

**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 Drug
Benefit and C & D Data Group

Last Updated: February 2024

[Date]

Ms. Holtje
7500 Security Blvd.
Location: C4-17-24 / Mailstop: C4-18-13
Baltimore, MD 21244-1850

Re: Data Validation Contractor Access to HPMS Plan Reporting Data Validation

Module Dear Ms. Holtje:

[Name of sponsoring organization] has contracted with [name of data validation contractor organization] to conduct the required validation of data reported to CMS per *Part C and/or 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 contractor's 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 2024 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>
<u>[list name(s) of designated individuals]</u>	<u>[select 1) data entry, 2) reports, or 3) data entry and reports]</u>

[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 contractor 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 contractor organization] require the following HPMS access:

☐ Plan Reporting Data Validation Contractor

Sincerely,

[Original Signature Required]

Name

Position

Name of sponsoring organization