



## Centers for Medicare & Medicaid Services (CMS) Quality Payment Program Speaking Request Form

The public is invited to request CMS representatives to speak at upcoming events about the Quality Payment Program, including the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Please complete the form below and send via email to [MACRASpeakingRequest@ketchum.com](mailto:MACRASpeakingRequest@ketchum.com). **The request will only be considered with advanced notice of one to six months.**

Please download this form, save the PDF to your computer, then complete the form electronically and send to the email above. You can also print, fill out by hand, scan, and send. **Forms with missing information will be returned to the sender for completion. Only completed forms submitted to the MACRA speaking engagement email address above will be processed.**

All communication from CMS, for both approvals and denials, will be directed to the point of contact listed on the *CMS Quality Payment Program Speaking Engagement Request Form*.

**Please note:** *Submitting a CMS Quality Payment Program Speaking Engagement Request Form does not guarantee that a CMS representative will attend the upcoming event.*

\*Asterisk denotes a required field.

### Sponsoring Organization Information

Organization Name\*:

Mailing Address\*:

City\*:

State\*:

Zip Code\*:

Phone Number\*:

Website\*:

Brief Description of Services Provided by Organization\*:

Is this a profit or non-profit organization?:

### Point of Contact Information

Name\*:

Title\*:

Phone\*:

Email\*:



## **Event Information**

**Please note:** *If CMS is unable to travel to your event due to budget concerns, we will try to accommodate via webinar or teleconference. CMS cannot accept travel funding from outside parties. Additionally, due to the COVID-19 pandemic, CMS staff may only be able to accommodate virtual presentation requests at this time.*

Requested Presentation Format\*:

Name of Event\*:

Event Description\*:

Dates of Event\*:

Time of Event (including Time Zone)\*:

Estimated Number of Attendees\*:

Event cost per attendee, if any\*:

**Please note:** *The Federal Government reserves the right to deny some events/activities where access fees are assessed.*

For in-person requests, please provide event information below:

Location of Event:

Street Address\*:

Suite/Floor Number:

City\*:

State\*:

Zip Code\*:

Event open to the public or invitation only?

If other, please clarify:

Event open to the media?

Will there be a request for the speaker to address media before or after the event?

Audience Profile

If other, describe audience profile:



Are there other representatives from the government expected to attend, including from CMS, HHS, or Congress?:

**Presentation Information**

Length of Presentation\*:

Length of Q&A Session\*:

Will the Q&A session be open or scripted?\*

Will the presentation be posted or shared with members following the event?\*

**Please note:** CMS will attempt to meet all presentation request dates; however, there may be instances in which request dates cannot be accommodated. CMS typically delivers presentation materials two days before the presentation.

Topic of Presentation\*:

2023 MIPS Participation Overview

- 2023 MIPS Eligibility
- 2023 Quality Requirements
- 2023 Promoting Interoperability Requirements
- 2023 Improvement Activities Requirements
- 2023 Cost Requirements
- 2023 Reporting and Scoring

- 2023 APMs Participation Overview

MIPS Value Pathways (MVPs)

- General MVP Policies: Registration, Reporting, Scoring, etc.
- MVP Development and Maintenance

APM Performance Pathway (APP) - General APP Requirements

2024 Quality Payment Program Overview

E/M Codes

Other *(Please specify)*

Please provide information on event set up (i.e. podium, auditorium, banquet room, type of microphone, type of webinar platform):

If a draft agenda is currently available, please send it when you send this speaking request form.

If requesting a webinar, please indicate if you would like to schedule a dry-run prior to the webinar.

If yes, how many days prior to webinar would you like to hold the dry-run?



**Presenter Information**

If requesting a specific CMS representative, please specify:

Have you extended this speaking request to any other CMS staff and/or HHS staff? If so, who?

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

Please provide information on who will introduce the speaker, (bio if available):

Is there anyone specific the speaker should recognize and/or thank?:

Will the speaker be served any food or drink at this event?:

**Additional Information**

Please provide any additional information that may be relevant to the event: