



**Office of Analytics
Department of Health and Human Services
Data Request Form**



Please fill out as completely as possible. We understand that not all questions will pertain to your specific request and may be left blank. Upon receipt of your request, a data request ticket will be created in OTRS and assigned to the appropriate analyst. At that time, the request will be reviewed by the assigned analyst to determine if the deadline date can be met based on the priority of the item, the complexity of the request, and the present workload of the analyst. The analyst may contact you if clarification of your data request is needed or if we will be unable to fill your data request. Please allow 2-4 weeks for the data request. We understand that sometimes deadlines require a faster than normal processing of a data request, and we will do our best to accommodate that when possible. If this request is for research, additional information may be required.

Request Date: _____ Request Due Date: _____
 Requester/Customer/Researcher Name: _____
 Program/Organization Name: _____

Title/Purpose of Request – A title should include the type of data needed, the group or population of interest, geographic area, and the time frame. It may be helpful to think of this in the form of a question. For example, you want to know what is the *"Number of Medicaid Providers by Zip Code in the Las Vegas Area – 2018"* You may need to formulate more than one question to fully title your request. You may use the Additional Information space at the bottom of this form or attach an additional sheet if more space is needed.

Is this request similar to a request done in the past? No Yes, attach example or provide link

Requester Contact Phone: _____ Requester Contact Email: _____

What will the data be used for: Report Grant Presentation Research Other: _____

What is the overall aim of the project that this analysis is part of?

Who is the intended audience (public, media, legislature, funders, CDC, etc.)?

If known, what programs/datasets are involved with this request:

Date parameters: From _____ to _____ State Fiscal Year Federal Fiscal Year Calendar Year

Reoccurrence frequency: Monthly Yearly Other _____ Start date _____ to _____

Geographic areas to be included in request: Statewide Only By County

Specific Counties: Carson City Clark Elko Eureka Lander Lyon Nye Storey
 Churchill Douglas Esmeralda Humboldt Lincoln Mineral Pershing Washoe
 White Pine

Other Geographic Area: _____

Only Nevada residents: Yes No Cases only in Nevada: Yes No

Additional Information:

For Medicaid Requests Only:	Report Mode: <input type="checkbox"/> By Date of Service <input type="checkbox"/> By Date Paid	Claim Status: <input type="checkbox"/> Paid <input type="checkbox"/> Denied
	Claim Type: <input type="checkbox"/> Facility <input type="checkbox"/> Professional <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy <input type="checkbox"/> All	
	Subprogram: <input type="checkbox"/> FFS <input type="checkbox"/> MCO <input type="checkbox"/> Both Other: _____	

Official Use:

Data sharing agreement: On file Needed

OTRS Ticket Number:

Data Request Assigned to:

Approved by:

Date: