

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



Center for Medicare

DATE: October 10, 2017

TO: All Part D Plan Sponsors, including PACE Organizations

FROM: Jennifer Harlow, /s/
Deputy Director
Medicare Plan Payment Group

SUBJECT: 2016 Final Part D Payment Reconciliation

CMS completed the calculations for the 2016 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 20170630 Cycle 3; all prospective payments made for Part D net of all adjustments processed through the October 2017 payment; and DIR information received in the Health Plan Management System (HPMS) by September 7, 2017.

In accordance with § 256(d) of the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA), CMS will not take into account any reductions in prospective payment amounts due to sequestration for purposes of computing the Part D risk corridor reconciliation under § 1860D-15(e) of the Social Security Act. In other words, the "Target Amount" will not include any sequester reductions in prospective payments. In addition, § 256(d)(7) of the BBEDCA exempts payments made under § 1860D-15(e)(2)(B) of the Social Security Act from sequestration. Therefore, any payment resulting from the Part D Reconciliation (i.e., payments made as a result of risk sharing) would not be subject to sequestration.

The payment reconciliation reports will be available in your reconciliation mailboxes at the Customer Service and Support Center (CSSC) on Thursday, October 12, 2017. If you cannot access these reports, please contact CSSC at 877-534-2772.

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, "Reconciliation PDE Exclusion Process" and the April 16, 2014 HPMS memorandum, "Updates to the Reconciliation PDE Exclusion Process." The report will identify PDEs that were excluded from the 2016 Part D payment reconciliation. PDEs were excluded if a beneficiary was retro-actively disenrolled (no enrollment in any Part D plan on the date of service (DOS)), or DOS on the PDE is greater than 32 days after the beneficiary date of death.

Payment adjustments to remit and recover these calculated reconciliation amounts are planned for the November 2017 payment. Payment is contingent on receipt of the Attestation of Data Relating to CMS Payment to a Medicare Part D Sponsor-CY 2016 and the Attestation of Plan-to-Plan Reconciliation Payment Data-CY 2016, which were due by September 19, 2017. See the HPMS memorandum, “2016 Attestations of Prescription Drug Event Data (PDE), Direct and Indirect Remuneration (DIR) Data, Monthly Plan-to-Plan (P2P) Reconciliation Payments, and the Detailed DIR Report” dated September 1, 2017. If a Part D sponsor has not submitted the attestations by October 6, 2017, the payment adjustment for that sponsor will not occur in the November 2017 payment. The payment will occur after the attestations are received.

These final reconciled payments are subject to the reopening and appeals provisions as found in 42 CFR § 423.346 and 42 CFR § 423.350, respectively.

Reopening Process

CMS may reopen final payment determinations. Part D sponsors can submit requests for reopening, as instructed in the December 29, 2015 HPMS memorandum, “Revised Reopening Request Process and Notification of Overpayment Related to PDE and DIR Data.” Any requests received from Part D sponsors prior to the release of the final payment determination are not considered valid requests for reopening. The Part D sponsor will have to resubmit the request and the reopening request spreadsheet in accordance with the guidance in the December 29, 2015 memorandum.

Any questions regarding the reopening process can be sent to the Reconciliation Support Contractor, Pacific Consulting Group (PCG), at PartDPaymentSupport@acumenllc.com.

Appeals Process

Appeals are filed when a plan sponsor does not believe that CMS applied its stated payment methodology correctly. Refer to the reopenings and appeals guidance, which was released through HPMS on May 8, 2008, for additional information on the process for filing an appeal.¹ If you wish to appeal, your request must be filed and received by October 27, 2017. Requests for appeal should be addressed to Cheri Rice and emailed to the Reconciliation Support Contractor at PartDPaymentSupport@acumenllc.com.

If you intend to mail your appeal, submit the appeal to the Reconciliation Support Contractor at the following address:

Pacific Consulting Group
Attn: Part D Payment Support
643 Bair Island Road, Suite 212
Redwood City, CA 94063

¹ Note that the reopening process described in the May 8, 2008 HPMS memorandum, *The Part D Reopenings Process and the Part D Appeals Process*, has been updated by the December 29, 2015 HPMS memorandum. However, the appeals process described in the May 8th memorandum is still current and should be followed to file an appeal.