# Independent Validation Auditor (IVA)
# Enter IVA Name
# Validation Report

## Enter Sponsor Name
## Contract(s): Enter Contract Numbers Validated

## Validation Report Date: Enter Report Date

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# I. Objective, Scope, and Methodology

## A. Objective

Please enter a statement describing the objective of this validation audit and, at a minimum, include:

- The date the original program audit occurred
- The name of the Sponsoring organization
- The program areas evaluated as part of the validation audit

## B. Scope

Please enter a statement describing the scope of this validation audit and, at a minimum, include:

- The dates of the clean period for each program area
- The dates of the validation audit fieldwork

## C. Methodology

The IVA should modify this section as needed.

To conduct this validation, {*Insert IVA name}* utilized procedures targeted to test Sponsor's remediation for each condition identified in the CMS Program Audit. The procedures were designed to test specific validation audit objectives and non-compliance of remediation. The approach in conducting these procedures included:

- Analyzing and selecting samples from data universes submitted by Sponsor prior to the webinars to probe for and to evaluate areas of potential non-compliance.
- Reviewing documentation submitted by Sponsor prior to the webinars.
- Reviewing Sponsor data systems, operations, and documentation by conducting webinar reviews of the samples and/or test claims.

# II. Summary of Validation Results

The chart below summarizes the overall results of the validation audit following the Sponsor's remediation of conditions from the *{Insert Program Audit Date}* CMS program audit to ensure the Sponsor's compliance with CMS requirements.

The IVA should populate the chart with the results of the validation audit using the definitions in Section III. Program areas that were not part of the validation audit may be excluded from this table.

| Program Area | # of Findings | # of Findings Corrected | # of Findings Uncorrected | # of New Findings |
|---|---|---|---|---|
| Part D Formulary and Benefit Administration (FA) | | | | |
| Part D Coverage Determinations, | | | | |

| Program Area | # of Findings | # of Findings Corrected | # of Findings Uncorrected | # of New Findings |
|---|---|---|---|---|
| Appeals, and Grievances (CDAG) | | | | |
| Part C Organization Determinations, Appeals, and Grievances (ODAG) | | | | |
| Special Needs Plans - Care Coordination (SNPCC) | | | | |

# III. Validation Audit Results and Findings

This report summarizes the results of the IVA's validation evaluation with regard to Sponsor's remediation of conditions from the *{INSERT YEAR}* CMS program audit. Findings are reported as either a "Finding Noted" or a "No Finding Noted".

**FINDING NOTED**– The IVA identified the finding during validation review.

**NO FINDING NOTED** – The IVA did not identify the finding during validation review.

## A. Universe Integrity Results:

The IVA should populate this section with whether there were any universe integrity issues noted during the validation audit including, at a minimum,

- The universes that were tested during the integrity testing, and
- How many samples were selected from each universe, and
- Whether any samples were identified as not matching the universe data

## B. Part D Coverage Determinations, Appeals, and Grievances (CDAG)

| Program Area Element | CAR/ IDS | Condition # | Condition language | Result |
|---|---|---|---|---|
| Insert program area element | Insert original program audit condition classification | Insert condition number | Insert condition language | Insert either "Findings Noted" or "No Findings Noted" |

a. **CONDITION:** Insert condition language
**VALIDATION AUDIT RESULT:** Insert validation result (findings noted or no findings noted)

**SAMPLE CASES REVIEWED:** Add a summary of results (i.e., outcome of transactions or sample cases tested for each condition), less any opinion about any individual audit condition's classification or correction;

- Detailed account of samples cases tested including parameters specific to the root cause.
    - Each sample should be identified by sample number, and a description of what the IVA saw that allowed for either a finding or no finding to be cited.
    - Sample information and case details may be displayed in a table
- For uncorrected findings, the following should be provided:
    - Description of criteria, cause, and effect of any noncompliance
    - Any new issues of noncompliance found during the validation audit (i.e., new conditions not previously cited in the initial audit report)
    - References to failed case samples

      Impact analyses, universe submissions (if requested by CMS), and other information that support the noncompliance

