



## 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 six weeks 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\*: Please choose one

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? Please choose one

If other, please clarify:

Event open to the media? Please choose one

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

Audience Profile Please choose one

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?\* Yes

**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\*:

- 2024 MIPS Participation Overview
  - o 2024 MIPS Eligibility
  - o 2024 Quality Requirements
  - o 2024 Promoting Interoperability Requirements
  - o 2024 Improvement Activities Requirements
  - o 2024 Cost Requirements
  - o 2024 Reporting and Scoring
- 2024 APMs Participation Overview
- MIPS Value Pathways (MVPs)
  - o General MVP Policies: Registration, Reporting, Scoring, etc.
  - o MVP Development and Maintenance
- APM Performance Pathway (APP) - General APP Requirements
- 2023 MIPS Reporting and Scoring
- 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. Please choose one

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: