

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



CENTER FOR DRUG and HEALTH PLAN CHOICE

TO: All Part D Plan Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Automated TrOOP Balance Transfer Certification Testing Process

DATE: August 6, 2008

As indicated in the automated TrOOP balance transfer (TBT) guidance issued March 18, 2008, the automated process will be implemented January 1, 2009. With the exception of the Programs of All-Inclusive Care for the Elderly (PACE) that are exempt from the automated TBT process, Part D sponsors must be prepared to initiate certification testing with the CMS TrOOP Facilitator by September 1st and must be certified by the implementation date. The final protocols for the certification testing will be available by mid-August. Sponsors that do not meet the certification requirements will be subject to compliance action by CMS.

To facilitate the certification testing process and tracking of sponsor compliance, Part D sponsors must provide the following information:

- A sponsor technical contact for the automated TBT certification testing;
- The sponsor's processor(s) for Financial Information Reporting (FIR) transactions; and
- A processor contact for the sponsor's certification testing.

To capture this information, CMS is requiring Part D sponsors to complete an automated TBT survey for each contract providing the information the required information listed above.

Survey must be submitted by the close of business on August 20, 2008.

In addition to the certification testing information, sponsors must identify in the Health Plan Management System (HPMS) an automated TBT contact at the entity responsible for responding to the sponsor's FIR transactions. This is the person who the TrOOP Facilitator contact for problem resolution, such as to determine the estimated timeframe for the correction of unacceptable responses and resumption of the transaction flow. To enter your new automated TBT contact in HPMS, please use the following navigation path: HPMS Homepage > Contract Management > Basic Contract Management > Select a Contract Number > Contact Data. If you require technical assistance, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.

Simultaneous to the release of this memo, CMS is sending an email from DrugBenefitImpl@cms.hhs.gov to each Compliance Officer with the link to the survey submission tool. Please click on the link in that email to complete and submit the survey electronically to CMS. See Appendix A for a preview of the survey. Please note that CMS will only accept electronically submitted surveys.

We are aware that some organizations will not receive the email due to firewall constraints. If your organization's Compliance Officer did not receive the email notification, or if it more convenient for you, paste the following link into your web browser to access and complete the attestation: <https://vovici.com/wsb.dll/s/11dc4g364e2>.

Please note that your organization's Unique ID for accessing the survey tool is your CMS contract number (e.g., S1234/H1234). Organizations with more than one contract number may submit a survey once for each contract number, or alternatively, you may send an email to PartDBenefitImpl@cms.hhs.gov stating the contract number for which the survey was completed, and listing the other contract number(s) to which the survey applies.

Thank you.

Automated TrOOP Balance Transfer Certification Testing

On August 6, 2008, CMS released an HPMS memo entitled: "Automated TrOOP Balance Transfer Certification Testing Process." To facilitate the provision of the required certification testing-related information, we are requiring all current Part D sponsors to complete the survey below for each of their CMS contracts. See the referenced HPMS memo for additional information. Please submit your survey(s) no later than Wednesday, August 20th.

1) Provide the Part D sponsor's technical contact for automated TrOOP Balance Transfer (TBT):

Name: _____
Title: _____
Telephone Number: _____
Email: _____

2) List the sponsor's processor(s) for FIR transactions:

FIR Processor 1: _____
FIR Processor 2 (if applicable): _____
FIR Processor 3 (if applicable): _____
FIR Processor 4 (if applicable): _____

3) Provide contact information for first processor:

Name: _____
Title: _____
Telephone: _____
Email: _____

4) Provide contact information for second processor, if applicable:

Name: _____
Title: _____
Telephone: _____
Email: _____

5) Provide contact information for third processor, if applicable:

Name: _____
Title: _____
Telephone: _____
Email: _____

6) Provide contact information for fourth processor, if applicable:

Name: _____
Title: _____
Telephone: _____
Email: _____

If you require further information on this CMS requirement, please contact Deborah Larwood at 410-786-9500 or by email at Deborah.Larwood@cms.hhs.gov. Thank you for your cooperation.