ions

| Medicare Part D Questions | | | | |
|---|--|--|--|--|
| Contract number: Contract Name: Parent Org: Respondent name: Respondent role: | | | | |
| The purpose of this survey is to collect feedback from Medicare Part D sponsors selected for improper payment validation. This survey will be used to solicit feedback on CMS outreach, training, and resource materials to determine any areas to enhance or adjust. | | | | |
| Training and Communications Documents | | | | |

1. Did your organization attend the Calendar Year 2020 Medicare Part D Improper Payment Measure Training Teleconference, held on Wednesday, January 26, 2022?

(radio button options)

- Yes
- o No
- 2. Was the information presented at the Calendar Year 2020 Medicare Part D Improper Payment Measure Training Teleconference helpful? Please include any suggestions for future conferences in the comment box.

(radio button options)

- Helpful
- Somewhat helpful
- Not helpful
- N/A Did not attend

Comment Box – Suggestions for other topics to include in the conference.

<include text box for response>

3. Did you find the conference to be effective and suit your organizations' needs? Would you prefer an on-demand training that is recorded and available at your convenience or do you prefer the live event?

(radio button options)

- On-demand training
- Live event
- Other Please provide comment

<include text box for response>

Medicare Part D Questions

4. Of the following documents available in the Part D IPM document library, select the documents you find useful during the submission process?

(multiple select box options)

- Part D IPM Frequently Asked Questions
- o Part D IPM LTC Submission Reference Sheet
- o Part D IPM LTC Attestation Form Instructions
- Part D IPM LTC Physician Attestation Form
- Part D IPM Missing Documentation Form
- o Part D IPM Submission Instructions
- o CY 2020 Part D IPM Training Teleconference Slides
- CY 2020 Part D IPM Training Teleconference Training Recording
- o CY 2020 Part D IPM Training HPMS Demonstration
- o Part D Improper Payment Measure Podcasts
- o All of the above
- None of the above

<include text box for response>

5. Are the Submission Instructions provided during the Part D IPM review helpful in answering questions regarding the document submission process?

(radio button options)

- o Helpful
- o Somewhat helpful
- Not helpful

<include text box for response>

6. Did the notifications received from the Part D IPM module provide adequate details about required activities, submission timelines, and upcoming deadlines? If not, please provide details.

(radio button options)

- o Yes
- Somewhat
- o Not at all

<include text box for response>

7. What other information would you find helpful in Part D IPM communications? Please share ideas/recommendations for improving the quality and delivery method for communications related to the Part D IPM activity.

<include text box for response>

Medicare Part D Questions

Part D Feedback and Finding Reports

| 1. | Did you find the feedback provided in the upload status check immediately upon document |
|----|---|
| | submission helpful? |

(radio button options)

- o Helpful
- Somewhat helpful
- Not helpful
- o Unaware immediate feedback was provided

<include text box for response>

- 2. If yes, did you find this helpful in correcting any identified issues?
 - o Yes
 - o Somewhat
 - o Not at all

<include text box for response>

3. Did you find the Final Finding Report (FFR) useful? What content would you suggest adding?

(radio button options)

- o Yes
- o No

Comment Box – What additional detail would you find useful in the FFR?

<include text box for response>

4. What, if any, action did you take based on the feedback provided for your selected Prescription Drug Event (PDE) records on your FFR?

Comment Box – What actions did you take based on feedback provided?

<include text box for response>

HPMS Navigation and Documentation Submission

1. How easy was it to locate your contract's Claim Detail File (CDF) Template?

(radio button options)

Difficult

S

| Medicare Part D Questions | | | | |
|---|-----|---------------------|--|--|
| | 0 | Neutral | | |
| | 0 | Easy | | |
| 2. How easy was it to submit supporting documenta | | | | |
| | (ra | dio button options) | | |

- Difficult
- Neutral
- Easy

<include text box for response>

- 3. Did you find the communications through the HPMS Discussion Board to assist in your documentation submission or clearing issues?
 - o N/A My organization did not communicate through the Discussion Board
 - Helpful
 - o Neutral
 - Not Helpful

<include text box for response>

4. How easy is it to access reports and reference documents within the Document Library from HPMS? For example, Final Findings reports or submission instructions.

(radio button options)

- Difficult
- o Neutral
- Easy

<include text box for response>

5. Please provide any other feedback on the navigation through HPMS or templates for Part D IPM (such as CDF).

<include text box for response>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB controlnumber for this information collection is 0938-1185 (Expires 11/30/2022). This is a voluntary information collection. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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