



CENTER FOR MEDICARE

DATE: May 1, 2026

TO: All Current and Prospective Medicare Advantage, Prescription Drug Plan, Section 1876 Cost, and PACE Organizations and Bid and Actuarial Certification Consultants

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

Gerard J. Mulcahy, Acting Director
Medicare Drug and Health Plan Contract Administration Group

SUBJECT: Release of the Contract Year (CY) 2027 Bid Submission Functionality in HPMS

CMS is pleased to announce the release of the CY 2027 bid submission functionality in HPMS. Organizations will use the following navigation path to access this functionality: HPMS > Plan Bids > Bid Submission > CY 2027 > Upload. For CY 2027, the bid submission deadline is **11:59 p.m. PDT on June 1, 2026**. All submission requirements must be completed by this deadline for a bid to be sent to desk review.

Components of a Bid Submission

To meet the requirements of a complete bid submission, organizations must complete the following components in HPMS by the bid submission deadline:

	Bid Component	Submission Notes
A	Plan Benefit Package (PBP)	Required for all plans. ¹
B	Bid Pricing Tool (BPT)	Required for all plans except employer group waiver plans (EGWP). ²
C	Formulary Submission	Required for contracts offering Part D with a formulary.
D	Service Area Verification (SAV)	Required for all contracts.
E	Plan Crosswalk	Required for renewing contracts.
F	Formulary Crosswalk	Required for contracts offering Part D with a formulary.
G	Substantiation for Bid Pricing	Required for all contracts submitting a BPT.

¹ 1876 cost plans may submit the PBP, but they are only required to do so when offering Part D.

² 1876 cost plans are only required to submit the BPT when offering Part D.

	Bid Component	Submission Notes
H	Cost Sharing Justification	Required for Medicare Advantage (MA) plans depending upon the plan benefit design or if they are requesting an enrollment capacity limit. ³

After the bid submission deadline, organizations are required to submit the following:

	Bid Component	Submission Notes
I	Initial Actuarial Certification	Required for each submitted MA, Part D, and/or MSA BPT. Due date to be announced in a separate HPMS memo.
J	Supplemental Formulary Uploads	Required for contracts offering Part D where the organization indicated in the PBP that they offer one or more of the following: free first fill, home infusion, over-the-counter medications, and/or excluded drugs. Due by 11:59 a.m. EDT on June 5, 2026.

Preparing and Final Submitting PBP-BPT Data (Bid Components A and B)

Organizations must complete the following steps to submit PBP and BPT data for each CY 2027 plan:

	Step	Location	Notes
1	Complete all required organization-level data entry (e.g., contract-level contacts).	Basic Contract Management module	
2	Set-up CY 2027 plan structures.	Bid Submission module > Manage Plans > Set-Up Plans page	Plans requesting a capacity limit (optional) must answer “yes” to this question on the Edit Plan Information page: “Are you requesting a capacity limit?” If “yes,” the user must enter the requested capacity limit number. ⁴

³ For MA plans that use: (1) coinsurance for inpatient hospital acute and psychiatric or SNF plan benefits or (2) copayment for DME service categories for which CMS does not have a set copayment limit, MA organizations must submit documentation with their initial bid that clearly demonstrates how these amounts satisfy the regulatory requirements for each applicable plan. This is because CMS does not have an established coinsurance limit for the inpatient hospital or SNF benefits under § 422.100 and has not set a copayment limit for all service categories of DME. In addition, for MA plans that use a coinsurance or copayment amount for other service categories for which CMS does not have an established limit on cost sharing under §§ 422.100 or 422.113, the MA organization must submit this documentation upon request by CMS.

⁴ CMS will only accept enrollment capacity limits at or above current enrollment as of June 1, 2026, for plans’ CY 2027 planned service area. MA organizations may not disenroll existing members to reach a capacity limit.

