

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security
Boulevard
Baltimore, Maryland 21244-1850



Medicare Medicaid Coordination Office

HPMS submission Form:

This form is meant to facilitate the submission process of items like memos, emails, etc. in HPMS. Fill out the information below and submit to the designated MMCO staff along with your submission, so that these can be posted for you.

1. Has a group director approved this HPMS email/memo?

2. Recipient of HPMS email:

| | |
|------------------------|------------------------|
| All MA orgs with PACE | MI MMPs |
| All MA orgs w/out PACE | NY MMPs |
| All orgs w/ PACE | OH MMPs |
| All orgs w/out PACE | RI MMPs |
| All MMPs | SC MMPs |
| CA MMPs | TX MMPs |
| IL MMPs | PACE orgs only |
| MA MMPs | MA-PDs offering D-SNPs |
| MN SHOs | |

Other: Include all relevant information, i.e. contract number (a spreadsheet attachment, listing the specific contract numbers can also be attached to your email request.

Plan Contact Types (other than Medicare Coordinator, General Contact, Medicare Compliance Officer and, for MMP contracts, MMP Point of Contact):

3. Include beneficiary advocacy organizations?

4. Include Industry?

5. CMS HPMS Users: *(Required field. This field should always be checked.)*

CO Users RO Users

6. Subject of HPMS email:

**7. Are you including one or more attachments?
(If yes, please include with this form)**

8. Text for body of HPMS email:

9. Keywords for HPMS searches (separated by commas):

10. Scheduled Delivery:
Date:

Time (note that the default is 4 p.m. ET unless it is an emergency and a Group Director has approved a release time other than 4 p.m. ET):

11. Posting Options:

12. Publish as HHS Guidance: