

Medicare Advantage and Prescription Drug Plans Enrollment and Payment Conference

TrOOP Facilitation

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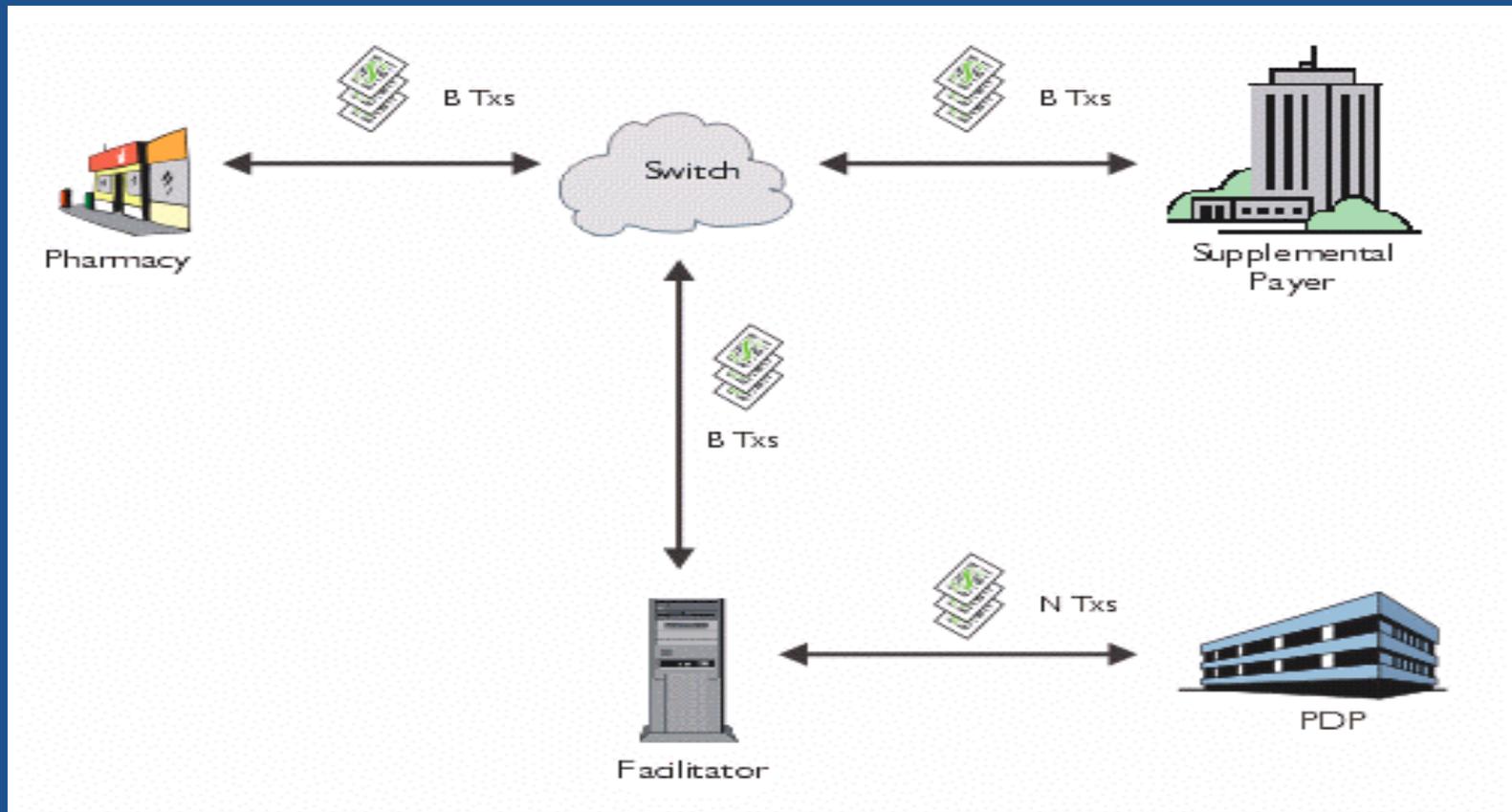
NDCHealth

Medicare Advantage Prescription Drug Plans
August 30 – September 1, 2005



Process Flow

- This process is used when real-time transactions are initiated from the pharmacy to Supplemental Plans



Process Flow (continued)

