LTC DATA COOPERATIVE - COST OF ADDITIONAL SERVICES

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 <u>no cost</u> 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 Data Dictionary that the researcher is approved to use under their Data Use Agreement(s) (see Resources and Files section of <u>this page</u>)
- 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 <u>customized study cohort</u> 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.

Requests to <u>merge on study-specific, facility-specific data </u>collected as part of a study will incur costs to the researcher. Facility names and addresses are blinded in the LTC Data Cooperative data. Proof of facility consent to participate in a study is required to match study-collected data to a facility-level id.

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.	