

Instructions for Completing the Centers for Medicare & Medicaid Services (CMS) Data Request Form

1. Requester Information - Complete the information as specified. If the requester is also the custodian of the data, leave the Custodian section blank.
2. Project/Study Name - Enter the Project or Study Name.
3. Data Use Agreement (DUA) Number - If your study already has a DUA number assigned, please specify that DUA number.
4. Method of Payment – Payment using a Purchase Order is only available for Federal Agencies and requires an Agency Locator Code. If you are paying for the data by check or money order, please provide the check or money order number, if known. If your agency has an Interagency Agreement (IA) with CMS, please specify both the IA Number used by your agency and the IA Number for CMS. If you are using some other payment method, please specify using the ‘Other’ category. If you have a Memorandum Of Understanding (MOU) with CMS, please use the ‘Other’ category and specify the MOU reference number.
5. Finder File Specifications - Please specify the data set name(s) of any finder file(s) you are providing to CMS. For all finder files submitted, please designate the type of data contained in each finder file data set [Social Security Number (SSN), Health Insurance Claim Account Number (HIC), diagnosis codes, etc.] and the number of records in the file. Additionally, indicate the media type on which the finder file is being submitted.
6. Standard File Selections - Clicking on the file name will link to a description of the file if a description is available. Link to the (*file name*) page will link to a page where criteria for finder file creation can be entered or specific data elements can be chosen for the output file. **Please designate the specific output data elements you want for the CLAIMS output file(s) rather than obtain all of the data elements.** If you want the Standard View output and a few additional data elements, on the output file, you may select the Standard View and note the additional data elements on the Search Criteria/Output Data Element Checklist for the file(s) you are requesting. Clicking on Standard View under Claims will link to the list of data elements in the Standard View for each claim type. Also, please note that SSN or HIC finder files will be automatically cross-referenced for all of the files listed under Standard File Selections. The finder file information will be included in the output records. If a separate cross-reference file is needed, check the box to the left of Cross-reference File and specify the name(s) of the SSN or HIC finder file(s) you want cross-referenced.
7. Miscellaneous Files – Complete the required information only for the files you are requesting.
Click on Files for Purchase to link to the Files for Purchase website.
Check the box to the right of Medicare Physician Identification and Eligibility Record File (MPIER) and indicate the year of data you want. Click on MPIER Files (in the parentheses) to link to the description of the MPIER file.
Click on State Medicaid Research Files to link to the State Medicaid Data Files page. Print the State Medicaid Data Files page to specify the years and states you are requesting.
Click on Continuous Medicare History Sample to link to the description of the file. Indicate the years of data that you are requesting to the right of the file name.
Click on Medicare Current Beneficiary Survey (MCBS) to link to the MCBS web site for file information. Indicate the MCBS file(s) required and the year(s) of the file(s) required in the appropriate spaces.
If you are requesting files that are not listed on the form, please indicate the name(s) of the file(s) and the year(s) of the files to the right of Other; however, files not listed on the form may not be available.
8. Shipping Information - Indicate the delivery service (FedEx, UPS, etc.) to be used for delivery of the data and specify your account number with that service. Note that U.S. mail is not an acceptable method for delivery of data. If there are special instructions related to either shipping the package or information you want on the shipping label, please indicate that information after Special Instructions. Also if the shipping address is the same as either the requester name and address or the custodian name and address, simply check the appropriate box. It is not necessary to complete the same name and address information again.
9. Output Media Preferences - Please indicate your media output preference from the choices listed.