[Organizational Letterhead]

[Date]

Candace Anderson

CMS Medicare-Medicaid Coordination Office

7500 Security Boulevard

Baltimore, MD 21244

Dear Candace Anderson,

The [State Name] State [Department or Agency Title] requests an additional data use for the Assessments data for [Time Period] already available to the [Department/Agency] to support care coordination, program integrity, and other quality activities including [Brief summary of specific uses or reference to those uses attached in the Assessments specification worksheet].

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

* [List data files and Years Requested]

Our [Department/Agency] originally acquired these data for the purpose of [purpose] under DRA [#].

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 Signed the DRA]

[Title]