wright: If it's for investigative purposes, we don't care...

(Claire Bellow): Right.

Barbara Wright: We assume that you're paying the...

(Claire Bellow): Okay, that's...

Barbara Wright: Directly though, so that we're not getting billed

Pat Ambrose: So it's not considered ORM. And then when you do have a TPOC settlement, judgment, award, other payment, then you would report that - the claim with that corresponding amount.

(Claire Bellow): Got it. Thank you very much.

Coordinator: Thank you. Our next question is from (Chrisha Rajamenika). Your line is open.

(Chrisha Rajamenika): Hey, thanks for giving the opportunity to ask this question. This is regarding the payment information. So can we send the payment detail file every quarter, even if there is no change in the decision?

Pat Ambrose: The PIN reference file, yes. You may send the PIN reference file with each claim input file or just submit it as you have changes to make.

(Chrisha Rajamenika): Even if there is no change, right?

Pat Ambrose: Yes, correct.

(Chrisha Rajamenika): Okay, thank you.

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

(Kathy Cadler): Hi, I'm with Lumbermen's Underwriting Alliance. On Page 132 and 133, you have the representatives last name and first name. And it says it is required if the indicator is not a space. What if you only have the firm names? We don't always have the person's name.

Barbara Wright: Well, you should now be collecting the person's name as well.

(Kathy Cadler): Okay, I just thought maybe since you had changed it for the claimant name, then maybe it would be changed for this also.

Barbara Wright: I mean, we need both and we also need to marry information on the back end. And frequently, when there is self- reporting done by a beneficiary or their representative, they may be in fact more likely to have the individual's name than the firm name, sometimes it's just the opposite. But in order to avoid further confusion and further contacts with you, the RREs, if we get both then we have a better way to match it on the backend with information we might have already received.

(Kathy Cadler): Okay, thank you.

Coordinator: Thank you. Our next question is from (Bonnie Mustardi). Your line is open. (Bonnie), your line is open. I'll go ahead and move to the next question. (John Cain), your line is open.

(John Cain): Yes, hi, I'm with Liberty Mutual and my question is in regards to WC TPOC. And I just have a quick question. If we have a disputed case regarding worker's comp, there's no lost payments, we haven't accepted ORM and the date of injury is prior to 01/01/2010 and we make the TPOC payment before 01/01/2010 then we have no reporting requirement, correct?

Pat Ambrose: If there's no ongoing responsibility for medical, it does sound that - like that's correct, yes.

(John Cain): Okay, very good. Thank you.

Coordinator: Thank you. (Bonnie Mustardi), your line is open.

(Bonnie Mustardi): Yes, can you hear me okay this time?

Pat Ambrose: Yes, we can.

(Bonnie Mustardi): I apologize for that. I have a question you may think is better served for the next call. And if so, please say so. We have a question from our IT as they're programming our systems. When we have a Medicare transaction and we're sending it, let's say for example, in the very first quarter we can - second quarter 2010 and we're supposed to get a response within 45 days. Their concern is that there's a possibility that we could have the next quarter come around before we have that response file in hand? Is that possible or not?

Pat Ambrose: I don't see how it is possible. The way we have it worked out, you're likely to have your response files back much sooner than the 45 days but at least within 45 days. That does allow for time, you know, remember, you're reporting on sort of a rolling quarter. So that should allow you adequate time to process that response file and use any of that information that you need for your subsequent quarter.

Woman: (Unintelligible).

Pat Ambrose: Yeah, and I should note that in the event that some of the records have not been completed processing at the COBC for whatever reason, we do cut the response file within 45 days, regardless on - normally what we do is finish with all the processing of each record. Some of them might take a little bit longer because we have to post information at other - in other Medicare systems and wait for us - a response back from that.

