

Payment Year 2018 Contract-Specific Risk Adjustment Data Validation Questions and Answers

Last Updated June 13, 2025

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 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 frequently asked questions about the Payment Year (PY) 2018 Medicare Advantage (MA) contract-specific RADV audit. 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: When did the CMS initiate PY 2018 RADV audits?

A1: CMS initiated the PY18 RADV audits on November 14, 2024, when it sent notices to the Chief Executive Officers and Medicare Compliance Officers associated with MA contracts selected for audit.

Q2: How long will it take to complete PY 2018 RADV audits?

A2: CMS expects to begin issuing PY 2018 audit findings in mid-calendar year 2026, including instructions on how the overpayments will be collected as part of the audit. RADV-related appeals will be processed in the months following release of those findings, as applicable.

Q3: What will be audited during the PY 2018 contract-specific RADV audits?

A3: The PY 2018 RADV audits will focus on risk adjusted payments made to MAOs for the 2018 coverage year. Risk adjusted payments for PY 2018 were derived from diagnoses from face-to-face medical encounters with dates of service from January 1, 2017, through December 31, 2017, and submitted to CMS by MAOs before the overpayment rerun deadline of September 30, 2024. CMS will select samples of enrollees within the audited MA contracts and request medical records from MAOs to confirm that diagnoses submitted by MAOs to receive risk adjustment payments are supported by medical record documentation.

Q4: How were MA contracts selected for PY 2018 RADV audits?

A4: CMS uses a risk-based approach to select MA contracts for RADV audits. More specifically, CMS uses advanced data analysis techniques to select enrollees for audits and leverages results of past audits conducted by CMS and the HHS Office of Inspector General (OIG).

Q5: Who reviews the medical record documentation submitted by MAOs?

A5: The RADV Medical Record Review Contractor (MRRC) uses certified medical record coders to perform the intake and diagnosis code abstraction reviews of medical records in support RADV audits.

Q6: What recourse does an MAO have if it disagrees with audit results communicated by CMS in a final audit report?

A6: An MAO that disagrees with MA RADV audit results have 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 \(c\)](#).

Q7: Which PY 2018 MA contracts were selected for CMS RADV audits?

A7: CMS selected the following 58 PY 2018 MA contracts for RADV audit:

Parent Organization	Contract ID	Contract Name
Blue Cross and Blue Shield of Massachusetts, Inc.	H2261	BCBS OF MASSACHUSETTS HMO BLUE, INC.
BlueCross BlueShield of Tennessee	H3259	VOLUNTEER STATE HEALTH PLAN
CVS Health Corporation	H4523	AETNA HEALTH INC. (TX)
CVS Health Corporation	H5521	AETNA LIFE INSURANCE COMPANY
Cambia Health Solutions, Inc.	H1997	REGENCE BLUESHIELD
CenterLight Health System, Inc.	H5989	CENTERLIGHT HEALTHCARE, INC.
Community Care, Inc.	H2034	COMMUNITY CARE HEALTH PLAN, INC.
Elderplan, Inc.	H3347	ELDERPLAN, INC.
Elevance Health, Inc.	H5431	HEALTHSUN HEALTH PLANS, INC.
Elevance Health, Inc.	H5471	SIMPLY HEALTHCARE PLANS, INC.
Elevance Health, Inc.	H5817	AMERIGROUP TEXAS, INC.
Eon Health Plan, LLC	H2334	EON HEALTH, INC. (SC)
Health Care Service Corporation	H3251	HEALTH CARE SERVICE CORPORATION
Health Care Service Corporation	H8133	GHS INSURANCE COMPANY
Health Care Service Corporation	H8634	HEALTH CARE SERVICE CORPORATION

Parent Organization	Contract ID	Contract Name
Health Plan of West Virginia	H8604	THP INSURANCE COMPANY
HealthNow New York Inc.	H5526	HEALTHNOW NEW YORK INC.
Humana Inc.	H1036	HUMANA MEDICAL PLAN, INC.
Humana Inc.	H2029	HUMANA INSURANCE OF PUERTO RICO, INC.
Humana Inc.	H4007	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
Humana Inc.	H4141	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.
Humana Inc.	H4461	CARITEN HEALTH PLAN INC.
Humana Inc.	H5216	HUMANA INSURANCE COMPANY
Humana Inc.	H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.
Humana Inc.	H8145	HUMANA INSURANCE COMPANY
Humana Inc.	R5826	HUMANA INSURANCE COMPANY
Independence Health Group, Inc.	H4227	VISTA HEALTH PLAN, INC.
InnovaCare Inc.	H4004	MMM HEALTHCARE, LLC
MEDICAL MUTUAL OF OHIO	H4497	MEDICAL MUTUAL OF OHIO
MFA Lifeworks, LLC	H2185	LIFEWORCS ADVANTAGE, LLC
MO Select, LLC	H4490	MISSOURI MEDICARE SELECT, LLC
Magellan Health, Inc.	H2224	SENIOR WHOLE HEALTH, LLC
Medica Holding Company	H2458	MEDICA HEALTH PLANS
Medical Card System, Inc.	H5577	MCS ADVANTAGE, INC.
Mercy Care	H5580	MERCY CARE
Molina Healthcare, Inc.,	H5926	MOLINA HEALTHCARE OF MICHIGAN, INC.
Molina Healthcare, Inc.,	H7678	MOLINA HEALTHCARE OF TEXAS, INC.
PacificSource Health Plans	H4754	PACIFICSOURCE COMMUNITY HEALTH PLANS
Rifkin Managed Care Holding, LLC	H4093	PROVIDER PARTNERS HEALTH PLAN OF PENNSYLVANIA, INC
RiverSpring Living Holding Corp.	H6776	ELDERSERVE HEALTH, INC.
SA Plan, LLC	H2400	SIGNATURE ADVANTAGE, LLC
The Carle Foundation	H2591	HEALTH ALLIANCE - MIDWEST, INC.
University of Maryland Medical System Corporation	H8854	UNIVERSITY OF MARYLAND HEALTH ADVANTAGE, INC.
Veritage, LLC	H0302	MEDISUN, INC.

Parent Organization	Contract ID	Contract Name
Virginia Cwlth University Hlth System Authority	H9877	VIRGINIA PREMIER HEALTH PLAN, INC.
AvMed, Inc.	H1016	AVMED, INC.
CVS Health Corporation	H3928	AETNA HEALTH, INC. (LA)
CVS Health Corporation	H7301	COVENTRY HEALTH CARE OF ILLINOIS, INC.
CVS Health Corporation	H8649	AETNA HEALTH OF UTAH, INC
Capital District Physicians' Health Plan, Inc.	H3388	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
Independence Health Group, Inc.	H3952	KEYSTONE HEALTH PLAN EAST, INC.
MHH Healthcare, L.P.	H3706	GLOBALHEALTH, INC.
Trinity Health Corporation	H1846	MOUNT CARMEL HEALTH INSURANCE COMPANY
Triple-S Management Corporation	H4005	TRIPLE S ADVANTAGE, INC.
UAB Health System	H0154	VIVA HEALTH, INC.
Universal Health Services, Inc.	H5945	PROMINENCE HEALTHFIRST
Visiting Nurse Service of New York	H5549	VNS CHOICE
WellCare Health Plans, Inc.	H2775	AMERICAN PROGRESSIVE LIFE & HLTH INS COMPANY OF NY

Document History

Version Number	Date Published	Summary of Change(s)
1	11/15/2024	Original document.
2	06/13/2025	Revised the answer to question #7.