DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



## **CENTER FOR MEDICARE**

TO: All Part D Plan Sponsors

FROM: Amy K. Larrick, Acting Director

Medicare Drug Benefit and C & D Data Group

SUBJECT: Enhanced Automated TrOOP Balance Transfer (ATBT) Process

DATE: July 2, 2015

Currently, the automated TrOOP balance transfer (ATBT) process for a calendar year begins on January 1<sup>st</sup> of that year and ends on May 31 of the following year. As a result, any material changes to the TrOOP accumulators (i.e., gross covered drug costs and TrOOP) occurring after the 17-month automated transfer period, but during the remainder of the 36-month coordination of benefits (COB) period required by Federal regulations at 42 CFR 423.466(b) must be manually transferred between plans. The purpose of this memorandum is to announce an enhancement to the ATBT process. Under the new process, the time period for the automated transfer of TrOOP accumulator data will be extended to cover the full 36-month COB period.

Implementation of the enhanced ATBT process will be phased-in as follows:

- We plan to begin implementation in January 2016 with 2014 financial information reporting (FIR) transactions. The current ATBT process for 2014 ended on May 3, 2015, but will be resumed under the new process and continue through 2017.
- The phase-in will continue in June 2016 with the incorporation of the 2015 FIR transactions. Thus, the 2015 FIRs that would have ended under the current process on May 31, 2016 will continue through 2018.
- Implementation of the new process will be complete once the 2016 FIR transactions are incorporated into the enhanced process in June 2017. At that point, the transfer of TrOOP data for the 36-month retroactive period will be handled through the enhanced automated ATBT process. This will eliminate further use by Part D sponsors of the manual post-ATBT process for TrOOP data transfer.

Under the new ATBT process, FIRs for years in the extended time period will be triggered quarterly on a pre-determined schedule with each of the prior years' transactions being triggered during a different week. The National Council for Prescription Drug Programs (NCPDP) Work Group 1, FIR Task Group has recommended a schedule (copy attached). Questions or comments concerning the schedule should be directed to the NCPDP FIR Task Group. For information on how to register for the task group calls, please contact Margaret Weiker at <a href="makeign-medical-new-leaf-at-medical-new-lea

Part D sponsors must be able to accept and respond to FIR transactions triggered under the current ATBT process which begins January 1 of the current year and ends on May 31 of the following year. Beginning in January 2016, Part D sponsors must also be able to accept and respond to FIR transactions triggered under the enhanced ATBT process for years in the

extended time period. Therefore, sponsors must ensure that their FIR processors are contracted to handle transactions for the current as well as all prior years covered under the enhanced ATBT process. For some sponsors, this may entail re-contracting with a former processor to process prior year FIR transactions.

## Attachment

## NCPDP FIR Task Group Recommended Schedule for FIR Transactions

2015	January	February	March	April	May	June	July	August	September	October	Novembe	December
PY 2015												week 1
PY 2014		week 1	week 1									
2016	January	February	March	April	May	June	July	August	September	October	Novembe	December
PY 2016												week 1
PY 2015		week 2	week 2			week 2			week 2			
PY 2014	week 3			week 3			week 3			week 3		
2017	January	February	March	April	May	June	July	August	September	October	Novembe	December
PY 2017												week 1
PY 2016		week 2	week 2			week 2			week 2			
PY 2015	week 3			week 3			week 3			week 3		
PY 2014		week 4			week 4			week 4			week 4	