

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



**CENTER FOR MEDICARE**

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January 18, 2024

**Corrective Action Plan**

Contract ID: H5410

Parent Organization Name: The Cigna Group

Legal Entity Name: HEALTHSPRING OF FLORIDA, INC.

Courtney Cox  
Medicare Compliance Officer  
500 Great Circle Road  
Nashville, TN 37228

VIA EMAIL: Courtney.Cox@cigna.com

**RE: Failure to Comply with CMS CY 2024 Bid Instructions**

Dear Courtney Cox:

The Centers for Medicare & Medicaid Services (CMS) is issuing a request for HEALTHSPRING OF FLORIDA, INC., which operates Medicare Part D Contract ID H5410, to develop and implement a corrective action plan (CAP) to address the organization's failure to comply with contract year (CY) 2024 Part D bid submission requirements.

Part D program regulations at 42 C.F.R. § 423.265(c) state that each potential Part D sponsor must submit bids (and supplemental information specified by CMS) that reflect the features (e.g., premium amount, cost sharing) and projected cost estimates of each benefit package it expects to offer. For CY 2024, sponsors provided their bid information through three different submissions: a proposed formulary, a Bid Pricing Tool (BPT), and a Plan Benefit Package (PBP) submitted together by the statutory June 5, 2023 deadline. In general, the PBP describes the structure of a proposed benefit package (e.g., co-pay amounts, deductibles) while the BPT describes the underlying basis used to calculate the price of the benefit package. The information in all three of these submissions must combine to reflect a consistent benefit package. Additionally, pursuant to 42 C.F.R. § 423.505(k)(4), the sponsor's CEO or CFO must submit a certification (referred to as the "benefit certification") that the information provided in each bid is accurate, complete, and truthful.

Organizations are responsible for ensuring that complete and accurate CY 2024 bids were submitted by the June 5, 2023 deadline. Yet, the Part D portion of H5410's initial MA-PD bid failed to constitute an accurate bid. This deficiency was revealed due to the following scenario, which resulted in a plan correction submitted by H5410:

**The sponsor requested to correct the PBP for H5410-041, which stated \$12 for Gap Coverage Tier 2 Preferred 3-month supply and needed to be updated to \$0. This was a PBP correction only to align with BPT/Pricing.**

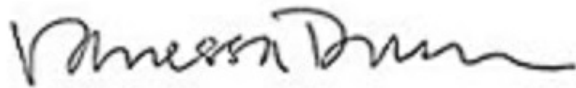
The need for CMS to work with H5410 to correct its CY 2024 bid to ensure that it reflected a consistent benefit package indicates that it failed to comply with Part D regulatory requirements and follow CMS bid instructions.

Consistent with CMS's authority under 42 C.F.R. § 423.505(n)(3)(iii), we request that your organization take corrective action to come into compliance. CMS will rely on H5410's CY 2025 bid submission to determine whether the corrective action plan has been successfully implemented. CMS will consider the CAP closed once the Division of Formulary and Benefit Operations has determined that H5410's CY 2025 bid submissions demonstrate that it has effectively resolved the issues described above.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit. CMS deems this instance of non-compliance a Part D issue. CMS notes that we are issuing this compliance notice based on information that we obtained from the sponsor's own self-disclosure.

For questions regarding your bid submission, please contact the Part D Benefits mailbox at [PartDBenefits@cms.hhs.gov](mailto:PartDBenefits@cms.hhs.gov). If you have any questions about the compliance implications of this notice, please contact Christine Hill at [Christine.Hill@cms.hhs.gov](mailto:Christine.Hill@cms.hhs.gov) and copy your account manager.

Sincerely,



Vanessa Duran, Acting Director  
Medicare Drug Benefit and C & D Data Group  
Center for Medicare

CC via email:

ERICKA WILLIAMS, CMS

Linda Anders, CMS  
Arianne Spaccarelli, CMS  
Christine Hill, CMS