	Step	Location	Notes
3	Edit plan-specific information.	Bid Submission module > Manage Plans > Edit Marketing Data, Contact Data, Co-Brand Data, and PCN/BIN Data pages	
4	Review and clear all plan-specific checks.	Bid Submission module > Manage Plans > Plan-Specific Checks page	
5	Download blank or plan-specific pre-populated BPTs, if applicable.	<p>Bid Submission module > Download > Generic BPT Software page</p> <p>Bid Submission module > Download > Plan-Specific BPTs page</p>	<p>Blank BPTs can be downloaded at any time.</p> <p>Organizations must pass all plan-specific checks (step 4) for a given plan <u>before</u> downloading pre-populated BPTs.</p>
6	Complete BPT data entry, if applicable.	Performed outside of HPMS.	This step can be completed at any time after downloading the blank or pre-populated BPTs from HPMS.
7	Complete PBP data entry.	PBP module or PBP API	<p>Organizations must pass all plan-specific checks (step 4) for a given plan <u>before</u> starting PBP data entry.</p> <p>Upon completion of all sections, the PBP will be set to “ready for review.” Organizations must select the “start reviewing” button. If no errors are found with the PBP, the status will be set to “ready for submission.”</p> <p>This step is independent of the BPT data entry process and can be completed at any time prior to the final submission of the PBP-BPT data.</p>

	Step	Location	Notes
8	Upload completed BPT(s), if applicable.	Bid Submission module > Upload > BPT Upload page	Organizations must clear all BPT upload validations for a given plan to upload successfully. This step is independent of the PBP data entry process and can be completed at any time prior to the final submission of the PBP-BPT data.
9	Final submit the PBP and BPT, if applicable, data for each plan.	Bid Submission module > Upload > PBP-BPT Final Submission page	To final submit a PBP-BPT for a plan, the PBP must be “ready for submission” in the PBP module, and the BPT must be successfully uploaded to HPMS.

Completing the Remaining Bid Components

In addition to performing a PBP-BPT final submission (steps A and B), organizations must complete the following for each CY 2027 plan:

	Bid Component	Location	Notes
C	Formulary Submission	Formulary Submission module	This functionality will be released on May 11, 2026 . CMS released CY 2027 formulary submission information in a separate HPMS memo.
D	Service Area Verification (SAV)	Bid Submission module > Upload > Verify Service Area page	If the contract service area is modified after verifying the service area, an organization must return to the SAV to re-verify.
E	Plan Crosswalk	Bid Submission module > Upload > Plan Crosswalk page	If plans are added or deleted after completion of the plan crosswalk, an organization must update the plan crosswalk accordingly.
F	Formulary Crosswalk	Bid Submission module > Upload > Formulary Crosswalk page	The formulary crosswalk is distinct from the plan crosswalk. An organization must associate which formulary ID will be used by their plan(s), if applicable.

	Bid Component	Location	Notes
G	Substantiation for Bid Pricing	Bid Submission module > Upload > Substantiation page	
H	Cost-Sharing Justification	Bid Submission module > Upload > Cost Sharing Justification page	Plans requesting an enrollment capacity limit must submit supporting documentation in the Cost-Sharing Justification section. See details below.

Bid Submission

All organizations are required to upload the completed bid submission, which is comprised of the applicable BPT(s) and PBP for each plan being submitted.

Throughout the bid submission process, organizations should review the status of the various components of the bid upload to ensure successful completion. The status of each component may be viewed in HPMS at: Plan Bids > Bid Submission > CY 2027 > Upload > Review Upload Status.

When uploading an MA-only plan bid, applicable organizations are required to attest that they also offer at least one MA-PD plan in each county covered by the legal entity's service area.

Calendar Year/Non-Calendar Year Indicator for Employer-Only Plans: When setting up employer-only plans, organizations must respond to the following question on the "Edit Plan Information" screen:

Type of Employer-Only Plan: Calendar Year or Non-Calendar Year

This indicator impacts plan payment, so it is critical that all organizations review and update their Calendar Year/Non-Calendar Year designations each year to ensure accuracy.

New for CY 2027

MA organizations have the **option** to submit a proposed enrollment capacity limit number for a given plan benefit package as part of the bid submission process. Enrollment capacity limit requests must be submitted using the plan creation functionality in HPMS (Plan Bids > Bid Submission > CY 2027 > Manage Plans > Set-Up Plans). If segments are offered in the plan, the capacity limit questions are presented at the segment level.

The supporting documentation for the proposed enrollment capacity limit request must be uploaded as part of the bid submission in the "Cost-Sharing Justification" section (Plan Bids > Bid Submission > CY 2027 > Upload > Cost-Sharing Justification). MA organizations should use the naming convention ***Capacity_Limits_HXXXX-XXX-XX_MMDDYYYY*** so that the uploads for proposed enrollment capacity limits are distinguishable from cost-sharing justification uploads. Bid pricing assumptions, including projected enrollment, cannot be modified once the initial bid is submitted. There is no option for Part D sponsors

to submit a proposed enrollment capacity limit.

