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

Appendix C: Model Language for Letter to Confirm Selection
of Data Validation Contractor

[*Date*]

Ms. Holtje
7500 Security Blvd.
Location: C4-17-24 / Mailstop: C4-18-13
Baltimore, MD 21244-1850

Re: Data Validation Reviewer Access to HPMS Plan Reporting Data Validation Module

Dear Ms. Holtje:

[*Name of sponsoring organization*] has contracted with [*name of data validation reviewer organization*] to conduct the required validation of data reported to CMS per the *Part C and/or and Part D Reporting Requirements Technical Specifications*. [*Name of sponsoring organization*] hereby requests that CMS provide the designated individuals with the firm of [*name of data validation reviewer's organization*] access to the HPMS Plan Reporting Data Validation Module to upload the Data Validation findings and report on our behalf for the April-June 2021 Data Validation Cycle. We attest that these individuals have completed the required CMS web-based Data Validation Training and fully comply with CMS Standards for Organizational Independence.

The designated individuals and type of functionality are:

Name of Individual	Type of Functionality
[list name(s) of designated individuals]	*[select 1) data entry, 2) reports, or 3) data entry and reports]*

[Insert paragraph if applicable] The following individuals already have active CMS Enterprise User Administration (EUA) User IDs and HPMS access:

      [*list name(s) and User ID(s)*]

The designated individuals from [*name of data validation reviewer organization*] require access to the following contract number(s):

      [*list specific contract number(s)*]

Please check the box if the designated individuals from *[name of data validation reviewer organization]* require the following HPMS access:

      ☐ Plan Reporting Data Validation Reviewer

Sincerely,

[*Original Signature Required*]
Name
Position
Name of sponsoring organization