**\*\*\*Disclaimer\*\*\***

The *Potential* *Conflict of Interest Letter* below is a suggested guideline for states creating a potential conflict of interest letter. The order and format of the information does not need to follow the template exactly; however, the template does contain key information requirements, and any variation should be submitted to MMCO/CPI for approval.

As background, downstream entities receiving Medicare Part D data from the state must send to the state a letter indicating whether or not receipt of these pose a conflict of interest. A downstream user will have a potential conflict of interest if their use/possession of the Medicare Part D data may interfere with the downstream user’s regular business activities and may provide a competitive advantage by having access to these data.

A state point of contact is the individual at the State Medicaid Agency that the downstream user will reach out to for conflict of interest-related matters. The state point of contact can be an individual listed on the Data Request and Attestation Agreement as data requestor or custodian.

[Organization Letterhead]

[Date]

[State Point of Contact (POC)]

[State POC Address]

RE: Downstream User – Conflict of Interest

Dear [State Point of Contact (POC)],

As [a or an] [Select one: affiliate, contractor, partner, or subcontractor] of [State Name]’s Medicaid Agency, [Organization Name] intends to acquire Centers for Medicare & Medicaid Services (CMS) data from [State Name] to help coordinate the care of persons enrolled in both Medicare and Medicaid and/or ensure the integrity of the Medicaid program. Our Organization’s acquisition and processing of CMS data may pose a conflict of interest, as our Organization performs [Select one: research, administrative, or contract-related] activities in the areas of [define the activities within your Organization that may pose a conflict of interest to your planned assistance with State’s care coordination and/or program integrity activities.] [These activities may offer your Organization a competitive advantage by having access to the data. Please state whether or not your Organization participates as a Medicare Part D program or sponsor].

[Provide an example or examples of your Organization’s regular business activities.] [For example: Organization is a wholly-owned subsidiary of Organization parent company. Neither Organization nor our parent company name offer stand-alone prescription drug plans]. [However, parent company, through certain subsidiaries, does offer Medicare Advantage Plans with a Part D benefit (i.e., MA-PD plans).]

To limit a conflict of interest, our Organization intends to separate and secure any CMS data acquired through its work with [State Name] by [describe your Organization’s plans to isolate CMS data from unrelated activities within your Organization].

The contact person for conflict of interest matters within our Organization is [Contact’s First and Last Name] and can be reached by email at [Email Address] or by phone at [Phone Number].

Sincerely,

[Signature of person who can legally bind your Organization to the statements above, such as legal staff or an organization officer]

[Signatory’s Title]