# Medicare Part C and Part D Reporting Requirements

# Data Validation Procedure Manual

# Appendix C: Model Language for Letter to Confirm Selection of

# Data Validation Reviewer

**Version 3.0**

Prepared by:

Centers for Medicare & Medicaid Services

Center for Medicare

Medicare Drug Benefit and C & D Data Group

Last Updated: January 29, 2013

[*Date*]

Ms. Kristy Holtje

7500 Security Blvd.

Location: C4-18-14 / 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 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 2013 Data Validation Cycle. We attest that these individuals have completed the required CMS web-based Data Validation Training.

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)*]

The designated individuals from *[name of data validation reviewer organization]* require the following HPMS access (please check one box):

* Plan Reporting Data Validation Reviewer

Sincerely,

[*Original Signature Required*]

Name

Position

Name of sponsoring organization