



NewsBREAK | Feb. 6

CMS Released the RADV Final Rule

- On Feb. 1, the Final Rule, titled Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021, was published in the Federal Register.
- The Centers for Medicare & Medicaid Services (CMS) finalized its policies for the Medicare Advantage (MA) Risk Adjustment Data Validation (RADV) program, which is CMS's primary audit and oversight tool of MA program payments. CMS identifies improper risk adjustment payments made to Medicare Advantage Organizations (MAOs) where medical diagnoses submitted for payment were not supported in the beneficiary's medical record.
- CMS will not extrapolate RADV audit findings for PYs 2011 through 2017 and will begin extrapolation with the PY 2018 RADV audit. CMS will only collect the non-extrapolated overpayments identified in the CMS RADV audits and OIG audits between PY 2011 and PY 2017.
- The rule will also allow CMS to conduct future RADV audits as soon as practicable after an MAO payment year concludes.
- CMS will not apply a Fee-for-Service Adjuster ("FFS Adjuster") in RADV audits.

See the final rule for additional requirements.

More on This Topic

- [Final Rule](#)
- [CMS Press Release](#)
- [Fact Sheet](#)

For questions, please reach out to [Tyler Thorne](#).

