

NDWS Restricted Data Request Form

Primary Data User (person who will sign the NDWS Data Use Agreement)

Full Legal Name: _____

Work Email Address: _____

Phone Number: _____

Work Location (country): _____

Institution/Company Name: _____

Institution/Company Type:

If other, please explain:

Primary Appointment/Job Title: _____

Primary Role:

If other, please explain:

Note: If Primary Data User is a student, the following are required:

- A letter of support from an advisor/mentor
- The advisor/mentor must be included as a project team member with data access



Additional Project Team Members

Please list all additional project team members in the table below. Include all project personnel, whether or not they will require access to data in LINKAGE.

Legal First & Last Name	Work Email Address	Phone Number	Work Location (country)	Project Role	Does this team member require data access on LINKAGE?



Project Information

Project Title: _____

Project Abstract (no more than 250 words):

If this project is a resubmission of a previously denied NDWS Restricted Data Request, please provide the original submission Project ID#: _____

Funding Source:

Funding Source Comments (required if “other” selected above):

IRB Approval Type:

IRB Approval Comments (required if “other” selected above):

Requested Data Products

Please fill out the form below to specify which data you are requesting. Descriptions of these data products are available on the [NDWS website](https://www.ndws.org).

Data Products	Requesting?
NDWS Family of Surveys	
Community Clinician	
Nursing Home: Administrator	
Nursing Home: Staff	
Assisted Living: Administrator	
Assisted Living: Staff	
Home Care: Administrator	<i>Not available in Wave 1</i>
Home Care: Staff	<i>Not available in Wave 1</i>
Environment	
Social Vulnerability Index	
Area Health Resources Files (AHRF)	
Medicaid State LTSS Expenditure Report	
AARP LTSS State Scorecard	
Nurse Practitioner Scope of Practice Regulations	
Process & Quality of Care	
Medicare Physician & Other Practitioners - by Provider	
Medicare Physician & Other Practitioners - by Provider and Service	
Medicare Part D Prescribers - by Provider	
Medicare Part D Prescribers - by Provider and Drug	
LTCFocus Nursing Home data	
CMS Nursing Home Compare	
CMS Care Compare: Home Health Quality Reporting Program	<i>Not available in Wave 1</i>
Payroll Based Journal Daily Nurse Staffing	
Payroll Based Journal Daily Non-Nurse Staffing	
Payroll Based Journal Employee Detail Nursing Home Staffing	
Long-Term Care (LTC) Data Cooperative*	<i>Not available in Wave 1</i>
Claims-Based Summary Files (Constructed by NDWS)	
Community Clinician Claims-Based Summary File	
Nursing Home Claims-Based Summary File	

*Requires additional approval from the LTC Data Cooperative. May not be available if sample size is not sufficient.

Please indicate which CMS files (if any) you are requesting for your analysis; researchers are limited to the files and years necessary to complete their scientific aims.

CMS Beneficiary-Level Claims Data**	Year(s) Available	Requesting?	Year(s) Requested
Medicare Enrollment Data			
Master Beneficiary Summary File (MBSF): Base – Segment (A/B/C/D)	2015-2023		
Additional Medicare Summary Files			
Master Beneficiary Summary File (MBSF): Chronic Conditions	2015-2022		
Master Beneficiary Summary File (MBSF): Cost & Utilization	2015-2022		
Master Beneficiary Summary File (MBSF): Other Chronic or Potentially Disabling Conditions	2015-2022		
Medicare Part A & B Claims Data			
Medicare Carrier (PB) Claims	2015-2023		
Medicare Durable Medical Equipment (DM) Claims	2015-2023		
Medicare Home Health (HH) Claims	2015-2023		
Medicare Hospice (HS) Claims	2015-2023		
Medicare Inpatient (IP) Claims	2015-2023		
Medicare Outpatient (OP) Claims	2015-2023		
Medicare Skilled Nursing Facility (SN) Claims	2015-2023		
LINKAGE-Built Medicare Provider Analysis & Review (MedPAR)	2015-2022		
Medicare Part C Encounter Data			
Medicare Carrier Encounter Claims	2015-2021		
Medicare Durable Medical Equipment (DME) Encounter	2015-2021		
Medicare Home Health Agency (HH) Encounter Claims	2015-2021		
Medicare Inpatient (IP) Encounter Claims	2015-2021		
Medicare Outpatient (OP) Encounter Claims	2015-2021		
Medicare Skilled Nursing Facility (SNF) Encounter Claims	2015-2021		
Medicare Part D Prescription Drug Event (PDE) Data			
Prescription	2015-2022		
Payment	2015-2022		
Prescriber/Plan	2015-2022		
Medicare Part D Medication Therapy Management (MTM)	2015-2021		
Medicaid Enrollment Data			
Medicaid Analytic eXtract (MAX) Personal Summary (PS) Enrollment Data	2015		
TMSIS Analytic Files (TAF) Demographic and Eligibility (DE) Enrollment Data	2015-2022		
Medicaid Claims Data			
Medicaid Analytic eXtract (MAX) Inpatient (IP) Claims	2015		
Medicaid Analytic eXtract (MAX) Long Term Care (LT) Claims	2015		
Medicaid Analytic eXtract (MAX) Other Services (OT) Claims	2015		
Medicaid Analytic eXtract (MAX) Prescription Drug (RX) Data	2015		
TMSIS Analytic Files (TAF) Inpatient (IP) Claims	2015-2022		

CMS Beneficiary-Level Claims Data**	Year(s) Available	Requesting?	Year(s) Requested
TMSIS Analytic Files (TAF) Long Term Care (LT) Claims	2015-2022		
TMSIS Analytic Files (TAF) Other Services (OT) Claims	2015-2022		
TMSIS Analytic Files (TAF) Pharmacy (RX) Data	2015-2022		
TMSIS Analytic Files (TAF) Annual Provider (APR) Data	2015-2022		
TMSIS Analytic Files (TAF) Annual Managed Care Plan (APL) Data	2015-2022		
Long Term Care Minimum Data Set (MDS)	2015-2022		
Outcome and Assessment Information Set (OASIS)	2015-2022		
Inpatient Rehab Facility-Patient Assessment Instrument (IRF-PAI)	2015-2022		
Healthcare Effectiveness Data and Information Set (HEDIS)	2015-2022		

***Please note: NDWS does **NOT** grant access to CMS beneficiary-level data, which is authorized by NIA through the LINKAGE DUA process.*

Explain why the public use data available on NACDA are not adequate for your research purposes:



Please provide a brief (no more than 500 words) summary of how your research will make use of these requested data products, including planned data analyses. If requesting CMS data, include justification for the files and years requested.

NDWS Restricted Data Application Checklist & Next Steps

Please email the materials listed below in a single email with a subject line that begins with “[Data Request]” to info@ndws.org.

Application Checklist:

This checklist is for your reference only and does not need to be submitted with your application.

- ☐ Completed NDWS Restricted Data Request Form
- ☐ Institutional Review Board (IRB) letter of approval or copy of Exempt Status determination/ approval/waiver
- ☐ Primary Data User NIH Biosketch (or your CV/Resume)
- ☐ NIH Biosketches for all other project team members (CVs/Resumes also acceptable)
- ☐ Letter of support from an advisor/mentor (this is only necessary if the Primary Data User is a student) *Note: the advisor/mentor must also be included as a project team member with data access*

Next Steps:

1. Applicants will receive a written decision within 2 to 3 weeks, provided the application is complete.
2. Approved applicants will then be asked to execute the NDWS Data Use Agreement (DUA) before access to the restricted data in LINKAGE can be granted.

Please note: To access CMS data in LINKAGE, additional action is needed after NDWS approves your project. [Details can be found on our website](#) and your project approval letter will contain instructions.