



COST TO ACCESS LTC DATA COOPERATIVE EHR DATA

The Long-Term Care (LTC) Data Cooperative provides researchers only the data required to execute their study aims as approved by their IRB, and as described in their Data Use Agreement(s) with the LTC Data Cooperative and, if using CMS-linked data, the National Institute on Aging (NIA).

Standard data access is available at no cost to the researcher. This is the level of access that most observational studies will require. Standard data access includes the following:

- Use of the electronic health record (EHR) data domain files described in the [Technical User Guide](#) and/or Data Dictionary that the researcher is approved to use under their Data Use Agreement(s)
- Restriction of EHR data files by facility type (i.e. skilled nursing facility and/or assisted living community) with no further customization
- Concurrent access to maximum two EHR datasets linked with CMS data (e.g. initial EHR dataset and most recent)
- Monthly updates of the EHR data files
- Quarterly updates of the CMS linked data files if requested and approved under the study's Data Use Agreement(s)
- Access to secure virtual environment for all study team members.
- Access to programming software in the virtual environment including SAS, Stata, R, Python
- Standard Help Desk technical support

Requests for the LTC Data Cooperative to produce a customized study cohort will incur costs to the researcher. Cohort customization includes requests that the LTC Data Cooperative restrict the EHR data by specific variables such as demographic category, diagnosis, medications, and/or other clinical variables; or by facility. Because interventional studies will, by default, require a subset of facilities, all interventional studies will incur some costs, in accordance with the table on page 2.





Level of Cohort Customization Requested		Cost (per Unit)	Annual Cost
Studies Using Only EHR Data			
Initial study cohort customization (e.g. EHR sample restricted by demographic category, diagnoses; medications/vaccinations, other clinical variables, or facility.)		\$4,000	\$4,000
Modification to initial study cohort customization (e.g. addition of further inclusion or exclusion criteria)		\$2,000	
Monthly cohort update (i.e. initial customization applied to each EHR monthly data cut with no modification of original criteria)		\$1,250	
first year			\$13,750
subsequent years			\$15,000
Quarterly cohort update (i.e. initial customization applied to new EHR data on a quarterly basis with no modification of original criteria)		\$1,250	\$1,250
first year			\$3,750
subsequent years			\$5,000
Technical Programming Support - (i.e. above standard Help Desk support)		Pricing available upon request.	
LTCDC EHR-linked with CMS Data Research			
Initial study cohort customization (e.g. EHR sample restricted by demographic category, diagnoses; medications/vaccinations, other clinical variables, or facility.) Note: CMS claims will be restricted to only the residents identified in the resultant cohort.		\$4,000	\$4,000
Modification to initial study cohort customization (e.g. addition of further inclusion or exclusion criteria)		\$2,000	
Monthly cohort update (i.e. initial customization applied to each EHR monthly data cut with no modification of original criteria)		\$1,750	
first year			\$19,250
subsequent years			\$21,000
Quarterly cohort update (i.e. initial customization applied to new EHR data on a quarterly basis with no modification of original criteria)		\$1,750	\$1,250
first year			\$5,250
subsequent years			\$7,000
Technical Programming Support – (i.e. above standard Help Desk support)		Pricing available upon request.	