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NCPDP POST AUTOMATED TROOP BALANCE TRANSFER (ATBT) PROCESS

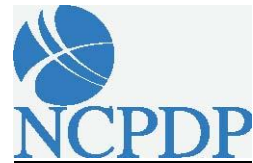
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This document provides guidance for Medicare Part D Plans on how to transfer TrOOP and Gross Drug Spend accumulators when claims have been paid by a non-plan of record

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Post Automated TrOOP Balance Transfer (ATBT) Process

VERSION 1.1

CMS Medicare Part D requires Plan Sponsors to coordinate benefits for up to 36 months. Automated TrOOP Balance Transfer (ATBT) Process covers 17 months of the 36 month requirement. This white paper addresses a process to transfer the balances for the remaining 19 months.

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The writers of this paper will review and possibly update their recommendations should any significant changes occur.

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1. OVERVIEW

In 2006, the TrOOP balance transfer or explanation of benefits (EOB) transfer process was first implemented to facilitate the required coordination of benefits between Part D Plan Sponsors, and the plan-to-plan transfer of TrOOP and total drug spend balances for beneficiaries affected by the Enrollment Reconciliation process. CMS continues to require its use to transfer TrOOP-related data whenever beneficiaries transfer from one Part D Plan Sponsor to another during the coverage year. In 2009, CMS implemented the “Automated TrOOP Balance Transfer (ATBT) Process” that is now followed today and sunsetted the EOB transfer process.

As part of coordination of benefits Part D Plan Sponsors are required to communicate changes to beneficiary’s accumulators that may occur after the automated period. This paper is designed to address how those transfers occur.

Some programs are not required to participate (for example, Program of All Inclusive Care for the Elderly (PACE) and certain Dual Special Needs Plans (DSNP)) in the Financial Information Reporting (FIR) process. However these programs must have a method to transfer balances when the beneficiary leaves their plan and goes to a plan that is required to participate in the FIR process. These programs can use the Post ATBT process described in this paper.

CMS Medicare Part D requires Part D Plan Sponsors to coordinate benefits for up to 36 months. Automated TrOOP Balance Transfer (ATBT) Process covers 17 months of the 36 month requirement. This white paper addresses a process to transfer the balances for the remaining 19 months and is called the Post Automated TrOOP Balance Transfer process.

2. ATBT CONTACT RESOURCES

2.1 ENTERING POST ATBT CONTACT INFORMATION IN HPMS

Part D Plan Sponsors are requested as a first step to populate the "Post ATBT Contact" field in the Health Plan Management System (HPMS).

To enter this information, Part D Plan Sponsors need to follow this navigation path:

HPMS Homepage > Contract Management > Contract Management > Select Contract Number > Contact Data > Post ATBT Contact.

2.2 HOW TO FIND ATBT CONTACT FOR OTHER PLANS

CMS maintains a periodically updated posting of these contacts that is available on the CMS Medicare Prescription Drug Coverage Contracting Web page at

<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDContacts.html>

3. POST ATBT PROCESS

The Part D Plan Sponsor has identified a situation per their policy where it is necessary to provide downstream Part D Plan updated balances (TrOOP balance and gross covered drug costs) after the end of the ATBT timeframe (May 31 following a prior benefit plan year). This process must be supported for a period of 36 months from the date of service.

Because the balances are essential to the accurate positioning of the beneficiary in the benefit by the downstream Part D Plans, should the Part D Plan Sponsors identify TrOOP balance or gross covered drug costs changes that compel the Part D Plan Sponsors to communicate this change after the ATBT timeframe, the Part D Plan Sponsors must send a record of the update to the downstream Part D Plan. This should be done using the Post ATBT process and spreadsheet.

The regulatory timeframe for notifying subsequent Part D Plans of the balance changes or other impacts as defined by the plan policy is 45 days. Per the 42 CFR 423.466(a) "*Retroactive Claims Adjustment, Underpayment Refunds, and Overpayment Recoveries*" regulation "Whenever a sponsor receives information that necessitates a retroactive claims adjustment, the sponsor must process the adjustment and issue refunds or recovery notices within 45 days of the sponsor's receipt of complete information regarding claims adjustment." There are no requirements concerning the source information necessitating the retroactive claims adjustment.

