



**Medicare Advantage Risk Adjustment Data Validation Audits  
Fact Sheet**

**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 Recoveries<sup>1</sup>**

<b>MA Parent Organization</b>	<b>Contract #</b>	<b>CMS Overpayment Recovery</b>
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
<b>TOTAL:</b>		<b>\$3,376,499</b>

<sup>1</sup> 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 Recoveries<sup>1</sup>

MA Parent 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	H5050	N/A <sup>2</sup>
Gunderson 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 <sup>2</sup>
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**

### Payment Year 2011 RADV Audits

For the 2011 Risk Adjustment Data Validation audits, 30 plan contracts have been selected. Medicare Advantage organizations have submitted their medical records and CMS is currently reviewing this medical record documentation. Unlike the 2007 audits, the payment error

<sup>2</sup> This contract did not have an overall net overpayment.

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.