## C. Part C Organization Determinations, Appeals, and Grievances (ODAG)

| Program Area Element | CAR/ IDS | Condition # | Condition language | Result |
|---|---|---|---|---|
| Insert program area element | Insert original program audit condition classification | Insert condition number | Insert condition language | Insert either "Findings Noted" or "No Findings Noted" |

a. **CONDITION:** Insert condition language

**VALIDATION AUDIT RESULT:** Insert validation result (findings noted or no findings noted)

**SAMPLE CASES REVIEWED:** Add a summary of results (i.e., outcome of transactions or sample cases tested for each condition), less any opinion about any individual audit condition's classification or correction;

- Detailed account of samples cases tested including parameters specific to the root cause.
    - Each sample should be identified by sample number, and a description of what the IVA saw that allowed for either a finding or no finding to be cited
    - Sample information and case details may be displayed in a table
- For uncorrected findings, the following should be provided:
    - Description of criteria, cause, and effect of any noncompliance
    - Any new issues of noncompliance found during the validation audit (i.e., new conditions not previously cited in the initial audit report)
    - References to failed case samples

      Impact analyses, universe submissions (if requested by CMS), and other information that support the noncompliance

## D. Special Needs Plan Care Coordination (SNPCC)

| Program Area Element | CAR/ IDS | Condition # | Condition language | Result |
|---|---|---|---|---|
| Insert program area element | Insert original program audit condition classification | Insert condition number | Insert condition language | Insert either "Findings Noted" or "No Findings Noted" |

a. **CONDITION:** Insert condition language

**VALIDATION AUDIT RESULT:** Insert validation result (findings noted or no findings noted)

**SAMPLE CASES REVIEWED:** Add a summary of results (i.e., outcome of transactions or sample cases tested for each condition), less any opinion about any individual audit condition's classification or correction;

- Detailed account of samples cases tested including parameters specific to the root cause.
  - Each sample should be identified by sample number, and a description of what the IVA saw that allowed for either a finding or no finding to be cited
  - Sample information and case details may be displayed in a table
- For uncorrected findings, the following should be provided:
  - Description of criteria, cause, and effect of any noncompliance
  - Any new issues of noncompliance found during the validation audit (i.e., new conditions not previously cited in the initial audit report)
  - References to failed case samples

    Impact analyses, universe submissions (if requested by CMS), and other information that support the noncompliance

## E. Part D Formulary and Benefit Administration (FA)

| Program Area Element | CAR/ IDS | Condition # | Condition language | Result |
|---|---|---|---|---|
| Insert program area element | Insert original program audit condition classification | Insert condition number | Insert condition language | Insert either "Findings Noted" or "No Findings Noted" |

a. **CONDITION:** Insert condition language

**VALIDATION AUDIT RESULT:** *Insert validation result (findings noted or no findings noted)*

**SAMPLE CASES REVIEWED:** Add a summary of results using the table below, less any opinion about any individual audit condition's classification or correction;

- For uncorrected findings, the following should be provided:
    - Description of criteria, cause, and effect of any noncompliance
    - Any new issues of noncompliance found during the validation audit (i.e., new conditions not previously cited in the initial audit report)
    - References to failed case samples
      Impact analyses, universe submissions (if requested by CMS), and other information that support the noncompliance

**b. Summary of Sample Review**

Please enter sample specific information in the table below.

| Sample # | Drug Name and Strength | Claim Quantity | Claim Days Supply | Date of Service | Reject Code(s) | Pharmacy Messaging | Summary of Sample Review |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Additional fields may include (if applicable, based on the root cause): effective enrollment dates, effectuation details, etc.

Examples:

- For eligibility issues: enrollment effective dates, contract and PBP, timeframe enrollee did not have access to their benefits and date Sponsor effectuated enrollment in the system (if applicable)
- For effectuation issues: effective dates of authorization, authorization level (GPI, GCN, HICL) and if the effectuation allows the enrollee to get other strengths/dosage forms of the drug

At **minimum**, the "Summary of Sample Review" must include the following:

- Formulary status of the drug, and whether it is subject to any utilization management including quantity limits
- Corresponding paid claim information (if available)
- Explanation on the reason of the rejection
- Any additional details relevant to testing of the root cause

records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact part_c_part_d_audit@cms.hhs.gov.