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Part D Sponsor Implementation Guidance—

Automated TrOOP Balance Transfer

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Part D Plan Sponsor Guidance on the Financial Information Reporting (FIR)

Transactions for Transferring True Out-of-Pocket Balances

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Background on TrOOP Balance Transfers

Part D rules require sponsors to track the beneficiary's true out-of-pocket (TrOOP) costs and gross covered drug spending and correctly apply these costs to the TrOOP and benefit limits in order to correctly place the beneficiary in the benefit and provide the catastrophic level of coverage at the appropriate time. The TrOOP threshold and gross covered drug spending are calculated on an annual basis and must be transferred between Part D plans if a beneficiary disenrolls and re-enrolls at any time before the end of the coverage year.

The TrOOP-related data must also be transferred between Part D plans in those circumstances in which a Part D plan other than the plan of record paid for covered Part D drug costs as a primary payer and subsequently becomes aware; for example, through a CMS enrollment reconciliation process, that the beneficiary is enrolled in another Part D plan.

Currently, CMS requires the use of a manual process to transfer the TrOOP-related data between plans; however, the National Council for Prescription Drug Programs (NCPDP) has approved a Financial Information Reporting (FIR) transaction standard that will support the automated plan-to-plan transfer of these data. The "TrOOP facilitation process," established by CMS to capture TrOOP-relevant data from Part D sponsors online and send these data to the appropriate Part D Plan for TrOOP calculation, will use the FIR to electronically transfer the TrOOP-related data between plans.

Implementation Timing and Issues

Part D plan sponsors must be prepared to initiate systems testing in the new transactions by September 1, 2008, complete systems certification by November 1, 2008 and be fully prepared to respond to transactions for 2009 enrollees on January 1, 2009. Previously, CMS had announced a July 1, 2008 implementation. However, this new implementation timeline will obviate the need for a mid-year conversion from the current manual TrOOP data transfer process to the automated FIR process and the development of associated coding unique to the implementation year. With the January 1, 2009 implementation of the new FIR transactions to electronically transfer TrOOP and gross covered drug costs, further routine need for the manual data transfer process will be eliminated.

Pre-Implementation Testing and Certification

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The TrOOP Facilitator in collaboration with CMS, NCPDP and industry representatives will be developing a set of testing scenarios and a FIR testing certification process. Guidance describing this process will be released when available. Part D sponsors must ensure that their pharmacy benefit managers (PBM) or other processors are certified by November 1, 2008. Therefore, we need Part D sponsors to require their PBM/processor to cooperate fully with and respond timely to all contacts from the TrOOP Facilitator, to participate in the testing process and achieve certification.

We remind sponsors that under the regulations at 42 CFR 423.464, Part D sponsors are required to coordinate benefits with other Part D plans to transfer TrOOP and gross covered drug costs when a beneficiary changes enrollment during the coverage year to enable the new plan of record to properly position the beneficiary in the benefit. According to this regulation, sponsors must also comply with CMS established processes to ensure coordination between plans. If the procedures and timelines outlined in the FIR testing and certification guidance are not adhered to by Part D sponsors and any applicable plan contractors, we have the authority to consider the sponsor out of compliance with the Part D requirements and to take appropriate action.

We believe the extended timeframe for implementation of the automated TrOOP balance transfer process will allow adequate time for all sponsors to program and test. However, if any sponsors are not prepared to respond to the FIR transactions at the time of implementation, the other Part D sponsors will be required to operate dual systems for TrOOP balance transfer data, responding to electronic transactions and transferring data received manually from non-compliant sponsors to systems for electronic retrieval.

Plan Enrollment Types

For purposes of the automated TrOOP balance transfer process,

1. A “plan of record” - is a Part D sponsor with a valid, effective enrollment in the CMS system for a Medicare beneficiary for whom the sponsor receives final monthly payment. A sponsor may be the beneficiary’s initial plan of record for the coverage year, a subsequent plan of record with a closed period of enrollment, and/or the current plan of record.
2. A “non-plan of record” is a Part D sponsor that paid covered Part D drug claims for a Medicare beneficiary for whom the sponsor did not have a valid and effective enrollment in the CMS system and for whom the sponsor did not receive final monthly payment. This may occur in situations in which the sponsor submitted an enrollment transaction that was processed, but then audited off due to CMS’ receipt of a subsequent valid enrollment transaction for the same effective date, or if the sponsor’s enrollment transaction was not accepted by

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CMS and, therefore, is not in the CMS system. There might be multiple non-plans of record for a beneficiary during a coverage year, even for the same month.

