

Webinar – Closing a DUA

Agenda

- When should the DUA be closed
- How to reuse the data for another project/study
- How to complete the Certification of Disposition (COD) form
- Where to send the completed COD form



Data Descriptions from .html file



Data Descriptions:

#1 Data Description: IDR - IDR - INTEGRATED DATA REPOSITORY

From Year: 2099 To Year: 2099

#2 Data Description: MCBS - MEDICARE CURRENT BENEFICIARY SURVEY

From Year: 2004 To Year: 2005

#3 Data Description: MEDPAR - MEDICARE PROVIDER ANALYSIS AND REVIEW

From Year: 2099 To Year: 2099

#4 Data Description: NCH-56 - CANADA

From Year: CURR To Year: CURR



Data Descriptions from e-mails



Year(s)	From-To	Data Descriptions
	CURR CURR	CROSS-REFERENCE
	2005 CURR	SYSTEM FOR TRACKING HHA OWNERSHIP
	2005 2009	CARRIER STANDARD ANALYTICAL FILE 100%
	2005 2009	DENOMINATOR FILE

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Extension & Closure Requests



Step-by-Step Instructions



Requesting DUA Closures

Step 1 - the Requester or any Custodian listed on the DUA may request the closure. If none of these individuals are available, a representative of the Requester's or Custodian's organization may submit the request.

Step 2 - only send one (1) Certificate of Disposition for one (1) DUA in each e-mail

Step 3 - complete the on-line fillable [CMS DUA Certificate of Disposition](#) form. In the "CMS Data Files Destroyed" section, the file(s) being destroyed must be listed exactly as they are listed for your DUA in our Database. Refer to your DUA expiration e-mail notification or your most recent [.htm](#) file for your DUA that you received from the CMS DUA Team. Files received for one DUA that are also being used as approved by CMS in another DUA, must still be certified as being destroyed by the Requester on the *Certificate of Disposition* for each DUA. For example, a file is received from CMS and used in DUA #1 and subsequently approved by CMS to also be used by the Requester for their DUA #2. When the Requester is ready to close either DUA, they must list the file on the *Certificate of Disposition*, even though the file is still being used under the other approved DUA. The file is accounted for by each DUA independently of the other DUA and therefore each DUA's *Certificate of Disposition* must list the file. The file is being destroyed for that specific DUA even though it may still be in use under another DUA.

Step 4 - print, sign, scan and send as an e-mail attachment to DataUseAgreement@cms.hhs.gov.

Step 5 - e-mail Subject line: **DUA ##### - Closure** (where ##### is the DUA #)

Step 6 - you will receive an e-mail from the CMS DUA team confirming the closure of your DUA.

DUA – COD Instructions



DATA USE AGREEMENT (DUA) CERTIFICATE OF DISPOSITION (COD) FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

This certificate is to be completed and submitted to CMS to certify the destruction/discontinued use of all CMS data covered by the listed Data Use Agreement (DUA) at all locations and/or under the control of all individuals with access to the data. This includes any and all original files, copies made of the files, any derivatives or subsets of the files and any manipulated files. The requester may not retain any copies, derivatives or manipulated files – all files must be destroyed or properly approved in writing by CMS for continued use under an additional DUA(s). CMS will close the listed DUA upon receipt and review of this certificate and provide e-mail confirmation to the submitter of the certificate.

Directions for the completion of the certificate follow:

- Item # 1 Provide the Requester's Organization
- Item # 2 Provide the DUA #
- Item # 3 Check only one (1) box regarding the disposition of the DUA. List exactly as identified in the DUA all original files and applicable years associated with this DUA.
- Item # 4 Certification statement
- Item # 5 Print name of individual signing the form
- Item # 6 Phone # of individual signing the form
- Item # 7 Date signed
- Item # 8 E-mail address of individual signing the form
- Item # 9a (optional) Alternate point of contact (POC) name and phone
- Item # 9b (optional) Alternate POC e-mail
- Item # 10 Signature (must be individual listed in item # 6) (use entire box for digital signatures if available)

DUA – COD sections 1-3



DATA USE AGREEMENT (DUA) CERTIFICATE OF DISPOSITION (COD) FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

1. REQUESTER ORGANIZATION:

2. DATA USE AGREEMENT (DUA) NO.:

3. CHECK ONLY ONE ITEM BELOW:

- a. All requested files and the copies, derivatives, subsets and manipulated files have been approved by CMS for re-use. Attach a copy of the approval documentation.
- b. Some requested files or copies, derivatives, subsets and/or manipulated files have been approved by CMS for re-use. Attach a copy of the approval documentation and list below the files that were destroyed.
- c. None of the files were ever received for this DUA.
- d. All files listed below, received under the DUA # listed above, have been destroyed, including copies, derivatives, subsets and manipulated files.

File(s)

Year(s)

DUA – COD sections 4-10



4. By signing this Certificate, I confirm that ALL data requested for the DUA number listed above and as applicable, copies, derivatives, subsets and manipulated files, held by all individuals who had access to, and from all the computers/storage devices where the files were processed/stored in accordance with the terms and conditions of the DUA have been properly disposed of as indicated by section 3 above.

5. PRINTED NAME:

Cyber Tyger

6. PHONE #:

410-111-9999

7. DATE:

June 29, 2012

8. E-MAIL:

Cyber.tyger@cms.hhs.gov

9a. (OPTIONAL) ALTERNATE POINT OF CONTACT (POC) NAME AND PHONE:

Cyber Tyger Sr.

9b. (OPTIONAL) ALTERNATE POC E-MAIL:

Cyber.tyger2@cms.hhs.gov

10. SIGNATURE:

Form CMS-10252 (5/29/12)

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Print, sign, scan, attach to e-mail & send to
DataUseAgreement@cms.hhs.gov



Attach to e-mail

All requests for DUA actions must be submitted to CMS via e-mail. Any forms must be signed, scanned and attached to the e-mail and sent to DataUseAgreement@cms.hhs.gov.

- Unless specifically directed otherwise, send requests only to DataUseAgreement@cms.hhs.gov
- Scanned documents are preferred to be file type .pdf
- Submit one (1) DUA request per e-mail
- Addendum forms for a new DUA may all be submitted together with the DUA request in one (1) e-mail
- Submit contact information updates separately from DUA extension requests

E-mail Subject Lines:

Request Type (note 1)	Subject Line (do not include parenthesis)
New DUA (note 2)	New DUA (organization/researcher name or DSH provider #)
Add files (DUA Update form) to existing DUA (note 2)	DUA ##### Update
Requester change or add Custodian(s)/Recipient(s)	DUA ##### Addendum
Researcher DUA amendment (note 3)	DUA ##### Amendment
Extension	DUA ##### Extension
Closure	DUA ##### Closure
Remove Custodian(s)/Recipient(s)	DUA ##### Remove contacts
Change federal contact	DUA ##### Federal contact change
Replace CMS contact on all currently open DUAs	CMS Contact (name) global replacement
Correct contact information	Contact (name) information update

Note 1: except to close a DUA, all CMS contracts and federal contracts/grants must be submitted through the federal contact for that specific DUA



E-mail Subject line



View A

DUA 13556 - Extension
DUA 14768 - Contact
DUA 17332 - Addendum
DUA 17332 - Extension
DUA 17332 - Federal Contact change
DUA 22319 - Update
DUA 22345 - Extension

View B

DUA [20486] - Extension Request
RE: CMS DUA #21511 Extension
Extension Request-DUA 19133
RE: DUA 20213 Addendum
DUA 20213 Extension
Requesting Extension for DUA 13280
DUA 20375 extension



Closure e-Mail

 Send	To...	CMS DataUseAgreement;
	Cc...	CyberTyger2@cms.hhs.gov; CyberTyger3@cms.hhs.gov
	Subject:	DUA 21156 - Closure
	Attached:	 DUA 21156 COD.pdf (159 KB)

(mailing address)
Centers for Medicare & Medicaid Services (CMS)



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