

**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**

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

Last Updated: March 2020

[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 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 2020 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:

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

[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