

CMS Disclaimer—User Agreement  
Privacy Protected Data—Standard Files  
April 26, 2004

The Center for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare, Medicaid and State Children's Health Insurance Programs. Our agency resources, including staff and computing resources, are primarily dedicated to agency operations. CMS is committed to providing data to other Federal agencies and to the public according to law and as our resources permit. CMS supports these requests with the resources available after agency mission needs have been met.

The increase in CMS mission responsibilities resulting from enactment of the Medicare Drug Improvement and Modernization Act (MMA) has further strained our staffing and computing resources. This disclaimer details the restrictions on CMS services in supporting data requests so that data requestors can plan their projects accordingly. It also specifies the responsibility of the data user and of CMS in regard to the delivery, processing, and understanding of the data files.

Timeframes for data delivery: The HIPAA Privacy Rule, 45 C.F.R. Parts 160 and 164, now requires that privacy-protected data requests are approved by the CMS Privacy Officer. This clearance process takes approximately 1-2 weeks. Data production may take as long as an additional 1-2 weeks. Therefore, please allow up to 4 weeks for CMS to fill your order. CMS will make every effort to process requests in a timely manner, but we cannot guarantee that resources are available to meet any timeframe.

Data accuracy: CMS publishes data that is used by the agency for operational purposes. We use agency standard matching and cross-referencing routines. The requestor accepts the agency data and the agency routines used to produce the data. CMS cannot commit resources to explain or validate its complex matching and cross-referencing programs to requestors.

CMS also publishes the best and most complete documentation available about the file formats and the data. CMS does not insure 100% accuracy of all records and all fields. Some data fields that are not used for agency functions may contain incorrect or incomplete data. Users must familiarize themselves with the detailed data dictionary that is included with every file and published on the internet ([www.cms.hhs.gov/data/requests](http://www.cms.hhs.gov/data/requests)). A history of each data element, including changes, quality issues, and corrections, is in the data dictionary. Users accept the quality of the data they receive. CMS will not resolve data discrepancies or data questions raised by users. If users would like to report a systemic problem with the data, they may do so. CMS may not have the resources to verify the discrepancy. If the problem is verified, CMS will revise its data documentation.

Data integrity: CMS will ensure that each requestor receives the data requested. Questions about the data must be addressed to CMS within 60 days of receipt. Any alteration of the original data, including conversion to other media or other data formats, is the responsibility of the requestor. Data that has been manipulated or reprocessed by the user is the responsibility of the user. CMS will discuss only the original data delivered to determine that the initial request has been properly processed. CMS has no responsibility for the data after it has been converted, processed or otherwise altered. CMS has no responsibility for assisting users with converting the data to another format.

**Limited Data Sets**  
**GENERAL INSTRUCTIONS AND ORDERING INFORMATION**  
**April 2004**

**Please ensure that your order is the exact data file you need and in the correct format. Each data file is individually generated to the specifications stipulated in your order. To process each order, the Centers for Medicare & Medicaid Services (CMS) incurs processing costs associated with staff time, computer time, magnetic media and shipping. If you order the incorrect data file or the incorrect format, your money is non-refundable.**

**1. The following documentation must be submitted with your order:**

- a. Limited Dataset Data Use Agreement
- b. Limited Data Set Order Form
- c. Payment for files
- d. Project Description

**2. Standard Output Specifications:**

- a. Cartridge
  - 1. Recording Mode---EBCDIC
  - 2. Tape Labeling-----IBM Standard
  - 3. Density-----IBM 3490e Cartridge – 36 track-810 Megabytes (Standard Format)  
-----IBM 3480 Cartridge – 18 track-210 Megabytes (Not Available After 12/01/04)
- b. CD-ROM

**3. Methods of Payment (All money must be drawn on a U.S. bank):**

- a. Payments must accompany order forms (No credit card payments). Make **company check or money order** payable to:

**Centers for Medicare & Medicaid Services-PUF or CMS-PUF**

- b. Electronic Transmitted Payment (For Other Federal Agencies Only)
  - 1. U.S. Federal Government Agencies need Agency Location Code
  - 2. U.S. Banks only (contact CMSs Accounting Office - 410-786-2567).
- c. Purchase Orders require prepayment.

**4. Files for Purchase Information**



See Website at

[www.cms.hhs.gov/data/order/default.asp](http://www.cms.hhs.gov/data/order/default.asp)

PRICES EFFECTIVE April 2004

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**4. MAILING INSTRUCTIONS FOR ORDERS:**

**a. Mailing Address if using U.S. Postal Service**

Centers for Medicare & Medicaid Services  
Public Use Files  
Accounting Division  
P. O. Box 7520  
Baltimore, Maryland 21244-1850

**b. Mailing Address if using express mail (Federal Express, Airborne, etc.)**

Centers for Medicare & Medicaid Services  
OFM/Division of Accounting-PUF  
7500 Security Boulevard, C3-07-11  
Baltimore, Maryland 21244-1850

Address must be written in its entirety.  
Request must include name and telephone # of contact person.

**5. Magnetic Media Return Policy:**

CMS will honor written requests for replacement files within **60 days** of the shipment date provided the cartridges or diskettes are returned with an explanation of the problem to the following address:

CMS/Data Release Area  
Tape Library-PUF  
7500 Security Boulevard, NL-37  
Baltimore, Maryland 21244-1850



**PRICES EFFECTIVE April 2004**  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Please Print Legibly or Type**  
**LIMITED DATA SET ORDER FORM**

Centers for Medicare & Medicaid Services  
 Public Use Files  
 Accounting Division  
 P.O. Box 7520  
 Baltimore, Maryland 21207-0520  
PURCHASE REQUEST

Date: \_\_\_\_\_

	<u>FILE NAMES</u>	<u>YEAR</u>	<u>COST</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

TOTAL

COMPANY CHECK/MONEY ORDER AMOUNT: Payable to: CMS-PUF  
 (No Personal Checks. All checks must be drawn on a U.S. bank.)

(No Credit Cards Accepted)

AGENCY LOCATION CODE (U.S. Federal Government) \_\_\_\_\_

**OUTPUT SPECIFICATIONS:**

1. Cartridge (Standard Output) 3490e compressed  
 2. Cartridge 3480 (Not Available After 12/01/04)

3. CD-ROM \_\_\_\_\_ (Certain files only-check website for media offered)

EXPRESS COMPANY: (i.e., Fed Ex, Airborne, etc.) \_\_\_\_\_

EXPRESS ACCOUNT: (Number) \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Allow 4-6 weeks for delivery.

This form can be reproduced for additional orders.

Rev (4/2004) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES