



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

All requesters of Limited Data Set (LDS) data must complete Attachment A: LDS Request Application. Attachment A is used to collect information about the Requester, the proposed use including detailed study aims, data required and plans for dissemination of findings. If amending the Attachment A, please provide the previously approved version and highlight any changes for review.

General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. Upload the completed document into EPPE.
4. The DUA is not finalized until approved by the CMS Data Management Team.

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 the "legal signatory". This person accepts all term and conditions in the DUA and attests that all information contained in the request is accurate. This individual will match the Requester on the DUA in EPPE.

B

Enter the legal name of the Requesting Organization.

C

Enter the exact Study Title. This will match the Study Title on the DUA.


OMB No. 0938-0734, Exp. 12/31/2027

ATTACHMENT A: LIMITED DATA SET (LDS) REQUEST APPLICATION

DUA Requester	A
<i>Individual authorized to sign agreements on behalf of the requesting organization.</i>	
Requesting Organization	B
<i>Organization with which the LDS Data is established.</i>	
Study Title	C
<i>Title of the research study or project.</i>	

EXECUTIVE SUMMARY

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

D

- 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

According to the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734 (Expires 12/31/2027). This information collection allows CMS to determine if the research disclosure complies with federal laws and regulations, as well as CMS policy. The information collected in the SMP SAD enables CMS to evaluate researcher data requests to ensure that CMS data are adequately secured and appropriately protected, as per the Privacy Act and the HIPAA Privacy Rule. CMS is permitted to disclose data files for approved research purposes in compliance with 45 CFR 164.512(i). Researchers requesting data files must, as part of the request process, complete a research request packet that provides CMS with information pertaining to the research study, including describing how the research results/ findings will be disseminated, as well as the data files being requested. Should CMS approve the research request, the data requester enters into a Data Use Agreement (DUA). This data collection is required based on 45 CFR 164.513(i). The time required to complete this information collection is estimated to average less than 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have concerns concerning the accuracy of this estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attention: PRA Reports Collection Office, Mail Stop C4-26-05, Baltimore, Maryland 21244-1631. ***CMS Disclosure*** Please do not send applications, dates, payments, medical records or any documents containing sensitive information to the PRA Reports Collection Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact DataUseAgreement@cms.hhs.gov.

D

Provide a comprehensive Study Description of the proposed study that includes:

- Brief background
- Clear objectives and aims
- Clear statement of the study purpose

E

E1: List non-CMS data files or CMS Public Use Files that will be used with the data or linked to the data.

E2: In one to two sentences, describe how the file will be used in your study.

F

In one to two paragraphs, describe in detail how and where the study findings will be made available to the public and include the names of the scientific journals, manuscripts, 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. If not developing any tools or products, enter "N/A".

H

Enter the name of your Data Management Plan Self-Attestation Questionnaire (DMP SAQ). A DMP SAQ is required before receiving LDS data. To get an approved DMP SAQ, 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.

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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
E1	E2

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PUBLIC DISSEMINATION OF FINDINGS

3. 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.

4. 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.

5. 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.