



Centers for Medicare & Medicaid Services (CMS) Participant Consent Form: Coverage Gap Discount Program (CGDP) Portal *Invoice and Dispute Processes* Listening Sessions

Point of Contact: TPA Listening Session Host
Email: TPA.UserFeedback@palmettogba.com

Please read this form carefully before signing.

You are being asked to participate because of your experience with the Third Party Administrator (TPA)'s CGDP Portal invoice and dispute processes. A TPA listening session facilitator will ask open-ended questions regarding your experience with the portal, and with the invoice and dispute processes. This conversation will assist CMS and the TPA in identifying improvements to the invoice and dispute interfaces and processes.

One individual from the TPA will facilitate the listening session, while another will scribe/take notes. Other TPA and CMS personnel may attend to observe the session. Listening sessions will be audio recorded. Each session will typically last about one hour, but could last longer with your approval.

Participation in this effort is voluntary. You may stop at any time, and you may also decline to answer any questions that you do not wish to answer. If you wish to withdraw as a volunteer at any time, or have questions, please contact the TPA listening session host at TPA.UserFeedback@palmettogba.com, listed at the top of this form.

You will not receive any personal benefit or compensation for taking part in this effort; however, TPA and CMS participants may benefit from the feedback received and the ideas developed based on the experiences that you share with the TPA and CMS.

Privacy and Confidentiality

CMS will use the data gathered during this effort to develop insights about the CMS and TPA portal customer experience. The data gathered will be shared exclusively with CMS. CMS will maintain complete privacy and confidentiality in sharing materials with others.

You will never be identified individually, nor will your organization be identified. TPA and CMS is ethically bound to report any illegal activities witnessed or described that are tied to specific persons discussed during the listening sessions. All the data captured as part of this effort will be kept secure and accessible only by those conducting the listening session.

If you have any questions before or after your listening session, please contact the TPA listening session host at TPA.UserFeedback@palmettogba.com. Or, you may ask your questions during the listening session.

Attestation

I have read and understood this consent form, I am at least 18 years of age, and I consent to take part in this effort. I consent to:

____ Participate in a listening session, including audio recording of the session.

Print Name: _____

Signature: _____

Date: _____