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**DATE:** September 8, 2017

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

**FROM:** Jennifer R. Shapiro, 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 2018 Plan Correction Module

The Centers for Medicare & Medicaid Services (CMS) has released the Health Plan Management System m (HPMS) Plan Correction Module. This module allows organizations and sponsors to submit plan corrections for contract year (CY) 2018 Medicare Advantage and Prescription Drug Plan Benefit Packages (PBP). Organizations should note that only contracts that have been approved by CMS will appear in the Plan Correction Module and be available for correction. Please use the Bid Status History Report, which can be found using the following navigation path: HPMS Homepage > Plan Bids > Bid Reports > CY 2018 > Bid Status History Report, to review the status of your contract.

The Plan Correction Module will be open from September 8, 2017 until September 21, 2017 at 11:59 p.m. EDT. Only changes to the PBP that are supported by the Bid Pricing Tool (BPT) may be requested during the plan correction period. To access the module, users should follow this navigation path: HPMS Homepage > Plan Bids > Plan Corrections > Contract Year 2018.

As stated in the Final CY 2018 Call Letter (issued April 3, 2017), 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. Organizations and sponsors submitting plan corrections will receive a compliance action and will be suppressed in Medicare Plan Finder (MPF) until the first update in November. In addition, CMS may issue compliance actions such as warning letters and requests for corrective action plans to organizations and sponsors that have demonstrated a consistent pattern of bid submission errors over multiple contract years and/or previously received a compliance notice relating to a plan correction for CY 2017.

Please see the contact list 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

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