Organization Name: CVS Health

Organization Contact Name: [Stacey Benseler]
Email Address: [Stacey.Benseler@cvshealth.com]

Telephone Number: [(401) 770-7637]

Document Num	_	Section Title	Recommendations to CMS:
Federal Register Vol. 85 No. 23 2_5_21  Information Collection Request: Revision of a currently approved collection:	663	CMS-1696 Appointment of Representative	<ol> <li>Members and their representatives are often confused by "Name of Party."     Recommend clearly labeling fields that the member and representative need to complete (ex. "Enrollee Name," "Enrollee Address," "Representative Name," "Representative Address," etc.).</li> <li>Include more space in the areas where members and representatives need to enter information.</li> <li>Include instructions that explain how to complete the form correctly.         <ul> <li>a. Affirmatively state that a member's representative must be an individual and not a company (such as a drug company).</li> </ul> </li> <li>Indicate on the form the date by which the AOR appointment expires.</li> </ol>