

Data Extract System (DESY) Access Request Form

Date of Request: _____ Months Requested: _____

CMS Request for Internal Use

*Contractor/Grantee Request for Data Access
(Please attach a completed Data Use Agreement)*

Requestor Information:

Name: _____ Organizational Component: _____

Phone Number/Extension: _____ CMS Data Center UserID: _____

Contractor Information:

Project Officer/Contact: _____ Project Officer/Contact Phone Number: _____

Project Name: _____

Awardee Information: _____

Name: _____ Phone Number: _____

Address: _____ Email address: _____

City: _____ State: _____ Zip Code: _____

Contract Number: _____ Expiration Date: _____

Description of Justification for DESY Access: _____

- Creating Foreign Media* *Encrypted Data* *Identifiable Data**

**Default access will be for encrypted files. If you need access to identifiable data, your supervisor must provide a justification and attach it to this form. If you ship data using the FTAPE system, your supervisor must also provide justification and attach it to this form in order for you to be granted FTAPE access.*

Select the files you need to access in DESY by placing an 'X' in the box next to the file(s) and specify the year(s) of the file(s) you need. Files are available beginning with the year 1991. Circle the percent sample you are requesting.

Standard Analytical Files (Final Action)

- | | | | | |
|---|------------------------|-----------------|----|------|
| <input type="checkbox"/> All | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Inpatient | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Outpatient | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Home Health Agency | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Hospice | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Skilled Nursing Facility | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> Durable Medical Equipment | Year(s) of Data: _____ | Percent Sample: | 5% | 100% |
| <input type="checkbox"/> 5% Physician Supplier Part B | Year(s) of Data: _____ | | | |

National Claims History (NCH) Files

NCH National Extract (formerly MANRLINE) States/Year(s) of Data: _____

CMS Component Clearance:

Prepared by: _____ Component: _____

Approved by: _____ Component: _____
(Supervisor's signature)

A Data Use Agreement Number is required by all users to access DESY.

Access to DESY is limited to a maximum of one year.

When your DESY access privileges expire, you must submit a new DESY access form for recertification.