

Medicare Part C and Part D Reporting Requirements  
Data Validation Procedure Manual

Appendix I: Example Data File Inventory Log

Version 4.0

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Last Updated: March 2013

**Sponsoring Organization:****Site Visit Date:**

Reporting Section	Name of Report Owner(s)	Name of Data File	Final Stage Sample, Final Stage File, Interim File, Source File, or Other	Number of Rows	Description of File (e.g., source system name, step in data production process, name of report or output file if applicable)	File Copied onto Secure Storage Device (Y/N)