



Institute on Aging
 University of Wisconsin-Madison
 2245 Medical Science Center
 1300 University Avenue
 Madison, Wisconsin 53706-1532

Requesting Access to CMS (Center for Medicare & Medicaid Services) Linked Data

Please complete this document and return it along with your current CV to midus_cms@aging.wisc.edu.

1. Primary Investigator and Study Team: Provide the full legal name, institution, email address, and mailing address of the primary investigator and each additional *internal* collaborator as well as trainees and staff directly supervised by the PI. External collaborators need to apply separately for data access.

Study Team	Full Legal Name	Institution	Email Address	Mailing Address
Primary Investigator				
Study Team Member 1				
Study Team Member 2				
Study Team Member 3				
Study Team Member 4				
Study Team Member 5				
Study Team Member 6				

2. Please provide a descriptive title of your project. This should be a non-technical summary of the proposed research. If the project is approved, this statement may be included in public documents such as grant progress reports.

3. Please provide a description or abstract of your project. This should be a non-technical summary of the proposed research. If the project is approved, this statement may be included in public documents such as grant progress reports.

4. Specific CMS data requested to link to (select all that apply):

CMS Data		Data Years
Master Beneficiary Summary File (MBSF) Research Files	<input type="checkbox"/>	
Part A & B Research Files	<input type="checkbox"/>	
Part C	<input type="checkbox"/>	
Home Health Outcome and Assessment Information Set (OASIS) Research Files	<input type="checkbox"/>	
Inpatient Rehabilitation Facility (IRF) Patient Assessment Instrument (PAI)	<input type="checkbox"/>	
Long-Term Care Minimum Data Set (MDS) Research Files	<input type="checkbox"/>	
Medicare Provider Analysis and Review (MedPAR) Research Files	<input type="checkbox"/>	
Part D Drug Event (PDE) Research Files	<input type="checkbox"/>	
Part D Medication Therapy Management	<input type="checkbox"/>	
Medicaid Analytic Extract (MAX) Research Files	<input type="checkbox"/>	
Transformed Medicaid Statistical Information System (T-MSIS)	<input type="checkbox"/>	

5. Specific MIDUS variables requested (select all that apply):

- CORE MIDUS 1, MIDUS 2, MIDUS 3 surveys
- CORE MIDUS Milwaukee 1 (or MIDUS 2 Milwaukee) and Milwaukee 2 (or MIDUS 3 Milwaukee) surveys

Note: You will have the option to upload MIDUS data files, upon approval from the compliance officer.

6. Will you be working with external collaborators? External collaborators need to submit their own request for data access.

Yes

No

6a. Please provide the full name(s), institution(s), and contact information of external collaborators:

Full Legal Name	Institution	Email Address	Mailing Address