

Payment Year 2011 Contract-Specific Risk Adjustment Data Validation Questions and Answers

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Introduction

The Centers for Medicare & Medicaid Services (CMS) conducts contract-specific Risk Adjustment Data Validation (RADV) audits to confirm that enrollees' medical diagnoses, submitted by Medicare Advantage Organizations (MAOs) for the calculation of risk adjusted payment, are supported by medical record documentation. When unsupported diagnoses are identified, it could lead to CMS making overpayment determinations and collecting overpayments from MAOs.

Below are answers to general questions about the Payment Year (PY) 2011 Medicare Advantage (MA) contract-specific RADV audits. CMS may periodically update this document to add and/or clarify questions and answers. Please review the log at the end of this document for a history of updates made.

Questions and Answers

Q1: What recourse does an MAO have if it disagrees with audit results communicated by CMS in a PY 2011 audit report?

A1: An MAO that disagrees with MA RADV audit results has up to sixty (60) days to appeal medical record review determinations and/or payment error calculations included in an issued audit report. More information about the MA RADV appeals process is found in regulations at [42 CFR 422.311 \(c\)](#) and in the RADV Reconsideration Appeal Guidance published on 01/16/2025 on the CMS' [RADV Webpage](#).

Q2: What method was used to calculate overpayments for the PY 2011 contract-specific RADV audits?

A2: CMS published the PY 2011 payment error calculation method on 01/16/2025 on CMS' [RADV Webpage](#).

Q3: What are the results of the CMS PY 2011 contract-specific RADV audits?

A3: The following table contains PY 2011 RADV results by audited contract, sorted by parent organization:

Parent Organization	Contract Number	Contract Name	Total Overpayment
Aetna Inc.	H3152	Aetna Health, Inc. (NJ)	\$192,927.84
Aetna Inc.	H3312	Aetna Health, Inc. (NY)	\$221,989.01
Aetna Inc.	H3931	Aetna Health, Inc. (PA)	\$342,279.41
Blue Cross & Blue Shield of Rhode Island	H4152	Blue Cross & Blue Shield of Rhode Island	\$0.00
Blue Cross and Blue Shield of Florida	H1026	Health Options, Inc.	\$153,974.44

Blue Cross of Idaho Health Services, Inc.	H1350	Blue Cross of Idaho Health Service, Inc.	\$77,065.72
CIGNA	H0354	Cigna Healthcare of Arizona, Inc.	\$0.00
CIGNA	H3949	Bravo Health Pennsylvania, Inc.	\$165,120.93
CIGNA	H4454	Healthspring of Tennessee, Inc.	\$81,549.41
California Physicians' Service	H0504	California Physicians' Service	\$147,285.33
Health First	H1099	Health First Health Plans	\$45,028.30
Health Net, Inc.	H0351	Health Net of Arizona, Inc.	\$0.00
Healthfirst, Inc.	H3359	Managed Health, Inc.	\$190,195.74
Humana Inc.	H5426	Humana Medical Plan, Inc.	\$231,471.28
IASIS Healthcare	H5587	Health Choice Arizona, Inc.	\$192,043.02
Lifetime Healthcare, Inc.	H3351	Excellus Health Plan, Inc.	\$76,489.34
Promedica Health System	H3653	Paramount Care, Inc.	\$88,966.81
SWH Holdings, Inc.	H2224	Senior Whole Health, Llc	\$474,029.48
Samaritan Health Services	H3811	Samaritan Health Plans, Inc.	\$236,113.91
Southwest Catholic Health Network	H5580	Southwest Catholic Health Network Corporation	\$113,840.77
Trinity Health	H3668	Mount Carmel Health Plan, Inc.	\$0.00
Triple-S Management Corporation	H4012	Triple-S Salud, Inc.	\$117,055.51
UAB Health System	H0154	Viva Health, Inc.	\$47,246.85
UnitedHealth Group, Inc.	H0543	UHC of California, Inc.	\$35,163.27
UnitedHealth Group, Inc.	H2226	Unitedhealthcare Insurance Company	\$37,911.09
UnitedHealth Group, Inc.	H4522	Unitedhealthcare Insurance Company	\$0.00
UnitedHealth Group, Inc.	H4590	Unitedhealthcare Benefits of Texas, Inc.	\$0.00
University of Pittsburgh Medical Center	H3907	UPMC Health Plan, Inc.	\$185,091.52
WellCare Health Plans, Inc.	H0320	Wellcare of Texas, Inc.	\$409,479.99
WellCare Health Plans, Inc.	H1032	Wellcare of Florida, Inc.	\$89,767.52

Document History

Version Number	Date Published	Summary of Change(s)
1	01/16/2025	Original document.