The Part C and Part D Data Validation Qualifications You Need

The Insight You Trust

Milliman

THE REGULATORY REQUIREMENTS

Beginning in 2011, every Medicare Advantage organization, Cost Plan, and Part D sponsor must contract with a qualified independent contractor to perform a yearly data validation of Part C and Part D measures in order to determine their reliability, validity, completeness, and comparability in accordance with specifications developed by Centers for Medicare and Medicaid Services (CMS).

EXPERTISE

Milliman well exceeds the CMS requirements of a minimum of two years of previous experience conducting similar types of data review and validation. Currently and over the last 60 years Milliman has provided its clients:

- Actuarial certifications
- Medicare bid support
- Medicare Part C and Part D mock audits
- Medical and pharmacy claims audits
- Medical record reviews
- Data validation

Milliman performs data validation projects for hundreds of clients ranging from small health plans to the largest commercial organizations and government agencies. Milliman currently supports the world's largest healthcare data repository, conducting monthly data validation for data submitted by more than 20 health insurers.

What sets Milliman apart from many vendors is its full understanding of the data, the Medicare Part C and Part D regulatory requirements, and health plan operations. Validating claims and medical-record-based measures is very different from validating organization determinations or reconsiderations. The latter require understanding of regulatory requirements and business operations and are often managed on rudimentary databases. Milliman consultants work every day in this environment and understand the unique regulatory reporting and data requirements of these unique products.
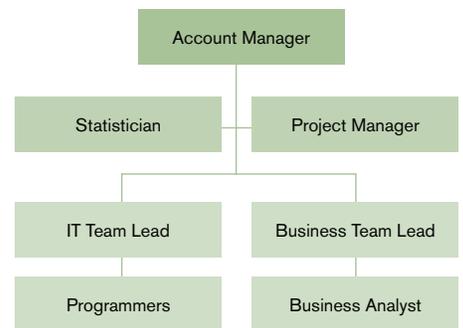
Milliman is a data-centric organization. Whether it is clients seeking third-party validation of results or risk-sharing entities seeking confirmation of payment reconciliation, the industry looks to Milliman to conduct independent evaluations of data collection, storage, compilation, and reporting with its

foundation in established data validation standards. Milliman has been engaged by numerous organizations to provide these data validation services, operating within a HIPAA-compliant and secure environment.

Milliman's stringent peer review process lends itself well to its goal of providing accuracy in all of its data validation activities. Additionally, while many firms are accurate, Milliman not only succeeds in delivering the results necessary to meet CMS requirements but also helps its clients interpret, use, and understand the results in order to further the growth and stability of their organizations.

VALIDATION TEAM CREDENTIALS

The Milliman data validation team is comprised of a cross-functional team of Milliman experts. In the data validation project team structure below, every team member meets or exceeds CMS-recommended standards.

Every day Milliman IT staff employs its knowledge of different coding languages, systems, and tools; its project managers consistently employ standard project management principles and oversee projects to ensure on-time and in-budget deliverables.

Using its experience in Medicare Advantage and Part D operations, team members help dozens of organizations develop and improve infrastructure and processes to support CMS reporting requirements.

Milliman is completely qualified to exceed your expectations and CMS requirements.

Are you ready for your Part C and Part D Data Validation?

HOW DO I GET STARTED?

To learn more about data validation and the services Milliman offers, please contact your Milliman consultant or data.validation@milliman.com.

In addition to its data validation contractor services, Milliman offers a comprehensive set of Medicare Part C and D consulting services including Star Quality Improvement, CMS audit preparation, operational gap analysis and improvement action planning.