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Procedures for TrOOP Balance Transfer using FIR Transactions

Role of the TrOOP Facilitator

Using the information the CMS TrOOP Facilitation Contractor receives nightly from the CMS Medicare Beneficiary Database (MBD), the Facilitator will identify when a change in enrollment at the contract-level has occurred and will generate a FIR transaction to each prior sponsor with which the beneficiary was enrolled or which paid covered part D drug claims for the beneficiary during the coverage year. Transactions will begin with a FIR Inquiry to the earliest sponsor on record in the coverage year; that sponsor's Inquiry response will be returned to the Facilitator. Each sponsor will respond with their monthly gross covered drug costs and TrOOP amounts. If there are multiple plans prior to the current plan of record, the accumulator values from the response just received are placed in a FIR Exchange transaction and forwarded to the next sponsor. The Facilitator will receive that next sponsor's transaction response and will continue the process of receiving and forwarding the prior accumulators until each subsequent sponsor in consecutive order has received and responded to a FIR Exchange transaction. The final Exchange transaction response will contain the year-to-date monthly TrOOP-related data for all plans prior to the current plan of record; these accumulated monthly amounts will then be forwarded by the Facilitator via a FIR Update transaction to the current plan of record. The FIR transaction process flows, involving a single prior plan and multiple prior plans, are detailed in section 4 of the NCPDP Financial Information Reporting Standard Implementation Guide v1.0.

Inclusion of non-plans of record

As noted previously, TrOOP-related data must also be transferred between Part D plans when a Part D plan other than the plan of record (i.e., a non-plan of record) paid for covered Part D drug costs as a primary payer and subsequently becomes aware that the beneficiary is enrolled in another Part D plan. This may occur if this other plan's enrollment was processed and then audited off due to CMS' receipt of a subsequent valid enrollment transaction for the same effective date, or if the enrollment in this other plan was not accepted by CMS and, therefore, is not in the CMS system. Most audited enrollments will be identifiable by the Facilitator, unless more than one record was audited off on the same day; in this case, only the latest audited record will be reflected on the TrOOP file.

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In situations in which the Facilitator is unable to identify the existence of a non-plan of record, in order for the TrOOP data to be transferred, the non-plan of record sponsor must contact the Facilitator and request inclusion in the FIR reporting. To include these non-plan-of-record sponsors in the FIR process, the Facilitator must create a “proxy” enrollment record identifying the sponsor, rather than CMS, as the source of the information, the contact person providing the information and the date of contact. The Facilitator will include the non-plan of record in the FIR transaction stream preceding the actual plan of record for the month(s) the non-plan of record paid Part D claims.

Evaluation of transaction responses

CMS will work with the Facilitator to define a set of business rules for evaluating the acceptability of sponsor FIR responses; these will be limited to edits to verify that there are no missing/invalid data elements in the response that are required by the Facilitator to generate the next FIR transaction in the stream. If any of these business rules are violated, the Facilitator will suspend the transaction flow and contact the sponsor to correct their transaction response. After the sponsor has completed correction, the Facilitator will re-initiate the FIR transaction stream.

Part D Sponsors' Requirements

Part D sponsors must track TrOOP-related data for their months of coverage for beneficiaries who disenroll during the coverage year and report these data, even if the accumulator values are zeros, to the Facilitator in response to FIR transaction requests. Sponsors must also receive FIR transactions reporting TrOOP-related data reported by prior plan sponsors through the Facilitator, update their systems to incorporate these data, examine their claims history and any previously reported amounts from prior plan sponsors to determine the impact of any changes in reported data on the beneficiary's position in the benefit and re-calculate, as necessary, any prior claims affected by changes in the TrOOP accumulators.

A change at the contract level will trigger the FIR transaction process. If the beneficiary changes plan benefit packages (PBPs) within a contract, the sponsor is responsible for ensuring that the TrOOP balance and gross covered drug costs for all months of the first PBP's coverage are available to the subsequent PBP regardless of whether the PBPs within the contract use the same or different processors.

Further, some sponsors use different contractors for eligibility/enrollment functions and claims processing. It is the sponsor's responsibility to ensure that the contractor

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responsible for TrOOP balance transfer has all eligibility and enrollment information to properly administer the TrOOP balance transfer process consistent with this guidance and the NCPDP Financial Information Reporting Standard Implementation Guide. This would include having information to identify the beneficiary (e.g., the CMS date of birth) and his or her eligibility and enrollment periods consistent with CMS requirements.

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Multiple enrollments within a contract

When a beneficiary has multiple enrollments within a contract prior to a contract-level enrollment change, the determination of which FIR transaction(s) is (are) sent and what data are reported back on the transactions is dependent upon whether the BIN/PCN for the multiple enrollments within the contract are the same or different. If there is a single BIN/PCN for the multiple enrollments, the Facilitator will send a single transaction to the processor and the processor will report all months of coverage for the multiple enrollments. If there are different BIN/PCNs for the multiple enrollments within the contract, the Facilitator will send separate transactions to each different BIN/PCN combination and each processor will report for their months of coverage for that specific BIN/PCN only.

