



This template is intended for use by CMS and its contractors to notify State-based Exchanges, as needed, throughout the improper payment pre-testing and assessment (IPPTA) period, concerning information related to the pre-testing and assessment processes and procedures, as required by the IPPTA regulations, and described in the Improper Payment Pre-Testing and Assessment Guide for State-based Exchanges (i.e., sub-regulatory guidance).

Blue italicized text provides instructions for use of this template. Yellow highlighted text indicates information to be filled for structured areas of the template. Delete all blue text and unused sections or optional information fields prior to release.

DATE: [Date]

FROM: [Name]
[Title]
[Office]
[Phone Number]

SUBJECT: Improper Payments Pre-Testing and Assessment (IPPTA) for State-based Exchanges:
[Topic for this notification]
[Communication Tracking Number (e.g., a notification number for internal communications management)]

Use one of the following headings or omit altogether if this is a general informational bulletin for public release.

Dear [Title] [Last Name]: *Use for an individual state exchange, state insurance director, etc.*

TO: [State-based Exchange Name] *Use for general issuance to a state exchange.*

Provide an introductory sentence or paragraph to describe the purpose of this notification. For example: "This informational bulletin provides details on the data documentation requirements for IPPTA."

[Introductory text]

BACKGROUND

[Use this section to provide background information on the notice topic, including references to regulatory or sub-regulatory guidance, the history of the topic including earlier communications, etc.]

[TITLE 1] *Enter a meaningful heading for the body of the notification. Repeat this format of titles and text as needed to cover the notification topic.*

[Text covering the notification topic.]

Information on IPPTA is available at <https://www.cms.gov/data-research/monitoring-programs/improper-payments-measurement-programs/exchange-improper-payment-measurement-eipm/improper-payment-pre-testing-and-assessment-ippta-state-based-exchanges>.

Please direct any questions regarding IPPTA or the information contained within this notification to [Name], [Title], [Organization] at [Telephone Number], or by email at ippta@cms.hhs.gov.

Delete the following if there are no enclosures or fill in as appropriate. Explicitly reference enclosures in the body of the notification where applicable.

Enclosures:

- [Title/Name of Item 1]
- [Title/Name of Item 2]