



MEDICARE DRUG BENEFIT AND C & D DATA GROUP

DATE: August 27, 2014

TO: All Medicare Advantage Organizations, Part D Sponsors, and 1876 Cost Plans

FROM: Amy K. Larrick, Acting Director, Medicare Drug Benefit and C&D Data Group

RE: Results of the 2014 Part C and D Reporting Requirements Data Validation

The fourth annual Medicare Part C and D reporting requirements data validation was conducted between April 1, 2014 and June 30, 2014. Results of that data validation are now available.

Table 1 below contains a statistical summary of the overall results. A total of 625 contracts underwent data validation. Validation of Part C Reporting Sections was conducted on 547 contracts. Validation of Part D reporting Sections was undertaken on 598 contracts. The overall average (mean) score was 98.9 percent. The minimum overall score was 85.5 percent and the maximum overall score was 100 percent. The mean Part C score was 98.5 percent with a minimum of 74.7 percent and a maximum of 100 percent. The mean Part D score was 99.3 percent with a minimum of 92.0 percent and a maximum of 100 percent.

Table 1: Statistical Summary of Overall Data Validation Scores*

Score	No. of Contracts Validated	Minimum Score (%)	Maximum Score (%)	Mean Score (%)	Standard Deviation
Overall Average	625	85.5	100	98.9	1.7
Part C Average	547	74.7	100	98.5	2.5
Part D Average	598	92.0	100	99.3	1.4

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2014 and June 30, 2014. Data were tabulated in July 2014.

Table 2 presents the distribution of the overall data validation scores. A total of 19 contracts (3.0% of total) scored below 95 percent (rounded to the nearest whole number). Contracts scoring below 95 percent on the overall score and expected to be in active status in CY 2014 are required to submit remediation plans to CMS. These contracts should expect to receive a letter via email shortly.

Table 2: Distribution of Overall Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	3	0.5%	0.5%
90	0	0.0%	0.5%
91	0	0.0%	0.5%
92	3	0.5%	1.0%
93	6	1.0%	1.9%
94	7	1.1%	3.0%
95	5	0.8%	3.8%
96	21	3.4%	7.2%
97	41	6.6%	13.8%
98	65	10.4%	24.2%
99	148	23.7%	47.8%
100	326	52.2%	100.0%
Total	625		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2014 and June 30, 2014. Data were tabulated in July 2014. Scores were rounded to nearest whole percent.

Table 3 displays the distribution of the Part C Reporting Section data validation scores. Out of 547 contracts, 274 contracts, 50.1 percent of the total, scored 100 percent.

Table 3: Distribution of Part C Reporting Section Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	4	0.7%	0.7%
90	1	0.02%	0.9%
91	1	0.02%	1.1%
92	9	1.6%	2.7%
93	13	2.4%	5.1%
94	12	2.2%	7.3%
95	17	3.1%	10.4%
96	27	4.9%	15.4%
97	23	4.2%	19.6%
98	42	7.7%	27.2%
99	124	22.7%	49.9%
100	274	50.1%	100.0%
Total	547		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2014 and June 30, 2014. Data were tabulated in July 2014. Scores were rounded to nearest whole percent.

Table 4 contains the distribution of the Part D Reporting Section data validation scores. Out of 598 contracts, 377 contracts, 63 percent of the total, scored 100 percent.

Table 4: Distribution of Part D Reporting Section Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	0	0.0%	0.0%
90	0	0.0%	0.0%
91	0	0.0%	0.0%
92	1	0.02%	0.02%
93	5	0.08%	1.0%
94	7	1.2%	2.2%
95	7	1.2%	3.3%
96	16	2.7%	6.0%
97	22	3.7%	9.7%
98	34	5.7%	15.4%
99	129	21.6%	37.0%
100	377	63.0%	100.0%
Total	598		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2014 and June 30, 2014. Data were tabulated in July 2014. Scores were rounded to nearest whole percent.

Table 5 displays a statistical summary of the data validation scores by reporting section. Medication Therapy Management Programs had the highest mean score (99.7) and Special Needs Plans Care Management (2012) had the lowest mean score (96.0%).

Table 5: Statistical Summary of Reporting Section Data Validation Scores*

Reporting Section	No. Contracts Validated	Minimum Score	Maximum Score	Mean Score	Std. Deviation
Part C:					
Grievances-Part C	528	72	100	98.0	3.6
Organization Determinations & Reconsiderations-Part C	533	77	100	98.9	3.5
Serious Reportable Adverse Events (2013)	517	47	100	99.3	2.7
Serious Reportable Adverse Events (2012)	498	84	100	99.3	1.8
Special Needs Plans Care Management (2013)	245	31	100	96.4	7.4
Special Needs Plans Care Management (2012)	225	31	100	96.0	8.9

Part D:					
Redeterminations-Part D	598	76	100	99.1	3.6
Coverage Determinations and Exceptions-Part D	598	85	100	99.5	1.7
Grievances-Part D	598	69	100	98.3	3.9
Medication Therapy Management Programs-Part D	597	66	100	99.7	1.6
Long Term Care Utilization Programs	577	76	100	99.5	2.2

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Please submit any questions or comments to the dedicated CMS Part C and D data validation email box at: PartCandD_Data_Validation@cms.hhs.gov.