

Part D Coordination of Benefits and TrOOP Facilitation

CMS

Office of Financial Management

Part D Coordination of Benefits (COB)

- CMS is expanding existing COB collection and data exchanges to include prescription drug coverage primary and secondary to Part D. These existing exchanges include Medicare Secondary Payer (MSP) Voluntary Data Sharing Agreements (VDSAs) and Parts A and B claim crossover Coordination of Benefits Agreements (COBAs)
- CMS is entering into data exchanges with new entities for prescription drug coverage, i.e. State Pharmaceutical Assistance Programs (SPAPs), Pharmaceutical Benefit Managers (PBMs), and entities that provide drug coverage that do not fit into VDSA or COBA programs.

Part D COB continued

- Information CMS collects will be used by the TrOOP Facilitation Contractor to capture paid claims data secondary to Part D and transmit them to Part D Plans for TrOOP calculation.
- Information CMS collects will be used by Part D Plans for payer primacy determinations and TrOOP calculation.
- The Diagrams below illustrate data exchanges with the COB Contractor (Diagram 1) and three Pharmacy point of sale scenarios: Diagram 2 shows a Group Health Plan is primary to Part due to the policyholder's active employment status and an SPAP is the tertiary payer after the Part D Plan; Diagram 3 shows the primary Part D Plan and secondary retiree Group Health Plan; and Diagram 4 shows the primary Part D Plan and secondary SPAP. These scenarios are examples and do not illustrate every conceivable scenario.

Diagram 1: Data Exchanges with BCRC

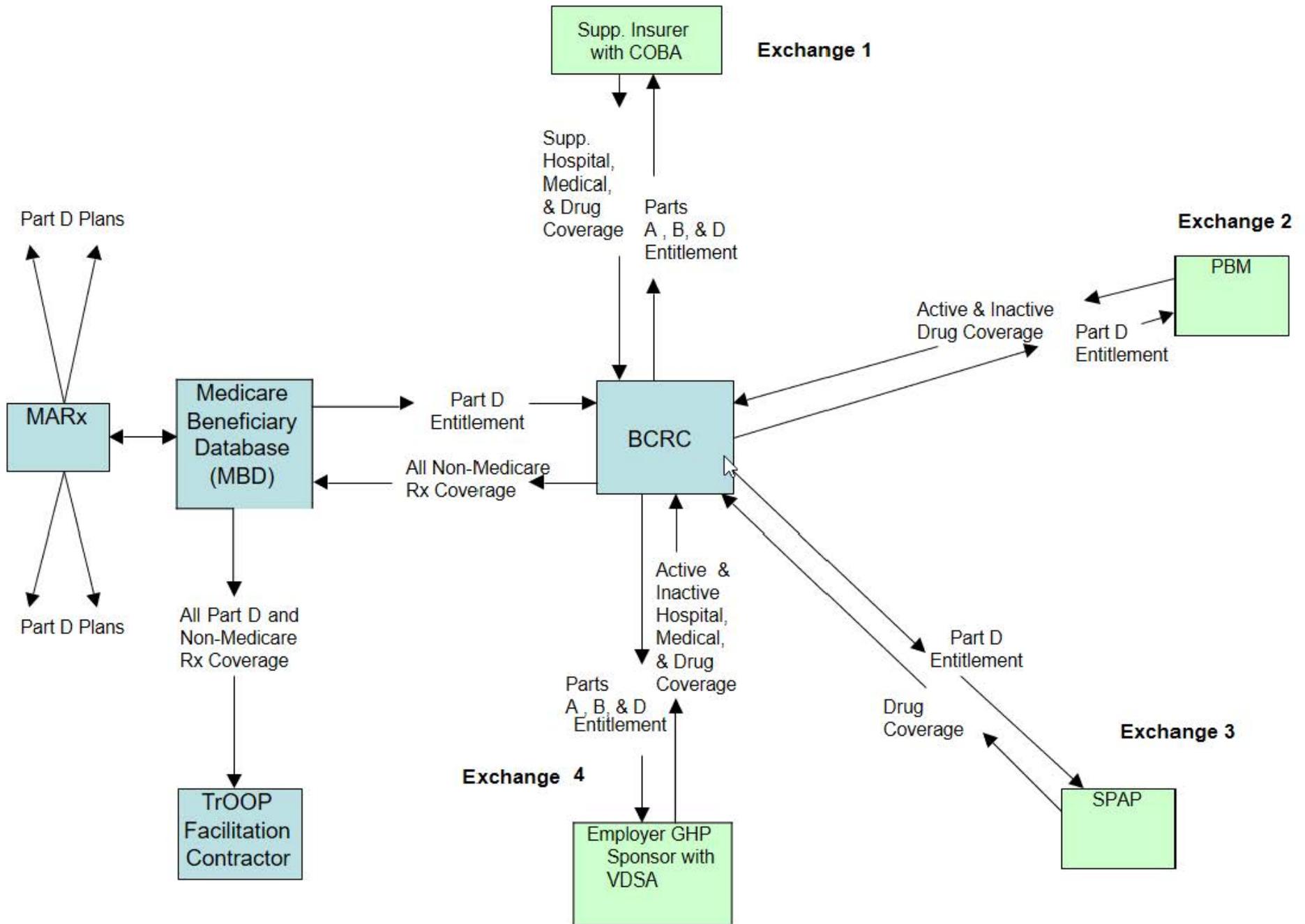


Diagram 2: Primary Group Coverage and Part D

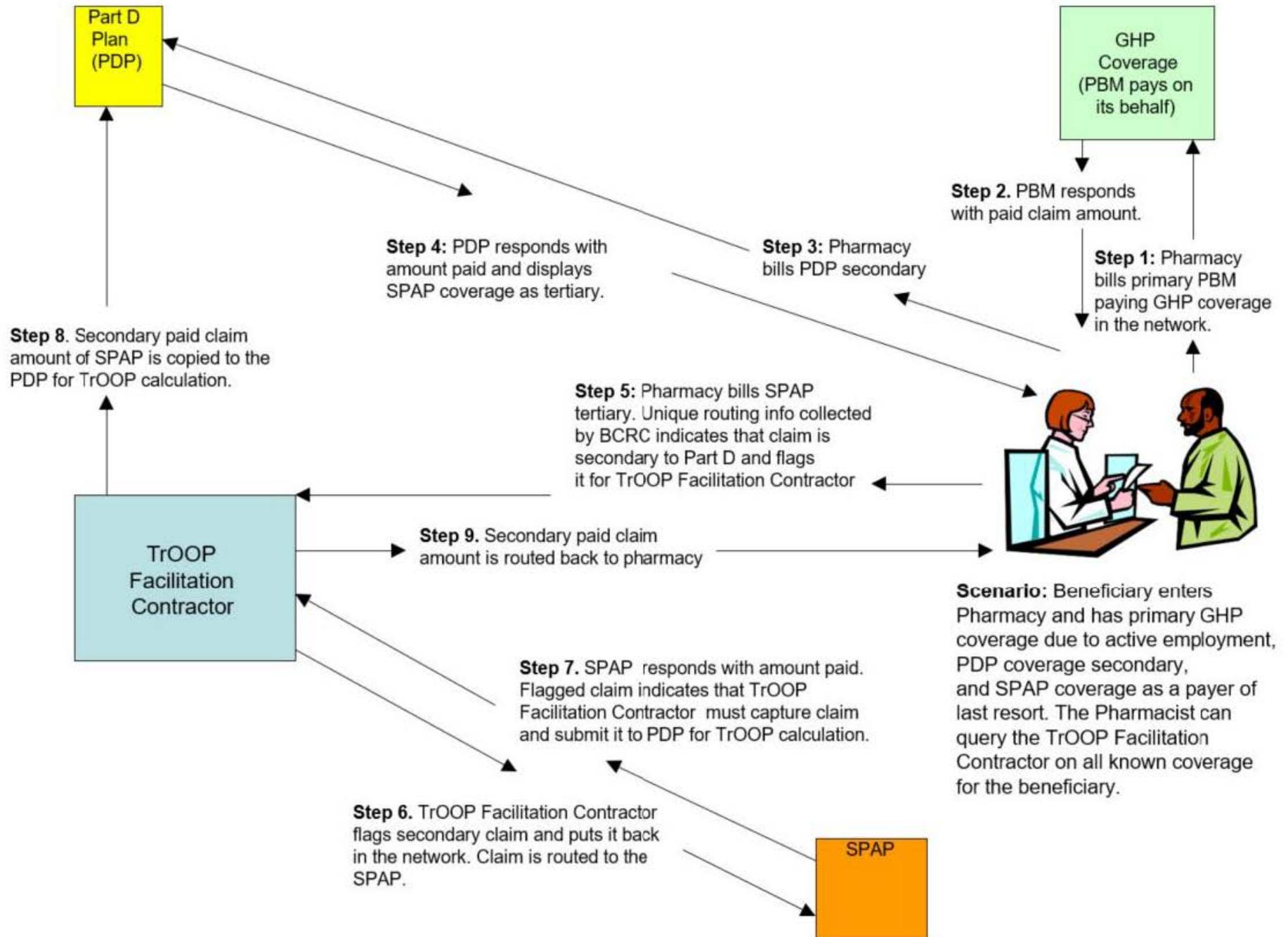


Diagram 3: Part D and Secondary Group Coverage

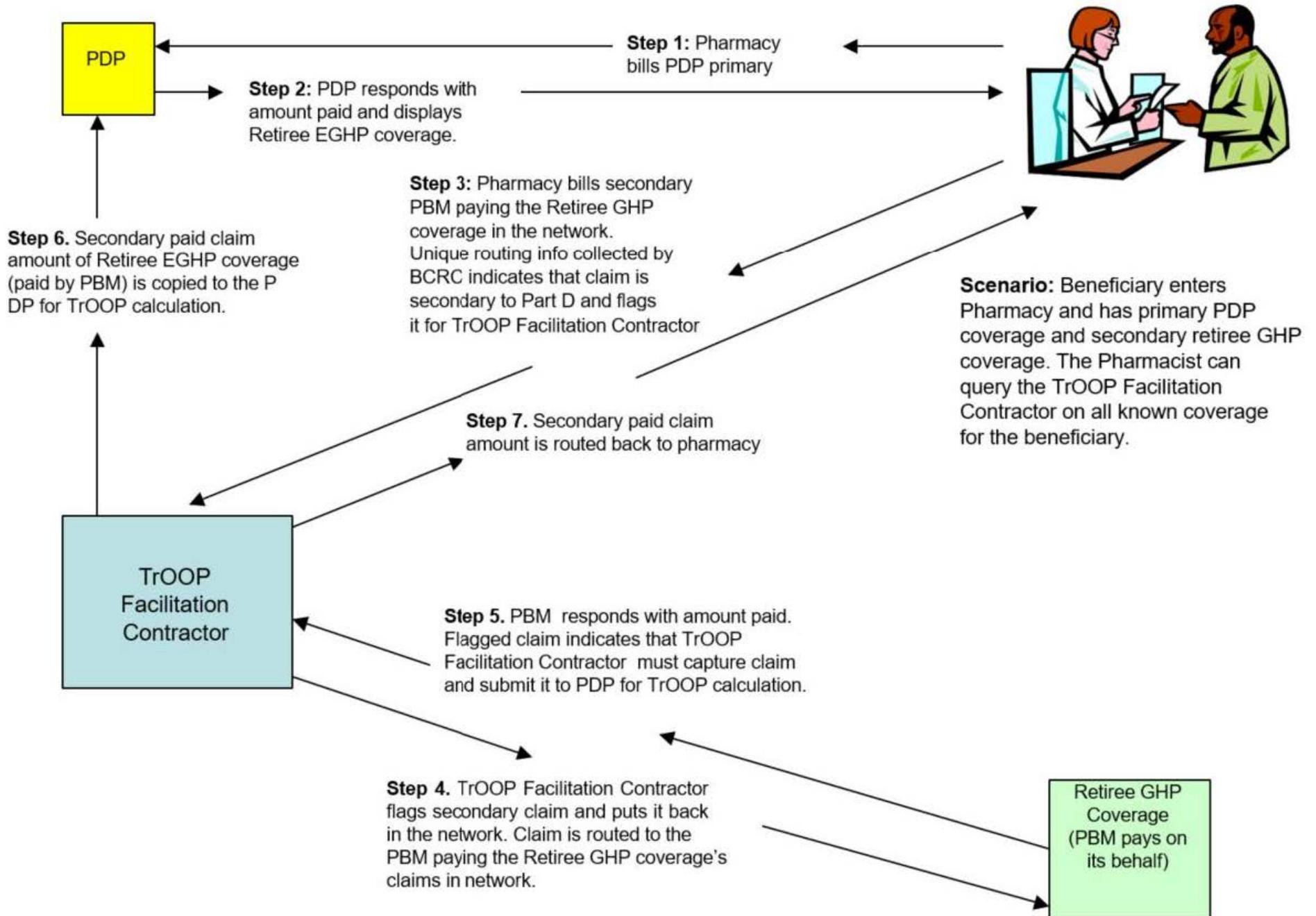