And generally we cut the response file after all records have completed processing. And like I said, that's typically much sooner than 45 days. But if the 45 days rolls around, we'll cut the response file and you might receive some records with that disposition code 50, saying that they're still in process. You just need to resubmit them on the next quarter's file. And that's a rare circumstance, though.

(Bonnie Mustardi): Okay, all right, thank you.

Coordinator: Our next question is from (Albert Wrighteder). Your line is open.

(Albert Wrighteder): Yes, I'm from Transit Casualty, a company and receivership. And we have claims that were allowed by the court for our prior - many years prior to 2009. And we've paid partially on them in various years. And our last partial payment will come after January 1, 2010.

If we have a claim that was allowed for more than $5,000 but the payment in 2010 is less than $5,000, are we required to report?

Barbara Wright: No, your TPOC amount for that payment would be if it's under the threshold, then you don't have to report it.

Pat Ambrose: When you're calculating the threshold, you only have to use TPOCs with dates 01/01/2010 and subsequent. You don't have to consider all the TPOCs prior to that. You may but you don't have to.

(Albert Wrighteder): So the amount paid in 2010 would be the total TPOC we're required to consider.

Pat Ambrose: Correct.

(Albert Wrighteder): Thank you.

Coordinator: Thank you. The next question is from (Suzanne Jordan). Your line is open.

(Suzanne Jordan): Hi, just a question - follow up to the RRE language that you're expecting to have out at the end of the month. As a TPA, we've been trying to advocate our clients to register by September 30th. Would you recommend that we ask them, those that are impacted potentially by that RRE language to hold off until that time?

Pat Ambrose: It's probably a good idea because if any changes are necessary, then, you know, we'll - there'll be some work that will be necessary by both parties to remove an RRE IDs that were created in error. And I think it would be more expedient for all concerned if there's a question as to whether or how you go about registering as an RRE, that you wait until you receive the proper guidance rather than trying to make that 09/30 deadline.

Barbara Wright: Can you hang on a minute?

(Suzanne Jordan): Sure.

Barbara Wright: One thing we could add is that for many people, whether it's under what's in the User Guide now, whether it's under the draft or many entities, I should say. They know they will be an RRE and really what some fine tuning of language is, is really the extent to which they will be an RRE. And so in that instance, they may want to go ahead and register and they need to change something like adding additional subsidiaries, they can always do that at a later date and they would have the advantage to start query files.

So keep in that mind in any decision about registering now or waiting until the final language comes out.

(Suzanne Jordan): Okay, thank you.

Bill Decker: Operator?

Coordinator: Yes.

Bill Decker: This is Bill Decker. I just took a quick housekeeping note please that John Albert has now joined the call. Thanks.

Coordinator: And thank you. And the next question is from (Norman Reece). Your line is open.

(Norman Reece): Thank you. On a worker's compensation case, if you had ORM as of 07/01/09 and prior to 01/01/10 you settled it with the TPOC, would that case be reportable?

Barbara Wright: You would have to report the ORM, both it's - both initially and then when you had a termination date for it. The TPOC amount would not be required to be reported but could be reported.

(Norman Reece): Okay, thanks.

Coordinator: Thank you. Next question, (Donna Brichard), your line is open.

(Donna Brichard): Hi, there, I came in for a second question. I got a little confused with the earlier question regarding TPOCs being positional. The way I'm reading this, once I send in a position, my next update if it was submitted in error should be

zeros. Are you saying that after I do that update, I could use that position again?

Pat Ambrose: Yes. Let's say you used up the first three TPOCs - sets of TPOC fields and then you decide you need to retract the second TPOC and you send an update record with zeros. And then for some reason, subsequently there is a what in essence would be a fourth TPOC, you could reuse that original second TPOC field or put it in the fourth.

(Donna Brichard): Okay, here's what I see happening. I see that if we send you TPOC information that's incorrect, it's because they entered it completely incorrectly. So in an update, let's say I sent two TPOCs in one send, in an Add. Then I go to do an update because the second one was wrong but here's the real one, can I reuse the second one or do I have to...

