Florida Blue | MEDICARE

September 2026

CMS Conducts Risk Adjustment Data Validation Audit for 2023 Service Dates/Payment Year 2024

The Centers for Medicare & Medicaid Services (CMS) is conducting a contract-level risk adjustment data validation (RADV) audit for Medicare Advantage (Part C) plans. This routine audit helps ensure the accuracy of diagnosis data used to support Medicare Advantage payments.

The audit for **payment year 2024** applies to Florida Blue BlueMedicare[SM] HMO and PPO members with **2023 dates of service.**

What to Expect

- Between September 2026 - February 2027, providers may receive requests for medical records related to selected BlueMedicare HMO and PPO members.
- CMS will review medical records to validate diagnosis data previously reported for risk adjustment purposes.

Medical Records Requests

Providers impacted from the audit will receive a records request letter that includes a member list and submission instructions.

To support timely audit completion, we ask providers to:

- Submit requested medical records with progress notes, **within 10 business days of receiving our original request**. Providers who receive our request are urged to promptly respond. **All records must be received no later than 45 days from the date of our original request.**

We appreciate your cooperation and support in meeting CMS audit requirements. If you have questions, please contact RPMChartProcurement@FloridaBlue.com.

Note: Medical records collected for this audit are requested in accordance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. For information about risk adjustment, visit the Florida Blue's Risk Adjustment Process webpage at FloridaBlue.com.

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