- Pharmacy submits the supplemental billing claim (B transaction) to the Switch.
 - Note: All supplemental billing claims must be delivered to a switch when submitted by a pharmacy.*
- The Switch forwards to the Facilitator the B transactions that are not rejected by the payer and contain a BIN/PCN combination for a plan that covers Medicare Part D beneficiaries.
 - NOTE: Plans that cover Medicare Part D beneficiaries must assign a unique BIN/PCN combination so that Switches can route the required claims to the Facilitator.*
- The Facilitator uses the B transaction to trigger the creation of a Reporting Transaction (N transaction) Request and delivers the Request to the PDP in either real-time or batch.
 - NOTE: The PDP must be able to identify and ignore duplicate claims so that TrOOP is not updated twice by the same claim.*
- The PDP delivers to the Facilitator an N transaction Response in real-time or batch to the N transaction Request

Exceptions

- **Real-time: PDP system does not respond to the N Request delivered by the Facilitator**
 - 15 seconds defines a non-response
 - Facilitator replays transactions when PDP is available in order they were received
 - Facilitator stores transactions for up to 48 hours
 - Facilitator delivers transactions to CMS if PDP is still non-responsive after 48 hours
- **Batch: PDP system does not respond to the N Request delivered by the Facilitator**
 - 120 hours defines a non-response
 - Facilitator delivers Requests to CMS
- **PDP system returns a reject code of 90-99 for a transaction**
 - These transactions are handled as if the PDP did not respond by storing them and replaying them.

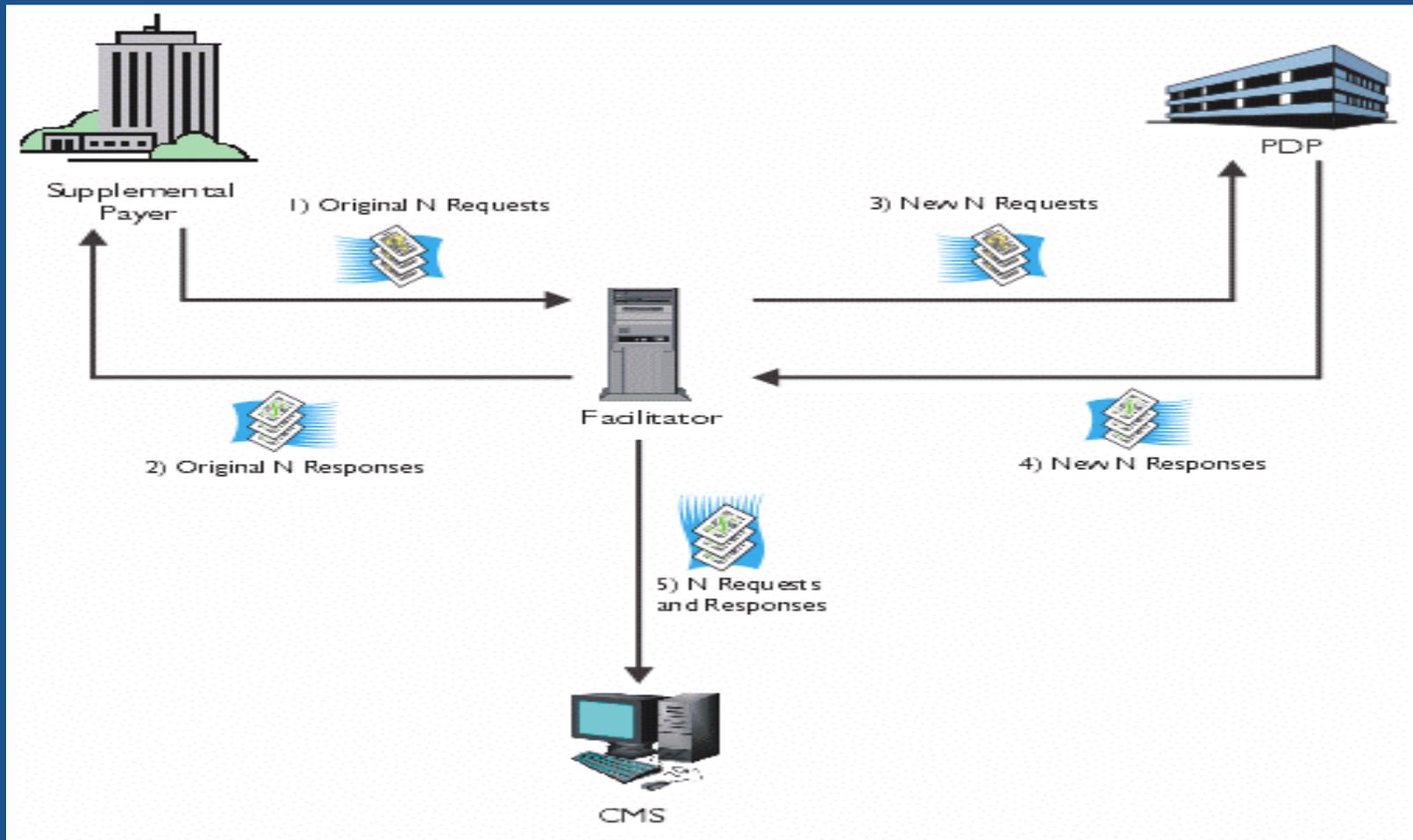
Exceptions (continued)

