



CENTER FOR MEDICARE

Information about Warning Letters Qualifying Conditions

- The warning letters files posted at <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/PartCandPartDComplianceActions> contain warning letter information that pertains to Medicare Advantage Organizations (MAOs), Prescription Drug Plans (PDPs), Employer/Union-Only Group Waiver Plans (EGWPs), Section 1876 Cost-Based Plans (Cost Plans), Program of All-inclusive Care for the Elderly (PACE) Plans, and Medicare-Medicaid Plans (MMPs) that operate under contract with CMS to provide Medicare services and prescription drugs to Medicare beneficiaries.
- In order to ensure compliance with Medicare program requirements, CMS oversees the operations of these organizations, in part, through day-to-day monitoring.
- When CMS determines that an organization does not comply with Medicare program requirements, the organization is directed to take all actions necessary to comply with Medicare program requirements. In some circumstances, this action takes the form of a warning letter from CMS.
- Please refer to the warning letters report “read-me” document for the technical data specifications. If you have any additional questions, please contact Michael Neuman at Michael.Neuman@cms.hhs.gov