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**DATE:** September 2, 2015

**TO:** All Medicare Advantage Organizations, Prescription Drug Plans, and 1876 Cost Plans

**FROM:** Amy K. Larrick, Acting Director  
Medicare Drug Benefit and C & D Data Group

Kathryn A. Coleman, Director  
Medicare Drug & Health Plan Contract Administration Group

**SUBJECT:** Release of Contract Year (CY) 2016 Plan Correction Module

The purpose of this memorandum is to inform Medicare Advantage Organizations (MAOs), Medicare Prescription Drug Plans (PDPs), and 1876 Cost Plans that the Centers for Medicare & Medicaid Services (CMS) will release the Plan Correction Module in HPMS on September 9, 2015. Only contracts that have been approved by CMS will appear in the Plan Correction Module. Organizations must wait until their contract is approved by CMS before they can submit a plan correction. To check on the status of a contract approval, organizations should use the Bid Status History Report, which can be found using the following navigation path: HPMS Homepage > Plan Bids > Bid Reports > CY2016 > Bid Status History Report.

The plan correction module will be open from September 9, 2015 until September 23, 2015, 11:59pm EDT. Only changes to the Plan Benefit Package (PBP) that are supported by the Bid Pricing Tool (BPT) are allowed during the plan correction period. To access the 2016 plan correction module in organizations should follow this navigation path: HPMS Homepage > Plan Bids > Plan Correction Requests > Contract Year 2016.

As stated in the Final CY 2016 Call Letter (issued April 6, 2015), CMS expects that requests for plan corrections will be minimal. As required by 42 CFR §§ 422.254, 423.265(c)(3) and 423.505(k)(4), submission of the final actuarial certification serves as documentation that the final bid submission was verified, complete, and accurate at the time of submission. A request for a plan correction indicates the presence of inaccuracies and/or the incompleteness of a bid and calls into question an organization's ability to submit correct bids and the validity of the final actuarial certification and the bid attestation. Please be advised that an organization that received a compliance action for CY 2015 may receive an elevated compliance action such as a request for a corrective action plan (CAP) if it requests a plan correction for CY 2016. Organizations and sponsors submitting plan corrections will receive a compliance notice and will be suppressed in Medicare Plan Finder (MPF) until the first update in November.

Please contact the individuals listed below for questions regarding the plan correction process.

Part C (MA plans):

Venita Scott at [Venita.Scott@cms.hhs.gov](mailto:Venita.Scott@cms.hhs.gov) or 410-786-3139

Part D (PDP and MA-PD plans):

Mariann Kocsis at [Mariann.Kocsis@cms.hhs.gov](mailto:Mariann.Kocsis@cms.hhs.gov) or 410-786-6672