Examples of compelling situations (but not limited to):

- Claims adjustments have occurred that cause the beneficiary to be in a different phase as of the last paid claim.
- A non-Part D payer paid as primary (e.g. Medicaid Subrogation claims are received up to 36 months from date of service).
- Within the Financial Information Reporting (FIR) process,
 - If the Part D Plan has TrOOP and Drug Spend balances that are unable to be electronically transferred to the next plan of record.
- Disaster recovery of a Part D Plan Sponsor system. This must have prior CMS approval.

3.1 IDENTIFYING BENEFICIARY(IES) FOR POST ATBT THAT HAVE A SUBSEQUENT PART D PLAN AFTER DISENROLLING FROM YOUR PLAN

The following scenarios all reflect Medicare Part D Plans.

These two scenarios are what Part D Plan Sponsors are required to apply to their Post ATBT policy.

1. When the disenrollment is the result of an enrollment in another Part D Plan, the Transaction Reply Report (TRR) (field Source ID) will show the next plan of record (Plan B). This situation occurs when enrollment in a new plan (Plan B) is received by CMS and CMS disenrolls the beneficiary from the old plan (Plan A) as a result. Use the Source ID (Contract ID for Plan B) to find the contact information at <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDContacts.html>.
2. If the beneficiary contacts Plan A about their balances, Plan A may ask the beneficiary for information regarding their subsequent Part D Plan.

There are situations where Plan A may not have enough information for Post ATBT to Plan B in the following situations. These are exempt from the requirement to transfer balances Post ATBT unless the beneficiary has contacted the Part D Plan.

- The beneficiary has disenrolled from Plan A and has a gap in coverage

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- The beneficiary has disenrolled from Plan A and there is no subsequent coverage (there is no need for balance transfers)
- The beneficiary has disenrolled from Plan A and has enrolled in Plan B where the disenrollment is not initiated by CMS; it is initiated by the beneficiary and the TRR would not have Plan B noted. In this situation, an automated FIR transaction will be generated (if notice of the disenrollment is within the ATBT period) and this is the only way Plan A is aware the beneficiary has changed Part D Plans.

3.2 POST ATBT FORMAT

See the spreadsheet "Post ATBT Layout".

3.2.1 METHOD FOR COMMUNICATING THE BALANCE TRANSFER AFTER THE ATBT PROCESS TO THE NEXT PART D PLAN (PLAN B)

The balances shall be provided by the disenrolled Part D Plan (Plan A) via secure email to the new Part D Plan of record's (Plan B) ATBT contact (see above section "[Post ATBT Process](#)"). The email will contain the following:

To: ATBT Contact email for Plan B

Subject: Post ATBT Update to beneficiary's (ies') TrOOP and Gross Drug Spend from Disenrolled Plan (insert Contract ID)

Content: The attached spreadsheet contains beneficiary's (ies') for which TrOOP and Gross Drug Spend has significantly changed and should be applied to beneficiary's (ies') balances in your plan.

Attachment: Completed Post ATBT spreadsheet for each Part D Plan ID named in the following manner:

- PostATBT_Contract ID (disenrolled plan)_Date (CCYYMMDD-creation of spreadsheet)_Contract ID (new plan)
 - Example: PostATBT_H9999_20131031_S1234

Excel files are to be attached to a transmittal email. Note: Any information that contains PHI should be placed in the attachment only. The plan's standard mechanism for PHI should be utilized. (E-mail should include legal disclaimer of organization for privacy purposes.)

In the process of Post ATBT Transfer, should a Part D Plan Sponsor receive Post ATBT Transfer information for a beneficiary who is not in their plan, contact should be made with the Post ATBT Transfer Contact at the Part D Plan Sponsor that sent the Post ATBT Transfer information to resolve the problem.

1. If the transfer was not initiated by a beneficiary request, the Part D Plan Sponsor can be considered to have acted upon the best available information and to have completed their requirement to attempt to transfer information.
2. If the transfer was initiated by a beneficiary request, the Part D Plan Sponsor should contact the beneficiary to update new information to determine the correct Part D Plan for the balance transfer.

