

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000043879

Date: 11/03/2018
Profile Changed: 11/03/2017

BCRC EDI Representative: ANDREA FLORES
Email: AFLORES@EHMEDICARE.COM

Phone: (646) 458-2109

Company Information:

TIN: 746000717
NAIC: 92114

Name: HIDALGO COUNTY
Address: 2818 S Business Hwy 281
SAFETY DIVISION
Edinburg TX 78539-

Phone: (956) 292-7655
Fax: (956) 318-2658

Reporter Type: Non-GHP
Line of Business: X Liability

HRA:
DDE:

Authorized Representative:

Name: VALDE GUERRA
Title: EXECUTIVE OFFICER
Address: 2818 S BUSINESS HWY 281
EDINBURG TX 78539-

Phone: (956) 292-7655

Email: VALDE.GUERRA@CO.HIDALGO.TX.US

Account Manager/Technical Contact:

Name: GLINDA PACHECO
Title: ANALYST III
Address: 2818 S BUSINESS HWY 281
EDINBURG TX 78539-

Phone: (956) 292-7655

Email: GLINDA.PACHECO@CO.HIDALGO.TX.US

Submission Agent (if applicable):

Company: TRISTAR RISK MANAGEMENT
Name: KATIE SUNDERLAND
Address: 100 OCEANGATE
SUITE 700
LONG BEACH CA 90802-

Phone: (925) 349-7626 x1875

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000043879

Date: 11/03/2018
Profile Changed: 11/03/2017

BCRC EDI Representative: ANDREA FLORES
Email: AFLORES@EHMEDICARE.COM

Phone: (646) 458-2109

Corporate Information:

COMMUNITY SERVICE AGENCY	EIN: 742234352	NAIC#: 92114
HIDALGO COUNTY HEADSTART	EIN: 742241951	NAIC#: 92114

Reporting Information:

Submission Period:	09
Scheduled Submission Dates (mm/dd):	03/01
	06/01
	09/01
	12/01
Est. No. Paid Claims:	25

**Section 111 Mandatory Reporting
Profile Report**

Reporter ID: 000043879

Date: 11/03/2018
Profile Changed: 11/03/2017

BCRC EDI Representative: ANDREA FLORES
Email: AFLORES@EHMEDICARE.COM

Phone: (646) 458-2109

File Transmission Method:

Query-Only File:

Transmission Methodology: SFTP
CMS Mailbox:

Claim File:

Transmission Methodology: SFTP
CMS Mailbox:

Tin. Ref. Response File:

Transmission Methodology: SFTP
CMS Mailbox:

Section 111 Mandatory Reporting Profile Report

Reporter ID: 000043879

Date: 11/03/2018

Profile Changed: 11/03/2017

BCRC EDI Representative: ANDREA FLORES
Email: AFLORES@EHMEDICARE.COM

Phone: (646) 458-2109

Please review and sign this page if information is correct. **Return signed page to the BCRC within 30 days of the date of the date on this report. Please note that if the BCRC has not received this signed report within 60 days of the date of this report, you will be placed in "Discontinued" status.**

via Fax: (646) 458-6761
via Email: COBVA@GHIMedicare.com <<mailto:COBVA@GHIMedicare.com>>
via mail: Mandatory Insurer Reporting Program
P.O. Box 660
New York, NY 10274-0660

SAFEGUARDING & LIMITING ACCESS TO EXCHANGED DATA

I, the undersigned Authorized Representative of the Responsible Reporting Entity (RRE) defined above, certify that the information contained in this Registration is true, accurate and complete to the best of my knowledge and belief, and I authorize CMS to verify this information. I agree to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged for the purposes of complying with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with Section 1106 of the Social Security Act [42 U.S.C. § 1306], Section 1874(b) of the Social Security Act [42 U.S.C. § 1395kk(b)], Section 1862(b) of the Social Security Act [42 U.S.C. § 1395y(b)], and the Privacy Act of 1974, as amended [5 U.S.C. § 552a]. The Responsible Reporting Entity and its duly authorized agent for this Section 111 reporting, if any, shall establish appropriate administrative, technical, procedural, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized access to the data provided by CMS. I agree that the only entities authorized to have access to the data are CMS, the RRE or its authorized agent for Mandatory Reporting. RREs must ensure that agents reporting on behalf of multiple RREs will segregate data reported on behalf of each unique RRE to limit access to only the RRE and CMS and the agent. Further, RREs must ensure that access by the agent is limited to instances where it is acting solely on behalf of the unique RRE on whose behalf the data was obtained. I agree that the authorized representatives of CMS shall be granted access to premises where the Medicare data is being kept for the purpose of inspecting security arrangements confirming whether the RRE and its duly authorized agent, if any, is in compliance with the security requirements specified above. Access to the records matched and to any records created by the matching process shall be restricted to authorized CMS and RRE employees, agents and officials who require access to perform their official duties in accordance with the uses of the information as authorized under Section 111 of the MMSEA of 2007. Such personnel shall be advised of (1) the confidential nature of the information; (2) safeguards required to protect the information, and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.

Signature of Authorized Representative: _____

Date: _____