**Instructions to Hospitals: This is an example cover letter you may want to leverage. Please submit back to the HSCRC on your hospital’s letterhead along with the Provider Linkage Data Submission Template. The Care Coordation attestation language is required and should not be changed.**

To: Chris Peterson, Principal Deputy Director

From: XXXXXXXXXX

Date: XXXXXXXXXX

**Rate Year 2021 Medicare Performance Adjustment (MPA)**

**Hospital Cover Letter and Attestation**

Dear Mr. Peterson,

Please find attached the following documents for the RY2021 Medicare Performance Adjustment.

* [ ]  Provider Linkage Data Submission Template (excel document)
* [ ]  MPA Combination Letter

Care Coordination Relationship Attestation:

*“The Hospital certifies that it has a Business Associate Agreement (BAA), as such term is defined by 45 CFR §164.504, or other such agreement (employment contract, ACO Agreement, etc.) that allows data sharing under HIPPA, with each Medicare-enrolled practitioner on the attached list to receive Protected Health Information (PHI) for healthcare operations and for voluntarily coordinating or managing health care and related services in a manner allowable under 45 CFR §§164.501, 164.502, and 164.504. The Hospital agrees to hold harmless the State, the HSCRC, and CRISP and to defend and indemnify these parties, individually or collectively, from any actions arising from a false certification made herein.”*

I hereby certify that I have reviewed this list of providers, its accuracy, and am submitting all information applicable for <<Insert Hospital Name>>.

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Date

To: Chris Peterson, Principal Deputy Director

From: XXXXXXXXXX

Date: XXXXXXXXXX

**Rate Year 2021 Medicare Performance Adjustment (MPA):**

**Request for MPA Combination**

Dear Mr. Peterson,

Hospital A, B, and C are requesting HSCRC approval to combine their MPAs for Rate Year 2021.

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Date