[Organization Letterhead]

[Date]

[State Lead]

CMS Medicare-Medicaid Coordination Office

7500 Security Boulevard

Baltimore, MD 21244

Dear [State Lead Name],

The [State Name] State [Department or Agency Title]requests Medicare Parts A & B data (COBA) for [Time Period]to support care coordination, program integrity, and other quality activities including [Brief summary of specific uses or reference to those uses attached in the COBA specification worksheet.]

Specifically, our [Department/Agency]requests the following CMS data:

* [List Data Files and Years Requested]

To this end, I enclose a package of data request materials, and in doing so, acknowledge HIPAA Privacy Rule restrictions as well as CMS guidelines for acquiring and using CMS data.

The contact person for this request within our [Department/Agency] is [Contact’s First and Last Name]and can be reached by email at [Email Address] or by phone at [Phone Number].

Sincerely,

[Individual who will sign the COBA Agreement]

[Title]