



Center for Medicare
Medicare Plan Payment Group

DATE: December 4, 2015

TO: All Part D Plan Sponsors

FROM: Cheri Rice, Director
Medicare Plan Payment Group

SUBJECT: Reopening of the 2010 Final Part D Payment Reconciliation

CMS completed the calculations for the reopening of the 2010 Final Part D Payment Reconciliation. The calculations were performed in accordance with § 1860D-14 and § 1860D-15 of the Social Security Act and associated regulations and guidance. The reconciliation calculations utilize all accepted Prescription Drug Event (PDE) data with a processed date, found on the Prescription Drug Front-end System (PDFS) response report, on or before 20150930 Cycle 3; all prospective payments made for Part D net of all adjustments processed through the December 2015 payment; and Direct and Indirect Remuneration (DIR) information received in the Health Plan Management System (HPMS) by August 28, 2015.

In addition to receiving the payment reconciliation reports, sponsors will receive the Part D Exclusion from Reconciliation Report. The Part D Exclusion from Reconciliation Report was described in the January 6, 2014 HPMS memorandum titled, "Reconciliation PDE Exclusion Process" and the April 16, 2014 HPMS memorandum titled, "Updates to the Reconciliation PDE Exclusion Process." The report will identify PDEs that were excluded from the reopening of the 2010 Part D payment reconciliation. The financial amounts related to the PDEs excluded from the reopening are provided in an additional Detail record in the PRS Inputs Report to Plans. The record can be identified by the Most Current HICN field on the record, which will read "ADJUSTMENT."

The payment reconciliation reports for reopening will be available in your reconciliation mailboxes at the Customer Service and Support Center (CSSC) on Monday, December 7, 2015. If you cannot access these reports, please contact CSSC at 877-534-2772.

Payment adjustments to remit and recover these calculated reconciliation amounts are planned for the January 2015 payment. Payment is contingent on receipt of the *Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor*, which was due by November 12, 2015. If the attestation has not been received, the payment adjustment will not occur in the January

2016 payment. The payment adjustment will occur after the attestation is received.

The 2010 reopening addresses all reopening requests received to date. All reopening requests received after the 2010 Part D payment reconciliation and prior to the 2010 reopening are now considered to be closed. If, upon review of the 2010 reopening results, a sponsor feels that there is new information for CMS to consider, then a sponsor can submit a reopening request.

Reopening requests are submitted to Acumen, LLC (“Acumen”) at the email address provided below.

Appeals are filed when a plan sponsor does not believe that CMS applied its stated payment methodology correctly. If a Part D sponsor feels as though CMS did not apply its stated payment methodology in the reopening, a new appeal would need to be filed. The regulations provide for appeal rights at 42 C.F.R. § 423.350. Refer to the reopening and appeals guidance, which was released through HPMS on May 8, 2008, for additional information on the process for filing an appeal. If you wish to appeal, your request must be filed (sent) by Tuesday, December 22, 2015. Appeals should be addressed to Cheri Rice, Director, Medicare Plan Payment Group, and sent to the Reconciliation Support Contractor, Acumen at:

Acumen, LLC
Attn: Part D Payment Support
500 Airport Blvd., Suite 365
Burlingame, CA 94010

If you intend to send your appeal electronically or you have any questions regarding this memorandum, contact Acumen at PartDPaymentSupport@acumenllc.com.