



MEDICARE PLAN PAYMENT GROUP

DATE: April 23, 2018

TO: All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations

FROM: Jennifer Harlow, Deputy Director
Medicare Plan Payment Group

SUBJECT: Guidance for the Part D Payment Reconciliation Reopening for Calendar Year 2013

Pursuant to 42 C.F.R. 423.346, the Centers for Medicare & Medicaid Services (“CMS”) will reopen the 2013 Part D payment reconciliation with Part D sponsors in the Fall of 2018. The reopening will include all Prescription Drug Event (“PDE”) data submitted and accepted for CY 2013 through 1:00 PM ET on September 28, 2018. For the reporting of any outstanding changes to the 2013 DIR data, CMS will open the gates in the Health Plan Management System (“HPMS”) for the resubmission of the 2013 DIR Reports for Payment Reconciliation from July 1, 2018 to July 31, 2018. **To be considered in the 2013 reopening, PDE data must be received by the September 28th deadline, and DIR data must be received by the July 31st deadline.** CMS will continue to accept PDE data after the September 28th deadline; however, this data will not be considered in the 2013 reopening.

As indicated in the January 6, 2014 HPMS memorandum, “Reconciliation PDE Exclusion Process,” CMS will apply the reconciliation exclusion process for the 2013 reopening and will issue Part D Exclusion from Reconciliation Reports (“Exclusion Reports”) when releasing the Part D payment reconciliation reports for the reopening. Prior to the Exclusion Report, the Part D Potential Exclusion Warning Reports (“Warning Reports”) will be distributed in May 2018 and will include PDE data for benefit year 2013 as of March 30, 2018. Part D sponsors will receive another Warning Report for benefit year 2013 in August 2018 and the report will include benefit year 2013 data as of June 29, 2018. For more information about the Warning Reports, see the HPMS memorandum, “Updates to the Part D Potential Exclusion Warning Report as of the First Quarter of 2018,” January 12, 2018.

CMS will perform a program-wide reopening for benefit year 2013. As stated in the September 6, 2013 HPMS memorandum, “Final Guidance on the Reopening of Coverage Year 2008” and the preamble to our final rule, “Contract Year 2016 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs,” (80 Fed. Reg.

7911, 7936 (February 12, 2015)), CMS will not conduct a reopening for any contract that has terminated and received a final settlement from CMS.

If CMS has questions about the reopening requests received or the 2013 Summary DIR reports, our Part D Reconciliation Support contractor will be in contact with the Part D sponsor. All Part D sponsors that submitted a reopening request are expected to submit any updates to PDE and/or DIR data by the deadlines noted in this memorandum. Note that DIR must be submitted into HPMS by following the directions in the Final Medicare Part D DIR Requirements released each year¹. For general information regarding reopening requests, see the HPMS memorandum, “Reopening and Updates to PDE/DIR-related Overpayment Reporting,” April 6, 2018.

Questions about the information in this guidance can be directed to the Reconciliation Support Contractor at PartDPaymentSupport@acumenllc.com.

¹ The Final Medicare Part D DIR Requirements for 2017 will be released later this year, however, for reference, please refer to the Final Medicare Part D DIR Requirements for 2016 released June 23, 2017 through HPMS.