CY 2020 DV	CY 2022 DV	Type of Change	Reason for Change	Burden Change
Throughout the document: "Appendix G: Example Site Visit Agenda"	Pages 3, 6 "Appendix G: Example Site Visit Agenda for On-site or Virtual Visits"	Update	Consistent with current technical guidance.	None
Page 4, Section 1.3 - "• An SO that terminates its contract(s) to offer Medicare Part C and/or Part D benefits, or that is subject to a CMS termination of its contract(s), is not required to undergo a DV review for the final contract year's reported data. Similarly, for reporting sections that are reported at the plan benefit package (PBP) level, PBPs that terminate are not required to undergo a DV review for the final year's reported data."	Deleted old text and replaced with - "• Organizations/sponsors that non-renew or terminate during the measurement year or reporting/data validation year and are not included in the HPMS plan table. • Organizations/sponsors with contracts or Plan Benefit Packages (PBPs) that non-renewed or terminated in 2021 or prior to July 1, 2022, are not required to report 2021 Part C/D reporting requirements data (due in 1Q of 2022), or undergo Part C/D data validation of 2021 data (due June 2022)."	Update	Consistent with current technical guidance.	None
Page 5, Section 1.4 - "CMS requires that SOs and their selected DV contractors use the processes and tools contained in this Manual and its appendices to conduct the annual DV. This includes each of the following documents:"	Deleted old text and replaced with - "This manual and its appendices must be used to conduct the annual data validation. The following documents are included:"	Update	Consistent with current technical guidance.	None
Page 5, Section 1.4 - ". CMS expects to establish consistency in the DV program by requiring that all entities use appropriate tools and follow the same process."	Deleted text	Update	Consistent with current technical guidance.	None
Section 3.2.2.1	Becomes new 3.2.2.2. New section 3.2.2.1 is - "3.2.2.1Access to HPMS requires a CMS user ID. Questions regarding the user ID process should be directed to HPMS_access@cms.hhs.gov. Additional information on obtaining HPMS access can be found at the following link: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess."	Update	Consistent with current technical guidance.	None
Section 3.2.2.3 - "One application must be completed for each user. The DVC must send the completed application(s), along with the letter from each SO (signed by the CEO) for which they are under contract to complete the DV review. Sending letters along with the form will speed up your process time. Should a form be received without a letter, we will process but the user will only get the HPMS main home page until a DV letter is received. The letters may be sent as email attachments to kristy.holtje@cms.hhs.gov or HPMSConsultantAccess@cms.hhs.gov but forms (as they contain PII) must be sent via traceable carrier to: Kristy Holtje Re: Plan Reporting Data Validation Reviewer HPMS Access 7500 Security Blvd. Location: C4-17-24 / Mailstop:C4-18-13 Baltimore, MD 21244-1850"	Deleted and replaced by - " The DVC must create their user ID using EFI, then email the letter from each SO for which they are under contract to complete the DV review. Since we will process the request for a new user ID first the user will only get the HPMS main home page until a DV letter is received. The letters may be sent as email attachments to HPMSConsultantAccess@cms.hhs.gov: Users may follow the instructions for getting their user ID by clicking the Instructions for Requesting Plan Access via EFI link under the Download section on the CMS HPMS website: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess. When the user gets to the "I am a" question, the user must select Data Validation Consultant from the drop down. The system will automatically fill out the company name and Plan number. The HPMS team has also created a video to walk a user through getting a new CMS user ID: https://youtu.be/KAXwdnq1hKs"	Update	Consistent with current technical guidance.	None

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Becomes new 3.2.2.2. New section 3.2.2.1 is - "3.2.2.1Ā Access to HPMS requires a CMS user ID. Questions regarding the user ID process should be directed to HPMS_access@cms.hhs.gov. Additional information on obtaining HPMS access can be found at the following link: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess."	Replaced by " CMS developed a web-based DV Training for SOs and DVCs to learn more about the DV program and its specific requirements. The training is on cms.gov on the MLN page and found at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining During the DV preparation phase, all SO staff involved in the DV should complete the CMS web-based DV Training to familiarize themselves with the DV process and requirements. Additionally, all DV staff are required to take the CMS web-based DV Training prior to working on the DV project. Once the training is completed, a certificate of completion is generated. DVC staff should provide training certificates to the SO before commencing work on the DV. The certificate of completion will automatically generate upon successful completion of the course. Any DVC staff that participated in a previous year's DV must still take the current year's CMS web-based DV Training."	Update	Consistent with current technical guidance.	None
Exhibit 6 has 5 bullets	Added "Census and/or sample data" as a bullet in Exhibit 6	Update	Consistent with current technical guidance.	None
Exhibit 13 - "a.Organization properly determines whether a request is subject to the coverage determinations or the exceptions process in accordance with 42 CFR §423.566, §423.578, and the Prescription Drug Benefit Manual Chapter 18, Sections 10 and 30. This includes applying all relevant guidance properly when performing its calculations and categorizations for the above-mentioned regulations in addition to 42CFR §423.568, §423.570, §423.572,§423.576 and the Prescription Drug Benefit Manual Chapter 18, Sections 40, 50, and 130. b.Organization properly defines the term "Redetermination" in accordance with Title 42, Part 423, Subpart M §423.560, §423.580, §423.582, §423.584, and §423.590 and the Prescription Drug Benefit Manual Chapter 18, Section 10, 70, and 130. This includes applying all relevant guidance properly when performing its calculations and categorizations. c.Refer to 42 CFR §423.1978-1986 and Chapter 18, section 120 of the Medicare Prescription Drug Benefit Manual for additional information and CMS requirements related to re-openings."	Text replaced by updated RSC 4 for Part D CDR - "Organization properly defines the term "Coverage Determinations" in accordance with 42 C.F.R. Part 423, Subpart M, and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance. This includes applying all relevant guidance properly when performing its calculations and categorizations. Organization properly defines the term "Redetermination" in accordance with 42 C.F.R. Part 423, Subpart M, and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance. This includes applying all relevant guidance properly when performing its calculations and categorizations."	Update	Consistent with current technical guidance.	None
All instances of site visit throughout the document	Language modified to clarify on-site or virtual visits	Update	Consistent with current technical guidance.	None
Section 4.4.3	Added "If SOs and DVCs elect to conduct a virtual visit, designated SO staff can use virtual meeting tool(s) or teleconference(s) to provide visual demonstrations."	Update	Consistent with current technical guidance.	None

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Two exhibits are numbered as 16	Exhibits are renumbered to correct this.	Update	Consistent with document flow.	None
Section 5.1.1	Deleted the following text - "Note that the 90% accuracy threshold does not apply to the individual grievance categories in the Part C and Part D Grievances reporting sections; 100% correct records are required for each data element measured by Standard 3a in these reporting sections."	Update	Consistent with current technical guidance.	None
Section 5.1.3, Language preceding exhibit 20 - "The DVC must also determine data element-level findings for Sub-Standard 2.e,which examines each data element for compliance with the applicable reporting section criteria that varies across the data elements reported by the SO. Exhibit 20 illustrates an example of the FDCF for Standard 2, Sub-Standard 2.e, RSC-6 for the Part C and D Grievance reporting sections."	Exhibit 20 is renumbered as 21. Language modified to "The DVC also determines data element-level findings for Sub-Standard 2.e, which examines each data element for compliance with the applicable reporting section criteria that varies across the data elements reported by the SO. For example, in Part D Grievances, RSC-5, RSC-6, and RSC-7 provide the calculations to determine the data element findings. Exhibit 21 illustrates an example of the FDCF for Standard 2, Sub-Standard 2.e, RSC-5 for the Part D Grievance reporting section."	Update	Consistent with current technical guidance.	None
Exhibit 21, Standard 3a "Data elements are accurately entered/uploaded into CMS systems and entries match corresponding souce documents."	Becomes new Exhibit 22; Standard 3 a updated to remove "entered/".	Update	Consistent with current technical guidance.	None
