Attachment A
Medicare Part C RADV Audit Documentation Submission Requirements
(CMS-10980; 0938-NEW)

Below are the data elements collected during a contract-specific RADV audit. The information collected in the Lead Point of Contact Form allows each audited Medicare Advantage (MA) organization to designate a person to access CMS' RADV secure system, the Centralized Data Abstraction Tool (CDAT), to designate all of the individuals that will be invited by CMS to submit medical record coversheets, medical record documentation, and hardships exception requests with supporting documentation on an MA organization's behalf.

Lead Point of Contact Form

- Medicare Advantage (MA) Contract ID
- MA organization Name
- Role (select one: chief executive officers (CEO), chief financial officer (CFO), chief operating officer (COO), Medicare Compliance Officer (MCO), or other)
- Third Party Contractor (Select one: yes or no)
- First Name
- Last Name
- Email Address

Medical Record Coversheet
Prepopulated Data Elements - MA contract information

- Coversheet ID
- Enrollee ID
- RADV Sample Year
- MA Contract
- Current Health Maintenance Organization (HMO)ID
- Sample Year HMOID
- MA organization

Prepopulated Data Elements - enrollee information

- Current Health Insurance Claim number (CHIC)
- Railroad Retirement Board Health Insurance Claim (RRBHIC)
- Medicare Beneficiary Identifier (MBI)
- Original: Date of Birth
- Original: Last name
- Original: First name

Medical Record Documentation
Collected data elements, if applicable, during single or guided medical record submission

- Corrected date of birth
- Corrected last name
- Corrected first name
- Enrollee CMS-Hierarchical Condition Category (HCC) for validation
- Provider type

Collected data elements for batch manifest medical record submission

- MA organization name
- MA contract name
- Enrollee name
- Upload type (medical record or attestation)
- Corrected date of birth
- Corrected first name
- Corrected last name
- Provider type
- Date of service start (to determine if medical record date of service is within the audit period)
- Date of service end (to determine if medical record date of service is within the audit period)
- CMS-HCCs (to identify which CMS HCCs are to be substantiated with the medical record)

Hardship Exception Request

- RADV audit number
- RADV enrollee ID
- CMS-HCC(s)
- Name of provider where medical records were sought
- Justification
- Supporting documentation

PRA BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. This information collection is for the submission of data related to contract-specific RADV audits by Medicare Advantage organizations to CMS. The time required to complete this information collections an estimated ten hours per hardship exception request and 729 hours to complete submission of medical record documentation to CMS to comply with RADV audit requirements. Pursuant to 42 C.F.R. 422.310(e), MA organizations are required to submit a sample of medical records to CMS for validation of risk adjustment data.