[Month DD, YYYY]

Edward L. Dolly  
Deputy Director, Data & Systems Group  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-22-16  
Baltimore, Maryland 21244-1850

Dear Deputy Director Dolly,

The [State name], [Department name] is pleased to request certification approval of its [MMIS/E&E/HIE/EVV/PDMP] module(s) retroactive to its implementation of [date]. [State] intends to claim federal financial participation (FFP) at the 75-percent matching rate for operation of the [name of module(s)] from the first day of the calendar quarter after the date the system met the conditions of initial approval per 42 CFR 433.116(a). 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 [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 [If E&E, add “Acceptable Risk Controls for ACA, Medicaid, and Partner Entities (ARC-AMPE)”].
* The system can produce data, reports, and performance information that will contribute to program evaluation and continuous improvement in business operations as a condition of enhanced Medicaid federal matching for Medicaid Enterprise Systems (MES) expenditures (42 CFR 433.112(b)(15) and 433.116(b), (c), and (i)).
* 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) on [date]. Enclosed is a copy of the system acceptance letter addressed to the system developer, [name of developer].

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

[Include any relevant state-specific information, such as resolution of previous issues. If the certification retroactive date differs from the implementation/go-live date, briefly explain the reason and provide both dates.]

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].

Sincerely,

[Name]

[Title]

Attachments: [Attachment name]

[Attachment name]

CC: [Names, titles]