**HPMS Mass Email Form**

Please complete the following form and send with each request for cleared emails to be sent out via HPMS.

The default responses are already listed in bold below, but please modify as needed.

|  |  |  |
| --- | --- | --- |
|  |  | **Please Complete This Column** |
| Plan Recipients  *(check which one applies)* | All organization types |  |
|  | All organization types (exclude PACE) | **X**  **Exclude Pharmaceutical Manufacturers** |
|  | All organization types (payment/system notices) |  |
|  | All MA organizations (include PACE) |  |
|  | All MA organizations (exclude PACE) |  |
|  | All organizations offering Part D (include PACE) |  |
|  | All organizations offering Part D (exclude PACE) |  |
|  | Special needs plans only |  |
|  | Employer plans only |  |
|  | Pharmaceutical manufacturers |  |
|  | Pharmaceutical manufacturers and  all organizations offering Part D |  |
|  | Other (please specify): |  |
| Audience – CMS HPMS Users  *(check all that apply)* | CO Users | **X** |
|  | RO Users | **X** |
| Audience – Supplemental List *(check all that apply)* | CMS | **X** |
|  | Plan | **X** |
|  | Plan Industry |  |
|  | PACE |  |
|  | Beneficiary Advocates |  |
|  | Pharmaceutical Manufacturers |  |
|  | Pharmaceutical Manufacturer Trade Groups |  |
| Specific Plan Contacts: | Medicare Compliance Officers, Medicare Coordinators, General Contacts | **X** |
|  | Other – Part C Application Contacts | **X** |
|  | Other – Part D Application Contacts | **X** |
|  | Other - |  |
|  | Other - |  |
| Attachments? |  | **No** |
| Post to HPMS Home Page? |  | **Yes** |
| Specific Time Required? |  | **No later than January 2, 2019** |
| Specific Contract Numbers Only? |  | **No** |
| Other Specific Instructions? |  | **Post in Announcements** |
| Keywords for searches?  *(list with commas in between each word or phrase)* | MA application, PDP application, 2021 application, 2021 Medicare application, SNP Application, Application, Application Training | |

**Subject: CY2021 Medicare Advantage and Prescription Drug Plan Application Training**

**Message:**

As previously announced to Part C&D User Call registrants, there are two upcoming User Group calls focused on Medicare Advantage and Prescription Drug Plan Applications.

* January 8, 2020 – Part I Application Training
* January 15, 2020 – Part II Application Training

Calls take place from 3:30PM to 5:00PM EST. The call on January 15 will include a question and answer session. If you have not already done so, you may register by going to this website, <https://www.mscginc.com/cmspartcd/default.aspx?ReturnUrl=%2fcmspartcd%2f>, and providing the requested information. You must represent an organization assigned a Medicare Advantage, Medicare Advantage-Prescription Drug Plan, or Prescription Drug Plan contract number in order to participate.