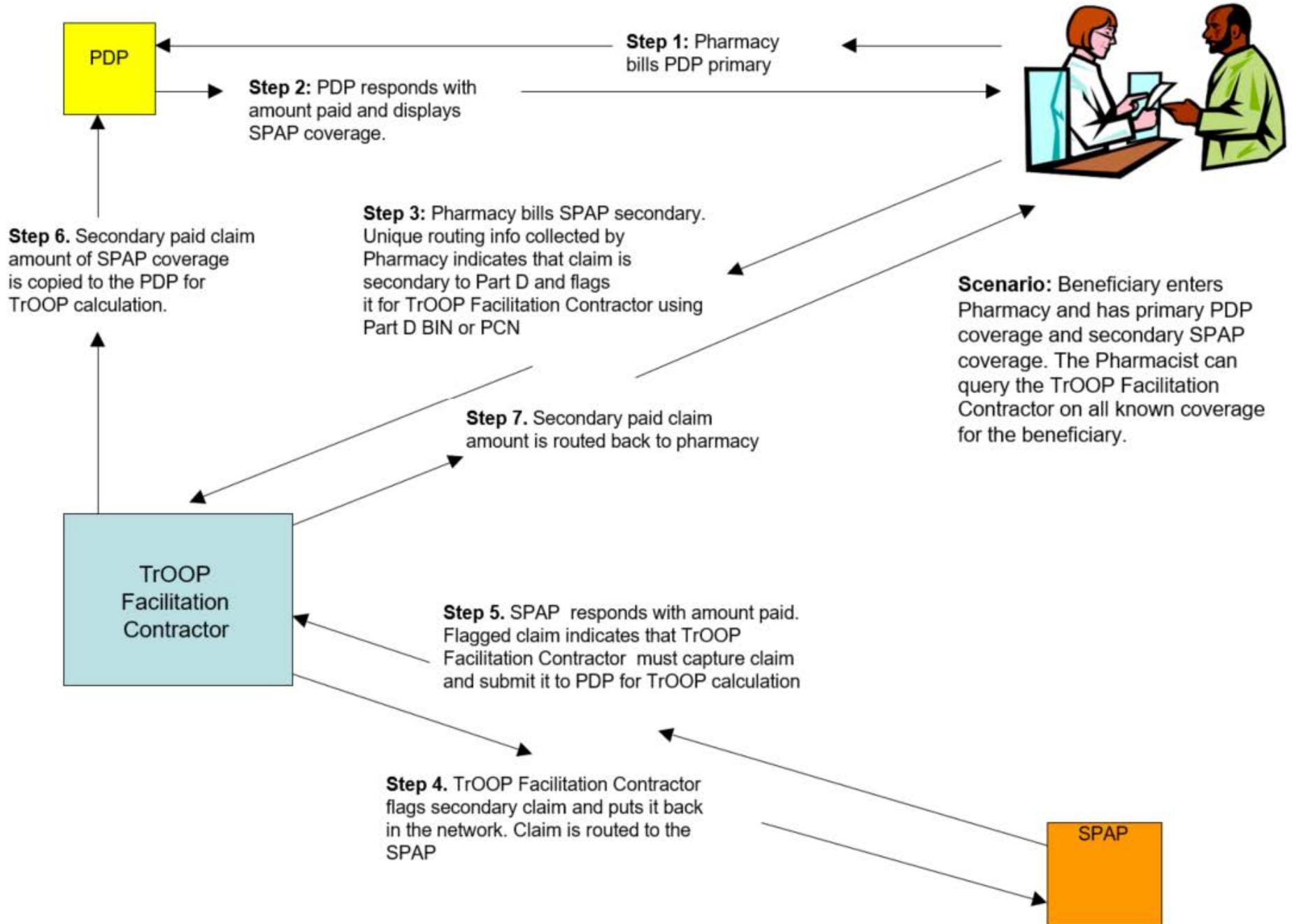


Diagram 4: Part D & SPAP



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