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**DATE:** August 4, 2015

**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 2015 Part C and D Reporting Requirements Data Validation

Organizations contracted to offer Medicare Part C and/or Part D benefits are required to submit data per the Medicare Part C and D Reporting Requirements. Those data are subject to validation through an independent yearly review in order to ensure they are reliable, valid, complete, comparable, and timely. The data validation reviews of contract year (CY) 2014 Medicare Part C and D data were conducted between April 1, 2015 and June 30, 2015, and we are pleased to announce the results of those reviews.

A total of 611 Medicare Advantage contracts and stand-alone Prescription Drug Plans completed data validation. Validation of Part C reporting sections was conducted on 543 contracts, and validation of Part D reporting sections was completed on 599 contracts. Table 1 below contains a statistical summary of the Overall data validation scores.

**Table 1: Statistical Summary of Overall Data Validation Scores\***

Score	No. of Contracts Validated	Minimum Score (%)	Maximum Score (%)	Mean Score (%)	Standard Deviation
Overall Combined Part C and D	611	90	100	99.4	1.1
Overall Part C	543	85	100	99.1	1.6
Overall Part D	599	89	100	99.6	1.0

\* Data Source: HPMS Plan Reporting Data Validation Module. Data tabulated in July 2015.

Table 2 presents the distribution of the overall data validation scores. A total of 4 contracts (0.7%) scored below 95% (rounded to the nearest whole number). In comparison, 19 contracts scored below 95% in the 2014 data validation cycle of CY 2013 plan-reported data.

Contracts scoring below 95% on the overall Part C, Part D, or Combined score and expected to be in active status in CY2015 will be required to submit remediation plans to CMS. These contracts will be contacted by CMS in the near future.

**Table 2: Distribution of Overall Data Validation Scores\***

<b>Overall Score (%)</b>	<b>No. Contracts</b>	<b>Percent of Total Contracts (%)</b>	<b>Cumulative Percent of Total Contracts (%)</b>
90	1	0.2	0.2
93	1	0.2	0.3
94	2	0.3	0.7
95	6	1.0	1.6
96	7	1.1	2.8
97	11	1.8	4.6
98	41	6.7	11.3
99	138	22.6	33.9
100	404	66.1	100.0
Total	611		

\* Data Source: HPMS Plan Reporting Data Validation Module. Data tabulated in July 2015. Scores rounded to nearest whole percent.

Table 3 displays the distribution of the overall Part C data validation scores. Out of 543 contracts, 330 (60.8%) scored 100%.

**Table 3: Distribution of Part C Data Validation Scores\***

<b>Overall Part C Score (%)</b>	<b>No. Contracts</b>	<b>Percent of Total Contracts (%)</b>	<b>Cumulative Percent of Total Contracts (%)</b>
85	1	0.2	0.2
89	1	0.2	0.4
90	2	0.4	0.7
91	1	0.2	0.9
92	1	0.2	1.1
93	4	0.7	1.8
94	2	0.4	2.2
95	6	1.1	3.3
96	15	2.8	6.1
97	20	3.7	9.8
98	54	9.9	19.7
99	106	19.5	39.2
100	330	60.8	100.0
Total	543		

\* Data Source: HPMS Plan Reporting Data Validation Module. Data tabulated in July 2015. Scores rounded to nearest whole percent.

Table 4 contains the distribution of the overall Part D data validation scores. Out of 599 contracts, 465 (77.6%) scored 100%.

**Table 4: Distribution of Part D Data Validation Scores\***

<b>Overall Part D Score (%)</b>	<b>No. Contracts</b>	<b>Percent of Total Contracts (%)</b>	<b>Cumulative Percent of Total Contracts (%)</b>
89	1	0.2	0.2
94	4	0.7	0.8
95	5	0.8	1.7
96	5	0.8	2.5
97	7	1.2	3.7
98	18	3.0	6.7
99	94	15.7	22.4
100	465	77.6	100.0
<b>Total</b>	<b>599</b>		

\*Data Source: HPMS Plan Reporting Data Validation Module. Data tabulated in July 2015. Scores 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 (99.9%) and Part D Plan Oversight of Agents had the lowest mean score (97.4%).

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

<b>Reporting Section</b>	<b>No. Contracts Validated</b>	<b>Min Score (%)</b>	<b>Max Score (%)</b>	<b>Mean Score (%)</b>	<b>Standard Deviation</b>
<b>Part C:</b>					
Grievances	542	74	100	99.01	2.46
Organization Determinations & Reconsiderations	543	85	100	98.99	2.46
Plan Oversight of Agents	507	54	100	99.37	2.80
Special Needs Plan Care Management	226	83	100	99.37	2.02
<b>Part D:</b>					
Coverage Determinations and Redeterminations	599	82	100	99.72	1.22
Grievances	598	74	100	99.05	2.73
Medication Therapy Management Programs	598	93	100	99.92	0.57
Plan Oversight of Agents	46	70	100	97.37	6.79
Long Term Care Utilization	581	79	100	99.75	1.79

\* Data Source: HPMS Plan Reporting Data Validation Module. Data tabulated in July 2015.

Sponsors may view their individual contracts' data validation results in HPMS (<https://hpms.cms.gov> HPMS Homepage/Monitoring/Plan Reporting Data Validation/CY

2014/PRVDM Reports). 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](mailto:PartCandD_Data_Validation@cms.hhs.gov).