

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



**CENTER FOR MEDICARE
MEDICARE PLAN PAYMENT GROUP**

DATE: March 16, 2018

TO: All Part D Plan Sponsors

FROM: Jennifer Harlow, Deputy 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 as well as contact persons for their Direct and Indirect Remuneration (DIR) reports. Part D sponsors will enter this contact information into the Contract Management module of the Health Plan Management System (HPMS) for active Part D contracts.

The Reconciliation Support Contractor assists CMS with the Part D payment reconciliation process. As such, the Reconciliation Support Contractor uses contact information from sponsors in order to communicate with the appropriate staff on certain issues. The Reconciliation Support Contractor sends and receives correspondence relating to Part D payment reconciliation to the contact persons.

It is now necessary for the Reconciliation Support Contractor to obtain contact information from all sponsors who had an active contract in 2017. Please note this includes sponsors who had contracts active for just a portion of 2017. The contact person(s) for the 2017 Part D payment reconciliation should be able to represent the Chief Executive Officer or Chief Financial Officer 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 2017 DIR reports.

The contact information for individuals(s) authorized to discuss reconciliation issues as well as issues related to DIR will be collected via HPMS. Please submit 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*. This contact information must be submitted for each Part D contract number **by April 2, 2018**.

The Contract Management Contract Data module is not available for terminated contracts. Therefore, if your contract number was active in 2017 but is no longer active in 2018, you will need to submit this information to the Reconciliation Support Contractor using the

attached form. In addition, please provide contact information for the Medicare Compliance Officer and the Chief Financial Officer. The completed form must be sent to the Reconciliation Support Contractor via e-mail at PartDPaymentSupport@acumenllc.com by **April 2, 2018**. 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 CEO or and one contact as the CFO. Multiple CEOs or multiple CFOs are not permitted. For each contact, please indicate the first name, last name, mailing address (including city, state, and zip code), phone number, fax number, and e-mail address. **We note that, with the exception of terminated contracts, sponsors will not be required to submit this contact information directly to Reconciliation Support Contractor via e-mail.**

For technical assistance in updating contact information in HPMS, please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. For other questions regarding this memorandum, please contact the Reconciliation Support Contractor at PartDPaymentSupport@acumenllc.com.

Attachment