

CMS Request for Additional Information (RAI)/Sponsor Response

Sample Information:

Program Area:	
Sample Number:	

Purpose:

To provide transparency for Sponsors on potential questions from the CMS audit team related to sample case files reviewed during a desk review approach.

Instructions:

1. CMS will populate the sample information and case specific questions into Column 1.
2. CMS will submit the questions to the Sponsor and include for each question whether a written response is being requested or whether the question(s) will be addressed during a webinar session with the Sponsor.
3. When questions are addressed through webinars; the Sponsor should be prepared to address all parts of the question and pull up/show any relevant documentation that supports their response. CMS may ask for supporting documentation to be uploaded following the webinar.
4. When written responses are requested, enter responses for each question and/or document request in the 'Sponsor Responses' column of this document. Sponsors must provide relevant supporting documentation as needed to support written responses.
5. After responding to the questions, save this completed document along with any applicable supporting documentation in a ZIP file and upload the complete ZIP file to the Health Plans Management System (HPMS).

Questions/Documentation Requests

CMS Questions/Documentation Requests	Sponsor Responses
	Please carefully review the instructions on the first page of this document before responding to the questions. Reviewing the instructions will help to reduce the need for additional questions.
1.	
2.	
3.	
4.	
5.	

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 control number for this information collection is 0938-1395 (Expires MM/DD/CCYY). This is a mandatory information collection. The time required to complete this information collection is estimated to average 390 hours 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. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact part_c_part_d_audit@cms.hhs.gov.