

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



**Center for Medicare  
Medicare Plan Payment Group**

---

Date: December 19, 2013

To: All Part D Plan Sponsors

From: Cheri Rice, Director  
Medicare Plan Payment Group

Subject: Reopening of the 2008 Final Part D Payment Reconciliation

CMS completed the calculations for the reopening of the 2008 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 Prescription Drug Event (PDE) data received by 1:00 PM ET on September 30, 2013 and accepted in the Drug Data Processing System; all prospective payments made for Part D net of all adjustments processed through the October 2013 payment; and Direct and Indirect Remuneration (DIR) information received in the Health Plan Management System (HPMS) by September 10, 2013. The reconciliation excludes PDEs for beneficiaries that were retroactively disenrolled from Medicare Part D, if the sponsor failed to remove the PDEs by September 30, 2013. The PDEs that were removed are for dates of service when the beneficiary was not enrolled in Part D. So, if a beneficiary has gaps in coverage, the PDEs were only removed for the time period in which the beneficiary was not enrolled in Medicare Part D. The financial amounts related to the PDEs excluded from the reopening are provided in an additional DET record in the Inputs Report. 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 Thursday, December 19, 2013. 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 February 2014 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, 2013. If the attestation has not been received, the payment will not occur in the February 2014 payment. The payment will occur after the attestation is received.

The 2008 reopening addresses all reopening requests received to date. All reopening requests received after the 2008 Part D payment reconciliation and prior to the 2008 reopening are now considered to be closed. If, upon review of the 2008 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 January 3, 2014. Requests for appeal should be addressed to Cheri Rice, and sent to the Reconciliation Support Contractor, Acumen:

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 memo, contact Acumen at [PartDPaymentSupport@acumenllc.com](mailto:PartDPaymentSupport@acumenllc.com)