- **PDP system returns a reject code less than 90 for a transaction**
 - Handled as if the claim was accepted by the PDP
 - Requests and Responses are stored and delivered to CMS for auditing purposes
 - Real-time and batch are handled with the same process
- **PDP system returns to the Facilitator a file-level reject for the batch file**
 - Facilitator
 - Evaluates the cause of the problem
 - Corrects the error
 - Redelivers the file to the PDP
 - File-level rejects to the batch file are caused by formatting errors in the file- header or file-footer

Supplemental Payers

- Process is used to handle claims that are not sent to the Facilitator during the real-time process
 - Paper claims
 - Adjustments
 - Real-time claims sent to a BIN/PCN not established specifically for Part D

Supplemental Payers (continued)



Exceptions

- **Facilitator does not respond within 24 hours**
 - If the Supplemental Plan sends a file to the Facilitator and the Facilitator does not respond within 24 hours, then the Supplemental Plan must contact the Facilitator to report a problem. Contact information is being established.
- **File from Supplemental Plan contains invalid file-level Header or Footer information**
 - If the Facilitator finds errors in the header or footer of the batch file sent by the Supplemental Plan, then the Facilitator creates a reject file and sends it to the Supplemental Plan.

Exceptions (continued)

- **Facilitator cannot determine the PDP that should receive the N transaction**
 - If the Facilitator cannot use the data in the N transactions (sent by the Supplemental Payer) to match the PDP in the Eligibility File (sent by CMS to the Facilitator), then the Facilitator stores the original transactions from the Supplemental Payer and sends them to CMS. CMS can use these transactions to update the Eligibility File.
- **File from the Supplemental Payer contains improperly formatted transactions**
 - If the transactions within the batch file are not properly formatted, then the Facilitator responds to these transactions as rejected and includes these rejected transactions in the Response file sent to the Supplemental Payer.

Testing and Certification

- Real-time Connectivity
 - Facilitator has already performed evaluation of existing lines to support additional volumes
 - For questions or concerns, send email to troopquestions@ndchealth.com
- Batch Connectivity
 - Secure FTP delivery of files
 - Facilitator is establishing definition of processes (e.g., naming conventions, server names, etc.)
- Transactions
 - Not formal certification as conducted with v5.1 conversion
 - System will be available for delivery of test transactions
 - Industry testing begins mid-October
 - Details of testing process are being defined
 - Email: trooptesting@ndchealth.com

Financial and Legal Considerations

- Financial
 - No financial arrangement exists or needs to exist between the Facilitator and plans (PDPs or Supplemental)
 - CMS is funding Facilitator services
- Legal
 - Facilitator and plans must have a Business Associate agreement to enable sharing of data
 - Online submission of agreement on <http://medifacd.ndchealth.com>.
 - Click on Payers link and then click on Legal Agreements link

Summary

- Process Flow
 - Main Interaction with Facilitator
 - Part of the real-time processing of claims
 - Facilitator creates Reporting Transaction to notify the PDP of supplemental plan payments
 - Other Interaction with Facilitator
 - Supports need for paper claims, adjustments, and non-Part D BIN/PCNs
- Testing
 - Begins mid-October
 - Email: trooptesting@ndchealth.com
- Legal
 - Plans and NDCHealth need to enter into a Business Associate agreement with NDCHealth
- Support
 - troopquestions@ndchealth.com
 - <http://medifacd.ndchealth.com>

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Question and Answers

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