Pat Ambrose: Yes, absolutely. That's absolutely what we want you to do. So if I understand your scenario, you've reported the record as an Add with two TPOC amounts, then you discover that the second TPOC amount was reported erroneously. You would send then one update record with the same amount in TPOC 1 and the corrected amount in TPOC 2.

(Donna Brichard): Okay.

Pat Ambrose: You would need to zero it out first.

(Donna Brichard): Okay, so the positional thing is an issue if, say, I sent - no, let's say I do it again. If I had three, the second one was wrong, I need to remove that and add the right one, I can use the second slot again.

Pat Ambrose: Yes, you could.

(Donna Brichard): Okay.

Barbara Wright: Also, keep in mind at least what we've heard from the industry and as we've defined various things, it should be relatively rare that you have multiple TPOCs, particularly for liability and even for worker's compensation. We've tried to arrange it so most instances are either going to be ORM or unless you truly have far, you know, separate settlements, etcetera, you won't typically have more than one TPOC for than one record. Certainly someone who's in an accident may be covered under multiple policies that have liability as well as no-fault, but that would be two separate records.

(Donna Brichard): Yeah.

Pat Ambrose: The insurance type.

Barbara Wright: Yeah...

(Donna Brichard): Yeah.

Barbara Wright: You need to make sure that you're not miscasting ORM as a group of TPOCs.

(Donna Brichard): Understood. The positional thing is just...

Barbara Wright: Just in case.

(Donna Brichard): Yeah. But I'm not - now I'm not really...

Pat Ambrose: You know, what we're trying to do is, again, for our background processing, if you have noted separate settlement amounts, separate TPOC amounts, we

want to keep a record of those separate amounts and make sure you continue to report them on updates going forward so we know whether, you know, that settlement amount still applies to that particular claim or not going forward.

(Donna Brichard): Okay, so the only real issue I have going forward would be in the extremely rare case where we reported multiple TPOCs - say TPOC 1 and 2 - and we're taking away number 1. You want 1 to be zeros and 2 to be what I sent before versus putting the second one in the first one and then just zeroing out 2 through 4.

Pat Ambrose: Yeah, technically we do because that would indicate to our backend system that that first...

(Donna Brichard): That was submitted in error.

Pat Ambrose: TPOC amount was the one that was, you know, reneged or removed.

(Donna Brichard): Right, right. It's kind of a complicated process.

Barbara Wright: If what you made the mistake on was the most recent one, then you're just updating that record.

(Donna Brichard): Right.

Barbara Wright: But if you made it...

(Donna Brichard): Right.

Barbara Wright: On a prior one, then really you need to zero that one out...

(Donna Brichard): Yeah.

Barbara Wright: And everything subsequent.

(Donna Brichard): Well, I'm going to do whatever you say. This one is...

Pat Ambrose: We appreciate that.

(Donna Brichard): Yeah, I know. I'm trying to be, you know, really compliant. This one is - we have to code for it and I'm just kind of struggling with it but I'll figure it.

Pat Ambrose: I'm sure you will.

(Donna Brichard): Thank you.

Pat Ambrose: Okay, thanks.

(Donna Brichard): Bye.

Coordinator: All right, thank you. At this time, I'm seeing no further questions.

Bill Decker: We don't have any further questions either, operator.

Barbara Wright: So we appreciate everyone's participation and we will continue working on the RRE issues and foreign address was one of the ones we told you that we were working on.

We're also continuing to look at whether or not we should revise the language for periodic payments or worker's compensation, whether we can come up with a language that will suit our needs, that would be more favorable with the

industry. We've had several requests on that. So we are working on all of those various issues and we will get back to you as soon as possible.

So again, we thank you for your participation. And operator, could you stay on and give us a count?

Coordinator: Yes, I can. And this does conclude the conference call at this time. You may disconnect. Have a nice day.

END