4. POST AUTO TROOP BALANCE TRANSFER (ATBT) PROCESS

4.1 PLAN RESPONSIBILITIES

The Plan should develop a policy and procedure identifying how they will address the transfer of balances after the automated period. The process should include:

- Reports that identifies beneficiaries that have had changes in their TrOOP or Drug Spend dollars compared to the last F1 or F3 transaction processed for the beneficiary.
- Determination of impacted beneficiaries' next plan of record
- Creation of the TBT Report that will be sent to the next plan of record (in the NCPDP format specified in the white paper).
- Email methodology
- Tracking methodology

4.2 DETERMINATION OF BENEFICIARY'S NEXT PLAN OF RECORD

1. Plans should utilize the following resources to identify the next plan of record (plan that the member transferred into). These resources include:
 - a. TRR (Transaction Reply Record) using the 'Source ID' field. The Source ID (field 28) contains the Contract number of the Plan that submitted the new enrollment which caused the disenrollment.
 - b. MARx (**Medicare Advantage Prescription Drug**). Select the 'Beneficiaries' tab then select the 'Eligibility' tab. In the Claim # field, enter the HICN (Health Insurance Claim Number) then select 'Find'. Review the Enrollment Information at the top portion of the screen, specifically the contract and effective date as this may be the plan that the beneficiary transferred in to. Review the Part D Enrollment information towards the bottom of the screen to confirm that the member is Part D eligible.
 - c. Can downstream Part D plan be identified?
 - i. If downstream plan cannot be identified then analyst closes the case and updates the tracking database as no subsequent plan found.
 - ii. If downstream plan is identified the analyst will locate the plan contact information for the plan that the beneficiary transferred into using information on the CMS website noted in the White Paper and above.
 - d. See section "[Post ATBT for Prior Years Larger Volume- Next Plan of Record Request from Transaction Facilitator](#)" for situations where the plan needs to determine the next plan of record for a large number of HICNs.

4.3 RECEIPT OF POST ATBT FILE FROM OTHER PLAN

Receiving Plan Responsibility

- Review the other plan's file received via email to verify the file layout is as expected and that the data is acceptable. **Note** the file should be in the NCPDP designated format and include beneficiaries that transferred into the Receiving Plan.
- Import or load file data
- Track and monitor that all accumulators are processed correctly and claims are properly restacked and validated for accuracy to ensure that the accumulators are posted within 45 days.

4.4 POST ATBT FOR PRIOR YEARS LARGE VOLUME – NEXT PLAN OF RECORD REPORTS AVAILABLE FROM THE TRANSACTION FACILITATOR

- In the event that the Plan identifies a large volume of impacted beneficiaries, plans can request the CMS Transaction Facilitator to provide a report containing the next plan of record. This service is not a CMS contracted service and Plans will need to contract with the Transaction Facilitator at commercial rates to generate this report. The purpose of this request is to assist the Plan and provide the next plan of record to eliminate the need for time intensive manual lookups.
- Plans will provide a file in the spreadsheet titled “HICN Post ATBT Next Plan of Record Request.xlsx” and will complete the specified data fields and send the report to the Transaction Facilitator. Below are the steps taken to prepare a file.
 1. Eligibility dates for beneficiaries obtained.
 - Plans identify the impacted beneficiaries and provide HICN, Contract ID, eligibility start and end dates are obtained to identify the beneficiaries’ transfer out dates.
 - If the beneficiaries have multiple termination dates, each range of eligibility will be indicated by a record (i.e. the beneficiary transferred out of the Plan, then transferred into Plan, then transferred back out of the Plan for a 2nd, 3rd or 4th time.) with a termination date
 - If the beneficiary was with the plan as a **non-plan** of record, put the first day of the first month that you paid claims for the beneficiary in the Non-Plan of Record field. For non-plan of record beneficiaries, the termination date field will be blank and the Non-Plan of Record Field will be populated.
 2. The following records should be excluded from the final list:
 - Beneficiary records with an eligibility termination date of 12/31/YYYY. This eligibility termination date indicates that the beneficiary did not transfer out to another plan of record during the remainder of the benefit year and a TrOOP transfer is not needed.
 - Beneficiaries that were eligible all year with the Plan.
 3. Once an agreement is signed with the Transaction Facilitator, the Plan should send the file via secured encrypted email to TBTSupport@relayhealth.com with a subject line of: HICN Post ATBT Next Plan of Record Report Request
 4. Transaction Facilitator returns the file to the requesting Plan.
 5. The returned information can then be used to populate the Post ATBT Template, necessary to transfer the balance to the next plan of record, for each Plan impacted
 6. Within 45 days, the Post ATBT file should be sent via a secure method to the contact person identified, utilizing the method outlined in this white paper for communicating for Post ATBT.

5. APPENDIX A. HISTORY OF CHANGES

5.1 VERSION 1.0

The initial release of the paper.

5.2 VERSION 1.1

Section "[Post Auto TrOOP Balance Transfer \(ATBT\) Process](#)" was added.

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