## Request for Standardized Extracts of Medicare Claims Data for Our Enrollees:

Select Contract Number(s):
o All Contracts
o Select One or More Contracts

| SXXXX |
| :--- |
| SXXXX |
| SXXXX |
| SXXXX |

Next

## Certify Request for Standardized Extracts of Medicare Claims Data for Our Enrollees:

SXXXX, SXXXX

| Click to Certify | Certification |
| :---: | :---: |
| 0 | We would like to request standardized extracts of Medicare claims data for our enrollees. <br> In making this request, we attest that we understand the following purposes and limitation on the use of the claims data as described in 42 CFR 423.153(g). <br> 1. Purposes. A PDP sponsor must comply with all laws that may be applicable to data received under this provision, including state and federal privacy and security laws, and, furthermore subject to the limitations in 42 CFR $423.153(\mathrm{~g})(4)$ may only use or disclose the data provided by CMS for the following purposes: <br> (i) To optimize therapeutic outcomes through improved medication use, as such phrase is used in paragraph 42 CFR 423.153 (d)(1)(i). <br> (ii) To improve care coordination so as to prevent adverse health outcomes, such as preventable emergency department visits and hospital readmissions. <br> (iii) For activities falling under paragraph (1) of the definition of "health care operations" under 45 CFR 164.501. <br> (iv) For activities falling under paragraph (2) of the definition of "health care operations" under 45 CFR <br> 164.501. <br> (v) For "fraud and abuse detection or compliance activities" under 45 CFR 164.506(c)(4)(ii). <br> (vi) For disclosures that qualify as "required by law" disclosures at 45 CFR 164.103. <br> 2. Limitations. A PDP sponsor must comply with the following requirements regarding the data provided by CMS in 42 CFR $423.153(\mathrm{~g})$ : <br> (i) The PDP sponsor will not use the data to inform coverage determinations under Part D; <br> (ii) The PDP sponsor will not use the data to conduct retroactive reviews of medically accepted indications determinations; <br> (iii) The PDP sponsor will not use the data to facilitate enrollment changes to a different prescription drug plan or an MA-PD plan offered by the same parent organization; <br> (iv) The PDP sponsor will not use the data to inform marketing of benefits. <br> (v) The PDP sponsor will contractually bind its contractors that have access to the Medicare claims data, and any other potential downstream data recipients, to the terms and conditions imposed on the PDP Sponsor under this paragraph (g). <br> We attest that we will comply with the requirements provided in in 42 CFR 423.153(g). |


|  | PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no <br> persons are required to respond to a collection of information unless it displays a valid <br> OMB control number. The valid OMB control number for this information collection is <br> 0938-TBD. The time required to complete this information collection is estimated to <br> average 1-5 minutes per response, including the time to review instructions, search <br> existing data resources, gather the data needed, and complete and review the <br> information collection. If you have comments concerning the accuracy of the time <br> estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security <br> Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, <br> Maryland 21244-1850. |
| :--- | :--- |

Submit

## Request for Standardized Extracts of Medicare Claims Data for Our Enrollees:

## Confirmation

| Certification Requested for: | Certification Request Date: | Certification Requested By: |
| :--- | :--- | :--- |
| SXXXX | $12 / 13 / 2019 \quad 10: 03 \mathrm{AM}$ | John Doe |
| SXXXX | $12 / 13 / 2019 \quad 10: 04 \mathrm{AM}$ | John Doe |

## Request to Stop Standardized Extracts of Medicare Claims Data for Our Enrollees:

Select Contract Number(s):
o All Contracts
o Select One or More Contracts

```
SxXXX
SXXXX
SXXXX
SXXXX
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Next

Request to Stop Standardized Extracts of Medicare Claims Data for Our Enrollees:

## Confirmation

| Requested for: | Request Date: | Requested By: |
| :--- | :--- | :--- |
| SXXXX | $12 / 13 / 2019 \quad 10: 03 \mathrm{AM}$ | John Doe |
| SXXXX | $12 / 13 / 2019 \quad 10: 04 \mathrm{AM}$ | John Doe |

