



The SDRC Data Request Process

Presented with:

**Indiana Family and Social Services Administration and
Minnesota Department of Human Services**

June 14, 2023

Today's Agenda

01 Common Data Request Questions

02 Data Request Process for New Data States/Territories

03 Panel Discussion
❖ Indiana FSSA

04 Additional Data Requests for Existing Data States/Territories

05 Panel Discussion
❖ Minnesota DHS

06 Resources and Questions

01

Common Data Request Questions

The following questions about data requests have been asked frequently:

- How do we initiate a data request?
- How far back can we receive data?
- How long does the data request process take?
- What forms do we need to fill out for each type of data being requested?
- How do we receive our data once the request has been approved?

How do we initiate a data request?

- To initiate a data request, simply contact SDRC via email (sdrc@acumenllc.com) or initiate a new discussion topic on the [SDRC Portal](#). Within your initial contact, you should state:
 - The initiative for which you are requesting data;
 - The data files you would like to request;
 - How those files will assist your initiative; and
 - Whether your initiative would be considered program integrity, care coordination, quality improvement, or a combination of any of these three.

How far back can we receive data?

- 3 years for care coordination and quality improvement initiatives and 5 years for program integrity initiatives is typically the maximum amount of time in the past for which a Medicaid agency can request data.

How long does the data request process take?

- The length of time from the initial data request communication to receiving the data generally takes 2-3 months. However, this timeline is variable and depends on the:
 - Length of time for the Medicaid agency to complete the initial draft of the required forms;
 - Amount of feedback necessary from SDRC;
 - Length of time for the Medicaid agency to finalize the forms;
 - Length of time for CMS to review forms and approve the data request; and
 - Length of time for data distributor to process your data request and initiate the data shipment(s).

What forms do we need to fill out for each type of data being requested?

- The number and types of forms needed vary by the data type requested:

Forms	COBA	CCW Data	Part D PDE
IEA		✓	✓
DRA		✓	✓
Cover Letter	✓	✓	✓
Specification Worksheet	✓	✓	✓
DRA Custodian Form		✓	✓
EFT Forms	✓		✓
COI Letter*			✓

**COI Letter is needed for downstream users only*

How do we receive our data once the request has been approved?

- This will depend on the data distributor. There are three main data distributors:
 - General Dynamics Information Technology (GDIT)
 - Data: Chronic Conditions Warehouse (CCW)
 - Sent via AXWAY or physical shipment (USB or CD)
 - Apprio, Inc.
 - Data: Part D PDE
 - Sent via Electronic File Transfer (EFT)
 - Benefits Coordination and Recovery Center (BCRC)
 - Data: COBA
 - Sent via EFT

02

Data Request Process for New States/Territories



Data Request Process for New States/Territories

Available Data Files

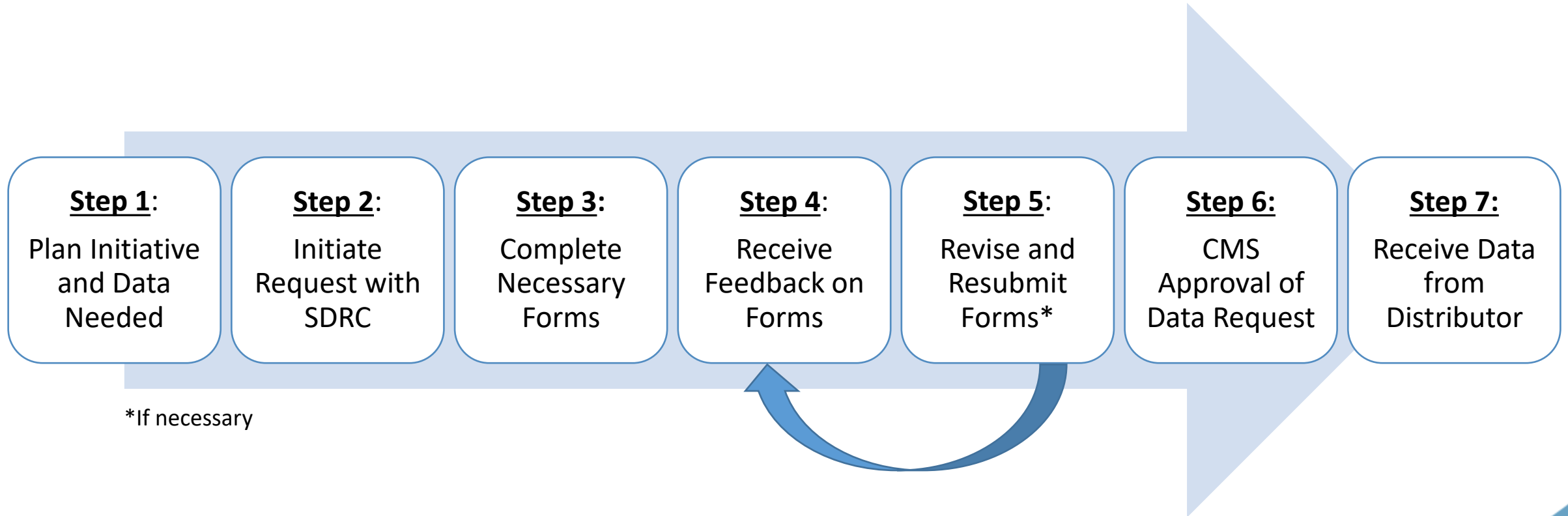


Data Type	Summary	Frequency	Time Period	Time Lag	Data Distribution	Linkage Variables
Coordination of Benefits Agreement (COBA)	Raw Parts A/B claims	Daily or Weekly	Current	75% within 30 days	Electronic File Transfer (EFT) - BCRC	HICN, MBI
Part D Prescription Drug Event (PDE)	26 prescription drug elements	Monthly or Annually	2007-2023	1 month	EFT - Apprio	HICN, MBI
Historical Parts A/B Claims	Fee-for-service (FFS) final A/B claims data including institutional and non-institutional claims			Annual: 1 year Quarterly & Monthly: 4-5 months	USB/CD or via AXWAY - GDIT (CCW)	BENE_ID
Assessments	MDS 3.0, MDS 2.0, OASIS-B1 and C, Swing Bed, and IRF-PAI	Quarterly or Annually				
Crosswalks	HICN to BENE_ID SSN to BENE_ID MBI to BENE_ID	Sent with CCW data	Current period only, but can be used with prior time periods	N/A		
Master Beneficiary Summary File (MSBF)	BASE (A/B/C/D), Chronic Conditions, Other Chronic Conditions, and Cost & Use Segments	Annually	2007-2020	Varies by Segment		
Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)	Analytic Files for dual enrollees to the MMLEADS		2006-2012; 2016	Several Years		
MedPAR	Inpatient or skilled nursing facility stay level data		1999-2020			
Medicaid Enrollee Supplemental File (MESF)	Medicaid enrollee data: National Death Index and Chronic Conditions segments		1999-2013			

Types of Data Requests

New Data Request

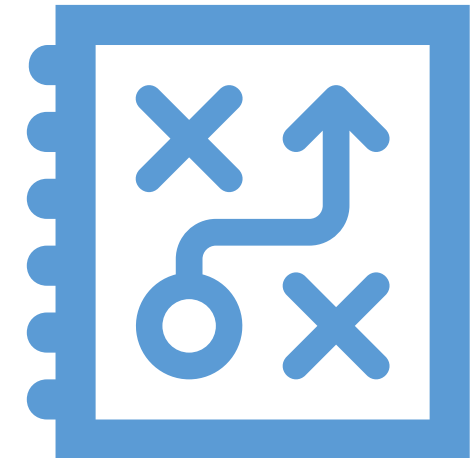
Overview of New Data Request Steps



Steps 1 & 2: Planning & Initial Contact

Step 1: Plan Initiative and Data Needed

- During this phase, consider:
 - How the initiative will help dually eligible beneficiaries;
 - Goals for the initiative;
 - Available Medicare data files through SDRC;
 - Data file(s) and year(s) to accomplish goals;
 - How receiving Medicare data will help you achieve these goals;
 - Agency personnel who will receive and work with the data; and
 - Downstream user(s) who may be involved in data storing or analysis.



Step 2: Initial Contact with SDRC

- Reach out to SDRC via email at sdrc@acumenllc.com or the secure [SDRC Portal](#).
- During the initial communication, mention:
 - Your initiative;
 - The data files and years to be requested; and
 - The users (including downstream) who will receive and work with the data.

Step 3: Complete Necessary Forms

Step 3: Complete Necessary Forms

- The number of forms and the information included will vary by data type.
- The [Data Request Documents page](#) of the SDRC Public website contains the necessary documents and information related to completing these documents.

Forms	COBA	CCW Data	Part D PDE
IEA		✓	✓
DRA		✓	✓
Cover Letter	✓	✓	✓
Specification Worksheet	✓	✓	✓
DRA Custodian Form		✓	✓
EFT Forms	✓		✓
COI Letter*			✓

Step 3: Complete Necessary Forms (IEA/DRA)

Information Exchange Agreement (IEA)

- Establishes the terms, conditions, safeguards, and procedures under which CMS and the Medicaid agency will exchange PII and PHI.
- **All states and territories have an IEA in place. This agreement does not expire or require updating.**

Data Request and Attestation (DRA) Form

- Documents the Medicaid agency's requests and assertions regarding their legal authority to request and receive such data, and the terms, conditions, safeguards, and procedures as a condition of receiving Medicare data.
 - DRAs do not expire
 - You will need to review and update your DRA with the new data request.
- **All Medicaid agencies have a DRA on file with CMS.**
- Additional data custodians will require the completion of the DRA Custodian Form.

Please contact SDRC if you would like a current copy of your DRA.

IEA

The IEA establishes terms, conditions, safeguards, and procedures governing states' or territories' access to Medicare data for the purpose of supporting dually eligible beneficiaries.

[Download State Agreement](#)
[Download Territory Agreement](#)

DRA

The DRA establishes the terms of use governing the state's/territory's access to Medicare data that contains protected health information (PHI) and/or personally identifiable information (PII) and tracks the Medicare data disclosed to the Medicaid agency.

[Download State & Territory Agreement](#)

Step 3: Complete Necessary Forms (Spec Worksheet)

Specifications Worksheet

- Provides detail about:
 - Data recipients
 - Data uses
 - Data protection
- Separate specifications worksheet for each data distributor.
- Complete the following tabs:
 - Contact Request Info
 - Executive Summary
 - Use Justification
 - Data Management
 - Reporting
 - PDE Justification (*Part D PDE only*)

Historical Parts A and B Data: Request Package

New Use Request Package

- [Historical Parts A & B New Cover Letter](#)
- [DRA Custodian Form](#)
- [Historical Parts A & B CCW Specification Worksheet](#)

Additional Data Use Request Package

- [Historical Parts A & B New Cover Letter](#)
- [DRA Custodian Form](#)
- [Historical Parts A & B CCW Specification Worksheet](#)

Step 3: Complete Necessary Forms (Spec Worksheet)

Best Practices

- Be specific and detailed:
 - How will the data be used?
 - How will the data help accomplish your goals?
 - How will your Medicaid agency and downstream users protect the data?
- Spell out acronyms the first time.
- Requestor (User) information should match the DRA.



Step 3: Complete Necessary Forms (Cover Letter)

Cover Letter

- Provides high-level summary of data files being requested, including data years and uses.
- Comes as a [template](#).
- Signed by the DRA requestor (wet or digital).

Best Practices

- Complete the cover letter after the specifications worksheet.
- Do not sign the cover letter until the end of the request process.

[Organization Letterhead]

[Date]

Candace Anderson
CMS Medicare-Medicaid Coordination Office
7500 Security Boulevard
Baltimore, MD 21244

Dear Candace,

The [State Name] State [Department or Agency Title] requests Medicare Part D data for [Time Period] to support care coordination, program integrity, and other quality activities including [Brief summary of specific uses or reference to those uses attached in the Part D specification worksheet.]

Specifically, our [Department/Agency] requests the following CMS data:

- [List Data Files and Years Requested]

To this end, I enclose a package of data request materials, and in doing so, acknowledge HIPAA Privacy Rule restrictions as well as CMS guidelines for acquiring and using CMS data.

The contact person for this request within our [Department/Agency] is [Contact's First and Last Name] and can be reached by email at [Email Address] or by phone at [Phone Number].

Sincerely,

[Individual who Signed DRA as Requestor]

[Title]

Step 3: Complete Necessary Forms (COI Letter)

Conflict of Interest (COI) Letter

- Only necessary for sharing Part D PDE data with downstream users.
- Completed by the downstream user and addressed to a point of contact at your Medicaid agency.
- Templates provided for either [“Potential Conflict of Interest”](#) or [“No Conflict of Interest.”](#)

Best Practices

- Ensure form is completed and signed by someone knowledgeable within the downstream user organization.
- Ensure letter is detailed enough to specify the business activities that could present a conflict of interest.
- Review the letter and request revisions before including it in your request documents.

[Organization Letterhead]

[Date]

[Medicaid Agency Point of Contact (POC)]

[Medicaid Agency POC Address]

RE: Downstream User – Conflict of Interest

Dear [Medicaid Agency POC],

As [a or an] [Select one: affiliate, contractor, partner, or subcontractor] of [State/Territory Name]'s Medicaid agency, [Organization Name] intends to acquire Centers for Medicare & Medicaid Services (CMS) data from [State/Territory Name] to help coordinate the care of persons enrolled in both Medicare and Medicaid and/or ensure the integrity of the Medicaid program. Our organization's acquisition and processing of CMS data may pose a conflict of interest, as our organization performs [Select one: research, administrative, or contract-related] activities in the areas of [define the activities within your organization that may pose a conflict of interest to your planned assistance with the Medicaid agency's care coordination and/or program integrity activities.] [These activities may offer your organization a competitive advantage by having access to the data. Please state whether or not your organization participates as a Medicare Part D program or sponsor].

[Provide an example or examples of your organization's regular business activities.] [For example: Organization is a wholly-owned subsidiary of organization parent company. Neither organization nor our parent company name offer stand-alone prescription drug plans]. [However, parent company, through certain subsidiaries, does offer Medicare Advantage Plans with a Part D benefit (i.e., MA-PD plans).]

To limit a conflict of interest, our organization intends to separate and secure any CMS data acquired through its work with [State/Territory Name] by [describe your organization's plans to isolate CMS data from unrelated activities within your organization].

The contact person for conflict of interest matters within our organization is [Contact's First and Last Name] and can be reached by email at [Email Address] or by phone at [Phone Number].

Sincerely,

[Signature of person who can legally bind your organization to the statements above, such as legal staff or an organization officer]

[Signatory's Title]

Step 3: Complete Necessary Forms (EFT Forms)

Electronic File Transfer (EFT) Forms

- Two different forms:
 - EFT Partner Server Questionnaire
 - EFT Setup Form
- Complete all sections of the Partner Server Questionnaire.
- Complete only sections B3, D1-D3, and D7 of the EFT Setup Form – CMS will complete the rest.

Best Practices

- Utilize your agency's IT personnel to help complete.
- Can be completed after other data request documents are submitted.

EFT Setup Questionnaire

Date:

A. CUSTOMER INFORMATION	
Service Request No.: <input type="text"/>	
Customer Name: <input type="text"/>	
3 rd Party Vendor: <input type="text"/>	
B. CONTACT INFORMATION	
1. CMS BUSINESS OWNER CONTACT (This should be a CMS employee)	
Full Name: <input type="text"/>	
<div><div>First</div><div>Last</div></div>	
Phone: <input type="text"/>	Email Address: <input type="text"/>
2. CMS GOVERNMENT TASK LEAD CONTACT	
Full Name: <input type="text"/>	
<div><div>First</div><div>Last</div></div>	
Phone: <input type="text"/>	Email Address: <input type="text"/>
3. TECHNICAL CONTACT (This is the person that will be assisting with the setup)	
Full Name: <input type="text"/>	
<div><div>First</div><div>Last</div></div>	
Phone: <input type="text"/>	Email Address: <input type="text"/>
C. APPLICATION INFORMATION	
What is the CMS Application name? Example: MARx, MBD or EDB	
<input type="text"/>	

Steps 4 & 5: Receive Feedback and Revise Forms

Step 4: Receive Feedback

- SDRC will:
 - Review your completed forms and
 - Provide feedback, as necessary.

Step 5: Revise and Resubmit Forms

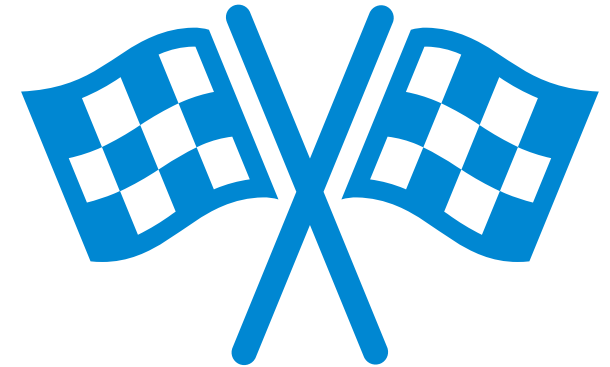
- Based on SDRC feedback, ask questions, revise forms, and resend.
- SDRC will review again and either:
 - Provide additional feedback and suggested edits, or
 - Submit to CMS on your behalf.



Steps 6: CMS Approval

Step 6: CMS Approval

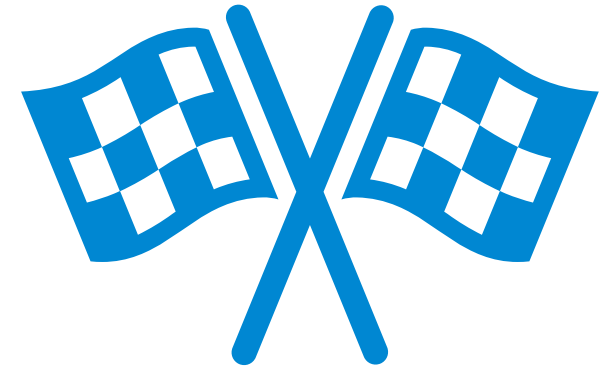
- Request will be reviewed by the Care Coordination Review Team (CCRT) or the Center for Program Integrity Review Team (CPIRT). Teams include personnel from:
 - MMCO
 - CPI
 - Data Business Owners
 - Other Subject Matter Experts
- If CMS notes necessary edits, SDRC will work with you to modify and submit.



Steps 7: Data Receipt

Step 7: Data Receipt

- Depending on data set requested, receipt process will differ:
 - CCW Data
 - Via secure file transfer protocol (sFTP) – AXWAY – or via physical data shipment.
 - Data Distributor = GDIT
 - Part D PDE data
 - Pushed into your established EFT system
 - Data Distributor = Apprio
 - COBA data
 - Pushed into your established EFT system
 - Data Distributor = BCRC



Accessing CCW Data via AXWAY

When ready for download, AXWAY users will receive an email from GDIT notifying that the files are available for download. SDRC will also email and ask for data download confirmation.

Email from GDIT contains the following information:

- The names of available data files.
- Confidential decryption password.

Within AXWAY sFTP:

- Files are organized by request number and year.
- Available for download for 90 days, after which they will be permanently deleted.
 - Please be sure to download your files within 90 days.
- Use a browser other than Internet Explorer to allow for simultaneous download of files.

03

Panel Discussion



Panel Discussion

- Why did your Medicaid agency decide to begin using CMS data available through the SDRC data request process? What initiatives are you pursuing that required CMS data?
- Please describe your experience with the data request process. What was easy, challenging, or eye-opening as you moved through the process?
- How was your Medicaid agency able to troubleshoot any problems or difficulties encountered during the data request process?
- What available SDRC resources did you use to guide you through the data request process?
 - Which resources were particularly useful to help your data request?
 - How were you able to use these resources to assist you?
- What is some advice you would provide to an agency who is thinking about requesting data through SDRC for the first time?

04

Additional Data Requests for Existing Data States/Territories

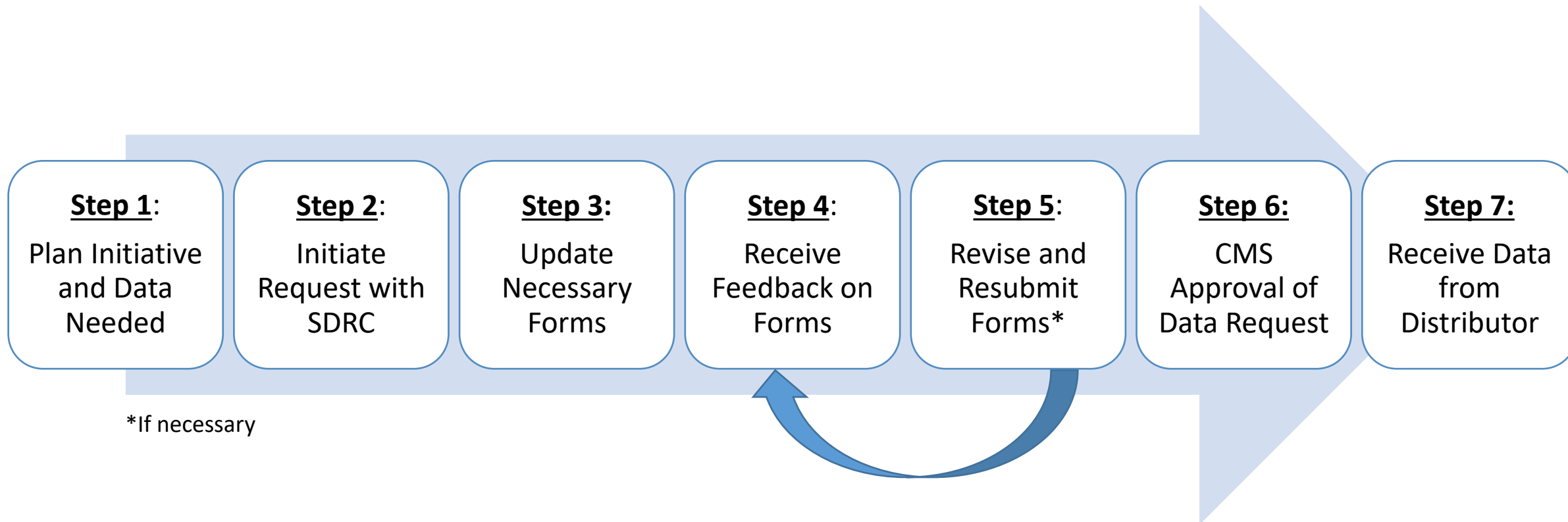


Types of Data Requests

New Data Request

Data Request Process for Existing States/Territories

Additional Use Data Request Steps



Additional Data Use

Differences From New Data Use:

- Update specifications worksheet
- Use the “Additional Data Use” Cover Letter Template

Additional data uses are a good time to ensure your DRA is up to date:

- Ensure data custodians and requestor are still active;
- Update the data requestor/custodians, if necessary;
- Ensure all downstream users are accounted for; and
- Confirm your data recipients.

[Organization Letterhead]

[Date]

Candace Anderson
CMS Medicare-Medicaid Coordination Office
7500 Security Boulevard
Baltimore, MD 21244

Dear Candace,

The [State Name] State [Department or Agency Title] requests an additional data use for the Medicare Part D data for [Time Period] already available to the [Department/Agency] to support care coordination, program integrity, and other quality activities including [Brief summary of specific uses or reference to those uses attached in the Part D specification worksheet.]

Specifically, our [Department/Agency] requests the following CMS data for the additional data use:

- [List Data Files and Years Requested]

Our [Department/Agency] originally acquired these data for the purpose of [purpose] under DRA [#].

To this end, I enclose a package of data request materials, and in doing so, acknowledge HIPAA Privacy Rule restrictions as well as CMS guidelines for acquiring and using CMS data.

The contact person for this request within our [Department/Agency] is [Contact's First and Last Name] and can be reached by email at [Email Address] or by phone at [Phone Number].

Sincerely,

[Individual who Signed DRA as Requestor]

[Title]

05

Panel Discussion



Panel Discussion

- **What initiative(s) did you pursue previously? What initiatives are you currently pursuing that prompted your Medicaid agency to request additional CMS data through SDRC?**
 - How was this initiative similar or different from previous initiatives your agency pursued?
- **How was the data request process different for your Medicaid agency after going through the process before?**
 - Did anything you learn or implement from the first/previous data request process make the subsequent request easier?
 - How did your institutional knowledge of the data request process assist you with the new/additional data request?
- **How has working with a downstream user enhanced your work?**
- **What advice would you provide to an agency requesting data for the first time or an agency considering a new/additional/updated data use?**

06

Resources & Questions

Helpful Resources

Public Website

- [Data Sharing Agreements](#)
- [Medicare Data](#)
- [Data Request Process](#)
- [Data Request Documents](#)
- [Data Dictionaries and File Layouts](#)

SDRC Portal

- [SDRC Overview Document](#)
- [SDRC FAQ](#)
- [IEA/DRA FAQ](#)
- [DRA Forms](#)
- [Data Request Package Materials](#)
- [Working with Medicare Data](#)
- [Previous SDRC Webinars](#)

Other Sources

- [CCW Data Dictionaries and Record Layouts](#)
- [CCW User Guides](#)

Questions?

SDRC Contact Information



Questions

Should you have questions regarding SDRC Data, please contact us:



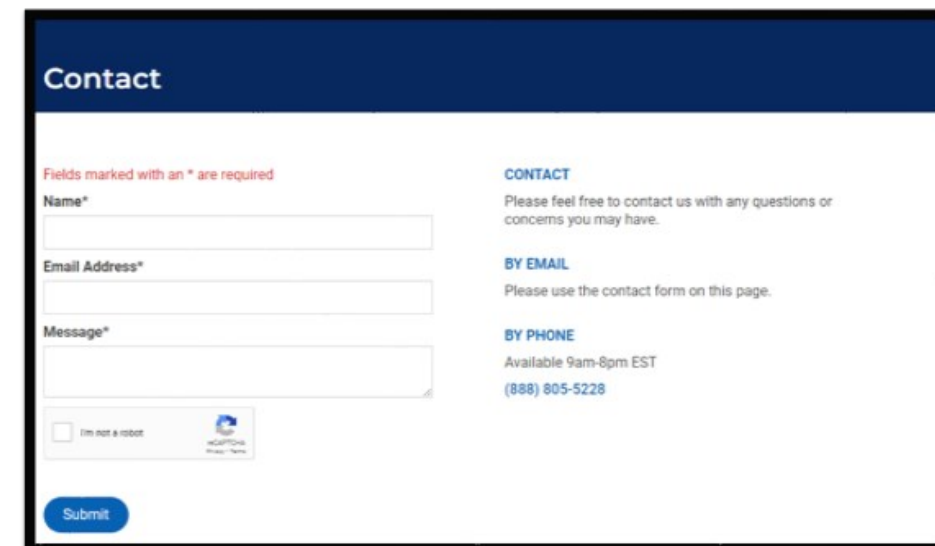
SDRC@AcumenLLC.com



(888) 805-5228
(Monday-Friday 9am-8pm ET)



[SDRC Website](#)



The screenshot shows a contact form titled "Contact" with a dark blue header. Below the header, there is a red note: "Fields marked with an * are required". The form contains three input fields: "Name*", "Email Address*", and "Message*". To the right of the form, there is a "CONTACT" section with the text: "Please feel free to contact us with any questions or concerns you may have." Below this, there is a "BY EMAIL" section with the text: "Please use the contact form on this page." and a "BY PHONE" section with the text: "Available 9am-8pm EST" and the phone number "(888) 805-5228". At the bottom of the form, there is a "Submit" button and a checkbox labeled "I'm not a robot" with a CAPTCHA icon.



THANK YOU