

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 Narrative

Please provide a plain language summary of your proposal in no more than three sentences:

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):

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

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

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

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

Authorized Project

In no more than 800 words, please describe your project and proposed analyses, including how you will use the NDWS surveys and any linked data requested. This description will be included in your DUA with the University of Michigan and it will be used when reviewing publications generated from your analyses on LINKAGE:



Authorized Project (continued)

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 CV/Resume
- ☐ CVs/Resumes for all other project team members
- ☐ 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.