

CMS to Conduct National Audit to Identify Improper Medicare Advantage Payments

The Centers for Medicare and Medicaid Services (CMS) will be performing a Part C Improper Payment Measure (IPM) audit related to our BlueMedicareSM HMO and PPO (Medicare Advantage) members information for the 2024 benefit year. The audit helps ensure risk-adjusted payments are accurate.

This CMS audit applies to our BlueMedicare HMO and PPO members with service dates from January 1 through December 31, 2023. CMS will review the information and medical documentation for accuracy and validate the records are complete.

As a result of this audit, we may need to request medical records for your Florida Blue Medicare BlueMedicare HMO and PPO patients who have been selected for the review.

Health Insurance Portability and Accountability Act Compliance

The collection of risk adjustment data and requests for medical records to validate payments to Medicare Advantage organizations do not violate the Health Insurance Portability and Accountability Act privacy provisions. Therefore, your patients will not need to authorize the release of risk adjustment data or medical record requests for this CMS audit.

Thank you for your cooperation. If you have questions about the audit, please email us at RPMChartProcurement@FloridaBlue.com.