



**Centers for Medicare & Medicaid Services (CMS)**  
**Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)**  
**Speaking Request Form**

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The public is invited to request HHS/CMS representatives to participate in upcoming events pertaining to Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) specifically on Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models. To request CMS at an upcoming event, complete the following CMS MACRA Speaking Engagement Request Form. ALL fields are important, but those with asterisks (\*) are required to process your request. Forms that do not contain the required information will be returned to the submitter to be updated. Completed CMS Speaking Engagement Request Forms must be sent via e-mail to [MACRASpeakingRequest@Ketchum.com](mailto:MACRASpeakingRequest@Ketchum.com) at least two to three weeks, but no more than six months before the event. CMS will NOT accept CMS Speaking Engagement Request forms that are mailed.

If a speaking request is approved, the point of contact listed in the CMS MACRA Speaking Engagement Request Form will be contacted for additional information and to further coordinate CMS's participation in the event. Submission of a CMS MACRA Speaking Engagement Request Form does not guarantee that a CMS representative will attend the upcoming event.

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**Sponsoring Organization Information**

\*Organization  
Name:

\*Mailing  
Address:

Suite/Floor Number:

\*City:

\*State:

\*Zip Code:

\*Phone Number:

\*Website:

\*Classification:    Profit  
                          For-Profit  
                          Nonprofit

\*Brief Description of Services  
Provided by Organization:

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## Point of Contact Information

\*Name:

\*Phone:

\*Email:

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## Event Information

\*Name of Event:

\*Event  
Description:

\*Dates of  
Event:

\*Time of Event:

\*Time Zone:

Is this an onsite event (at CMS)  
or off-site request?:

If offsite, provide location details below:

Location of Event:

\*Street Address:

Suite/Floor Number:

\*City:

\*State:

\*Zip Code:

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## Audience Information

*Event open to the public or invite only?:	Public	*Event open to the press?:	Yes
	Invite Only		No
	Other		

Are you expecting the press? If so, who?:

Target Audience:

*Estimated Number of In-Person Attendees:	*Estimated Number of Conference Call or Virtual Webinar Attendees:
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## Presentation Information

*Presentation Requested?:	Yes	*Length of Q&A Session:
	No	
*Requested Length of Presentation:		*Presentation Due Date:
*Will the presentation be posted or shared with members following the event?:	Yes	
	No	

*Please note that CMS will attempt to meet all presentation request dates; however, there may be instances in which request dates cannot be accommodated. Typically, presentation materials are submitted to requesting organizations two to three business days prior to presentation.*

*Disclaimer: CMS will deliver the PowerPoint version of the presentation for virtual webinars and the PDF version of the presentation for in-person speaking engagements and conference calls. For broader distribution (online and to requesting organizations' membership), CMS will be delivering the PDF version of the presentation. CMS is unable to distribute the PowerPoint version because of branding policies and non-508 compliance (the PDF is 508 compliant, as required by CMS).*

*Topic of Presentation:	MACRA
	MIPS
	APM

\*Specific Discussion Topics for Presentation (please provide specific information):

Briefly describe how sponsoring organization will disseminate information about speaking opportunity to its membership:

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## Presenter Information

- |                                             |                                                 |                                                          |
|---------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| *Requesting a speaker attend:               | In person<br>Conference call<br>Virtual webinar | *If yes, which CMS representative is being requested?:   |
| *Specific CMS representative requested?:    | Yes<br>No                                       |                                                          |
| *Are other CMS representatives presenting?: | Yes<br>No                                       | If yes, which other CMS representatives are presenting?: |

Which organization representative will introduce and/or moderate speaking request?:

- |                                                                                                                     |           |                                                                              |
|---------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| If presenting via virtual webinar, would requesting organization like to schedule a system check prior to webinar?: | Yes<br>No | If yes, how many days prior to webinar would you like to book system check?: |
|---------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|

**Are you expecting other presenters?** If yes, provide names and affiliations:

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## Additional Information

Provide any additional information that may be relevant to the event:

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