HealthSpring

TPMO RELATIONSHIP REPORT FORM
Medicare Advantage and Prescription Drug Plans

Instructions: Submitter must include the following information for completion:
1. Your organization's name, mailing address, submitter contact information, and NPN.
2. List each of your subcontracted TPMO's, such as entity name, the entity's contact, and your contract effective date and contract end date (if applicable) with the TPMOs.
3. Indicate the function(s) of your subcontracted TPMOs and if any is performed offshore.
4. Enter the submission date of this report.
5. All fields must be populated in its entirety. If there are fields that are not applicable, indicate N/A
6. Only new subcontractors should be reported immediately upon entering into contract.

NOTE TO SUBMITTER: In order to successfully process your submission, the sheet below must remain in the format and layout provided. Any changes to the template or missing required data will require correction and resubmission of a new report file. If you have questions or require assistance, please email ARCMAPD@HealthSpring.com.

HealthSpring TPMO Information				HealthSpring Partner's Subcontracted							
Agency Name (Only enter once in A10 if the name does not change)	TPMO Report Submission Date (MM/DD/YYYY)	Submitter Contact Name (Last, First)	Submitter Email Address	NPN (If applicable)	TPMO Entity Name	TPMO Contact Name (Last, First)	TPMO Contact Email *Optional	TPMO Contract Effective Date	TPMO Contract End Date (if applicable)	TPMO Service(s) Provided (e.g. Lead Generation, Marketing, Enrollment)	TPMO Offshore Functions (leave blank if not applicable)

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