

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



MEDICARE PLAN PAYMENT GROUP

DATE: January 6, 2026
TO: All Part D Plan Sponsors
FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group
SUBJECT: Annual Request for Part D Payment Reconciliation Contact Information

Each year, Part D sponsors identify contact persons for the Part D payment reconciliation and the Direct and Indirect Remuneration (DIR) reports. Part D sponsors enter this contact information into the Contract Management module of the Health Plan Management System (HPMS) for active Part D contracts. The Payment Process Contractor assists the Centers for Medicare & Medicaid Services (CMS) with the Part D payment reconciliation process, and as such, uses the contact information in HPMS in order to communicate with Part D sponsors about certain Part D payment reconciliation and DIR related issues.

It is now necessary for the Payment Process Contractor to obtain contact information from all sponsors who had an active contract in 2025. Please note that this includes sponsors who had contracts active for only a portion of 2025. The contact person(s) for the 2025 Part D payment reconciliation should be able to represent the Chief Executive Officer (CEO) or Chief Financial Officer (CFO) and be able to respond promptly to correspondence related to the Part D payment reconciliation process. The contact person(s) for the DIR reports should be able to answer technical questions related to the 2025 DIR reports.

The contact information for individuals authorized to discuss reconciliation issues and issues related to DIR is collected via HPMS. Please verify the accuracy of the information in HPMS and, if necessary, submit updates to this contact information into the HPMS Contract Management module using the following navigation path: *HPMS Homepage > Contract Management > Basic Contract Management > Select Contract Number > Contact Data*. If the contact information needs to be updated or submitted, please do so for each of your Part D contract numbers by **March 9, 2026**.

The HPMS Contract Management module may not be available to **terminated contracts**. Therefore, if your contract number was active in 2025, but is no longer active in 2026, you will need to submit this information to the Payment Process Contractor using the attached workbook. The completed workbook must be sent to the Payment Process Contractor via e-mail at PartDPaymentSupport@acumenllc.com by **March 9, 2026**. Please note in the subject line, **“Payment Reconciliation Contact Information for Terminated Contracts.”**

Please limit the number of Part D payment reconciliation contacts and DIR report contacts to no more than two persons per parent organization (*i.e.*, two contacts for Part D payment reconciliation and two contacts for DIR reports). Each parent organization may designate only one contact as the Medicare Compliance Officer (MCO) and one contact as the CEO or CFO. For each contact, please indicate the first name, last name, mailing address (including city, state, and zip code), phone number, and e-mail address. **Only terminated contracts are to submit this contact information via the workbook to the Payment Process Contractor.**

For technical assistance in updating contact information in HPMS, please contact the HPMS Help Desk at hpms@cms.hhs.gov. For other questions regarding this memorandum, please contact the Payment Process Contractor at PartDPaymentSupport@acumenllc.com.

Thank you

Attachment (for terminated contracts only)