

## Definitions for HPMS Contract Level Contacts

| Contact                                   | Definition  |
|---|---|
| Agent/Broker Compensation Data Contact    | The Agent/Broker Compensation contact is the designated contact to address issues related to agent/broker compensation rates and is responsible for providing guidance related to agent/broker compensation amounts.  |
| Automated TrOOP Balance Transfer Contact  | The Automated TrOOP Balance Transfer Contact is the person who the TrOOP Facilitator can contact for problem resolution, such as to determine the estimated timeframe for the correction of unacceptable responses and resumption of the transaction flow.  |
| Backup User Access Contact                | The Backup User Access Contact is the alternate responsible for authorizing and signing requests for HPMS access. It is recommended that this person maintain active access to HPMS to monitor users with access to their contracts.  |
| Best Available Evidence Contact           | The Best Available Evidence Contact is the designated contact to address issues related to the policy requiring organizations to accept certain types of evidence from beneficiaries to show they qualify for LIS when CMS data do not show the correct status.   |
| Bid Audit Contact                         | The bid audit contact is the contact for issues and questions related to auditing of the contract's bid submissions.  |
| Bid Audit Site Contact                    | The bid audit site contact is the onsite contact for a contract's bid audit.  |
| Bid Primary Contact                       | The bid primary contact is the contact for issues and questions related to contract's bid submissions.  |
| CAP Report Contact for Public Website     | The Plan Directory Contact for the Public Website is the contract's designated contact to respond to questions from the public regarding your organization's data in the CAP reports. Please note that this information will be posted on the public website at <a href="http://www.cms.hhs.gov/MCRAdvPartDENrolData/">http://www.cms.hhs.gov/MCRAdvPartDENrolData/</a> . |
| CEO - CMS Administrator Contact           | The CEO - CMS Administrator Contact is the sponsor's most senior level person who would be able to work with the Administrator or Deputy Administrator of CMS. This should be the actual CEO or President, and not a substitute.  |
| CEO - Sr. Official for Contracting        | The Chief Executive Officer, who is appointed by the Board of Directors, is responsible for the overall performance of the contract.  |
| Chief Financial Officer                   | The Chief Financial Officer is responsible for the financial operations and financial filings of the contract.  |
| Chief Information Officer (CIO)           | The senior-level executive that has overall responsibility for the organization's enterprise information technology and computer systems.   |
| Chief Information Security Officer (CISO) | The senior-level executive that is responsible for ensuring that the organization's enterprise information assets and technologies are adequately protected.  |

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| Chief Operating Officer                | The Chief Operating Officer is a corporate officer responsible for managing the day-to-day activities of the legal entity and for the operations management.  |
| CMMI Model Point of Contact            | The person from the organization who can address questions from CMS regarding any CMMI model.   |
| CMS Casework Communication Contact     | The CMS Casework Communication Contact is the sponsor's designated contact for CMS on ongoing Casework issues and questions (i.e., the Complaints Tracking Module).   |
| Complaints Tracking Contact            | The Complaint Tracking Module Contact is the contact responsible for responding to issues or questions related to managing complaints lodged with CMS.  |
| Contact for Fraud Investigations       | The Contact for Fraud Investigations is the contact responsible for fraud investigations so that CMS and the MEDICs have a point of contact to alert the sponsor of an investigation of a specific medical provider or a pharmacy, or other fraud schemes in the community that may be relevant to the sponsor's operations.  |
| Coordination of Benefits (COB) Contact | The COB contact is the organization's designated contact to work with other plans, states, SPAPs, and other providers of prescription drug coverage with respect to the payment of premiums and coverage as well as payment for supplemental prescription drug benefits. The contact information provided may be a central resource mailbox through which COB inquiries can be triaged or forwarded to the appropriate contact within the organization based on the nature of the COB-related issue needing response by the organization. With regard to the PAID Act, this contact must be able to receive inquiries from Non-Group Health Plan (NGHP) insurers (liability insurance [including self-insurance], no-fault insurance, and workers' compensation entities) to determine if the plan made conditional payments. In complying with the provisions of the PAID Act, the mailing address will be provided to NGHPs by CMS to contact the organization regarding the recovery of payments that were made either conditionally or mistakenly, given that Medicare is the secondary payer. Please note that a general contact that is not involved with COB-related activities must not be listed as the COB contact in HPMS. |
| Corporate Mailing                      | The Corporate Office Location, with phone and e-mail address.   |
| Cost Report Contact                    | The Cost Report contact is the plan's point-of-contact for completion and submission of the budget forecasts, as well as interim and final cost reports. This individual should be able to respond to CMS or CMS' contractors questions arising from cost report desk reviews. Additionally, this   |

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|---|--|
|   | individual will be notified of the cost report audits and should serve as liaison between the plan and the auditors.   |
| Customer Service Operations Contact                 | The Customer Service Operations Contact oversees, or is responsible for, the contract's customer service activities. This includes responding to CMS inquiries regarding customer service operations.                                    |
| DIR Contact   | The contact person(s) for the DIR Reports should be able to represent the CEO or CFO, and be able to answer technical questions related to the DIR reports.  |
| DIR Contact (Secondary)                             | The secondary contact person(s) for the DIR Reports is a secondary contact who should be able to represent the CEO or CFO, and be able to answer technical questions related to the DIR reports.   |
| Discount Program Payment Contact                    | The plan sponsor's discount program payment contact serves as the point of contact for discount program payment issues and other financial-related communications and is authorized to sign monetary-related documents.                  |
| Electronic Health Records Contact                   | The Electronic Health Records Contact is the individual within the organization who can address questions from MA-Eps regarding the HiTech Program, including questions pertaining to why the EP is being claimed by the MAO.            |
| Emergency Part D Contact                            | The Emergency Part D Contact is the sponsor's primary contact for CMS to reach for urgent Part D issues that need to be resolved immediately.  |
| Emergency Part D Contact (Secondary)                | The Emergency Part D Contact is the sponsor's secondary contact for CMS to reach for urgent Part D issues that need to be resolved immediately.  |
| Employer Direct Contact                             | The Employer Direct Contact is the main point-of-contact for employer direct applications and Service Area Expansion (SAE) questions and would be a suitable CMS contact for day- to-day employer-related issues.                        |
| Employer Waiver Contact                             | The EGWP Contact is the plan's designated contact for all "800 series" plans with any new application or SAE.  |
| Encounter Data & Risk Adjustment Operations Contact | The contact responsible for the submission of Risk Adjustment Data (Encounter Data and RAPS) to CMS.   |
| Enrollment Contact                                  | The Enrollment Contact supervises, or is responsible for, the Medicare enrollment and disenrollment activities of the contract.  |
| EOB Transfer Contact                                | The EOB Transfer contact is the sponsor's designated contact for previous claims and services received for a former enrollee.  |
| Financial Audit Contact                             | The Financial Audit Contact is the individual serving as liaison between the Organization, auditors, and CMS. This individual will assist the auditors in coordinating audit activities, channeling questions to proper individuals, and |

