

FINANCIAL INFORMATION REPORTING QUESTIONS, ANSWERS AND EDITORIAL UPDATES

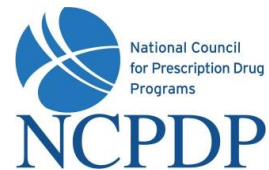
DOCUMENTATION

Guidance for the NCPDP Financial Information Reporting Standard Implementation Guide

February 2014

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Financial Information Reporting Questions, Answers and Editorial Updates

Version 1.1

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1 PURPOSE OF THIS DOCUMENT

This document provides a consolidated reference point for questions that have been posed based on the review and implementation of the NCPDP Financial Information Reporting Standard Implementation Guide Version 1.0 and above, the Data Dictionary, and the External Code List. This document also addresses editorial changes made to these documents.

As members reviewed the documents, questions arose which were not specifically addressed in the guides or could be clarified further. These questions were addressed in the NCPDP Work Group 1 Financial Information Reporting Task Group calls with approval by the Work Group 1 Telecommunication during quarterly meetings.

Editorial changes include typographical errors, comments that do not match a field value, a reference pointer in error.

Any further modifications will be noted in this document. Business needs brought forward and further changes to the implementation guide will result in future versions. Editorial or clarification changes to the implementation guide, as well as format changes will be made to future versions of the Financial Information Reporting Standard. Clarifications that affect implementation of Financial Information Standard Implementation Guide will be cited in this document.

It should be noted that values may be added/changed/deleted in the External Code List on a quarterly basis. This allows the industry to adapt to business needs when values are needed.

The topics are in categories which provide a high level reference. For example, a category may be a Segment in the format, with a subcategory of a field in that segment. The question and answer is then posed for that field found in that segment. Where appropriate, the question may be the actual heading in the index for ease of research.

This document will continue to be updated as questions and answers or editorial changes are necessary.

Note: within the guide, when dollar fields and amounts are discussed, all digits may be seen for readability. When actually using the field, rules should be followed for the overpunch character, as applicable.

1.1 USE OF THIS DOCUMENT

This document should be used as a reference for the NCPDP **Financial Information Reporting Standard Implementation Guide** Version 1.0 and above as applicable. Questions and guidance pertain only to the use of this standard.

This document should not be confused with the NCPDP **Telecommunication Version D and Above Questions, Answers and Editorial Updates** which addresses questions for the NCPDP **Telecommunication Standard Implementation Guide**.

1.1.1 HOW SOON SUPPORT THIS DOCUMENT?

Question:

Once the Financial Information Reporting Editorial document is published, how soon do implementers need to support?

Response:

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2 TRANSACTION FACILITATOR FUNCTIONS

Question:

What are the reasonability edits performed by the Transaction Facilitator on FIR transactions?

Response:

The industry has defined the Reject Codes that are appropriate for FIR transactions and edits have been put in place to support them. Rejected FIRs are reported on the Daily Cumulative FIR Aging Report. For more information (<http://medifacd.relayhealth.com/fir/reports>).

Question:

If a Plan/Processor receives a FIR transaction from the Transaction Facilitator and processes it, and the response back to the Transaction Facilitator contains invalid data (syntax error, a required field missing in the response, etc.) what happens to the FIR sequence?

Response:

The FIR sequence stops and is reported on the Daily Cumulative FIR Aging Report with a T series reject code. For more information on the reject code, see

<http://media.relayhealth.com/documents/FIR+Reject+Codes+Generated+by+the+Plan-Processor+or+Transaction+Facilitator.pdf>

The Plan/Processor will show this transaction as being successfully processed and is not aware, except through the report, that the Transaction Facilitator received invalid information in the transaction response. The Plan should contact their Processor for resolution. Once resolved, the Plan/Processor may request a retrigger if the next scheduled sequence is not in a reasonable timeframe or the series has been concluded.

Question:

What does the Cardholder ID in the FIR Insurance Segment reflect for Medicare Part D?

Response:

Per the Transaction Facilitator Payer Sheet, the Cardholder ID is the plan's beneficiary identifier sent to CMS in the 4Rx data in the enrollment file. This may not be the HICN or the SSN or RRB. It is unique to each beneficiary.

Question:

What causes a FIR series to be initiated?

Response:

1. Any beneficiary that has a change in Contract ID during a plan year will initiate a new FIR series.
2. Any beneficiary that has a change in PBP ID with a change in either BIN, PCN or both will initiate a new FIR series.
3. Any beneficiary for which a proxy add was requested, by any plan that may have paid claims on behalf of the beneficiary, will always initiate a new series.
4. Any beneficiary for which a proxy edit was requested will trigger a FIR Sequence if a series is already under way. However if there is not an active series for the beneficiary a new series will be initiated.
5. A retrigger request, from any plan the beneficiary may have had during the plan year, will initiate a new sequence.
6. A beneficiary that has a FIR series "in flight" that also has a 4Rx or DOB change will generate a one time, on demand, FIR sequence on the day prior to the effective date of the change or the date of receipt of the change (whichever is later) if a FIR sequence is not already in queue on that day.

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3 GENERAL AUTOMATED TROOP BALANCE TRANSFER (ATBT) PROCESSING QUESTIONS

Question:

Why is my plan (Plan A) getting included in a series more than once with the same transaction identifier?

Response:

If a beneficiary is in a plan for multiple enrollment occurrences within a calendar year, each occurrence will generate a FIR sequence in a series.

Series #1- This series occurs due to change in enrollment from Plan A to Plan B. The first sequence for this series will start March 31 assuming eligibility for Plan B is received prior to that date.

First Series	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Plan A 01/01/2012 to 03/31/2012 (F1)	100	200	50								
Plan B 04/01/2012 to 07/31/2012 (F2)											

Series #2 – This series occurs due to the change in enrollment from Plan B back to Plan A. The first sequence for this series will start on July 30th assuming eligibility for Plan A is received prior to that date. Note that the Series #1 is terminated because the change in enrollment started a new series.

Second Series	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Plan A 01/01/2012 to 03/31/2012 (F1)	100	200	50								
Plan B 04/01/2012 to 07/31/2012 (F3)				75	120	180	50				
Plan A 08/01/2012 to 09/30/2012 (F2)											

In Series #2, Plan A will receive two FIRs:

- F1 for the first period that they had the beneficiary
- F2 in order to load all prior accumulators including theirs when the beneficiary has rejoined Plan A.

Series #3 - This series occurs due to the change in enrollment from Plan A to Plan C. The first sequence for this series will start on September 30th assuming eligibility for Plan C is received prior to that date. Note that series #2 is now terminated because of a new change in enrollment.

Third Series	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Plan A 01/01/2012 to 03/31/2012 (F1)	100	200	50								
Plan B 04/01/2012 to 07/31/2012 (F3)				75	120	180	50				
Plan A 08/01/2012 to 09/30/2012 (F3)								100	200		
Plan C 10/01/2012 ongoing (F2)											

Because Plan A has the beneficiary for non-concurrent periods, they will receive two FIR transactions – an F1 and F3 in order to allow them to report accumulators for both non-concurrent periods. For this last scenario there are two possible methods for Plan A to respond to the FIR transactions.

Method 1

Series January through March

- Plan A may respond with January through March accumulators (F1 response)
- Plan B would respond with April through July accumulators for their plan and Plan A January through March accumulators (F3 response)

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- Plan A may then respond with January through March and August and September accumulators for their plan and Plan B April through July accumulators (F3 response)
- Plan C would receive all the accumulators from Plan A and Plan B from January through September (F2 request)

Method 2

- Plan A may respond with January through March accumulators and August through September accumulators (F1 response)
- Plan B would respond with April through July accumulators for their plan and Plan A January through March accumulators (F3 response)
- Plan A would then respond with January through March and August and September accumulators for their plan and Plan B April through July accumulators (F3 response)
- Plan C would receive all the accumulators from Plan A and Plan B from January through September (F2 request)

A plan who receives more than **one FIR transaction type in a sequence** for a beneficiary should exercise caution that regardless of Method identified above they use, they do not double the accumulators returned in the last response.

Question:

The FIR transaction standard states that we should re-process the FIR transaction in case any of our accumulations have changed, and not to just return the financial information from the original approved FIR transaction (which may have been timed out, hence the receipt of the duplicate). By doing that, we will be processing the duplicate as if the transaction is not a duplicate.

Response:

An 'A' would be returned because a Duplicate Transaction Code is not part of the FIR Transaction. Each FIR must reflect the balances as of the receipt of that FIR. While it may be possible that the balances are the same as the last FIR, the transaction is not a duplicate.

Question:

What should we do if we receive an inquiry for a member who currently has a negative value for TrOOP in our system?

Response:

The Transaction Facilitator will reject any negative values per CMS guidance, Chapter 14 negative values should be forced to zero in the FIR response.

Question:

How would we respond when F3 or F2 is received with other plan's dollars for a member that has null coverage (effective date = termination date) resulting in no coverage with the plan receiving the F3 for the plan year. In this example, this is an audit off. Do we load the dollars? On an F3, do we return zero for the null month or only the other plan's dollars?

Response:

1. This record most likely is an audit off record. As an audit off record, if there are no balances, then a proxy delete can be requested.
2. Because this is an F3 scenario, if the month being reported already has balances from a prior plan, the plan should return the balances they received. If the month being reported does not have balances from a prior plan, then at a minimum zero dollars must be placed in the first month of the effective date.

Question:

How should we respond when TrOOP Amount > Catastrophic limit for the corresponding year?

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Response:

Do not reject if you receive dollars that are over TrOOP limit. (According to CMS guidance, sponsors should not question balances.)

Question:

If we receive an F2 transaction with accumulations past the member's eligibility date, should we reject this and if so, what reject code should be used? Scenario: Member has eligibility for Feb, Mar, Apr and we receive an F2 with values for May or afterwards. What should we do?

Response:

No you should not reject. You should accept the transaction and respond and only apply accumulators that are up to and through your effective coverage period.

Question:

If we receive an F1 transaction and respond with January accumulations of \$100 TrOOP/\$100 Drug Spend, and then later receive an F3 that shows January accumulations of \$50 TrOOP/\$100 Drug Spend, are we allowed to reject the F3? If we are not allowed to reject, what kind of accumulation adjustment is needed?

Response:

No, the plan may not reject the F3. The F3 response for January should reflect the combination of your TrOOP and Drug Spend and the accumulators for the prior plan. In this example you would respond for January with \$150 TrOOP and \$200 Drug Spend. This example is common when a non-plan of record paid for claims for a beneficiary.

Question:

How is the processor to determine the allocation of transfer-in dollars for plans that have a brand only deductible?

Response:

CMS guidance is not specific to this scenario. The FIR process does not differentiate brand or generic.

3.1 FIR REJECTS AND AGING

Question:

Plan A currently has FIR rejects and eligibility changes which starts a new series begins. Is the aging reset to 0?

Response:

Yes. Aging is based on the age of the rejection in a particular series. Even if an existing series never had a successful FIR transaction, the aging will be set to 0 when the new series begins.

4 CLAIMS PAID AS NON-PLAN OF RECORD

Question:

A non-plan of record has received reimbursement from the plan of record. Does the non-plan of record still need to continue responding to FIR transactions?

Response:

All accumulators need to be transferred via the automated FIR process. The downstream payers still need to know the accumulator updates. The reimbursement from the plan of record only reflects a portion of the total claim cost (plan paid portion). The plan of record does not receive accumulator information on the P2P payable report therefore does not know the beneficiary's balances from the non-plan of record.

Question:

If a plan had the beneficiary and becomes the non-plan of record and has no accumulator dollars, how does the non-plan of record handle FIRs?

Response:

The non-plan of record should either:

1. Reject the FIR with a "65 " and request a proxy delete, or
2. Respond to the FIR with zero dollar accumulators.

See NCPDP *Post Automated TrOOP Balance Transfer (ATBT) Process White Paper* at <http://www.ncdp.org/Whitepaper.aspx>.

5 GENERAL POST ATBT PROCESSING QUESTIONS

Question:

How do you handle transferring of TrOOP balances that need to occur after Automated TrOOP Balance Transfer Process has ended for a plan year?

Response:

See NCPDP *Post Automated TrOOP Balance Transfer (ATBT) Process White Paper* at <http://www.ncpdp.org/Whitepaper.aspx>.

6 APPEAL PROCESS RELATED TO ELIGIBILITY

6.1 RETROACTIVE DISENROLLMENT WHERE CMS ELIGIBILITY IS NOT UPDATED

Question:

How does a plan handle retroactive disenrollments that require CMS' vendor (i.e. Reed & Associates, etc.) to drop the record from MARx? These are retroactive disenrollments that are received after the beneficiary was active and eligible in the plan. This was not caused by a new plan taking over the enrollment period. It was most likely caused by the beneficiary notifying the plan that they did not want to enroll. When this occurs the plan disenrolls the beneficiary in their system and notifies the CMS' vendor to drop the record from MARx.

Response:

1. Until CMS receives and processes the Plan B retroactive disenrollment, Plan B is still the plan of record and must not reject the FIR.
2. Once CMS processes the Plan B retroactive disenrollment, then Plan B becomes an audit off record. Plan B can choose one of the following options for the audit off record.
 - a. If there are no paid claims by Plan B, they can request a proxy delete of the audit off record or they can continue to process FIRs if their system is set up to handle FIRs regardless of effective period.
 - b. If there are paid claims by Plan B, they must respond to the FIRs.

7 FINANCIAL INFORMATION REPORTING STANDARD QUESTIONS

Question:

Is FIR Transaction ID unique on a per patient basis or just plain unique?

Response:

The Transaction ID (651-S2) is unique to a sequence. A sequence is all FIRs initiated on a particular date for a beneficiary.

A FIR sequence is initiated on 06/06/2013 and is sent to 3 plans. The sequence contains an F1, F3, and then an F2. All three FIR transactions will contain the same Transaction ID. The Transaction Facilitator embeds the date (YYYYMMDD) in the first eight bytes of the Transaction ID.

Question:

If we receive a FIR transaction request that we cannot parse, how should we respond?

Response:

When rejecting in a scenario when you cannot parse the FIR transaction request appropriately, you should return a correctly formatted FIR response in the current version.

8 EDITORIAL CORRECTIONS CITED IN FINANCIAL INFORMATION REPORTING STANDARD

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9 TYPOGRAPHICAL ERRORS

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10 GENERAL QUESTIONS

10.1 HOW SOON SUPPORT THIS DOCUMENT?

Question:

Once the Financial Information Reporting Editorial document is published, how soon do implementers need to support?

Response: When the Financial Information Reporting Editorial document is published, it is effective for use.

10.2 REJECT CODE GUIDANCE

See “Appendix A – Reject Codes for 511-FB” in the NCPDP *External Code List* for guidance on the use of reject codes.

10.3 SYNTAX ERROR

Question:

What constitutes a syntax error?

Response:

Syntax errors encompass all errors that are associated with the parsing of the transmission. The purpose of a syntax error in the standard is to call out an error in the structure of the transmission as opposed to an error in the data associated with the transmission. Best practice for handling a syntax error is to recognize that it applies only to structural errors within a transmission and must be accompanied if possible by the location (e.g. byte count, the last parsable field) within the transmission at which the syntax error was encountered. Syntax error does not apply to the data content of a properly parsable field. In this case an M/I or more specific reject code should be returned.

10.4 NOT USED DATA ELEMENT

Question:

For a Financial Information Reporting transaction, if a data element is defined as "not used" in the implementation guide and on the "Request" transaction a "not used" data element is present; then the receiver of the transaction is required to reject the transaction?

Response:

Yes. See also the NCPDP *External Code List* (ECL), section “Appendix A – Reject Codes for 511-FB”.

11 APPENDIX A. WHERE DO I FIND

11.1 ANSWERS MAY BE FOUND IN THE FOLLOWING DOCUMENTS

- NCPDP Financial Information Standard Implementation Guide Version 1.0 and above
- NCPDP Data Dictionary
- NCPDP External Code List
- This document

Other resources:

- NCPDP standards process <http://www.ncdp.org/standards-info.aspx>
- Obtaining standards (with membership) <http://www.ncdp.org/Membership.aspx>
- Member to obtain standards <http://www.ncdp.org/members/Standards-Lookup.aspx>

11.1.1 WHAT FIELDS CHANGED?

NCPDP Data Dictionary

- section Appendix “*Publication Modifications*”

NCPDP Financial Information Standard Implementation Guide

- section “*Appendix A. History of Document Changes*”

11.1.2 DOCUMENTATION DATES

Question: Where do I obtain publication date information of the various version/releases of the Financial Information Standard Implementation Guide?

Response: The Standards Matrix document should be referenced. The document can be found at <http://www.ncdp.org/pdf/StandardsMatrix.pdf>

This document lists all of the NCPDP standard implementation guides, their status, and the appropriate Data Dictionary and External Code Lists to use.

11.1.3 WHAT IF I HAVE A NEW QUESTION?

Send the question to NCPDP Council Office at ncdp@ncdp.org or join the **WG1 Financial Information Reporting Task Group**. See http://www.ncdp.org/PDF/Task_Groups_List.pdf

12 APPENDIX B. MODIFICATIONS TO THIS DOCUMENT

12.1 VERSION 1.1

Added to section "[General Automated TrOOP Balance Transfer \(ATBT\) Processing Questions](#)":

Question:

If we receive an F1 transaction and respond with January accumulations of \$100 TrOOP/\$100 Drug Spend, and then later receive an F3 that shows January accumulations of \$50 TrOOP/\$100 Drug Spend, are we allowed to reject the F3? If we are not allowed to reject, what kind of accumulation adjustment is needed?

Question:

How is the processor to determine the allocation of transfer-in dollars for plans that have a brand only deductible?