



CENTER FOR MEDICARE

DATE: December 22, 2010

TO: All Medicare Advantage Organizations (MAOs), 1876 Cost Plans, Part D sponsors, and Potential Third-Party Data Validation Reviewers

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C&D Data Group

SUBJECT: Instructions for Obtaining Access to Health Plan Management System (HPMS) Plan Reporting Data Validation Module (PRDVM)

Organizations contracted to offer Medicare Part C and Part D benefits are required to report data to the Centers for Medicare & Medicaid Services (CMS) on a variety of measures. In order for the data to be useful for monitoring and performance measurement, the data must be reliable, valid, complete, and comparable among sponsoring organizations.

To meet this goal, CMS has developed reporting standards and data validation specifications with respect to the Part C and Part D reporting requirements. These standards provide a review process for Medicare Advantage Organizations (MAOs), 1876 Cost Plans, and Part D sponsors to use to conduct data validation checks on their reported Part C and Part D data. The data validation will be “retrospective,” first occurring in March – May 2011 on CY 2010 data. In order to ensure the independence of the data validation, each organization is responsible for acquiring an external independent data validation reviewer.

Once the sponsoring organization has selected a data validation reviewer, the reviewer must complete the Data Validation training that will be offered online (available early January 2011). Next, the reviewer must request access to the Plan Reporting Data Validation Module (PRDVM) in HPMS, which it will use to submit data validation findings to CMS. The credentials assigned to a user will allow that individual to access only the PRDVM and to access only the sponsoring organization(s)/contract(s) with which they are associated. The reviewer will use these credentials to access the appropriate screen(s) to enter data validation findings within the PRDVM.

Submitting a Request for a New HPMS User – Data Validation Reviewers

CMS will allow up to 5 individuals from each data validation reviewer’s organization to have access to this Module on behalf of each sponsoring organization. One application must be completed per individual.

If the designated user(s) from the data validation reviewer does **not** currently have active access to HPMS, each user should follow these steps:

- Download the *Application for Access to CMS Computer Systems* form from <http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf>.
- Complete the form as follows:
 - Section 1 – Check “New” as the type of request.
 - Section 2 – Check “Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only” and complete the data entry fields, where applicable.
 - Section 3 – Enter the contract number(s) for which you will be submitting Data Validation findings for CY 2010.
 - Section 4 – Check the first row beneath the "Default Non-CMS Employee" row (i.e., place a check in the Connect box of the third row). On the blank line beside your check mark, write "HPMS_P_CommUser".
 - Section 5 – State briefly that you require HPMS access to submit the Data Validation Findings. **You must indicate that you are under contract as a data validation reviewer with the sponsoring organization(s).**
 - Section 6 – Leave blank.
 - Sign and date the Privacy Act Statement on page 3 of the form. Also enter your name and Social Security Number at the top of page 3. This step is critical to ensuring the successful processing of your request.

In addition to the *Application for Access to CMS Computer Systems* form(s), **the data validation reviewer must include an official letter from each organization for which it is under contract to submit data validation findings via HPMS.** This letter must indicate that the organization has contracted with that company to complete the data validation and specify the contract number(s) and type of functionality, such as just data entry, just reports, or data entry and reports, required in the PRDVM by the data validation reviewer. In addition, the letter must be provided on the organization’s official letterhead and signed by the sponsoring organization’s Chief Executive Officer. This letter must also have an original hardcopy signature.

NOTE: If a data validation reviewer is serving multiple organizations, only one CMS user access form is required for each of that contractor’s PRDVM users, but **a letter must be provided from each organization for which the individual reviewer will be serving as an agent in HPMS.** At least one letter from a sponsoring organization must be included in the reviewer’s submission in order for the request for HPMS access to be processed. Please note that the reviewer is permitted to submit additional letters from other sponsoring organizations following the initial submission for HPMS access. (A limit of five (5) individuals from each data validation reviewer may be granted access at any one time).

CMS recommends the use of the following sample language in the letter from the sponsoring organization to CMS approving access for the data validation reviewer organization:

(Name of Organization) has contracted with (Name of Data Validation Reviewer Organization) to conduct the required validation of plan year 2010 data reported to CMS per the Part C and/or and Part D Reporting Requirements. (Name of Organization) hereby requests that CMS provide the designated individuals with the firm of (Name of Data Validation Reviewer Organization) access to the HPMS Plan Reporting Data Validation Module to upload the Data Validation findings and report on our behalf. We attest that the designated individuals listed below have completed the required CMS Plan Reporting Data Validation training: (list of designated individuals).

(Name of Data Validation Reviewer Organization) requires access to the following contract number(s): (list specific contract numbers).

The designated individuals from (Name of Data Validation Reviewer Organization) require the following HPMS access:

Plan Reporting Data Validation Reviewer

Submitting a Request for an Existing HPMS User that Previously Was Not a Data Validation Reviewer

If the designated user(s) from the data validation reviewer's organization **does** have active access to HPMS, each user should follow these steps:

- Please do NOT resubmit the *Application for Access to CMS Computer Systems* user request form.
- Submit an official letter from each organization for which you are under contract to submit Data Validation findings via HPMS. All instructions noted above for this requirement must be followed (see "Submitting a Request for a New HPMS User - Data Validation Reviewers").
- In addition, the official letter(s) for an existing HPMS user **must** include the user ID and an explanation that this user already has HPMS access.

Common Mistakes on the *Application for Access to CMS Computer Systems* Form

Please be aware of the following common mistakes when preparing your request for HPMS access:

- You must include the contract number(s) in Section 3 for which you will be submitting Data Validation Findings.
- You must always provide a Social Security Number. CMS will **not** process a request without this piece of information.
- You must complete the form in ink, not pencil.

- You must submit the original hardcopy form with an original signature and date.
Photocopies and faxes are unacceptable.

Managing Data Validation Reviewer Access

Ultimately, it is the responsibility of the sponsoring organization to manage and maintain the set of users for whom they have requested access to the HPMS PRDVM. This general principle applies to both data validation reviewer staff and any consultants or subcontractors that are serving as agents of the sponsoring organization.

Sponsoring organizations may request the deletion of any user from accessing their data in HPMS at any time. These requests should be sent to hpms_access@cms.hhs.gov. Requests must contain the user ID and name of the individual to be removed from HPMS.

How to Submit Your Access Request

Please submit the original (not a copy) user access form and the corresponding organization letter(s), when required, via traceable carrier to:

Ms. Kristy Holtje
Re: Plan Reporting Data Validation Reviewer HPMS Access
7500 Security Blvd.
Location: C4-18-14 / Mailstop: C4-18-13
Baltimore, MD 21244-1850

To ensure sufficient time to process your request, we strongly recommend that you submit your requests no later than **March 4, 2011** since the timeframe for conducting the data validation is from March 1 – May 31, and the data validation contractor must report the findings directly to CMS via the PRDVM in HPMS by May 31.

For questions regarding these instructions as they pertain to HPMS access and the certification process, please contact Kristy Holtje at either 410-786-2209 or Kristy.Holtje@cms.hhs.gov.

If you have additional specific questions regarding the data validation program, please direct them to CMS via the PartCandD_Data_Validation@cms.hhs.gov email box.

Thank you for your cooperation in this matter. We look forward to a successful CY 2010 data validation process.