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|--|---|
|  | obtaining required documentation. The areas under review will include, but will not limited to solvency, base year experience reported on MA and/or PD bids, non-benefit expenses, related party transaction, Part D costs and payments, TrOOP, and DIR.  |
| Financial Reporting Contact                        | The Financial Reporting Contact is the designated contact to address issues related to financial solvency and is responsible for submitting the Fiscal Soundness data in HPMS.  |
| Formulary Contact                                  | The formulary contact is the sponsor's designated contact for issues and questions specifically related to CMS filed formulary.   |
| Formulary Contact (Secondary)                      | The secondary formulary contact is the sponsor's secondary designated contact for issues and questions specifically related to CMS filed formulary.   |
| General Contact                                    | The General contact is the person to whom the majority of CMS' correspondence and e-mail will be addressed. This is CMS' primary contact at the contract for day-to-day issues.   |
| Government Relations Contact                       | The Government Relations contact is the sponsor's designated contact to work with both Federal and State entities.  |
| HIPAA Privacy Officer                              | The HIPAA Privacy Officer is the sponsor's designated contact for the Health sponsor's compliance issues and questions related to HIPAA Privacy.  |
| HIPAA Security Officer                             | The HIPAA Security Officer is the sponsor's designated contact for Computer and communication security issues and questions related to HIPAA Security.  |
| Hospice Contact                                    | The plan's Hospice Contact serves as the central point for Hospice organizations to contact in order to coordinate prescription drug coverage for Part D plan beneficiaries enrolled in hospice. The contact should have the ability to 1) update the beneficiary's date of enrollment in hospice, 2) coordinate coverage of prescription drugs (including those where prior authorization is needed) and 3) exchange contact information with hospices to facilitate hospice repayment of inappropriate payments made by plan. |
| Interoperability Contact                           | The interoperability contact is responsible for ensuring compliance with 85 FR 25563 (Interoperability and Patient Access Final Rule), as well as answering any questions related to the use of the organizations APIs.   |
| MA Appeals/Grievances Contact*                     | The MA Appeals/Grievances contact oversees, or is responsible for, the appeals and grievances activities of the contract.   |
| MA Claims Processing Contact for Public Website*** | The MA Claims Processing Contact is the sponsor's designated contact for issues and questions related specifically to MA claims processing or administration. Please note that this   |

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|  | information will be posted on the public website at <a href="http://www.cms.hhs.gov/MCRAAdvPartDENrolData/">http://www.cms.hhs.gov/MCRAAdvPartDENrolData/</a> .   |
| Marketing Contact                              | The Marketing contact is the primary contact for all correspondence with CMS regarding marketing materials. This person submits the marketing materials to CMS for review.  |
| Medical Director                               | The Medical Director contact is the sponsor's designated contact for any Medical Quality issues and questions.  |
| Medicare Compliance Officer                    | The Medicare Compliance Officer is responsible for ensuring compliance with all Medicare laws, regulations, policies, and procedures.   |
| Medicare Coordinator                           | The Medicare Coordinator generally supervises the contract's Medicare operations and staff.   |
| Medicare Part D Opioid Overutilization Contact | The Medicare Part D Opioid Overutilization contact is the person identified by a sponsor to be contacted by a sponsor to coordinate data sharing in cases where the sponsor has implemented a beneficiary-level point-of-sale opioid claim edit for a beneficiary who has subsequently enrolled in a prescription drug plan with the contact's sponsor. |
| Medication Therapy Management Contact          | The MTM contact is the sponsor's designated contact for issues and questions related to the sponsor's management of their pharmacy programs, e.g., step- therapy.   |
| MMP Point of Contact                           | The person responsible for day to day coordination of the Medicare Medicaid Plan activities with CMS and the respective State.  |
| MMP Report Requirements Contact                | The person responsible for the Medicare Medicaid Plan Core reporting requirements and respective state reporting appendix.  |
| OffShore Subcontractor Contact                 | The offshore subcontractor contact is able to answer questions regarding the organization's offshore subcontracts and offshore subcontract attestation submitted to CMS.  |
| Online Enrollment Center Contact (Backup)      | The Online Enrollment Center Contact is the backup contact for issues and questions related to the Online Enrollment Center application on <a href="http://www.medicare.gov">www.medicare.gov</a> .   |
| Online Enrollment Center Contact (Optional)    | The Online Enrollment Center Contact is the backup contact for issues and questions related to the Online Enrollment Center application on <a href="http://www.medicare.gov">www.medicare.gov</a> .   |
| Online Enrollment Center Contact (Primary)     | The Online Enrollment Center Contact is the primary contact for issues and questions related to the Online Enrollment Center application on <a href="http://www.medicare.gov">www.medicare.gov</a> .  |
| Outreach Contact                               | This contact is only for fallbacks and we do not have fallback plans.   |
| Part C Application Contact #                   | The application contact is the sponsor's designated contact for new applications, SAEs or application-related information submitted to CMS.   |
| Part C Reporting Contact                       | The Part C Reporting Requirements Contact is the contact responsible for responding to issues or  |

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|                                       | questions related to the data submitted for the Part C Reporting Requirements.  |
| Part D Appeals (Secondary) *          | The Part D Appeals contact oversees, or is responsible for, the appeals activities of the sponsor.  |
| Part D Appeals*                       | The Part D Appeals contact oversees, or is responsible for, the appeals activities of the sponsor.  |
| Part D Application Contact #          | The Part D application contact is the sponsor's designated contact for new applications, SAEs or application-related information submitted to CMS.  |
| Part D Benefits Contact               | The Part D Benefits Contact is the sponsor's designated contact for issues and questions related to Medicare Part D pharmacy benefits and their administration.   |
| Part D Claims Submission Contact***   | The Part D Claims Submission Contact is the sponsor's designated contact for issues and questions related specifically to the contract's submission of drug claims to CMS.  |
| Part D Exceptions Contact             | The Part D Exceptions Contact is the sponsor's primary contact for issues and questions related to the sponsor's internal pharmacy programs management that can overrule an earlier decision in a specific instance of a prescription denial.   |
| Part D Exceptions Contact (Secondary) | The Part D Exceptions Contact is the sponsor's secondary contact for issues and questions related to the sponsor's internal pharmacy programs management that can overrule an earlier decision in a specific instance of a prescription denial. |
| Part D Price File Contact (Back-up)   | The Part D Price File contact is the backup contact for issues and questions related to the sponsor's submission of their <a href="http://www.medicare.gov">www.medicare.gov</a> price files.   |
| Part D Price File Contact (Optional)  | The Part D Price File contact is the backup contact for issues and questions related to the sponsor's submission of their <a href="http://www.medicare.gov">www.medicare.gov</a> price files.   |
| Part D Price File Contact (Primary)   | The Part D Price File contact is the primary contact for issues and questions related to the sponsor's submission of their <a href="http://www.medicare.gov">www.medicare.gov</a> price files.  |
| Part D Quality Assurance Contact**    | The Part D Quality Assurance Contact is the sponsor's designated contact for issues and questions related to Medicare Part D and the sponsor's efforts to assure that it complies with CMS requirements regarding quality.                      |
| Part D reporting Contact              | The Part D Reporting Requirements Contact is the contact responsible for responding to issues or questions related to the data submitted for the Part D Reporting Requirements.   |
| Patient Safety Contact                | The Patient Safety Contact is the sponsor's designated contact for issues and questions related to the sponsor's management of pharmacy programs for patient safety, e.g., drug interaction oversight.  |
| Payment Contact                       | The payment contact is the contract's designated contact for issues and questions related to payments made by the CMS.  |
| Personal Health Record (PHR) Contact  | The PHR contact is the person in an organization  |



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|   | acting as liaison with CMS regarding personal health record (PHR) information.   |
| PFFS Terms and Conditions of Payment Contact for Public Website | The PFFS Terms and Conditions of Payment Contact for the Public Website is the contract's designated contact to facilitate provider access to your organization's terms and conditions of payment. Please note that this information will be posted on the public website at <a href="http://www.cms.hhs.gov/PrivateFeeForServicePlans/">http://www.cms.hhs.gov/PrivateFeeForServicePlans/</a> . |
| Pharmacy Director   | The Pharmacy director is the sponsor's designated contact for issues and questions related to the sponsor's internal pharmacy program management.  |
| Pharmacy Network Management Contact                             | The pharmacy network management contact is the sponsor's primary designated contact for issues and questions related specifically to pharmacy contracting, administration and managing the contracts for their networks.   |
| Pharmacy Network Management Contact (Secondary)                 | The pharmacy network management contact is the sponsor's secondary designated contact for issues and questions related specifically to pharmacy contracting, administration and managing the contracts for their networks.   |
| Pharmacy Technical Help Desk Contact                            | The Pharmacy Technical Help Desk Contact is the sponsor's primary technical contact for pharmacy issues and questions.   |
| Pharmacy Technical Help Desk Contact (Secondary)                | The Pharmacy Technical Help Desk Contact is the sponsor's secondary technical contact for pharmacy issues and questions.   |
| PHR Beneficiary Contact   | The PHR Beneficiary Contact is the toll-free number for beneficiaries to use to obtain personal health record (PHR) information.   |
| Physician Incentive Contact                                     | The Physician Incentive Contact is responsible for physician incentive plan compliance.  |
| Plan Directory Contact for Public Website                       | The Plan Directory Contact for the Public Website is the contract's designated contact to assist outside parties (e.g., fiscal intermediaries, carriers, providers) with general questions about the plan. Please note that this information will be posted on the public website at <a href="http://www.cms.hhs.gov/MCRAdvPartDEnrolData/">http://www.cms.hhs.gov/MCRAdvPartDEnrolData/</a> .   |
| Plan to Plan Reconciliation Contact                             | The Plan-to-Plan Reconciliation Contact is the sponsor's designated contact for dealing with other Medicare prescription drug plans for drug costs incurred on behalf of Medicare beneficiaries who may have switched plans or otherwise may not have been appropriately enrolled in a plan.   |
| Processor Contact   | The Processor Contact is the sponsor's designated contact for issues and questions related to any claims processing or administration of claims.   |
| Quality Contact**   | The Quality contact oversees, or is responsible for, the Medicare quality activities of the contract.  |
| Reconciliation Contact  | The contact person(s) for the Part D payment reconciliation should be able to represent the CEO or CFO, and be able to respond promptly to correspondence related to the Part D payment  |

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|   | reconciliation process.  |
| Reconciliation Contact (Secondary)      | The secondary contact person(s) for the Part D payment reconciliation is a secondary contact who should be able to represent the CEO or CFO, and be able to respond promptly to correspondence related to the Part D payment reconciliation process.             |
| Recovery Audit Contact                  | The Recovery Audit Contact is the individual who serves as the point of contact for recovery auditing activities in Part C and Part D.   |
| SNP Application Contact                 | The Special Needs Plan (SNP) Application Contact is the designated contact for questions related to SNP proposals.   |
| SNP State Contact                       | The SNP State Contact is the designated contact to address questions about State contracts with the organization's SNP plans.  |
| Surveillance Contact                    | The Surveillance Contact is the primary contact for all correspondence with CMS regarding marketing surveillance, and ensures that their entity's marketing representatives and agents/brokers are in compliance with CMS marketing requirements and guidelines. |
| System Contact                          | The System Contact oversees, or is responsible for, the Medicare systems activities and submissions.   |
| Third Party Administrator (TPA) Liaison | The TPA liaison contact will receive coverage gap discount program notifications distributed by the TPA, including, but not limited to, training sessions, website updates, and invoice/report distribution announcements.                                       |
| User Access Contact                     | The User Access Contact is responsible for authorizing requests for authorizing and signing requests for HPMS access. It is recommended that this person maintain active access to HPMS to monitor users with access to their                                    |
| Utilization Management Contact          | The Utilization Management Contact is the contact responsible for questions from CMS regarding utilization management.   |
| Utilization Review Contact              | The Utilization Review Contact is responsible for questions from CMS regarding utilization review and monitors beneficiaries use of services.  |

| MA and Part D Counterparts:      |
|----------------------------------|
| * = Appeals Contacts             |
| ** = Quality Contacts            |
| *** = Claims Submission Contacts |
| # = Application Contacts         |