**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) |  |
|  | All organization types (payment/system notices) |  |
|  | All MA organizations (include PACE) |  |
|  | All MA organizations (exclude PACE) |  |
|  | All organizations offering Part D (include PACE) | **X** |
|  | 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 | **X** |
|  | PACE | **X** |
|  | Beneficiary Advocates |  |
|  | Pharmaceutical Manufacturers |  |
|  | Pharmaceutical Manufacturer Trade Groups |  |
| Specific Plan Contacts: | Medicare Compliance Officers, Medicare Coordinators, General Contacts | **X** |
|  | Other – ATBT Contact |  |
|  | Other – COB Contact | **X** |
|  | Other – Formulary Contact |  |
|  | Other - |  |
| Attachments? |  | **1** |
| Post to HPMS Home Page? |  | **Yes** |
| Specific Time Required? |  | **For immediate release after being cleared** |
| Specific Contract Numbers Only? |  | **No** |
| Other Specific Instructions? |  | **No** |
| Keywords for searches?  *(list with commas in between each word or phrase)* | Part D COB, Coordination of Benefits, Other Health Insurance, COB-OHI, hierarchy rules | |

**Subject:** Coordination of Benefits-Other Health Insurance (COB-OHI) Record Updates Due to New Hierarchy Rules

**Message:**

Please see the attached memo from Amy Larrick Chavez-Valdez, Director of the Medicare Drug Benefit and C&D Data Group in the Center for Medicare and Olivia Williams, Director of the Financial Services Group in the Office of Financial Management announcing the implementation of hierarchy rules governing the addition, update, and deletion of primary and supplemental OHI drug records.