



CENTER FOR MEDICARE

DATE: August 2, 2013

TO: All Medicare Advantage Organizations, Part D Sponsors, PFFS, MSA, and 1876 Cost Plans

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C&D Data Group

SUBJECT: Results of the 2013 Part C and D Reporting Requirements Data Validation

The third annual Medicare Part C and D reporting requirements data validation was conducted between April 1, 2013 and June 30, 2013. Results of that data validation are now available.

Table 1 contains a statistical summary of the overall results. A total of 608 contracts underwent data validation. Validation of Part C Reporting Sections was conducted on 530 contracts. Validation of Part D reporting Sections was undertaken on 603 contracts. The overall average (mean) score was 98.6 percent. The minimum overall score was 86.2 percent and the maximum overall score was 100 percent. The mean Part C score was 98.1 percent with a minimum of 73.6 percent and a maximum of 100 percent. The mean Part D score was 99.0 percent with a minimum of 84.2 percent and a maximum of 100 percent.

Table 2 presents the distribution of the overall data validation scores. Only 27 contracts (4.4% of total) scored below 95 percent (rounded to the nearest whole number). Contracts scoring below 95 percent on the overall score and expected to be in active status in CY 2014 are required to submit remediation plans to CMS by August 30, 2013. Letters were emailed to these contracts on July 23, 2013.

Table 3 displays the distribution of the Part C Reporting Section data validation scores. Out of 530 contracts, nearly one-third (32.8%) scored 100 percent.

Table 4 contains the distribution of the Part D Reporting Section data validation scores. Out of 603 contracts, nearly one-half (49.6%) scored 100 percent.

Table 5 displays a statistical summary of the data validation scores by reporting section. Long Term Care Utilization Programs—CY2012 had the highest mean score (99.5) and Special Needs Care Plan Management had the lowest mean score (96.2%).

The results of this data validation indicate an overall level of high performance of Medicare Advantage Organizations, Part D Sponsors, PFFS, MSA, and 1876 Cost Plans in meeting the Part C and D Reporting Requirements data validation standards.

Please submit any questions or comments to the dedicated CMS Part C and D data validation email box at: PartCandD_Data_Validation@cms.gov.

Table 1: Statistical Summary of Overall Data Validation Scores*

Score	No. of Contracts Validated	Minimum Score (%)	Maximum Score (%)	Mean Score (%)	Standard Deviation
Overall Average	608	86.2	100	98.6	1.8
Part C Average	530	73.6	100	98.1	2.7
Part D Average	603	84.2	100	99.0	1.7

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2013 and June 30, 2013. Data were tabulated in July 2013.

Table 2: Distribution of Overall Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	1	0.2%	0.2%
90	1	0.2%	0.3%
91	2	0.3%	0.7%
92	7	1.2%	1.8%
93	3	0.5%	2.3%
94	13	2.1%	4.4%
95	13	2.1%	6.6%
96	26	4.3%	10.9%
97	49	8.1%	18.9%
98	88	14.5%	33.4%
99	163	26.8%	60.2%
99.5	24	3.9%	64.1%
99.6	22	3.6%	67.8%
99.7	23	3.8%	71.5%
99.8	10	1.6%	73.2%
99.9	7	1.2%	74.3%
100	156	25.7%	100.0%
Total	608		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2013 and June 30, 2013. Data were tabulated in July 2013.

Table 3: Distribution of Part C Reporting Section Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	8	1.5%	1.5%
90	4	0.8%	2.3%
91	6	1.1%	3.4%
92	5	0.9%	4.3%
93	7	1.3%	5.7%
94	18	3.4%	9.1%
95	17	3.2%	12.3%
96	20	3.8%	16.0%
97	37	7.0%	23.0%
98	101	19.1%	42.1%
99	114	21.5%	63.6%
99.5	2	0.4%	64.0%
99.6	2	0.4%	64.3%
99.7	1	0.2%	64.5%
99.8	14	2.6%	67.2%
99.9	0	0.0%	67.2%
100	174	32.8%	100.0%
Total	530		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2013 and June 30, 2013. Data were tabulated in July 2013.

Table 4: Distribution of Part D Reporting Section Data Validation Scores*

Overall Score	No. Contracts	Percent of Total	Cumulative Total
<90	1	0.2%	0.2%
90	1	0.2%	0.3%
91	0	0.0%	0.3%
92	5	0.8%	1.2%
93	2	0.3%	1.5%
94	7	1.2%	2.7%
95	15	2.5%	5.1%
96	18	3.0%	8.1%
97	30	5.0%	13.1%
98	65	10.8%	23.9%
99	121	20.1%	43.9%
99.5-99.9	39	6.5%	50.4%
Overall Score	No. Contracts	Percent of Total	Cumulative Total

100	299	49.6%	100.0%
Total	603		

* Data Source: HPMS Plan Reporting Data Validation Module. Data validation conducted between April 1, 2013 and June 30, 2013. Data were tabulated in July 2013.

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

Reporting Section	No. Contracts Validated	Minimum Score	Maximum Score	Mean Score	Std. Deviation
Part C:					
Grievances-Part C	524	70	100	98.1	4.6
Organization Determinations & Reconsiderations-Part C	530	70	100	98.0	4.8
Plan Oversight of Agents-Part C	524	77	100	97.9	3.5
Serious Reportable Adverse Events	500	78	100	99.0	2.3
Special Needs Plans Care Management	221	14	100	96.2	9.6
Part D:					
Redeterminations-Part D	595	77	100	99.0	3.4
Coverage Determinations and Exceptions-Part D	595	79	100	98.9	3.2
Grievances-Part D	595	70	100	98.1	5.1
Medication Therapy Management Programs-Part D	590	42	100	99.4	3.4
Plan Oversight of Agents-Part D	16	88	100	97.8	3.5
Long Term Care Utilization Programs CY2012	573	72	100	99.5	2.5
Long Term Care Utilization Programs CY2011	534	67	100	98.9	3.5

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