

# Request a Meeting with the CMS Administrator



Welcome

## Welcome!

**i** This page is specifically for requesting a meeting with the CMS Administrator.

If you use this secure CMS portal to electronically submit your request, please do not submit the same request via alternative methods, such as email. Submitting your request multiple times can delay processing.

Please select one of the following:

- ☐ I am requesting a meeting with the CMS Administrator
- ☐ I am requesting the CMS Administrator to speak at an event, or participate in a site visit or other offsite event
- ☐ I am requesting an interview, or this is a media-related inquiry

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### **⚠ INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:**

This information has not been publicly disclosed and may be privileged and confidential. It is for government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

# Request a Meeting with the CMS Administrator



## Great! Let's get your information.

Please fill out your information below.

ⓘ Complete the form below to proceed. Fields with an asterisk (\*) are required.

First Name\*

Last Name\*

Position\*

E-mail\*

Phone Number\*

Organization Full Name\*

Organization Acronym

Parent Company or Coalition

Website (URL)

Is this person a member of a lobbying firm?\*

☐ Yes

☐ No

Is this person attending the meeting?\*

☐ Yes

☐ No

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## Request a Meeting with the CMS Administrator



### OK! Now let's get the information for the meeting point of contact.

Please tell us a little bit more about the person responsible for coordinating meeting logistics.

① Complete the form below to proceed. Fields with an asterisk (\*) are required.

☐ Same as Requestor

First Name\*

Last Name\*

Position\*

E-mail\*

Phone Number\*

Organization Full Name\*

Organization Acronym

Parent Company or Coalition

Website (URL)

Is this person a member of a lobbying firm?\*

☐ Yes

☐ No

Is this person attending the meeting?\*

☐ Yes

☐ No

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## Request a Meeting with the CMS Administrator



### Now tell us about the organization(s) that want to meet.

Please tell us a little bit more about the organization(s) that want to meet with the CMS Administrator.

① Enter at least one organization to proceed. Fields with an asterisk (\*) are required.

#### Requestor Organization

##### Full Name\*

##### Acronym

##### Parent Company or Coalition

##### Website (URL)

+ Add another organization

#### Lead Organization\*

##### Lead Organization Description\*

Please provide a brief, 1-2 sentence description of the lead organization.

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## Request a Meeting with the CMS Administrator



### Next, give us some info about who will be attending the meeting.

Please list all expected meeting attendees, including the principal from each organization that plans to attend (usually the CEO or President of the company/association).

*Enter at least one attendee to proceed. Fields with an asterisk (\*) are required.*

Name\*

Example Name

Include honorific if applicable

Position\*

Example Position

Organization\*

Example Organization

Is this attendee a registered lobbyist?\*

☒ Yes

☐ No

Is this attendee a foreign national?\*

☒ Yes

☐ No

Nationality\*

Example



Additional time may be needed to process your request with foreign nationals. Foreign nationals have additional documentation requirements if attending in person.

+ Add another attendee

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# Request a Meeting with the CMS Administrator



## OK! Let's get some details on meeting logistics.

Please tell us the following information to help with coordinating your request.

ⓘ Complete the form below to proceed. Fields with an asterisk (\*) are required.

### Requested Meeting Dates/Times\*

Please note that meetings are typically scheduled at least 3-4 weeks in advance and usually for 30 minutes. While we cannot accommodate all specific requests, providing a couple of options assists the scheduling team.

### Requested Meeting Format/Location\*

- ☐ In-Person (DC / Humphrey)
- ☐ In-Person (Baltimore / Woodlawn)
- ☐ Virtual
- ☐ Hybrid (In-Person and Virtual)

### Meeting Type\*

- ☐ Meet and Greet
- ☐ Policy/Program
- ☐ Other

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## Request a Meeting with the CMS Administrator



### Almost done! Let's gather a few more things before we are ready to review.

Please share details on the topics for discussion, along with any helpful background or additional context.

① Complete the form below to proceed. Fields with an asterisk (\*) are required.

#### Description of Discussion Topics\*

\_\_\_\_\_ //

Has the lead organization or parent company met with CMS within the past twelve months?\*

☒ Yes

☐ No

With whom, when, and what was the topic(s)?\*

Example

\_\_\_\_\_ //

If the CMS Administrator is not available, would you be willing to meet with a CMS alternate?\*

☒ Yes

☐ No

Alternate (if any preference)

CMS values opportunities to connect with stakeholders and appreciates your interest. While we may not be able to accommodate all requests, providing a few options will assist the scheduling team.

Please provide any additional comments or information you would like to share:

\_\_\_\_\_ //

### Please upload any additional supporting information.

① You can upload multiple files, but the cumulative file size cannot exceed 20 MB. Only the following file types are allowed: gif, jpg, jpeg, png, txt, pdf, doc, docx, xls, xlsx, ppt, pptx.

Upload documentation..

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## Request a Meeting with the CMS Administrator



Please review the information you have entered before submitting.

## Requestor

[Edit](#)

## Name

John Smith

## Position

Example Position

## Email

smith@fivestar.com

## Phone

(654) 654-6546

## Organization Full Name

Example Organization

## Organization Acronym

Example

## Parent Company or Coalition

Farmer's Insurance

## Requestor is a Member of a Lobbying Firm

Yes

## Point of Contact

[Edit](#)

(Same as Requestor)

## Organization (Lead)

[Edit](#)

(Same as Requestor Organization)

## Description

Example

## Attendee

[Edit](#)

## Name

Requestor Name

## Position

Requestor Position

## Organization

Example Organization

## Attendee is a Registered Lobbyist

Yes

## Attendee is a Foreign National

Yes - Example

## Meeting Details

[Edit](#)

## Requested Meeting Dates/Times

Example

## Requested Meeting Format/Location

In-Person (DC / Humphrey)

## Meeting Type

Meet and Greet

## Other

[Edit](#)

## Description of Discussion Topics

Example

## Attendee Has Met with CMS Leadership Recently

Yes

## Previous Meeting Details

Example

## Willing to Meet with Alternate

Yes

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## Your request has been submitted!

You will receive a confirmation email shortly. Please email [CMS\\_Meeting\\_Request@cms.hhs.gov](mailto:CMS_Meeting_Request@cms.hhs.gov) if you need to modify or cancel your request.

Thank you for your interest in meeting with the CMS Administrator. The Administrator values opportunities to connect with stakeholders and appreciate your interest. CMS will try to honor your requested dates and times; however, scheduling will depend on availability, and we may not be able to accommodate all requests. Please refrain from submitting multiple requests. Requests will be processed in the order in which they are received.

Thank you for using the CMS Meeting Request Portal!

[Click here to start a new request](#)

**Requested Meeting Dates/Times\*** must be no more than 250 characters

I am requesting a 60-minute meeting with the Administrator during the week of March 16, 2026, with a primary pre: 

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## Privacy Act Statement (CMS Meeting Request Portal)

Authority: 5 U.S.C. section 301 and 44 U.S.C. section 3101 authorizes the collection of this information. Purpose: CMS will use the requested information to review, process, and manage meeting requests from outside entities who wish an audience with the Administrator. Routine Use: This information may be shared internally with authorized CMS staff who have an official need-to-know. In addition to those disclosures generally permitted under 5 U.S.C. section 552a(b) of the Privacy Act of 1974, as amended, records maintained as part of this system of records may be disclosed subject to all the published routine uses as identified in XXXXXX. Disclosure: Providing this information is voluntary. However, failure to provide the requested information may result in CMS's inability to review, process, and/or act on your meeting request.

The personally identifiable information that the CMS Meetings Portal will collect is the meeting requestor's name, the company name that the requestor is affiliated with, a business phone number, and an email address. CMS will not collect social security numbers, birth dates, or home addresses.