

Instructions for completing the QE Specifications Worksheet

This document: All Research Identifiable File (RIF) requests for the Qualified Entity (QE) program must include a completed QE Specifications Worksheet. This form collects detailed Requester information, data extract details, and data delivery options. It also includes a Part D Event justification tab that is required for all requests that include Part D data.

The Specifications Worksheet is used by the data distributor to confirm that the requested data are available and to generate a cost invoice. The Specifications Worksheet is the only place where the exact directions for completing the data extraction are found.

General Instructions

1. This is an Excel document with **2 tabs**.
2. Carefully watch row numbers and make sure that you start each tab at row 1.
3. Do not alter the layout or content of the document.
4. The version number can be found in row 1 of every tab. Before entering anything into the document, confirm that the version you are working with matches the current version listed on the [ResDAC QE Specifications Worksheet page](#).



Screenshot from the QE Specifications Worksheet

Document Version: 08/2022

Format: Microsoft Excel

DOWNLOAD FORM 

Screenshot from the ResDAC website

Tabs

Tab 1: **Contact/Request Info** - This tab is always completed if you are requesting to receive RIF data.

Tab 2: **PDE Variables** - This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Contact/Request Info tab.

Specific Instructions: **Tab 1: Contact/Request Info**

This tab is always completed if you are requesting to receive RIF data.

Row 3: Enter the Requester name and organization. The Requester is the individual authorized to sign agreements on behalf of the requesting organization. This person is named on the Data Use Agreement (DUA).

3	Requester (Name/Org):	
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Rows 4-5: Do not enter any information. These fields are for ResDAC internal use.

4	ResDAC Ticket ID:		Date:	
5	ResDAC TA:			

Row 6: Do not change the project/study name.

6	Project/Study Name:	
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Rows 8-9: Check one box only. If you check the box in row 9 (Amendment to DUA), enter the DUA information in the second box on row 9.

8	DUA Request:	<input type="checkbox"/>	New DUA Request	<input type="checkbox"/>	Amendment to DUA	<input type="text"/>	Enter DUA #
9							

Row 11: Enter a description of the cohort that received Phase II approval.

11	Cohort Description:	
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Rows 12-37: Check the box in column D if you wish to receive this file. In columns H-K, check the boxes for the years of data you wish to receive. Mark column L-M to indicate the population being requested. The population request must match the cohort listed in the Phase II approval letter. Mark column N to select an additional 5% sample to be used for benchmarking, if needed. Do not include data already in your possession or data you are approved to access under your DUA.

	D	E	F	G	H	I	J	K	L	M	N	O
12	1. Select File (X)				2. Select Year (X)				3. Select Population (X)			
13					2019	2020	2021*	Qtrly 2022*	State Segment	Cohort Specific	5% Sample***	100% National
14	Enrollment											
15		Master Beneficiary Summary File (MBSF)										
16		Plan Characteristics (PLANCF)										
17	Medicare Claims											
18		Inpatient (CCW-IP)										
19		Outpatient (CCWOP)										
20		SNF (CCWSNF)										
21		Hospice (CCWHS)										
22		Home Health (CCWHHA)										
23		Carrier (CCWCAR)										
24		DMERC (CCWDME)										
25	*2021 and 2022 claims are not considered fully mature and will continue to be updated for 13 months.											
26	Part D Event - Characteristics Linking Variables											
27		Part D Event** (PDE)										
28		Part D Drug Characteristics (PDECF)										
29		Part D Prescriber Characteristics (PDECP)										
30		Part D Pharmacy Characteristics (PDECPH)										
31		Part D Formulary File (PARTDF)										
32	**Part D Event and Characteristics files are available as annual files only. Variable justification is required.											
33	Crosswalks											
34		BENE ID to HIC Crosswalk (CCWHIX)										
35		BENE ID to MBI Crosswalk (CCWMBX)										
36		BENE ID to SSN Crosswalk (CCWSSX)										
37		BENE ID to NAME Crosswalk (XWALKO)										

Specific Instructions: **Tab 1: Contact/Request Info (continued)**

Rows 38-39: If requesting a 5% national sample, enter a justification for needing the file to calculate benchmarks.

38	***Justification for 5% Sample
39	

Rows 40-44: Use this section to provide additional data extract instructions, if applicable. Expand the section if required.

40	Comments
41	
42	
43	
44	

Rows 45-48: Identify a project contact who will be responsible for answering questions about this request. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

45	Project Contact (person who will be responsible for answering questions about the data extract)	
46	Name:	
47	Organization:	
48	Business Email:	

Rows 49-54: Provide the contact information for the Data Recipient if they are different than the Data Custodian. CMS will only deliver data to a physical address and will not accept a PO box or foreign address. The Data Recipient must sign for the shipment.

49	Data Recipient (if different from the data custodian)			
50	Name:			
51	Organization:			
52	Street Address:			
53	City:	State:	Zip Code:	
54	Telephone:	Business Email:		

Rows 55-60: Provide the contact information for the Data Custodian. The Data Custodian is defined as the individual that will be responsible for ensuring that the environment in which the CMS data is stored complies with all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. This must match the name and contact information for the Data Custodian on the DUA.

55	Custodian (person who is primary contact for the Data Management Plan)			
56	Name:			
57	Organization:			
58	Street Address:			
59	City:	State:	Zip Code:	
60	Telephone:	Business Email:		

Row 61: Check this box if the data are to be shipped to the Data Recipient rather than the Data Custodian. By checking this box, the Requester acknowledges that the data is being shipped to an individual other than the Data Custodian and understands that the Data Recipient is aware that the data are being shipped to them and that the recipient accepts the responsibility to keep the data secure until they are delivered to the Data Custodian.

61	<input type="checkbox"/>	I'm requesting that the data be sent to the data recipient named above.
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Specific Instructions: **Tab 2: Contact/Request Info (continued)**

Rows 62-71: There are two delivery options. Complete Option #1 to receive the data via secure File Transfer System (FTS) or Option #2 to receive the data shipped via a courier service.

Rows 63-65: If selecting Option #1: FTS, check the box in row 65 to indicate the individual who will download and secure the data.

63	Option #1) Secure File Transfer System		
	Minimum Operating requirements:		
	1. Supported browsers: Mozilla Firefox or Google Chrome		
64	2. Broadband internet connection		
65	Person listed on the DUA who will be obtaining CCW User ID to download data:	<input type="checkbox"/> Project Contact	<input type="checkbox"/> Data Recipient <input type="checkbox"/> Custodian

Rows 67-68: If selecting Option #2, encrypted drives must be shipped using a delivery service. Enter the delivery service name and a valid delivery service account number in row 68. Delivery services must have the ability to track shipments and require signature releases. Examples are FedEx, UPS, or USPS. The delivery will be sent to the person you designated to receive the shipment (either a Data Recipient or the Data Custodian). It is the Data Custodian's responsibility to make sure this information is correct or delivery of data may be delayed. **Misplaced or mis-delivered data is considered a breach and requires reporting to CMS.**

67	Option #2) Shipment via Courier Service	
68	Delivery Service Name:	Delivery Account Number:

Rows 70-71: Enter any special instructions related to shipping.

70	Special Shipping Instructions:
71	

Rows 72-77: Check the box in rows 74-76 that describes the local operating system that will be used to decrypt and decompress the data.

72	Operating System	
73	Select the operating system that will be used to decrypt and decompress the SDA (typically delivered on Windows NTFS formatted USB hard drive).	
74	Windows	<input type="checkbox"/>
75	Red Hat Enterprise Linux 3.0 or above (x86 only)	<input type="checkbox"/>
76	Solaris 8 or above (SPARC only)	<input type="checkbox"/>
77	RIF data files will be delivered in a fixed column format with SAS programs (for SAS users) and FTS files (for non-SAS users).	

Specific Instructions: Tab 2: PDE Variables Tab

This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Contact/Request Info tab.

Row 3: Do not enter anything in this row. It will autofill from the Contact/Request Info tab. If corrections are needed, make them in row 3 of that tab.

3	Requester Name/Organization:
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Rows 6-8: No edits are needed. These variables are automatically included in all PDE requests.

6 General Variables					
6	X <i>[Automatically included with PDE data]</i>	Encrypted Part D Event ID	Unique key for each Part D event	Not applicable	Needed to link to the Drug characteristics file
7	X <i>[Automatically included with PDE data]</i>	Encrypted CCW Beneficiary ID	Need for linking	Not applicable	Needed for linking to other files
8					

Rows 9+: For each Part D variable, mark in column A if you wish to receive the variable. Leave column A blank if you do not wish to receive the variable.

Enter in column C the reason you need the information. Be specific about how the variable will be used. If you are not requesting the variable, column C should be left blank. Enter in column D the risk to appropriate inference or ability to complete measurement and reporting that would come from not receiving the data. If you are not requesting the variable, column D should be left blank. You do not need to enter anything into column E.

	A	B	C	D	E
9	Phase 1 and Demographic Variables				
10		Patient Date of Birth (DOB)			Not edited - Recommend using Beneficiary Summary file
11		Patient Gender			Not edited - Recommend using Beneficiary Summary file
12		RX Service Date			
13		Quantity Dispensed			
14		Product/Service Identifier			This is the 11 digit NDC code.
15		Days Supply			
16		Patient Pay Amount			