The following scenarios describe the FIR reporting requirements in situations in which a beneficiary has multiple plan enrollments within a contract during the coverage year, involving the same and different BIN/PCN combinations.

Scenario 1

Beneficiary Enrollment History

Months of Coverage	Contract/PBP Number	Plan	BIN/PCN	FIR Transaction	Processor Response
Jan. – Mar.	S0001-001	A	611220/ 1234567890	FIR Inquiry	Reports Jan. – May data
Apr.- May	S0001-002	B	611220/ 1234567890		
Effective June	S0002-001	C	121212/ 23232323bb	FIR Update	

When the Facilitator identifies the contract-level enrollment change to Plan C, a FIR Inquiry transaction will be sent to the BIN/PCN for Contract S0001. Since the BIN/PCN combination is the same for both contract S0001 PBPs, the processor will respond with the January through May accumulators, reporting all months of enrollment in Plans A and B. The monthly accumulators for January through May will be forwarded by the facilitator to the Plan C sponsor in a FIR Update transaction.

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Scenario 2

Beneficiary Enrollment History

Months of Coverage	Contract/PBP Number	Plan	BIN/PCN	FIR Transaction	Processor Response
Jan. – Mar.	S0001-001	A	611220/ 1234567890	FIR Inquiry	Reports Jan. – Mar. & June – Aug. data
Apr.- May	S0002-001	B	121212/ 23232323bb	FIR Exchange	Reports Apr. – May data
June – Aug.	S0001-001	C	611220/ 1234567890	FIR Exchange	Reports Jan.- Mar data & any changes to June - Aug. data resulting from Apr.- May data
Effective Sept.	S0003-001	D	999991/ 1552bbbbbb	FIR Update	

When the Facilitator identifies the contract-level enrollment change to Plan D, a FIR Inquiry transaction will be sent to the BIN/PCN for Contract S0001. Since the BIN/PCN is the same for both Plans A and C, the processor will respond with the January through March and June through August accumulators, reporting all months of enrollment in Plans A and C. The Plan B sponsor will then receive a FIR Exchange transaction and must respond by adding the April through May accumulators. Next, although Plan C has already reported the June through August accumulators, the processor will receive a FIR Exchange transaction from the Facilitator to provide Plan B data from April to May. Plan C will then be required to make any necessary adjustments resulting from reprocessing based on their receipt and review of the April through May data from Plan B. The adjusted amounts may be reported in the current or next/later response to the Facilitator. The accumulators for all months January through August will be forwarded by the Facilitator to the Plan D sponsor in a FIR Update transaction.

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Scenario 3

Beneficiary Enrollment History

Months of Coverage	Contract/PBP Number	Plan	BIN/PCN	FIR Transaction	Processor Response
Jan. – Mar.	S0001-001	A	611220/ 1234567890	FIR Inquiry	Reports Jan. – Mar. data
Apr.- May	S0002-001	B	121212/ 23232323bb	FIR Exchange	Reports Apr. – May data
June – Aug.	S0002-002	C	166666/ 88Abbbbbb	FIR Exchange	Reports June – Aug. data
Effective Sept.	S0003-001	D	999991/ 1552bbbbbb	FIR Update	

When the Facilitator identifies the contract-level enrollment change to Plan D, a FIR Inquiry transaction will be sent to the BIN/PCN for Contract S0001. The processor will respond with the January through March accumulators. Although Plan B and C are within the same contract, the PBPs have different BIN/PCNs. Therefore, the Facilitator will send a FIR Exchange transaction to the Plan B BIN/PCN and the processor will respond by providing the April through May accumulators. A subsequent FIR Exchange transaction will be sent to the Plan C BIN/PCN for that processor to report the data for the months of Plan C enrollment; this is the June through August accumulator data. The accumulators for all months January through August will be forwarded to the Plan D sponsor in a FIR Update transaction.

While these scenarios do not depict every possible situation involving multiple plan enrollments within a contract, they are illustrative of the application of the NCPDP FIR transaction flow to these situations and the potential need for sponsors to respond to sequential FIR transaction requests.

At any time a plan sponsor has paid Part D drug claims for a beneficiary who is later determined to be enrolled in another plan and the sponsor has not received a FIR transaction to report the beneficiary’s TrOOP-related data, the sponsor must contact the TrOOP Facilitator to initiate the FIR process and include the additional sponsor in the transaction stream.

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Multiple Enrollment Types

Regardless of whether a sponsor is a plan of record or a non-plan of record, the sponsor must receive FIR transactions with TrOOP-related data reported by prior plans (both prior plans of record and non-plans of record), update their systems to incorporate these data, examine their claims history and previously reported amounts from the prior plans to determine the impact of these data on the beneficiary's position in the benefit, and recalculate, as necessary, any prior claims affected by the new TrOOP accumulator data. The recalculation of prior claims by both non-plans of record and plans of record based on the receipt new TrOOP-related data reported to them is necessary to ensure that beneficiary adjustments resulting from the recalculation are appropriately handled by the sponsor that adjudicated the affected claim(s).

In addition, for any month in which a plan other than the actual plan of record for the month (whether a prior plan of record or non-plan of record) has paid claims, the other plan will precede the actual plan of record for the month in the FIR transaction stream. The other plan's accumulator data also will precede the actual plan of record's claims data for that month.

The following scenario describes FIR reporting in situations involving multiple enrollment types.

Beneficiary Enrollment History

Months of Coverage	Contract/PBP Number	Plan	BIN/PCN	FIR Transaction	Processor Response
Jan. – Feb., but paid claims for Mar.	S0001-001	A (plan of record)	611220/ 1234567890	FIR Inquiry	Reports Jan. – Mar. data
Mar. - June	S0002-001	B (plan of record)	121212/ 23232323bb	FIR Exchange	Reports Mar.(including Plan A data) – June data
July – Aug.	S0003-001	C (non-plan of record)	999991/ 1552bbbbbb	FIR Exchange	Reports July – Aug. data
Effective July	S0004-001	D (plan of record)	166666/ 88Abbbbbbb	FIR Update	

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In August, the Facilitator identifies a contract-level enrollment change involving the auditing off of the Plan C enrollment and the new enrollment in Plan D effective July. A FIR Inquiry will be sent to the BIN/PCN for Contract S0001. The processor will respond with the accumulator data for their months of enrollment, January and February. In addition, because the Plan A paid claims in early March prior to receiving the TRR from CMS reporting the beneficiary's change in enrollment, the processor will include their accumulator data for March as well.

The Facilitator will send a FIR Exchange transaction to the BIN/PNC for Contract S0002. The processor will incorporate the Plan A data into their system, including applying the March data from Plan A prior to the Plan B claims for March. After examining the amounts previously reported and their own claims history and recalculating any prior claims, as necessary, the sponsor will respond with their March through June accumulators either as a response to that, or a future transaction, from the Facilitator.

A subsequent FIR Exchange will be sent to the BIN/PCN for the non-plan of record Plan C. This sponsor will incorporate the Plan A and B data into their system. After examining the amounts previously reported and their own claims history and recalculating any prior claims, as necessary, the sponsor will respond with their July through August accumulators either as a response to that, or a future transaction, from the Facilitator.

The monthly accumulators for January through August will be forwarded to the Plan D sponsor in a FIR Update transaction. With the retroactive enrollment of the beneficiary in Plan D back to July, the Plan D sponsor must apply the July and August accumulators reported by Plan C to each of those months prior to any claims Plan D adjudicated in July and August.

Receipt of Inquiry when a prior plan is known

If a plan receives an Inquiry transaction from the Facilitator, but is aware there was a prior plan, the plan should process the FIR Inquiry transaction. The identity of the prior sponsor must be known and may be determined by the sponsor's previous receipt of a P2P Plan Payable Report (Report 43) from CMS requiring payment to another Part D sponsor or the beneficiary's presentation of a paper EOB from a prior Part D payer.

In the Inquiry response, the sponsor will report the financial accumulators for their months of enrollment only and will retrospectively contact the Facilitator to identify the

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prior payer. The existence in the sponsor's system of financial accumulators that were not added as a result of a FIR transaction could be used in these instances to trigger an alert that would identify the need for follow-up with the Facilitator.

If the Facilitator can verify the identified other sponsor had a terminated or cancelled/audited enrollment for the beneficiary, that sponsor will be added, as appropriate, to the FIR transaction process flow. Absent confirmation of a prior enrollment transaction on the TrOOP file, the Facilitator will contact the other sponsor and secure the information necessary to create a proxy enrollment record, add the sponsor to the FIR process flow, and initiate a new round of transactions. Although this process currently requires manual follow-up, CMS will work to develop an automated process to handle these situations.

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Sponsor requested FIR transactions

If a change in a beneficiary's TrOOP-related data occurs outside the scheduled timing cycle or is of such a magnitude that the sponsor believes it is important to transfer the updated data without waiting for the next scheduled transaction, the sponsor should call the TrOOP Facilitator's help desk call center and request that a FIR transaction be initiated. CMS will monitor the frequency of these requests and arrange for a secure website to receive the requests if the volume warrants.

Correction of unacceptable responses

When the Facilitator suspends a FIR response transaction as unacceptable, for example, if the accumulated TrOOP reported for a month is negative number, the sponsor must make the necessary changes and, once made, the Facilitator will re-initiate the transaction stream. Each sponsor must identify in the Health Plan Management System (HPMS) a TrOOP Balance Transfer (TBT) Contact at the entity responsible for responding to the sponsor's FIR transactions. The Facilitator will contact this person to determine the estimated timeframe for correction and resumption of the transaction flow.

In the interim, if the suspended transaction was part of the initial stream following a contract-level change in enrollment, the Facilitator will continue the transaction flow with the next payer. This will permit the new plan of record to receive all other accumulators to position the beneficiary in the benefit. If the suspended transaction was part of a subsequent flow, so accumulator data was reported previously to the new plan of record, the Facilitator will not re-initiate the transaction flow until the problem is corrected and the suspended transaction can be processed.

Sponsors should not routinely question balances reported on the FIR transactions, including accumulated TrOOP reported in excess of the maximum. A sponsor may initially report accumulated TrOOP amounts that exceed the maximum for the coverage year, but must reduce reported TrOOP to the maximum in a subsequent transaction flow. The resolution of an amount reported in excess of the TrOOP limit will require that the sponsor examine claims-level data to determine which claims will require reprocessing.

FIR transaction rejects

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Part D sponsors may reject FIR transactions for missing or invalid data; e.g., a missing/invalid BIN number. However, under current CMS rules, X2 (Accumulated Gross Covered Drug Cost exceeds maximum) will not be used.

The FIR transaction standard requires a patient date of birth, if known, in the patient segment. If the date of birth is reported, the date reported in this field must match the CMS date of birth to avoid rejects for a missing/invalid date of birth.

Timing of the FIR Inquiry and Update Transactions

For enrollment changes with prospective enrollment dates, the Inquiry transaction will be sent 2 days prior to the new enrollment effective date. For enrollment changes with retroactive effective dates, the Inquiry transaction will be sent the day following the day the enrollment change is made in MBD and passed to the TrOOP Facilitator.

Subsequent Inquiry transactions will be sent weekly for a 4-week period, then monthly for an additional 6 months or until March 31st of the following year, whichever is sooner. This pattern of Inquiry transactions will be followed for each subsequent enrollment change occurring during the coverage year. The series of transactions will always begin with the beneficiary's first plan for the coverage year; this plan may be the actual first plan of record or another plan that paid claims believing the beneficiary was enrolled in their plan.

FIR Transaction Response Time

The Facilitator will time out transactions without a response in 15 seconds. If a transaction is timed-out, the Facilitator will retry the transaction every 15 minutes for 48 hours. If after the 48-hour period the plan never responds, the Facilitator will report the occurrence to CMS for compliance action for sponsor failure to implement the FIR transaction process as required. The Facilitator will also contact the sponsor's TBT Contact for an estimated timeframe for correction and, as indicated previously in the discussion of the handling of unacceptable transaction responses, will continue the transaction flow if it is the first one following an enrollment change or suspend the flow pending correction if the transaction is part of a subsequent transaction stream.

Exceptions from Automated Processing

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1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Part D sponsors should accept FIR data as reported unless a problem is identified. Problems may be identified through conflicting information, such as paper EOBs presented by, or on behalf of, the beneficiary, that suggests reported data are wrong. Also, there will be rare situations in which a discrepancy exists between the CMS and sponsor's enrollment information for a beneficiary and the discrepancy affects the FIR-reported data. These situations, or those in which the beneficiary complains that his/her TrOOP accumulators are materially incorrect, must be removed from automated processing. In these instances, the sponsor should contact the Facilitator's help desk call center to request the Facilitator suspend the FIR transactions until the discrepancy is resolved or, if necessary, for the remainder of the coverage year. Once the error is resolved, the Facilitator will remove the suspension and re-initiate the FIR process. A manual process will be developed for the Facilitator and CMS to work with the sponsors to resolve the discrepancy and to report any updates to the financial accumulators that occur while the discrepancy is being resolved.

1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Scenarios

Scenario One: The beneficiary was enrolled in Plan A in January, 2008, in Plan B in February, 2008 and in Plan C for the remainder of the year. Both Plan A and B had claim activity as reflected below.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	200.00	275.00		
February			50.00	200.00
March	New plan C begins coverage			

Plan C began adjudicating claims with the \$475 drug spend and \$250 TrOOP amounts received from Plan B. In April, Plan A received a reversal on a \$100 claim and in response to the next FIR Inquiry reported the following updated information to Plan B.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	150.00	175.00

Plan B compared the previous transaction from Plan A and determined that the drug spend accumulator decreased by \$100. Plan B administers the defined standard benefit. The plan reviewed its claims history and determined that the \$100 decrease moved Plan B's first \$100 claim from the ICP back to the Deductible. Because Plan B needed to recalculate this claim to change it from \$75 plan pay, \$25 patient pay to \$100 patient pay, the plan passed on the new Plan A accumulators and its existing February amounts to Plan C. In order to "pay back the benefit" Plan B was responsible for recouping the \$75 differential from the beneficiary. In response to the next FIR Exchange transaction received, Plan B reported its updated amounts to Plan C as shown below.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	150.00	175.00		
February			125.00	200.00

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March	New plan C begins coverage				
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Scenario Two: Same circumstances as described in Scenario One except Plan B administers a Basic Alternative benefit with no deductible; for the first \$2500 the plan pays 75% and the beneficiary pays 25%. Plan B reviewed its claims history and determined that the \$100 decrease in Plan A gross covered drug cost had no claims impact, because no claims were repositioned in different benefit phases. Plan B forwarded to Plan C the updated Plan A amounts for January and the existing Plan B accumulators for February.

Scenario Three: The beneficiary was enrolled in Plan A in January, 2008, in Plan B in February, 2008 and in Plan C for the remainder of the year. Both Plan A and B had claim activity as reflected below.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	175.00	175.00		
February			125.00	200.00
March	New plan C begins coverage			

Plan C began adjudicating claims with the \$375 drug spend and \$300 TrOOP amounts received from Plan B. In April, Plan A received documentation from the beneficiary showing a \$100 out-of-network prescription drug purchase. Plan A adjudicated the paper claim and in response to the next FIR Inquiry reported the following updated information to Plan B.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	275.00	275.00

Plan B compared the previous transaction from Plan A and determined that the drug spend accumulator increased by \$100. The plan reviewed its claims history and determined that the \$100 increase moved Plan B's first \$100 claim from the Deductible into the ICP. Because Plan B needed to recalculate this claim to change it from \$100 patient pay to \$75 plan pay, \$25 patient pay, the plan responded to the next FIR Exchange transaction by passing on to Plan C the updated Plan A amounts for January and Plan B's existing February amounts. Plan B was responsible for reimbursing \$75 to the beneficiary.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0978**. The time required to complete this information collection is estimated to average 21

1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

In response to the next FIR Exchange transaction received, Plan B forwarded its updated TrOOP accumulator to Plan C.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0978**. The time required to complete this information collection is estimated to average

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Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	275.00	275.00		
February			50.00	200.00
March	New plan C begins coverage			

Scenario Four: The beneficiary was enrolled in Plan A in January, 2008, in Plan B in February, 2008 and in Plan C for the remainder of the year. Both Plan A and B had claim activity as reflected below.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	275.00	275.00		
February			50.00	200.00
March	Plan C begins			

Plan C began adjudicating claims with the \$475 drug spend accumulator it received from Plan B. In April, Plan A received documentation from the beneficiary showing a \$100 out-of-network prescription drug purchase. Plan A adjudicated the paper claim and in response to the next FIR Inquiry reported the following updated information to Plan B.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	300.00	375.00

Plan B compared the previously reported amounts from Plan A and determined that the gross covered drug cost had increased. Plan B administers the defined standard benefit. Based on a review of its claims history, Plan B determined that the \$100 increase had no claims impact, because no claims were repositioned in different benefit phases.

Therefore, Plan B responded to the FIR Exchange transaction by reporting the following amounts to Plan C.

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Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	300.00	375.00		
February			50.00	200.00
March	New plan C begins coverage			

Scenario Five: The beneficiary was enrolled in Plan A in January and February, 2008 and in Plan B for March, 2008 and forward. Plan B administers the defined standard benefit. Because Plan A had no claim activity, it reported zero accumulators to Plan B on the initial Inquiry transaction and Plan B adjudicated a \$100 claim in the Deductible on March 1.

Later on March 1, Plan B received a FIR Update transaction reporting the following amounts from Plan A.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	200.00	225.00
February	100.00	250.00

Upon receipt of this transaction, Plan B reviewed its claims history and determined that the \$475 increase moved Plan B’s first \$100 claim from the Deductible into the ICP. Plan B recalculated this claim to change it from \$100 patient pay to \$75 plan pay, \$25 patient pay. Plan B was also responsible for reimbursing \$75 to the beneficiary.

Scenario Six: The beneficiary initially enrolled in Plan A during the AEP in December 2007. On December 31, 2007, the beneficiary sends an application to Plan B for enrollment effective January 2008. Both plans administer the defined standard benefit,

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and both issue a member ID card to the beneficiary. In February, the beneficiary changed enrollment to Plan C.

During the month of January, the beneficiary used the ID cards from both Plan A and B. Prior to receiving the TRR reflecting the enrollment change, Plan A paid claims in January totaling \$100 all patient pay in the Deductible. Plan B then paid a \$50 claim in January, also all patient pay in the Deductible. Because the Plan A enrollment was processed for January, the TrOOP Facilitator was able to identify the change of enrollment to Plan B and sent a FIR Inquiry to Plan A.

Upon the subsequent enrollment change to Plan C, the Plan A and B amounts are reported as follows:

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	100.00	100.00	50.00 Plan B 100.00 (Plan A) + 50.00 (Plan B) = 150.00(to new plan)	50.00 Plan B 100.00 (Plan A) + 50.00 (Plan B) = 150.00(to new plan)
February	New plan C begins coverage			

In March, one of Plan A's paid claims from January was reversed by the pharmacy decreasing the beneficiary's gross covered drug cost and TrOOP amounts to \$50. Plan A reported the new accumulators to Plan B on the next FIR Inquiry transaction and submitted a deletion PDE for the reversed claim.

Plan B reviewed its claims history and determined that the \$50 decrease had no claims impact, because no claims were repositioned in different benefit phases. Plan B sent the updated amounts to Plan C as follows:

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	50.00	50.00	50.00 Plan B 50.00 (Plan A) + 50.00 (Plan B) = 100.00(to new plan)	50.00 Plan B 50.00 (Plan A) + 50.00 (Plan B) = 100.00(to new plan)
February	Plan C begins			

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Scenario Seven: The beneficiary was in Plan A January-March 2008, in Plan B in April and May 2008, and in Plan C for the remainder of the year. Both Plan A and B had claim activity as reflected below.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	150.00	150.00		
February	125.00	125.00		
March	31.25	125.00		
April			187.50	750.00
May			62.50	250.00
June	New plan C begins coverage			

Plan C began adjudicating claims with the \$1400 in gross covered drug cost it received from Plan B.

Plan A responded to the next FIR Inquiry transaction by reporting its existing accumulators of \$400 in gross covered drug costs and \$306.25 in TrOOP to Plan B, but Plan B was unable to respond before the Exchange transaction was timed out. The TrOOP Facilitator retried Plan B as specified in their FIR protocol. Once Plan B responded, a FIR Inquiry was again sent to Plan A, and on their Exchange transaction, Plan B responded with their current balances. The TrOOP Facilitator then sent a FIR Update transaction to Plan C reporting Plan A and B balances.

Scenario Eight: The beneficiary was in Plan A January-March 2008. During these months, Plan A had claims activity. On March 12, the beneficiary elected enrollment in Plan B for April, but subsequently, on March 29, elected enrollment for April in Plan C. Because the Plan B enrollment was processed prior to the April cut-off, Plan B received a TRR reporting the enrollment and issued a member ID card to the beneficiary. During April, the Plan C enrollment was processed and Plan B enrollment was audited. The beneficiary remained in Plan C through May and enrolled in Plan D effective June 2008. With the TrOOP Facilitator’s identification of the Plan B enrollment, Plan A received an FIR Inquiry transaction on March 31st and reported accumulators to Plan B.

Month	Plan A	
	Accumulated	Accumulated

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	TrOOP	Gross Covered Drug Cost
January	100.00	100.00
February	175.00	175.00
March	31.25	125.00

Plan B began adjudicating claims in April with the \$400 drug spend accumulator. The Plan C enrollment was processed in April with a retroactive enrollment data of April 1. Both Plan B and Plan C received TRRs reporting the Plan C enrollment, however prior to receipt of this TRR, Plan B paid \$100 in claims.

With the TrOOP Facilitator's notification of the Plan C enrollment, Plan A again received a FIR Inquiry transaction and reported their accumulators to Plan B. Plan B compared this with the previous FIR transaction from Plan A, determined there had been no change, and forwarded the following accumulators to Plan C.

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Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	100.00	100.00		
February	175.00	175.00		
March	31.25	125.00		
April			25.00	100.00

Plan C began adjudicating claims with the \$500 drug spend accumulator it received from Plan B, and had claims activity. With the TrOOP Facilitator’s identification of the Plan D enrollment, Plan A again received a FIR Inquiry transaction and reported their accumulators to Plan B. Plan B again compared this with the previously reported amounts from Plan A, determined there had been no change, and forwarded the balances to Plan C. Plan C compared this with the previous FIR Exchange transaction from Plan B, determined there had been no change, and forwarded the balances to Plan D.

Month	Plan A		Plan B		Plan C	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	100.00	100.00				
February	175.00	175.00				
March	31.25	125.00				
April			25.00	100.00	37.50 Plan C 25.00 (Plan B) + 37.50 (Plan C) = 62.50(to new plan)	150.00 Plan C 100.00 (Plan B) + 150.00 (Plan C) = 250.00(to new plan)
May					125.00	500.00
June	New Plan D					

Plan D began adjudicating claims with the \$1150 drug spend accumulator it received from Plan C.

Scenario Nine: The beneficiary was enrolled in Plan A effective January 1, 2008 and the plan had claims activity. On January 30, the beneficiary elected enrollment in Plan B

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effective February 1. Because the Plan B enrollment was processed after the February cut-off, Plan A continued processing claims until mid-February when the Plan B enrollment was processed and Plan A received a TRR reporting the audited enrollment. On March 10, the beneficiary’s enrollment request for Plan C was processed with an effective date of April 1.

In February, when the TrOOP Facilitator identified the Plan B enrollment, Plan A received a FIR Inquiry transaction and reported the beneficiary’s accumulators to Plan B.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	175.00	175.00
February	112.50	150.00

Plan B began adjudicating claims with the \$325 drug spend accumulator. In March, the pharmacy reversed a \$75 February claim to Plan A changing the plan’s accumulators for February. When the Plan C enrollment was processed in March, the TrOOP Facilitator identified the enrollment change and sent a FIR Inquiry transaction to Plan A which reported the following updated accumulators to Plan B.

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	175.00	175.00
February	75.00	75.00

Plan B reviewed its claims history and determined that the \$75 decrease moved Plan B’s first February claim from wholly in the ICP to straddling the Deductible and ICP. Because Plan B needed to recalculate this claim, the plan reported to Plan C the updated Plan A January accumulators, the combined Plan A and B February drug costs, and the total of the updated Plan A February TrOOP amount with the previous Plan B February TrOOP balance.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	175.00	175.00		
February	75.00	75.00	25.00 Plan B	100.00 Plan B

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			75.00 (Plan A) + 25.00 (Plan B) = 100.00(to new plan)	75.00 (Plan A) + 100.00 (Plan B) = 175.00(to new plan)
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With the next FIR Inquiry transaction, Plan A reported unchanged accumulators for January and February to Plan B. Plan B reported the accumulators as previously sent to Plan C, except the plan was also able to send an updated TrOOP balance for February reflecting the re-adjudication of the straddle claim.

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	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	175.00	175.00		
February	75.00	75.00	43.75 Plan B 75.00 (Plan A) + 43.75 (Plan B) = 118.75 (to new plan)	100.00 Plan B 75.00 (Plan A) + 100.00 (Plan B) = 175.00(to new plan)

After re-adjudicating the first February claim that had previously been processed in the ICP as \$75 plan pay and \$25 patient pay, Plan B was responsible for recovering the additional amount owed by the beneficiary.

Scenario Ten: The beneficiary was in Plan A January-February 2008, then Plan B during March through June. Both plans had claims activity during the months of the beneficiary’s enrollment in their plan. Effective July, the beneficiary chooses to re-enroll in Plan A.

With the TrOOP Facilitator’s identification of the Plan B enrollment, Plan A received a FIR Inquiry transaction and reported accumulators to Plan B as follows:

Month	Plan A	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	75.00	75.00
February	75.00	75.00

Subsequent FIR Inquiry transactions were sent to Plan A according to the established schedule and the accumulators reported to Plan B. Then, with the TrOOP Facilitator’s identification in late June of prospective Plan A re-enrollment effective July 1st, Plan A received a FIR Inquiry transaction and reported the accumulators to Plan B. Plan B received and responded to a FIR Exchange transaction with the combined accumulators. The following data were sent to Plan A in a FIR Update transaction and Plan A began to adjudicate claims in July using \$450 in gross covered drug costs.

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Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	75.00	75.00		
February	75.00	75.00		
March			25.00	25.00
April			100.00	100.00
May			14.25	75.00
June			25.00	100.00
July	Re-enrollment Plan A			

Subsequently in early July, Plan A and B received TRRs indicating that the Plan A re-enrollment was audited due to the beneficiary's election to remain enrolled in Plan B. However, because the Plan A re-enrollment was processed, Plan A paid claims in July prior to receipt of the TRR. With the TrOOP Facilitator's identification of the audited Plan A re-enrollment and the continuation of Plan B enrollment, Plan A received a FIR Inquiry transaction and reported their January, February and July accumulators to Plan B.

Month	Plan A		Plan B	
	Accumulated TrOOP	Accumulated Gross Covered Drug Cost	Accumulated TrOOP	Accumulated Gross Covered Drug Cost
January	75.00	75.00		
February	75.00	75.00		
March			25.00	25.00
April			100.00	100.00
May			14.25	75.00
June			25.00	100.00
July	23.75	95.00		

Plan B compared these data with the January and February accumulators previously reported by Plan A to determine if there had been a change that would affect Plan B's adjudication of the claims processed during the period March through June. Plan B then began processing claims in July with \$545 in gross covered drug costs.