

# **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:**

**Site Visit Date:**

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