Language following Exhibit 24 - "* CMS has added a reporting section criteria (RSC #5) which will be used by the DVCs to confirm that the data does not have any logical errors. RSC #5 includes data integrity checks, thatchecks that the DVC must verify at the data element level. These data integrity checks include confirming that a data element does not include outlier records. [for example, under Part C Organization Determination and Reconsideration (ODR), RSC 5.g checks if the date of disposition for each reopening (Subsection #5, Data Element N) is within the reporting quarter]. The checks also include confirming that a data element has a valid value [for example, under Part CODR,RSC5.jverifiesthe validity of the data submitted for reopening disposition (Subsection #5, Data Element O) as being either Fully Favorable, Partially Favorable, Adverse, or Pending]."	Deleted "[for example, under Part C Organization Determination and Reconsideration (ODR), RSC 5.g checks if the date of disposition for each reopening (Subsection #5, Data Element N) is within the reporting quarter]. The checks also include confirming that a data element has a valid value [for example, under Part CODR,RSC5.j verifies the validity of the data submitted for reopening disposition (Subsection #5, Data Element O) as being either Fully Favorable, Partially Favorable, Adverse, or Pending]."	Update	Consistent with current technical guidance.	None
Section 5.4.2 "If the SO disagrees with any of the findings submitted by the DVC, it may submit information indicating this disagreement to CMS within 30 calendar days of the date that final findings are submitted via the PRDVM."	Paragraph modified to "If the SO disagrees with any of the findings submitted by the DVC, it may submit information indicating this disagreement to CMS by the June 30th data validation deadline."	Update	Consistent with current technical guidance.	None

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Section 6.2.1	Added a paragraph at the end "Contracts can view their data validation results in HPMS (https://hpms.cms.gov/). To access this page, from the top menu select “Monitoring,” then “Plan Reporting Data Validation.” Select the appropriate contract year. Select the PRDVM Reports. Select “Score Detail Report.” Select the applicable reporting section. If you cannot see the Plan Reporting Data Validation module, contact CMSHPMS_Access@cms.hhs.gov."	Update	Consistent with current technical guidance.	None
Section 6.3 "An SO has the right to appeal any Not Pass determination(s) it receives for the Part C and/or Part D reporting sections or for the overall combined Part C and Part D determination. Please note that the pass/not pass thresholds are not applied to individual reporting sections."	Replaced with "An SO has the right to appeal: • Reporting section score of less than 95% • Non-compliant data validation standards/sub-standards i.e., a "No" or a 1, 2, or 3 on the 5-point Likert scale in the specific data element's data validation • Contracts that score < than 95% on either Part C and/or Part D overall • Contracts that score < than 95% in their combined Part C and Part D score "	Update	Consistent with current technical guidance.	None
Section 6.3 "•For each Not Pass determination included in the appeal, list the following information: oIndicate whether the appeal pertains to the overall Not Pass for Part C and/or Part D reporting sections oCMS contract number(s) that received the subject Not Pass determination oJustification for appeal oInclude as attachment any documentation supporting the justification for appeal. The documentation must have been in existence at the time of the DV. For example, if after the DV, the SO resubmits corrected data, revises a policy and procedure, or corrects a programming code that caused it to improperly calculate reported data; the SO cannot submit documentation of these corrections to appeal a Not Pass determination. Once the appeal is received, CMS will carefully consider the justification and any supporting documentation to determine if the Not Pass determination should be changed to a Pass determination. CMS has not established a timeframe for the consideration of SO appeals."	Modified to "•For each appeal, list the following information: oJustification for appeal oInclude as attachment any documentation supporting the justification for appeal. The documentation must have been in existence at the time of the DV. For example, if after the DV, the SO resubmits corrected data, revises a policy and procedure, or corrects a programming code that caused it to improperly calculate reported data; the SO cannot submit documentation of these corrections to appeal. Once the appeal is received, CMS will carefully consider the justification and any supporting documentation to determine if any changes should be made. CMS has not established a timeframe for the consideration of SO appeals."	Update	Consistent with current technical guidance.	None
Section 6.2.2	Passing Data Validation - Minimum Threshold: "CMS has established 95% as the passing DV threshold for each reporting section, as well as for the Part C, Part D, and combined scores. SOs may view their individual contracts’ validation results in HPMS. CMS will send follow-up communication to active contracts scoring below 95% on the overall Part C, Part D, or combined score."	Update	Consistent with current technical guidance.	None