

Edward Dolly
Director, Division of State Systems
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-22-16
Baltimore, Maryland 21244-1850

Dear Director Dolly,

The [State name], [Department name] is pleased to request certification of its [MMIS/E&E/HIE/EVV/PDMP] module(s) retroactive to [date]. [State] intends to claim federal financial participation (FFP) at the 75-percent matching rate for operation of the [name of module(s)] in accordance with the approved Cost Allocation Plan commencing with the implementation of the [name of module(s)] on [date]. In accordance, we hereby provide assurance that:

- The [MMIS/E&E/HIE/EVV/PDMP] module(s) meets the requirements of 42 CFR 433.117 for all periods for which the 75-percent FFP is being claimed.
- The [MMIS/E&E/HIE/EVV/PDMP] modules(s) have been assessed by the state and are ready for CMS evaluation.
- The system is routinely backed up.
- The [MMIS/E&E/HIE/EVV/PDMP] module(s) generates up-to-date and accurate Transformed Medicaid Statistical Information System (T-MSIS) data, and data quality issues are meeting the targets for Outcomes Based Assessment (OBA) critical priority Data Quality checks, high priority Data Quality checks, and the expenditure data content category.
- The [MMIS/E&E/HIE/EVV/PDMP] module(s) exercises appropriate security and privacy controls over the system in accordance with 45 CFR Part 164, P.L. 104-191, HIPAA of 1996, and 1902(a)(7) of the Social Security Act as further interpreted in regulations at 42 CFR 431.300 to 307.
- The system is ready for CMS certification, based on the system's performance in demonstrating achievement of outcomes.

[State] officially accepted the [MMIS/E&E/HIE/EVV/PDMP] module(s) as fully operational on [date]. Enclosed is a copy of the system acceptance letter addressed to the system developer, [name of developer].

Also attached is the SMC Intake Form. This Intake Form demonstrates that [MMIS/E&E/HIE/EVV/PDMP] module(s) is ready for the CMS final certification review.

[Include any additional, state-specific information, such as mention of state-specific criteria or resolution of previously identified issues.]

We respectfully propose that the SMC Certification Review take place on [date]. The state contact person for matters involved in scheduling and completing the certification review is [name], who can be reached at [phone] or by electronic mail at [email address].

Sincerely,

[Name]
[Title]

Attachments: [Attachment name]
[Attachment name]

CC: [Names, titles]