From:	Kreizenbeck, Karma L
To:	Glick, Susan G
Subject:	FW: DUA RSCH-2017-51283 - CMS Approval of Data Request (New)--Scott Ramsey, Fred Hutchinson Cancer Research Center (Request Tracking #20170215-854C)
Date:	Thursday, September 7, 2017 2:01:50 PM
Attachments:	01_Reqst Ltr_EFX-820-13455.pdf 07_Spec Wrksht_Cost-Inv_EFX-820-13455.xlsx DUA RSCH-2017-51283 with Att B_Sig Add_Exec Summary_06-06-2017_EFX-820-13455.pdf DUA_ RSCH-2017-51283.pdf

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Susan,

It was wonderful to meet you this morning. I am going to start flooding your mailbox with CMS-related information. Here is our approval from Medicare. I will also send the application and other materials after I return from my next meeting.

Thanks,

Karma

From: Greenwood-Hickman, Mikael Anne
Sent: Tuesday, June 6, 2017 8:32 AM
To: Kreizenbeck, Karma L <kkreizen@fredhutch.org>; Fedorenko, Catherine R <cfedoren@fredhutch.org>; Drury, Kristy <kdrury@fredhutch.org>; Dodson, Bret P <bdodson@fredhutch.org>
Subject: FW: DUA RSCH-2017-51283 - CMS Approval of Data Request (New)--Scott Ramsey, Fred Hutchinson Cancer Research Center (Request Tracking #20170215-854C)

Some great news from CMS this morning!

I will start sifting through everything below and identify next steps.

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Mikael Anne Greenwood-Hickman, MPH
Project Coordinator / HICOR / 206.667.4350 / mgreenwo@fredhutch.org / Fred Hutch / Cures Start Here

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From: Sample, Cheryl D. (CMS/OEDA) [mailto:Cheryl.Sample@cms.hhs.gov]
Sent: Tuesday, June 6, 2017 6:30 AM
To: Ramsey, Scott D <sramsey@fredhutch.org>; Greenwood-Hickman, Mikael Anne <mgreenwo@fredhutch.org>
Cc: Jennifer Koper <kope0045@umn.edu>; 'Waruiru Mburu (mburu@umn.edu)' <mburu@umn.edu>; CMS FilesforOrder <FilesforOrder@cms.hhs.gov>; CMS ResearcherDUA <ResearcherDUA@cms.hhs.gov>
Subject: DUA RSCH-2017-51283 - CMS Approval of Data Request (New)--Scott Ramsey, Fred Hutchinson Cancer Research Center (Request Tracking #20170215-854C)

This email is to inform you that CMS has approved your request to obtain CMS data for

your new research project entitled, **"The Value of Cancer Care Initiative." You may begin to refer to Data Use Agreement (DUA) RSCH-2017-51283** when addressing inquiries of any nature regarding this agreement. Attached is the html copy of the DUA from our DUA tracking system, cost invoice/data processing documents and signed DUA with Attachment B, signature addendums and approved executive summary to maintain for your records.

Payment must be received before your request is forwarded for data processing (see cost invoice attached in record spec worksheet). CMS requires that payment (debit/credit card) for Data Requests be submitted through **http://www.pay.gov.** To avoid delay and ensure that your payment is received and processed properly, please follow the instructions below:

(1) Submit payment via the website www.pay.gov. This website will provide directions to complete your payment transaction under the Department of Health and Human Services. You will complete the required information on the CMS Data Payment Form located at (https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=25851882) in order to submit your payment information (payment total on cost estimate) for this request. After completing the CMS Data Payment Form, you will be provided with an Agency Tracking ID. This Tracking ID must be recorded on the order form prior to submission. CMS requires the Agency Tracking ID to verify your payment.

(2) Send Email once the payment is made to CMS at **FilesforOrder@cms.hhs.gov**.The email should include the assigned Pay.gov Agency Tracking ID, Request Tracking number and DUA number. **You must send this email in order to notify CMS that payment has been submitted. Once we confirm that payment has been received, your data request will be processed and shipped.**

If you must submit payment via check, see instructions on cost invoice.

Please review the Centers for Medicare & Medicaid Services (CMS) DUA Requirements which outlines your responsibilities in terms of safeguarding the confidentiality of CMS data. This DUA approval is based on the understanding that personnel within your organization and any subcontracting organization's personnel will comply with all requirements of this DUA. It is your responsibility to convey a copy of this DUA and CMS DUA Requirements to any such individuals and organizations. Note that this approval only applies to this request for the study stated in the DUA. Any additional purpose will have to be reviewed and approved in writing by CMS.

The DUA must be revalidated annually and you will receive an automated email notification 60 days prior to the DUA expiration date. If you wish to obtain a 1-year DUA extension, add/remove data users/custodians, close your DUA or have questions regarding this new policy, the DUA Requestor/User must send an email to DataUseAgreement@cms.hhs.gov referencing the DUA number. More information regarding the resolution of expired DUAs can be found at the following CMS website: www.cms.gov/privacy.

If you have questions, please feel free to contact me via email or at the phone number listed below. You may also contact your ResDAC Executive Advisor.

Thank you,

Cheryl Sample

Division of Data & Information Dissemination | Data Development and Services Group | Office of Enterprise Data & Analytics | Centers for Medicare & Medicaid Services |7500 Security Boulevard, Mailstop: B2-29-04, Baltimore, MD 21244-1870| Phone: (410) 786-7185 |Fax: 410-786-5515 |E-mail: cheryl.sample@cms.hhs.gov| Website: Privacy

Protected Data: Request Policies and Procedures at http://www.cms.gov/privacy

ResDAC ID EFX-820-13455