Instructions for completing the Attachment A: Limited Data Set (LDS) Request Application

This document: All requesters of Limited Data Set (LDS) data must complete an Attachment A: LDS Request Application. It collects information about the Requester, the proposed use including detailed study aims, data required, and dissemination of findings plan. These instructions are for **new requests only.**

General Instructions

1. This is a two-page document.
2. **Answer every item in the document.**
3. Do not alter the layout or content of the document.
4. Upload the document into EPPE.
5. The DUA is not finalized until approved by the CMS DMT.

Specific Instructions

A

Enter the name of the **DUA Requester**. The Requester is the individual authorized to sign agreements on behalf of the requesting organization. This person is often referred to as the 'legal signatory'. This person accepts all terms and conditions in the DUA and attests that all information contained in the request is accurate. This individual will match the Requester in EPPE.

B

Enter the exact legal name of the **Requesting Organization**.

C

Enter the exact **Study Title**. This will match the Study Title in EPPE.

D

Provide a comprehensive **Study Description** of the proposed study that includes:
• Brief background
• Clear objectives and aims
• Clear statement of the study purpose

ATTACHMENT A: LIMITED DATA SET (LDS) REQUEST APPLICATION

A

DUA Requester
Individual authorized to sign agreements on behalf of the requesting organization.

B **Requesting Organization**
Organization with which the LDS DUA is established.

C **Study Title**
Title of the research study or project.

EXECUTIVE SUMMARY

1. **Study Description**
   Please describe your study background, objectives, aims, and purpose.

   D *To be approved under current Centers for Medicare & Medicaid Services (CMS) policy, the purpose of your study must be designed in a way that is expected to demonstrate the potential to improve the quality of life for Medicare beneficiaries, Medicaid recipients, and/or Health Insurance Exchange consumers or improve the administration of the Medicare or Medicaid programs or Health Insurance Exchanges, including payment-related projects.*

   Click or tap here to enter text.

2. **Other than the CMS LDS files you are requesting, please list any additional data files or sources of information that you are planning to use to support your research study (e.g., Provider of Services (POS) file, American Medical Association (AMA) Physician Master file, etc.)**

Name of additional files	Purpose for using the data file in the analysis

PUBLIC DISSEMINATION OF FINDINGS

Describe your plans for publicly disseminating the findings from your analysis, including specific media through which you will report results.

Click or tap here to enter text.

Please tell us about any products or tools you will be creating to sell, in addition to the findings that will be made publicly available. If you will not be creating additional products or tools, please state N/A.
(Provide detailed information on the product or tool and the audience that you will be targeting. The product or tool that will be created must stem from the research described in the above executive summary. Note – this product cannot be used for marketing as defined in 45 C.F.R. § 164.501 or to create the potential for fraud, waste, and/or abuse in CMS programs. Any CMS data provided in the product or tool must meet the de-identification requirements in the LDS DUA sections 4 and 5).)

Click or tap here to enter text.

CMS

1

E

E1: List non-CMS data files or CMS public use files that will be used with the data or linked to the data. Leave blank if there are none.
E2: In one to two sentences, describe how the file will be used in your study.

F

In one to two paragraphs, provide a description of how you will make the findings available to the public. Describe in detail how and where the study findings will be made available to the public and include the names of the scientific journals, websites or conferences that will be targeted. Use strong, affirmative language such as "Results will be…" or "We will submit".

G

In addition to sharing your findings publicly, please provide details about any products or tools you plan to develop.

H

Enter the name of your Data Management Plan (DMP). A DMP is required before receiving LDS data. To get an approved DMP, contact the Data Privacy Safeguard Program (DPSP) at DPSP@cms.hhs.gov. The DPSP team will guide you through the process. Once completed, please include your DMP SAQ in the "Data Management Plans" section of the DUA in EPPE.

Instructions for completing the Attchment A

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Requesting Organization	
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Name of additional files	Purpose for using the data file in the analysis
E1	**E2**

PUBLIC DISSEMINATION OF FINDINGS

F

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Click or tap here to enter text.

G

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Click or tap here to enter text.

CMS

1

H

3. **Data Management Safeguards**

Please provide the name of your DMP SAQ approved through the Data Privacy Safeguards Program (DPSP):

Click or tap here to enter text.

CMS

2