

Medicare Part C and Part D Reporting
Requirements Data Validation Procedure Manual
Appendix I: Example Data File Inventory Log

Prepared by:
Centers for Medicare & Medicaid Services
Center for Medicare
Medicare Drug Benefit and C&D Data Group

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Sponsoring Organization:**On-Site or Virtual Visit Date:**

Reporting Section	Name of Report Owner(s)	Name of Data File	Type of Data File (e.g., Final Stage Sample, Final Stage File, Interim File, Source File, or Other)	Number of Rows or Records	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)