

Risk Adjustment Data Validation Questions and Answers

Updated 03/04/2026

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Introduction

The purpose of this document is to provide answers to important and/or frequently asked questions about the Medicare Advantage (MA) contract-specific Risk Adjustment Data Validation (RADV) audit program. CMS will periodically update this document as needed. The Document History table at the end of this document contains the history of updates made to this document.

General Questions and Answers

Q1: How and when will CMS notify Medicare Advantage Organizations (MAOs) if they have been selected for audits? - Updated 03/04/2026

A1: CMS notifies each MAO with a contract selected for audit by sending an audit notice in the CMS Health Plan Management System to the points of contact designated for the contract. CMS generally sends the notice a few weeks before the medical record submission window opens to give the MAO time to designate their point(s) of contact for the RADV audit. The notice includes important information, such as audit timelines, medical record submission instructions, and how CMS will calculate payment errors.

Q2: Will CMS publish its contract selection criteria? - Updated 03/04/2026

A2: CMS endeavors to provide as much RADV audit program transparency as possible and is committed to communicating RADV audit timelines, methods, and medical record submission instructions prior to opening a medical record submission window for a given audit. MA contracts selected for audit in the future will be informed about the audit methods through HPMS memos, published Audit Methods and Instructions documents, and/or other appropriate means.

Q3: How will CMS address practical challenges posed by the passage of time since the dates of service that generate payment year risk scores? (examples: physician has passed away, is no longer contracted, or otherwise fails to provide records?) - Updated 03/04/2026

A3: The record retention requirements incorporated in MAO contracts have been in place since the beginning of the MA program. Under 42 CFR 422.504(d), MAOs are required to maintain records and documents for 10 years to accommodate the periodic auditing of financial records for such purposes as determining Medicare utilization, costs, and amounts payable under the contract. Further, § 422.504(i) extends these record retention requirements to providers of health care services under contract with the MAO. This regulation further specifies that the Federal Government has the right to audit an MAO through 10 years from the end of the final contract period. An audited MA organization experiencing an extraordinary circumstance preventing them from obtaining any medical record to support an audited CMS-HCC may submit a hardship exception request consistent with the hardship request eligibility, form and manner, and timing requirements described in the RADV Audit Methods and Instructions document for the relevant payment year. If there is difficulty gathering the initial medical record, MA organizations should verify whether there is an alternative medical record for the enrollee that supports the audited CMS-HCC(s) prior to submitting a hardship request. CMS will review each request and supporting documentation and make a decision on a case-by-case basis.

Q4: [Updated Q&A coming soon]

Q5: [Updated Q&A coming soon]

Q6: [Updated Q&A coming soon]

Q7: Who reviews the medical record documentation submitted by MAOs? - Published 06/13/2025

A7: CMS tasks certified medical record coders to perform the intake and diagnosis code abstraction reviews of medical records in support of RADV audits.

Q8: What recourse does an MAO have if it disagrees with audit results communicated by CMS in a final audit report? - Published 06/13/2025

A8: 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 \(c\)](#).

Q9: Per the published RADV audit schedule, why is CMS choosing to initiate RADV audits of payment year 2024 MA contracts before those from 2022 and 2023? - Published 03/04/2026

A9: CMS may occasionally decide to conduct audits for certain payment years ahead of others due to CMS data processing schedules. This has been done for these years to use the best available data when establishing RADV audit sampling frames and selecting enrollee samples, and to reduce burden on CMS and MAOs.

Q10: Where are important documents and data for Medicare Advantage RADV audits published on the CMS website? - Published 03/04/2026

A10: The Medicare Advantage RADV audit program homepage is located at the following hyperlink on the CMS website: <https://www.cms.gov/data-research/monitoring-programs/medicare-risk-adjustment-data-validation-programdata-validation-program>. In early March 2026, CMS reorganized the RADV program webpages on the CMS website to make it easier for the public to find the latest announcements, data, and important documents. All public announcements are now stored on the RADV Announcements webpage, with the most recent announcement(s) at the top of the page. Important public documents and data, including audit results, are now on the RADV Documents and Data webpage, with general documents at the top of the page and others organized by payment year lower on the page. Links in the frame on the left side of the RADV homepage help with navigation to these pages.