CMS will only accept enrollment capacity limits at or above current enrollment as of June 1, 2026 for the plan's CY 2027 planned service area. MA organizations may not disenroll existing members to reach a capacity limit. CMS encourages plans to consider projected enrollment growth between the timing of the bid submission and the start of the plan year on January 1, 2027 when identifying an enrollment capacity limit in their bid. Additional guidance regarding enrollment capacity limits are provided in the April 22, 2026 HPMS memo, Final CY 2027 Standards for Part C Benefits, Bid Review and Evaluation.

Service Area Verification

CMS released the Service Area Verification (SAV) functionality on April 17, 2026. **All organizations that submit bids** must review their entire contract service area and applicable attributes (e.g., employer-only/special needs plan/pending/partial counties or regions) and provide their concurrence or non-concurrence. Organizations that non-concur must provide an explanation as to what is incorrect with their contract service area, such as a county or region that is not listed or one that is erroneously listed. If there are counties that are erroneously listed or counties that an organization plans to withdraw from its service area, the organization should not assign these counties to any of its plans.

If an organization non-concurs with any portion of the contract service area, each noted discrepancy must be resolved with CMS as soon as possible (as noted in the table below). Service area issues may result in serious delays in the CMS bid desk review process. Once discrepancies are resolved with CMS, organizations must re-verify the contract service area and concur in HPMS as soon as possible.

The SAV functionality provides the following information: the counties/regions assigned to a contract; whether it is an employer-only county/region; whether it is a Special Needs Plan (SNP) service area; whether it is a pending county/region; whether it is a partial county; the number of individual and SNP plans that contain that county/region; and the number of employer plans that contain that county/region. If the **Partial County** displays a “Yes,” organizations can select the “Yes” link to view the zip codes for that partial county. If the **Number of SNP Types** displays a number, organizations can select that number to view the SNP type(s) associated with the county. By selecting the “Number of Individual and SNP Plans” or “Number of Employer Plans” link, organizations can view the plan ID(s) that contains that county/region.

If an organization identifies any issue with its contract service area, please contact CMS via the appropriate channel(s) as noted below:

MA organization and PACE Service Area Issues (Individual and Employer Service Areas)	https://dmao.lmi.org/
PDP Service Area Issues (Individual and Employer Service Areas)	PartD_Monitoring@cms.hhs.gov
Special Needs Plan (SNP) Service Area Issues	https://dmao.lmi.org/

Plan Crosswalk

All returning organizations (i.e., organizations that existed in CY 2026) must complete a plan crosswalk in HPMS by the bid submission deadline of June 1, 2026. Organizations will use this crosswalk to identify the relationships between their CY 2026 plans and CY 2027 plans. Please note that organizations will be required to complete the crosswalk for all contract numbers. CMS uses the plan crosswalk to identify whether plan enrollees must be moved to another plan for the upcoming contract year due to a plan reconfiguration, as well as to identify any beneficiary notification requirements.

The plan crosswalk cannot be changed after the bid submission deadline. The most recent version of the plan crosswalk in HPMS on June 1, 2026 will be considered the official crosswalk. For additional guidance, please refer to the CY 2027 Release of the Non-Renewal and Service Area Reduction Module memo and the CY 2027 Crosswalk Guidance memo issued prior to bid submission.

Note: Consolidated renewal crosswalks for non-EGWP PDPs must be submitted via a crosswalk exception during the crosswalk exceptions submission window in June 2026. Crosswalks for non-EGWP PDP consolidated renewals are not accepted in the standard plan crosswalk. To submit a PDP consolidated renewal crosswalk, the organization must do the following:

- Step 1 - Delete the plan in the CY 2027 Set-Up Plans functionality.
- Step 2 - Ensure the plan is marked as “Terminated” in the standard plan crosswalk before June 1, 2026.
- Step 3 - Submit the plan as a “Consolidated Renewal” in the crosswalk exceptions functionality during the Round 1 submission window from June 2, 2026 to June 3, 2026.

Note: A plan that is deleted in Set-Up Plans will appear as “terminated” in the standard plan crosswalk until the organization submits a crosswalk exception request for the plan. CMS will provide more information about PDP consolidated renewal crosswalks in the CY 2027 crosswalk exceptions memo.

Please note that organizations/sponsors must verify their crosswalk data in HPMS in July. Crosswalk verification must be completed for the contract to be approved by CMS. Additional guidance on this process will be released under separate cover.

Formulary Crosswalk

Formularies will not be automatically crosswalked. Therefore, Part D organizations must complete the formulary crosswalk in HPMS. Formularies are due in HPMS via the Formulary Submission Module by June 1, 2026. For this requirement to be considered complete, all Part D plans under that contract must be assigned a formulary ID and all formularies submitted for an organization must be assigned to at least one plan. Formularies that are not assigned to a plan will be withdrawn from HPMS following the bid deadline. One formulary ID may be mapped to one or more plans. The formulary crosswalk cannot be changed after the bid submission deadline of June 1, 2026.

Substantiation

Please refer to Appendix B of the MA BPT Instructions and/or Part D BPT Instructions for guidance on the bid substantiation requirements set forth by the Office of the Actuary (OACT). These instructions are available in HPMS at: Plan Bids > Bid Submission > CY 2027 > Documentation > View Documentation > BPT. Once a plan/segment bid has been approved, HPMS will no longer accept any substantiation for that plan/segment.

The substantiation requirement does not apply to EGWPs, as they do not submit a BPT.

Actuarial Certification

An actuarial certification is required for each submitted MA, Part D, and/or MSA BPT. Certifying actuaries must certify each bid in HPMS after submission. If the actuarial certification is not completed in HPMS, the bid will not be sent forward to desk review.

Please refer to Appendix A of the MA BPT Instructions and/or Part D BPT Instructions for further information regarding actuarial certification. These instructions may be found in HPMS at: Plan Bids > Bid Submission > CY 2027 > Documentation. Organizations should also refer to the March 9, 2026 HPMS memo entitled, “Instructions for Requesting Consultant Access to the Health Plan Management System (HPMS)” to ensure that their certifying actuaries have the access needed to complete the certification.

The actuarial certification requirement does not apply to EGWPs, as they do not submit a BPT.

Supplemental Formulary Files

Free first fill, home infusion drug, over-the-counter, and excluded drug supplemental files are submitted via the supplemental formulary file submission functionality. Organizations must submit the applicable supplemental information for each plan offering by 11:59 a.m. EDT on June 5, 2026. Please note that the supplemental formulary file upload functionality will not become available until an organization’s bid submission is uploaded and unloaded to desk review. For further information on these submissions and the file record layouts, please refer to the CY 2027 Formulary Submission and Technical Manual.

Suggestions for Navigating the Process

- Ensure that plan and consultant users are set-up with appropriate access to HPMS bid functionality. Visit <https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/hpms/useridprocess> for information on obtaining a CMS user ID with HPMS access and requesting elevated permissions, including bid and actuarial certification consultant access, PBP-BPT final submission access, and signatory access.
- Be prepared to set-up your CY 2027 plan structures and complete all plan-specific data entry, including, but not limited to, plan names, plan service areas, and customer service hours, in the Bid Submission module as soon as possible.

- Monitor the plan-specific checks page frequently to ensure that all issues have been resolved. Certain changes to the Set-Up Plans page (e.g., plan type, SNP type, Part D flag, and plan service area) may require corresponding changes to the PBP and/or BPT. Failure to ensure that the completed PBP and/or BPT is consistent with the plan information defined on the Set-Up Plans page will result in validation issues in the bid submission process.
- **Remember that certain changes made to the Set-Up Plans page after performing a PBP-BPT final submission will require organizations to perform a new PBP-BPT final submission.** HPMS will present an on-screen warning if a user attempts to submit plan set-up changes after a successful PBP-BPT final submission. Failure to complete a new PBP-BPT final submission prior to the bid deadline will result in an incomplete bid submission.

As we proceed through the CY 2027 bid submission season, CMS will disseminate additional HPMS memos, instructions, and user guides that will provide greater detail about the requirements described in this memo. CMS **strongly encourages** organizations to use these materials to identify the bid submission requirements that are specific to each contract and plan.

For questions about this memo, please contact Erica Scott (Erica.Scott@cms.hhs.gov) or Raven Robinson (Raven.Robinson@cms.hhs.gov). For technical assistance, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov.