



CENTER FOR MEDICARE

DATE: August 31, 2023

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

FROM: Vanessa S. Duran, Acting Director
 Medicare Drug Benefit and C & D Data Group

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

SUBJECT: Release of the Contract Year 2024 Plan Correction Module

The Centers for Medicare & Medicaid Services (CMS) announces the release of the Health Plan Management System (HPMS) Plan Correction module. Organizations will use this module to submit plan corrections for Contract Year (CY) 2024 Medicare Advantage (MA) and Prescription Drug plan benefit packages (PBP). Please note that only contracts approved by CMS appear in the Plan Correction module and are available for correction.

Please use the Bid Status History Report, which can be found at HPMS Homepage > Plan Bids > Bid Reports > CY 2024 > Bid Status History Report, to review the status of your contract.

The Plan Correction module opens on September 1, 2023, at 12:00 a.m. EDT and closes September 21, 2023, 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. Users can access this module at HPMS Homepage > Plan Bids > Plan Corrections > Contract Year 2024.

For information regarding PBP resubmission, please refer to the July 27, 2023, HPMS memorandum entitled “Technical Guidance for Bid Resubmissions for CY 2024 Rebate Reallocation”. If your organization’s request for Plan Correction is approved, the MA and Part D portion of your bid will be available for resubmission. The BPT will not be available for resubmission.

Please use the following guidelines to ensure that a successful final submission is performed for all plans that have been approved to resubmit their PBP for a plan correction:

	Required Steps
PBP	<ul style="list-style-type: none"> • Access the PBP. • Select save/next in the “in progress” visitor travel section to mark the section as “complete.” • Select save/next in the “in progress” Rx section to mark the section as “complete.” • Make changes, as needed, to other sections of the PBP, marking those sections as “complete.” • Once all sections are marked as “complete,” the overall PBP will return to the “ready for submission” status.
BPT	<ul style="list-style-type: none"> • N/A
PBP/BPT Final Submission	<ul style="list-style-type: none"> • Perform a new PBP/BPT final submission once the PBP is marked as “ready for submission.”

As with past years, organizations that submit plan corrections may be subject to compliance action and may be suppressed in Medicare Plan Finder until the issue(s) is corrected.

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 or 410-786-3139
Part D (PDP and MA-PD plans)	PartDBenefits@cms.hhs.gov
Value-Based Insurance Design Model (VBID plans)	VBID@cms.hhs.gov