



Medicare Advantage Risk Adjustment Data Validation Audits Fact Sheet
(updated December 11, 2015)

Payment Year 2007 RADV Audits

Medicare Advantage Risk Adjustment Data Validation (RADV) audits are HHS’s primary corrective action to recoup improper payments under Medicare Part C. The Centers for Medicare & Medicaid Services (CMS) began the RADV initiative by conducting two sets of audits starting with the 2007 payment year: Pilot 2007, which involved 5 Medicare Advantage contracts, and Targeted 2007, which involved 32 contracts. CMS reviewed medical record documentation provided by each audited Medicare Advantage organization to substantiate conditions reported by the Medicare Advantage organization for beneficiaries in each audit sample.

CMS’ findings were reported to each Medicare Advantage organization. Medicare Advantage organizations that disagreed with CMS’ determinations could challenge them through a three- stage administrative process established in regulation.

For the 2007 RADV audits, CMS recouped \$13.7 million in overpayments associated with sampled beneficiaries. CMS is currently conducting the dispute and appeal process. In the event an audit finding is overturned, the payment recovery amount will be adjusted downward as appropriate.

The tables below display the contracts selected for the 2007 RADV audits and the overpayments recovered by CMS.

Pilot 2007 RADV Audits Overpayment Recoveries¹

MA Organization	Contract #	CMS Overpayment Recovery
Care Plus Health Plan	H1019	\$477,235
Aetna Health, Inc.	H3152	\$952,947
Lovelace Health Plan, Inc.	H3251	\$512,182
Independence Blue Cross	H3909	\$1,052,358
PacifiCare of Washington, Inc.	H5005	\$381,776
TOTAL:		\$3,376,499

¹ CMS is currently conducting the dispute and appeal process. In the event an audit finding is overturned, the payment recovery amount will be adjusted downward as appropriate.

Targeted 2007 RADV Audits Overpayment Recoveries¹

MA Organization	Contract #	CMS Overpayment Recovery
Aetna Inc.	H0523	\$473,340
California Physicians' Service	H0504	\$350,938
Capital District Physicians' Health Plan, Inc.	H3388	\$244,941
Coventry Health Care Inc.	H1013	\$440,936
Coventry Health Care Inc.	H2663	\$329,055
Elderplan, Inc.	H9101	\$1,034,654
EmblemHealth, Inc.	H3330	\$675,718
Group Health Cooperative ²	H5050	N/A ²
Gundersen Lutheran, Inc.	H5262	\$23,136
Health Alliance Medical Plans	H1463	\$321,771
Health First	H1099	\$147,338
Health Net, Inc.	H0351	\$248,324
Health Net, Inc.	H0562	\$519,275
HealthSpring, Inc.	H4454	\$152,917
Humana Inc.	H0307	\$377,918
Humana Inc.	H1036	\$346,499
Humana Inc.	H1406	\$380,283
Humana Inc.	H1951	\$232,845
Humana Inc.	H4461	\$268,611
Kaiser Foundation Health Plan	H0524	N/A ²
McKinley Life Insurance Co.	H3664	\$149,381
SCAN Health Plan, Inc.	H9104	\$403,643
TAHMO, Inc.	H2256	\$656,129
UAB Health System	H0154	\$176,272
UnitedHealth Group, Inc.	H0151	\$362,527
UnitedHealth Group, Inc.	H0609	\$406,738
Universal American Corp.	H4506	\$456,253
WellCare Health Plans, Inc.	H1032	\$314,144
Wellpoint, Inc.	H0540	\$96,410
Wellpoint, Inc.	H0564	\$432,962
Wellpoint, Inc.	H1849	\$152,339
Wellpoint, Inc.	H3655	\$178,140

TOTAL: \$10,353,439

² This contract did not have an overall net overpayment.

Payment Year 2011 RADV Audits

For the 2011 Risk Adjustment Data Validation audits, 30 plan contracts have been selected, as shown in the table below. Medicare Advantage organizations have submitted their medical records and CMS is currently reviewing this medical record documentation. Unlike the 2007 audits, the payment error calculated for the sampled beneficiaries in these audits will be extrapolated to the contract population. For this reason, CMS expects much more significant recoveries from the 2011 audits.

MA Organization	Contract #
UAB Health System	H0154
WellCare Health Plans, Inc.	H0320
Health Net, Inc.	H0351
CIGNA	H0354
California Physicians' Service	H0504
UnitedHealth Group, Inc.	H0543
Blue Cross and Blue Shield of Florida	H1026
WellCare Health Plans, Inc.	H1032
Health First	H1099
Blue Cross of Idaho Health Services, Inc.	H1350
SWH Holdings, Inc.	H2224
UnitedHealth Group, Inc.	H2226
Aetna Inc.	H3152
Aetna Inc.	H3312
Lifetime Healthcare, Inc.	H3351
Healthfirst, Inc.	H3359
Promedica Health System	H3653
Trinity Health	H3668
Samaritan Health Services	H3811
University of Pittsburgh Medical Center	H3907
Aetna Inc.	H3931
CIGNA	H3949
Triple-S Management Corporation	H4012
Blue Cross & Blue Shield of Rhode Island	H4152
CIGNA	H4454
UnitedHealth Group, Inc.	H4522
UnitedHealth Group, Inc.	H4590
Humana Inc.	H5426

Southwest Catholic Health Network	H5580
IASIS Healthcare	H5587

Payment Year 2012 RADV Audits

For the 2012 Risk Adjustment Data Validation audits, 30 plan contracts have been selected, as shown in the table below.

MA Organization	Contract #
Medical Card System, Inc.	H5577
UnitedHealth Group, Inc.	H5652
America's 1st Choice Holdings of Florida, LLC	H5594
Humana Inc.	H1019
CIGNA	H4513
Humana Inc.	H1036
Humana Inc.	H4007
UnitedHealth Group, Inc.	H0251
UnitedHealth Group, Inc.	H5420
Aetna Inc.	H0523
Orange County Health Authority	H5433
UnitedHealth Group, Inc.	R7444
CIGNA	H2108
UnitedHealth Group, Inc.	R5287
Blue Cross and Blue Shield of Minnesota	H2425
Essence Group Holdings Corporation	H2610
PH Holdings, LLC	H1961
Molina Healthcare, Inc.	H5926
Health Net, Inc.	H0562
Aetna Inc.	H2663
Humana Inc.	H1951
Aetna Inc.	H3959
Touchstone Health Partnership, Inc.	H3327
Humana Inc.	H2944
Universal American Corp.	H2775
Molina Healthcare, Inc.	H5810
Henry Ford Health System	H2312
UPMC Health System	H3907
Gundersen Lutheran Health System Inc.	H5262
New West Health Services	H2701