

Medicare Part C and Part D Reporting
Requirements Data Validation Procedure Manual
Appendix I: Example Data File Inventory Log

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Sponsoring Organization:**On-Site or Virtual Visit Date:**

| Reporting Section | Name of Report Owner(s) | Name of Data File | Type of Data File (e.g., Final Stage Sample, Final Stage File, Interim File, Source File, or Other) | Number of Rows or Records | Description of File (e.g., source system name, step in data production process, name of report or output file if applicable) | File Copied onto Secure Storage Device (Y/N) |
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