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**DATE:** December 17, 2021

**TO:** All Part D Sponsors and Pharmaceutical Manufacturers

**FROM:** Amy Larrick Chavez-Valdez  
Director, Medicare Drug Benefit and C & D Data Group

**SUBJECT:** Enhancements to the Automated TrOOP Balance Transfer Information Reporting Transactions

The purpose of this memorandum is to notify all Part D sponsors and pharmaceutical manufacturers of the enhancements to the Automated TrOOP Balance Transfer (ATBT) Financial Information Reporting (FIR) Transactions as recommended by the National Council for Prescription Drug Programs (NCPDP). The Centers for Medicare & Medicaid Services (CMS) will work with the Part D Transaction Facilitator to update applicable processes to ensure all eligibility changes are accurately applied to the correct ATBT timeframe.

**Background**

Currently, the quarterly mass retrigger process only includes FIR transactions that were previously sent from the beginning of the plan year (PY) through May 31st of the following PY (the original 17-month ATBT period). After May 31st, FIRs are only triggered every quarter . Those FIRs do not consider eligibility changes initiated by the CMS or sent by a plan to CMS that occur after May 31st following a plan year.

For example, PY 2020 goes from 1/1/20 through 5/31/21. If a beneficiary had a retroactive eligibility change received or submitted outside of this 17-month time frame, the eligibility change does not trigger a FIR transaction. In this instance, if applicable, the beneficiary balance will not be transferred between plans. Additionally, outside of the 17-month time frame, plans cannot request proxy adds or edits to manually add the beneficiary to generate a FIR transaction.

Beginning January 1, 2022, the Part D Transaction Facilitator will enhance the ATBT Mass Retrieger process to reassess all eligibility changes within all ATBT timeframes (current year plus three prior plan years) and accept proxy adds or edits during the entire ATBT timeframe. While proxy adds and edits can be submitted between mass retrigger periods, they will not take effect until the next mass retrigger.

For all applicable beneficiaries to be included in the quarterly mass retrigger process, Relay Health will perform an eligibility refresh before a quarterly mass retrigger. This will capture any eligibility changes that have occurred including plan-initiated Proxy Adds and Proxy Deletes for beneficiaries who were not included in the original 17-month time period.

Plans have also indicated that they believe that they can reduce the time frame to correct FIR rejections if an additional FIR trigger is added on Day 2, rather than waiting until Day 4 to know if their correction fixed the problem. The new FIR trigger timeframe will be as follows:

1. One day before the effective date if eligibility is received prior to effective date
2. Effective date (or receipt date if received after the effective date)
3. Day 2 (new)
4. Day 4 (3 days from effective date) Effective April 1, 2020
5. Day 8
6. Day 10
7. Day 12
8. Day 14
9. Day 21
10. Day 28
11. Day 73
12. Day 118
13. December 1st
14. February 1st of the subsequent year
15. March 1st of the subsequent year

For additional FIRs please see FIR mass retrigger dates under the Related Documents section on <https://medifacd.mckesson.com/FIR/>.

In summary, the ATBT Mass Retrigger will identify any eligibility changes that may result in a FIR, which may mean that plans will start receiving FIRs for beneficiaries where they had not previously received a FIR. Additionally, a Day 2 trigger has been added that will allow plans to successfully resolve rejections sooner, if possible. These changes will be effective January 1, 2022.

Please send any questions about the enhancements to the ATBT and FIR Transactions to [CGDP&manufacturers@cms.gov](mailto:CGDP&manufacturers@cms.gov).