Questions and Answers Relevant to RADV Audits for Specific Payment Years

Payment Year 2019

Q1: When did CMS initiate PY 2019 RADV audits? - Updated 06/25/2025

A1: CMS initiated the first and second batches of PY 2019 RADV audits on June 12, 2025, and June 25,

2025, respectively, when it sent notices in the Health Plan Management System (HPMS) to points of contact for selected MA contracts.

Q2: How long will it take to complete PY 2019 RADV audits? - Updated 03/04/2026

A2: CMS expects to begin issuing PY 2019 audit findings in 2026

Q3: What will be audited during the PY 2019 contract-specific RADV audits? - Published 06/13/2025

A3: The PY 2019 RADV audits will focus on risk adjusted payments, made to MAOs for the 2019 coverage year, that CMS believes may be at higher risk for overpayments. Risk adjusted payments for PY 2019 were derived from diagnoses from face-to-face medical encounters with dates of service from January 1, 2018, through December 31, 2018. CMS selects 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: If an MAO believes it submitted a transaction(s) in the past to CMS to delete a diagnosis code(s) related to a CMS-HCC that has been selected in its RADV audit sample, how should the MAO proceed? Should the MAO submit a medical record(s) to CMS before the MR submission deadline to substantiate the audited CMS-HCC? - Published 06/13/2025

A4: CMS advises that the MAO submit a valid medical record for each audited CMS-HCC selected in the audit sample. Given the timing of when PY 2019 RADV audits were initiated, CMS will refresh sampling frame data prior to calculating PY 2019 RADV audit results to ensure the accuracy of overpayment calculations. If a diagnosis code was deleted by the MAO prior to the relevant overpayment data submission deadline for the payment year rerun, and the removal of the diagnosis code resulted in the deletion of the CMS-HCC from risk adjusted payment calculations, then CMS will grant an administrative exception for the CMS-HCC included in the RADV audit sample.

Payment Year 2018

Q1: When did the CMS initiate PY 2018 RADV audits? - Published 11/15/2024

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? - Published 11/15/2024

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? - Published 11/15/2024

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? - Published 11/15/2024

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).

Payment Year 2013

Q1: What recourse does an MA organization have if it disagrees with audit results communicated by CMS in a PY 2013 audit report? -Published 05/13/2025

A1: An MA Organization 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 2013 contract-specific RADV audits? - Published 05/13/2025

A2: CMS published the PY 2013 payment error calculation method on 05/13/2025 on CMS' [RADV Webpage](#).

Payment Year 2012

Q1: What recourse does an MA organization have if it disagrees with audit results communicated by CMS in a PY 2012 audit report? - Published 05/13/2025

A1: An MA Organization 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 2012 contract-specific RADV audits? - Published 05/13/2025

A2: CMS published the PY 2012 payment error calculation method on 05/13/2025 on CMS' [RADV Webpage](#).

Payment Year 2011

Q1: What recourse does an MA organization have if it disagrees with audit results communicated by CMS in a PY 2011 audit report? - Published 01/16/2025

A1: An MA Organization 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?

- Published 01/16/2025

A2: CMS published the PY 2011 payment error calculation method on 05/13/2025 on CMS' [RADV Webpage](#).

Document History

Version Number	Date Published	Summary of Change(s)
1	03/04/2026	Original document. This document consolidates, for ease of use, all questions and answers published before March 2026 with new questions. Version control is now at the question level. In the General Q&As section, Q1, Q2, and Q3 were updated; Q9 and Q10 were added; and Q4, Q5, and Q6 are in the process of being updated and will be re-published in an upcoming update. In the Payment Year 2019 section, Q2 was updated. Lists of audited MA contracts by year are now available as downloadable files on the RADV Documents and Data webpage.