Crosswalk—Medicare Part C and Part D Data Validation 2015-2017—10305 OCN 0938-1115—

Response to 60-Day Comments

First Version/60-Day	Change/New Version	Reason for	Burden
Comment		Change	Change
The supporting documents	CMS made the supporting	Based on	No
for CMS-10305 were never	documents available at:	public	
made available.	http://www.cms.gov/Regulations	comment	
	-and-		
	Guidance/Legislation/Paperwork ReductionActof1995/PRA-Listing-		
	Items/CMS-		
	10305.html?DLPage=1&DLFilter=		
	CMS-		
	10305&DLSort=1&DLSortDir=des		
	cending		
RSC for Data Element 6.1	CMS reviewed and revised the	Based on	No
indicates that the	language in the Standards	public	
organization should	(Appendix A) to conform to the	comment.	
accurately calculate the	Data Element 6.1 language in the		
number of fully favorable	Part C Technical Specifications.		
organization determinations.			
The phrase "fully favorable"			
appears inconsistent with			
Data Element 6.1 of the Part			
C Technical Specifications, which requires the reporting			
of the "total number of			
organization determinations			
made in [the applicable]			
reporting time period."			

First Version/60-Day Comment Lack of alignment of terminology. There were several places in Appendix 1 where the terminology had to be revised.	Change/New Version In Appendix 1, CMS replaced the term "measure" with "reporting section" and the term "measure-specific criteria" with "reporting section criteria."	Reason for Change Based on public comment.	Burden Change No
Item #13 under the RSC of Section 2.7 for Appendix 1 indicates that for data Element 1.N the organization accurately calculates "the number of coverage determinations decisions processed timely." However, Note 14 in the corresponding Part D Technical Specifications stated that certain untimely cases should also be included in Data Element 1.N (refer to Note 14, page 62). Note 14 appears to conflict with the Data Validation Standard described in Item #13.	CMS updated the 2014 Part D Technical Specifications to clarify Note 14 for the Coverage Determinations and Redeterminations reporting section. Untimely cases should not be included in Data Element 1.N.	Based on public comment.	No

First Version/60-Day	Change/New Version	Reason for	Burden
The table of contents in the Data Validation Standards document (Appendix 1) did not align with the section numbers noted throughout the document.	CMS made the necessary alignment of the section numbers in the Data Validation Standards document (Appendix1).	Based on public comment.	No No
The old Findings Data Collection Form (Appendix 5), which is used as the main model for recording data validation data in HPMS, did not allow DVAs to record separate findings for many single data elements. Previously, the findings pertained to aggregates of data elements that were not as effective in informing sponsors of specific problems with individual data elements.	CMS revised the FDCF (Appendix 5) so that the individual data elements will be separately scored.	Based on internal review.	No
For data element 2.A, the Technical Specifications and DV Standard 16i are inconsistent with DV Standard 19c. Data Element 2.A and DV Standard and 16i state that dismissals and withdrawals should not be included in Data Element 2.A; however, DV Standard 19c states that they should be included.	The Technical Specifications and RSC 16i are correct in that dismissals and withdrawals are not included in element 2.A. RSC 19c was revised to state: Each number of calculated requests for redeterminations that were withdrawn (Data Element 2.F) and requests for redeterminations that were dismissed (Data Element 2.G) is not to be included in the number of redeterminations decisions made (Data Element 2.A).	Based on public comment.	No
Appendix 4 states "Each Part C and Part D reporting section's FDCF is included in a corresponding worksheet within the overall FDCF Microsoft Excel file."	This sentence was removed, because FDCF is now a word document.	Based on internal review.	No